Health Education
Yorkshire and the Humber

University of Leeds School of Medicine

Post-Finals Assistantship Preparation for Professional Practice 2025-26

Introduction

Welcome to your final clinical placement!

The "Post-Finals Assistantship" (PFA) programme is **a mandatory part of the final year student curriculum** which will help prepare you in your transition to become a Foundation doctor, and a requirement of the General Medical Council. The PFA is entirely separate from the national 'shadowing' period (a paid 4-day programme with you as an employee of the trust where you will be working immediately before your August start date). The PFA placement is also a requirement for completion of MBChB for students who are not planning to enter Foundation practice in UK (e.g. if planning on working abroad or pursuing a nonclinical career post-graduation).

All Leeds medical students will spend a total of 3 weeks in the PFA programme. If you have been allocated to a Foundation place in West Yorkshire and Harrogate, you are likely to be placed with the team you will be working with in August. If you have a Foundation post outside of the region, you will be allocated to a PFA in one of our local Trusts, where we will try to match to your initial F1 specialty. If you do not currently have an allocated Foundation post (for example if you are awaiting allocation to a post from the FPAS reserve list, or you are not applying to the Foundation programme), you will be allocated to a suitable medical or surgical placement.

If you intend to undertake your PFA outside of Yorkshire through your own arrangements, you will need to email details to medicine-placements@leeds.ac.uk and put "Year 5 PFA" in the email title.

Assistantship forms an important part of preparation for the critical transition from being a student to starting work as a Foundation Year 1 resident doctor. The GMC defines assistantship as:

> *"a type of clinical placement, undertaken towards the end of the student's undergraduate course. It should be designed to increase the preparedness of the medical student to start practice as an F1. Although some direct care of patients is implicit and necessary, it is primarily an educational experience which should provide a number of hands-on learning experiences that allow the medical student to work within clinical settings and to practise clinical skills. The students should be fully integrated within a clinical team and should be responsible for carrying out specified duties under appropriate supervision"*

It is very important that you gain as much experience as you can during the assistantship. If you are placed in the department that you will be doing your first F1 post with, you must focus on good working knowledge of your first **hospital** placement. If you are doing your Foundation training out of the region, at the very least you should gain further experience of working in this setting in a placement related to your initial F1 specialty which will help to prepare you for the start of your first F1 post. A few Foundation doctors will start their Foundation training with a psychiatry community placement (or a placement in a non-acute specialty such as radiology) and whilst it is important to become familiar with the duties and responsibilities of these posts it is equally as important to complete an assistantship placement in medicine or surgery in an acute hospital, as the pressures and demands of working in an acute specialty are greater and completely different at this level.

Objectives

The main objectives of your assistantship attachment are:

1. Working at the level of a new F1 doctor, fully integrated as part of the clinical team (including base ward, acute admissions and out of hours shift work) and with structured supervision

2. Consolidation of key aspects of new F1 skills and working that are necessary to be a safe and effective resident doctor (with a particular focus on safe prescribing and decision making)

3. Develop team-working, communication and professional skills from working as part of a multi-disciplinary clinical team.

4. To familiarise yourself with your hospital or Trust's specific policies and procedures and ensure that you have updated your knowledge and competence in key areas enabling you to meet the mandatory requirements of your hospital or Trust to start work

in August. These include hand washing, infection control, transfusion, venous sampling and cannulation.

Remember you are still a student, and as such you must keep to the boundaries laid down by the "Medical Students professional behaviour and fitness to practice" Guidance from the GMC and Medical Schools Council.

The main outcomes for the PFA are explored below. PFAs will vary given the nature of the post, but all will involve you taking responsibility for the day-day care of a number of patients under the supervision of resident and senior doctors.

Orientation

- Identify the wards you are working on and have responsibility for providing cover to.
- (For students doing their PFA linked to F1 in particular) identify other key places relating to your department - resident doctors' offices, consultant offices, secretarial and administration offices.
- Identify the location of other important wards and departments - A&E, acute admission wards, Coronary Care, HDU/ICU, radiology, laboratory sciences.

These are likely to be familiar to you through prior placements, but ensure you relate these to your PFA working.

Identify and meet the members of your team

- Identify and meet consultants and other medical staff in your department
- Identify and meet other members of the multidisciplinary clinical team
- Identify and meet key administrative staff - ward clerks, secretaries.

This is likely to be covered through local induction. Please note that your final assessment of the PFA will highlight your ability to work successfully within a multiprofessional team.

Understand the working of your department and your role

- Participate in routine clinical care, including regular ward rounds (covering your own patient reviews, accompanying resident and senior doctors on formal ward rounds)
- You should complete notes on ward rounds, and have these checked for standard of content and compliance with requirements for documentation (including date and time, your name and contact, patient ID, and legibility).
- Participate in emergency admissions care (via A&E, acute admissions unit or direct to your wards), and the care for patients who are elective, planned admissions
- Identify local policies in relation to shifts and on call rotas work. If your PFA is linked to your F1 post, ensure you know key contacts (notification if you are ill and unable to

attend for work? What is the system for emergency cover of absent colleagues? How do you arrange annual leave?)

Working patterns and out of hours work

- It is possible that the PFA placement you are allocated to will include out of hours working as a routine requirement or that you may have the option to do out of hours shifts. Working experience as a resident doctor out of hours greatly differs from routine 9-5 working and provides valuable experience that will help in preparation for FY1 working.

Handover

- This is an essential part of team-working for inpatient specialties. Ensure that you understand when and where handover occurs, what your responsibilities in handover are as an F1 doctor, and how documentation for handover is performed and recorded. You should participate in handover as a routine part of your PFA work.

Infection control and practical procedures

- Whilst you are already competent with the principles of infection prevention - including handwashing, source isolation, asepsis - you should continue to perform these activities routinely at the level of a new F1 doctor. However, there may be differences in local policies and guidelines at your hospital relating to these which, you must become familiar with.
- Undertake the range of practical procedures laid down in the Year 5 Practical Skills Portfolio (paying attention to areas where supervision is mandatory – e.g. prescribing and blood transfusion)
- Ensure that you understand local guidelines relating to documentation and checking for nasogastric tubes - attempting to feed a patient through an incorrectly positioned nasogastric tube is extremely dangerous and is deemed a “never event”.

Prescribing

- This will be one of your important responsibilities when starting work as an F1. You should continue to participate in writing prescriptions (both acute and pre-admission drugs), chart transcription and discharge notes (including drugs list) under supervision of the Foundation doctors you are working with - **REMEMBER YOU ARE NOT ALLOWED TO PRESCRIBE** (until completing GMC provisional registration and being an employee of the Trust) - **PRESCRIPTIONS MUST BE SIGNED BY A REGISTERED DOCTOR**
- Participate in prescribing related activities (drug calculations, monitoring, dose adjustment (e.g. age, weight, renal function) under the supervision of medical staff and pharmacists.

- You should become familiar with local arrangements on how to complete a patient's "Discharge Advice Note", sometimes known as an E-DAN, which is the first communication sent to GPs after a patient is discharged from hospital and includes the patient's drugs on discharge.

Blood transfusion

- It is important that you understand how to organise and administer a blood transfusion safely. Arrangements for this differ between Trusts.
- This is a procedure which should be initiated, requested and fully supervised by registered medical staff

Requesting investigations

- Routine requesting of investigations including blood tests, ECGs, radiological investigations and other specialised tests related to your specialty (under supervision as appropriate)
- Discharging your responsibility in relation to investigations – by checking results in a timely fashion for the patients under the care of yourself and your team.
- Undertake arterial blood gas sampling and analysis (including learning local arrangements for handling samples and operating analysers)

Communication

- Be familiar with how the bleep system works and how you contact other members of the team.

Resuscitation of the acutely ill patient

- Ensure that you know how to contact switchboard for a crash call. What is your role in a cardiac arrest - when will you carry the crash bleep?
- Ensure you are comfortable with urgent referrals and escalation of the acutely ill patient. What is the role of ICU and critical care outreach teams?
- The PFA is an ideal opportunity to consolidate this experience by participating in arrest calls and assisting in referral and escalation decisions.

Needlestick injury

- Be aware of the immediate action you would take if you suffer a "sharps/splash" injury.

After a patient has died

- Ensure you are confident in the processes of confirming death, death certification, and completing cremation form.
- Locate where the bereavement office is.

Specialty related clinical experience

- Are there patients with specific conditions that you are less familiar with managing where you can further enhance your clinical skills?
- Identify any specific clinical protocols that you will need to be familiar with when you are working as an F1.

Assessment

- Satisfactory completion of your PFA is a required part of the MBChB course.
- The main aspects of assessment will relate to professional attributes, including attendance, teamworking, communication and attitudes to colleagues, patients and their relatives/carers and professionalism.
- Attendance at all scheduled sessions is mandatory. Any absences should be approved or notified according to the School of Medicine's Attendance Policy and must be communicated to your PFA supervisors.
- Your clinical supervisor (or someone nominated by them) will provide feedback including advice relevant to your start of Foundation working. They must sign off your placement, when completed, to demonstrate that the PFA has been successfully completed. Sign off must be completed by your senior supervisor or a clinician nominated by them working at F2 level or above.

We hope you thoroughly enjoy your Post Finals Assistantship placement. If there are any issues or you need any advice, please contact a member of the Year 5 team.

Mr Chris Mannion

Dr Dariush Saeedi

Dr Jo Wright

Co-Leads Year 5 MBChB

Dr J. Hooman

Associate Director Foundation Training