

The Foundation Programme in General Practice Handbook: Trainees

Updated April 2015

A. Introduction and Background to the Foundation Programme in GP	2
B. The Curriculum, Competencies and 'Assessments'	4
C. The Role of the Education and Clinical Supervisors	6
D. FY2 Induction and the working week	7
E. FY2 in GP rotation preparation and working pattern.....	13
F. Employment questions answered	17
G. Leave entitlement for FY2 doctors	19
H. Health Education Wessex/ Foundation Programme Contacts	20
Appendix 1: Honorary Educational Contract	21
Appendix 2: Core Competences for the Foundation Years	25
Appendix 3: Suggested order for GP consultation.....	27
Appendix 4: Suggested Tutorial Topics	28
Appendix 5: Job Description for FY2 Doctors in GP	29
Appendix 6: European Working Time Directive.....	31

A. INTRODUCTION AND BACKGROUND

We hope that all of you will enjoy your GP rotation, and many will be encouraged to think about GP as a career. However, even if you are certain that you want to pursue a career in hospital it is essential that you have a good understanding of how patients are managed in the community, and the constraints/resources within General Practice. 'Integrated care' is likely to be the future.



Dr Mike Masding (Head of Foundation School, Wessex and Consultant physician in acute medicine, diabetes and endocrinology) explains why all doctors should undertake a GP rotation.

“Throughout my career as a Foundation educator over the past 10 years, junior and senior secondary care colleagues have questioned the importance and relevance of Foundation Programme posts in General Practice. However, these posts are highly valued by Wessex Foundation School, for the following reasons:

- The patients in hospital all have GPs and, in most cases, the hospital care episode will have started with a visit to the GP. Through working in primary care, Foundation doctors come to have a better appreciation of care pathways, and start to realise that as far as patients are concerned, there is no primary/secondary care divide!
- The vast majority of secondary care doctors have regular contact with primary care colleagues. Through spending some time in primary care, Foundation doctors can reflect on how to improve their communication with GPs when working in their hospital posts.
- By spending time in both primary and secondary care, Foundation doctors get a wider view of how the NHS works. Foundation doctors are the future leaders of our profession, and will have to deal with the issues that arise from organisation (and re-organisation) of the NHS both within primary and secondary care (if those divisions still exist in the future).

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”.

Background to FY2 rotation in GP

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. Your 4 month placement will be based in a training practice.

Job Purpose

These is an emphasis on work-based learning to develop clinical and professional skills, confidence in managing acutely ill people in the community, 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
- 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

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.

We hope that you will engage in Continuing Professional Development (CPD) and become familiar with the process of life-long learning in your professional life.

The GP Rotation in FY2 is organised by the Foundation School and a network of Educational and Clinical Supervisors support the trainees' activities.

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

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

The NHS Foundation e-portfolio is available on www.nhseportfolio.org.uk.

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. THE CURRICULUM, COMPETENCES & 'ASSESSMENTS'

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:

- 1 Professionalism**
- 2 Good Clinical Care**
- 3 Recognition and management of the acutely ill patient**
- 4 Resuscitation**
- 5 Discharge and planning for chronic disease management**
- 6 Relationships with patients and communication skills**
- 7 Patient safety within clinical governance**
- 8 Infection control**
- 9 Nutritional care**
- 10 Health promotion, patient education and public health**
- 11 Ethical and legal issues**
- 12 Maintaining good medical practice**
- 13 Teaching and training**
- 14 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

Mandatory Meetings:

Doctors undergoing training during their Foundation years must attend 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) and Assessments

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

Further information is available on the Foundation Curriculum and assessment is available via the [Foundation Programme website](http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment):
<http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment>

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 doctor will supervise you 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 you 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 you as 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.
- Ensure that there is always appropriate cover available to the FY2 doctor.
- 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.

D. FY2 INDUCTION AND THE WORKING WEEK

The rotation dates for FY2s are the first Wednesday of August, December and April. The trainees will attend a 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!

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. The induction process should include a discussion of roles, responsibilities and expectations, a review of your ePortfolio, as well as agreeing a learning contract including learning objectives.

You are expected to discuss the following with your clinical supervisor during your induction sessions:

- Educational needs -identified in previous placements, by self-assessment and by supervisor observation
- 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 directly observe the doctor's basic clinical skills and knowledge to make an assessment as to whether they can start seeing patients under supervision.

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 what you might expect your learning programme to be over a typical in your surgery. **The working/learning week for a Foundation doctor is usually an average of 9 sessions** (regardless of your practice working week arrangements). **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 the GP contract.

As a FY2 in GP you are not expected to do out of hours work during your General Practice rotation. You must have a named clinical supervisor at all times. This will usually be your clinical supervisor, but they may share this responsibility with other suitably experienced colleagues, usually another Partner in the Practice (it could be a sessional GP but not a locum). You need to discuss with your GP Clinical Supervisor how to deal with problems. Your GP Clinical Supervisor will reinforce that they are willing for you to knock on their door or phone if they need help.

The FY2 Working week (post induction)

- 9 clinical sessions – i.e. 40 hrs/week in GP
- 1 hour timetabled tutorial (see below)
- 1 clinic/week can be replaced with 'Additional Learning Opportunities'. These should be discussed and agreed together with your clinical supervisor. You should be working in clinic if no other 'Additional learning opportunity' are organised for a particular week. Ideas include:
 - Multidisciplinary team working- you are encouraged to spend time with different allied health professions during your 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 your career aspirations. For example, aspiring Care of Elderly consultants could spend a

Health Education Wessex

- 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 your 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 sets' 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.
- You do not need to have your own consulting room and can use different rooms so long as patient and doctor safety and privacy is not compromised
- Practices may ask you 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

- Working towards 1 appointment every 20 minutes (depending on the ability of the trainee)
- The Clinical Supervisor should still have slots within their surgery blocked so they review each case with the FY2 doctor throughout the day. Clinical supervisors may choose to discuss cases at the end of surgery as your competence 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.

Home visits

Home visits are an important part of British General Practice representing 10% of all patient contacts. Home visits provide useful experience in many of the Foundation competencies, and provide material for workplace based assessments. In assessing the suitability of home visits for trainees the trainer needs to consider learning needs, clinical competence, patient safety and trainee safety. Visiting patients alone exposes the doctor to a personal safety risk. A simple risk assessment is recommended.

Recommendations by COGPED (Committee of GP Education Directors):

1. All Foundation doctors should be able to improve their foundation competencies using experience of home visiting during their attachments to general practice.
2. The number of home visits undertaken should be related to educational and not service delivery needs.
3. 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.
4. The trainer is responsible for ensuring arrangements to brief the trainee before, making suitable arrangements for clinical supervision during and debriefing after the visit.

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 both the trainer will be contactable by mobile telephone.

Risk Assessment home visits

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.

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 yourself and your clinical supervisor to discuss complex cases/education on identified learning needs. Ideally this should be linked to a joint clinic every week.

Health Education Wessex

- 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.
- 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 and you should gain some experience of this during your rotation. If you are only seeing acute 'on the day' patients please discuss this with your clinical supervisor. 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 use this opportunity to complete a meaningful audit or quality improvements project(s) in the time between clinics or around their clinical responsibilities.

E. FY2 IN GP ROTATION PREPARATION AND WORKING PATTERN

Q. What should you do in preparation for your post in GP?

Find out where you are going and how you will get there. Some of the practices are some distance from your acute Trust and you may need to make specific transport arrangements.

At least 2 weeks before your post starts, contact your GP supervisor by telephone and introduce yourself. This is courteous in the first instance but is also a useful opportunity for you both to consider your expectations for your GP post, any personal circumstances that will affect you working at the practice, and any particular educational objectives that you have. Your local Education Centre may be able to put you in touch with the practice's current FY2, so that you can get useful advice and guidance.

Please confirm your actual start date and any hospital on call commitments in advance. The Deanery does not always alert the Practice to these and it helps with the planning process.

Please let the Practice know if you have any planned holiday or training dates that will take place during your attachment. This helps the Practice to plan timetables and the availability of the supervising doctors.

Q. What should you expect when you arrive in the practice?

When you arrive in GP you will spend the first week, or best part of that week, on an induction programme. Make sure that you take full advantage of this opportunity to find your way around the practice, understand a bit more about the practice area, sit in on surgeries, meet the doctors and other staff, learn how to use the computer system, and know how to get yourself a cup of coffee!

In particular, make sure that you know

- where to find the key equipment
- where the panic buttons are
- how to contact key staff if you find yourself dealing with an emergency.

The practice will be able to adapt the induction to suit your specific needs, so if there is something you would particularly like to be covered, ask your supervisor. Please see section D for further information on what to expect during your induction period.

Q. What time do I start?

Your surgeries will usually start between 8.30 and 9 but you need to arrive well in advance. It takes time to turn on your computer, deal with messages, get yourself a drink etc.

You will need to check your blood test results before surgery starts, and before you leave at the end of your day, so please take this into account.

Q. Who is supervising my surgery?

The practice should clearly inform you who is supervising each surgery, either by recording this on the computer system or by giving you a paper copy of supervising doctor. This will usually be your trainer but not always. The doctor supervising your surgery should be your first port of call if you need help but it is always alright to ask someone else if your supervising doctor is held up.

Q. How do I ask for help when I am stuck?

As a training Practice, all the doctors are used to being interrupted while seeing patients and expect to be so. It is really important that you feel that you can always ask for help.

However, an equally important part of General Practice is to learn where to look things up for yourself – see attached list of online resources and elearning modules for common GP presentations.

You should also familiarise yourself with the practice formulary if available.

You should aim to come up with a management plan at the end of each consultation. If you are unsure then check it with your supervising doctor. Some clinical supervisors will want you to knock and come in, others will ask you to knock and wait, others prefer you to telephone for advice first or send a message - ask the supervising doctor before your start how they would like to be contacted.

Q. What should I do at the end of my surgeries?

1. Make sure you have kept an accurate record of each consultation – e.g. key points from history, positive and negative findings on examination and your plan.
2. Notify your supervising doctor that you have finished and arrange a time to go over your patients.

At the beginning, your supervisor will look through all your patients and your notes. It is your responsibility to be proactive about this and make sure it is done promptly after each surgery. You must discuss all the patients you have seen in the afternoon before you go home - that can not wait until the next morning.

3. Dictate your referrals. Keep a record of ALL your referrals so you can follow the patient. Consultants often do not write back to the referring doctor.
4. Keep a record of all your investigations and proactively follow them up.
5. Check your blood results again at the end of surgery and file them electronically- you will be taught how to do this.
6. Check you have completed all phone calls, tasks and notes before seeing your supervising doctor at the end of the day.

Q. What about home visits?

When you are feeling confident, you will be asked to do home visits – initially accompanied. Remember there is always someone at the end of the phone to help you. This is an important part of working in the community and the most different thing you will do from hospital medicine. They are an important part of your training experience.

Health Education Wessex

You must write up each visit immediately on return to the surgery and mark it on the screen or in the visit book as visited. See section D for further information on home visiting.

Q. Will I be asked to do 'extra' patients/visits?

Extra patients and visits are part of the General Practice workload. Their assessment and management are an important skill to master. Please DO tell the Practice if you feel overwhelmed but please do not decline work without a good reason clearly communicated to your supervising doctor. If you do not see unexpected patients, you will miss out on an important area of experience.

Q. Do I have to take part in 'extended hours'?

The surgery as a whole has to provide a number of appointments outside usual surgery hours. These are provided by doctors and nurses. As part of a team, you may be encouraged to take part in this. However, you should not work more than 40 hours/week on average in your GP practice.

Q. What about repeat prescriptions?

You will be trained on how to sign these and you will usually do them alongside another doctor so that you can ask for assistance easily. Keeping up to date with repeat prescriptions safely is an important part of the working day. You will not be expected to do an excessive number but all doctors in the Practice take a share at some point to ensure a good patient service.

Q. How will Doctors and Staff know where I am?

If you leave the building you should inform the reception desk. It wastes a lot of time looking for people and you might miss out on something unexpected and useful. There may be times that you have 'spare' time in the afternoons before afternoon surgery starts. If you feel at a loose end – the Practice can always make suggestions on how to usefully fill your time but it is unlikely this will happen!

Q. What time may I leave the surgery?

You should check with your supervising doctor before you leave. As a general rule, you must not leave work undone to be carried over to the next day.

We are all aware of the European Working Time Directive. If you feel that you are near/over the limit or likely to be, please take responsibility to communicate this with your supervisor.

Q. Will I have tutorials?

Yes. It is a Deanery requirement to have at least 1 hour of protected tutorial time each week. However, EVERY surgery is a tutorial & you will learn much more from discussing patients at the end of each clinic. There will not be many rotations within your training to have 1-to-1

Health Education Wessex

mentoring with a senior doctor every day, so take advantage of this fantastic learning opportunity. The emphasis at this point in your career is on self-directed learning.

Q. What do I do in Practice meetings?

Attend! This is a good opportunity to learn how General Practice works. There may also be multidisciplinary team meetings, Child Protection meetings and Educational meetings. There may be some business meetings for partners only.

Q. Is it still necessary to attend the Trust teaching sessions whilst in GP?

Yes, you should still attend the mandatory FY2 teaching sessions organised by your Trust.

Q. Should you still complete assessments whilst in GP?

Yes. Your GP Clinical Supervisor will expect this. Remember that it is your responsibility to make sure your assessments are completed. See Section B for further details.

Q. Who is my contact for any queries, problems or concerns whilst in GP?

If you are experiencing problems in GP, speak to your GP supervisor in the first instance. If this is not possible, or you feel awkward approaching your GP Supervisor, speak to your Educational Supervisor or your local GP Foundation Programme Director (see Section H for more details). Whilst in GP, the Trust is still your employer for all HR related issues.

If you encounter any particular issues whilst working in GP, do to feed these back to your supervisor during the placement. GPs are keen to improve experiences wherever they can and constructive feedback is normally viewed positively.

Q. Do I need a smart card?

Yes, most practices now use a smart card, please ensure you bring your card to your GP practice.

Q. Is there a dress code?

Dress as a professional, use common sense and ask the practice manager if you are unsure.

Q. Who does my work when I am away?

Ask your trainer who will deal with your results and letters while you are away.

F. EMPLOYMENT QUESTIONS ANSWERED

Q. Do I require a contract with the Practice?

- You do not need a contract of employment because you are employed and paid by the Acute Trust. However, in addition to the hospital trust contract you should sign an **Honorary Educational Contract** with the GP practice. A specimen copy is attached in Appendix 1.

Q. What about medical defence cover?

- The employing trust provides crown indemnity cover for the FY2 trainees. However it is recommended by the GMC, BMA and Deanery that you get 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. You must notify your indemnity organisation of the dates of your placement in general practice. For further information please see BMA website:

<http://bma.org.uk/practical-support-at-work/immigration/doctors-new-to-the-uk/medical-defence-and-indemnity>

Q. What about your 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. The Trusts are responsible for paying your 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. Are travel costs reimbursed?

- Eligible travel claims are reimbursed by your employer (your acute trust).
- Only additional actual costs are reimbursed. You may claim for any cost of travel from your home to the practice in excess of the cost of their normal travel to the trust (e.g. if driving you may claim any extra mileage over that normally travelled to the trust, if travelling by public transport you may claim the additional cost)
- You may claim for expenses incurred if they have to travel between the practice and their base trust during the working day (e.g. if you attend meetings or educational sessions).
- You may also claim for the mileage incurred while doing home visits in the Practice area.

Q. Can I sign prescriptions as a FY2 doctor?

Yes. As an FY2 doctor you have full GMC registration and are therefore able to sign a prescription.

Q. Do I need to be on the Medical Performers List?

- You are 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. Am I expected to do out of hours' shifts?

- You are not expected to work out of hours' shifts during your general practice rotation (unless you have a pre-arranged trust agreement which has additional banding).
- 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: You may do extra work in a local Trust during the GP attachment, such as an evening shift or weekend. This may enable you to attract a banding supplement during the GP component. If you have an unbanded post, you are allowed to take on extra shifts to make your weekly working week up to 48 hours/week. If these additional hours are regular, the hours of work need to be coordinated between your 2 places of work (GP and acute trust) to ensure compliance with the EWTD. The unbanded GP placement is 40 hours/week, which allows an average of 8 hours per week to work in the OOH setting should you wish to do so. The number of hours worked can be averaged out over a 6 month period, which allows for some weeks to be longer than others, i.e. if a weekend is worked. Any OOH work should not impact on your working week at the Practice (See Appendix 6).

Q. What working hours am I expected to work in GP?

- Your working/learning week will be 40 hours. This is worked on Monday to Friday only at times between 8am and 7pm. You should not work out of these hours during General Practice (unless you have agreed to experience an extended hours clinic).

G. LEAVE ENTITLEMENT FOR FY2 DOCTORS

Study Leave entitlement

- You are 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

- You are entitled to 27 days per year and this should be equally divided between your three posts i.e. 9 days per 4 month rotation.
- Your annual leave during the GP post needs to be agreed with your GP supervisor in advance, even if you are booking the leave before you are in the GP post. Please liaise with both your acute trust and your GP Supervisor before making any holiday arrangements.
- Similarly, please liaise with your acute trust and GP Supervisor should you need to make arrangements for additional leave such as paternity leave, compassionate leave, or special leave for interviews whilst in GP.

Sick Leave

- Please inform your Trust HR Department as well as your GP Supervisor, and tell your Trust when you have returned to work.

H. 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.

Health Education Wessex

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 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.

Health Education Wessex

- 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.....

Health Education Wessex

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

1.1 History Taking, Examination and record keeping skills

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

1.2 Demonstrates appropriate time management and decision making

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

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

1.4 Knows and applies the principles of infection control

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

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

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

2. Maintaining Good Medical Practice

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

3. Relationships with Patients and Communication

- i. Demonstrates appropriate communications skills

4. Working with Colleagues

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

5. Teaching and Training

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

6. Professional Behaviour and Probity

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

7. Acute Care

- i. Promptly assesses the acutely ill or collapsed patient
- ii. Identifies and responds to acutely abnormal physiology
- iii. Where appropriate, delivers a fluid challenge safely to an acutely ill patient
- iv. Reassesses ill patients appropriately after initiation of treatment
- v. Requests senior or more experienced help when appropriate
- vi. Undertakes a secondary survey to establish differential diagnosis
- vii. Obtains an arterial blood gas sample safely, interprets results correctly
- viii. Manages patients with impaired consciousness including convulsions
- ix. Safely and effectively uses common analgesic drugs
- x. Understands and applies the principles of managing a patient following self-harm
- xi. Understands and applies the principles of management of a patient with an acute confusional state psychosis
- xii. 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
- xiii. Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases
- xiv. Has completed appropriated level of resuscitation training
- xv. Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately
- xvi. Request and deals with common investigations appropriately

Appendix: 3

Suggested order for a GP consultation

A rough guide for every consultation:

1. Housekeeping: keep desk free of clutter, hide visible coffee mugs, sort untidy couch, mobile phone off etc
2. Look through the patients notes before calling them in. Look at the summary of significant problems, current medications, last few consultations and last few letters form hospital if appropriate.
3. Warm welcome to patient.
3. Think about your opening question – an example would be ‘How can I help?’
4. Try not to interrupt the patient within the first minute, let them tell their story and actively listen.
5. It is particularly useful to know ‘what the patient came today’
Is the issue starting to impacting on their home life? Their occupation?

Ask about the patients ideas, their concerns and their expectations.
Practice this with your trainer so that you do it in a way that is natural for you.
6. Follow history with examination.
7. Request any investigations – think about why you are requesting them and how they will help.
8. Prescribe medication if needed and check current medications.
9. Check and attend to QOF prompts. This is an important part of general Practice.
10. Finish off by summarising with the patient (sometimes written), ensure they have understood the plan and that you have addressed their concerns.
11. It is very important to provide clear safety netting advice and follow up arrangements if needed – and equally important to record the advice you have given.
12. After the patient leaves, use your time to check the quality of your notes and look up/record learning points.

Time to move on to the next patient!

Appendix 4:

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.

- 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
 - House visits
 - Physical, Mental and Social aspects of Acute care in GP
- Primary Healthcare Team working
 - The doctor as part of the team
 - Who does what and why
 - The wider team
- Clinical Governance and Audit
 - Who is responsible for what
 - What is the role of audit
 - What does a good audit look like
- Primary and Secondary Care interface
 - Developing relationships
 - Understanding patient pathways
 - Care in the Community
- Interagency working
 - Who else is involved in patient care
 - What is the role of the voluntary sector
 - Liaising with Social Services
- Personal Management
 - Coping with stress
 - Dealing with Uncertainty
 - Time Management
- Chronic Disease Management
- The sick child in General Practice
- Palliative Care
- Social issues specific to your area which have an impact on health
- Child protection/safeguarding

Appendix 5:

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
- Individual study and preparation of case studies and written work

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.

Health Education Wessex

- 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

There will be core training days which occur through your local GP education unit and are part of your working week. 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

1. Work effectively within the Primary Health Care team understanding the roles of each member of the team
2. Have a working knowledge of the role of the GP and to be able to work under supervision in that role
3. 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
4. To have undertaken supervised surgeries and identified management plans for the patients.
5. To have identified personal learning needs from the working in General Practice and to have an up-dated personal development plan.
6. To have completed a piece of work on a practice related topic.
7. To have seen and treated patients with illnesses in their own homes and to understand the management issues related to this.

**Appendix 6:
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