

# Starting Foundation Year 2 (F2): A brief guide

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## 1. Introduction

- A recent survey of foundation trainees at North Bristol NHS trust 2 months into post showed that:
  - 19/39 (49%) of F2s did not know how many educational supervisor meetings were required throughout the year
  - 9/39 (23%) of F2s did not know how many meetings they should have with clinical supervisors
  - Approximately 45% of F2 trainees correctly identified the minimum number of Directly Observed Procedures they needed to complete (the answer is 0!)
  - Only 55% of F1 and F2 trainees identified June as the month by which all Supervised Learning Events (SLEs) need to be completed in order to achieve sign-off
- Anecdotally, F2 trainees report anxiety about the step-up from F1 to F2 but there is much less focus on support at this time compared with starting F1
- F2 also brings added pressures including career decisions and applications for specialty training
- This guide is not intended to be comprehensive, but rather a first port of call for questions you might have about the F2 year
- Much more information is available from various sources (see section 5)

## 2. Change in role

### Legal differences between F1 and F2

F1 is pre-registration (the doctor has provisional registration with the General Medical Council, GMC) whereas an F2 is fully registered with the GMC.

The F1 doctor must complete their F1 year in a hospital that has been approved for F1 training by the GMC. This is one of the only legal differences between pre-registration and registered doctors. The GMC simply stipulates that foundation doctors work within their competencies. There are no laws describing differences in the roles of the two foundation years. *Please see page 14 for further information on the requirement to work in an 'Approved Practice Setting'.*

Local guidelines may be more specific about differences between F1 and F2. Common differences between F1 and F2 include a greater role in decision-making regarding discharge in F2 and being asked by seniors to consent patients for procedures.

The foundation handbook describes the difference between F1 and F2 regarding discharging patients:

#### 10.4 Discharge planning

F1 outcomes
<ul style="list-style-type: none"><li>• Recognises and records when patients are medically fit for discharge</li></ul>
F2 outcomes (in addition to F1)
<ul style="list-style-type: none"><li>• Produces a competent, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements in a timely manner</li></ul>

(Foundation Handbook 2012, p45)

This entry in the handbook suggests that F2s should be able to arrange the discharge of the patient and be more involved in the follow-up arrangements than at F1 level. Depending on different trusts, F2s may also be expected to make the decision to discharge a patient. Although making the decision to discharge a patient is not strictly part of the foundation competencies it combines the skills required through F1 and F2 such as recognising when a patient is medically fit and organising the discharge. However it is always sensible to get senior advice if you are unsure if a patient can be discharged.

Consenting patients:

As an F1 you are expected to gain competency in 15 core procedures. A part of performing these procedures is gaining verbal consent from the patient. This involves describing the procedure to the patient and explaining the benefits and risks of the procedure.

In F2 you may be expected to gain written consent patients for more complicated procedures and operations such as appendicectomies. F2s are often thought competent to

gain consent from patients for operations. However, if you are not completely familiar with the procedure and do not know all the risks then you cannot gain adequate consent from the patient as they will not have been informed of the main complications that could arise. Therefore no doctor should agree to consent a patient when they are not familiar with the procedure and its risks.

### Leadership and management

As an F2 you are no longer the most junior member on your team. Although all doctors in training are supervised to an extent, the degree of supervision you receive as an F2 may be less than at F1 level.

New expectations may include:

- Delegation of tasks to the F1s on your team
- Leading ward rounds
- Increased responsibility in making decisions regarding patient discharge and management
- Advising, supporting and teaching F1s

One of the hardest tasks to learn is to lead your juniors and delegate tasks fairly to team members to increase the efficiency of the team. You may face problems and disagreements within a team that need to be managed with great care and tact.

This is likely to be your first experience of medical management, a role which will expand as you become more senior and are leading a greater number of healthcare professionals and other team members. Learn to be a good manager early in your career and you will always be well equipped to lead a team of different professionals and to run a service effectively.

Tips to improve your leadership skills:

- Work in partnership with colleagues, patients and non-medical staff
- Listen to and support your team members
- Make decisions confidently and integrate your own values with recent evidence to show your understanding.
- Ensure all team members communicate properly to avoid mistakes and misunderstandings and try to see both sides of every argument or situation
- It is vital to recognise your limitations and to ask for help when appropriate
- Gain trust and show understanding and you will be respected as a leader

### 3. Essentials

#### Requirements for satisfactory completion of F2

- Completion of 12 months F2 training
  - Maximum permitted absence (excepting annual leave) is 4 weeks
- Satisfactory educational and clinical supervisors' end of placement reports
  - Clinical supervisors' end of placement reports include a requirement for feedback from the Placement Supervision Group i.e. other people you have worked with during the placement, so it is worth organising end of placement meetings well in advance
- Satisfactory completion of assessments and supervised learning events (SLEs)
  - Minimum of 1 TAB (team assessment of behaviour) – currently 2 TABs are required by the Severn Deanery
  - Minimum of 9 DOPS and mini-CEX, of which at least 6 must be mini-CEX
  - Minimum of 6 CBDs (2 per placement)
  - Minimum of 1 “developing the clinical teacher”
- Valid Advanced Life Support certificate
- Participation in at least one quality improvement project
- Completion of the national trainee survey (and any end of placement surveys)
- Acceptable attendance record at foundation teaching sessions (see below)
- Satisfactory outcome (outcome 6) from F2 annual review of competence progression (F2 ARCP)
  - This is a formal process for reviewing progress, led by the Foundation Training Programme Director (FTPD)
  - The e-portfolio is used as evidence of meeting requirements for completion of F2, as well as other evidence such as the attendance/absence record
- **The deadline for completion of requirements for the year falls in June, not at the end of the year.**

#### Revalidation

- All foundation doctors are required to participate in the revalidation process
- F2 is the first year of the 5 year cycle
- Revalidation will occur 5 years after gaining full registration, or at the point of eligibility for CCT, whichever is sooner
- Your ‘responsible officer’ is the postgraduate dean, who will base their recommendation for revalidation on participation in the ARCP process
- Supporting evidence required for revalidation is reviewed at F2 ARCP
- Revalidation includes submission of details of any significant events involving you as a foundation doctor, and any health or probity concerns

#### Teaching

- Minimum attendance requirement in F2 is 60 hours

- Regular ‘in house’ teaching sessions for F2s and regional teaching days count towards the total, but departmental teaching generally does not
- Regional teaching days are booked via the MLE (Managed Learning Environment) – you will receive an email with login details

### Study Leave

- 25 days entitlement
- May be used for:
  - Regional teaching days
  - Taster days
  - Courses if approved by the Foundation Programme Director
  - Speciality exams: day of the exam only, not to be used for preparatory courses or revision
- £275 study budget (in 2012/13) – of which £50 is used for ALS (if attended in a location approved by your Trust)
  - Cannot be used to fund speciality exams
- A study leave application form must be completed in advance, even if the course is to be attended in annual leave or days off
- The form can be found at <http://www.foundation.severndeanery.nhs.uk/about-us/study-leave/f2-study-leave/>
- Severn Deanery has recently agreed that the 5 study leave days for F1s can be used not only for career taster days, but also for ‘induction taster days’ i.e. shadowing the person who is currently doing your next job. It is hoped that this will reduce anxiety associated with the move to a new trust or department.
- These are subject to trust approval and doctors must ensure that the department they are visiting is expecting them. If this is in a different trust to that in which they are currently working it must be an ‘observer’ day as the visiting doctor will not be covered by crown indemnity.

## 4. Next steps

### Applying for specialty training

Specialty training is becoming more competitive in the UK. Approximately 15,000 applicants apply for around 9000 training posts across 60 different specialties. Therefore trainees need to think early about what they want to do after foundation years and how to prepare, in order to give themselves the best possible chance.

Some of the important points are set out below, but lots more information can be found at the websites listed in section 5 (p.16).

#### ***Recruitment to Specialty Training***

Specialties recruit nationally through a lead deanery. From 2013 all specialties will use the UK Offers System (UKOFFS) for making offers. This is a single system to receive all specialty training offers. Applicants can apply for any number of specialties – there is no limit.

Some specialties have run-through training (ST1, ST2...), other specialties have 2 or 3 years of core training (CT1, CT2) then trainees have to apply for ongoing training at ST3/4 level. Once awarded a ST3 post and National Training Number, training is guaranteed until Certificate of Completion of Training (CCT) is awarded.

Look at the relevant college websites which give detailed information about training and recruitment.

#### ***Recruitment to General Practice***

The National Recruitment Office co-ordinates the recruitment to general practice for England, Northern Ireland, Scotland and Wales.

This involves a 3 stage process:

- Stage 1 – Online application
- Stage 2 – Computer-based test
- Stage 3 – Selection Centre

#### ***Recruitment to Broad Based Training (BBT) – New from 2013***

This is a new two year core-training programme which provides six month placements in core medical training, general practice, paediatrics, and psychiatry. Trainees subsequently enter core training/specialty training year 2 (CT/ST2) in one of these four specialties. Recruitment follows a similar pathway to general practice (see below for more details).

#### ***Recruitment to an Academic Clinical Fellowship***

A small number of posts combine clinical training and the opportunity for supported research. These are likely to be very competitive and would most suit those who have already displayed a keen interest in research.

## Before applying: Top Tips

***Build your CV early*** – it's amazing how quickly F1 is over. The application process starts early in F2, so it is a good idea to use the F1 year to start developing your CV. Carefully keep all certificates, prizes and even thank you cards etc.

***Reflect on your interests and aspirations*** – when thinking of a career pathway think carefully about what you have enjoyed about each rotation. Use taster days: go to conferences and courses, and read the specialty websites.

***Talk to people in the know*** – talk to a range of people at different stages of training. Find out what they like and don't like. Ask about different opportunities in the field. Visit the deanery's careers team. There are also lots of books and online resources out there to help – some of these are listed below.

***Look at the competition ratios*** – these help to indicate what is needed in the build up to applications. For most roles it is expected that your CV/portfolio will include research, presentations, teaching, audits and being able to demonstrate commitment to specialty.

***Think about the location*** – people have different priorities and commitments. For some, location can be more important than specialty, and vice versa. It is important to remember that competition ratios vary considerably across the country. Look at the different deaneries' geographical areas – some training posts require a significant amount of commuting or moving regularly.

***Consider the life-style you want both now and in the future*** – it's important to remember that an F1/F2 job can be very different from the role that follows in a particular specialty. Look ahead to what the Registrars and Consultants are doing. You need to think about hours/ on calls over the next 40 years or so!

## The application process for CT/ST: Top Tips

**Eligibility** - Check that you are eligible to apply, by ensuring you have the following:

- Registration with GMC
- Right to work in UK and evidence of English language skills
- Evidence of Foundation curriculum competencies or equivalent
- For ST1/CT1 you must not have more than 18 months of experience in that specialty

**Preparation** - Preparation is key. Start planning your application early – don't underestimate the time it takes to decide on specialty choices, your preferred area to work, and to build a portfolio and prepare for interview.

- Read the programme descriptors and person specification carefully. You will need to be able support your experience with sufficient evidence.
- Use the relevant resources including the MMC website and application guide when writing your application. Ask those around you to help - Contact your supervisors or use the deanery careers team.
- Check the application deadlines – late applications will not be accepted under any circumstances. Dates for interview vary – make sure you organise time off well in advance.

**Scoring the most points on your application** - Look at how the application is scored in advance and use this to prepare. You can see how to score the most points by looking at the application pack and guide. There are several areas where points can be gained. The more you do in each area, the more points you score:

- Qualifications
- Publications in peer reviewed journals (check whether the journal is recognised and the work you have produced is within the time specified)
- Presentations: international, national, regional, local
- Teaching: try to design and teach a course to other health professionals or students
- Audit: full marks if you complete a full cycle and can show that change has occurred as a result
- Prizes: enter essay writing competitions and you can sometimes include prizes from medical school

Only the highest achievement in each area counts i.e. you only need to speak at one national conference – no extra points for other presentations. Therefore it would be prudent to spend time working across all areas and gear each project to the level of points for which you feel you need to aim.

You can use many of these projects and research opportunities to demonstrate commitment to specialty. In addition it looks good if you have attended conferences and short courses. There are also postgraduate diplomas that you can undertake to score more points.

Once submitted, applications are scored. Those with the highest scores are invited for

interview. At interview you are expected to bring a portfolio which should include evidence for each achievement you have listed in your application.

**Your portfolio** – Keeping a record of evidence from medical school, F1 and beyond can help create a strong portfolio that can be used for a variety of purposes. You will be expected to bring a portfolio to your specialty interviews. In effect, this is your CV and should include all your achievements relevant to your current and future training:

- Qualifications
- Certificates/ prizes
- Publications/ presentations
- Patient letters/ cards
- Audits
- Teaching
- Courses attended
- Extracurricular achievements
- Evidence from e-portfolio

The portfolio can be used in interview to generate questions – know it inside out. Presentation is important. Try to avoid one big file without division as this makes it difficult for you and the panel to navigate in what is often a very limited time. Avoid the need to battle with file pockets when you are under pressure - present what you have clearly, and without the need to remove items. Your portfolio can also be useful for subsequent interviews, revalidation and ARCPs, so the more you put into it early on, the easier you can make things for yourself as you progress through your career.

**The Interview** – You need to know the person specification in detail.

Talk to people who had interviews the previous year – the theme of questions is often similar. There are books and resources available listing example questions. It can be useful to talk through answers with a friend. Interview practice is invaluable: consider asking supervisors or consultants to give you a mock session.

Key areas to expect in an interview:

- Aspects of clinical governance
- Professional behaviour, integrity, probity, leadership, time-management and teamworking
- Commitment to learning/research – audit, presentations, publications, teaching
- Clinical skills – e.g. a clinical scenario where trainees need to be able to demonstrate the ability to prioritise when under pressure and to ensure that patient safety is the focus of care
- Commitment to specialty

You need to understand all these areas and why they are important. You should have examples in your mind that you can reflect upon.

**Offers** – All applicants are ranked according to interview +/- application

- Offers are made to the highest scoring applicants
- Candidates have 48 hours (including weekends and bank holidays), in which to accept, hold, or reject an offer. After 48 hours the offer will be automatically rejected.

## The application process for General Practice/ Broad Based Training

### ***Comprises 3 stages:***

#### **Stage 1 – Online Application.**

- Should be fairly straightforward – simply answer all questions. Includes a list of qualifications and employment to date. You need to justify any time out. This is a formality to check eligibility.

#### **Stage 2 – Computer-based test. There are two parts to Stage 2:**

- Professional Dilemmas (110 mins) - You will be asked to pick how you would respond in a given clinical scenario, testing the following:
  - Professional integrity
  - Coping with pressure
  - Empathy and sensitivity.
- Clinical Problem Solving (75 mins) - This requires problem solving skills to determine appropriate diagnosis and management of patients.
- The topics are from areas with which a Foundation Programme Year 2 doctor could be expected to be familiar
- The questions do not require specific knowledge of general practice but do assume a general understanding with common primary and secondary care procedures
- The combined score of the computer test will be used to rank applicants. The highest applicant will be invited to attend a selection centre for the last stage.

#### **Stage 3 – Selection Centre.**

- The competences that are assessed at Selection Centre are:
  - Communication Skills
  - Empathy & Sensitivity
  - Conceptual Thinking & Problem Solving
  - Professional Integrity
- There are 3 simulated scenarios and a written exam
- Simulation Exercises – 3 different situations (10 mins each):
  - a consultation with a patient
  - a consultation with a relative or carer
  - a consultation with a colleague
- The main focus is on your communications skills. They do not involve a physical examination and clinical expertise is not specifically assessed.
- Written Exercise (30 mins) - In the written exercise you will be asked to prioritise issues and justify your responses.

The GP recruitment website is very comprehensive and should include all the information you need. Make sure you know the National Person Specification in detail. You should be familiar with the GMC guide, Good Medical Practice.

Most people practise questions for Stage 2. Study aids can be purchased from websites such as OnExamination, Emedica and PasTest. There is also a range of courses available where you may increase your confidence, practise scenarios and learn about the process in more detail.

To apply for BBT, you need to go through the GP application process. You can apply to BBT alone, GP alone, or to both.

- In **Stage 1** there are some additional white space questions for BBT
- After **Stage 3**, there is a **Stage 4** for BBT, which consists of 3 interview stations and a paediatric prescribing exercise. You are also expected to provide a selective portfolio at this stage. Guidance on what to include is stated in advance.

Given that 2013 is the first year of entry to BBT, we expect changes to the application process and number of places over subsequent years.

### What to do if you are unsuccessful, unsure, or just not ready?

There are lots of other options, so don't panic! In fact up to one third of UK foundation doctors do not enter specialty training straight after F2. You can make yourself feel better after realising that the third of people who haven't applied often spend time doing other things which strengthen their CV making them fierce competition for those coming straight from F2.

For people who aren't sure, who need longer to prepare, who want to try something different, or for those who weren't successful, there are lots of other options to consider:

- Taking time out/going aboard
- Clinical fellow posts
- LAS – locum posts
- LAT – locum training posts
- Education/ Research
- Academic jobs: MD/PhD

Look out for posts on deanery and university websites, and on NHS jobs. Remember there is often opportunity to take up these types of roles at various points throughout training – not only after F2.

For more information see the deanery careers pages (link in section 5). Heather Samuels (Deanery Careers Advisor) also runs an 'opt in' email news update which she sends to those F2s who are taking a year out, regardless of what they are doing. This includes updates on recruitment timescales, processes and general advice on e.g. revalidation, GMC status.

### *Going overseas*

The most popular destinations are New Zealand and Australia. Entry exams are not required and working conditions are often more favourable. Some doctors report getting more hands-on experience and increasing their skill set and level of confidence. However, people are finding it increasingly difficult to find the jobs they want in Australasia. Look carefully into the posts offered: many are in remote/undesirable areas. You need to consider immigration rules, visa requirements, conditions of employment and immunisations/ other health aspects.

There are recruitment companies which can help find you a job as well as help with organising visas and accommodation on arrival etc. However it is also possible to write to the hospitals directly. Try to talk to someone who has experience in working in your chosen country in advance.

Since the introduction of revalidation, there are new and important considerations to be aware of if taking time out:

- Foundation doctors new to full registration will now be required to work in an Approved Practice Setting until their first revalidation: this could be for a period of up to five years. An APS is an organisation that has been approved by the GMC as suitable for doctors new to full registration. This applies only to work within the UK.

## Membership Exams

Exams are no longer essential to progress to registrar level (ST3) – nevertheless lots of trainees aim to take membership exams at this point. These are expensive and it is important to take them only once you feel you are prepared. The Royal Colleges may be more specific about exam requirements.

For example, this is taken from the Royal College of Physicians:

*“In 2013 applicants to medical speciality ST3 posts will only be required to have passed Part 1 of their MRCP(UK) (or equivalent), but do not need to have passed the Part 2 Written and PACES elements of the exam to receive an offer of an ST3 post. Candidates will, however, need to have full CMT competences, which includes all parts of the MRCP(UK) including PACES, to be able to actually take up their ST3 appointments. This means that candidates who have not passed PACES at the time they receive their ST3 offer will need to have done so by the time the ST3 post starts, otherwise the offer will be withdrawn.”*

## 5. Sources of further information, help and support

### Role of clinical and educational supervisors

- Clinical supervisor
  - “responsible for overseeing a specified foundation doctor’s clinical work and providing constructive feedback during a training placement” (from the UK Foundation Programme Reference Guide)
  - May be the same person as your educational supervisor
  - Must provide appropriate supervision to ensure patient safety but may delegate this to other doctors
  - Should seek feedback from colleagues on your performance, discuss any concerns with you early on, and take action to resolve problems
- Educational supervisor
  - “help foundation doctors with professional and personal development... responsible for the overall supervision and management of a specified foundation doctor’s educational progress”
  - Should review your progress at regular intervals and make sure you have access to appropriate support if there are concerns

### Educational/ training issues

- Educational and clinical supervisors
- Postgraduate Centre
- Concerns or problems with training can be raised at the Foundation School Committee meetings via Foundation Trainee representatives – contact details available on the Deanery website
- Foundation Training Programme Director (FTPD)

### Pastoral support

- Supervisors
- Postgraduate Centre
- Trainee support from the Deanery
  - <http://www.foundation.severndeanery.nhs.uk/about-us/trainee-support-information/>
- BMA Counselling and Doctor Advisor Service: 08459 200 169

### Careers advice

- Deanery careers advisor: Heather Samuel ([Heather.Samuel@southwest.nhs.uk](mailto:Heather.Samuel@southwest.nhs.uk))
- General information on medical careers and choosing pathways: [www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)
- Each specialty provides detailed information on training pathways. This information is on individual specialty websites, a list of which can be found at [www.mmc.nhs.uk](http://www.mmc.nhs.uk)
- The deanery website has useful information on taking a year out: [www.severndeanery.nhs.uk/deanery/careers-support/careers-guides/taking-time-out-of-training/](http://www.severndeanery.nhs.uk/deanery/careers-support/careers-guides/taking-time-out-of-training/)
- BMJ Careers: [www.careers.bmj.com](http://www.careers.bmj.com)
- Academic clinical fellowships:
  - England and Wales: [www.nihrtcc.nhs.uk/intetacatrain/acfs](http://www.nihrtcc.nhs.uk/intetacatrain/acfs)
  - Northern Ireland: [www.qub.ac.uk/schools/mdbs/pgd/CAT/](http://www.qub.ac.uk/schools/mdbs/pgd/CAT/)

- Scotland: [bma.org.uk/developing-your-career/specialty-training/academic-training-in-scotland](http://bma.org.uk/developing-your-career/specialty-training/academic-training-in-scotland)

#### Working overseas/out of programme experience

- Voluntary Service Overseas: [www.vso.org.uk](http://www.vso.org.uk)
- Médecins Sans Frontières: [www.msf.org.uk](http://www.msf.org.uk)
- Médecins du Monde: [www.doctorsoftheworld.org.uk](http://www.doctorsoftheworld.org.uk)
- The BMA website has pages about going abroad and coming back: [www.bma.org.uk](http://www.bma.org.uk)
- Merlin: [www.merlin.org.uk](http://www.merlin.org.uk)
- Wilson, Mark (2009 third edition) *The Medic's Guide to Work and Electives around the world* Hodder Arnold, London
  - Mark Wilson has also set up the following website: [www.medicstravel.co.uk](http://www.medicstravel.co.uk)

#### Other

- BMA: [www.bma.org.uk](http://www.bma.org.uk)
- GMC: [www.gmc-uk.org](http://www.gmc-uk.org)
- MDU: [www.the-mdu.com](http://www.the-mdu.com)
- MPS: [www.medicalprotection.org/uk](http://www.medicalprotection.org/uk)

## 6. References

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- Severn Deanery: <http://www.foundation.severndeanery.nhs.uk/>
- GMC website: <http://www.gmc-uk.org/>
- General Medical Council, Consent: patients and doctors making decisions together, 2008
- [Careers.bmj.com/careers/advice/view-article.html?id=20009204](http://careers.bmj.com/careers/advice/view-article.html?id=20009204)
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