lК

Cite this as: *BMJ* 2024;384:q720 http://dx.doi.org/10.1136/bmj.q720 Published: 22 March 2024

New allocation system for foundation training leaves doctors demoralised before they've even started work

The newest recruits to the NHS already felt daunted about joining. Now, changes to how foundation training places are allocated risk taking away even more of their agency, writes **Nathanael Leaf**

Nathanael Leaf incoming foundation year one doctor

Earlier this month, I was among the first cohort of medical students to be assigned their foundation training post by the preference informed allocation system, which gives each applicant a random, computer generated ranking. Although the UK Foundation Programme Office (UKFPO) has maintained that this system has been introduced to make allocation "as fair as possible," the powerlessness felt by incoming trainees who've been given a post far away from their families, friends, and partners has engendered a palpable sense of injustice among many. More than that, the introduction of random allocation seems to foreshadow a future career in an impersonal and indifferent institution, which disregards the wellbeing of its workforce.

In June 2023, the UKFPO announced—with less than six months' notice—that their "score based" system was to be replaced by a random ranking system.³ For current final year students, who were led to believe that they could influence where they were sent for further training by performing well in exams, this meant that their academic efforts were suddenly replaced with the equivalent of a raffle.

Students' total lack of control over how they are ranked has manifested with very real consequences. Within an hour of our allocations being published, I heard of a friend who—having worked hard for six years in the hope of being placed close to their long term partner—has been allocated to their 12th choice (out of 18), more than 100 miles away from their significant other. Another friend has been assigned to Northern Ireland, their 14th choice, with nearly 500 miles and a sea between them and any semblance of a support system. A brief scroll through social media shows more unfortunate stories of dashed hopes and despair.

These disappointed students are grappling with the stark reality of being more isolated from their friends and family, and risk becoming disillusioned with a career that they haven't even begun yet. Medical students in the UK are already in a peculiar position: they are academically gifted and hardworking, they would be welcomed by companies who would better compensate them for their work, and they accept far less pay than their equivalent colleagues abroad. Now they don't even have the means to influence where they work and live. Both of my unlucky friends are seriously considering withdrawing from foundation training to be closer to their partners. Can the NHS afford to lose more doctors this way?

In my case, I have been lucky. I applied to relatively non-competitive deaneries and have been allocated

to my first choice. I should be happy with the results, but there are too many sources of disquiet for me to be content with the new system. One is the sense of injustice that I feel for many of my peers. On 7 March, they were able to dream of working and living in a place that they would have chosen. By the next day, they had to re-plan their entire lives. One benefit of the score based system was that at least students could have some idea about their chances of being allocated to certain deaneries and plan accordingly. Now any possibility of predicting where you're likely to be moving has gone.

A sign of things to come?

I fear that the sense of powerlessness this new system reinforces is just another warning shot from the institution in which we will soon be working. In August we will be joining an NHS in potentially the greatest workforce crisis in its history⁴—a prospect that is enough to make many new starters feel helpless. Throughout medical school we have heard from nurses, consultants, registrars, physiotherapists, and junior doctors about the unworkable conditions in the NHS. We have seen friends who only recently graduated striking for a fair, liveable wage. We've been urged by well meaning colleagues to prepare to leave for America or Australia—anywhere but here. The results of the UKFPO's allocation does little to convince me that the healthcare sector's managerial class care about doctors very much at all.

The score based system was far from perfect, and preference informed allocation does potentially confer important benefits that should not be overlooked. The situational judgment test (which previously made up half of a students' ranking) has been heavily criticised for being biased against black and ethnic minority students: studies have reported that these students perform significantly worse on the exam than white students.⁵⁻⁷ Critics have argued that this can perpetuate inequalities, with students who've already faced systemic biases then allocated to unpopular deaneries. Similarly, it has been argued that giving weight to academic performance disadvantages students who have to support themselves financially through medical school by working.² Attempting to rebalance the scales of privilege is a noble cause, but this has come at the high cost of ridding all students of their agency.

The UKFPO has also argued that removing academic performance as a factor in the allocation process—which they say "drives disruptive competitive behaviour"—should "improve collaboration and reduce unproductive competition

between medical students."² If this change to the ranking system encourages medical students to be "good enough" doctors, rather than perfect ones, that will of course be a positive outcome. Yet it is not clear this will be the result: where some students may be grateful for the reduced pressure of exams, others are likely to be disillusioned by a system that robs them of agency.

I'm sure the UKFPO's changes are well intentioned, but something important has been overlooked in the decision to use preference informed allocation. For all the anxiety this new system has apparently saved students from by removing the weighting of exam results, has it not caused more than ever by leaving our fates up to a computer generated ranking? And, perhaps more critically, have these changes demoralised and alienated a generation of doctors before they have even started working?

Competing Interests: NL is a medical student enrolled at the University of Birmingham 2017-2024.

Provenance and peer review: Not commissioned; not externally peer reviewed.

- 1 UK Foundation Programme. What was looked at. https://foundationprogramme.nhs.uk/re-sources/foundation-programme-allocation-process-stakeholder-engagement/what-was-looked-at/
- 2 UK Foundation Programme. Frequently asked questions. https://foundationprogramme.nhs.uk/re-sources/foundation-programme-allocation-process-stakeholder-engagement/frequently-asked-questions/
- 3 UK Foundation Programme. Preference informed allocation (PIA). https://foundationprogramme.nhs.uk/resources/foundation-programme-allocation-process-stakeholder-engagement/
- Dobson J. Time is running out to resolve the NHS workforce crisis. BMJ 2023;380:. doi: 10.1136/bmj.p681.
- Patterson F, Sheridan S, Laidler S, et al. Analysis of the situational judgement test for selection to the foundation programme 2020: Technical report. 2020: 29-34. https://isfporguk.files.wordpress.com/2020/06/fy1-sjt-technical-report-2019-20-final.pdf
- 6 Nabavi N. How appropriate is the situational judgment test in assessing future foundation doctors? BMJ 2023;380:. doi: 10.1136/bmj.p101. pmid: 36639167
- 7 Ogbu II. Continued use of the situational judgment test raises many questions. BMJ 2023;380:. doi: 10.1136/bmj.p437. pmid: 36849169
- 8 Salisbury H. Helen Salisbury: Being a good enough doctor. BMJ 2020;371:. doi: 10.1136/bmj.m4712. pmid: 33293298