



# Dr Who?

# IMPORTANT

This terminology **must** be used as it identifies training levels and safeguards patients

## Correct Terminology for Trainee Doctors

| DESIGNATION  | WHAT THESE DOCTORS DO   | CAPABILITIES   |
|--|---|--|
| <p>FOUNDATION YEARS 1 TRAINEES</p> <p><b>FY1 ROTA</b></p> <p>Formerly PRHO (FY1)</p>   | <p>A Foundation doctor is in the first or second year post qualification. In FY1 they have provisional registration and in FY2 they have full registration with GMC. Their skills will be those expected of a graduating medical student when they start and their experience will vary. They all work for 4 months in a post and then move to another. All do a 4 month GP attachment in FY2.</p>  | <p>Foundation Doctors should be able to clerk a patient, order investigations, formulate a management plan for discussion with a more senior doctor in specialty and prescribe appropriate medication. They are not competent to take consent unless they have had specific training in the consenting process for a procedure.</p>  |
| <p>FOUNDATION YEAR 2 TRAINEES<br/>CORE TRAINEES</p> <p><b>Middle Grade Rota</b></p> <p><b>ST1, ST2</b></p> <p>Formerly 2<sup>nd</sup> year SHO (CT1, ST1)<br/>3<sup>rd</sup> year SHO (CT2, ST2)<br/>4<sup>th</sup> year SHO (CT3)</p> | <p>An FY2 may be on a rota with Core trainees but have no more than 4 months experience in the specialty – or none. What is expected of them when on call must take this into account.</p> <p>Some doctors in Core Training programmes will have at the beginning of CT1 very little or no prior experience in specialty. Core Training comprises the first 2-3 years of specialty training in those specialties.</p> <p><b>ST1, 2, are in a “run-through” training programme</b> for their specialty (e.g. GP, Paediatric, Obs/Gynae).</p> | <p>Core trainees should have all the competencies expected of Foundation Doctors, and as they progress through their 2 or 3 year training programme their expertise will increase, and they will be able to undertake an increasingly wide range of responsibility without immediate senior feedback – but this should always be available to them on a 24/7 basis.</p> <p>Core surgical trainees should have their skills for obtaining consent developed and recorded as a part of procedure based assessments (PBAs) in ISCP. When the PBAs have been signed off, they may take consent for those procedures without supervision.</p> <p>ST1 &amp; 2 trainees are unlikely to have a greater array of competences than CT1 &amp; 2 trainees. However, the guiding principle here is that all trainees must at 24/7 access to senior advice.</p> |
| <p>HIGHER TRAINEES<br/>ST3, ST4, ST5, ST6, ST7, ST8</p> <p><b>Upper Grade Rota</b></p> <p>Formerly Specialty Registrar (years 1-6 depending on Specialty)</p>  | <p>Higher trainees are (ST3,4 ...+)</p> <p>Trainees who have completed core training and successfully entered a higher training programme. Higher training is competitive after successful completion of a core training programme that usually includes achieving a postgraduate qualification e.g. MRCP, MRCS etc. Doctors in some specialties are run-through (i.e. do not have to compete to enter higher training if all competencies met) but relative skill set is comparable.</p>   | <p>Trainees who are at ST3 or higher will increasingly be able to work independently as directed by their Clinical and Educational Supervisors. The competence of an ST3+ trainee, especially those who have achieved a postgraduate qualification in the specialty is broadly that which one would have expected from a ‘Registrar’.</p>  |