

A SUPERVISORS GUIDE TO F2 TRAINING IN GENERAL PRACTICE 2025

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Introduction

This Guide to Foundation Programme Supervision in General Practice is intended to be exactly that. 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 programme is designed to train foundation doctors over a broad range of clinical scenarios and professional skills:

- The programme is trainee led
- Experience of the primary-secondary care 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

Experience in general practice has been considered a training ideal for all doctors for many years. Now, 55% of all newly registered doctors have the opportunity to experience a 4-month placement in general practice.

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 UK Foundation Programme e-portfolio is available on <https://horus.hee.nhs.uk/login>. 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 to have responsibility for the Foundation Programme doctor who is learning in general practice.

F2 Doctors

What are F2 doctors?

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

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

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

Who decides which doctor will go to which practice?

- Each F2 programme usually consists of 3 rotations. There are numerous combinations.

- The School of Primary Care identifies practices that are able to host the F2 placements. Foundation Programme Directors (FPDs) in trusts are given the list of GPs who have agreed to be clinical supervisors and they link them to F2 programmes with a GP component.
- Information about the names, contact details and programmes of a practice's F2 doctors should be provided by the local Foundation Programme administrator in the acute Trust.

F2 Doctors and General Practice

Why have F2 attachments in primary care?

All doctors need to understand how the NHS works and the dynamics between primary and secondary care. Key themes in the curriculum for F2 doctors that are highly appropriate to general practice include:

- The recognition and management of acute illness
- Prescribing
- Communication skills
- Teamwork
- 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

It provides an opportunity for F2 doctors to experience general practice as a specialty and helps to consolidate career choices.

The aim is to provide a tailored education programme for each F2 trainee developing the generic skills and competencies appropriately acquired and assessed in the context of general practice, allowing them to be further developed and perfected in the remainder of the Foundation Programme.

Educational and Clinical Supervisors

Foundation Programme doctors will have one education supervisor (usually a hospital consultant) for the 2 year programme and a clinical supervisor for each 4-month rotation.

The Role of the F2 Educational Supervisor

The **educational supervisor** is responsible for making sure a foundation doctor receives appropriate training and experience throughout the F2 year, and for deciding whether placements have been completed. They should help with the foundation doctor's professional and personal development.

- This person will supervise the **Foundation** doctor for 2 year and is responsible for the overall development of the programme through all six placements. This person will normally be based in the Acute Trust and not a GP because it is difficult for the F2 to access the practice after he/she has left. Only rarely will the educational supervisor be a GP.
- The educational supervisor has regular meetings with the trainee and should be in contact with the clinical supervisor when the trainee is in post.

- The educational supervisor liaises with the Foundation Programme Director in the Trust. The educational supervisor will have completed an appropriate training programme

The Role of the Clinical Supervisor in General Practice

The **clinical supervisor** is the doctor supervising the F2 doctor's clinical work in the practice.

The clinical supervisor must:

- Make sure that foundation doctors are never put in a situation where they are asked to work beyond their competence without appropriate **support** and supervision. **Patient safety** must be paramount at all times.
- Make sure that there is a suitable **induction** to the practice.
- Meet with the supervisee at the beginning of each placement to **discuss what is expected** in the placement, learning opportunities available and the foundation doctors learning needs.
- Provide a level of **supervision** appropriately tailored for the individual foundation doctor. This includes making sure that no foundation doctor is expected to take responsibility for, or perform, any clinical, surgical, or other technique if they do not have the appropriate experience and expertise.
- Provide regular **feedback** on the foundation doctor's performance.
- Undertake and facilitate workplace-based **assessments**.
- Make sure that the supervisee has the opportunity to **discuss issues or problems**, and to comment on the quality of the training and supervision provided.
- Investigate and take appropriate steps to **protect patients** where there are serious concerns about a foundation doctor's performance, health, or conduct. The clinical supervisor should discuss these concerns at an early stage with the foundation doctor and inform the educational supervisor. It may also be necessary to inform the Foundation Program Director, Clinical Director (or Head of Service) or the Medical Director and the GMC.
- Complete the **clinical supervisor's report** at the end of the placement.
- Relate to the trainee **eportfolio** by looking at learning log entries and ensuring that the trainee has demonstrated attainment of competence against the curriculum.
- 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.
- Report any absence to the Acute Trust to ensure it is recorded for pay purposes.

Induction Meeting and Review Forms

At the start to the F2 placement, you will need to conduct an 'Induction Meeting' with the F2 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.

Supervisor Working Week

The **supervisor protected time** of up to four hours per week which should include:

- A two hour tutorial (full time trainee in GP) during which supervised learning events are completed and pastoral care provided .

Additional educational responsibilities include:

- Meetings with the trainee to review progress
- Time spent advising on research and audit/ QIP
- Advising on action plans for further learning
- Time spent relating to the eportfolio as well as writing clinical supervisor reports
- Preparation time for the above
- Pastoral care

It does not cover: Debriefing time after consultations (see section on surgery set up/ supervision)

At the end of the rotation

The GP clinical supervisor must record the clinical supervisor's report on the F2 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.

GPs that are approved as either GP Trainers or GP Clinical Supervisors in practices that have been approved for training by the Wessex or Thames Valley Deanery can supervise F2 doctors.

Approval and Reapproval Processes

Application

- GP clinical supervisors are required to be qualified for at least 2 years.
- GP clinical supervisors need to work at least 3 sessions in the surgery.
- Register interest with your local associate dean/ programme director (see contact list)
- Book onto Foundation Supervisors Course (free to attend)
- All GP clinical supervisors are required to have an Equality and Diversity Certificate
- Complete the application form.
- Meeting with the locality foundation approval lead.

Re-approval

- GP clinical supervisors are required to undergo an initial re-approval after 2 years and then every 5 years
- Locality associate deans/ GP programme directors will liaise with the practice to arrange

GP Clinical Supervisors are required to attend the GP Clinical Supervisors course every 5 years.**The Supervision Payment**

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

- You can if you have sufficient capacity in terms of space and resources have more than one F2 at any one time.
- If you share the rotation with another practice, then payment will be split appropriately.
- The NHSE will pay the F2 placement grant directly to your practice via bank transfer on receipt of the invoice.
- NHSE will only pay for F2 doctors recruited to an approved foundation training programme. Please note that locums appointed to cover service (LAS appointments) will not attract a supervision payment from the deanery.
- Please invoice in the last month you have the trainee in post and within 2 months of them completing the post.

F2 Doctors' Induction

This is really an orientation process so that the foundation doctor can find their 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 and where to put their lunch!

This is very similar to the induction programme used for GP registrars but will probably last about a week. It should be planned for the first week of the 4-month practice placement.

It is also very helpful for the GP F2 to have an introduction pack, which again is similar to that which might be used for a locum or GP registrar.

An induction week might look something like the timetable below, but this is only a guideline and should be adapted to suit the GP F2 and the practice.

Before the F2 doctor starts:

- GP supervisor or practice manager contacts the F2 trainee and provides them with an induction pack to the practice.
(A practice manager check list for the F2 starting in the surgery can be found in Appendix 8)

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

- Rotation dates are the first Wednesday of August, December and April. The trainees will attend a trust induction on the first one or two days of the August rotation. This will incorporate the necessary mandatory yearly updates.
- 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.
- The GP practice induction process should include a discussion of roles, responsibilities and expectations, a review of the F2 doctor's portfolio, and agreeing a PDP and specific learning objectives.

A Typical F2 Induction Programme for Week 1

Day 1	Meeting doctors/ staff 9-10	Sitting in the waiting room 10-11	Surgery & Home visits with Trainer 11-1	Working on Reception desk 2-3	Surgery with Trainer 3-6
Day 2	Treatment Room 9-11	Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another doctor 3-6	
Day 3	District Nurses 9-12	Computer training 12-1	Local Pharmacist 2-4	Surgery with another trainer	
Day 4	Health Visitors 9-11	Admin staff 11-12	Personal study/ Needs assessments		

Day 5	Teaching session – Prescribing, reviewing results, referrals, and clinical Protocols 9 - 12	Practice meeting 12-1	Computer training 2-3	Surgery with trainer 3-6	
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In discussing **expectations**, you may wish to cover the following areas:

- Educational needs of F2 doctor- identified in previous placements, by self-assessment and by supervisor observation (e.g. sitting-in on consultations)
- Confidentiality
- Clinical emergencies and how to manage them
- High risk groups (e.g. pregnant women, neonates, elderly etc.)
- Computer systems and record keeping
- Timetable
- Tutorials and preparation
- Project work
- Debriefing after consultations
- Supervision and patient safety
- 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.

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.

- The doctor must have a named supervisor for every surgery. It is better if this is not always the F2 trainer, and that others from the surgery are involved. This can be a salaried GP but not a locum.
- The GP Supervisor and F2 doctor need to discuss how to deal with problems. The GP Supervisor should reinforce that they are willing for the F2 to knock on their door or phone if they need help.

F2 Doctors' Working Week

What should an F2 doctor's typical weekly timetable contain?

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 information below and the example timetable in appendix 5 provides some guidance on 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.

What work can F2 doctors do?

F2 doctors should participate and be involved to the whole range of experience and learning opportunities within general practice.

An appropriate level of supervision **must** be available at all times to support the F2 doctor.

Foundation doctors are paid to work an average of 40 hours/ week in their GP placement. This normally equates to 9 or 10 sessions. Please ensure that your foundation doctor is not exceeding 40 hours. Practices may ask GP F2s to work the same pattern that most GPs do, i.e. with longer working days but time off in lieu, (e.g. a session off).

The times must be convenient to the practice as well as the F2 doctor and should allow the F2 doctor to get the most out of their general practice rotation. Some F2 doctors may require adaptations to allow for transport arrangements away from their base hospital.

We have set out below **the principles** which must be followed when defining the timetable for your foundation trainees.

- The maximum hours worked must not exceed 40 per week, including paid lunch break
- Of those 40 hours (less lunch) 70% should be defined as clinical experience and 30% as educational experience. (12 educational hours and 28 clinical)
- The total working day should not exceed 10 hours. That is from the point they walk in the door in the morning to the point they walk out again at the end of the day i.e. no split shifts.
- Minimum 30-minute break when working time exceeds 5 hours, plus and additional 30-minute break if working over 9 hours.
- For this basic banding trainees must not start their working day before 8am and must finish by 7pm.
- Foundation doctors must attend a teaching programme based at their employing hospital - this may be weekly teaching sessions or half/full days depending on the site. There will be a weekly tutorial of 1-2 hours.
- There must be 2 hours protected for self-development time when the F2 doctor is allocated time to attend to their portfolio including QIP work and reflections
- There should be 30 minutes admin time for each surgery.
- There should be scheduled debrief time after each surgery
- The F2 is not expected to do out of hours work during their general practice rotation.
- If your F2 has a 'split' post, they will be timetabled elsewhere for 1-2 days.

For Working Time Directive and new Junior Doctor's Contract rules which are worth noting see: <http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/terms-and-conditions-contracts>

What can be counted as educational time? (12 hours a week)

- Tutorials, assessments and shared clinics
- Self-development time
- Multidisciplinary team working- F2s are encouraged to spend time with different allied health professions during their induction or in one of these sessions.

- Integrated Care – F2s are encouraged to spend time learning about the interface between primary and secondary care. This could be tailored to F2s 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 F2s interests. 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 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
- Trust based teaching
- Small group work with other learners in the practice or with F2s from other practices
- The F2 will undertake an audit/ quality improvement project (QIP) during their time in the practice, (can be in the middle of the day).

How should the surgeries be planned?

- These will usually start at 30-minute appointments for each patient and then reduce to 15- 20-minute appointments as the foundation doctor develops their skills, knowledge and confidence.
- The F2 doctor must have constant access to supervising GP (not a locum) but not necessarily the trainer in the practice. The named supervisor for each clinical session should be recorded on the computer screen for clarity and quality assurance.
- The F2 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

First 1-2 weeks

- The F2 doctor should sit in on surgeries with the GP so they can see how others consult and the variety of problems that come to general practice.

Week 3 and 4

- 1 appointment every 30 minutes for 2 weeks.
- The clinical supervisor should have every third appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.

2nd, 3rd and 4th month

- 1 appointment every 20 minutes (reducing to 15 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 F2 doctor throughout the day. Cases may be discussed at the end of the surgery as the competence of the F2 improves and supervision slots adjusted accordingly.

The "traffic-light" system for supervision/ debrief

The case review by the supervising GP should be a staged process. The transition to the next phase should be based on an assessment of competence which is ideally associated with the trainee making an ePortfolio entry which reflects on that assessment.

F2s that have just started in the practice need to be supervised at "red" level. When the GP supervisor deems them competent enough, they can progress to the "amber" level of supervision. At some stage, they may be considered competent enough to have a "green" level of supervision.

- Red: call supervising GP in to see each patient before they leave the surgery;
- Amber: either speak to GP or call GP in for each patient before they leave the surgery;
- Green: OK for patients to leave the surgery without having discussed with GP, but each case must be reviewed by GP at end of the clinic

Obviously if at any stage there is clinical concern, every patient should wait to be seen by the supervising GP. Patient safety is paramount.

Foundation trainees should never progress to the point of entirely managing their case load without the supervisor having input during either direct supervision or indirect supervision via the process of debriefing.

A debrief should take place as soon as possible after a clinical event, and focus on 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.

Foundation trainees must never be left unsupervised in a practice seeing patients.

Remote Consultations

There must be careful planning to identify which patients can be seen remotely, discussing advantages and limitations. We recommend starting with theoretical learning on remote consultations, then doing e-consults, before moving on to video and then to telephone consulting. There should be a checklist to follow when remote consulting reminding trainees of their responsibilities with respect to the GMC core principals.

Clinical supervisors are reminded that an appropriate level of supervision must be available at all times to support the F2 doctor. It is recommended that if F2 doctors undertake remote consultations there must be a similarly staged process for supervision.

- Red: supervising GP listens in to each consultation or speaks with each patient.
- Amber: either speak to GP or call GP in for each patient before they complete the call.
- Green: Each case must be reviewed by GP at end of the clinic

Consider asking the F2 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.

What about planned teaching / training for F2 doctors?

Tutorials

- There needs to be a weekly tutorial lasting 1-2 hours. This should be protected time for both the F2 and the trainer to discuss complex cases/ education on identified learning needs. Ideally this should be linked to a joint clinic every week.
- 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.
- Preparation for the tutorial can be by the supervisor, the learner or both.

Examples of possible tutorial topics are suggested in Appendix 6.

Chronic Disease Management

- Although the emphasis is on acute care it is also important for foundation doctors to realise how much 'acute illness' is due to poorly controlled chronic disease
- Chronic disease diagnosis and management is an integral part of primary care and the F2 should gain some experience of this during their rotation.

Classroom taught sessions

In addition to the weekly timetable organised by the practice, the acute trusts and in some areas the local GP foundation programme directors run teaching sessions.

GP F2 doctors need to attend these sessions along with their colleagues in the hospital rotations. These sessions cover some of the generic skills such as communication, teamwork, time management, evidence-based medicine and their mandatory training.

The GP foundation programme directors organise 'learning sets'/'GP for foundation doctors' course' in Wessex. This is considered part of the F2s 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 F2 doctor's responsibility to ensure that they liaise with their clinical supervisor to book the time out of practice. The foundation programme director should provide the F2 doctor with a list of dates and venues at the start of the Foundation Programme.

F2 doctors are not expected to attend the GP vocational training days.

Quality Improvement Projects/Audits

F2s do not have the volume of admin many GPs do so please consider supporting the F2 to complete a meaningful audit or quality improvements project(s) in the time between clinics or around their clinical responsibilities. Please allow the F2 to have protected time to do some research, 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 F2 in GP job description can be found in appendix 3, outlining the objectives of the job.

Guidelines for Home Visiting in the GP F2 Attachment

Relevance to Foundation Doctors

Home visiting by general practitioners is an important feature of British General Practice. 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 case-based discussion and direct observation of procedural skills.

COGPED recommends that all foundation doctors 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.

Required Levels of Clinical Supervision

Early in the attachment it is recommended that the trainer accompany the trainee on home visits. Visiting alone occurs 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 will be contactable by mobile telephone.

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.
- The foundation doctor needs to ensure that s/he has motor vehicle insurance that covers him/her for business purposes.

Are F2 doctor's travel costs reimbursed?

- Eligible travel claims are **reimbursed by the employer (the host trust)**.
- Only additional actual costs are reimbursed. That is, the F2 doctor may claim for any cost of travel from their home to the practice in **excess** of the cost of their normal travel to the trust.
- They may claim for expense incurred if they must travel between the practice and their base trust during the working day (e.g. if they have to attend meetings or educational sessions).

- They may also claim for any additional expense of travel associated with work (e.g. visits to patients but **please try to minimise** the cost of this travel to help trusts stay within budget).
- They cannot claim for travel from home to work other than that in excess of the cost of their normal travel to the Trust.

The Foundation Training E-portfolio

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

Why bother with Portfolios?

- The Foundation Programme publications lay out a clear structure for portfolios
- They introduce junior doctors to some important concepts:
 - Planning a PDP and developing achievable learning objectives
 - Engaging in an appraisal cycle
 - Developing reflective writing skills

What is the GP F2 Supervisor's role?

- They need to have an idea of what their F2's portfolios should contain
- They should take an active interest in the F2's work and check their portfolios regularly.
- See the guides to the e-Portfolio system and requirements, which can be found on the [Wessex Foundation Website](#), [Thames Valley Website](#) and on the [National Foundation Programme Website](#).
- The GP supervisor needs to request "clinical supervisor" access to the e-portfolio from the foundation administrator in the trust.
- We advise that supervisors check the F2's portfolio before arrival in the practice, so that they are aware of the F2's learning needs well in advance.

Personal Development Plan

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

Summary of Meetings

Each 4-month post should generate:

- Induction meeting with CS
- Any update to PDP; educational agreement
- Mid-point review with CS (optional)
- CS final placement review

Reflective Writing

Strongly encouraged and each doctor is expected to provide several pieces of reflective writing. They have some templates that they can work from in their portfolio.

Supervised Learning Events (SLEs)

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?

SLEs primarily pieces of evidence of learning, rather than assessments; the foundation doctor does not pass or fail. 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 the reflection and learning from the SLE is as important as the SLE outcomes. Additionally SLEs may be used as evidence of specific foundation competencies at ARCP, at which point the outcome together with the foundation doctor's reflection on the event may be used to judge whether a competency has been met. If poor performance or patient safety concerns are identified in the process of an SLE then remedial action must be taken.

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

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.

There are no maximum or minimum requirements for SLEs for foundation doctors. Foundation doctors are recommended to undertake three or more directly observed encounters in each placement. Some of their foundation competencies must be evidenced by "directly observed evidence" i.e. SLEs.

Team Assessment of Behaviour (TAB)

TAB is the multi-source feedback tool used within the Foundation Programme. TAB comprises collated anonymised views from a range of multi-professional colleagues. The TAB must be undertaken at least once per year, usually in the first placement, to allow time for any remedial action to be undertaken – the timings are agreed with the educational supervisor. The assessment requires 10 responses from a mix of clinical and allied healthcare staff – usually the mix must include as a minimum two senior doctors, a middle grade doctor (not in foundation training), two fully qualified nurses and two auxiliary staff.

For further guidance on the TAB, please see the [Horus website](#).

Placement Supervision Groups (PSG)

The PSG comprises senior professionals who are there to provide guidance and support for foundation doctors. The makeup of the PSG will vary depending on the placement and in general practice may include one or two GPs, a senior nurse and other allied health professionals such as a pharmacist. The foundation doctor is informed of the members of their PSG by the named clinical supervisor during their initial meeting at the start of the placement.

The PSG will help the clinical supervisor form a balanced judgement of a doctor's performance, based on observations in the workplace and their engagement in the educational process. The use of the PSG will prevent any individual having undue influence over a doctor's progression.

The feedback from members of the PSG should indicate whether, in their opinion, the doctor's clinical and professional practice is expected to meet or exceed the minimum levels of performance required in order to allow sign off of each foundation professional capability by the end of the year of training. This feedback should be used to help produce the clinical supervisors end of placement report.

Summary Narrative

The summary narrative should be completed by the F2 at the end of each post. It is a form of written reflection to demonstrate to the educational supervisor that the higher level outcomes have been achieved.

The Curriculum and Competencies

The defined competences for the Foundation Programme outline in broad terms what the doctor can be expected to offer as a professional upon completion of the programme. Set out below are the broad headings.

This, and the assessments required during the GP placement are covered in more detail on the [Wessex Foundation Website](#), [Thames Valley Website](#) and on the [National Foundation Programme Website](#).

Aims and objectives

- To provide a tailored educational programme for each F2 trainee developing generic skills and competencies appropriately acquired and assesses in the context of general practice allowing them to be further developed and perfected in the remainder of the Foundation programme
- Develop key skills and core competencies
 - Communication
 - Teamwork
 - Triage and problem solving
 - Clinical governance and risk management
 - Critical appraisal skills
 - Management skills
- To develop an understanding of the primary and secondary care roles, responsibilities and understand how they interact
- To provide F2 trainees with learning and experience in general practice to inform their future career choices for specialty training
- To provide an enriched and enjoyable educational experience

It is important to remember

- The rotation in the practice is part of a programme.

- The foundation doctor will not cover all competences during his/her time in the practice. It is intended that they 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 Communication Skills.
- The GP supervisor and the F2 doctor should work together to identify the area's most appropriately covered in the primary care setting and in their unique practice.

By the end of their four-month GP placement F2 trainees will be developing to be able to:

- Consult, visit and prescribe (under supervision) with surgeries of 6-8 patients at intervals of no less than 15 minutes per patient
- They should have developed basic competence in consultation and communication skills
- Manage simple problem solving and triage (of their own cases)
- Be able to manage both acute and chronic illness in the community
- Understand the care and referral pathways for the above
- Have an evidence-based framework for the management of common problems such as 'tired all the time, headaches, back pain, breathlessness.'
- Be able to develop a simple clinical or management protocol
- Be able to perform a risk assessment in the context of clinical risk or risk in the workplace
- Complete a significant event and clinical audit
- Understand the roles and responsibilities and interact with the wider primary care team
- Perform a simple management task e.g. draw up a staff rota, draft an agenda for a team meeting

Proposed 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.

If any trainee is failing to achieve expected progress, or there are concerns regarding clinical ability or professionalism the GP supervisor needs to bring this to the attention of the trainee's ES as soon as they are identified. The ES will then liaise with the foundation programme director of the acute trust to determine the next steps.

F2 Doctors and Employment: The Practicalities

Who holds their Contract of Employment?

- The Contract of Employment is **held by the host acute trusts**, which is responsible for paying salaries and other HR related issues. The Practice is responsible for keeping the acute Trust up to date with any absence or performance concerns.

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

- It is **not necessary** for the GP F2 doctor to be on the Performers List of a CCG because they remain employees of their host NHS trust who will have carried out the necessary pre-employment checks and they are considered to be fully supervised in their GP placements.

Does the practice need to organise medical indemnity cover?

- The F2 doctor is an employee of the trust and will be covered by the trust indemnity scheme. They do not require further MDU/MPS cover however they should inform them when they are moving to their GP placement.

Can an F2 doctor sign prescriptions?

- **Yes.** Unlike a GP F1, a GP F2 doctor is post-registration and **is able** to sign prescriptions.
- The F2 should use their supervising GP's FP10.

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

- F2 doctors are contracted to work a 40-hour week and are not expected to work out-of-hours shifts during their general practice posts.
- The F2 timetable must be compliant with the European Working Time Regulations.
- Some F2 doctors have asked to experience out of hours as a means of exposure to different types of acute illness. They may also be asked to work an extended day to match the practice hours. This can be a useful learning opportunity but a level of supervision appropriate for F2 doctors **must** be available at all times.
- Many F2s will work some out of hours shifts (e.g. weekends) with their acute trust. A proportion of out of hours working may be important to them as it affects their pay.

Leave Entitlement for F2 Doctors

Annual Leave

- The F2 doctor is entitled to 27 days annual leave in the 12 months and this should be equally divided between the three posts – i.e. 9 days per post. If there are Bank Holidays within the placement, these are not taken out of the annual leave entitlement as these are considered separate. If a F2 is asked to work any part of a Bank Holiday, they are required to be paid for their time and receive a day off in lieu.
- If the Practice is rostering the F2 doctor to work 4 10-hour days, you can either convert their annual leave to hours (72 hours for 4 month placement) or remember that they need to take 5 days of annual leave to cover a whole week as this is equivalent to one week of full time leave.
- Annual leave should be booked by the F2 in advance according to the standard GP practice process.

Sick Leave

- Sick leave should be documented, and all absences recorded and forwarded to the trust HR department at your earliest convenience. Timely reporting allows the acute trust to support the Practice in case of any absence management policy triggers.
- The foundation programme director (FPD) must be informed of sick leave beyond 2 weeks by both the GP F2 doctor and the supervisor

Study Leave

The F2 doctor is entitled to 30 days study leave during the year. However, some will be used as part of the 'class-room' teaching programme organised by the acute trusts

(either F2 or departmental teaching sessions – NOTE acute trusts do vary slightly on this allocation).

Thames Valley Foundation School have a study leave guide that should be referred to for further detail. This can be found on their website.

- Normally no more than a third of the study leave should be taken in placement.
- The study entitlement must be approved and recorded by **the employing trust**.
- Please contact your local GP foundation programme director to discuss study leave.
- The F2 may have 5 taster days during the year, these may be taken in a one week block or separately in smaller blocks.
-

Trainee Support

- The vast majority of F2 doctors will complete the programme without any problems.
- However, a few doctors may need more support than others: for example, ill-health, personal issues, learning needs or attitudinal problems.
- GP Supervisors who feel their F2 needs additional support or has performance problems should contact the **GP lead for their patch as well as the foundation training programme director** of the host Trust. They will work to ensure that the right level of support is given both to the Supervisor and the F2.
- It is particularly important to keep written records of any issues as they arise and that any discussions with the F2 doctor regarding concerns are documented. These records should be shared with the F2 doctor.

Complaints from patients

Despite the best efforts of all involved complaints from patients may still happen. In this circumstance the practice complaints policy and procedures must be followed. Important principles are: -

- The trainee must be given an opportunity to respond and the complaint details must be shared with them – even if they have since left the practice. This will enable the Practice to have all of the information available to enable them to respond to the patient appropriately.
- It is also important to let the relevant Foundation Training Programme Director know about the nature of the complaint if not the detail.

Appendix 1: Foundation Programme Contacts in the Wessex Deanery

Deanery Contacts

Foundation School Director	Dr Stephen Taylor	Contact via Anna Parsons
Foundation Programme Manager	Anna Parsons	england.foundation.wx@nhs.net 01962 690345
GP Programme Co-ordinator	Lucy Wyatt	england.gp.wx@nhs.net

GP Foundation leads in Wessex

GP Associate Dean (Foundation) bryony.sales1@nhs.net

Dorset		england.dorsetgptraining.se@nhs.net
Mid Wessex	Dr Ellen Neale	ellen.neale1@nhs.net
Southampton & Channel Islands		england.sotongpeuteam.se@nhs.net
Portsmouth & Isle of Wight	Dr Megan Johnston	megan.johnston1@nhs.net

Appendix 2: Foundation Programme Contacts in the Thames Valley Deanery

Deanery Contacts

Found ation Schoo l Direct or	Dr Anne Edwards	Anne.Edwards@ouh.nhs.uk
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Found ation Progr amme Mana ger	George Fahey	george.fahey2@nhs.net / 01865 932064
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Found ation Progr amme Officer	Luciana Zandonadi	luciana.zandonadi@nhs.net / 01865 932059
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GP Found ation Progr amme Direct or	Dr Kate Staveley	Kate.staveley@hee.nhs.uk
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Trust Founda tion leads in Thame s Valley

Bucks	Lianne Hanson	lianne.hanson@nhs.net
Reading	Tracey Wicks	Tracey.Wicks@royalberkshire.nhs.uk
Oxford	Chantal Vermenitch	Chantal.Vermenitch@ouh.nhs.uk
Milton Keynes	Bali Turner	barljit.turnee@mkuh.nhs.uk
Windsor	Nishat Barbar	nishatbarbar@nhs.net

Appendix 3: Job Description

Foundation Programme Year 2 placement in General Practice in the Thames Valley and Wessex Deaneries – Health Education England

Job Title: Foundation Doctor in General Practice
Reports To: GP Clinical or Educational Supervisor
Location: (name of practice, contact details including website and ES e-mail)
Hours: 40 hours per week[1]
Contract Type: Full time
Background: see below
Key Working Relationships: GP Clinical 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 to 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 and supervised surgeries
- Attendance at practice meetings
- Individual study and preparation of case studies and written work
- Joint study in tutorials with clinical supervisor and other members of the primary health care team
- Joint surgeries with another GP
- Communication and consultation skills development

The F2 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

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]

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.

[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 this will need to be negotiated and agreed outside this contract.

Appendix 4: Sample Timetable

Monday	9.00-12.00 Surgery (08.30-11.30), Coffee & Debrief	12.00 – 13.30 Admin/ visit 13.30 – 14.30 Lunchtime Meeting	14.30 – 18.00 Surgery (15.00 – 17.30), Debrief & Admin	8 hours clinical 1 hour educational
Tuesday	09.00-12.00 Surgery (08.30-11.30), Coffee & Debrief	12.00 – 13.30 Admin/ visit 13.30 – 14.30 Lunch	14.30 – 18.00 Surgery (15.00 – 17.30), Debrief & Admin	9 hours clinical
Wednesday	08.30-12.00 Surgery (08.30-11.30), Coffee & Debrief	12.00 – 13.30 Admin/ Visit	Trust teaching	5 hours clinical 3 hours educational
Thursday	Tutorial 09.00 – 11.00 Self-directed study 11.00-13.00	12.00 – 13.00 Admin/ visit 13.30 – 14.30 Lunch	Clinic/ self-directed study audit	1 hour clinical 8 hours educational
Friday	08.30-12.00 Surgery (08.30-11.00), Coffee & Debrief	12.00 – 13.30 Admin/ Visit	Off	5 hours clinical

Appendix 5: A few learning areas suitable for tutorials

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

- 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?
- 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 which have an impact on health
- Safeguarding
- Remote working

Appendix 6: Teaching According to Learning Needs

The following is a list of ‘teaching tasks’ the educator should try to do with his or her learner or trainee.

- Define the priority **objectives** for learning
- Identify the **learner's agenda**
- Assess the **learner's needs**
- Is there anything you (the teacher) want to cover (the **teacher's agenda**)?
- **Negotiate** and agree the content and priorities for learning
(i.e. learner's agenda vs learning needs vs teacher's agenda)
- Select and use appropriate learning methods and resources that **develop...**
 - The trainee's competence
 - The trainee's critical thinking
 - The trainee's self-awareness
- Provide an **environment** and example that reinforces the learning
- Agree plans for **future learning**
- Use **time** efficiently
- Establish and maintain a **relationship** that enables the other tasks to be achieved
- **Evaluate** the extent to which the above tasks have been achieved

A useful video guide on Assessing Learning Needs has been produced by HEE and can be found at: <https://youtu.be/7bvQGMqiF6I>

Appendix 7: End of Post Feedback – this may be of use during reapproval meetings

To help us improve the educational experience for our trainees, please complete this feedback sheet. We collate this feedback over time and share it anonymously with our FY2 trainers.

If you would prefer us not to include your feedback in this confidential process, please tick this box: ☐

Name (optional):

GP Practice: Date:

Please provide an answer and comments for all the questions below.

Was this a split GP/Community post?

☐ Yes: Please reply for both parts of the post below

☐ No: Please reply just to the GP part below

What was good about your:

a) GP post:

b) Community post:

What could be improved in your:

a) GP post:

b) Community post:

Would you recommend:

a) Your GP experience: ☐ YES ☐ NO (please tick one)

b) Your Community experience: ☐ YES ☐ NO (please tick one if applicable)

What was good about the learning set:

How could the learning set be improved?

Any other comments:

Appendix 8: Practice Manager F2 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 F2 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 F2 the date of their latest enhanced CRB check, indemnity insurance arrangements and GMC certificate. Ask the F2 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 induction timetable (see suggested timetable in handbook). Check with the F2 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 F2 has been agreed (to include their half days, taking account of any on-call commitments and compulsory training) get the appointments for the F2 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, and FY2 Frequently asked questions to the F2. Remind them about a visit to the practice if they have not already done so.
- Prepare induction pack for the F2 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
 - Prescribing formulary
 - FAQs for F2s

2 weeks prior to commencement:

- Prepare and stock the F2s 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 F2 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 F2 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 F2, 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 F2 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 F2.
- Show F2 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 F2 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.

Appendix 9: Split- post / Community Post Placements

Some posts in the Wessex deanery are considered 'Split' posts. These are placements where a trainee will have their time split between a community speciality (including but not limited to Substance Abuse Services, Palliative Care and Public Health) and a General Practice post. These posts are of great popularity with trainees and have allowed practices that might otherwise lacked sufficient time or space to host a full time Foundation trainee to take up a clinical supervision role.

The requirements for training, leave entitlements and employment factors are all identical to a full-time trainee – the only difference is that they will be in practice for a reduced pro rata proportion of the time.

Should you have any questions about these posts, please do not hesitate to contact your patch lead foundation Lead.

