Foundation Training in General Practice in the West Midlands

This guide aims to provide practical advice for both trainer and trainee. It is hoped that by considering the issues in this document the training process for both the training practice and the trainee should be a more fulfilling experience.

The West Midlands Deanery covers Birmingham, Black Country, Solihull, Coventry, Warwickshire, Staffordshire, Shropshire, Worcestershire and Herefordshire. The Deanery is responsible for the commissioning and quality management of Foundation training across the whole Deanery. It links with four Foundation Schools.

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# Key Contacts

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Background to the Foundation Programme

The UK Foundation Programme

- Is an integrated two year programme for all medical graduates. F1 is the preregistration year, and F2 is a post registration year of generic training.
- Aims to help new doctors to:
  - Focus on the development of generic skills of professional medical practice
  - Consolidate and develop their clinical skills under leadership and supervision from more senior doctors and other professionals within the NHS
  - Develop their ability to recognise and manage acute illness
- Requires Foundation Doctors to demonstrate the acquisition of competences through an assessment process, and maintain a portfolio of their professional practice.

How is it organised?

- Medical students and eligible medical graduates apply through a national recruitment process for allocation to a Foundation School and matching to a foundation programme within that school. Most schools linked to the West Midlands Deanery initially match to the first year. Midway through their first year, trainees are required to apply for placements in the F2 year. Placements are allocated according to their ranking in the F1 midpoint ARCP score.
- Following graduation from medical school, the new doctors commence their first employment within the NHS as a foundation doctor, where they progress through the two years of foundation training.
- All Medical Students undertake a 1-2 week shadowing period during the end of their 5th year in the post they will be starting as an F1.
- The F1 and F2 programmes consist of a series of placements, usually rotating every four months. The programmes are hosted by the acute Trusts and include experience in medicine and surgery, but also incorporate a range of experience in other specialties, including community based specialties.
- The whole programme is approved by the GMC.
- Quality management of the Foundation Programme is undertaken by the Foundation Schools and the West Midlands Deanery.
- Across the Deanery at least 55% of F2 doctors should have an opportunity to undertake a placement in general practice. Currently, we are able to offer a community based placement in either GP, Psychiatry or Public Health. In a recent evaluation of Foundation training (Collins Report) there is a recommendation to increase exposure to community based training, and it is hoped in the near future all F2 rotations will incorporate a community based placement.
• Foundation doctors are employed by the acute trust hosting their programme and are placed wherever possible in nearby practices for their F2 GP placement.
• The GP placement in F2 involves learning in not for general practice. It is distinctly different from specialty training in general practice.

**Further information**
http://www.foundationprogramme.nhs.uk

The national website for the UK foundation programme is an excellent resource, and includes key documents such as the FP Curriculum, Operational Framework and Foundation Learning Portfolio. You can sign up for e-updates which you may find helpful.


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### Foundation Training in General Practice

#### 1 F2 Doctors

##### 1.1 What are F2 Doctors?

- Doctors with **full GMC registration** in their second year of postgraduate medical education and training
- They will have completed a pre-registration F1 year, and be undertaking an **F2 programme rotating through three specialties**
- They are expected to **undertake a clinical workload under supervision**.
- They are **not** expected to do ‘out of hours’ in general practice
- They are **trust employees** for the whole of their F2 year
- F2 doctors will attend the generic foundation teaching programme organised by the Foundation Training Programme Director (FTPD), who is usually based in the acute trust.

##### 1.2 How is an F2 doctor different from a GP speciality trainee?

- The F2 doctor is **NOT** learning to be a GP
- The aim of this rotation is to give the F2 doctor a meaningful experience in general practice with exposure to the patient in the community, as well as gaining an understanding of the interface between primary and secondary care.
- Experience in general practice will contribute towards the F2 doctor achieving the competences required for the Foundation Programme.

##### 1.3 Who decides which doctor will come to my practice?

- Each F2 programme usually consists of 3 posts of four months in differing specialities. There are numerous combinations.
• Midway through their F1 year, trainees will review the full list of available F2 rotations. They will prioritise their choices and are then allocated as far as possible to their preferred options.
• The Deanery/Trust identifies practices that are able to host the F2 placements. Foundation Training Programme Directors (FTPDs) in Trusts are given the list of GPs who have agreed to be clinical supervisors and they link them to F2 programmes with a GP component.
• Information on the names, contact details and programmes of your F2 doctors should be provided by the foundation programme administrator in the acute Trust to which you are linked.

2 F2 Doctors and General Practice

2.1 Why have F2 attachments in primary care?
• All doctors need to understand how the NHS works and the interface between primary and secondary care. Key themes in the curriculum for F2 doctors that are highly appropriate to general practice include:
  - the recognition and management of acute illness
  - prescribing
  - communication skills
  - teamwork
  - professionalism
  - impact of illness of everyday lives of patients and carers
  - long term conditions
  - understanding the interface between primary and secondary care
• It provides an opportunity for F2 doctors to experience general practice as a specialty, and helps to consolidate career choices. There is evidence to show that F2 training in GP is associated with increased recruitment into the specialty, often with retention of trainees within the local scheme.
• For the trainer, it is an opportunity to engage in or expand their trainer experience, contribute to their professional development and promote their specialty.

2.2 Why should you consider F2 training?
• An F2 doctor will be working at the same level as a pre 2007 first time GP placement so they will provide some service to the practice.
• F2 training attracts a reasonable training grant.
• Recent local informal and national surveys show that both trainers and trainees find it a positive and rewarding experience.
• There is evidence to show that local recruitment and retention into GP Specialty Training is enhanced by experience of GP in the foundation programme
• Training F2 doctors in a Training practice will provide teaching and mentoring skills experiences for GP StRs

2.3 Who can supervise F2 doctors?
• GPs that are either approved GP trainers or Associate trainers.
• The practice will need to be approved for training by the Deanery

2.4 How do I become an Associate Trainer?

To act as a clinical or educational supervisor for foundation doctors in GP you have to be an Associate trainer. In brief this means you must:

• Be registered with a professional body (GMC, NMC etc)
• Be registered with the GMC as a GP trainer (by obtaining Deanery approval)
• Have successfully completed a generic educator’s course; i.e. module one of the recommended courses or one of the deanery courses.

The course enables individuals to apply to be undergraduate teachers, out-of-hours clinical supervisors and associate trainers in general practice. Other health care professionals can also take the course and work as supervisors in their own areas.

• Attend Foundation training updates at least every 3 years.
• Have evidence of Equality and Diversity training within the last 3 years.
• Ensure your surgery has been approved as a training practice

2.5 How do I get approval to be a Training Practice?

The practice is examined to ensure that it provides an appropriate learning environment. It must provide a good example both of clinical care and of management. The infrastructure must be sound, the records of high quality and the team committed to learning.

The trainer, or trainers, are examined independently to ensure that they have sufficient knowledge of practice and of education, skills appropriate to one-to-one teaching and educational management, and attitudes supportive of learning.

2.6 What’s the difference between a Clinical Supervisor and an Educational Supervisor?

• The clinical supervisor is the person responsible for the F2 doctor while they are in their placement at the practice.

  The clinical supervisor is responsible for:
  - patient safety
  - supervising the trainee day to day in clinical and professional practice
  - supporting the trainee assessment process
  - ensuring trainees have the appropriate range and mix of clinical exposures
  - arranging a work programme to enable the trainee to attend fixed educational sessions.

• The educational supervisor is responsible for the F2 for either their 4 month placement or the whole year – they may be one of the three educational supervisors in a programme and you may be asked to take on
this role for your F2 doctors. The Trust can advise you who the educational supervisor is for each F2 doctor. The educational supervisor is the doctor responsible for making sure the trainee receives appropriate training and experience throughout their F2 programme, as well as providing support for the trainee's professional and personal development.

The educational supervisor is responsible for:

- undertaking regular formative appraisal
- providing support for development of the learning portfolio
- being the first point of call for concerns and issues about training
- ensuring appropriate training opportunities are available for the F2 doctor to learn and gain the foundation competences
- providing support for the trainee with difficulties and liaising as required with other professionals to seek resolution of the difficulties. This may be at a local or deanery level, and may involve HR and occupational health.

2.7 What happens if the F2 doctor’s educational supervisor is away?

- Appropriate supervision must be available, and when the supervisor is not available then an appropriate colleague must be identified to fulfil this role. A senior clinician will need to be onsite when the F2 is seeing patients. Patient Safety is paramount.

2.8 Can a GP become a trainer if they are part-time?

- If one partner is part-time and wants to become a trainer, they will need support from another partner to cover for them when they are absent.

3 F2 Doctors and Employment: Practicalities

3.1 Who holds their Contract of Employment?

- The Contract of Employment is held by one of the Acute Trusts within the Deanery, who is responsible for paying salaries and other HR related issues.
- However, in addition to this legal contract it is suggested that each practice has an Honorary Educational Contract with each of its Foundation Doctors (see Appendix 2). Submission of the Honorary Contract, to your GP Area Directors Office, initiates the trainers grant claim.

3.2 Does the F2 doctor need to be on the Performers List?

- It is not necessary for your F2 doctor to be on the Performers List of the relevant PCT before they take up their post in General Practice because they remain employees of their host NHS trust who will have carried out the necessary pre-employment checks.
• However, it is a **requirement** that you inform your PCT of the names of F2 doctors in your practice and the dates they will be with you. Some PCTs request that you also certify the trainee’s competence in English Language. If you are asked to do this, please refer the request to the Foundation Training Programme Director. Employment checks will be done by the Acute Trust so the PCT will not need to repeat this.

### 3.3 Does the practice need to organise medical indemnity cover?

- The F2 doctor is an employee of the Trust and will be covered by the Trust indemnity scheme. They do not require further MDU/MPS cover.
- Foundation doctors can elect to take out personal cover with a defence organisation at a minimal cost.

### 3.4 Can an F2 doctor sign prescriptions?

- **Yes.** An F2 doctor is post registration and is able to sign a prescription.
- The F2 should use their supervising GP’s FP10.

### 3.5 Should an F2 doctor do out-of-hours shifts?

- F2 doctors are contracted to work a 40-hour week.
- Therefore they are **not expected to work out-of-hours** shifts during their general practice rotation.
- The F2 timetable should be compliant with the European Working Time Regulations (no requirement to work before 7am or after 7pm, maximum 48 hours per week to include lunch breaks).
- Some F2 doctors have asked to experience out of hours as a means of exposure to different types of acute illness. They may also be asked to work an extended day to match the practice hours. This can be a useful learning opportunity but a level of supervision appropriate for F2 doctors **must** be available at all time.
- Please note that any out of hours experience does **not attract extra salary payment** (banding) and the working week should remain within the 40-hour limit.

### 3.6 Can the F2 do home visits?

- Whilst undertaking GP home visits is not an absolute requirement within the F2 curriculum, there is significant benefit to be gained in terms of education and training, particularly in the management of long term patients with chronic ill health.
- Home visits must at all times remain the responsibility of the supervising GP trainer, and undertaken at their discretion. This usually occurs after the trainee has been on several supervised visits, with careful patient selection and appropriate debriefing following a visit.
- Travel costs should be kept to minimum.
3.7 Are F2 doctor’s travel costs reimbursed?

- Eligible travel claims are **reimbursed by the employer (the host trust)**.
- Only additional actual costs are reimbursed. That is, the F2 doctor may claim for any cost of travel from their home to the practice in **excess** of the cost of their normal travel to the trust.
- They may claim for expense incurred if they have to travel between the practice and their base trust during the working day (e.g. if they have to attend meetings or educational sessions).
- They may also claim for any additional expense of travel associated with work (e.g. visits to patients but **please try to minimise** the cost of this travel to help trusts stay within budget).
- They cannot claim for travel from home to work other than that in **excess** of the cost of their normal travel to the Trust.

4 Leave Entitlement for F2 Doctors

4.1 What about annual/sick leave?

- The F2 doctor is entitled to 28 days annual leave (working weekdays, excluding bank holidays) in the 12 months and this should be equally divided between the three posts.
- Sick leave should be documented and all absences recorded and forwarded to the trust at the end of the attachment (See appendix). There will be no funding for locum backfill or other costs.
- The Foundation Training Programme Director (FTPD) must be informed of sick, leave beyond 2 weeks for either the F2 doctor or the supervisor.

4.2 What study leave are F2 doctors entitled to?

- F2 doctors may take up to 30 days study leave during the year. However, at least 15 of these days will be used as part of the teaching programme organised by the FTPD in the Trust, and also includes ALS training.
- Normally no more than a third of the study leave should be taken in each four month rotation.
- Study leave beyond the Trust programme will require approval through normal Trust channels from the Programme Director and may not be funded. The F2 doctor should also discuss the request with the GP practice and provide at least six weeks notice.

5 F2 Doctors in General Practice: How to organise training

5.1 If you are considering F2 training:

- Ensure the whole practice is informed and involved. F2 training is something the practice is signing up to, not just the F2 trainer. This
means they all have to help out with some of the training work. So check to ensure all of your clinical team and practice staff are engaged with this and that the practice ethos towards training is based on a collaborative model.

• Ensure you have space to accommodate your F2 doctor to enable them to consult with patients.

5. F2 Doctors in General Practice: How to Organise Training

• Devise a F2 training programme. Identify an induction process and timetable for your F2 trainee (see below for an example). Remember that the daily clinical supervisor doesn’t have to be the nominated F2 trainer all the time.

• It is good practise to provide your clinical team with an “Aims and Objectives” sheet based on the F2 curriculum.

• It may be useful to get in touch with other F2 training practices. This will help promote a sharing of ideas and they may be able to offer invaluable advice.

• Get in touch with your local Associate GP Postgraduate Dean who will help you with training issues and local trainer networks.

• Get in touch with the Foundation Training Programme Director (FTPD) in your local acute Trust. Options for joining the foundation programme and local education meetings for supervisors. The FTPD will also be able to answer any queries, and would be the first point of contact should you require advice or support for a foundation doctor.

5.2 Before the F2 doctor starts:

• Contact the F2 trainee, and provide them with an induction pack to the practice.

• It is a requirement that you inform your PCT of the names of F2 doctors in your practice and the dates they will be with you.

5.3 How should induction in GP be structured for the F2 doctor?

• Rotation dates are the first Wednesday of August, December and April. The trainees will attend a Trust induction on the first day of the August rotation. This will incorporate the necessary mandatory yearly updates.

• The induction process should include a discussion of roles, responsibilities and expectations, a review of the F2 doctor’s portfolio, and agreeing a learning contract including learning objectives.

In discussing expectations, you may wish to cover the following areas: Educational needs of F2 doctor- identified in previous placements, by

- self-assessment and by supervisor observation (e.g. sitting-in on consultations)
- Confidentiality
- Computer systems and record keeping
- Timetable
- Tutorials and preparation
- Project work
- Debriefing after consultations
Home visits
Availability of clinical and educational support
Learning about and from the primary healthcare team
Planning ahead for assessments
Planning ahead for annual leave and study leave

It is generally helpful to summarise what has been agreed in short written notes at the end of the discussion. This can be undertaken in the initial review meeting on the e-portfolio. It is also necessary for the practice to sign an honorary educational contract with the F2 doctor to fulfil clinical governance processes with the practice (see Appendix 1).

- During induction, you should be observing the doctor’s basic clinical skills and knowledge to make an assessment as to whether you feel that they can start seeing patients under indirect supervision.
- The doctor must have a named supervisor for every surgery. It is better if this is not always the F2 trainer, and you are encouraged to involve others from the surgery. This can be a sessional GP but not a locum.
- Please speak to your F2 doctor about how to deal with problems. Reinforce that you are willing for them to knock on your door or phone you if they need to.
- The F2 doctor’s induction is really an orientation process so they can find their way around the practice, be introduced into how the practice operates, and meet the doctors and staff.

A typical Induction programme for week 1
(Modified from “Simple guide for Foundation training in GP”, London Deanery)

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Meeting with doctors/staff 9-10</th>
<th>Sitting in the waiting room 10-11</th>
<th>Surgery &amp; Home visits with trainer 11-1</th>
<th>Working on reception desk 2-3</th>
<th>Surgery with trainer 3-6</th>
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<td>Day 2</td>
<td>Treatment Room 9-11</td>
<td>Chronic Disease clinic with nurse 11-1</td>
<td>Computer training 2-3</td>
<td>Surgery with another doctor 3-6</td>
<td></td>
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<tr>
<td>Day 3</td>
<td>District Nurses 9-12</td>
<td>Computer training 12-1</td>
<td>Local Pharmacist 2-4</td>
<td>Surgery with another trainer 3-6</td>
<td></td>
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<tr>
<td>Day 4</td>
<td>Health Visitors 9-11</td>
<td>Admin staff 11-12</td>
<td>Personal study/needs assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 5</td>
<td>Teaching session – Prescribing, reviewing</td>
<td>Practice meeting 12-1</td>
<td>Computer training 2-3</td>
<td>Surgery with trainer 3-6</td>
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First 1-2 weeks
• The F2 doctor should sit in on surgeries with the GP so they can see how others consult and the variety of problems that come to general practice.

Week 3 and 4
• 1 appointment every 30 minutes for 2 weeks
• The clinical supervisor should have every third 10 minute appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.

2nd, 3rd and 4th month
• 1 appointment every 20 minutes (depending on the ability of the trainee)
• The clinical supervisor should have every second 10 minute appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.

5.4 What work can F2 doctors do?
• F2 doctors should participate and be involved to the whole range of experience and learning opportunities within general practice. Whilst some administration roles may be appropriate, this should not become a regular task.
• An appropriate level of supervision must be available at all times to support the F2 doctor.

5.5 What should an F2 doctor’s typical weekly timetable contain?
Every experience that your Foundation Doctor has should be an opportunity for learning. It is sometimes difficult to get the balance right between learning by seeing patients in a formal surgery setting and learning through other opportunities.
This is a suggestion as to how you might plan the learning programme over a typical week.
• 7 sessions – clinical
• 1 session – teaching / educational supervision
• 1 session – academic / private study
• 1 session – attendance at generic F2 training programme

5.6 De-briefing
A debrief should take place as soon as possible after a clinical event. Patient safety is paramount. The focus of de-briefing for the F2 should
also be progress/achievement as evidenced by, for example, mini-CEX assessment. Reference should be made to the syllabus and competences as appropriate. They should be used to aid action plans for learning in terms of knowledge and behaviours.

This can be done in various ways:
*Ask foundation doctors to talk through the consultation.*

- How did you make your decisions?
- What different decisions might you have made and why.
Tell the F2 their strengths and points for improvement:
- ... was good/excellent
- Maybe you need to improve or to consider...
Ask the F2 about their strengths and points for improvement:
What were you happy with?
- I liked...
- What would you do differently next time?
- What about... (suggested alternatives)?
Encourage reflection both personally and from the patient’s perspective. Consider how this can link into their personal development plan and the syllabus.
- How was that compared to last time?
- What was different?
- I am interested to know how you are getting on with...
- I am getting worried that you may be... Is that a possibility do you think?
- What other questions does this raise for you/the team?
- So, what have we discussed?

### 5.7 What about planned teaching / training for F2 doctors?

- Tutorials are **not compulsory but a bonus** for the F2 doctor, the emphasis during their attachment is learning through seeing patients and discussing the cases with the supervising doctor providing de-briefing
- Tutorials can be given either on a 1:1 basis or as part of a small group with other learners.
- Any member of the practice team can and should be involved in giving a tutorial.
- Preparation for the tutorial can be by the supervisor, the learner or both.
- **Chronic Disease Management**
  - Although the emphasis is on acute care it is also important for Foundation Doctors to realise how much ‘acute illness’ is due to poorly controlled chronic disease
  - The importance of exposure to chronic disease diagnosis and management should not be overlooked
- **Classroom taught sessions**
In addition to the weekly timetable organised by the practice, the Foundation Programme Directors will also arrange generic teaching sessions specifically for their cohort of F2 doctors.
  - Some of these days will be whilst the F2 doctor is in their rotation in your practice.
It is expected that the F2 doctor will attend these sessions along with their colleagues in the hospital rotations. These sessions cover some of the generic skills such as communication, teamwork, time management, and evidence-based medicine. The Foundation Programme Director should provide the F2 doctor with a list of dates and venues at the start of the Foundation Programme and it is the F2 doctor’s responsibility to ensure that they book the time out of practice.

5.8 What should an F2 doctor use private study time for?

- Computer training, specifically in the first few weeks.
- **Audit.** All F2 doctors must include an audit in their portfolio, and general practice is probably one of the best settings for audit work. F2 doctors may choose to return to the practice to complete a second audit cycle, or a project may be passed on from one F2 doctor to the next, with joint ownership. As time is limited, audit opportunities should be identified as early as possible in the 4 month placement.
- **e-portfolio work.** Evidence of competence must be submitted across the curriculum. Evidence may be from assessments, teaching material, e-learning modules, and reflective practice, which can all be included in the e-portfolio. It is important to keep the e-portfolio up to date and ensure specifically that elements required for F2 sign off are completed.

5.9 What happens at the end of the placement?

At the end of each rotation, you will be asked to complete a supervisor’s report on the e-portfolio, and this should be done with the trainee. This is your overall assessment of the doctor’s performance during the time they have spent with you and helps the new clinical supervisor to focus on any areas of particular need. It is important that the e-portfolio’s supervisors report is as informative as possible, particularly if specific needs have been identified.

5.10 What about the issue of poor performance?

The vast majority of F2 doctors will complete the programme without any problems. However, a few doctors may need more support than others; for example, ill-health, personal issues, learning needs, or attitudinal problems. If you feel at any time that the doctor under your supervision has performance issues, you should contact the Foundation Training Programme Director who will work with you to ensure that the appropriate level of support is given both to you and the F2 doctor. It may also be helpful to discuss concerns with your patch Associate GP Postgraduate Dean. It is very important that you keep written records of any issues as they arise and that you document any discussions that you have with the F2 doctor regarding your concerns. These records should be shared with the F2 doctor.
6 The Foundation Training e-portfolio

The Foundation Programme requires the trainee doctor to create a portfolio that provides information about their development throughout the two-year programme. At the end of each year, their portfolio will be reviewed by the FTPD against a national checklist prior to F1 / F2 sign off.

6.1 Why bother with Portfolios?

- EAFS take them seriously and will not sign-off anyone with a poor portfolio
- The Foundation Programme publications lay out a clear structure for portfolios
- They introduce junior doctors to some important concepts:
  - Planning a PDP and developing achievable learning objectives
  - Engaging in an appraisal cycle
  - Developing reflective writing skills

6.2 What is our role?

- We should have an idea of what their Portfolios should contain
- We should take an active interest in the F2’s work and check their portfolios regularly.

6.3 What should the portfolio that they assemble look like?

The GP trainer can be given educational supervisor access to the e-portfolio from the Foundation Administrator in the local Trust, or by contacting Nelda Cameron - Foundation School Administrator by emailing nelda.cameron@westmidlands.nhs.uk

Teaching and instruction can be arranged at a mutually convenient time with the Foundation administrator in the Trust.

Personal Development Plan
- Summary of learning objectives gathered through the year
- Self-assessments carried out
- Career management information

Summary of Meetings
Each post should generate:
- Initial meeting with ES
- Any update to PDP
- Educational agreement
- Mid-point review (a joint appraisal form is completed)
- Final placement review (a further joint appraisal form is completed together with an ‘end of placement review form’ and ‘clinical supervisors feedback form’
Reflective Writing
Strongly encouraged and each doctor is expected to provide several pieces of reflective writing. They have some templates that they can work from in their portfolio.

Assessments
- A copy of each assessment they have completed
- A clinical summary withCbD’s and mini-CEX is really useful
- If it is the first placement of their F2 year, the trainee is expected to perform a TAB (Team Assessment of Behaviour ie MSF). The supervisor is expected to review this with their trainer once completed.

Summary of evidence presented
The Curriculum lays out the "Core Competences" and the doctor must provide evidence for each competency to be signed off.

Other Information
Additional information, principally material referred to in “Summary of evidence presented”.

Summary of Evidence Presented
This section is the key section of the portfolio and cannot be completed at the last minute. Sources for evidence include:
- Assessments
- Reflective writing
- Critical incidents
- Teaching sessions & courses
- Audit projects
- Web-based modules (foundationdoctor.net, bmj learning, national e-learning programme, e-learning for health).

6.4 What are the Key Themes from the Curriculum?
Most of the subject material in the generic skills section is suited to delivery in the primary care setting. This list highlights those skills that are most appropriate for development in primary care.

- **Good Clinical Care**
  - History, Examination & Record-keeping Skills
    i) History Psychological / social factors
    Family issues
    Psychiatric Illness
    Patients with special educational needs
    ii) Examination Children of all ages
    iii) Therapeutics Evidence-based prescribing
    Common prescribing situations and issues
    iv) Records IT skills
    Communication between primary and secondary care
  - Time Management, risk management and decision making
    i) Time management Team working skills
    ii) Risk management Epidemiology of clinical presentation
    iii) Decision making Involving patients in decision making process
• Communication Skills
  i) Within consultation  All aspects
  ii) Breaking bad news  Primary and palliative care settings
  iii) With colleagues  Communicating patient’s anxieties
                        Listening skills
                        Discharge information
  iv) Complaints      Dealing with dissatisfied patients

• Maintaining Good Medical Practice
  Learning
  i) Life long learning  Using learning opportunities
                        Personal learning plans
  Evidence, Audits & Guidelines
  i) EBM              Principles, implementation and limitations
  ii) Audit           Principles, practical aspects
                        Managing change
  iii) Guidelines     Advantages and limitations

• Maintaining Trust
  Professional Behaviour and Probity
  i) Dr-Pt relationship
  ii) Continuity of care
  iv) Working with others  Team-working
                        Communication between team members
  Ethical & Legal Issues
  i) Consent         Children’s rights and Gillick competency
                        Confirming patient’s understanding
  iii) Legal issues  Child protection
                        DVL A
                        Advance directives, living wills

Patient Partnership & Health Promotion
  i) Educating patients  Understanding natural history of common
diseases
                        Negotiating treatment plans
                        Encouraging ownership & responsibility
  ii) Lifestyle factors  Recognising risk factors
                        Advising on lifestyle changes
                        Involving other professionals

6.5 Foundation Programme Assessment
Work-based assessment and feedback are fundamental aspects of the
Foundation Programme. They provide a 'snapshot' of the foundation
doctor’s competence within the work place at a specific point in time. Used
together with other forms of assessment, such as portfolio review and
reflective practice, they build a picture of evidence for each foundation
doctor that documents progress, achievements and areas for development
in knowledge, skills and attitudes. The assessment tools
used in the West Midlands Foundation School are incorporated into the e-
Portfolio, with guidance for both trainers and trainees.
We currently use the following work-based assessment tools:

- Multi-source feedback (TAB)
- Case-based discussion (6 CBDs)
- Direct observation of doctor/patient encounters
- Mini clinical evaluation exercise (6 mini-CEXs)
- Direct observation of procedural skills (6 DOPS)