



Foundation Programme Training

In General Practice

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Introduction

Foundation training is a two-year training programme which consist 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. 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.

In order to be appointed as an Educational Supervisor (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 [FDA course](#) and E&D training or to complete of the Scottish Prospective Educational Supervisor Course ([SPESC](#)). 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. Further information 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 FY2 trainee:

- At the start of the attachment to review progress so far, to discuss educational targets and to complete the combined induction report. The FY2 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 2016’ can be accessed [here](#). The curriculum describes 20 ‘foundation professional capabilities’ to be achieved and these reflect aspects of professional and clinical medical practice and are the educational outcomes of the foundation training programme. Foundation Doctors must use their e-portfolio to record a range of evidence in support of achievement of each **foundation professional capability** to demonstrate that they are performing at or above the minimum level expected of a F1 or F2 doctor.

The 20 capabilities are described under 4 syllabus sections reflecting the central themes set out in [Good Medical Practice](#):

- 1: Professional behaviour and trust**
- 2: Communication, team working and leadership**
- 3: Clinical care**
- 4: Safety and quality**

Table 1 provides a summary of the different capabilities heading under the 4 syllabus sections:

Syllabus Section	Foundation Professional Capabilities (Foundation Training Outcomes)
Professional behaviour and trust	<ol style="list-style-type: none">1. Acts professionally2. Delivers patient centred care and maintains trust.3. Behaves in accordance with ethical and legal requirements.4. Keeps practice up to date through learning and teaching.5. Demonstrates engagement in career planning.

Communication, team working and leadership	<p>6. Communicates clearly in variety of settings.</p> <p>7. Works effectively as a team member.</p> <p>8. Demonstrates leadership skills.</p>
Clinical care	<p>9. Recognises, assesses and initiates management of the acutely ill patients.</p> <p>10. Recognises, assesses and manages patients with long term conditions.</p> <p>11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan.</p> <p>12. Requests relevant investigations and acts upon results.</p> <p>13. Prescribes safely.</p> <p>14. Performs procedures safely.</p> <p>15. Is trained and initiates management of cardiac and respiratory arrest.</p> <p>16. Demonstrates understanding of the principles of health promotion and illness prevention.</p> <p>17. Manages palliative and end of life care under supervision.</p>
Safety and Quality	<p>18. Recognises and works within limits of personal competence.</p> <p>19. Makes patient safety a priority in clinical practice.</p> <p>20. Contributes to quality improvement.</p>

It is important to remember:

- **The rotation in your practice is part of a programme.**
- **The Foundation Doctor will not cover all the capabilities during his/her time with you.**
- **The Foundation Doctor 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. Supervised Learning Events (mini-cex, CbD and DOPS) are formative assessments and there is no scale on which to report these.

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. The Foundation Curriculum specifies the minimum number of SLEs to be completed per four-month post and there is no maximum number, but the expectation is that all trainees will complete considerably more than this minimum requirement.

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 the first 2 placements. The required mix of raters should include the following: 2 GPs including the educational supervisors, 1 other doctor more senior than FY2, 2 Senior nurses (band 5 or above), 2 allied health professionals / other team members including secretaries and auxiliary staff.
- 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: [FY2 ARCP requirements](#).

- It is important that all assessments and SLEs are completed within the overall timetable for the assessment programme.

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Foundation programme requirements for ARCP can be accessed [here](#).

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 Registrar as they are not learning to be a GP. You are not trying to teach an F2 doctor the same things as a GP Registrar. 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 FY2 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 Registrars 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 FY2 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 FY2 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 FY2) which may potentially clash with your own practice-based induction planning. FY2 also needs to inform their medical defence union that they are working in General Practice.	
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 FY2 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 shift 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 FY2 working 9-5 Monday to Friday with a 30 min lunch break (40 hours in total including lunch) will be compliant, but a FY2 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. Candidates should review details on the website to clarify this.

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>9 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, then to 15-minute appointments (and stay at this frequency for the remainder of the post) as the FY2 doctor develops their skills, knowledge and confidence. • 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 (3 hours)</p>	<p>Can include:</p> <ul style="list-style-type: none"> • 1:1 tutorial with the trainer or another member of the practice team, including more senior trainees. • 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

Regional Educational 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. There is a minimal attendance requirement of 30 hours for these formal sessions. 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.

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:

The Foundation Doctor should not do home visits to patients requiring unscheduled care unless timeous clinical supervision is practical.

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 a Foundation doctors should be reviewed by the Educational Supervisor, or another GP in the practice.

It is not expected that Foundation doctors:

- Undertake duty doctor work in the practice.
- 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 November.

Tasters: F2 doctors may need advice about taster sessions, therefore, please see the following link on the Scotland Deanery website: <http://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/current-trainees/tasters/>

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 FY2 Educational Supervisors

Support can be provided by the regional teams. This is by mean 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 [Deanery website](#).

The Foundation Programme Doctor- Frequently Asked Questions

Below is a selection of commonly asked FAQs:

Q. What is a Foundation Programme Year 2 Doctor (FY2)?

A. The Foundation Programme is a two-year generic training programme which is intended to equip doctors with generic skills and professional capabilities to progress to speciality training. During F1 they will have 12 month's clinical experience as a doctor in the secondary care setting where they will usually have undertaken 3 different rotations. During this year they hold provisional registration with the GMC. As an F2 Doctor they will have full GMC registration and a licence to practise.

Q. How is an FY2 doctor different from a Registrar on a GPST programme?

A. The F2 doctor is fundamentally different from a GPST. The F2 doctor is not learning to be a GP. Some may, in the future, want to be GPs, some will be intent on pursuing other careers. You are not trying to teach an F2 doctor the same things as a GPST but in a shorter time. 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 and to patients with long term conditions, which will enable them to achieve the required competencies as laid down in the Foundation Curriculum.

Q. Does the F2 doctor need to be on the performers list?

A. No, the F2 doctor does not need to be on the performers list for them to have a placement in General Practice.

Q. Who decides which doctor will come to my practice?

A. This is administered by the local regional office and usually includes the F2 having some choice.

Q. What about medical defence cover?

A. They must have the appropriate level of medical defence cover. They need to inform their defence union that they are working in General Practice.

Q. Can an F2 doctor sign prescriptions?

A. Yes. An F2 doctor is fully registered and is therefore able to sign a prescription. It is up to the GP Educational Supervisor to ensure that there has been adequate training towards this and that the limits of the F2 doctor's freedom to sign prescriptions is made clear. The F2 should have a unique cipher number which Practitioner Services at the local Health Board can supply. Practice Managers should have the specific local contact details.

Q. What about their Contract of Employment?

A. The Contract of Employment is retained by the Lead Employer/Health Board which hosts their F2 programme (not the GP Practice). The Lead Employer is responsible for paying salaries and most other HR related issues. It is essential that any agreed periods of leave and any sickness absence are reported to the regional and the HR department. These will be required to be recorded in their e-portfolio. If in doubt, contact your local Foundation Programme Director.

Q. Are travel costs reimbursed?

A. The F2 doctor will be able to claim for travel to the practice from the HR department for the Health Board where they are based). They can also claim for any travel associated with work. Travel claims are made through the host Health Board and it is up to the F2 doctor to initiate these claims. Their car should be insured for business use, any increase in premium can be reclaimed as part of travel reimbursement.

Q. What about annual leave?

A. F1 & F2 entitlement is 28 days and 8 public holidays (Christmas x 2, New Year x 2, Easter x 1, May x 1, July x 1 & September x 1) = 36 days, therefore 12 days leave in every rotation. Trainees are not allowed to save up annual leave and have multiple weeks off at one time. Therefore, in any 4-month block they should have a minimum of 5 days and not more than 10 days regardless of public holidays.

Q. What about Study Leave?

A. The F2 doctor is entitled to 30 days' study leave during the year. However, the majority of these days will be used as part of the mandatory teaching programme organised by the deanery as well as other mandatory training such as ALS. It is not anticipated that there should be any other study leave requests and if any queries arise, contact the local regional foundation administrator or FPD. In the first four-month block, F2 doctors may request the opportunity to have '**Taster Sessions**' in another specialty if they have not had experience in that specialty before. Application to most medical and surgical training posts from Foundation is to core programmes. Applications for tasters in medical and surgical subspecialties will not be approved, unless there is direct entry from Foundation e.g. ENT. It is important that applications are approved by the FPD. Please see the Taster Guidance information. This is to allow the F2 to make a more informed decision before submitting a run through training application. These should be supported but also have to be agreed by the relevant Foundation Programme Director. Any taster weeks should be requested using the study leave process via Turas. It may be that you will be asked whether you want to take a different F2 doctor for a **Taster Week in General Practice** who is requesting a GP block. There is no specific format for this week, but it would be hoped that any F2 doctor asking for a taster week in GP would be exposed to the broadest range of activity during that short placement.

Q. What is 7-day working?

A. F2s are now governed by 7-day working. This means that they cannot work more than 7 days in a row. After working 7 days in a row they need the next day off. Some F2s are required to work hospital shifts at weekends. Thus, if they work both Saturday and Sunday they must be off the Friday before or the Monday afterwards at the

practice. The F2s get a banding supplement to reflect this work. They are still contracted to work an average of 40 hours per week over their 4-months in General Practice allowing for holidays. It is probably best for the F2 to spread the time they need to make up from an enforced day off, evenly over their 4-month time in General Practice. The educational component to their job could be used for e-Portfolio work and other quality improvement activities such as quality improvement projects.

Q. What about the e-Portfolio?

A. All Foundation doctors in Scotland have to use the e-Portfolio. This is an online portfolio that they need to regularly access to record learning, teaching, have skills signed off and to log the fixed assessments and supervised learning events that occur over the two years. The GP Educational Supervisor has access to all shared elements of the portfolio and the F2 doctor's FPD has full access to the portfolio to monitor progress. The F2 should be encouraged to engage as much as possible with their e-portfolio as this facilitates the completion of their end of placement and end of year reports.

Regional Contacts:

Regional contacts can be found on the Scotland Deanery website:
<http://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/meet-the-team/>