

Developing a Foundation Taster

JL Kahan, M Button, R Adams, A Voyle-Smith, SJ Cox

The Foundation Programme encourages trainees to experience a ‘Taster’ to help plan important career decisions. But what is a Taster? Why would you want to do a Taster and how would you go about organising it? This article will give you all this information and a working example of a successful Taster programme that has been developed in Oncology at Velindre Cancer Centre in Cardiff.

What is a taster?!

A taster is defined by the Foundation Programme as a period of time, usually two to five days, spent in a specialty in which the Foundation trainee has not previously worked.

The concept was developed in the context of The Collins Report, 2010 ¹, which evaluated the Foundation Programme. The report recommended, that “tasters” should be promoted for foundation year (FY) trainees, if they had an interest in a clinical area but were unlikely to have the opportunity to rotate to that specialty. It defined a taster in terms of effective and efficient learning in an appropriately supported and supervised environment. This key recommendation has led to a small number of hospitals and departments developing a structured taster programme. Whilst taster programmes are not universally available, we would suggest that with a little bit of planning it is possible to develop your own taster which will help you make important career choices as well as improve your CV and secure your next job!!

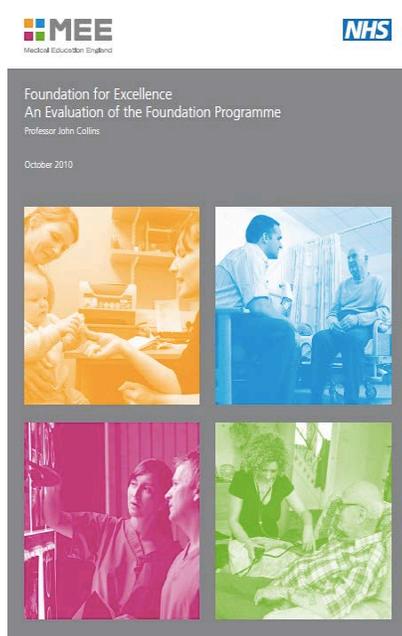


Figure 1

The Collins report 2010.

“A taster enables an insight into the work of the specialty”

Why do a taster?

Some junior doctors will be fortunate to know the career path they wish to follow. A taster is objective evidence of a trainees' commitment to the specialty, and will ensure a good understanding of what the specialty entails.

Many foundation trainees will have only a general idea of which specialty is of the most interest to them. Often career decisions have to be made prior to completing rotations and fairly early in training. For example, applications for Specialty Training (ST) open in November, only a third of the way through FY2. Similarly, for higher ST3 training, applications open in February. A taster placement can give excellent exposure to a specialty of interest which can help focus key career decisions.

NHS Medical Careers advise that when planning your career, use a framework to enable well informed career decisions². Experience of a taster shows that you have considered your career and had the motivation and organisational skills to arrange specific work experience.

Tasters can also be used to develop and focus a CV which can improve the likelihood of successful applications in higher training. Most Foundation Year (FY) doctors will have very similar achievements and it can be difficult to stand out. Attendance at a taster shows motivation and dedication towards a

specialty. These are key attributes which are assessed on the application form and in interview and form a key part of 'Person Specifications' in many specialties- see Table 1.

If you, as a trainee are involved in the initial planning/initiation of a taster programme this will be an excellent example of developing a service and implementing change. These are skills often looked for in application forms and at interview.

Table 1: 2016 Person Specification. Common to applicants in Core Medical³, Core Surgical⁴ and ACCS⁵. These criteria are also specified for higher specialty training in Clinical and Medical Oncology⁶.

Commitment to Specialty – Learning and Personal Development

Essential criteria	Desirable criteria	When evaluated
-Shows initiative/drive/enthusiasm (self-starter, motivated, shows curiosity, initiative)	Extracurricular activities / achievements relevant to the specialty	Application form Interview/selection centre References
- Demonstrable interest in, and understanding of, the specialty	Evidence of participation at meetings and activities relevant to the specialty	
- Commitment to personal and professional development	Evidence of attendance at organised teaching and training programme(s)	
- Evidence of self-reflective practice		

How to organise a taster

A taster may be advertised via your deanery by emails or on their website. Velindre Cancer Centre runs an oncology taster week three times a year. Invites for applications are sent by email via the deanery. The medical education department also advertises on their website. If you have a specific clinical interest, familiarise yourself with the relevant department as well as your postgraduate medical

education centre and with any associated websites. Contact your deanery - try the postgraduate training manager- who may have information on taster programmes that are currently running.

The Foundation School Directors will have a register of local tasters that are already in place⁷. If a taster already runs in the area of interest sign up early and get study leave arranged.

If you would like to develop a taster programme discuss the idea with clinical and educational supervisors. They may have some useful advice! There may be a consultant who acts as the faculty career lead in the trust, who will work with the postgraduate medical education department. If a taster is not currently running they may be eager to develop a programme as it aids their fulfillment of key recommendations. The Local Education and Training Board (LETB) may also be able to offer advice.

An alternative option would be to contact the relevant department or a particular consultant. Some Consultants will have a greater interest in teaching, ask around and ask colleagues. Most consultants will be pleased to have someone who is enthusiastic and interested. If they require further information on developing a taster, the Foundation Programme website and the Reference guide 2012 specifies the supervisor's role in the development of a taster. See Box 1.

Box 1: Useful web sources advice to help set up a taster

The UK Foundation Programme Office. The foundation Programme Reference Guide 2012.
-A summary of what a taster involves for Clinical and Educational Supervisors

The Foundation Programme. The website has a careers section where a list of career advisors for each Deanery and Local Education and Training Board (LETB can be found).

Planning ahead to structure the taster will improve its value. For example an Oncology taster should include exposure to outpatients and inpatients, radiotherapy as well as chemotherapy and palliative care. Bearing specific learning objectives in mind will produce a more structured programme, aligned to the aim of supporting an informed, long term career choice. A consultant should have overall supervision but the experience should not be limited to an individual's timetable. If a taster is already in place but does not include a specific area of interest enquire to see if it can be incorporated.

As a junior doctor you will have access to study leave days and a limited budget. A taster will not reduce the budget and can be covered by study leave. However, apply for study leave early to ensure that there are not gaps on the rota and avoid last minute cancellations, or annoying your colleagues.

How should it be structured?

Firstly, this depends on what experience you wish to gain. Clearly, a taster in nephrology will differ to that of psychiatry but the aim will be to provide an overview of what higher training (and ultimately being a consultant) will involve.

Outpatients: Almost all specialties will have outpatient clinics. We suggest a taster should incorporate at least two clinics. Clinic time is often limited as a foundation trainee, and even as core trainee. Use this as an opportunity to see how the vast majority of patients are managed. Try to get involved, ask questions, clerk new patients and discuss with a supervising consultant.

Inpatients: Attend the team ward round, but don't let yourself just get roped into ward jobs, the aim is to be getting experience outside your usual responsibilities.

The Multi-disciplinary team: Consider a session with non-doctor colleagues: E.g pharmacists, echo-sonographers, physiotherapists, Specialist Nurses, radiotherapists etc. Again this is dependant on the specialty applied for. This will give you a broader understanding of the roles within a specialty and an opportunity to meet with experts in their own field.

Specialty-specific experience: An example in an oncology taster would be to attend and have a go at radiotherapy planning (you won't be responsible for the final product, so don't worry) as well as the radiotherapy review clinic, chemotherapy ward and visit to the pharmacy aseptic department.

Velindre Cancer Centre in Cardiff has a well run taster programme operating since 2011. An example of the timetabled week is found in table 2. Feedback showed that 100% of attendees rated the Taster week as a 'very useful' insight into the specialty.

Table 2: An example of an oncology taster from Velindre Cancer Centre⁸

Each session has a named lead and contact details are provided. The timetable includes clinics, multi-disciplinary team meetings and talks from specialty registrars and training leads. Visiting departments such as pharmacy and radiotherapy gives a real sense of what specialty training involves.

	AM	PM
Monday	9:00am Sign in & Badge Main Switchboard 9.30 Main Outpatients Clinic	1.30 Main Outpatients Clinic
Tuesday	9.00am Tour of Velindre Cancer Centre 10.30 – 12.00noon Radiology Introduction & Tour	1.00 – 2.00 Nuclear Medicine 2.00pm Head & Neck Clinic
Wednesday	8.30 MDT 10am Breast Chemo Clinic Main Outpatients 11:30 – 12:30 Radiotherapy Tour & Introduction	2.00pm Pharmacy Talk 3:00 – 4:00 Careers Talk
Thursday	9.00am Gynae Brachytherapy 1.00pm Physics Treatment Planning	2pm Clinical Trials Introduction & Tour
Friday	9.00am Lung Radiotherapy Planning Meeting 10am Chemo Clinic Main Outpatients	12.30 Acute Oncology Service (AOS) Meeting & Shadow on Call SpR for the afternoon

Benefits for the Department

The promotion of tasters at both F1 and F2 level was one of the key recommendations of the evaluation of foundation training. This implies that the deanery and LETB should be supportive of a taster, as it will help them achieve key recommendations!

A further benefit for the LETB includes possibly improved recruitment into specialty training. In South Wales prior to the introduction of the taster programme only 67% of speciality training posts were filled, from 2014 all posts were filled. A taster was one of a number of innovations used locally to try and improve the recruitment process.

Once a taster has been established subsequent placements can follow the same format and will be simpler to role out as the department can use the first timetable as a template for the next trainees, making each successive taster easier to organise. It will also be registered by the Foundation School as a taster available for FY trainees.

Key points.

- A taster is an excellent way to gain experience in a particular area
- Your place of work should support your study leave
- Plan ahead and apply for study leave early
- Recruit an enthusiastic consultant and contact postgraduate medical education
- Develop a timetable with a point of contact for each session
- Use the experience to reflect and develop your career
- Add to CV and application forms to show commitment to specialty

Further considerations

If after a taster the outcome is that the chosen specialty is not for you, this should not be seen as a negative outcome. It would be much worse to embark on a training programme only to find out it's not right further down the line.

Ensure the experience is beneficial by reflecting on how it has changed career plans. Use it to promote yourself in application forms, CVs and at interview.

Best of five questions.

1. Which of the following statements is not correct with regard to taking part in a taster week?

- A- Discussion with your consultants and the medical education department is important.
- B- The Foundation Schools hold a register of tasters which can be accessed by trainees.
- C- A taster can be used to gain further experience in a clinical area of interest and used to guide career choices.
- D- The deanery should support the application to do a taster.
- E- If a taster is not currently running it is not possible to set up your own.

Answer- E. If a taster is not running then it is certainly possible to set up your own. A key recommendation of the assessment of the Foundation Programme was to support trainees who would like to do a taster. Liaise with the medical education department and discuss your interest with a consultant.

2. Which one of the following statements regarding participation in a taster week is true?

- A- It is of no benefit in career planning.
- B- A taster allows experience in an area where a trainee has not previously worked..
- C- It is a good opportunity to do an audit.
- D- It is expensive to do a taster.
- E- It is of no use on your CV.

Answer- B. The aim of a taster is to gain experience in an area a trainee has not previously worked which may aid career choices. Costs should be minimal and covered within the study leave allowance. Although participation in a taster may inspire audit ideas it would be wasted opportunity to spend time

on an audit during the taster week. The experience of a taster and the skills learnt could be used to enhance a trainees CV.

3. Implementing your own taster could be viewed as evidence of what?

- A. Commitment to a particular specialty.
- B. Future career planning.
- C. Personal motivation.
- D. Development of a service.
- E. All of the above.

The primary goal of a taster is to guide career choices. But the skills learnt from organising a taster are varied and can be used to demonstrate development of a service, motivation and commitment to specialty.

4. When considering a structured and useful timetable which one of the following should be incorporated?

- A. Follow one consultant's timetable for the entire programme.
- B. There is no benefit in meeting other health care specialists.
- C. The majority of the time should be spent on the wards.
- D. Have an overall supervisor who will support the process and oversee the timetable, with a named point of contact for each session.
- E. There is no need to plan a timetable in advance.

Answer - D. A structured timetable should have an overall supervising consultant and a point of contact for each session. It should incorporate varied activities and not be based solely on the wards. Meeting other health care professionals is a key element and aims to develop an understanding of the team you are interested in working in. Planning ahead will ensure a successful placement.

5. Which of the following statements regarding outcomes of a taster are false?

- A. It is helpful to feedback regarding the taster so subsequent programmes can be improved.
- B. At interview for higher training it is likely that a trainee should demonstrate an interest in, and an understanding of, the specialty applied for.
- C. It is a failure of the tasters if the trainee decides that the specialty is not for them.
- D. After a taster it is important to reflect on the events and the impact on your career development.
- E. A taster may be interesting, varied and enjoyable.

Answer: C. Deciding against a career after a taster is not a negative outcome. It is much better to decide against a specialty prior to embarking on training post. For this reason interviews for higher training assess a candidates interest and understanding of the specialty.

References

¹ Foundation of Excellence. An Evaluation of the Foundation Programme. Professor J Collins. Oct 2010
http://www.mee.nhs.uk/pdf/MEE_FoundationExcellence_acc.pdf

² NHS medical careers. Career planning for foundation.
http://www.medicalcareers.nhs.uk/postgraduate_doctors/pg_doctors/career_planning_for_foundation.as

³ Person specifications 2016. Core surgical training – CT1. NHS Health Education Kent Surrey and Sussex.
<http://specialtytraining.hee.nhs.uk/files/2015/10/2016-PS-CST-CT1-1-0.pdf>

⁴ Person specifications 2016. Core medical training- CT1. NHS Health Education Kent Surrey and Sussex. <http://specialtytraining.hee.nhs.uk/files/2015/10/2016-PS-CMT-CT1-1.0.p>

⁵ Person specification 2016. Acute Care Common Stem (ACCS) acute medicine- CT1. NHS higher Specialty Training. <http://specialtytraining.hee.nhs.uk/files/2015/10/2016-PS-ACCS-AM-CT1-1-0.pdf>

⁶ Person specifications for Clinical Oncology applications to higher specialty training, Royal College of Radiologists 2016. NHS Health Education Kent Surrey and Sussex. https://www.rcr.ac.uk/sites/default/files/Clinical_Oncology_ST3_Person_Specification_2015.pdf

⁷ The Foundation Programme Reference Guide. The UK Foundation Programme Office. <http://www.foundationprogramme.nhs.uk/pages/home/reference-guide>

⁸ Oncology tasters for foundation trainees. Velindre Cancer Centre, NHS Wales. <http://oncology-training-wales.org.uk/index.php/component/content/article/2-uncategorised/104-foundation-programme-taster-weeks#>