

Guide to Foundation Programme Training in General Practice in the East of England



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Introduction

The Foundation Programme is part of the continuum of medical education. It is the only point in medical training common to all UK medical students and doctors. It ensures that newly qualified doctors demonstrate their ability to learn in the workplace and develop their clinical and professional skills in readiness for core, specialty or general practice training.

This guide and FAQs are intended to help practices that supervise Foundation Year 2 doctors or trainees (F2). Many of you will be experienced teachers of GP specialty trainees or medical students, for others this may be a new undertaking. All practices are different and can provide a unique learning experience. The guide provides a framework to build upon and adapt to suit your circumstances. It draws upon similar guides provided across Health Education England and national guidelines and directives, which can be found at:

<http://www.foundationprogramme.nhs.uk/>

The Foundation Curriculum can also be found here. Further local information, including for Foundation doctors, is available at:

https://heeoee.hee.nhs.uk/foundation_main

Broadening the Foundation Programme was published in February 2014 and states that all Foundation Year 2 doctors should undertake a community placement or integrated placement from August 2017.

F2 trainees are seconded to practices, for four-month placements, by their employing Trust, with the contract of employment remaining with the host organisation. The aim of the placement 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 completion of the Foundation Programme.

- The programme is trainee led
- Experience of the primary-secondary interface is important
- There is a programme of assessment which the trainee organises
- The trainee engages in Continuing Professional Development (CPD) and becomes familiar with the process of life-long learning in their professional life
- The programme is organised by the Foundation School, and a network of Educational and Clinical Supervisors support the trainees' activities and under-pin the Foundation Programme philosophy
- Supervisors and trainees are trained in the use of the assessment tools and the Foundation Programme activities

The Health Education East of England Foundation team aim to provide a four-month placement in General Practice for half of F2 trainees.

Glossary

Foundation doctor	The terms Foundation doctor and trainee are used interchangeably: Foundation year 1 (F1), Foundation year 2 (F2).
Community trainee	Foundation doctors working in community posts including general practice, psychiatry, public health and hospice placements.
Placement	A 4 month job for a Foundation Trainee in a particular specialty.
Rotation	A yearlong job for a Foundation Trainee made up of three placements. There will be one F1 rotation and one F2 rotation.
Programme	The whole two year period for a Foundation Trainee made up of 6 placements and two rotations (F1 and F2).
Post	A yearlong job at a hospital in a particular specialty. Three Foundation Trainees may occupy this job one after the other each year.
HEE	Health Education England – finances and oversees the education, training and development of all NHS staff.
HEE-EoE	Health Education England East of England office – a geographic division of HEE.
LETB	Local Education and Training Board – the responsible body for postgraduate medical training, headed by the Postgraduate Dean.
Postgraduate Dean	The head of a LETB and the person ultimately responsible for all postgraduate training in that area (“responsible officer”).
Foundation schools	Not bricks and mortar institutions, but rather a conceptual group of institutions bringing together medical schools, the local deanery, trusts (acute, mental health and CCGs) and other organisations such as hospices. They aim to offer training to foundation doctors in a range of different settings and clinical environments. The schools are administered by a central local staff, which is supported by the deanery.
Foundation School Director	The Head of a Foundation School and the person to whom the Postgraduate Dean delegates responsibility for the training and support of Foundation Trainees in their school. They oversee planning and delivery of training and quality assurance, assisted by the Foundation School Manager and Administrator.
Foundation Training Programme Director	(FTPD) the nominated consultant at a Hospital Trust responsible for the day-to-day training, educational programme and support of the Foundation Trainees at that Trust.
Educational Supervisor	A mentor and advisor assigned to a Foundation Trainee for a whole rotation, who is responsible for helping the trainee achieve their learning objectives and completing the FP
Clinical Supervisor	A Consultant or other nominated healthcare worker directly responsible for the clinical work a Foundation Trainee does on a day to day basis in a particular placement.

The Foundation Programme doctor – Frequently Asked Questions

Q. What is a Foundation Programme doctor?

- A.
- The Foundation Programme is an integrated two-year training programme that is followed by all UK medical graduates and which bridges the gap between medical school and specialty/GP training. It has replaced the pre-registration (house job) year since 2005.
 - The majority of doctors will move automatically from Foundation Year 1 (F1) through to Foundation Year 2 (F2), if performance and development is deemed satisfactory.
 - Both years typically consist of three four-month placements. During F1 they will have 12 months' clinical experience in the secondary care setting, which may include mental health.
 - Learning objectives for each stage are specific and focused on demonstration of clinical competences.
 - The F2 doctor will have **full registration with the GMC**.
 - They are expected to **undertake a clinical workload** under supervision.

Q. How is an F2 doctor different from a GP registrar?

- A.
- The F2 doctor is **not learning to be a GP**.
 - The aim of the GP placement is to give the F2 doctor a meaningful experience in general practice with exposure to the acutely ill patient and those with chronic health problems in the community.
 - This will enable them to achieve the competencies required for the Foundation Programme Curriculum.
 - F2 doctors will attend Foundation training organised by the Foundation Training Programme Director (based at the local Trust).
 - They are **not independent practitioners** and therefore have to be closely supervised.

Q. Who decides which doctor will come to my practice?

- A.
- When each medical student applies through the national process, they apply for their whole two-year rotational programme. They are allocated by algorithm based on their ranking and their preferred options.
 - The School of Primary Care 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.
 - Any gaps due to either unfilled posts or loss to the programme will be filled by the local FTPD. However, they may choose not to fill supernumerary community placements, so it is possible to have a gap.

Q. Does the FY2 need to be on the Performers List?

- A.
- **No**. They remain an employee of the host Trust who will have carried out all checks.

Q. What about their Contract of Employment?

- A.
- The Contract of Employment is held by one of the Acute Trusts within HEEoE.
 - They are responsible for paying salaries and other HR related issues.
 - However, in addition to this legal contract it is suggested that each practice has an Educational Contract with each of its Foundation Doctors (an example is attached at the end of this guide).

Q. What about medical defence cover?

- A.
- The F2 doctor is an employee of the Trust and will not require further indemnity.
 - It has been agreed that, unlike GPSTs, F2 trainees *will* be covered by Crown indemnity as the Acute Trust employs them. It is however recommended that they need to belong to a recognised defence organisation at their own expense - (this expense is tax deductible). This 'minimum' cover, with all the defence organisations, provides indemnity for 'good Samaritan acts' and is advisable for all doctors.
 - It is good practice to check they have the appropriate level of medical defence cover.

Q. How closely should an F2 trainee be supervised?

- A.
- There should always be a practice GP on the premises when an F2 trainee is consulting. If the supervising GP is in surgery they should have supervision slots to give them time to support the F2 trainee.
 - If the supervising GP does not see the patient during the consultation they should review all patients seen with the F2 trainee at the end of the surgery.

Q. Can an F2 doctor sign prescriptions?

- A.
- **Yes.** An F2 doctor is post registration and is therefore able to sign a prescription. This should be supervised.
 - The F2 should use their supervising GP's FP10.
 - It is **not** appropriate for them to be regularly signing repeat prescriptions.
 - It is good practice to advise your CCG Medicines Management of the names of F2 doctors in the practice and dates of employment.

Q. Can the F2 do home visits?

- A.
- Yes, though this is not compulsory and not needed for F2 trainees to achieve Foundation competencies.
 - All visits should be carefully selected and supervised and F2 trainees should **not** be doing acute home visits alone. The competency of the F2 trainee to carry out home visits should be carefully considered.
 - Travel costs should be kept to minimum
 - Not all F2 can drive, and therefore this should be carefully considered at the induction interview.

Q. Should an F2 doctor do out of hours shifts?

- A.
- They are **not expected** to work out of hours shifts during their general practice rotation.
 - However, some F2 doctors have asked to experience out of hours as a means of exposure to a different type of acute illness. This can be a useful learning opportunity but must be properly supervised.
 - If the trainee has requested this, then this will need to be discussed with trainee and then further with the local FTPD and should be considered as a unique 'taster of out of hours work' rather than a regular commitment'.
 - Any out of hours work will count towards the working week
 - It will not attract any extra salary payment

Q. Are travel costs reimbursed?

- A.
- F2 doctors will be able to claim travel to the practice from the base hospital.
 - They can also claim for any travel associated with work, including home visits. Please keep this to a minimum.
 - Travel claims are made through the host Trust. The rate used for mileage claims is that of the Public Transport Rate.
 - If they are using their own car for travel as part of their work, it is advised that they inform their motor insurance company (there is normally no extra charge for this cover).
 - Practices may ask for a copy of motor insurance.

Q. What about study leave?

- A.
- F2 doctors are entitled to 30 days study leave during the year. However, several of these days will be used as part of the teaching programme organised by the Programme Director.
 - Normally no more than a third of the study leave should be taken in each four-month placement.
 - Study leave beyond the Trust programme will require approval from the Programme Director and may not be funded.
 - F2 trainees are allowed to use study leave for 'specialty taster sessions' organised locally.
 - Attendance at interviews is usually agreed as professional leave on a local trust basis and is not study leave or annual leave.

Q. What about holidays and sickness?

- A.
- Unless there are very specific circumstances not more than one third of the holiday allowance should normally be in the 4 months in General Practice.
 - It is expected that the F2 trainee will give good notice of holiday plans. This needs to be discussed with the supervising practice.
 - The F2 trainee should be able to take holiday at any point and should not be restricted by service needs of the practice as long as they give good notice.
 - Any sickness should be recorded and reported to the Foundation Programme Administrator and the employing Acute Trust HR department. Foundation doctors are allowed a maximum of 20 days per year time out of training – this includes sickness absence, strike absence and compassionate leave. Therefore the leave should also be recorded on the ePortfolio.

Q. What hours should an F2 trainee work?

- A.
- There is no banding pay for the Foundation posts in General Practice.
 - They **must not work** over 40 hours a week in the practice. If shown by hours monitoring to be working over 40 hours the doctor could be entitled to financial remuneration (their rota would be pushed up to a banded rota) and the practice would be liable to pay for this.
 - The maximum of 40 hours (advised to aim for a maximum of 39 per week to give a buffer) must also all fall between the times of 7am-7pm Monday to Friday. No seven-day working here!
 - Foundation teaching is included in these hours (including travel to the teaching).
 - The actual timetable is able to be practice-specific within these guidelines.
 - Best practice would be to inform medical staffing at the Acute trust for monitoring purposes of the hours the F2 trainee is working at the practice so an individual time template can be built.
 - If F2 trainees are concerned that they are working over their hours then a clear escalation policy to their Clinical Supervisor should be in place. The F2 trainee should be informed of this at their practice induction in writing. This is to avoid an issue over the rota only being raised by the F2 trainee in retrospect.

Q. Should an F2 trainee be allowed to do extra work in hospital?

- A.
- In a few Trusts' Foundation Training Programmes, community trainees are placed on the acute medical rota to maintain acute skills. This is locally negotiated between employing Trusts and the GP partnership. The details should be very clear to the GP practice and the trainees including the specific out of hours work expected as part of this, and the effect on the training hours in GP and on banding.
 - F2 trainees can also be keen to pick up extra shifts as a locum in acute hospital specialties. This is partly to do with the unbanded pay being a drop in income compared to other F2 posts. Some doctors may also want to extend their experience of acute specialties.
 - Acute trusts can also be keen to fill rotas and reduce expenditure on locum doctors by providing extra shifts for the F2 trainees while they are working in GP.
 - This extra work is allowed **only if** this additional work does not impact on attendance at the GP post.
 - The GP Clinical Supervisor should be made aware of any additional work undertaken by the F2 Trainee.
 - Working a rota that means missing any time in GP (either for the work itself or time off following work to meet EWTD (European Working Time Directive)) is not allowed.
 - If this then becomes a banded post, the individual F2 trainee's working template held by HR at the employing trust should be changed to reflect this.
 - F2 trainees doing this extra work cannot opt out of the EWTD rest requirements.
 - Any rota design or alteration must be signed off through the usual JDAT (Junior Doctor Advisory Team) policy by the employing Trust.

Q. How are these doctors 'signed up' and does the time in primary care count towards GP training?

- A.
- The time in General Practice as a F2 trainee does not count towards a GP specialist training rotation.

- The trainers cannot approve any of the experience in Foundation Year 2 for specialist training.
- The trainers should complete the relevant sections of the HORUS or NES Foundation portfolio including all the work place based assessments.
- At the end of the year the evidence from the GP four month placement and the clinical supervisor report will contribute to the annual review of competence progression (ARCP) sign off process.

Q. Who are the people that I need to know locally?

- A.
- The Foundation Training Programme Director (FTPD) will usually work at the employing acute trust and is responsible locally for organisation of the Foundation Programme. The FTPD could be a General Practitioner.
 - In each area there will be an Administrator for the Foundation Programme.
 - The local GP Associate Dean would be available to give advice about educational issues in General Practice.
 - Details of Foundation Programme Directors and Foundation Programme administrators can be found on the Foundation pages of the HEE-EoE website:

https://heeo.ee.nhs.uk/foundation_contacts

Q. Can I get a login to the F2 trainee portfolio?

- A.
- Yes, as a clinical supervisor you should have a login to the portfolio in advance of them coming to the practice. The local Foundation Programme Administrator will arrange a login and should be able to give you basic advice about using the portfolio.
 - The local Foundation Programme Administrator should also be able to give you training either face to face or via a training guide for using the ePortfolio/HORUS system, as well as the mandatory supervised learning events (SLE – see below) expected during each post.

Q. Who can supervise and teach F2 doctors?

- A.
- The practice and supervisor have to be approved by HEE-EoE; they must seek formal approval from the GMC, which must be confirmed before trainees can start a placement.
 - GP clinical supervisors should have at least Associate Trainer status. Information for GP Educators, including gaining approval can be found at:

<https://heeo.ee.nhs.uk/cpd>

Q. How does the supervision payment work?

A.
The supervision payment, equivalent to the GPR basic training grant (pro rata) is paid for each F2 doctor.

- If you have sufficient capacity in terms of space and resources you can have more than one F2 at any one time.
- If you share the rotation with another practice then payment will be split appropriately.
- Contact the Foundation Programme Administrators as above

The Foundation Programme

Foundation doctors have to demonstrate that they are competent in a number of areas including communication and consultation skills, patient safety and teamwork as well as the more traditional elements of medical training. The Foundation Programme provides generic training that ensures Foundation doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing both acute and long-term conditions, regardless of the specialty. Foundation doctors will be assessed against the outcomes in the *Curriculum* and should keep all of their assessments (not just the good ones) in their Foundation Programme ePortfolio.

All relevant and detailed information can be found at -

<http://www.foundationprogramme.nhs.uk/pages/home>

Essentially The Foundation Programme is shaped by two key documents. The Curriculum is the framework for educational progression and doctors are assessed against the outcomes in the Curriculum.

<http://www.foundationprogramme.nhs.uk/download.asp?file=Foundation-Programme-Curriculum-2016.pdf>

The FP Reference Guide, which provides guidance about the structures and systems required to support the delivery of the Foundation Programme.

http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Reference_Guide_2016_V2-1.pdf

The FP Curriculum 2016 is based on the four domains of the GMC's Good Medical Practice 2013 and builds naturally on the competences, attitudes and behaviours acquired during undergraduate training:

- Professional behaviour and trust
- Communication, team working and leadership
- Clinical care
- Safety and quality

The FP curriculum 2016 will only be published online as a web based resource. A PDF version will be freely available for download from the UKFPO and AoMRC websites.

For those used to the 2012 version there are some changes to terminology and structure:

Minimum expected level of performance:

This sets out the standard to be met or exceeded in order to progress to the next stage of training.

Foundation professional capabilities:

These are the outcomes of Foundation training and set out what the foundation doctor is expected to be able to do. Progression will be dependent on evidence of achievements in each of the 20 'foundation professional capabilities' (previously the foundation curriculum outcomes). The 'foundation professional capabilities' relate to the soon to be published GMC Professional Generic Capabilities.

Descriptors:

Each 'foundation professional capability' is accompanied by 'descriptors'. These are indicative examples and general expectations of knowledge, skills and behaviours which foundation doctors and trainers might use to understand whether their performance in each of the 20 'foundation professional capabilities' is at the appropriate level for their stage of training.

It is important to remember:

- The placement in your practice is part of a programme.
- The F2 doctor will not cover all capabilities/competencies during their time with you.
- Some competencies may be readily met in General Practice compared to other rotations e.g. Relationships with Patients and Communications.

The Assessment

Assessment in Foundation is based on observation of practice in the workplace, evidence of achievements of each of the foundation professional capabilities and evidence of engagement with the foundation educational process.

Some terms may not be familiar to a GP trainer. Those areas most relevant to the GP placement are highlighted in bold. Full details are available at

<http://www.foundationprogramme.nhs.uk/curriculum/Assessment>

Assessments include team assessment behaviours (TABs), the clinical supervisor's (**i.e. GP supervisor's end of placement report**) and the educational supervisor's respective end of placement reports and the educational supervisor's end of year report. This will be reviewed in the annual review of competence progression (ARCP).

What will be assessed?

Foundation doctors will only be signed off for progression to the next stage of training when they have demonstrated that their performance meets or exceeds the minimum expected levels of performance required for sign off for each of the 20 foundation professional capabilities. The assessment process is not designed to rank foundation doctors.

Foundation doctors must use their ePortfolio to supply a spread of evidence with appropriate reflection on how their performance meets or exceeds the minimum expected levels of performance required for sign off for each of the 20 foundation professional capabilities. Suitable documentation might include evidence of achievement of some of the 'descriptors' associated with the foundation professional capability. Satisfactory performance will also be judged by engagement with supervised learning events (SLEs) and the resulting personal development. E-learning, generic training and reflective practice should also be appropriately linked to all the curriculum areas.

Supervised Learning Events (SLEs)

SLEs represent an important opportunity for learning and improvement in practice, and are a crucial component of the curriculum. It is the duty of the foundation doctor to demonstrate engagement with this process. This means undertaking an appropriate range and number of SLEs and documenting them in the ePortfolio. SLEs are not formal examinations of knowledge or summative assessments, and should not be treated as such by either the assessor, supervisor or the foundation doctor; but rather, as an opportunity for the foundation doctor to be observed in the clinical setting, to see how they work with others (especially the patient) and to be given feedback with the aim of improving their practice. **The clinical supervisor's end of placement report will draw on the evidence of the foundation doctor's engagement in the SLE process.** There is the option of nominating a formal placement group, including other practice members in the multiprofessional team to provide specific feedback. Participation in this process, coupled with reflective practice, is a way for the foundation doctor to evaluate how their performance is progressing as they gain experience during the Foundation Programme.

Supervised learning event (Recommended minimum number per four month placement)

- Direct observation of doctor/patient interaction (3)
- Mini clinical evaluation exercise (mini-CEX) (at least 2)
 - This is an evaluation of an observed clinical encounter.
 - Developmental feedback is provided immediately after the encounter.
- Direct observation of procedural skills
 - This is a doctor-patient observed encounter assessed by using a structured check list (optional to supplement mini clinical evaluation exercise).
- Case-based discussion (2 or more)
 - This is a structured discussion of real cases in which the F2 doctor has been involved.
- Developing the clinical teacher (1 or more per year)
 - This is a tool to aid the development of a foundation doctor's skill in teaching and/or making a presentation.

At the end of each placement the named clinical supervisor and educational supervisor will report whether the foundation doctor's performance is on course to meet or exceed the minimum expected levels of performance required for sign off for each of the 20 foundation professional capabilities at the end of the year of training. These reports will feed into the educational supervisor's end of year report, which will then inform the ARCP review. The annual review of competence progression panel will be able to make reasonable adjustments to reflect individual circumstances.

The assessment tools:

The assessment tools used during foundation training can be found below:

Assessments	Frequency
ePortfolio	Contemporaneously
Core procedures	Throughout F1
Team assessment of behaviour (TAB)	Once in first placement of F1 and F2, optional repetition
Clinical supervisor end of placement report	Once per placement
Educational supervisor end of placement report	Once per placement
Educational supervisor's end of year report	Once per year

To note:

- The assessments are designed to be supportive and formative.
- The foundation doctor can determine the timing of the assessments within each rotation and to some degree can select who does the assessment.
- It is important that all assessments are completed within the timetable for the Foundation Programme.
- It is the responsibility of the F2 doctor to arrange their assessments and have their competencies signed off.

- The assessments do not have to be carried out by the doctor who is the nominated trainer. A different teacher/trainer should be used for each SLE wherever possible, including at least one at consultant or GP principal level per placement. The educational or clinical supervisor should also be used for an SLE.

- Teachers/trainers must be sufficiently experienced to teach and assess the topic covered by the SLE and be able to provide meaningful feedback. Typically this will be a doctor with higher specialty training (with variations between specialties), a specialist nurse (band 5 or above) a ward pharmacist or senior allied healthcare professional; this is particularly important with case based discussion.

- It is important that whoever undertakes the assessment understands the assessment tool they are using.

- The assessments are not intended to be tutorials, although they will need to have protected time.

Q. How long do the assessments take?

A. Once clinicians are comfortable with the assessment methods, the trainee requires only 40 minutes per month of assessments. Trainees are responsible for organising their own assessments.

Induction

The first week, or ideally, two of the F2 placement in General Practice should be a time for induction.

Like any new relationship; it is about getting to know each other, particularly with reference to the difficult transition for junior doctors from secondary to primary care.

The F2 should ideally have an opportunity to meet all members of the Primary health care team and have time to observe their role within General Practice.

It is also a time when the trainer can learn about the F2 doctor: what they have done already, their aims and expectations of the attachment. The ePortfolio will hopefully have valuable information and should include a PDP. Together, the trainer and F2 can reflect on any specific needs or requests that either may have. Flexibility is the key to success.

There is an induction meeting assessment to complete in the ePortfolio.

When this has occurred both the F2 doctor and trainer should feel more comfortable about the F2's ability to consult independently in General Practice.

It is very helpful if you have a practice introduction pack for the F2 doctor.

This is an example induction week timetable - but it is only a guide and should be adapted to suit your learner and your practice.

A suggested F2 induction programme

Day 1	Meeting doctors/ staff 09:00 – 10:00	Induction with supervisor 10:00 – 11:00	Surgery & Home visits with supervisor 11:00 – 13:00	Working on Reception desk 14:00 – 15:00	Surgery with supervisor 15:00 – 17:00
Day 2	Treatment Room 09:00 - 11:00	Chronic Disease Nurse clinic 11:00 – 13:00	Computer training 14:00 – 15:00	Surgery with another doctor 15:00 – 17:00	
Day 3	District Nurses 09:00 – 12:00	Computer training 12:00 – 13:00	Local Pharmacist 14:00 – 16:00	Surgery with another GP 16:00 – 17:00	
Day 4	Health Visitors 09:00 – 11:00	Admin staff 11:00 – 12:00	Shadowing On call doctor 13:00 – 17:00		
Day 5	Surgery and home visits with another doctor 08:30 – 12:00	Practice meeting 12:00 – 13:00	Computer training 14:00 – 15:00	Surgery with supervisor 15:00 – 16:00	

The Working and Learning Week

It is sometimes difficult to get the balance right between learning by seeing patients in a formal surgery setting and learning through other opportunities. The details set out below illustrate how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard four-month placement.

The working/learning week for a F2 doctor is 40 hours divided into 10 sessions. The F2 is not expected to do out of hours work during their general practice rotation. They are not expected to work beyond 7am-7pm.

Morning and evening surgeries will often be of varying lengths and lunchtime meetings count towards their hours. Free time during the day, not used for meeting is own time. Practice location will have a bearing on the F2 doctor's schedule. Ideally they would not have long gaps in the working day but can be encouraged to complete an audit/quality improvement project or e-learning for example. Visits count towards their working hours.

6 -7 Surgeries

- These will usually start at 30 minute appointments for each patient and then reduce to 15- 20 minute appointments as the F2 doctor develops their skills, knowledge and confidence.
- The F2 doctor must have access to another doctor, though this does not have to be the trainer in the practice.
- The F2 doctor does not need to have their own consulting room and can use different rooms so long as patient/doctor safety and privacy are not compromised.

1 x session for de-briefing

- The F2 doctor will receive most of their teaching through de-briefing of their clinic contacts.
- De-briefing should occur after each surgery and no later than 24 hours later. The F2 must have access to supervision during surgery time if needed.
- The de-briefing must ensure patient safety and encourage the F2 to reflect on what went well, what could be better and how this links in with their PDP and the curriculum.

1 x session on project work or directed study

- Your F2 may want to undertake a project or audit during their time with you. They should have protected time to do some research, collect the data, write up the project and present their work to the practice team.

Average 1 x half day release

- Arranged by Foundation Training Programme Director

Tutorials

Tutorials are not obligatory but F2 doctors should ideally receive some regular teaching, either within the practice or as part of a local GP educational programme.

Associate trainers supervising ST doctors can give tutorials.

- Tutorials can be given either on a 1:1 basis or as part of a small group with their learners.
- Any member of the practice team can and should be involved in giving a tutorial.

- Preparation for the tutorial can be by the teacher, the learner or a combination of both.

Chronic disease management

- It is important for F2 doctors to realise how much 'acute illness' is due to poorly controlled chronic disease and social circumstances.
- It is important to expose them to chronic disease diagnosis and management.

Educational and Clinical Supervisors

Educational supervisor

Foundation Programme doctors will have an Educational Supervisor and a Clinical Supervisor. They may or may not be the same person.

The education supervisor will oversee their education and progress over the whole year.

Clinical supervisor

The clinical supervisor is the person responsible for the F2 doctor while they are in their placement (**the GP leading on F2 in the practice will be the clinical supervisor while they are in the practice**). They should have at least Associate Trainer qualifications.

The clinical supervisor is responsible for:

- Patient safety
- Trainee safety
- Supervising trainee's day to day clinical and professional practice
- Supporting the trainee assessment process
- Ensuring trainees have the appropriate range and mix of clinical exposures
- Arranging a work programme which also enables the trainee to attend fixed educational sessions
- Liaising with the trainee's Educational supervisor regularly and promptly if any difficulties are emerging during the training.
- Signing relevant employment-related paperwork on behalf of the trust while the trainee is working in the practice.

Performance issues

The vast majority of F2 doctors will complete the programme without any major problems. However some doctors may need more support than others, for example for ill-health, personal issues, learning needs or attitude. If you feel at any time that the doctor under your educational or clinical supervision has performance issues you should discuss this with them at the earliest opportunity, if appropriate, and contact the Foundation Programme Director.

Working together you can ensure that the appropriate level of support is given both to you and the F2 doctor.

It is very important that you keep written records of the issues as they arise and that you document any discussions that you have with the F2 doctor regarding your concerns. Documentation should be on the ePortfolio.

Again there is a helpful page on Foundation Programme website under Assessment 'lack of progress':

<http://www.foundationprogramme.nhs.uk/curriculum/Assessment>

The end of the rotation

At the end of each rotation, the Clinical Supervisor's report should contain all pertinent information to act as a 'handover'. 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. Experience has indicated that it is also helpful if you can talk personally to the next supervisor (especially if there are any problems) – understandably this can be difficult to arrange so it is important that the report is as informative as possible. Performance concerns can be flagged via the Foundation Training Programme Director as well.

Guide to Foundation Programme Training

This guidance document was collated and published by the HEE-EoE GP Team:

Dr Alisdair Macnair – Associate Postgraduate GP Dean for Foundation

Fiona Holloway-Parks – GP School Administrator

You will find contact details here https://heeo.ee.nhs.uk/gp_contacts

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Appendix 1. Honorary Education Contract

Honorary contract between Foundation Programme doctors in general practice and their Primary Care Educational Supervisors.

This Agreement is made on [date]
between

.....
(Primary Care Educational Supervisor)
and

.....
(Foundation Programme doctor in general practice)

The terms and conditions of this honorary contract are as follows:

- A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC)
- B. Primary Care Educational Supervisors will be so recognised by the
- C. HEE-EoE.
- D. This contract will cover that part of Postgraduate Medical Training, known as the Foundation Programme, and will regulate the general practice component of that programme. It will form part of the supplementary regulations enabling that training period.
- E. This document will act as a supplementary/honorary contract between the above parties. Their principal contract will be held by a host Acute Trust within the deanery for the duration of the Foundation Programme.

General

1. The Primary Care Educational Supervisor will supervise and organise the period of training within general practice for the purpose of teaching and advising on all matters appertaining to general medical practice for a period of four months from[date placement commences] unless this agreement is previously terminated under the provision of clause 2.
2. This agreement may be terminated by either party by giving one months notice in writing. Such notice may be given at any time.
3. Salary will be paid by the host trust at the agreed rates as determined by the DDRB.
4. Both parties will become and remain members of a recognised medical defence body at their own expense for the period of this agreement. The foundation doctor will be reimbursed by the Acute Trust at the rate negotiated by HEE-EoE for this.
5. a) The foundation doctor will not be required to perform duties which will result in the receipt by the practice of private income.
b) Any specific or pecuniary legacy or gift of a specific chattel shall be the personal property of the foundation doctor.
6. a) The hours worked by the foundation doctor in the practice, the practice programme and regular periods of tuition and assessment will be agreed between the Primary Care Educational Supervisor and the foundation doctor and make provision for any educational programme organised by and as advised by HEE-EoE.
b) The hours of work shall comply with the European Working Time Directive legislation, or any subsequent Working Time legislation.
c) The foundation doctor is supernumerary to the usual work of the practice.
d) The foundation doctor may be required to accompany their Primary Care Educational Supervisor or another member of the practice team on out of hours work.

- e) The foundation doctor should not be used as a substitute for a locum in any practice.
 - f) Time spent in practice by the foundation doctor should be no more than the average time spent on practice work by a full time member of the practice.
- 7.
- a) The foundation doctor shall be entitled to five weeks holiday during a 12 month period and pro rata for shorter periods, and also statutory and general national holidays or days in lieu.
 - b) The foundation doctor is entitled to approved study leave to attend the HEE-EoE's classroom taught sessions and any other educational activity considered appropriate by the Primary Care Educational Supervisor.
 - c) If the foundation doctor is absent due to sickness, they must inform the practice as early as possible on the first day of the sickness. Statutory documentation shall be provided as required for any illness lasting more than 7 days. Any accident or injury arising out of the Foundation doctor's employment in the practice must be reported to the Practice Manager, duty doctor in the practice or their Primary Care Educational Supervisor
 - d) A foundation doctor in general practice who is absent on maternity leave will comply with the terms of their Principal Contract.
 - e) If a foundation doctor is chosen or elected to represent the profession, or Foundation Programme at any recognised body or to attend an Annual Conference of Representatives of Local Medical Committees, the foundation doctor in general practice will be given facilities including special paid leave to undertake such functions and to attend appropriate meetings. The foundation doctor must obtain the consent of their Primary Care Educational Supervisor for such absence from duty, but consent shall not be withheld unless there are exceptional circumstances.
- 8.
- a) The Primary Care Educational Supervisor will provide or organise any message taking facilities that will be required for the foundation doctor in general practice to fulfil their duty requirements.
 - b) The Primary Care Educational Supervisor will provide cover or arrange for suitably qualified cover to advise the foundation doctor at all times.
 - c) The foundation doctor shall undertake to care for, be responsible for and if necessary replace and return any equipment that may have been supplied by the Practice or Primary Care Educational Supervisor at the end of the training period.
 - d) The foundation doctor will apply himself/herself diligently to the educational programme and service commitments and other matter as directed by the Primary Care Educational Supervisor in accordance with the advice of HEE-EoE Foundation Programme and its Directors.
 - e) The foundation doctor will keep an educational log and records such that they may be able to develop a Professional Learning Plan. These records will enable them to fulfil any requirements of the General Medical Council for appraisal, or professional revalidation in their career.
 - f) The foundation doctor shall keep proper records of attendances or visits by and to any patients in handwritten or electronic format as advised by their Primary Care Educational Supervisor.
 - g) The foundation doctor shall preserve the confidentiality of the affairs of the Primary Care Educational Supervisor, of the partners in the practice, of the patients and all matters connected with the practice.
The exception shall be where information may be required by the Director of GP Education of HEE-EoE or their nominated officer.
 - h) The foundation doctor will make suitable provision for transporting themselves in order to carry out the above duties satisfactorily. Appropriate expenses may be reclaimed from the Trust.

Guide to Foundation Programme Training

9. Any dispute between the foundation doctor and the Primary Care Educational Supervisor should be brought to the attention of the Foundation Programme Director. If the matter cannot be resolved at this level it will then proceed through the appropriate channels.
10. The terms of this contract will be subject to the terms of service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.

I have read and understand the terms of this honorary contract

Signature..... [Foundation Programme doctor]

Name.....

Date.....

In the presence of.....[Witness Name]

Signature.....

Date.....

[Primary Care Educational Supervisor]

Name.....

Date.....

In the presence of..... [Witness Name]

Signature.....

Date

Appendix 2. 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

- Psychological / social factors
- Family issues
- Psychiatric Illness
- Patients with special educational needs
- Therapeutics
- Evidence-based prescribing
- Common prescribing situations and issues
- Records
- Communication between primary and secondary care

Time Management, risk management and decision-making

- Time management
- Team working skills
- Risk management
- Epidemiology of clinical presentation within primary care
- Decision making
- Involving patients in decision making process

Communication Skills

- Within consultation
- Breaking bad news
- With colleagues
- Listening skills
- Discharge information
- Complaints; dealing with dissatisfied patients

Maintaining Good Medical Practice

Lifelong learning

Using learning opportunities

Personal learning plans

EBM

- Principles, implementation and limitations

Audit

- Principles, practical aspects, managing change

Guidelines

- Advantages and limitations

Maintaining Trust

Professional Behaviour and Probity

- Dr-Pt relationship
- Continuity of care
- Working with others
 - Team-working
 - Communication between team members

Ethical & Legal Issues

- Consent
 - Children's rights and Gillick competency
 - Confirming patient's understanding
- Legal issues
 - Child protection
 - DVLA
 - Advance directives, living will

Patient Partnership & Health Promotion

- Educating patients
 - Understanding natural history of common diseases
 - Negotiating treatment plans
 - Encouraging ownership & responsibility
- Lifestyle factors
 - Recognising risk factors
 - Advising on lifestyle changes
 - Involving other professionals

Appendix 3. Curriculum & Competencies intended on completion of the two-year Foundation Programme

Good Clinical Care

History Taking, Examination and record keeping skills

- History taking
- Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient's dignity
- Understands and applies the principles of diagnosis and clinical reasoning that underline judgement and decision making
- Understands and applies principles of therapeutics and safe prescribing
- Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes

Demonstrates appropriate time management and decision making

Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety

- Always maintains the patient as the focus of care
- Makes patient safety a priority in own clinical practice
- Understands the importance of good team working for patient safety
- Understands the principles of quality and safety improvement
- Understands the needs of patients who have been subject to medical harm or errors and their families

Knows and applies the principles of infection control

Understands and can apply the principles of health promotion and public health

Understands and applies the principles of medical ethics, and relevant legal issues

- Understands the principles of medical ethics
- Demonstrates understanding of, and practises appropriate procedures for valid consent
- Understands the legal framework for medical practice

Maintaining Good Medical Practice

- Learning: Regularly takes up learning opportunities and is a reflective self-directed learner
- Evidence base for medical practice: knows and follows organisational rules and guidelines and appraises evidence base of clinical practice
- Describes how audit can improve personal performance

Relationships with Patients and Communication

- Demonstrates appropriate communications skills

Working with Colleagues

- Demonstrates effective team work skills
- Effectively manages patients at the interface of different specialities including that of Primary Care, Imaging and Laboratory Specialities

Teaching and Training

- Understands principles of educational method and undertakes teaching of medical trainees, and other health and social care workers

Professional Behaviour and Probity

- Consistently behaves with a high degree of professionalism
- Maintains own health and demonstrates appropriate self-care

Acute Care

- Promptly assesses the acutely ill or collapsed patient
- Identifies and responds to acutely abnormal physiology
- Where appropriate, delivers a fluid safely to an acutely ill patient
- Reassesses ill patients appropriately after initiation of treatment
- Requests senior or more experienced help where appropriate
- Undertakes a secondary survey to establish differential diagnosis
- Obtains an arterial blood gas sample safely, interprets results correctly
- Manages patients with impaired consciousness including convulsions
- Safely and effectively uses common analgesic drugs
- Understands and applies the principles of managing a patient following self-harm
- Understands and applies the principles of management of a patient with an acute confusional state psychosis
- Ensures safe continuing care of patients on handover between shifts, on call staff or with 'hospital at night' team by meticulous attention to detail and reflection on performance
- Considers appropriateness of interventions according to patients wishes, severity of illness and chronic or co-morbid diseases
- Has completed appropriated level of resuscitation
- Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately
- Request and deals with common investigations appropriately

Appendix 4. Learning areas suitable for tutorials

The list below is a suggestion for tutorial topics. It is by no means prescriptive or definitive. Clinical Supervisors should agree a realistic programme early in the attachment to meet the needs of each individual F2 in GP.

Managing the practice patient record systems – electronic or paper

- History taking and record keeping
- Accessing information
- Referrals and letter writing
- Certification and completion of forms

General Practice Emergencies

- The doctors' bag (being prepared)
- House visits
- Physical, psychological and social aspects of acute care in GP

Primary Healthcare Team working

- The doctor as part of the team
- Who does what and why
- The wider team

Clinical Governance and Audit

- Who is responsible for what
- What is the role of audit
- What does a good audit look like

Primary and Secondary Care interface

- Developing relationships
- Understanding patient pathways
- Care in the Community

Interagency working

- Who else is involved in patient care
- What is the role of the voluntary sector
- Liaising with Social Services

Personal Management

- Coping with stress
- Dealing with Uncertainty
- Time Management

Chronic Disease Management

The sick child in General Practice

Palliative Care

Social issues specific to your area that have an impact on health