



Foundation Programme Training In General Practice

Contents Page

Introduction..... 4

GP Foundation Educational Supervisor..... 4

Your Role as an Educational Supervisor..... 6

The Curriculum 6

Higher Learning Outcome..... 7

Assessment including Supervised Learning Events (SLEs)..... 8

Induction to General Practice 9

The working and learning week..... 11

Mandatory Educational Teaching Programme: 14

F2 Self Development Time..... 14

Supervision of Foundation Doctors in General Practice..... 14

Performance issues/ trainees in difficulty 16

Other issues..... 16

The Supervision Payment 17

Ongoing Support of F2 Educational Supervisors..... 17

Introduction

Foundation training is a two-year training programme which consists of 4-monthly rotations between different specialities. A four-month placement in General Practice is offered in the second year of the Foundation Training Programme. This document provides guidance on Foundation Programme Training in General Practice. The intention is to provide a framework, guided by the GMC standards for the learning environment and for educational supervision, that can be adapted to suit the practice's local circumstances.

An attachment in General Practice will allow a unique experience of patient pathways, both **in** the community and between the hospital and secondary care services **and** the community. This pathway includes the transition of patients with acute illness from investigation to diagnosis, management, and treatment then on to recovery and rehabilitation. Managing long term conditions and providing health promotion advice is a key part of the Foundation curriculum and GP posts are key to delivering this experience. The interface between the hospital and the GP environment would be important to trainees especially many who are continuing a career in secondary care.

General Practice gives added experience of looking at patients and the impact of disease on their lives, and within their own environments. This will give general clinical experience and not specialty training. General Practice is unique in its clinical method and risk assessment in care, especially with uncertainty in diagnosis with early presentation of disease.

GP Foundation Educational Supervisor

A Foundation Doctor in General Practice must have a named Educational Supervisor in the practice who has the overall educational responsibility for them whilst they are on placement.

If you are an approved GPST Educational Supervisor and wish to become an F2 Educational Supervisor (ES) your GP ES status will allow you to do so. If this is not the case, to be appointed as an ES for a Foundation Doctor in General Practice, a general practitioner must be able to demonstrate that they meet the Recognition of Trainers requirements (RoT) as defined by the GMC (the Director of Medical Education (DME) in your Health Board should offer guidance on this). Normally in the Scotland Deanery it is expected that you will complete the Scotland Deanery one-day [Trainer Workshop](#) Course and E&D training. In addition, once approved, the ES must provide evidence of their continuing professional development for their training role, by completing the RoT pages on SOAR. If the GP is an approved GP Trainer, the re-approval process for this is sufficient. Further information is available on [Recognition of Trainers](#) is available on the Scotland Deanery Website .

Recognised trainers can access the Foundation e-portfolio through the Scotland Deanery platform [Turas](#).

Your Role as an Educational Supervisor

In the hospital, Foundation Programme doctors will have an educational supervisor and a clinical supervisor. They may or may not be the same person! This distinction is less likely to happen in GP – the GP Educational Supervisor is likely to provide both educational and clinical supervision. The main issue is to ensure that both are being attended to and that suitable back up is in place when you are not in the practice.

As an educational supervisor, you will have two ‘formal’ meetings with the F2 trainee:

- At the start of the attachment to review progress so far, to discuss educational targets and to complete the combined induction report. The F2 should construct a PDP following this meeting. You will have access to the previous Educational Supervisor’s Report to inform this first meeting.
- A mid-point meeting – optional but useful, especially for career advice discussions and focusing any choices for next 2 months. Also, useful for a struggling trainee.
- A final meeting to complete the combined “end of placement” report.

(all reports can be accessed through the e-portfolio on [Turas](#))

The Curriculum

‘The UK Foundation Programme Curriculum 2021’ can be accessed [here](#). There are 13 Foundation Professional Capabilities (FPC) and for the foundation doctor to successfully complete they will be able to demonstrate they are:

- accountable, capable, and compassionate doctors (FPC 1-5)
- a valuable member of the healthcare workforce (FPC 6-10)
- a professional, responsible for their own practice and portfolio development (FPC 11-13)

These will be demonstrated by behaviour in the workplace and training programme, the trainee is not expected to demonstrate every behaviour in each FPC but must demonstrate that capability.

Higher Learning Outcome

HLO 1: An accountable capable and compassionate doctor (FPC 1-5)		HLO 2: A valuable number of the healthcare workforce (FPC 6-10)		HLO 3: A professional, responsible for their own practice and portfolio development (FPC 11-13)	
1	Clinical assessment: assess patient needs in a variety of clinical settings include acute, non-acute and community.	6	Sharing the vision: work confidently within and, where appropriate, guide the multi-professional team to deliver a consistently high standard of patient care based on sound ethical principles.	11	Ethics and law: demonstrate professional practice in line with the curriculum, GMC, and other statutory requirements through development of a professional portfolio.
2	Clinical prioritisation: recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health.	7	Fitness for practice: develop the skills necessary to manage own personal wellbeing.	12	Continuing Professional Development (CPD): develop practice, including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary, remediation; reading and, if appropriate, by research.
3	Holistic planning: diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological, and social needs of the patient.	8	Upholding values: act as a responsible employee, including speaking up when others do not act in accordance with the values of the healthcare system.	13	Understanding medicine: understand the breadth of medical practice and plan a career.
4	Communication and care: provide clear explanations to patients/carers, agree a plan, and deliver healthcare advice and treatment where appropriate.	9	Quality improvement: take an active part in processes to improve the quality of care.		
5	Continuity of care: contribute to safe ongoing care both in and out of hours.	10	Teaching the teacher: teach and present effectively.		
CSR ESR TAB PSG e-portfolio evidence PSA certificate – F1 only		CSR ESR TAB PSG e-portfolio evidence		CSR ESR e-portfolio evidence Learning log Engagement in feedback on training SOAR	

It is important to remember.

- the rotation in your practice is part of a programme.
- the trainee will not cover all the capabilities during his/her time with you.
- the trainee does not need to hold a valid Driving Licence while in the programme.

F2 doctors are expected to demonstrate that their professional and clinical practice has developed such that they are able to work with increasing clinical maturity and are establishing a leadership role within clinical teams.

Assessment including Supervised Learning Events (SLEs)

The Foundation Programme requires that all doctors complete Supervised Learning Events (SLEs) and formal assessments as evidence of their professional development.

SLEs are designed to help Foundation Doctors improve their clinical and professional practice. They do not need to be planned and should occur whenever a teaching opportunity presents itself. The SLE should be used to stimulate immediate feedback and to provide a basis for discussion with the educational supervisor. Foundation Doctors are expected to demonstrate improvement and progression during each placement and undertaking frequent SLEs will help this.

SLEs should be spread evenly throughout each placement so that trainees can get frequent constructive feedback and subsequent review and reflection on progress. A range of trainers from the following list should complete SLEs: GP principals, doctors more senior than F2, (these are all termed by the GMC 'supervising clinicians'), experienced nurses (band 5) or allied health professional colleagues.

Trainees will be advised during their induction/shadowing week that the requirement is **to complete 100% of the curriculum for sign off**. This can be achieved in a number of different ways, for example – SLEs (i.e., CbD, DOPS, mini-cex), attending the relevant teaching as part of the teaching programme, e-learning modules, presentations, audit etc. There is **no** minimum number of SLEs the trainee should complete during each four-month post.

Assessment

- E-portfolio: completing all domains of the e-portfolio including coverage of the online curriculum will be used as a method of assessment of the Foundation Doctor's success in achieving the desired outcomes described in the curriculum.
- Team Assessment of Behaviour (TAB): Multisource feedback from 10 raters plus a self-assessment of behaviour (self-TAB) are required in 1 post. The required mix of raters should include the following: 2 GPs including the educational supervisors, 1 other doctor more senior than F2, 2 Senior nurses (band 5 or

above), 2 allied health professionals / other team members including secretaries and auxiliary staff.

- Placement Supervision Group (PSG): this assessment is initiated by the supervisor.
- Combined end of placement report.
- In practical terms we recommend that the Foundation Doctor's progress should be a standing agenda item on the regular practice meeting to inform the educational supervisor of their progress.

In General

- Each F2 Doctor must keep evidence of their SLEs and assessments in their e-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 SLEs and assessments done and for getting their competences signed off.
- Full details of the **SLEs Assessments Tools** can be found on the e-portfolio, on [Turas](#).
- Full details of the requirements for completion of e-portfolio are now stated on the NES website: [F2 ARCP requirements](#).
- It is important that all assessments and SLEs are completed within the overall timetable for the assessment programme.

Induction to General Practice

Standard to be met: Every trainee in the practice must have an induction to ensure they understand their duties and reporting arrangements; their role in the inter-professional and inter-disciplinary team; workplace/ practice policies and to meet key staff.

The F2 doctor is fundamentally different from a GP Specialty Trainee as they are not learning to be a GP. You are not trying to teach an F2 doctor the same things as a GP Speciality Trainee. The aim of this rotation is to give the F2 doctor a meaningful experience in General Practice with exposure to the acutely ill patient in the community to enable them to achieve the required competencies. The trainee should have their own stethoscope but all other equipment they need for doing any work should be provided by the practice.

Foundation Trainees must be appropriately inducted to the practice. The General Practice environment differs to that in hospital. In addition, each practice is unique and will offer different learning opportunities for their Foundation Doctor. The initial induction is really an

orientation process so that the F2 doctor can find their way around the practice, understands a bit about the practice area, meets doctors and staff, learns how to use the computer, and knows how to get a cup of coffee! This is very similar to the induction programme used for GP Speciality Trainees but will probably last about a week. It is also very helpful if you have an induction pack for the Foundation Doctor, which includes “Who’s Who”, computer use and IM&T, and housekeeping information which again is similar to that which you might use for a locum or GPST.

A starting point would be an initial one-week period with introduction to all aspects of practice work. Thereafter there would be a period of gradually providing an increasing service commitment which is planned, depending on curricular areas to cover, assessments to be done and specific career and learning needs of the doctor. By the second month the trainee should be providing a minimal level of service commitment to allow the clinical/educational supervisor the time required to provide ongoing support. There should always be appropriate clinical support for the trainee doctor throughout their post. An induction week might look something like the timetable below but this only a guideline and should be adapted to suit your learner and your practice.

Sample F2 Induction Programme

	9-10	10-11	12-1	2-3	3-5
Day 1	Meeting doctors/ staff 9-10	Surgery with ES 10-11	Surgery & Home visits with ES 11-1	Working on Reception desk 2-3	Surgery with ES 3-5
Day 2	Treatment Room 9-11		Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another doctor 3-5
Day 3	District Nurses 9-12		Computer training 12-1	Local Pharmacist 2-3	Surgery with another trainer 3-5
Day 4	Health Visitors 9-11	Administrative staff 11-12	Shadowing On call doctor 1-5		
Day 5	Surgery and Home visits with another doctor 9-12		Practice meeting 12-1	Computer training 2-3	Surgery with ES 3-5

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. Of course, this will not necessarily fit into neat hourly blocks of time, and you may have several other opportunities that you feel your Foundation Doctor would benefit from in this initial phase.

From a practical **practice administrative team** perspective, you may consider the following. Again, this is only a guideline and should be adapted to suit your learner and your practice.

Pre-induction	
Practice may wish to contact their F2 in advance of starting in post to ascertain annual leave needs, and also timing of any hospital-based induction (relevant to trainees at the beginning of F2) which may potentially clash with your own practice-based induction planning. F2 doctors are covered by NHS indemnity but are also strongly advised to take out top up cover (for personal representation and advice). They should inform their medical defence union that they are working in a General Practice post.	
Induction	
General	Add to Docman, Sci Store, Sci gateway. Welcome and tour of the building, Vision/EMIS training including GMS contract tutorial, Health and Safety. Practice Protocols etc
Meetings	1-hour meeting; Initial meeting with Educational Supervisor (ES)
Educational Programme	Contact regional office administration team to ascertain dates for F2 teaching and/or equivalence.
Reviews	Hour long meeting to be set-up between F2 and named ES before end of 4 months (Educational/ Clinical Supervisor end of placement meeting).

The working and learning week.

Standards to be met:

1. The ES must provide protected time for teaching and learning to include, for example, a debrief after every clinical session and protected time for SLEs.
2. The working week timetable must also comply with the EWTD.

Every experience that your Foundation 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. It is also important to remember that the Foundation Doctor is at your practice to provide a service as well as learn.

The working /learning week for a Foundation Doctor is 10 sessions i.e., 40 hours per week over 5 days regardless of lunch/coffee breaks. They are allowed 30 mins for lunch but this counts as part of the 40 hours; this is a New Deal issue not a EWTD issue. It is shifting length and frequency that counts regardless of your practice working week arrangements. The F2 may be required to cross-cover in the hospital on a pre-arranged rota. If this cross-cover is at the weekend this is in addition to the 40-hour week and appropriately remunerated. If this is between Monday and Friday this is instead of time in the practice.

Worked example; A F2 working 9-5 Monday to Friday with a 30 min lunch break (40 hours in total including lunch) will be compliant, but a F2 working 9-5.30 with an hour-long lunch (42.5 hours in total including lunch) break will not.

In Highland, practices are requested to ensure F2s released to be at the ward for 4pm on the Friday before the weekend that they do, to take part in formal handover. In other regions programmes have different arrangements for possible additional rota requirements, please check local arrangements.

The table below is an indicator as to how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard four-month rotation:

<p>8.5 clinical sessions</p>	<ul style="list-style-type: none"> • These will usually start with 30-minute appointments for each patient and then reduce to 20 (and stay at this frequency for the remainder of the post) as the F2 doctor develops their skills, knowledge, and confidence. Some highly functioning F2 doctors may be able to reduce to 15-minute appointments. • The F2 doctor must have access to another supervising doctor (not a locum) who does not have to be the trainer in the practice. • The F2 doctor does not need to have their own consulting room and can use different rooms so long as patient/ doctor safety and privacy are not compromised. • The clinical sessions could contain a mix of on the day and pre-booked appointments, as well as some chronic disease management appointments to reflect the foundation curriculum. Case continuity can be a problem with such a short time in the practice and the trainee should be allowed to make a decision in relation to their own follow up appointments.
<p>1 educational session (4 hours)</p>	<p>Normally this would be a 1:1 tutorial with the trainer or another member of the practice team, including more senior trainees but can include -</p> <ul style="list-style-type: none"> • Regular practice educational meetings (i.e., PLT) • Practice based meeting with educational component (i.e., MDT meeting) • Small group work with other learners in the practice. • Small group work with F2s from other practices. • Shadowing or observing other health professionals or service providers. For example, out-patient clinics pertinent to primary care, palliative care teams, voluntary sector workers. • Regional Education Programme • Approved study leave • Other courses: (i.e., ALS course) • Your F2 could undertake a project or audit during their time with you. You may consider giving protected time to do some research, collect the data, write up the project and present their work to the practice team. • Protected time for SLEs
<p>0.5 self-development session (2 hours)</p>	<p>This can occur within or out with practice premises.</p> <p>The range of activities includes:</p> <ul style="list-style-type: none"> • Maintenance of the portfolio • Ensuring that all curriculum requirements are linked and evidenced. • Informing themselves about potential future career • Preparing and equipping themselves for specialty application • Completing reflections as part of learning • Preparing material to develop teaching events for others. • Undertake e-learning and statutory/mandatory training.

Mandatory Educational Teaching Programme:

In addition to the weekly timetable organised by the practice, the regional teams organise a number of teaching sessions. Trainees are notified of these teaching sessions through their Turas Learn account which give trainees a list of educational teaching sessions they are been scheduled to attend with the topics, date, time and location.

It is the F2's responsibility to ensure that they book the time out of practice. All Foundation trainees are expected to demonstrate a total of 60 hours of teaching attendance over the year. Firstly, they must demonstrate attendance at 30 hours of the formal Foundation Delivered Educational Programme plus they must also complete 30 hours of additional learning. F2 doctors are also required to pass ALS and date are co-ordinated by the regional teams and trainees required to be released to attend and a study leave form will to be completed for this.

F2 Self Development Time

Within each working week F2 trainees must be allocated self-development time of 2 hours per week in order support health and wellbeing and to focus on:

- Maintenance of a portfolio
- Ensuring that all curriculum requirements are linked and evidenced.
- Informing themselves about potential future career
- Preparing and equipping themselves for specialty application
- Completing reflections as part of learning
- Preparing material to develop teaching events for others.
- Undertake e-learning and statutory/mandatory training.

This can be taken as 2 hours per week or averaged over the block but must be timetabled. It may take place at a location away from the GP premises. Trainees should discuss with their supervisors in practice how they plan to use this time.

Supervision of Foundation Doctors in General Practice

Standard to be met ES allows trainees, when suitably competent and appropriately supervised, to take graduated responsibility for care appropriate to the needs of the patient.

The F2 must know who their supervising clinician is for every clinical session. This can be their educational supervisor or any doctor who is permanently in the practice (i.e., not a locum or doctor in training).

Supervision of Consultations

Supervision of face-to-face consultation will involve a graded approach:

- Initially the Foundation Trainee will need to OBSERVE other doctors consulting moving to shared consulting (this can occur during the induction period)
- It is then recommended that the supervisor (either educational supervisor or clinical supervisor) will sit in to observe the trainee consulting.
- When the Foundation Trainee starts consulting on their own, it is expected that they will debrief with their educational supervisor, or deputy, after each consultation.
- Later, the Foundation Trainee can be consulting in parallel to the supervising GP who will have time to be available for queries as necessary. There needs to be a gradual build-up of the number of patients seen.
- As the Foundation Trainee becomes more confident, debrief can occur at the end of the session.

Supervision of home visits

If Foundation Trainees are to be involved in home visiting, a graduated approach must be followed. Foundation Trainees should accompany GPs on house visits as this affords them valuable experience in assessing and managing medical and related problems in the home/community setting and the challenges that this entails. This may progress to the Foundation Trainee taking the lead on a house visit while being observed by the accompanying GP.

For the more able Foundation Trainees, it may be appropriate for them to undertake sole house visiting to appropriately triaged house visit requests which are within their capability. There must be robust arrangements in place for the Foundation Trainee to seek advice if required and for debrief on return. This activity may not be within the capability of some Foundation Trainees and is more likely to be possible with those on their second or third placement.

Foundation Trainees should not undertake emergency house call requests unaccompanied.

The practice should ensure that Foundation Trainees who use their own car for house visiting have adequate insurance in place for this purpose.

Prescriptions

Initially it is expected that a supervisor will discuss each prescription with a new Foundation Doctor. This can gradually develop to the Foundation Trainee working independently, with

help for queries available in the building. It would be appropriate to check a proportion of the trainee's prescriptions on a regular basis.

Referrals

All referrals from Foundation doctors should be reviewed prior to the referral being sent by the Educational Supervisor, or another GP in the practice.

It is not expected that Foundation doctors.

- Undertake duty doctor work in the practice alone but could shadow this activity with a GP.
- Work on their own in other location out with the practice (e.g., nursing homes, community hospitals)

Performance issues/ trainees in difficulty

The vast majority of F2 doctors will complete the programme without any major problems. However, some doctors may need more support than others for example ill-health, personal issues, learning needs or attitude. If you feel at any time that the doctor under your educational or clinical supervision has performance issues, you should contact the appropriate Foundation Programme Director 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 the issues as they arise and that you document any discussions that you have with the F2 doctor regarding your concerns.

Other issues

Career advice and discussions: F2 doctors will be making decisions regarding future careers during their first placement. Most F2s do apply for training programmes when the process commences around October/November.

Tasters: F2 doctors may need advice about taster sessions, therefore, please see the following link on the Scotland Deanery website: [Taster Days | Scottish Foundation School | Scottish Deanery \(nhs.scot\)](#)

For any taster weeks/days or additional study days out with the regional Educational Programme trainees will need to fill in a study leave form, and have it signed off by yourself and their Foundation Programme Director. All leave is at the discretion of the practice, both parties are expected to be reasonable.

The Supervision Payment

The supervision payment is paid for each Foundation doctor on a pro-rata basis (i.e., a third of the training grant if only one F2 in a 12-month period).

Ongoing Support of F2 Educational Supervisors

Support can be provided by the regional teams. This is by means of this simple guide and e-portfolio training sessions. The Foundation Programme Director for a F2 doctor can be contacted with any specific queries. Additional resources and support for Educational Supervisors are available on [the Scotland Deanery Website](#).