

Foundation Year 2 Doctor attachments to General Practice

Version:	3.0
Ratified by:	London and KSS Foundation Operational Group
Date ratified:	24/09/2021
Name and Title of originator/author(s):	
Date issued:	
Review date:	
Target audience:	F2s, Foundation TPDs and GP supervisors of F2s
Document History:	

Contents

GP Placements	3
Why have F2 attachments in primary care?	3
F2 placements in GP	3
GP placements	3
Employment.....	3
Supervision.....	4
What about supervision when the GP clinical supervisor is away?.....	4
Teaching methods	4
Medical indemnity	4
Typical working week.....	4
Out of Hours work in GP?	5
On call 'in-hours'?	6
Home visits	6
Annual leave.....	6
Study leave.....	6
F2 travel costs	7
Guidance on Educational Agreements	8
The Foundation doctor will:.....	8
The educational/clinical supervisor will:.....	8
Induction	9
Assessments to be undertaken during the F2 placement.....	9
Faculty structure	9
Further information	10
Medical indemnity	10
Typical working week.....	10
The Foundation Doctor in Practice	11
The Induction.....	11

Example of F2 Induction Programme	11
The working and learning week	11
Typical working week:.....	12
Tutorials.....	12
Chronic Disease Management	12
Classroom taught sessions.....	12
Appendix 1: Suggested Tutorial Topics.....	14

GP Placements

The GP placement involves learning in, not for, general practice. F2 doctors are employed by the acute trust hosting their programme and are placed wherever possible in nearby practices for their GP placement.

Trainees are expected to undertake a clinical workload under supervision. They are not expected to do 'out-of-hours' in general practice and do not have to be on the CCG performers list. They are covered by the trust indemnity scheme while working in general practice.

Why have F2 attachments in primary care?

All doctors need to understand how the NHS works and about the interface between primary and secondary care.

Key themes in the new 2021 Foundation curriculum are highly appropriate to general practice. There are 3 higher level outcomes to be achieved and the first HLO of direct and indirect patient care includes clinical assessment, holistic planning, communication and care and continuity of care – all highly relevant to GP work.

F2 placements in GP

- 50% of Foundation doctors have 4 months in General Practice.
- They are expected to undertake a clinical workload under supervision.
- They are not expected to do 'out of hours' General Practice work.
- They are not at the skills level of GP registrars.
- F2s are fully registered with GMC.
- They should be taking increasing responsibility for patient care.
- They can prescribe but will need guidance and supervision.

GP placements

- Promote a greater understanding of the NHS whatever a doctor's career intentions.
- Help the development of longitudinal relationships with patients
- Provide an opportunity for exploring and understanding the workings of a team through direct participation

Employment

- The contract of employment is held by the acute trust which is the home trust for the F2 year.
- The trust is responsible for paying salaries and other HR related issues.
- F2 doctors do not need to be on Performers' List.

Supervision

This is provided by established GPs who are either GP trainers or supervisors approved by HEE London or KSS. GPs and practices must meet core criteria similar to those required for GP training practices.

What about supervision when the GP clinical supervisor is away?

Appropriate supervision must be available at all times. If the clinical supervisor is not available, then an appropriate colleague must be identified to fulfil this role. If there is no appropriate colleague in the practice, then the practice should ensure there is other support arrangement in place and Foundation doctors must never be left in a situation where their only help is outside the practice.

Teaching methods

- Sitting in- learner with teacher and teacher with learner
- Debriefing after consultations
- Involve other clinicians in debriefs not just the supervisor
- E portfolio
- Home visits, with clinical supervisor or other professionals
- Tutorials
- Structured hospital based teaching, curriculum based

Medical indemnity

Covered by Trust Indemnity as employment is through acute trust.

Typical working week

New Junior Doctors Contract came in during 2016.

- F2s work a 40-hour week, which is split into 32 hours clinical and 8 hours education. The 40 hours should be worked from 7am to 9pm with a 12-hour rest period in between working days and a working day lasting no longer than 13 hours (more information at <https://www.nhsemployers.org/topics-networks/pay-pensions-and-reward/medical-and-dental-pay-and-contracts>)
- There are no split shifts, i.e. no gaps in the day and there should be a 30 minute break every 5 hours (2nd break at 9 hours) coming from clinical time
- Generally, a 4-hour clinical session would be split into 3 hours clinical to 1-hour administration
- Clinical hours consist of patient contact, debrief time, patient administration time, visits, telephone consults, and repeat prescriptions etc.
- Educational time consists of practice meetings, trust-based teaching (which the F2 must be released to attend), tutorials, personal study (max 3-4 hours weekly) and study leave
- Time in lieu or zero hours can be factored in to allow for sessions to match clinical supervisor's rota (*see example templates attached)

<p>8 Surgeries or 32 hours</p>	<ul style="list-style-type: none"> • These will usually start at 30 minute appointments for each patient and then reduce to 15-20 minute appointments as the F2D develops their skills, knowledge and confidence • The F2D must have access to another named doctor (not a locum doctor) for each session but not necessarily the supervisor in the practice • The F2D 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 • There should be sufficient time allowed by the CS for advice and support during consultations and debrief after surgeries • There may be a reduction in surgery numbers if the F2 is undertaking one of the educational experiences in Psychiatry
<p>1 session in other learning Opportunities Or 4 hours</p>	<p>This could be:</p> <ul style="list-style-type: none"> • 1:1 session with the supervisor or other members of the practice team for approximately two hours • Small group work with other learners in the practice • Small group work with F2Ds from other practice • Shadowing or observing other health professionals or service providers, e.g. outpatient clinics pertinent to primary care, palliative care teams, voluntary sector workers • Practice meetings
<p>1 session on project work or directed study or trust based teaching Or 4 hours</p>	<ul style="list-style-type: none"> • You may want your F2D to complete an audit or project to present to the practice team. This session could be used to prepare an audit or to develop some understanding of data collection and its relevance to General Practice • Some sessions may usefully be spent with a GPwSI either within practice or another CCG venue

Trust based Foundation teaching is included in the 8 hours education a week.

Out of Hours work in GP?

- F2 doctors are contracted to work a 40-hour week while in GP. All F2 timetables must be compliant with the European Working Time Directive; maximum 48 hours per week
- F2 doctors are not expected to work out-of-hours shifts during their general practice rotation
- If out-of-hours experience as a means of exposure to a different type of acute illness seems appropriate for the F2 this may be arranged at the discretion of the clinical supervisor. However, a level of supervision appropriate to the F2 competencies must be available at all times
- Any out-of-hours experience does not attract extra salary payment and the working week should remain within the 40-hour contracted limit

On call 'in-hours'?

F2 doctors may do 'in-hours' on call but this should be closely supervised and within the competency of the F2.

Home visits

Home visits may provide a valuable learning experience. The number of home visits undertaken should be related to educational and not service delivery needs and fit in with contracted hours. The GP Supervisor is responsible for assessing the suitability of the visit for an F2 doctor in terms of learning needs, clinical competence (patient safety) and personal safety. It is unlikely that an F2 doctor will be competent to do acute home visits alone and a level of support appropriate to the F2 doctor's competencies must be available at all times. This will usually mean that the F2 doctor is accompanied by an appropriate supervisor on an acute visit or undertake a routine chronic disease visit alone, with appropriate risk assessment and debrief. It is expected that appropriate risk assessment is undertaken before a visit, as with all clinical staff and the F2 is made aware of local policies about how to raise the alarm if they have personal safety concerns.

Annual leave

Standard NHS annual leave of 25 days plus 2 statutory days per annum applies. This should be divided equally across placements.

Study leave

- F2 doctors have access to up to 30 days of study leave subject to the maintenance of essential service. At least 13 days is used to undertake compulsory activities:
 - protected generic teaching – minimum 10 days per annum of ALS (or equivalent) training – usually 2 days
 - Simulation training – usually 1 day
 - Regular trust-based foundation specific teaching
- Normally no more than a third of the study leave (ie 10 days) should be taken in each four-month placement
- Study leave must be approved by the Foundation Training Programme Director

Profession/conference presentations are included in the study leave allocation and also have to be approved by the educational supervisor.

The processes and opportunities for study leave for trainees in London and KSS are contained in the following website:

<https://lasepgmdsupport.hee.nhs.uk/support/home?studyleave>

You will see from the above links that the notion of a “budget” per trainee has now been superseded by a series of events linked to curriculum attainment to promote trainee development. Please use the above information during discussions with educational supervisors when planning study leave requests. Trainees should ensure the relevant curriculum code is applied when applying for study leave to ensure that the local PGME office are clear on the event or course and should ensure that the course or event is relevant to their training programme and training year.

Trainees must follow host trust study leave process for applying for time away from your organisation and ensure all applications are approved for both time and funding in line with the agreed timeframes of your employer.

F2 doctors who did not undertake a taster during F1 can apply for up to 5 days study leave to attend a taster in a specialty of their choice. Permission to undertake a second taster or permission not to undertake a taster and use the study leave allowance for another activity is only granted if the following criteria have been satisfied:

- Demonstration of regular attendance at >70% internal training sessions
- Evidence of completion of/place booked for Simulation Training
- Evidence of completion of/place booked for ALS or equivalent training
- Satisfactory ePortfolio progress and compliance with the assessment timeline

More information on study leave can be found on the London Deanery Foundation Programme website: <http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms>

F2 travel costs

- 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 (e.g. if driving they may claim any extra mileage over that normally travelled to the Trust, if travelling by public transport they may claim the additional cost if they have to add another zone to any season ticket or travel card)
- They may claim for expense incurred if they have to travel between the practice and their base Trust during the working day (e.g. if they have to attend meetings or educational sessions). Mileage would be payable if driving but public transport costs would only be reimbursed if additional cost were incurred (e.g. if not able to use existing season ticket / travel card)

They may also claim for any additional expense of travel associated with work (e.g. visits to patients but funds in the trust are limited and the supervisor should try to minimise the cost of this travel to help Trusts stay within budget).

Guidance on Educational Agreements

The formation of an educational agreement is an ideal opportunity for teacher and learner to check each other's expectations and this process should ideally start very early in the induction period. An educational agreement between the F2 doctor and their supervisor is recommended and should be scanned to the trainee's ePortfolio.

The educational agreement could contain statements similar to:

The Foundation doctor will:

- Take an active part in ongoing supervision and subsequent appraisal including negotiating learning outcomes and the development of a Personal Development Plan (PDP)
- Endeavour to achieve learning outcomes by
 - regularly reviewing their PDP
 - utilising the opportunities for learning provided in everyday practice
 - completing a minimum of 2 CEX, 2CbD and 1 DOPs which will need to be linked as evidence to the curriculum professional competencies to be achieved in F2.
 - attending all prescribed teaching sessions
 - undertaking appropriate personal study
 - utilising locally provided educational resources such as libraries and skills centres
 - using designated study leave appropriately
- Developing as a lifelong learner through
 - reflecting and building upon their learning experiences
 - identifying their learning needs
 - being involved in planning their education and training
 - evaluating their learning experiences

The educational/clinical supervisor will:

- be available to, and take an active part in, the ongoing supervision and subsequent appraisal process including negotiating educational outcomes in a Personal Development Plan.
- engage with the curriculum and ePortfolio and support the Foundation doctor with workplace-based assessments and other help to achieve their curriculum capabilities.
- ensure that the negotiated outcomes are realistic, achievable and within the scope of available learning opportunities.
- ensure that the Foundation doctor is made aware of sources of help and advice.
- promote a supportive climate for learning.
- ensure that an individual doctor's commitments allow attendance at prescribed teaching sessions, are appropriate for their learning needs and offer an appropriate balance of education and service in their placements.

An educational agreement is quite different from a contract of employment in that it is not a legal document. Its value lies in the process by which it is discussed and agreed. It is much better to start with a blank sheet than to bring a previous learner's agreement off the shelf with an invitation to "sign here". It should recognise the specific needs of each F2 doctor, supervisor and practice.

Induction

In addition to the educational agreement, there are some areas which you may wish to discuss during the induction period.

These may include:

- Confidentiality
- Induction period
- Computer systems and record keeping
- Timetable
- Tutorials and preparation
- Project work
- Sitting in – learner with teacher and teacher with learner
- 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

It is helpful to retain short written notes on the areas discussed.

Assessments to be undertaken during the F2 placement

The f2 must have documented induction and end of placement clinical supervisor reports, the F2 is required to complete the 2 case based discussions (CBDs), 2 mini-clinical evaluation exercises (CEXs) and a Directly Observed Procedure (DOP) during each 4-month placement which should be picked to provide evidence for the Foundation curriculum professional capabilities.

The first clinical supervisor of the year is normally also educational supervisor for the whole year for the F2 and should therefore continue to meet them at regular intervals to monitor their educational progress and support them holistically, including for career planning, as required.

Faculty structure

Within each trust there will be a Foundation Training Programme Director (TPD) who has overall responsibility for the F2s attached to that trust. They should be contacted in the event of any concerns, educational or otherwise, about an F2 and can be a useful source of advice and support. There will also be a medical educational manager with responsibility for Foundation trainees who arranges teaching and rotations.

There should be regular Foundation faculty meetings held at each trust and GP supervisors should be invited to these meetings. It is important that all supervisors attend these meetings to share information about the trainees and receive updates on Foundation Matters.

Further information

More detail about the Foundation programme and assessment in foundation can be found on the UKFPO website.

www.foundationprogramme.nhs.uk

Medical indemnity

- This is covered by Trust indemnity as employment is through the acute Trust
- The practice may also have MPS/MDU cover, but this is optional

Typical working week

- F2 doctors work a 10-session (max 40 hour) week, including structured learning, where a session is 4 hours:
 - Seven clinical sessions
 - One session for supervision in practice
 - One session for half-day release to attend F2 teaching at their Trust
 - One session for shadowing, project work or directed study
 - In the event of no half day release the clinical sessions can be increased to 8 sessions.
 -

The F2 doctor is not expected to do out-of-hours work during their General Practice rotation and should not work before 7am or after 7pm.

The Foundation Doctor in Practice

The Induction

This is really an orientation process so that the Foundation doctor can find their way around the practice, understand a bit about the practice area, meet doctors and staff, learn how to use the computer and know how to get a cup of coffee! This is very similar to the induction programme used for registrars but will probably last about a week. It should be planned for the first week of your placement. You should also ask whether there is an information pack available. An induction week might look something like the timetable below but this is only a guideline and will be adapted to suit the Foundation doctor and the practice.

Example of F2 Induction Programme

Day 1	Meeting doctors/ staff 9-10	Sitting in the waiting room 10-11	Surgery & Home visits with supervisor 11-1	Working on Reception desk 2-3	Surgery with supervisor 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 GP	
Day 4	Health Visitors 9-11	Admin staff 11-12	Shadowing On call doctor 1-6		
Day 5	Surgery and home visits with another doctor 9-12	Practice meeting 12-1	Computer training 2-3	Surgery with supervisor 3-6	

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. This is just a suggested timetable and may not fit into neat hourly blocks of time. There may be other opportunities offered to you in this initial phase.

The working and learning week

Every experience that you have should be an opportunity for learning. It is sometimes difficult to get the balance right between learning by seeing patients in a formal surgery setting and learning through other opportunities. The table below is only a suggestion as to how the learning programme may be structured over a typical week.

Typical working week:

7 Surgeries	<ul style="list-style-type: none"> • These will usually start at 30 minute appointments for each patient and then reduce to 15-20 minute appointments as the F2 doctor develops their skills, knowledge and confidence • The F2 doctor must have access to another doctor (not a locum doctor) but not necessarily the supervisor in the practice • 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
1 session in other learning opportunities	<ul style="list-style-type: none"> • This could be: <ul style="list-style-type: none"> ○ 1:1 session with the supervisor or other members of the practice team ○ Small group work with other learners in the practice ○ Small group work with F2 doctors from other practices ○ Shadowing or observing other health professionals or service providers, e.g. outpatient clinics pertinent to primary care, palliative care teams, voluntary sector workers
1 session on project work or directed study	<ul style="list-style-type: none"> • You may be offered the opportunity to complete an audit or project to present to the practice team. This session could be used to prepare an audit or to develop some understanding of data collection and its relevance to general practice • Some sessions may usefully be spent with a GPwSI either within practice or another PCT venue
1 session half day release for Trust F2 teaching	<ul style="list-style-type: none"> • This would normally be co-ordinated through the Foundation Training Programme Director but arrangements will vary – where half day release does not take place this should be replaced by a session in surgery

Tutorials

- Tutorials can be given either on a 1:1 basis or as part of a small group with other learners
- Any member of the practice team can and should be involved in giving a tutorial
- Preparation for the tutorial can be by the supervisor, the learner or both

Chronic Disease Management

- Although the emphasis is on acute care it is also important for Foundation doctors to realise how much ‘acute illness’ is due to poorly controlled chronic disease.
- The importance of exposure to chronic disease diagnosis and management should not be overlooked.

Classroom taught sessions

In addition to the weekly timetable organised by the practice, the Foundation Training Programme Directors will also arrange generic teaching sessions specifically for their cohort of F2 doctors.

- Some of these days will be whilst the F2 doctor is in their placement in the practice
- It is expected that the F2 doctor will be released by the practice 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

The Foundation Training Programme Director should provide the F2 doctor with a list of dates and venues of F2 Trust teaching at the start of the Foundation Programme and it is the F2 doctor's responsibility to ensure that they book the time out of the practice.

If there is no generic teaching session arranged by the Foundation Training Programme Directors for certain weeks of the year, the F2 doctor must inform the practice that they are available to do surgeries on those days.

Appendix 1: Suggested Tutorial Topics

The list below is a suggestion for tutorial topics. It is by no means prescriptive or definitive.

- Good Clinical Care
 - 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
 - Safe prescribing
- Communication in the Consultation
 - Breaking bad news
- 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
- Interagency Working
 - Who else is involved in patient care?
 - What is the role of the voluntary sector?
- Personal Management
 - Coping with stress
 - Dealing with uncertainty
 - Time management
- Recognition and Management of Acutely Ill Patients in General Practice
 - Assessment and management
- Chronic Disease Management
 - The effects of discharge planning in secondary care on GP
- The Sick Child in General Practice
 - How to recognise a sick child
- Palliative Care
- Social Issues Specific to your Area which Impact on Health