



Cite this as: *BMJ* 2024;384:q585
<http://dx.doi.org/10.1136/bmj.q585>
Published: 08 March 2024

February top picks: new beginnings

Éabha Lynn *BMJ* editorial scholar

Midway between the winter solstice and the spring equinox, 1 February is the celebration of Imbolc, a Gaelic festival celebrating the beginning of spring—a time for new beginnings and new life.

The UK Foundation Programme Office (UKFPO), which operates and develops the foundation programme for UK doctors in their first two years after graduation, announced new beginnings of its own in February. After a decision in [February 2023](#), the [specialised foundation programme](#) is to come under UKFPO's new "preference informed allocation" system of recruitment. In this system, candidates are given an algorithmically generated ranking. The specialised foundation programme represents the earliest stage at which doctors in the UK can enter an academic training pathway, and academics, clinicians, and students have expressed concern about the selection criteria. The old system of allocation to specialised foundation programmes involved a separate application, with candidates being ranked on the basis of their previous academic outputs and an interview. The relative "randomisation" of the new system is thought by academics to disincentivise clinical academia at a time when training and retention of UK clinical academics is already low. An [opinion piece](#) by medical student Marina Politis and colleagues argues that the decision adds further challenges for doctors pursuing clinical academic careers. What do you make of the changes?

Of course, challenges with UK medical training are not unique to foundation programme recruitment. Freelance writer and doctor Jo Best laid out the case for [reforming rotational training](#) beyond the foundation programme. She proposed eight changes to improve rotational training for doctors, and as a hopeful postgraduate medical trainee in the not-too-distant future, I hope some of those suggestions are heeded.

The hyper-rotational training of undergraduate and postgraduate medical education has contributed to loneliness during my time at medical school. An episode of the [Sharp Scratch podcast](#) explored this in more detail, with panellists Ramneet and Judy and clinical psychologists Clare Dixon and Ian Smith. Together, we discussed some of the drivers of loneliness at medical school and our own experiences of being lonely, and why we so rarely talk about it. I eagerly await news of where my finalist friends are being sent as they start their medical careers in August, and it has been comforting to know that the distance and disruption doesn't need to distance and disrupt the friendships I have developed over the past five years.

Exclusion can also compound loneliness. Minoritised colleagues across the globe are often asked by patients or colleagues, "[Where are you really from?](#)" This month our careers section delved into how to respond when asked this question. It is a difficult and exclusionary question for colleagues at all stages of their careers, but arguably even more so for less senior, less experienced team members. Medical student Kevin Wu offered his insights, suggesting readers "educate without confrontation."

Perhaps we could take those words on board in many aspects of our lives and careers, educating without confrontation when faced with the challenges of rotational training, loneliness, the changing postgraduate environment, and beyond. As we look forward to the springtime of our careers, let's do the best we can with what we have.

Competing interests: EL is a medical student enrolled at Lancaster University 2019-26.

You can now receive our monthly *BMJ Student* round-up by email. Sign up here.

<https://forms.gle/vH4c7F8xbVTn3xgE6>