

**LondonDeanery**

General Practice Department

# **An Overview of the Foundation Programme in General Practice for Clinical Supervisors**

October 2011

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# The Foundation Programme

## Context

Foundation training was introduced as a result of Modernising Medical Careers (MMC) in 2005, which led to a major restructuring and reform of postgraduate medical education.

## Guiding Principles

The Foundation Programme is designed to equip doctors with the generic medical and professional competencies necessary for safe and effective patient care in the National Health Service.

The two-year programme provides a bridge between medical school and specialty training.

The specific objectives of Foundation training are for the new medical graduate to:

- develop and gain confidence in their clinical skills, particularly when they are treating acutely-ill patients so that they can reliably diagnose and care for seriously ill patients;
- display professional attitudes and behaviour in their clinical practice;
- demonstrate their competence in these areas through a thorough and reliable system of assessment;
- have the opportunity to explore a range of career opportunities through working in different settings and in different areas of medicine; and
- complete the requirements for eligibility to apply for full registration with the General Medical Council (GMC) at the end of the first year of the Foundation Programme.

The Foundation Programme is **Quality Assured** by the GMC, and **curriculum driven**.

Foundation doctors are assessed against defined **competencies**. Training is within a **2-year structured and supervised programme** which is primarily based in the workplace.

The London Deanery is responsible for ensuring they meet or exceed the standards for training for the Foundation Programme in **The New Doctor** as set by the GMC:

[http://www.gmc-uk.org/New\\_Doctor09\\_FINAL.pdf](http://www.gmc-uk.org/New_Doctor09_FINAL.pdf) [27493417.pdf](http://www.gmc-uk.org/27493417.pdf) [39279971.pdf](http://www.gmc-uk.org/39279971.pdf)

## Curriculum-driven

The above document defines the outcomes that Foundation doctors need to demonstrate, before they can complete each of the 2 Foundation years satisfactorily.

They demonstrate that they have met the outcomes in the workplace by using structured assessment tools on their ePortfolio.

<https://www.nhseportfolios.org/>

## ePortfolio

ePortfolio is an online system that documents trainees' progress throughout the year. F2 doctors will ask you and your colleagues to assess them on their practise and may send email 'ticket' requests in order that you submit your assessment to their portfolio.

Information on assessments can be found here:

<http://www.londondeanery.ac.uk/foundation-schools/files/tfsb-policies-guidance-and-application-forms/work%20based%20assessments%20guide>

### **Supervised training**

All Foundation doctors must be appropriately supervised with ready availability of support in the workplace by a Clinical Supervisor (CS). Academic Foundation doctors also have an Academic Supervisor (AS).

Each Foundation doctor has an Educational Supervisor (ES) who is responsible for their educational agreement, overall supervision and management of their educational progress during a training placement or series of placements.

The Trusts appoint Foundation Training Programme Directors (FTPD) to plan and implement the training environments. This includes generic teaching sessions for each Foundation year group and applications for new and revised programmes of study.

### **Shape of the Foundation Programme**

The Foundation Programme is a two-year programme comprising F1 and F2 years. Satisfactory completion of 12 months at F1 level allows the Foundation doctor to apply for full GMC registration, whilst satisfactory completion of 12 months at F2 level results in the award of Foundation Achievement of Competency Document (FACD) and the ability to apply for core and specialty training.

The Foundation Programme follows a spiral model, building on competence in the broad-based outcomes.

The programmes for Foundation training are balanced to enable the acquisition and demonstration of outcomes and competencies set by the GMC.

In addition, academic and related programmes provide Foundation doctors the opportunity to develop research, training and/or leadership skills at the same time as developing their clinical and generic skills.

### **Foundation in General Practice in London**

In General Practice the majority of training placements are in F2 for 4 months. There is a target of 55% of Foundation doctors having community placements within the 2-year programme over the next year (2012), increasing eventually to 100% (see Collins Report – link below).

[http://www.mee.nhs.uk/pdf/401339\\_MEE\\_FoundationExcellence\\_acc.pdf](http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf)

The GP placement involves learning in not for General Practice. It is different from specialist training for General Practice and F2 doctors do not take part in the GPSTS half-day release. They have a separate educational programme organised by their Local Education Provider (LEP – usually in the main base Trust), which they require release from the GP practice for.

Foundation doctors are employed by the acute Trust hosting their programme and are placed wherever possible in nearby practices for their F2 GP placement.

[www.foundationprogramme.nhs.uk/download.asp?file=5159-Operational-Framework.pdf](http://www.foundationprogramme.nhs.uk/download.asp?file=5159-Operational-Framework.pdf) - PDF file

- see appendix 6 (General Practice and Foundation training)

## F2 Doctors and their Clinical Supervisors

### Who are F2 doctors?

- Fully-registered doctors
- They are expected to undertake a clinical workload under supervision
- They are not expected to do 'out of hours' in General Practice
- They are Trust employees for the whole of their F2 year
- They do not have to be on the PCT performers' list
- They are covered by the Trust indemnity scheme while working in General Practice and do not have to have additional MPS/MDU cover (but may do so)

### Why have F2 attachments in primary care?

All doctors need to understand how the NHS works and the interface between primary and secondary care. Key themes in the curriculum

([http://www.foundationprogramme.nhs.uk/download.asp?file=Foundation\\_Curriculum\\_2010\\_WEB\\_Final.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=Foundation_Curriculum_2010_WEB_Final.PDF)) for F2 doctors are highly appropriate to General Practice:

- professionalism
- good clinical care
- recognition and management of the acutely unwell patient
- resuscitation
- discharge and planning for chronic disease management (from the other side)
- relationship with patients and communication skills
- patient safety within clinical governance
- infection control
- nutritional care
- health promotion, patient education and public health
- ethical and legal issues
- maintaining good medical practice
- teaching and training
- working with colleagues

### Foundation Schools and Local Education Providers

The F2 doctor's Foundation School may be your initial point of contact, but the doctor's Local Education Provider (LEP) with whom they are attached will be your main contact operationally during the year.

Generally, the LEP Postgraduate Centre Manager (PGCM) or Foundation Training Programme Director (FTPD) should be in regular contact with you but, if they have not contacted you prior to the commencement of the academic year, please contact the PGCM or FTPD directly.

Details of relevant PGCMs and FTPDs are available on the London Deanery website. <http://www.londondeanery.ac.uk/foundation-schools/foundation-programme-contacts>

### *Synapse*

Synapse, the London Deanery's communication tool, will be your main source of London Deanery and Foundation School information. You will be provided with a user name and password. Please regularly log in to Synapse to ensure that you are abreast of London developments in Foundation training.

## **Clinical Supervisors (CS)**

Clinical supervision of F2 doctors in General Practice may only be undertaken by established GPs who are either approved GP trainers or Deanery approved Foundation Supervisors.

GPs and practices must meet core criteria similar to those required for GP training practices (see the appendix - criteria for F2 supervision). Supervisor approval can be achieved by meeting the necessary criteria as set out in the appendix, and after an approval visit from the Deanery.

All supervisors in General Practice (unless they are an existing Trainer) must attend a one-day workshop organised by the Deanery (dates are available on the Deanery website).

There is an obligation for established CSs to attend relevant Foundation School faculty development events and they are encouraged to attend Deanery run Foundation CS GP conferences or updates as well as local F2CS groups if practicable.

## **Clinical Supervisor, Educational Supervisor and LEP Foundation Faculty**

Foundation Programme doctors will have an Educational Supervisor (ES) and a CS. The CS is the person responsible for the F2 doctor while they are in their placement (the GP leading on F2 in the practice will be the CS while they are in the practice)

For details of the roles and responsibilities of Foundation Clinical and Educational Supervisors see page 16 of the Foundation Programme Reference Guide: [http://www.foundationprogramme.nhs.uk/download.asp?file=Reference\\_Guide\\_WEB.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=Reference_Guide_WEB.PDF)

The ES is usually responsible for the F2 doctor for the whole year. They may be one of the three CSs and you may be asked to take on this role for one of your F2 doctors.

The Foundation Faculty at the F2 doctor's LEP meet regularly to discuss issues and concerns in Foundation training. GP Supervisors are encouraged to attend these meetings. Each Faculty meeting concludes with a discussion on individual trainee progress and this is a good opportunity to share good practice in dealing with doctors in difficulty. The FTPD and PGCM at the doctor's LEP should keep you informed of the scheduled Foundation Faculty meetings.

## **Supervisor's commitment to the Programme**

Approved supervisors will be asked in the fourth quarter of each year about their availability to accommodate F2 doctors for the following recruitment year (August – July). Only in exceptional and unforeseen circumstances would it be acceptable to withdraw this promise and should this happen, the Deanery would expect adequate notice (e.g. 3 months) so that a suitable substitute supervisor could be found.

Supervisors will be informed in good time, whether an F2 doctor has been allocated for the next academic year.

In some areas, there are more F2 supervisors available than there are trainees. In these circumstances we will make efforts to ensure a fair rationing process but in

some circumstances you may be asked to accommodate a F2 doctor from a programme that is not necessarily the closest one to your practice.

#### **Who decides which doctor will come to my practice?**

- Successful applicants to Foundation Programmes are allocated to a 2-year programme which includes General Practice in the 2<sup>nd</sup> year of the programme.
- The Deanery identifies practices that are able to host the F2 placements.
- The GP School, in consultation with the relevant Foundation School, links F2 doctors with a GP practice. Information on your F2 doctors should be provided by your linked LEP.

#### **Does the F2 doctor need to be on the PCT performers' list?**

- It is not necessary for your F2 doctor to be on the performers' list of the relevant PCT before they take up their post in General Practice because they remain employees of their host NHS Trust who will have carried out the necessary pre-employment checks.
- However, it is good practice to inform your PCT of the names of the F2 doctors in your practice and the dates they will be with you. The Deanery has informed PCTs (via the Chief Executive) of all practices supervising F2s in their patch.

#### **Can an F2 doctor sign prescriptions?**

- Yes. An F2 doctor is post-registration and is therefore able to sign a prescription.
- When prescribing, a F2 doctor should use their supervising GP's FP10.
- Authorisation, such as a countersignature, is not required but the supervising GP is responsible for ensuring that prescribing is accurate and appropriate.
- Please keep your PCT informed of the names of F2 doctors in your practice and the dates they will be with you so they can let local pharmacies know they will be signing prescriptions.

#### **Should an F2 doctor do out of hours shifts?**

- F2 doctors are contracted to work a 40-hour week. The F2 timetable should 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 an F2 doctor requests experience of out-of-hours as a means of exposure to a different type of acute illness this may be arranged at your discretion. A level of supervision appropriate to the F2 doctor's competencies must be available at all times.
- Any out-of-hours experience does not attract extra salary payment to the F2 doctor and the working week should remain within the 40-hour contracted limit.

#### **Can an F2 doctor do on call 'in hours' including home visits?**

F2 doctors may do in hours on call.

Home visits are not compulsory but may provide a valuable learning experience. The number of home visits undertaken should be related to educational and not service delivery needs. 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 home visits alone and a level of supervision 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 the visit.

#### **Are the F2 doctor's travel costs reimbursed?**

- Eligible travel claims are reimbursed by the employer (the host Trust). Money has been included in the non-pay element of funding to Trusts from the Deanery to cover this, but the amount provided for travel is limited.
- 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 F2 teaching, 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 please try to minimise the cost of this travel to help Trusts stay within budget).

#### **What about supervision when their GP Clinical Supervisor is away?**

Appropriate supervision must be available and when the 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 a support arrangement and Foundation doctors must never be left in a situation where their only help is outside the practice.

#### **What about the issue of poor performance?**

- All F2 doctors use an electronic portfolio to document their progress through their Foundation programme. As a Clinical Supervisor you will be required to meet with your trainee and review their portfolio and complete a Clinical Supervisor's report. The detail of what is required is shown in the table at the end of the linked supervisor document above.
- 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.
- If you feel at any time that the doctor under your supervision has performance issues you should contact the Foundation Training Programme Director (FTPD) at their Trust or the Postgraduate Centre Manager, who will work with you to ensure that the appropriate level of support is given both to you and the F2 doctor.
- It is very important that you keep written records of any issues as they arise and that you document any discussions that you have with the F2 doctor regarding your concerns.
- A useful document has been produced by the London Foundation Schools to assist in **supporting professional performance** issues – [http://www.londondeanery.ac.uk/foundation-schools/files/foundation-scheme-files/supporting\\_professional\\_performance.pdf](http://www.londondeanery.ac.uk/foundation-schools/files/foundation-scheme-files/supporting_professional_performance.pdf)

### **What happens at the end of the placement?**

- At the end of each placement, you will be asked to complete a Clinical Supervisor's report on the ePortfolio. This is your overall assessment of the doctor's performance during the time they have spent with you and helps the new Clinical Supervisor to focus on any areas of particular need.
- It is essential that Clinical Supervisors in General Practice know who the trainee's Educational Supervisor is.
- Experience has shown that it is also helpful if you can talk personally to the next supervisor (especially if there have been any problems) but this can sometimes be difficult to arrange so it is important that the **Clinical Supervisor's Report** is as informative as possible.

### **Transfer of Information between placements and F1 and F2**

At the end of each placement, information on the performance, competence and conduct of each Foundation doctor is transferred to the supervisor of the next placement to ensure patient safety and maximise training opportunities. This is the responsibility of the ES and the guidance can be found online:

<http://www.londondeanery.ac.uk/foundation-schools/files/tfsb-policies-guidance-and-application-forms/transfer-of-information-regarding-the-foundation-doctor-011010.pdf>

## Guidance on Educational Agreements in GP Posts

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.

The formal required Education Agreement is signed by the ES on the ePortfolio. This is a separate agreement for the GP attachment.

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
  - 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 life long 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 part in, the ongoing supervision and subsequent appraisal process including negotiating educational outcomes in a Personal Development Plan
- engage with ePortfolio and evaluate the Foundation doctor via workplace-based assessments
- 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.

In addition to the educational agreement there are some areas which you may wish to discuss during the induction period. These could include:

- Educational needs of F2 doctor - identified in previous placements, by self-assessment and by supervisor observation (e.g. sitting-in on consultations)
- Confidentiality
- Induction period
- Computer systems and record keeping
- Timetable including being released for LEP F2 teaching
- 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.

#### **Further information**

The greatest detail can be found in the Curriculum and the Reference Guide documents which are available on the UKFPO website:

Curriculum:

[http://www.foundationprogramme.nhs.uk/download.asp?file=Foundation\\_Curriculum\\_2010\\_WEB\\_Final.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=Foundation_Curriculum_2010_WEB_Final.PDF)

Reference Guide:

[http://www.foundationprogramme.nhs.uk/download.asp?file=Reference\\_Guide\\_WEB.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=Reference_Guide_WEB.PDF)

Information on assessments can be found here:

<http://www.londondeanery.ac.uk/foundation-schools/files/tfsb-policies-guidance-and-application-forms/work%20based%20assessments%20guide>

## Key Facts about Hosting F2 Placements

### Employment

- The contract of employment is held by one of the acute Trusts within the Deanery
- The acute Trusts are responsible for paying salaries and other HR related issues
- An educational agreement between the F2 doctor and their supervisor is recommended and should be scanned to the trainee's ePortfolio.

### Medical indemnity

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

### Typical working week

- F2 doctors work a 10 session week, where a session is 4 hours:
  - Seven clinical sessions
  - One session for supervision in practice
  - One session for half-day release for LEP F2 teaching
  - 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
- F2 doctors are not expected to do out-of-hours work

### Study leave

- The F2 doctor is normally entitled to 30 days study leave during the year subject to the maintenance of essential service. At least 10 of these will be used up by group teaching in their host Trust (probably half a day a week although arrangements vary). This is at the discretion of the individual Trusts, which provide slightly different arrangements for generic programmes.
- Normally no more than a third of the study leave should be taken in each four-month placement.
- Study leave must be approved by the Foundation Training Programme Director (FTPD) in the Trust.

### Annual leave

- Standard NHS annual leave of 25 days plus 2 statutory days per annum applies.

### Payment to supervisor

- Equivalent pro rata to GP trainer grant (£7,674 - April 2011) this is paid by the Deanery.
- Payment is made to the practice via a Service Level Agreement on a quarterly basis in arrears.
- If a practice has space and resources, you may take more than one F2 doctor
- Similarly, you may have a GP Specialist Trainee and F2 doctor at the same time if approved by the Associate Director.
- One teacher may supervise both a GP Specialist Trainee and F2 doctor, so long as they are supported.

## Summary of Workplace-based Assessments

The F2 assessment programme is intended to provide objective workplace-based assessments (WPBA) of the progress of the Foundation doctor through the Programme. The assessments will be used by the Foundation School to decide whether the doctor can be signed up as satisfactorily completing the programme.

There is a good overview of the current WPBA requirements in:

**The Rough Guide to Foundation Training;** found at the Foundation Programme website

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

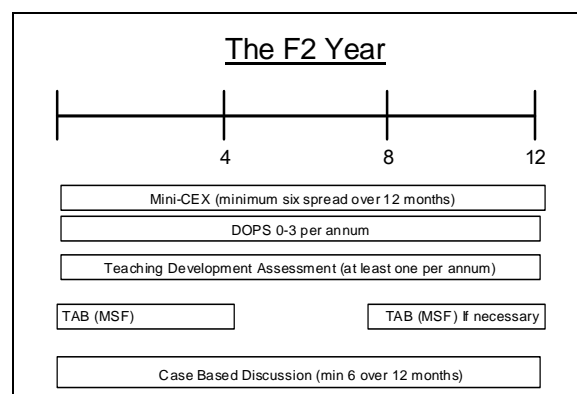
- The assessments are designed to be supportive and formative.
- The F2 doctor can determine the timing of the assessments within each placement and to some degree can select who does the assessment.
- It is important that all assessments are completed within the overall timetable for the assessment programme
- Each F2 doctor is expected to keep evidence of their assessments in their portfolio. These will then form part of the basis of the discussions during appraisals.
- The F2 doctor is an adult learner and it will be made clear to them that they have responsibility for getting their assessments done and for getting their competencies signed off.

### Assessments

- Intended to be “light touch” and workplace based
- Multiple assessments over whole programme
- Each doctor has a learning portfolio
- Intended to be mainly developmental
- Provide early warning of doctors in difficulty

Type	Name	Test by	Main focus	Also tests
Clinical evaluation	Mini-CEX	Sitting in	Clinical skills	Professionalism Communication
Peer assessment	TAB	All aspects	Professionalism	Clinical skills Communication
Case Based Discussion	CbD	Discussion	Clinical	Professionalism
Procedural skills	DOPS	Direct observation	Skills	Professionalism Communication

F2 doctors are expected to complete a minimum of 2 mini-CEX, 2 CbDs, and 1 DOPS during each 4 month placement. TAB is completed once a year and may or may not fall during their GP placement.



## The Foundation Doctor in Practice

### The Induction

This is really an orientation process so that the F2 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 GPST but will probably last about a week. It should be planned for the first week of their placement with you. It is also very helpful if you have an introduction pack for the F2 doctor, which again is similar to that which you might use for a locum or GPST. An induction week might look something like the timetable below but this is only a guideline and should be adapted to suit your learner and your practice.

### Example of F2 Induction Programme

<b>Day 1</b>	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
<b>Day 2</b>	Treatment Room 9-11	Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another doctor 3-6	
<b>Day 3</b>	District Nurses 9-12	Computer training 12-1	Local Pharmacist 2-4	Surgery with another GP	
<b>Day 4</b>	Health Visitors 9-11	Admin staff 11-12	Shadowing On call doctor 1-6		
<b>Day 5</b>	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 that you feel your F2 doctor would benefit from in this initial phase.

### The working and learning week

Every experience that your F2 doctor has 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 you might plan the learning programme over a typical week.

The working/learning week for an F2 doctor is 10 sessions (including structured learning) and should not exceed 40 hours. The F2 doctor is not expected to do out-of-hours work during their General Practice placement and should not work before 7am or after 7pm. Indeed it is expected that at least 2 sessions per week are early finishes.

### Typical working week

<b>7 Surgeries</b>	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ The F2 doctor must have access to another named doctor (not a locum doctor) for each session but not necessarily the supervisor in the practice</li> <li>▪ 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</li> <li>▪ There should be sufficient time allowed by the CS for advice and support during consultations and debrief after surgeries</li> </ul>
<b>1 session in other learning opportunities</b>	<p>This could be:</p> <ul style="list-style-type: none"> <li>▪ 1:1 session with the supervisor or other members of the practice team for approximately 2 hours</li> <li>▪ Small group work with other learners in the practice</li> <li>▪ Small group work with F2 doctors from other practices</li> <li>▪ Shadowing or observing other health professionals or service providers e.g. out patient clinics pertinent to primary care, palliative care teams, voluntary sector workers</li> </ul>
<b>1 session on project work or directed study</b>	<ul style="list-style-type: none"> <li>▪ You may want your F2 doctor 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</li> <li>▪ Some sessions may usefully be spent with a GPwSI either within practice or another PCT venue</li> </ul>
<b>1 x half day release</b>	<ul style="list-style-type: none"> <li>▪ This would normally be co-ordinated through the Foundation Training Programme Director (FTPD) but arrangements will vary. – where half day release does not take place this should be replaced by a session in surgery</li> </ul>

### 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 (FTPDs) will also arrange generic teaching sessions specifically for their cohort of F2 doctors.

- Some but not necessarily all of these days will be whilst the F2 doctor is in their placement in your 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 FTPD should provide the F2 doctor with a list of dates and venues of the Trust F2 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 practice.

Trusts may also ask for F2 doctors to attend training or induction sessions and it is important for flexibility and good communications to be in place between the Clinical Supervisor and Trust to allow for attendance at these events.

If there is no generic teaching session arranged by the FTPDs 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: Becoming an F2 Clinical Supervisor**

Please think about the role and how it fits in with your own developmental and professional needs. Perhaps talk to other F2 Clinical Supervisors (CS) in your area or discuss with the local Trainer workshop convener.

The GP School is very keen for new Clinical Supervisors and new practices to take on the role – particularly since the Foundation Programme is expanding its community placements dramatically over the next few years. The eventual vision is that 100% of Foundation doctors will have placements in the community. (See Collins Report link below)

[http://www.mee.nhs.uk/pdf/401339\\_MEE\\_FoundationExcellence\\_acc.pdf](http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf)

In order to become an F2 CS you need to have attended an F2CS workshop plus an Introduction to Teaching in Primary Care course (ITTPC). Existing trainers are required to attend the workshop only in order to understand the Workplace-based assessments.

You will need to send off the completed Clinical Supervisor application form available from the Deanery website:

<http://www.londondeanery.ac.uk/general-practice/resources-for-gp-educators-and-practice-managers>

Please then contact your patch Associate Director (AD) giving details of the area covered by your practice. A list of patch ADs is available on the London Deanery website. Please contact Leigh Austin ([Leigh.AUSTIN@londondeanery.ac.uk](mailto:Leigh.AUSTIN@londondeanery.ac.uk)) if you are unsure of your patch.

Following this, the Deanery will decide whether it is able to approve your practice as a training practice.

### **Non-training Practices**

The Patch AD will arrange a visit to your practice to approve both yourself and the practice (see “Criteria for the selection and re-approval of trainers and clinical supervisors in General Practice” on the Deanery website as above).

### **Training Practices**

There is no need for **practice** approval if the practice has been re-approved in the last 3 years, only approval as a CS. (see “Criteria for the selection and re-approval of trainers and clinical supervisors in General Practice” on the Deanery website as above.)

A CS approval meeting will be set up and this will take place at the Deanery or in your practice.

Initially approval is granted for 2 years and subsequently re-approval is required every 3 years.

Many thanks for all the time and commitment you have given and we hope you will enjoy the role.

Mark Free

AD for Development in GPST and Foundation Lead.

## Appendix 2: 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

## Appendix 3: Example of Service Level Agreement



**Our ref: Name of Trust/Person ID**

### **LONDON DEPARTMENT OF POSTGRADUATE GENERAL PRACTICE EDUCATION (LONDON DEANERY)**

#### **Service Level Agreement for funding (Name of Practice) to supervise F2 doctors in general practice placements**

This Agreement is between the NHS London Deanery/Directorate of Postgraduate General Practice Education and (Name of practice)

This Agreement covers the financial year to March 2012 and the academic year for 12 months from August 2011.

This Agreement relates to the practice's commitment to host F2 doctors for their general practice placements from (Name of Trust) and the deanery's financial support to the practice for this educational activity.

The practice agrees to provide a placement for an F2 doctor for a full year starting in August 2011 with post holders changing every 4 months under the lead supervision of (Name of Clinical Supervisor)

The deanery will provide financial support to the practice to help defray the costs associated with training F2 doctors. Payments will be made as follows as a proportion of the WTE grant:

August 2011 - November 2011 £2558 payable by end of October 2011

December 2011 - March 2012 £2558 payable by end of January 2012

April 2012 - July 2012 £2558 payable by end of May 2012

Payments will be made via NHS London's SBS system.

The practice will inform the deanery co-ordinator (Leigh Austin) without delay if they are unable to honour their commitment to host F2s for whatever reason or if they need to change their lead F2 supervisor.

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Signatories to the Agreement

Signature ..... Date .....

Signed on behalf of [Name of Practice ]

Designation: .....

---

**Signature**

**Date**

**Signed on behalf of the London Deanery/Directorate of Postgraduate  
General Practice Education**

Designation: Head of GP School Director of Postgraduate General Practice Education

## Appendix 4: Criteria for F2 Supervision

### 1. The practice

With a few specific exceptions, the criteria are those required of GP training practices.

*The practice must include the following features:*

- 1.1 A patient list that will enable the learner to acquire a wide variety of adequate clinical experience (**essential**)
- 1.2 Sufficient consulting rooms so that the learner and supervisor can consult during the same surgery sessions (**essential**)
- 1.3 Protected space so that the learner can store personal equipment and books (**essential**)
- 1.4 An acceptable record keeping system (**essential**). A summary of past history and drug treatment, written or computerised, should be available to the F2 doctor. A minimum of 80% of patients' records, manual or computerised, should contain an updated and relevant summary of significant past events (**essential although discretion may be exercised in the case of the first time applicant**).
- 1.5 All training practices must provide opportunities for learners to appreciate how computerisation can contribute to the clinical and organisational work of the practice (**essential**); all training practices should provide opportunities for learners to use computers within a practice setting (**essential**)
- 1.6 Registers and/or a patient database that can be used for teaching, research and completed audit cycle exercises (**essential**)
- 1.7 Continuing performance review as an established practice. The supervisor should provide evidence that this is so (**essential**) e.g. through the completed audit cycle, prescribing review, clinical governance activities
- 1.8 Methods of monitoring prescribing habits (**essential**) and a practice formulary or prescribing policy (**desirable**)
- 1.9 A library that includes a range of up-to-date books, electronic resources and journals on the main topics relevant to General Practice and a system for maintaining this (**essential** but see final sentence of this paragraph). The library must contain a balanced proportion of books and/or electronic resources for every day use (see <http://www.londondeanery.ac.uk/general-practice/resolveuid/2c2a4a152ee07d0f71e80554232d071b> page 8 for minimum requirements), as well as reference resources. The practice should provide access to the Internet (**essential**) and access to electronic information services. The F2 doctor should have access to local facilities to learn the use of such services (**desirable**). N.B. Practices may choose to satisfy the criteria in this paragraph through identifying and making available appropriate websites for the use of F2 doctors.
- 1.10 The F2 doctor will have regular contact with the other members of the primary health team (**essential**) and should take part in regular practice team meetings (**essential**)
- 1.11 Adequate secretarial and reception staff (**essential**) with an efficient and well organised appointment access system (**essential**)
- 1.12 Effective practice management (**essential**) from which the F2 doctor has the opportunity to learn (**essential**)
- 1.13 Access to hospital based x-ray and laboratory services and to consultant advice (**essential**)
- 1.15 A system agreed in the practice that ensures the continuing care of patients with such chronic diseases as hypertension, diabetes mellitus and asthma (**essential**)
- 1.16 An adequate range of diagnostic and therapeutic equipment in the practice (**essential**)
- 1.17 A practice timetable that ensures sufficient consulting and teaching time for the F2 doctor and allocated time for him to attend the local half-day release course (**essential**)
- 1.18 Arrangements that ensure that the F2 doctor is never left without adequate clinical supervision (**essential**)
- 1.19 Evidence of good team-working (**essential**) and multi-professional learning (**essential**) within the practice
- 1.20 Evidence that all the members of the primary care team are involved in teaching the F2 doctor (**essential**)
- 1.21 The practice has an appropriate method of responding to patient comments and

complaints (**essential**) and seeks to involve patients in the organisation and development of the practice (**desirable**)

## 2. The clinical supervisor for F2 doctors in General Practice

The following section outlines the criteria for selection of supervisors of doctors undertaking attachments in General Practice in the second year of the Foundation Programme.

### 2.1 The Clinical Supervisor as a doctor

*The Clinical Supervisor, whether full-time or part-time, must be able to demonstrate that:*

- 2.1.1. S/he has normally served as a principal or non-principal in NHS General Practice for a minimum of two (**essential**) to three (**desirable**) years
- 2.1.2. His/her working experience to date has been of sufficient depth and breadth to enable adequate supervision of others in a training environment (**essential**)
- 2.1.3. S/he is of professional good standing with colleagues (**essential**). The applicant must disclose and provide details of any complaint against her/himself that has been upheld (in the previous five years) by a Medical Services Committee or the Professional Conduct Committee of the General Medical Council (**essential**)
- 2.1.4. S/he has a commitment to the professional guidance contained within the GMC publications "Good Medical Practice" and "Maintaining Good Medical Practice" (**essential**)
- 2.1.5. S/he provides personal, comprehensive and continuing services to patients irrespective of age and gender (**essential**)
- 2.1.6. S/he is readily accessible to her/his patients and staff during working hours (**essential**)
- 2.1.7. S/he is self-critical of her/his work as a General Practitioner and reviews regularly his/her own performance through the completed audit cycle activities (**essential**) and can provide written evidence of this (**essential**)
- 2.1.8. S/he can provide evidence of a high standard of clinical competence in General Practice (**essential**). For new supervisors this includes success in the MRCGP examination (**essential**)
- 2.1.9. S/he should demonstrate a knowledge of, and commitment to, local and national initiatives relating to clinical governance (**desirable**)
- 2.1.10. S/he should be able to demonstrate an adequate knowledge of and the ability to appraise and apply current medical literature (**desirable**)
- 2.1.11. S/he practices a high standard of anticipatory care (**essential**)
- 2.1.12. S/he demonstrates a commitment to personal professional development both as a doctor and teacher (**essential**) as demonstrated by a personal development plan (**essential**)
- 2.1.13. S/he prescribes appropriately (**essential**) and can demonstrate that s/he reviews her/his prescribing regularly (**essential**), for example using PACT data
- 2.1.14. S/he understands the roles of and makes appropriate use of services provided by other members of the primary health care team and other colleagues (**essential**)
- 2.1.15. S/he shows sensitivity to the personal needs and feelings of colleagues (**essential**) with whom s/he is able to communicate effectively (**essential**)

### 2.2 The Clinical Supervisor as a teacher

*The Clinical Supervisor as a teacher must be able to demonstrate that:*

#### Preparation for Teaching

- 2.2.1. As a first time applicant, s/he has attended a suitable training course within the London Deanery or one of an equivalent content and standard elsewhere (**essential**)
- 2.2.2. As an applicant applying to become a supervisor more than five years after completing her/his teachers course, s/he has maintained the development of her/his teaching expertise by attending suitable courses within the previous five years (**essential**)

#### Planning for Teaching

- 2.2.3. S/he is able to formulate educational aims and objectives during the course of training in consultation with the F2 doctor (**essential**) and is able to use these as a basis for

- teaching throughout the F2 doctor's attachment (**essential**)
- 2.2.4 S/he is able to demonstrate the use of the Foundation Programme curriculum for teaching (**essential**)

#### Arrangements for Teaching

- 2.2.5 S/he makes available adequate teaching, of which a minimum of two hours is protected tutorial time (**essential**)
- 2.2.6 S/he is readily accessible to his F2 doctor throughout the working week (**essential**)
- 2.2.7 S/he makes appropriate use of a range of teaching methods (**essential**)
- 2.2.8 S/he makes appropriate use of the in-training assessment methods required by the Foundation Programme
- 2.2.9 S/he makes appropriate use of written formative methods of assessment (**essential**) such as those contained on the London Deanery website
- 2.2.10 A contemporaneous written record of training and assessments is kept to ensure that all aspects of the training programme have been covered (**essential**)
- 2.2.11 S/he is self-critical of her/his work as a supervisor and regularly reviews her/his performance in this task (**essential**)
- 2.2.12 A suitable induction programme is in place (**essential**) and an information pack available to incoming F2 doctors (**essential**)
- 2.2.13 S/he is able to provide opportunities for the F2 doctor to learn the principles of and to participate in audit (**desirable**)
- 2.2.14 S/he is able to encourage and to help the F2 doctor in undertaking project work as required by the Foundation Programme (**desirable**)
- 2.2.15 S/he facilitates the attendance of the F2 doctor at any release scheme that has been set up for the F2 doctor's benefit e.g. Foundation Programme formal teaching (**essential**)
- 2.2.16 S/he is able to support the F2 doctor in his preparation for her/his future career (**essential**)
- 2.2.17 S/he teaches diligent observance of the professional guidance contained within the GMC publications "Good Medical Practice" and "Maintaining Good Medical Practice" (**essential**)

### **2.3 The Clinical Supervisor and the Foundation Programme**

*The Supervisor is able to demonstrate that:*

- 2.3.1 S/he is aware of her/his obligations to the F2 doctor and has signed an agreement in relation to training responsibility where appropriate (**essential**)
- 2.3.2 Proper service and educational cover is arranged for their F2 doctors when they themselves are absent on study leave or holiday (**essential**). Single-handed supervisors must make arrangements for the locum cover of their service responsibilities and must arrange supervision for their F2 doctor with another local supervisor or trainer (**essential**). The level of supervision must ensure patient safety and be appropriate to the level of training and expertise of a given F2 doctor.
- 2.3.3 Arrangements for study leave should accord with published Deanery guidelines (**essential**).
- 2.3.4 The responsible Foundation Training Programme Director (FTPD) should be notified in writing when either a supervisor or a F2 doctor is absent from work for a period in excess of two weeks (**essential**)
- 2.3.5 If there are any concerns about the performance of a F2 doctor, the responsible FTPD is contacted as soon as this becomes apparent (**essential**)