Foundation Training in General Practice: A Guide for Trainers and Trainees

Working across the West Midlands
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.

We are Health Education England; working across the West Midlands (HEE WM) we cover Birmingham, Black Country, Solihull, Coventry, Warwickshire, Staffordshire, Shropshire, Worcestershire and Herefordshire. HEE WM is responsible for the commissioning and quality management of Foundation training across the whole region. It links with three Foundation Schools across the West Midlands (Central which covers Birmingham and Solihull, North covering the Black Country, Staffordshire and Shropshire and South covering Worcestershire and Herefordshire).

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background to the Foundation Programme</td>
<td>4</td>
</tr>
<tr>
<td>Foundation Training and General Practice</td>
<td>5</td>
</tr>
<tr>
<td>1. F2 Doctors</td>
<td>5</td>
</tr>
<tr>
<td>2. F2 Doctors and General Practice</td>
<td>6</td>
</tr>
<tr>
<td>3. F2 Doctors and Employment</td>
<td>8</td>
</tr>
<tr>
<td>4. Leave Entitlement for F2 Doctors</td>
<td>10</td>
</tr>
<tr>
<td>5. How to organise training</td>
<td>10</td>
</tr>
<tr>
<td>6. The Foundation training e-portfolio</td>
<td>15</td>
</tr>
<tr>
<td>Appendix : EWTD hours template</td>
<td></td>
</tr>
<tr>
<td>Appendix: FY home visit policy</td>
<td></td>
</tr>
</tbody>
</table>
## Key Contacts

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Postgraduate GP Education</td>
<td>Martin Wilkinson</td>
<td><a href="mailto:martin.wilkinson@wm.hee.nhs.uk">martin.wilkinson@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Head of School of General Practice GP Education Area Directors</td>
<td>Steve Walter</td>
<td><a href="mailto:Steve.Walter@wm.hee.nhs.uk">Steve.Walter@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Bham &amp; Solihull</td>
<td>Sabena Jameel</td>
<td><a href="mailto:sabena.jameel@wm.hee.nhs.uk">sabena.jameel@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Coventry &amp; Warwickshire</td>
<td>Katharine King</td>
<td><a href="mailto:katharine.king@wm.hee.nhs.uk">katharine.king@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Staffordshire &amp; Shropshire</td>
<td>David Palmer</td>
<td><a href="mailto:david.palmer@wm.hee.nhs.uk">david.palmer@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Hereford &amp; Worcester</td>
<td>Fiona Kameen</td>
<td><a href="mailto:Fiona.kameen@wm.hee.nhs.uk">Fiona.kameen@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Black Country</td>
<td>Ian Reed</td>
<td><a href="mailto:Ian.Reed@wm.hee.nhs.uk">Ian.Reed@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>West Midlands Central Foundation School Director</td>
<td>Andrew Whallett</td>
<td><a href="mailto:Andy.Whallett@wm.hee.nhs.uk">Andy.Whallett@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>West Midlands North Foundation School Director</td>
<td>Anthony Choules</td>
<td><a href="mailto:anthony.choules@nhs.net">anthony.choules@nhs.net</a></td>
</tr>
<tr>
<td>West Midlands South Foundation School Director</td>
<td>Mike Walzman</td>
<td><a href="mailto:mike.walzman@geh.nhs.uk">mike.walzman@geh.nhs.uk</a></td>
</tr>
<tr>
<td>Foundation Programme Leader</td>
<td>Nelda Cameron</td>
<td><a href="mailto:Nelda.cameron@wm.hee.nhs.uk">Nelda.cameron@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>School of General Practice Foundation training Associate Dean</td>
<td>Sabena Jameel</td>
<td><a href="mailto:sabena.jameel@wm.hee.nhs.uk">sabena.jameel@wm.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Defence Deanery Foundation training manager</td>
<td>Lisa Holyoak</td>
<td><a href="mailto:SGHDT-DHET-DeaneryFdTrgMgr@mod.uk">SGHDT-DHET-DeaneryFdTrgMgr@mod.uk</a></td>
</tr>
<tr>
<td>Trainer payments</td>
<td>Faculty Support Team</td>
<td><a href="mailto:GPTTrainer.grants@wm.hee.nhs.uk">GPTTrainer.grants@wm.hee.nhs.uk</a></td>
</tr>
</tbody>
</table>
Background to the Foundation Programme

The UK Foundation Programme

- Is an integrated two year programme for all medical graduates. F1 is the pre-registration 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. All schools linked to HEE WM 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 week paid 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 HEE WM.
- Across HEE WM 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.
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.
- HEE WM/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?

- 50% of all medical students, thus Foundation doctors, will be required to train to become General Practitioners in order to meet population demands (HEE mandate 2013). 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 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 Speciality trainees.

2.3 Who can supervise F2 doctors?

- Named Clinical Supervisors accredited via the local Area Director
- GPs that are approved GP trainers, (The GP Associate Dean may make occasional exceptions. Specific Foundation curriculum knowledge and basic educational feedback techniques are required).
- The practice will need to be approved for training by the local GP Associate Dean.

2.4 How do I become Foundation Supervisor?

To act as a clinical or educational supervisor for foundation doctors in GP you must:
- Be registered with a professional body (GMC, NMC etc.)
- Be registered with the GMC as a GP trainer (by obtaining HEE WM approval)
- Have successfully completed the recommended online or face-face courses
Foundation Training in GP in the West Midlands

http://www.faculty.londondeanery.ac.uk/e-learning/
- Familiar with the process of training F2 doctors http://www.etft.co.uk/index.php?option=com_content&view=article&id=163
- Have evidence of Equality and Diversity training within the last 3 years http://www.skillsforhealth.org.uk/services/item/22-e-learning or http://www.e-lfh.org.uk/programmes/equality-diversity/

- Ensure you make yourself known to your local Foundation School Director and that you on their circulation lists for updates about the programme
- Attend Foundation training updates at least every 3 years or sooner if the curriculum has been updated
- Attend Ensure your surgery has been approved as a training practice

2.5 How do I get approval to be a Training Practice?
This is the responsibility of the GP Area Directors
- 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. Currently most GPs act as clinical supervisors only. The Trust can advise you who the educational supervisor is for each F2 doctor. You are not expected to perform Educational Supervisor duties but your education centre may ask you to consider being one. There is no additional trainer grant associated with taking on this role.
- 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 HEE WM level, and may involve HR and occupational health.

How is Clinical Supervision different to what a Clinical Supervisor does?

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

- Appropriate clinical 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 HEW WM, 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. You may be allocated a Military FY doctor who will be employed by the Army, Navy or RAF. The Defence Deanery will be responsible for processing the education contract and payments. All invoices for Military FY Doctors are to be forwarded to Lisa Holyoak SGHDT-DHET-DeaneryFdTrgMgr@mod.uk for payment.

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 because they remain employees of their host NHS trust

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/MDDUS 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 an average of 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). Please use the working hours’ template in the appendix to plan the doctor’s average working week. **Acute Trust get audited and fined if an F2 trainee is working in breach of EWTD. This fine may be cascaded down to practice level.** Seek advice from the education centre manager, Clinical Tutor or Dr Jameel if you are unsure if the timetable is compliant.
• Some F2 doctors have asked to experience extended 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. If working a long day the weekly timetable needs to account for a shorter day elsewhere.
• Please note that any out of hours experience (before 7am and after 7pm) does **not attract extra salary payment** (banding) and the working week should remain within the 40-hour limit. The hours are frequently audited by the Acute Trust, any work overs may result in the practice being invoiced for the overtime worked even if the trainee willingly stays.

### 3.6 Can the F2 do home visits?

• Whilst undertaking GP, home visits is not an absolute requirement within the F2 curriculum but there is significant benefits 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. F2 home visiting alone usually occurs after the trainee has been on several supervised visits, with careful patient selection and appropriate debriefing following a visit.
• **Please familiarise yourself with the home visiting policy within the appendix**
• It is vital that the F2 doctor has the opportunity for a debrief after the visit
• Travel costs should be kept to minimum. It is the F2 doctor’s responsibility to ensure business miles are included on their car insurance.
• **Do not assume that your Foundation trainee can drive. Please clarify their transport arrangements.**

### 3.7 Are F2 doctor’s travel costs reimbursed?

• Eligible travel claims are **reimbursed by the employer (the host trust).**
• Travel costs incurred in **excess** of 23 miles from home to place of work may be claimed. **I.e. if a doctor travels 35 miles each way a claim for 12 miles each way maybe claimed.**
• **Further information**
• 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).

4 Leave Entitlement for F2 Doctors

4.1 What about annual/sick leave?

• The F2 doctor is entitled to 25 days annual leave +2 statutory dates in the 12 months and this should be equally divided between the three posts. However, the employing Trust may have a local agreement for additional days and this will be confirmed by Medical Staffing/HR Department.
• Sick leave should be documented and all absences recorded and forwarded to the Clinical Tutor/Education Centre Manager at Trust at the end of the attachment. There will be no funding for locum backfill or other costs.
• The Foundation Training Programme Director (FTPД) 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 FTPД in the Trust, and also includes ALS training. Further information see Study Leave Policy
• 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.
• Military FY trainees should not be treated differently than an NHS civilian foundation doctor with regard to annual leave and study leave. Should they require “special leave” for national events and military programmes, the trainee should provide evidence of permission, to the GP clinical supervisor from the Defence GP Dean, specific to the request they are making.

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 practice to provide your clinical team with an “Aims and Objectives” sheet based on the F2 curriculum.
- Identify a small team (e.g. nurse, salaried GP) that will be responsible for offering feedback about trainee progress to the clinical supervisor (PSG – Placement Supervision Group).
- 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. It is important to attend curriculum specific updates run by the FTPD at least once every 3 years. 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 CCG 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.

• 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</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 3-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</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 3-5</td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td>District Nurses 9-12</td>
<td>Computer training 12-1</td>
<td>Local Pharmacist 2-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
<td>Health Visitors 9-11</td>
<td>Admin staff 11-12</td>
<td>Needs assessment 2-3</td>
<td>Half Day release teaching 3-5</td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td>Teaching session – Prescribing, reviewing results, referrals, clinical protocols 9-12</td>
<td>Practice meeting 12-1</td>
<td>Computer training 2-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 5</td>
<td></td>
<td></td>
<td></td>
<td>Surgery with trainer 3-5</td>
<td></td>
</tr>
</tbody>
</table>
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 that loses educational value.
• 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 the SLEs (Supervised learning events). 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:
• ….X 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… (suggest 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. We would expect protected teaching time with
  the Clinical Supervisor on a regular basis to distil the training experience. It could be
  combined with GP Registrar teaching activities.
• 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, 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. Every trainee will be discussed at an ARCP (Annual Competency Review Panel).

6.1 **Why bother with Portfolios?**

- Foundation Schools 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 Programme Leader by emailing nelda.cameron@wm.hee.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 CS
- Any update to PDP
- Educational agreement
- Mid-point review
- Final placement review

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.

Supervised learning Events (SLEs) – Formative
- A copy of each SLE they have completed
- A clinical summary with CbD’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 Syllabus?
Most of the subject material in the generic skills section is suited to delivery in the primary care setting.

1.0 Professionalism
2.0 Good clinical care
3.0 Recognition and management of the acutely ill patient
4.0 Resuscitation
5.0 Discharge and planning for chronic disease management
6.0 Relationship with patients and communication skills
7.0 Patient safety within clinical governance
8.0 Infection control
9.0 Nutritional care
10.0 Health promotion, patient education and public health
11.0 Ethical and legal issues
12.0 Maintaining good medical practice
13.0 Teaching and training
14.0 Working with colleagues

Further detail on the competences can be found at:

6.5 Foundation Programme Assessment
Work-based feedback is a fundamental aspect 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 tools used in the HEE WM Foundation Schools are incorporated into the e-Portfolio, with guidance for both trainers and trainees.

We currently use the following formative SLEs:
- Multi-source feedback (TAB)
- Case-based discussion (Minimum of six per year/two per placement)
- Direct observation of doctor/patient interaction:
  - Mini clinical evaluation exercise
  - Direct observation of procedural skills
  (minimum of nine observations per year; at least six must be mini-CEX)
- Placement Supervision Group feedback
# Appendix

## FOUNDATION DOCTORS GP PLACEMENTS – TEMPLATE: INTENDED HOURS OF WORK

<table>
<thead>
<tr>
<th>GP Clinical Supervisors Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid:</td>
<td></td>
</tr>
<tr>
<td>Practice:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY</th>
<th>DUTY START TIME</th>
<th>DUTY FINISH TIME</th>
<th>Comments (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples:</td>
<td>0900</td>
<td>1730</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900</td>
<td>1300</td>
<td>(PM: Off duty)</td>
</tr>
</tbody>
</table>

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**Notes:**

- Min Breaks requirement: - 1 x 30 mins following approx every 4 hours duty
- Max average hours of work per week - 40
- Any workovers outside template hours must be validated in writing by GP practice in accordance with Trust procedure.
GUIDANCE ON HOME VISITING FOR FY2 DOCTORS IN GENERAL PRACTICE

Home visiting by general practitioners is an important feature of British general practice. Home visits represent 10% of contacts with general practitioners although the rate of home visiting has declined over the past 30 years[6]. The average annual home visiting rate is 299/1000 patient years, with the majority in the elderly (3009/1000 over 85 years compared to 103/1000 age 16-24). The commonest diagnostic group is disease of the respiratory system. In the elderly disease of the cardiovascular system is also a common diagnostic group[7].

Visiting patients in their own homes by a lone doctor exposes that doctor to the potential but small risk of injury due to a violent patient or relative, or of injury whilst travelling in the community. Most reports of violence against GPs occur in the surgery as opposed to home visiting. A number of factors increase the risk of home visiting including type of accommodation, locality, time of day, history of alcohol, drugs or violence. In recent years General Practitioners have responded to the risks associated with home visiting by providing transport and drivers to out of hour’s calls, and discouraging home visits in favour of an assessment at the surgery where a full complement of diagnostic equipment and associated staff are available.

Access to clinical supervision during a home visit is more of a theoretical issue overcome by a graduated introduction to visiting and use of mobile phone technology. GP trainers have many years of experience of accompanying GP trainees on visits and only allowing them to visit alone when the trainer is satisfied with clinical competence and a careful selection of appropriate visits. At all times the trainer is contactable by mobile phone.

Foundation Doctors
Home visiting is an essential part of British General Practice providing an opportunity to gain experience in many of the foundation competencies. This provides useful patient contact especially in the areas of respiratory disease, circulatory disease, infections musculoskeletal disease, and pain management. These patient contacts provide useful material for case based discussion, or direct observation of procedural skills. In addition it enables the trainee to directly view the environment in which the care that has been prescribed for a specific patient with a specific medical condition is to be delivered. Three areas need to be considered:

- The clinical competence of the trainee
- Clinical supervision
- The risk of injury to the patient and the doctor.

Clinical Competence
It is recommended that all foundation doctors have opportunity to gain experience of home visiting during their attachment to general practice. Early in the attachment the foundation doctor would accompany the GP Supervisor* on home visits, and later be allowed to visit alone if the GP supervisor deems them clinically capable.

Clinical Supervision
All visits will be screened by the GP supervisor as suitable, and within the competence of the foundation doctor, who will be briefed before, and debriefed after the visit. At all times both the trainer and foundation doctor will be contactable by mobile or telephone.

Risk Assessment
Foundation doctors have little or no previous experience of home visiting and may not fully appreciate risk. All training practices undertake a risk assessment of the safety of employees and trainees on and off the premises undertaking duties related to general practice. This risk assessment would include the car park, and home visiting arrangements. This is reviewed when the practice is re-accredited as a training practice every 3 years. Foundation doctors should only be allowed to undertake home visits unaccompanied where the GP trainer assesses the risk to be low. Where a medium or high risk is identified then the foundation doctor should be accompanied by another doctor or security personnel. In some practices it may be unsuitable for the foundation doctor to undertake any visits unaccompanied.

For individual home visits the GP Foundation supervisor must take responsibility for identifying suitable home visits within the competence of the foundation doctor and assess any risk to personal safety (Vet-Verify-Vigilance). The foundation doctor needs to carry the appropriate clinical equipment to undertake the home visit, including a fully charged mobile phone. A discussion with the foundation doctor about the patient should take place before and after the visit.
Increased risk of personal injury:

- Visiting in the dark or out of hours
- Tower blocks
- Lone female doctors visiting lone male patients
- Patients with known alcohol or drug history
- Patients with a history, or suspicion of risk of violence

Recommendations:

1. All foundation doctors should gain experience of home visiting during their general practice attachment.
2. Clarify if your foundation doctor can drive (it is not a requirement), Business cover will need to be added to their car insurance for home visits.
3. The number of home visits undertaken will be normally no more than 1 a day.
4. The GP Supervisor is responsible for assessing the suitability of the visit for a foundation doctor in terms of clinical competence (patient safety) and personal injury. Only visits deemed to be “low risk” and within the doctor’s competence are suitable for foundation doctors.
5. The GP Supervisor is responsible to make arrangements to brief before, provide clinical supervision during, and debrief after the visit.

References


Guide updated Sept 2016