

The Foundation Programme in General Practice Handbook: GP Clinical Supervisors and Practice Managers

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A. INTRODUCTION AND BACKGROUND

All doctors need to understand how the NHS works and the interface between primary and secondary care. A rotation in GP provides an opportunity for FY2 doctors to experience GP as a specialty, and helps to consolidate career choices.

Dr Mike Masding, Head of Foundation School in Wessex, comments on the value of GP experience for every doctor: <http://dorsetgpcentre.com/trainees/f2-foundation/why-should-i-do-general-practice-in-f2/>

The aim of the FY2 rotation in GP is to provide a tailored education programme for each FY2 trainee to enable them to develop their generic skills and knowledge in the context of general practice. This experience can then be further developed and perfected in the remainder of the Foundation Programme.

Key themes in the curriculum for FY2 doctors that are highly appropriate to general practice include:

- The recognition and management of acute illness
- Prescribing
- Communication skills
- Teamwork
- Triage and problem solving
- Impact of illness of everyday lives of patients and carers
- Long term conditions
- Understanding the interface between primary and secondary care
- Management skills

Every practice is different and will offer different learning opportunities for their Foundation doctor. This guide is not intended to be either definitive or prescriptive but a framework that you can build on and adapt to suit your circumstances.

The Foundation Programme emphasises the following:

- 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

Fifty per cent of all Foundation doctors in Wessex have the opportunity to experience a 3 or 4-month placement in general practice. In accordance with the Collins Report (2010) we aim to increase these numbers.

In October 2014 NHS England published [The NHS Five Year Forward View](#) and Chapter 3 outlines new models of care in which the barriers between primary and secondary care are dissolved.

- Many hospital posts are becoming very specialised, with a small range of conditions being treated. The large number of conditions seen in primary care is ideal for the Foundation Programme, which aims to give the trainee a widely ranging training experience. Many curriculum outcomes can be achieved in GP posts.
- Through observation of, and discussion with senior GPs, Foundation doctors can work on their communication skills with patients and other professionals. It is also an excellent opportunity to develop time management skills, as different time pressures apply in primary care compared to the hospital setting.
- Feedback from the GMC trainees survey and from other sources has consistently shown that Foundation GP posts are the best rated in Wessex.
- There is a need for more GPs both locally and nationally. Through exposure to the excellent training opportunities in Foundation GP posts, we hope that this will lead to more applicants for GP training schemes.

The content of this handbook is drawn from:

- Experiences of Wessex Foundation Doctors
- Experiences of GP Clinical Supervisors
- Experiences of the Foundation School team working on the Foundation Programme
- National guidelines and directives

The Foundation Programme website (www.foundationprogramme.nhs.uk) provides a wealth of information about foundation training and what trainees should expect throughout their training. There is information about recruitment, assessments, learning portfolios and resources to help trainees with the future career choices.

The NHS Foundation e-portfolio is available on www.nhseportfolio.org.uk. Local Trusts will arrange log-in details for trainees and their supervisors.

For the purpose of this guide the terms ‘trainer’ or ‘GP Supervisor’ or ‘Clinical Supervisor’ refers to the person nominated by the practice (and agreed by Health Education Wessex) to have responsibility for the Foundation Programme doctor who is learning in General Practice

B. FY2 DOCTORS

What are FY2 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 **FY2 programme rotating through three specialties**. They are expected to **undertake a clinical workload** under supervision. They are **trust employees** for the whole of their FY2 year

How is an FY2 doctor different from a GP speciality trainee?

The FY2 doctor is NOT learning to be a GP; You are not trying to teach an FY2 doctor the same things as a GP Registrar but in a shorter time. The aim of this rotation is to give the FY2 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 FY2 doctor achieving the competencies required for the Foundation Programme.

C. THE ROLES OF AN EDUCATIONAL AND CLINICAL SUPERVISOR OF FY2 DOCTORS

Foundation Programme doctors will have an Education Supervisor (usually a hospital consultant) and a Clinical Supervisor for the current rotation.

Role of the Educational Supervisor during the FY2s rotation in GP

- This person will supervise the FY2 doctor for the whole year and is responsible for the overall development of the programme through all three placements. At present, this is usually a nominated consultant at the acute NHS trust.
- The Educational Supervisor MAY also be the Clinical Supervisor for one post in the rotation. (This is normally the case although it is typically a hospital consultant).
- The Educational Supervisor has regular meetings with the trainee and should be in contact with each Clinical Supervisor when the trainee is in post. He/she is responsible for signing the Foundation Achievement of Competency Document (FACD) at the end of the FY2 programme.
- The Educational Supervisor liaises with the Foundation Programme Director in the Trust. There is an expectation that they will have experience of managing trainees in training posts and have some knowledge of educational theory. They should have completed a course to qualify as an Educational Supervisor.

Role of the Clinical Supervisor during the FY2s rotation in GP

The Clinical Supervisor is the doctor supervising the clinical work with the FY2 doctor in the practice. The supervisor will be able to:

- Organise the clinical attachment and be directly involved with the trainee in organising their assessments.
- Supervise the clinical work of the FY2 or arrange for this to be covered by a colleague.
- Enable the practice to facilitate the learning necessary to fulfil the objectives of the Foundation Programme.
- Liaise with the trainee's Educational Supervisor regularly and promptly if any difficulties are emerging during the training.
- Sign relevant employment related paperwork on behalf of the Trust while the trainee is working in the practice.
- Demonstrate that they have a level of competence in training and education and be able to apply this to the appraisal and development of an appropriate PDP for the trainee.
- Complete the Foundation Clinical Supervisor's report on the ePortfolio at the end of the placement.

GPs that are approved as either GP Trainers or GP Clinical Supervisors, in practices that have been approved for training by the Wessex Deanery can supervise FY2 doctors

Induction Meeting and Review Forms

At the start to the FY2 placement, you will need to conduct an 'Induction Meeting' with the FY2 trainee and record this on an Induction Meeting form on the ePortfolio. A 'Mid-point Meeting' can be carried out halfway through the placement; this is not compulsory, but strongly advised.

At the end of the rotation

The GP Clinical Supervisor must record the Clinical Supervisor's report on the FY2 doctor's E-portfolio completed at least 2 weeks before the end of the attachment. This is an overall assessment of the doctor's performance during the time they have spent with in the practice and helps the Educational Supervisor to ensure the trainee has performed to the required standard. This report is essential for sign off at the end of the year.

Performance issues

The vast majority of FY2 doctors will complete the programme without any major problems. However some doctors may need more support than others, for example due to ill-health, personal issues, learning needs or attitude. If you feel at any time that the doctor under your clinical supervision has performance issues you should contact the trainee's Educational Supervisor or trust Foundation Programme Director who will work with you to ensure that the appropriate level of support is given both to you and the FY2 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 FY2 doctor regarding your concerns, ideally on the E-portfolio. CSs should also keep their own records in a secure format.

D. FY2 INDUCTION AND THE WORKING WEEK

The rotation dates for FY2s are the first Wednesday of August, December and April. The trainees should have a short induction meeting on their first morning and then attend the GP induction at the Wessex Deanery on the first day of the rotation in the afternoon.

The induction into your GP practice is really an orientation process so that the Foundation doctor finds his/her way around the practice, understands a bit about the practice area, meets doctors and staff, learns how to use the computer and knows how to get a cup of coffee! This is very similar to the induction programme used for GP trainee. It should be planned for the first week of their 4-month rotation with you. It is also very helpful if you have an introduction pack for the Foundation doctor, which again is similar to that which you might use for a locum or GP trainee. An induction week might look something like the timetable below but this is only a guideline and should be adapted to suit the FY2 and your practice.

FY2 Induction Programme

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Meeting doctors/ staff 9-10 am Sitting in the waiting room 10-11 am	Treatment Room 9-11 am	District Nurses 9-12 am	Health Visitors 9-11 am Admin staff 11-12 am	Surgery and home visits with another doctor 9 – 12 am
Lunch	Surgery & Home visits with trainer 11-1 pm	Chronic Disease Nurse clinic 11-1 pm	Computer training 12-1 pm Local Pharmacist 2-3 pm	Computer training 12-1 pm	Practice meetings 12-1 pm
PM	Working on Reception desk 2-3 pm Surgery with trainer 3-6 pm		Surgery with another trainer or Partner 3-6 pm	On Call with GP. Assisting with triage/ acute patients/ managing incoming demand	Surgery with trainer 2-5 Meet trainer to debrief on the first week 5-6pm

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. Please remember to include in your induction familiarisation to the emergency resuscitation equipment and location of emergency buzzers.

We appreciate the induction sessions may not necessarily fit into neat hourly blocks of time and that you may have several other opportunities that you feel your Foundation doctor would benefit from in this initial phase.

The induction process should include a discussion of roles, responsibilities and expectations, a review of the FY2 doctor’s portfolio, and agreeing a PDP and specific learning objectives.

In discussing expectations, you may wish to cover the following areas:

- Educational needs of FY2 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 FY2 doctor to fulfil clinical governance processes with the practice

During induction, the GP Supervisor should observe the doctor's basic clinical skills and knowledge to make an assessment as to whether they can start seeing patients under indirect supervision.

A Practice manager check list for the FY2 starting in the surgery can be found in Appendix 7.

The working and learning week

Every experience that the Foundation doctor has should be an opportunity for learning. It is sometimes difficult to get the right balance between learning by seeing patients in a formal surgery setting and learning through other opportunities. The table below is an indicator as to how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard 4-month rotation.

Foundation doctors are paid to work an average of **40 hours/week in their GP placement. This normally equates to 9 sessions.** Please ensure that your Foundation doctor is not exceeding 40 hours.

The employing Trust may offer up to 8 hours per week additional duties, back in the Trust, to remain compliant with European Working Time Directives but will need to be negotiated and agreed outside the GP contract.

The FY2 is not expected to do out of hours work during their General Practice rotation. The Foundation doctor must have a named clinical supervisor at all times. This will usually be you, but you may share this responsibility with suitably experienced colleagues, usually another Partner in the Practice. This can be a sessional GP but not a locum. The GP Supervisor and FY2 doctor need to discuss how to deal with problems. The GP Supervisor should reinforce that they are willing for the FY2 to knock on their door or phone if they need help.

The FY2 Working week (post induction)

9 clinical sessions – max 40 hrs/week in GP -FY2s are only paid for a 40hr week

1 hour timetabled tutorial (see below)

1 clinic/week can be replaced with ‘Additional Learning Opportunities’. These should be discussed and agreed together and FY2s should be working in clinic if no other ‘Additional learning opportunity’ organised for a particular week. Ideas include:

- Multidisciplinary team working- FY2s are encouraged to spend time with different allied health professions during their induction or in one of these sessions.
- Integrated Care – FY2s are encouraged to spend time learning about the interface between primary and secondary care. This could be tailored to FY2s career aspirations. For example, aspiring Care of Elderly consultants could spend a session with Community Matrons, hospital intermediate care services (e.g. PICS), Admissions Avoidance nurses etc.
- Community clinics and services – could consider community clinics relating to the FY2s career aspirations. For example, aspiring Orthopaedic surgeons could spend time in primary care orthopaedic medicine service clinics, chronic back pain clinics, minor surgery. Aspiring Psychiatrists could learn about Steps to Wellbeing services etc. Clinics must have a primary care focus
- ‘General Practice for Foundation Doctors course’ / ‘learning set’ organised by local GP Foundation Programme Directors

Surgeries

- These will usually start at 30 minute appointments for each patient and then reduce to 20 minute appointments as the Foundation doctor develops their skills, knowledge and confidence.
- The FY2 doctor does not need to have their own consulting room and can use different rooms so long as patient and doctor safety and privacy is not compromised
- Practices may ask GP FY2s to work the same pattern that most GPs do, ie with longer working days but time off in lieu.
- Each surgery must have a named doctor supervising clinical sessions. This should be recorded on the computer screen for clarity and quality assurance.

We suggest the following schedule of appointments for the FY2 doctor and accompanying GP clinical supervisor:

First 1-2 weeks

- The FY2 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 appointment of their surgery blocked so they review each case with the FY2 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 third appointment of their surgery blocked so they review each case with the FY2 doctor throughout the day. You may like to discuss cases at the end of surgery as the competence of the FY2 improves.

A suggested structure for a timetable for a FY2 doctor in GP:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	9-12	9-11 (?joint clinic)	9-12	9-12	9-12
Tutorial		11-12			
Clinic debrief	12-12.20	12-12.20	12 -12.20	12-12.20	12-12.20
Lunch/ Visits/telephone Admin/Audit/ Quality Improvement/ Self directed study/practice meetings	12.20-3	12.20-3	12.20-1	12.20-3	12.20-3
PM clinic	3 – 5.30	3 -5.30	Finish 1.00	3-5.30	3-5.30
Debrief/referrals	5.30-6	5.30-6.00		5.30-6.00	5.30-6.00
40 hours	9	9	4	9	9

Debriefing

You are encouraged to debrief as soon as possible after a clinical event. Patient safety is paramount. The focus of de-briefing for the FY2 should also be progress/achievement as

evidenced by, for example, mini-CEX assessment. Reference should be made to the syllabus and competences as appropriate. They should be used to aid action plans for learning in terms of knowledge and behaviours.

Consider asking the FY2 to talk through the consultation, trying to gather their own views as to strengths and points for improvement. Encourage reflection both personally and from the patient's perspective.

Home visits

Home visits are an important part of British General Practice representing 10% of all patient contacts, and should be part of the FY2s working day. In assessing the suitability of home visits for FY2s the trainer needs to consider learning needs, clinical competence, patient safety and trainee safety. A simple risk assessment is recommended.

Recommendations by COGPED (Committee of GP Education Directors):

- All Foundation doctors should be able to improve their foundation competencies using experience of home visiting during their attachments to general practice.
- The number of home visits undertaken should be related to educational and not service delivery needs.
- The trainer is responsible for assessing the suitability of the visit for a trainee in terms of learning needs, clinical competence (patient safety) and personal safety. Normally only "low risk" visits are suitable for Foundation trainees visiting alone, and "high risk" visits are not suitable.

Clinical Supervision for home visits

Early in the attachment it is recommended that the trainer accompany the trainee on home visits. Visiting alone only occurs when, and only if, the trainer feels that the trainee is competent to do so. The trainer has a responsibility to screen home visit requests as suitable for the foundation trainee, who will be briefed before, and debriefed after the visit. At all times the trainer must be contactable by mobile telephone.

Risk Assessment home visits

Trainees will have less experience of home visiting and may not fully appreciate the safety aspect. It is recommended that all training practices undertake a general risk assessment of trainee safety before becoming a foundation practice. This risk assessment to include practice premises, and home visiting arrangements. This should form part of the practice accreditation process.

Normally foundation doctors should only be allowed to go alone on home visits where the trainer assesses the safety risk to be "low". Where a "high risk" is identified a clinical supervisor or security personnel should accompany trainees. Some inner-city practices may deem that no foundation trainees visit alone due to personal safety issues.

Trainers must take responsibility for identifying suitable home visits within the competence of the trainee and assessing the risk of injury or assault. The trainee must be equipped with the appropriate clinical equipment to undertake the home visit and carry a fully charged mobile phone.

Please see Appendix 6 for further information on home visiting.

Telephone Consultations

Clinical supervisors are reminded that an appropriate level of supervision **must** be available at all times to support the FY2 doctor. It is recommended that FY2 doctors do not undertake telephone triage without direct supervision.

Tutorials

FY2s should have 1 hour timetabled tutorial per week. This should be protected time for both the FY2 and trainer to discuss complex cases/education on identified learning needs. Ideally this should be linked to a joint clinic every week.

The emphasis during the attachment is learning through seeing patients and discussing the cases with the supervising doctor providing de-briefing.

Tutorials can be given either on a 1:1 basis or as part of a small group with other learners. Any member of the practice team can be involved in giving a tutorial. It is important to allow the FY2 time to share difficult/complex cases with the allocated Clinical Supervisor.

Preparation for the tutorial can be by the supervisor, the learner or both.

Examples of possible tutorial topics are suggested in Appendix 3.

Chronic Disease Management

It is important for Foundation Programme doctors to realise how much 'acute illness' is due to poorly controlled chronic disease. Chronic disease diagnosis and management is an integral part of primary care. The FY2 should gain some experience of this during their rotation. 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 Acute Trusts and local GP Foundation Programme directors run teaching sessions. The GP foundation Programme Directors organise 'learning sets'/'GP for foundation doctors course'. This is considered part of the FY2s working week and is considered an 'additional learning opportunity' session – so does not count towards personal study leave (unlike trust organised days).

It is the FY2 doctor's responsibility to ensure that they liaise with their Clinical Supervisor to book the time out of practice.

FY2 doctors are not expected to attend the GP vocational training days.

Quality Improvement Projects/Audits

FY2s do not have the volume of admin many GPs do so please consider supporting the FY2 to complete a meaningful audit or quality improvements project(s) in the time between clinics or around their clinical responsibilities. Please allow the FY2 to have protected time to collect the data, write up the project and present their work to the practice team. They need not do a full audit but must understand the process.

A FY2 in GP job description can be found in appendix 4, outlining the objectives of the job.

E. EMPLOYMENT QUESTIONS ANSWERED

Q. Can an FY2 doctor sign prescriptions?

- Yes. An FY2 doctor has full GMC registration and is therefore able to sign a prescription.
- The FY2 should use their supervising GP's FP10.

Q. Does the FY2 or practice need to take out additional medical defence cover?

- The employing trust provides crown indemnity cover for the FY2 trainees. However it is recommended that the trainee takes out individual indemnity cover with a defence organisation in addition to Crown indemnity provided by the acute trust. No costs will be reimbursed by the acute Trust or the Deanery.

Q. Does the FY2 doctor in GP need to be on the Medical Performers List?

- Your Foundation Doctor is not required to be on the Performers List of the relevant Primary Care Trust (PCT), however, the Acute Trusts are required to notify PCTs that a doctor will be undertaking part of his/her Foundation Training Programme in the PCT area at least 24 hours prior to the Foundation Doctor commencing work within the PCT. The Acute Trusts are to provide the PCT with evidence that the doctor is undergoing post-registration training.

Q. Does the FY2 require a contract with the Practice?

- You do not need a contract of employment because the FY2 is employed and paid by the Acute Trust. However, in addition to the hospital trust contract they should sign an **Honorary Educational Contract** with the GP practice.

Q. What about their Contract of Employment?

- The Contract of Employment is held by the Acute Trust to which the Foundation doctor has been allocated to for their foundation training. The Acute Trust is responsible for paying salaries and other HR related issues.
- Salary payments:
 - a. The Trusts are responsible for paying the FY2 doctor's salary throughout the year, though at present, during the GP attachment, the trainee's salary will normally be at **the basic rate with no intensity supplement** as may be paid in a trust FY2 slot.

Q. Is there a Trainer's Grant?

- Yes. This is known as the "FY2 GP supervision payment". The level of the supervision payment for the FY2 doctor will be based on the available funding to Health Education Wessex. Currently it is a pro-rata payment of the GP-Trainer's grant. The Wessex Foundation Programme manager can confirm the amount valid for each training year.

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

- Each FY2 programme usually consists of 3 rotations. There are numerous combinations.
- During recruitment to the Foundation Programme, applicants will look at the full list of available foundation programmes, which are for two years with F1 and FY2 being linked. They will prioritise their choices and are then allocated as far as possible to their preferred options.

- The School of Primary Care identifies practices that are able to host the FY2 placements. Trust medical personnel and the local GP offices liaise to match trainees to GP practices.

Q. How many FY2 doctors can be trained simultaneously in Practice?

- The Practice may host more than one FY2 doctor simultaneously provided that the Surgery has sufficient space and time to provide Clinical teaching and supervision.

Q. Are travel costs reimbursed?

- Eligible travel claims are reimbursed by the employer (the host trust).
- Only additional actual costs are reimbursed. The FY2 doctor may claim for any cost of travel from their home to the practice in excess of the cost of their normal travel to the trust (e.g. if driving they may claim any extra mileage over that normally travelled to the trust, if travelling by public transport they may claim the additional cost)
- They may claim for expenses 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 the mileage incurred while doing home visits in the Practice area

Q. Should an FY2 doctor do out of hours' shifts?

- They are not expected to work out of hours' shifts during their general practice rotation.
- Some FY2s 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.
- Trust OOH work: FY2 doctors may do extra work in the Trust during the GP attachment, such as an evening shift, and this may enable them to attract a banding supplement during the GP component. They may not exceed an average working week in excess of 48 hours.
- Any OOH work should not impact on the Foundation doctor's working week at the Practice.

Q. Should the FY2 doctor contact the GP Practice prior to their attachment in GP?

- We recommend that the FY2 should contact their Practice about a month before the attachment and arrange to meet their GP Clinical Supervisor and the Practice Manager.

F. LEAVE ENTITLEMENT FOR FY2 DOCTORS

Study Leave entitlement

- The FY2 doctor is entitled to 30 days study leave during the year. However a certain proportion (about 12 of these days will be used as part of the 'class-room' teaching programme organised by the Acute Trusts – NOTE acute trusts do vary slightly on this allocation).
- Normally no more than a third of the study leave should be taken in each four-month rotation.
- The study entitlement must be approved and recorded by the Trust.
- Please contact your local GP Foundation Programme Director to discuss study leave further.

Annual leave entitlement

- The FY2 doctor is entitled to 27 days per year i.e. 9 days per four-month rotation.

Sick Leave

- Please ensure your FY2 doctor informs their Trust HR Department as well as yourself, and ensure that they tell their Trust when they have returned to work.

G. THE E-PORTFOLIO & FOUNDATION PROGRAMME 'ASSESSMENTS'

The Foundation Year 2 assessment programme is intended to provide objective workplace-based assessments of the progress of the Foundation doctor through the Programme. The assessment will be used by the Foundation School to decide whether the doctor can be signed up as satisfactorily completing the programme. The Foundation competencies must be achieved prior to commencing specialty training.

- 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 overall timetable for the assessment programme.
- Each FY2 doctor is expected to keep evidence of their assessments in their eportfolio. These will then form part of the basis of the discussions during appraisals.
- The FY2 doctor is an adult learner and it will be made clear to them that they have responsibility for getting their assessments done and for getting their competences signed off.

Supporting documents are available on the UK Foundation Programme website:

<http://www.foundationprogramme.nhs.uk/pages/foundation-doctors/training-and-assessment/fpcurriculum2012>

E-Portfolio

The FY2 has an **E-portfolio, which** enables them to provide evidence of their progress and experiences during their rotation. It is encouraged to be a personal log of their experiences and learning. It forms a major vehicle for your assessment so pay attention to making thorough contemporaneous entries.

Foundation doctors are encouraged to use the ePortfolio to record details of cases, teaching sessions, and assessments. Trainees are encouraged to record their reflections of what they have learned and relate their learning to the personal experiences that they encounter in their place of work. Foundation doctors are encouraged to develop the habit of keeping an electronic 'Learning Log', which is now an essential component of future appraisals and re-validation.

Mandatory Meetings:

Doctors who are undergoing training during their Foundation years may expect to be involved in a series of meetings. Details of these are also available as web links on the FP Curriculum web pages.

Overview of meetings

- Induction meeting with your clinical supervisor- mandatory
- Initial meeting with your educational supervisor – mandatory

- Midpoint review – not compulsory but strongly advised
- End of placement review – mandatory
- Mid-year review of progress- not compulsory but strongly advised
- Educational supervisor's end of year review meeting – mandatory

Supervised Learning Events (SLEs)

A supervised learning event (SLE) is an interaction between a foundation doctor and a trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.

What is the purpose of a SLE?

SLEs aim to:

- Support the development of proficiency in the chosen skill, procedure or event
- Provide an opportunity to demonstrate improvement/progression
- Highlight achievements and areas of excellence
- Provide immediate feedback and suggest areas for further development
- Demonstrate engagement in the educational process.

Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of the *Foundation Programme Curriculum 2012* (the Curriculum).

Are SLEs assessments?

No! SLEs are not assessments. However, the clinical supervisor's end of placement report, which forms part of the assessment, will draw upon evidence of engagement in the SLE process but **NOT** the SLE outcomes.

Can a SLE be failed?

No! SLEs are not assessments; foundation doctor cannot pass or fail.

Which tools do the SLEs use?

Supervised learning events with direct observation of doctor/patient encounter use the following tools:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS).

Supervised learning events which take place remote from the patient use:

- Case-based discussion (CBD)
- Developing the clinical teacher.

Supervised learning events with direct observation of doctor/patient encounter

Foundation doctors are expected to undertake three or more directly observed encounters in each placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in FY2. At least six of these encounters each year should use mini-CEX.

- **Mini-clinical evaluation exercise (mini-CEX)**

This SLE is an observed clinical encounter. Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed.

Foundation doctors should complete a minimum of six mini-CEX in F1 and another six in FY2. These should be spaced out during the year with at least two mini-CEX completed in each four month period

There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

- **Direct observation of procedural skills (DOPS)**

The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor's interaction with the patient when performing a practical procedure.

Foundation doctors may submit up to three DOPS in one year as part of the minimum requirements for evidence of observed doctor-patient encounters

Different assessors should be used for each encounter wherever possible

Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements)

Although DOPS was developed to assess procedural skills, its purpose in the Foundation Programme is to support feedback on the doctor/patient interaction

DOPS cannot be used to provide evidence of satisfactory completion of the GMC core procedures required in F1

There is no maximum number of DOPS and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning events which take place remote from the patient

Case-based discussion (CBD)

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning. Different teachers/trainers should be used for each CBD wherever possible.

A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period. There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

Developing the Clinical Teacher

At least once during FY2 the doctor should demonstrate involvement in a teaching event. This may be the presentation to colleagues of a project, an audit, or an item of research. The placement in general practice provides an ideal opportunity to do a useful piece of work and to present this to the practice team.

This is a tool to aid the development of a foundation doctor's skills in teaching and/or making a presentation and should be performed at least once a year. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

How frequently should SLEs be done?

SLEs do not necessarily need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself. Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs. Therefore, foundation doctors should ensure that SLEs are evenly spread throughout each placement.

Recommended Number of SLEs

Supervised learning event	Recommended minimum number*
Direct observation of doctor/patient interaction: Mini-CEX DOPS	3 or more per placement* <i>(minimum of nine observations; at least six must be mini-CEX)</i>
Case-based discussion (CDB)	2 or more per placement*
Developing the clinical teacher	1 or more per year

*based on a clinical placement of four month duration

Frequency of assessments

Assessments	Frequency
E-portfolio * Core procedures Team assessment of behaviour (TAB) Clinical supervisor end of placement report Educational supervisor end of placement report Educational supervisor's end of year report	Contemporaneous * Throughout F1 Once in first placement in both F1 and FY2, optional repetition Once per placement Once per placement Once per year

The Assessment Tools

Team Assessment of Behaviour (TAB) also known as Multi-Source Feedback (**MSF**) This is a shortened form of 360' appraisal. The trainee completes a self-assessment form and nominates 10 (minimum) colleagues to anonymously complete the form. Feedback is normally given to the trainee and their Educational Supervisor within 6 weeks of the assessment.

Clinical Supervisor's Report (CSR)

The Clinical Supervisor's Report is a formal report which is an assessment based upon the FY2s experience, competencies and learning throughout the attachment. The CSR is an extremely important part of the overall assessment of the FY2 doctor.

A well ordered and detailed reflective E-portfolio will aid the Clinical Supervisor in completing the report.

What are the issues in assessment?

1. This is a supportive but formative developmental process for the trainee.
2. The supervisor should be competent and trained to carry out the assessment and able to give structured feedback.
3. The FY2 doctor determines the timing of assessments within an agreed overall framework for the year. They have some choice of assessor.
4. The assessments do not have to be carried out by the doctor who is the nominated trainer.
5. You can and should involve other doctors, nurses or other health professionals that are working with the FY2 doctor.
6. It is important that whoever undertakes the assessment understands the assessment tool they are using.
7. The assessments are not intended to be tutorials and although protected time is required, assessments can be completed at the beginning, end or even during a surgery.

H. THE FOUNDATION CURRICULUM & COMPETENCES

The new Foundation Programme Curriculum came into effect in August 2012 and is being used by those doctors who entered their F1 in or after August 2012.

The full syllabus and competences can be downloaded from the Foundation Programme website: <http://www.foundationprogramme.nhs.uk/pages/home/keydocs>

The 2012 curriculum defines outcomes and competences under the following headings:

- Professionalism
- Good Clinical Care
- Recognition and management of the acutely ill patient
- Resuscitation
- Discharge and planning for chronic disease management
- Relationships with patients and communication skills
- Patient safety within clinical governance
- Infection control
- Nutritional care
- Health promotion, patient education and public health
- Ethical and legal issues
- Maintaining good medical practice
- Teaching and training
- Working with colleagues

It is important to remember

- The rotation in your practice is part of a programme.
- The Foundation doctor will not cover all competences during his/her time in General Practice. It is intended that the Foundation doctor will work through the curriculum during the 2 year Programme.
- Some competences may well be more readily met in General Practice than in some other rotations e.g. relationships with patients and communications.
- The GP Supervisor and the FY2 doctor should work together to identify the areas most appropriately covered in the Primary Care setting and in their unique Practice

Further expansion of the curriculum competencies can be found in Appendix 2.

I. APPLICATION AND RE-APPROVAL PROCESS

Application

- Register interest with your local Associate Dean (see Section K for contact details)
- Book onto Foundation Supervisors Course (two half day facilitated sessions at the Deanery)
- The course is free to attend (no reimbursement of time available)
- Meeting with locality Associate Dean – meet the practice team
- GP Clinical Supervisors are required to have been working in their current clinical practice for 1 year and must be qualified for at least 2 years.
- All GP Clinical Supervisors are required to have a Equality and Diversity Certificate (valid for 3 years) – online free modules available from www.bmj.com or www.doctors.org.uk See Wessex Deanery website for further information: <http://www.wessexdeanery.nhs.uk/pdf/Wessex%20Deanery%20Approved%20Equality%20and%20Diversity%20Training%20policy%202014.pdf>

Re-approval

- GP Clinical Supervisors are required to undergo re-approval of the training position every 3 years
- Locality Associate Deans/GP Programme Directors will liaise with the practice to arrange a meeting
- GP Clinical Supervisors are required to attend the GP Clinical Supervisors/Educational Supervisors Refresher course every 3 years
- Booking for course via Courses and Conference:
https://secure.intrepidonline.co.uk/CourseManager/NESC/sys_pages/Delegate/DelegateCourseDetail.aspx?filterCourseID=35bb0bf6-cd9e-498c-8c2e-526e794b2111

Peer support

- You are encouraged to join a local GP Trainer locality group/GP FY2 Supervisor group to provide peer support. Please speak to your local Associate Dean for further information.

J. INVOICING FOR SUPERVISING FY2 DOCTOR

Process for submitting claims for FY2 Supervision payments

The current invoice template that must be used for submitting claims can be obtained by emailing the Foundation School Manager (currently Lisa McChrystal).

The GP FY2 Supervision payment amount for 4 month placements can be confirmed by the Wessex Foundation School Team:

Payment queries should be sent to:

lisa.mcchrystal@wessex.hee.nhs.uk or natasha.patel@wessex.hee.nhs.uk

Completion of the Invoice

- Invoices must be submitted during **the last month** that you have the trainee in post with you
- The deadline for invoice submission is 2 months after completion of the FY2 trainee supervision period. Retrospective payments can no longer be considered.
- The invoice must have a reference number
- Please submit the invoice on practice headed notepaper
- Include the name of the FY2 Supervisor
- Include the name of the FY2 doctor
- Please state the placement date from / date to
- Include payee and bank account details

Please send the invoice directly to this address in Wakefield:

XXLIMCCHRYSTAL
Health Education England
Wessex LETB
T73 Payables F485
Phoenix House, Topcliffe Lane
Wakefield,
WF3 1WE

K. HEALTH EDUCATION WESSEX/ FOUNDATION PROGRAMME CONTACTS

Doctors embarking on the second year of the Foundation Training Programme are advised to make a note of the Education & Training personnel with whom they are likely to encounter during the year.

The Foundation doctor should obtain these details from his/her employing Trust at the time of appointment to the Foundation Programme.

Postgraduate Dean	Dr Simon Plint	Contact Amelia Isaac
Head of Foundation School	Dr Mike Masding	Contact Amelia Isaac
Foundation Programme Manager	Mrs Amelia Isaac	01962 718442 amelia.isaac@wessex.hee.nhs.uk
Foundation Programme Administration	Mrs Lucy Wyatt	01962 718565 lucy.wyatt@wessex.hee.nhs.uk
Foundation Programme Administrator/PA	Mrs Natasha Patel	01962 718438 natasha.patel@wessex.hee.nhs.uk
GP Programme Manager (non-foundation)	Mrs Fenella Williams	01962 718447 fenella.williams@wessex.hee.nhs.uk

Local Foundation GP Programme Director Contacts

Patch Office	Dorset	Mid-Wessex	Portsmouth & IOW	Southampton & Jersey
Areas covered / Foundation	Bournemouth, Dorchester, Poole	Basingstoke, Salisbury, Winchester, Andover	Portsmouth, Isle of Wight	Southampton
Website for GP area team	http://dorsetgpcentre.com	http://mwgpe.co.uk	http://www.gpeducation-portsmouth.co.uk/home.html	http://www.gpeducation.org.uk/home
GP Associate Dean	Dr Clare Wedderburn	Dr Heidi Penrose	Dr Rachel Elliott	Dr Johnny Lyon-Maris
Telephone	01202 962165	01962 827 506	023 9268 4977	02380 796751
GP Programme Director for foundation	Dr Emer Forde	Dr Siobhan Gill	Dr Bryony Sales (Lead Foundation GP PD)	Dr Rachel Owers
Email	eforde@bournemouth.ac.uk	sio_gill@yahoo.co.uk	bryonysales@me.com	Rachel.owers@btinternet.com

APPENDIX 1:

Honorary Educational Contract

Honorary contract between Foundation Programme Doctors in General Practice and their GP Supervisors

This Agreement is made on [date]

between

.....
(GP 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. GP Supervisors will be so recognised by the General Practice Directorate within Health Education Wessex.
- C. 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.
- D. This document will act as a supplementary/honorary contract between the above parties. The principal contract will be held by a host Acute Trust within Health Education Wessex for the duration of the Foundation Programme.

General:

- 1 The GP 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 month's 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 Doctors and Dentists Review Board.

4. Both parties may become and remain members of a recognised medical defence body at their own expense for the period of this agreement.
5. The Foundation Doctor will not be required to perform duties which will result in the receipt by the practice of private income.
6. Any specific or pecuniary legacy or gift of a specific chattel shall be the personal property of the Foundation Doctor.
7. 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 GP Supervisor and the Foundation Doctor and make provision for any educational programme organised by the acute trust and as advised by Health Education Wessex.
 - a) The hours of work shall comply with the European Working Time Directive legislation, or any subsequent Working Time legislation.
 - b) The Foundation Doctor is supernumerary to the usual work of the practice.
 - c) Although not mandatory, it is desirable that the Foundation Doctor accompanies either their GP Supervisor or another member of the practice team on out of hours work.
 - d) The Foundation Doctor should not be used as a substitute for a locum in any practice.
 - e) Time spent in practice by the Foundation Doctor should be no more than 40 hours per week as outlined by the job description.
8. 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.
 - a) The Foundation Doctor is entitled to approved study leave for educational activities considered appropriate by the GP Supervisor and Foundation Programme Director.
 - b) 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 GP Supervisor
 - c) A Foundation Doctor in General Practice who is absent on maternity leave will comply with the terms of their Principal Contract.
 - d) If a Foundation Doctor is chosen or elected to represent the profession, or Foundation Programme Doctors 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

Health Education Wessex

Doctor must obtain the consent of their GP Supervisor for such absence from duty, but consent shall not be withheld unless there are exceptional circumstances.

9. The GP 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.
 - a) The GP Supervisor will provide cover or arrange for suitably qualified cover to advise the Foundation Doctor at all times.
 - b) 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 GP Supervisor at the end of the training period.
 - c) The Foundation Doctor will apply himself/herself diligently to the educational programme and service commitments and other matter as directed by the GP Supervisor in accordance with the advice of the Health Education Wessex Foundation Programme and its Directors.
 - d) 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.
 - e) 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 GP Supervisor.
 - f) The Foundation Doctor shall preserve the confidentiality of the affairs of the GP 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 Health Education Wessex or their nominated officer.
 - g) 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 host Trust.
10. Any dispute between the Foundation Doctor and the GP Supervisor should be brought to the attention of the local Associate Dean for General Practice. If the matter can not be resolved at this level it will then proceed through the appropriate channels.
11. 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.....

Signature.....[GP Supervisor]

Name.....

Date.....

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

Signature.....

Date.....

APPENDIX 2:**Core Competences for the Foundation Years****1 Good Clinical Care**

- A. 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 and autonomy
 - 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
- B. Demonstrates appropriate time management and decision making
- C. Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety
- Always maintains the patient as the central 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
- D. Knows and applies the principles of infection control
- E. Understands and can apply the principles of health promotion and public health
- F. 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

2. 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

3. Relationships with Patients and Communication

- Demonstrates appropriate communications skills

4. 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

5. Teaching and Training

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

6. Professional Behaviour and Probity

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

7. Acute Care

- Promptly assesses the acutely ill or collapsed patient
- Identifies and responds to acutely abnormal physiology
- Where appropriate, delivers a fluid challenge safely to an acutely ill patient
- Reassesses ill patients appropriately after initiation of treatment
- Requests senior or more experienced help when 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 training
- Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately
- Request and deals with common investigations appropriately

APPENDIX 3:**Suggested Learning Areas suitable for Tutorials**

The list below is a suggestion for tutorial topics. It is by no means prescriptive or definitive. GP Supervisors should agree a realistic programme early in the attachment to meet the needs of each individual FY2 in GP.

1. 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

1. General Practice Emergencies
 - The doctors' bag
 - House visits
 - Physical, Mental and Social aspects of Acute care in GP

2. Primary Healthcare Team working
 - The doctor as part of the team
 - Who does what and why
 - The wider team

3. Clinical Governance and Audit
 - Who is responsible for what
 - What is the role of audit
 - What does a good audit look like

4. Primary and Secondary Care interface
 - Developing relationships
 - Understanding patient pathways
 - Care in the Community

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

6. Personal Management
 - Coping with stress
 - Dealing with Uncertainty
 - Time Management

7. Chronic Disease Management

8. The sick child in General Practice

9. Palliative Care

10. Social issues specific to your area which have an impact on health

11. Child protection/safeguarding

APPENDIX 4:

Foundation Programme Year 2 placement in General Practice in Health Education Wessex**Job Description**

Job Title:	Foundation doctor in General Practice
Reports To:	GP Supervisor or trainer
Location:	(name of practice, contact details including website and trainer e-mail)
Hours:	40 hours per week ¹
Contract Type:	Full time
Background:	See below
Key Working Relationships:	GP Supervisor, Educational Supervisor, Foundation Programme Director.

Background

There has been a strong feeling that exposing all new doctors to a placement in General Practice would enhance their generic and clinical skills for any future career. The GP placement introduces the doctor to General Practice and to a range of skills that are transferable to a career in any speciality. The 3 or 4 month placement will be based in a training practice or a practice that has a well established educational background and is likely to fulfil the criteria for qualification as a training practice.

Job Purpose

The basic principles of the Foundation Programme form the focus of the timetable for this placement. These are an emphasis on work-based learning to develop clinical and professional skills, skills in acute medical care, understanding of the primary – secondary care interface and the development of personal life-long learning skills and continuing professional development.

Main Duties and Responsibilities

- Induction to practice
- Observed surgeries
- Supervised surgeries
- Attendance at practice meetings

¹ No more than 40 hours per week are to be spent in the GP placement. The employing Trust may offer up to 8 hours per week additional duties, back in the Trust, to remain compliant with European Working Time Directives but will need to be negotiated and agreed outside this contract.

- Individual study and preparation of case studies and written work
- Joint study in tutorials with GP Supervisor and other members of the primary health care team
- Joint surgeries with another GP
- Communication skills

The FY2 doctor should maintain their portfolio and make regular entries as evidence of their learning

Travel to the practice from the Trust base and travel related to work in the practice is reimbursed from the Acute Trust.

An Educational contract should be signed with the practice at the beginning of the placement

Example of timetable

The working week is 40 hours between 08.00 and 18.30. There is no funded work outside these hours. The place of work is [add name of practice]

	Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	9-12	9-11 (?joint clinic)	9-12	9-12	9-12
Tutorial		11-12			
Clinic debrief	12-12.20	12-12.20	12 -12.20	12-12.20	12-12.20
Lunch/ Visits/telephone Admin/Audit/ Quality Improvement/ Self directed study/practice meetings	12.20-3	12.20-3	12.20-1	12.20-3	12.20-3
PM clinic	3 – 5.30	3 -5.30	Finish 1.00	3-5.30	3-5.30
Debrief/referrals	5.30-6	5.30-6.00		5.30-6.00	5.30-6.00
40 hours	9	9	4	9	9

There will be core training days which occur monthly and are covered by study leave. The practice will have their own programme of educational meetings and practice meetings that you will be expected to attend.

Outcomes of the GP placement

- Work effectively within the Primary Health Care team understanding the roles of each member of the team
- Have a working knowledge of the role of the GP and to be able to work under supervision in that role
- To have worked at the primary/ secondary care interface in primary care and be able to identify good practice in referral and discharge of patients from hospital
- To have undertaken supervised surgeries and identified management plans for the patients.
- To have identified personal learning needs from the working in General Practice and to have an up-dated personal development plan.
- To have completed a piece of work on a practice related topic.
- To have seen and treated patients with illnesses in their own homes and to understand the management issues related to this.

APPENDIX 5:**European Working Time Directive**

This applies to all workers and, from August 2004, it was extended to include doctors in training. The provisions were phased in, with a maximum hours' requirement reducing from 58 hours in 2004 to 48 hours in 2010.

The hours are averaged over 13 weeks.

EWTD maximum = 48 hrs per week (averaged over a reference period)

Continuous =13 hrs per day (11hrs continuous rest in 24hrs)
=24 hrs continuous rest in 7 days
=20 minute break in work periods over 6 hrs

Night workers = no more than 8hrs work in 24hrs

**** REMINDER : FY2 GP ROTATION IS A 40 HOUR WEEK IN THE GP SETTING *****

APPENDIX 6:

Home Visiting Guidance

COGPED

Committee of GP Education Directors

Paper Reference:	COGPED/11.08/Item 10d		
Title: Home Visiting for Foundation Doctors in General Practice – (Revised paper)			
Summary:			
<p>Home visits are an important part of British General Practice representing 10% of all patient contacts. Visiting patients alone exposes the doctor to a personal safety risk. Home visits provide useful experience in many of the Foundation and nMRCGP competencies, and provide material for workplace based assessments. In assessing the suitability home visits for trainees the trainer needs to consider learning needs, clinical competence, patient safety and trainee safety. A simple risk assessment is recommended.</p> <p>This paper is written as a position paper as general recommendations for all Foundation Schools.</p>			
Recommendations for COGPED:			
<p>All Foundation Trainees should be able to improve their foundation competencies using experience of home visiting during their attachment to general practice.</p> <p>The number of home visits undertaken should be related to educational and not service delivery needs.</p> <p>The trainer is responsible for assessing the suitability of the visit for a Trainee in terms of learning needs, clinical competence (patient safety) and personal safety.</p> <p>The trainer is responsible for ensuring arrangements to brief the Trainee before, making suitable arrangements for clinical supervision during and debriefing after the visit.</p>			
Author:	Martin Wilkinson	Contact Details:	<i>martin.wilkinson@westmidlands.nhs.uk</i>
Position:	DPGPE West Midlands	Date:	22 nd December 2008

GUIDANCE ON HOME VISITING FOR FOUNDATION 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 years¹⁻⁶. The average annual home visiting rate is 299/1000 patient years, with the majority in the elderly with an average of over three a year over 85 (3009/1000 patient years over 85 years compared to 103/1000 age 16-24). Home visiting rates show a J shaped relation with age and twice as high in people from social class V as in people from social class I. The commonest diagnostic group is disease of the respiratory system. In the older age groups disease of the cardiovascular system is also a common diagnostic group⁷.

When visiting patients in their own homes a lone doctor is exposed to the potential but small risk of injury due to a violent patient or relative, or assault whilst travelling in the community. Most reports of violence against GPs occur in the surgery as opposed to home visiting, but risk to community workers is well known. A number of factors increase the risk of violence associated with home visiting including deprivation, type of accommodation, the locality, time of day, alcohol or drugs, mental health problems, and previous history of violence^{8, 9}. General Practitioners have responded to the risk of home visits by providing transport and a driver to out-of-hours calls, or strongly discouraging home visits in favour of assessment at the surgery.

Foundation Doctors

Home visiting is an essential part of British General Practice providing an opportunity to gain experience in many of the foundation competencies. Useful experience can be gained in the areas of respiratory disease, circulatory disease, infections, musculoskeletal disease, and pain management. These patient contacts can be used for workplace based discussions including case based discussion and direct observation of procedural skills. Most trainers are keen to introduce their trainees to home visits early into their attachment with the practice. GP trainers have many years of experience of accompanying GP trainees on home visits and only allowing them to visit alone when the trainer is satisfied with clinical competence and after careful selection of the proposed visit.

COGPED recommends that all Foundation have the opportunity to improve their foundation competencies using the experience of home visiting during their attachment to General Practice. Before allowing a Trainee to visit alone a number of areas need to be considered: learning needs, clinical competence, clinical supervision and the safety of the risk patient and the trainee.

Learning Needs and Clinical Competence

The problem presented by the home visit request may not be suitable for the learning needs of all foundation doctors. The management of the acutely ill patient in the areas of respiratory disease, circulatory disease, infections musculoskeletal disease, and pain management are the most suitable cases.

Clinical Supervision

Early in the attachment it is recommended that the trainer accompany the trainee on home visits. Visiting alone only occurs when, and only if, the trainer feels that the trainee is competent to do so. The trainer has a responsibility to screen home visit requests as suitable for the foundation trainee, who will be briefed before, and debriefed after the visit. At all times both the trainer will be contactable by mobile telephone.

Risk Assessment

Trainees will have less experience of home visiting and may not fully appreciate the safety aspect. It is recommended that all training practices undertake a general risk assessment of trainee safety before becoming a foundation practice. This risk assessment to include practice premises, and home visiting arrangements. This should form part of the practice accreditation process.

Normally foundation doctors should only be allowed to go alone on home visits where the trainer assesses the safety risk to be “low”. Where a “high risk” is identified a clinical supervisor or security personnel should accompany trainees. Some inner-city practices may deem that no foundation trainees visit alone due to personal safety issues.

Trainers must take responsibility for identifying suitable home visits within the competence of the trainee and assessing the risk of injury or assault. The trainee must be equipped with the appropriate clinical equipment to undertake the home visit and carry a fully charged mobile phone.

Examples of increased risk of violence to health professionals on home visits

Visiting in the dark
 Tower Blocks
 Female doctors visiting lone male patients
 Patients with known alcohol misuse or drug misuse history
 Patients with previous violent behaviour to NHS workers.
 Patients with acute psychiatric problems.

Recommendations:

- All Foundation doctors should be able to improve their foundation competencies using experience of home visiting during their attachments to general practice.
- The number of home visits undertaken should be related to educational and not service delivery needs.
- The trainer is responsible for assessing the suitability of the visit for a trainee in terms of learning needs, clinical competence (patient safety) and personal safety. Normally only “low risk” visits are suitable for Foundation trainees visiting alone, and “high risk” visits are not suitable.
- The trainer is responsible for ensuring arrangements to brief the trainee before, making suitable arrangements for clinical supervision during and debriefing after the visit.

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APPENDIX 7:**Practice Manager FY2 Checklist**

Acknowledgement: This document has been adapted from an original paper written by Dr Joanna Robinson for her own Practice.

2 months prior to commencement:

- E-mail or telephone FY2 with welcome and introduction and offer of a visit to the practice to meet new colleagues ahead of their placement. Most will want to do this.
- Confirm contact details to include:
 - Email (home and work)
 - Address
 - Tel numbers (home and mobile)
 - Any special needs, requirements or information (religious beliefs and practices, travel arrangements to and from work, commitments outside of work, what they like to be called etc). This sort of information is invaluable in our experience, and helps us to plan for their placement appropriately.
- Provide them with contact details of their trainer if they do not already have this, including email and telephone numbers.
- Check with the FY2 the date of their latest enhanced CRB check, indemnity insurance arrangements and GMC certificate. Ask the FY2 to provide the documents (where relevant) for inspection on their first day at the Practice. (Take copies for their file on their first day, if appropriate).

1 month prior to commencement:

- Prepare honorary contract for the FY2 using the standard template.
- Prepare induction timetable (see suggested timetable in handbook). Check with the FY2 if there are any areas of particular interest or training needs and accommodate if this is possible and appropriate.
- Once a standard timetable for the FY2 has been agreed (to include their half days, taking account of any on-call commitments and compulsory training) get the appointments for the FY2 set up on the clinical or appointment system at 30 minute intervals to start with.
- Send electronic or paper copies of timetables, staff handbook (if you have one), prescribing formulary, copy of the honorary contract and FY2 Frequently asked questions to the FY2. Remind them about a visit to the practice if they have not already done so.
- Prepare induction pack for the FY2 to include:
 - Timetables
 - Telephone directories for internal and external contacts
 - How to guides (clinical system processes, appointment system, using electronic protocols etc)

- Fire evacuation plan
- Floor plan of the building showing hazards, fire exits and extinguishers
- Copy of the honorary contract
- Prescribing formulary
- FAQs for FY2s

2 weeks prior to commencement:

- Prepare and stock the FY2s room, including stationary, clinical consumables, paper, leaflets etc. Arrange nameplate for the door of their room. Update website with doctors details and duration of their placement. Prepare a sign for patients alerting them that the FY2 will be sitting in with doctors and other clinical staff for the induction period.
- Ensure all staff are aware of the imminent arrival of the new FY2 doctor.
- Prepare access to all IT systems via passwords and logons including, clinical system, appointments, ICE requesting, radiology, scanning system, smart card set up (and remind them to bring it with them), hospital PAS, email, windows etc.
- Make contact with the FY2, 2-3 days before their placement to reaffirm that they should contact you with any troubles or difficulties or worries so that they can be rectified as well as to welcome them again to the practice.

On the day:

- The morning should be blocked out for the trainer and the practice manager. Consider asking the FY2 to arrive between 9 and 9.30 to allow the GP Clinical Supervisor to have completed all morning paperwork etc.
- Warm welcome, PM gives tour of the premises, covering health and safety hazards, fire exits, extinguishers, panic alarm locations and procedure for responding to these.
- Introduction to all staff as part of the above
- GP Clinical Supervisor or practice manager to go through the induction pack paperwork with the FY2
- Show FY2 to their room and the location of all the essentials, ensure they know where they will be next i.e. going out on visits with a GP, and take them along and introduce them to the person they are working with that day.
- Show the FY2 the staff room and cover places of local interest, good places to eat or find lunch etc
- During the two week induction period, ensure adequate IT training on all clinical and appointment systems, and then arrange follow ups as and when required. Ensure staff are available to problem solve IT and clinical system issues as and when required.
- Check documentation and photocopy, and store in their personnel file.