A SUPERVISORS SIMPLE GUIDE TO FY2 TRAINING IN GENERAL PRACTICE

2011/12

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Introduction

This Simple Guide to Foundation Programme Training in General Practice is intended to be exactly that. Every practice is different and will offer different learning opportunities for their foundation doctors. This guide is not intended to be either definitive or prescriptive but a framework that you can build on and adapt to suit your circumstances.

It is written specifically for educational and clinical supervisors of FY2 doctors working in General Practice. It may however be of use/interest to the wider team in General Practice including the FY2 doctors themselves.

The content of the guide draws from a combination of the:

- Experiences of GPs who have trained Foundation Programme Doctors
- Experiences of FY2 doctors who have completed the programme
- Experiences of the Deanery team working on the foundation programme
- National guidelines and directives

Many of you are already experienced teachers of GP Registrars or Medical Students, for others this is a very new undertaking but we hope that everyone will find it helpful in one way or another.

For the purpose of this guide the term ‘trainer’ refers to the person nominated by the practice (and agreed by the Deanery) to have overall educational and clinical responsibility for the Foundation Doctor DURING THEIR TIME IN GENERAL PRACTICE

Background

Modernising Medical Careers

In August 2002, the Chief Medical Officer, Sir Liam Donaldson, published ‘Unfinished Business’ which described the two-year foundation programme. This effectively replaces the PRHO year and the first SHO year. In April 2004 the MMC Strategy Group published ‘Modernising Medical Careers – The Next Steps’. This outlined the programme structure, content and context. It emphasised the diagnosis and management of the acutely ill patient as a key aim of the programme, not simply in acute hospitals, but also in mental health and general practice settings. Each 2 Year programme is most often made up of 6 x 4-monthly rotations (commencing in August, December & April), although in the Oxford Deanery there are some 3-month and some 6-month posts. 55% of FY2 doctors have been doing General Practice placements since 2006. GP placements have proved very popular.

The Collins Report (http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf) outlines the intention to increase this percentage.

The Foundation Programme is an outcome-based educational process. It has defined competencies to be achieved and a defined process of assessment with defined assessment tools.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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| What is a Foundation Programme Year 2 Doctor (FY2)? | • The second year of the Foundation Programme builds on the first year of training. The programme focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine – teamwork, time management, communication and IT skills.  
• As an FY2 doctor they will have full registration.  
• In ‘old money’ a 1st year foundation doctor is equivalent to a PRHO and the second year of foundation is equivalent to the old first year SHO. |
| How is an FY2 doctor different from a GP registrar? | • The FY2 doctor is fundamentally different from a GP Registrar.  
• The FY2 doctor is not learning to be a GP.  
• You are not trying to teach an FY2 doctor the same things as a GP Registrar but in a shorter time.  
• The aim of this rotation is to give the FY2 doctor a meaningful experience in General Practice with exposure to the acutely ill patient in the community, which will enable them to achieve the required competencies.  
• The FY2 doctor requires a greater level of supervision. |
| Who decides which doctor will come to my practice? | • Each FY2 programme usually consists of three four-month rotations. There are numerous combinations and all programmes are designed to ensure that trainees achieve acute competencies and generic skills.  
• Medical students usually rank their rotations for the entire two years of foundation and the Foundation School then allocates based on these preferences and the score obtained during national recruitment.  
• The Deanery approves suitable practices using an agreed set of approval criteria.  
• FY2 doctors with GP in their placements are allocated to those placements by the Foundation School and the local GP training programme team. |
| Does the FY2 doctor have to be on the performers list? | • Deanery Guidance on Foundation Placements in General Practice (received in June 2006) stated that from 2nd July 2006 Foundation doctors are exempt from the PCO Performers List. Full details are available at: [http://www.legislation.gov.uk/uksi/2006/1385/contents/made](http://www.legislation.gov.uk/uksi/2006/1385/contents/made) |
| What about indemnity cover? | • Deanery Guidance on Foundation Placements in General Practice (received in June 2006) has stated that Trust indemnity through the employing trust will cover the GP period.  
• In the event of a problem with a FY2 doctor in practice the trainer has to be able to demonstrate adequate supervision had been undertaken. |
<p>| Can an FY2 doctor sign prescriptions? | • Yes. An FY2 doctor is post registration and is therefore able to sign a prescription. |
| What about their Contract of | • The Contract of Employment is held by the acute trust where the FY2 doctor is based. They are responsible for paying salaries and other HR |</p>
<table>
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<th>Question</th>
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<tbody>
<tr>
<td>Employment?</td>
<td>related issues.</td>
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<td></td>
<td>• However in addition to this legal contract we also require that each practice has an educational contract with each of its Foundation Doctors.</td>
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<td></td>
<td>• A specimen copy is attached at Appendix 1.</td>
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<tr>
<td>Are travel costs reimbursed?</td>
<td>• The FY2 doctor will be able to claim for travel to the practice from the base hospital.</td>
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<td></td>
<td>• They can also claim for any travel associated with work.</td>
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<td>• Travel claims are made through the host trust.</td>
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<tr>
<td>What about Study Leave?</td>
<td>• The FY2 doctor is eligible for up to 30 days study leave during the year. Formal FOUNDATION teaching sessions count towards this.</td>
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<td></td>
<td>• Please consult the Foundation School policies on study leave for further information on how this is apportioned to foundation doctors.</td>
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<td></td>
<td>• It is essential that any applications for study leave are approved by the Foundation Programme Training Director (FTP) and the postgraduate centre.</td>
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<td>• The FY2 doctor must be released by the practice to attend their host trusts FY2 teaching programme.</td>
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<td>What about annual leave</td>
<td>• The FY2 doctor is entitled to 27 days per annum; where possible no more than 9/10 should be taken in each 4-month rotation and 15 in every 6-month rotation.</td>
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<tr>
<td>entitlement?</td>
<td>• If an FY2 doctor wishes to take either significantly more or less than those suggested amounts in general practice please contact the FTPD at the employing trust.</td>
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<td>• A record of annual leave taken during the general practice placement should be submitted to the host Trust’s medical staffing department at the end of each month; using the pro forma attached in Appendix 6.</td>
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<tr>
<td>What about sickness and other</td>
<td>• Any absence due to ill health or for any other reason should be recorded and sent to the host trust medical staffing department on a monthly basis using the pro forma attached in Appendix 6.</td>
</tr>
<tr>
<td>absence?</td>
<td>• If sick leave exceeds 1 week during the GP placement you must inform the FTPD and Foundation Coordinator at the host Trust as this may have implications on a FY2 doctor’s ability to complete the year on time.</td>
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<td></td>
<td>• If sickness leave exceeds 4 weeks in a year then trainees will not be signed off and will have to repeat all or part of the year.</td>
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<td>Should an FY2 doctor do out of</td>
<td>• They are not expected to work out of hours shifts during their general practice rotation, as they receive no ‘banding’ payment for out of hours work.</td>
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<td>hours shifts?</td>
<td>• Some FY2s have asked to experience out of hours or extended hours surgeries as a means of exposure to a different type of acute illness. This can be a useful learning opportunity but must be properly supervised and would be in lieu of other time spent in the practice during the same working week. There has to be adequate clinical supervision and a predetermined learning outcome if this is undertaken.</td>
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<td></td>
<td>• Thus every hour worked in out of hours settings must be ‘given back’</td>
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## Question Answer

<table>
<thead>
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<th>Question</th>
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<td>to the trainee 1:1.</td>
<td>• The FY2 working week must not exceed 40 hours and that includes time set aside for learning. It is up to each practice to decide what exactly that working week will look like but some examples are given later in this booklet.</td>
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<tr>
<td>Can an FY2 doctor do community/home visits?</td>
<td>• If community visits are undertaken then these should comply with the Deanery guidance regarding community visits (please see Appendix 4). There has to be briefing before the visit to identify potential problems and learning outcomes and a debrief after the visit by the supervisor.</td>
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</tbody>
</table>
| What about supervision if I am a “single-handed” GP and take leave? | • The most important thing is that the Foundation doctor cannot see patients without the supervisor being present in the building. This can be achieved by the foundation doctor:  
  o taking leave at the same time as the supervisor  
  o spending time with other members of the team as part of a planned educational experience and as an observer only  
  o spending time in another suitable local practice  
  • Thus, the Foundation doctor is at no time left seeing patients without the supervisor being on-site. Locum cover is not acceptable. |
| What if I want to become involved in Foundation training as a new practice/new supervisor? | • You should approach either your local GP training programme or Richard Mumford, Foundation GP Training Programme Director for the Oxford Deanery.  
  o rmumford@nhs.net  
  o 07814 668806 |

### The Foundation Competences

The defined competences for the Foundation Programme outline in broad terms what the doctor can be expected to offer as a professional upon completion of the programme. Set out below are the broad headings. More details on the competencies are available in the document: ‘Curriculum for the Foundation Years in Postgraduate Education and Training’. The Competences are covered in full detail in the UK Foundation Programme Office’s Foundation Curriculum document. The curriculum document can be downloaded from the UKFPO website:

http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment

### The Curriculum

<table>
<thead>
<tr>
<th>1.0</th>
<th>Good clinical care</th>
<th>1.5 Clinical governance</th>
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<tbody>
<tr>
<td>1.1</td>
<td>History, examination, diagnosis, record keeping, safe prescribing and reflective practice</td>
<td>1.6 Nutrition care</td>
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<tr>
<td>1.2</td>
<td>Time management and decision-making</td>
<td>1.7 Health promotion, patient education and public health</td>
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<tr>
<td>1.3</td>
<td>Patient safety</td>
<td>1.8 Ethical and legal issues</td>
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<tr>
<td>1.4</td>
<td>Infection control</td>
<td>2.0 Maintaining good medical practice</td>
</tr>
<tr>
<td>2.1</td>
<td>Learning</td>
<td>2.1 Learning</td>
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<tr>
<td>2.2</td>
<td>Research, evidence and guidelines</td>
<td>2.2 Research, evidence and guidelines</td>
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<td>2.3</td>
<td>Audit</td>
<td>2.3 Audit</td>
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<td>3.0</td>
<td>Teaching and training</td>
<td>3.0 Teaching and training</td>
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</table>
4.0 Relationship with patients and communication skills
5.0 Working with colleagues
6.0 Probity, professional behaviour and personal health
7.0 Recognition and management of the acutely ill

7.1 Core skills in relation to acute illness
7.2 Resuscitation
7.3 Management of the ‘take’
7.4 Discharge planning
7.5 Selection and interpretation of investigations
8.0 Practical procedures

It is important to remember:
- The rotation in your practice is part of a two-year programme.
- Some competences may well be more readily met in general practice than in some other rotations e.g. Relationships with Patients and Communications.
- The foundation doctor will not cover all competences during the GP placement.
- Every practice is different and will offer different learning opportunities for their foundation doctor. Therefore the FY2 doctor is expected to be flexible to the working arrangements of individual practices and to discuss the timetable with the GP Clinical Supervisor.

Workplace-based Assessments

The Foundation Year 2 assessment programme is intended to provide objective workplace-based assessments of the progress of a Foundation Doctor through the Programme. These assessments will be used by the Deanery to decide whether the doctor can be signed up as satisfactorily completing the programme.

- The assessments are designed to be supportive and formative.
- The foundation doctor can determine the timing of the assessments within each rotation 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 FY2 doctor is expected to record their assessments in their e-portfolio. These will then form part of the basis of the discussions during appraisals.
- The FY2 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 competences signed off.

The Assessment Tools

All foundation trainers should attend a training session covering all of these tools which will be provided by the employing Trust. All assessments are undertaken using the Foundation e-Portfolio. It is the foundation doctor’s responsibility to maintain their e-portfolio and to request an assessment from you and/or your colleagues. The Foundation e-Portfolio is accessed via the following web link:

https://www.nhseportfolios.org
<table>
<thead>
<tr>
<th>Tool</th>
<th>What is being assessed</th>
<th>What is it</th>
<th>Who</th>
<th>How assessment is made</th>
<th>How many</th>
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| 2 x Clinical Evaluation exercise (mini-CEX) | • Clinical Skills  
• Professionalism  
• Communication | This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter. | Observers/assessors may be experienced consultants, more senior trainees in hospital, GPs, and should include the educational supervisor. | Sitting in with FY2 | Minimum of nine observed encounters throughout the year, of which six must be mini-CEX (remaining three can be mini-CEX or DOPS) |
| 2 x Direct observation of procedural skills (DOPS) | • Practical Skills  
• Professionalism  
• Communication | This is another doctor-patient observed encounter assessed by using a structured check list. | Observers/assessors may be consultants, GPs, more senior trainees, suitable nurses or allied health professionals. | Observing practical procedures | From the mandatory list |
| 2 x Case Based Discussions (CbD) | • Clinical reasoning  
• Professionalism | This is a structured discussion of real cases in which the FY2 doctor has been involved. It is similar to the Problem Case Analysis (PCA) often used in training GP Registrars. | Observers/assessors may be experienced more senior trainees, consultants or GP principals, and should include the educational supervisor. | Case review in 1:1 discussion | 6 per year |
| 2 x Multi-source Feedback (TAB) | • Professionalism  
• Clinical Care  
• Communication | This is very similar to a 360º feedback. Each FY2 should nominate 10-15 people within the practice to complete the TAB form. In smaller practices FY2 doctors will need to also nominate people from their secondary care placements. | Most raters/assessors should be supervising consultants, GPs, other trainees and experienced nursing or allied healthcare professionals and senior administrators in GP. | All healthcare professionals | Twice per year  
This will not necessarily be carried out in the practice. Trainees must complete two per year, we recommend doing this towards the end of their 1st placement and the end of their 2nd (or 3rd if they have 4 placements in the year). |
If you are acting in the role of assessor you will not need an account for e-portfolio in order to assess a foundation doctor. The foundation doctor will however need to nominate you as an assessor. This process will generate a message to your email account which contains a unique 10 digit code. You login via:

https://www.nhseportfolios.org

Using the 10 digit code in order to record your assessment.

- The assessments do not have to be carried out by the doctor who is the nominated trainer but the assessor must have completed training in the context and use of the assessment tools.
- You can and should involve other doctors, nurses or other health professionals that are working with the FY2 doctor.
- It is important that whoever undertakes the assessment understands the assessment tool they are using.

The assessments are not intended to be tutorials and although they will need to have protected time this could be done at the beginning, end or even during a surgery.

The Learning Portfolio

Each foundation doctor will keep a learning portfolio. They will access their portfolio via the e-Portfolio website (https://www.nhseportfolios.org). It will be the means by which they will record their achievements, reflect on their learning experience and develop their personal learning plans.

Clinical and educational supervisors are granted access to a trainee’s e-Portfolio; if you are to undertake the role of Educational Supervisor you will need to contact the Foundation School to arrange for your e-portfolio account to be set-up. Access rights to the e-Portfolio system are granted by the foundation programme coordinator in the trainee’s employing acute trust.

The Foundation Doctor in Practice

You know what has to be learnt and how it has to be assessed but who will do the teaching, how will it be done and when will it be done?

The Induction

This is really an orientation process so that the foundation 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 systems and knows how to get a cup of coffee! This is very similar to the induction programme used for registrars but will probably last about a week. It should be planned for the first week of their 4-month rotation with you. An introduction pack for the foundation doctor, which again can be similar to that which you might use for a locum or GP registrar, should be provided. An induction week might look something like the timetable below but this is only a guideline and should be adapted to suit the learner and your practice.
### Some things that might be included in a typical induction timetable

#### Day 1
- Meeting doctors/staff 9-10
- Sitting in the waiting room 10-11
- Surgery & Home visits with Trainer 11-1
- Working on Reception desk 2-3
- Surgery with Trainer 3-5

#### Day 2
- Treatment Room 10-12
- Chronic Disease Nurse clinic 12-1
- Computer training 2-3
- Surgery with another doctor 3-6

#### Day 3
- District Nurses 9-12
- Computer training 1-3
- Local Pharmacist 3-5

#### Day 4
- Health Visitors 10-12
- Admin staff 12-1
- Shadowing on-call doctor 2-6

#### Day 5
- Surgery and home visits with another doctor 9-12
- Practice meeting 12-1
- Computer training 2-3
- Surgery with trainer 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. Some doctors may require a longer induction process. Their reflections about the roles and responsibilities should be recorded in their e-Portfolio.

### The working and learning week

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. 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 4-month rotation. (The next section will look in more detail at each of these learning opportunities). The working/learning week for a foundation doctor is 40 hours (regardless of your practice working week arrangements). The FY2 is not expected to do out of hours work during their general practice rotation.

#### Working Hours in GP
- 40 hours per week.
- No banding therefore FY2 doctors have lower overtime payment whilst doing GP placement.
- 10 sessions per week.
- A half day = 1 session = 4 hours.
- 6-7 half days in consultation.
- Morning and evening surgeries are variable lengths of time in different surgeries.
- Lunch time meetings count towards hours usually there are 1 or 2/week.
• An audit should be undertaken during the FY2 placement; work for this counts towards the hours.
• Free time in the middle of the day, not used for meetings is own time. If FY2 doctors choose not to go home that is up to them.
• Expected to stay some days later than 5.30pm – un-banded hours can be worked between 7am and 7pm.
• Any time used during the day for private study/exam study is own time.
• No study leave allowed for FY2 doctors for postgraduate exams.
• Up to 1 week can be allowed for personal study but this must be approved by the FTPD/local coordinator.

Indicative weekly timetable and further guidance

| 6-7 x Surgeries OR A MAXIMUM OF 70% OF THE WORKING WEEK OF 40 HOURS | • These will usually start at 30-minute appointments for each patient and then reduce to 15-20 minute appointments as the Foundation doctor develops their skills, knowledge and confidence.
• The FY2 doctor must have access to another doctor (not a locum doctor) but not necessarily the trainer in the practice.
• The FY2 doctor does not need to have their own consulting room and can use different rooms so long as patient and doctor safety and privacy are not compromised.
• Some equipment e.g. diagnostic sets should be available. |
| --- | --- |
| 2-3 x sessions in other learning opportunities OR A MAXIMUM OF 30% OF THE WORKING WEEK OF 40 HOURS | This could be:
• 1:1 session with the trainer or other members of the practice team.
• Small group work with other learners in the practice.
• Small group work with FY2s from other practices.
• Shadowing or observing other health professionals or service providers e.g. out-patient clinics pertinent to primary care, palliative care teams, voluntary sector workers.
• Some FY2 doctors attend the local GP Speciality Training Programme with prior agreement. |
| 1-2 x sessions on project work or directed study OR A MAXIMUM OF 20% OF THE WORKING WEEK OF 40 HOURS | • Your FY2 will be undertaking a project or audit during their time with you. They should have protected time to do some research, collect the data, write up the project and present their work to the practice team. |

Remember that your FY2 will work 40 hours spread across the week. This could be:
• 5 x 8 hour days – working exactly the same time each day
• 5 x 8 hour days – but with staggered start to the beginning and end of the day
• 4 days with a half day – as long as the total does not exceed 40 hours per week
• Other combinations compliant with the Working Time Regulations and when agreed between the supervisor and the FY2 doctor
• IF YOU HAVE AN ACADEMIC FY2 DOCTOR THEY WILL HAVE ONE DAY FREE FOR RESEARCH
There are several combinations but no working day should extend beyond 7am-7pm. The times must be convenient to the practice as well as the FY2 doctor and should allow the FY2 doctor to get the most out of their general practice rotation.

**The debrief**

A debrief should take place as soon as possible after a clinical event, and focus on progress/achievement as evidenced by, for example, mini-CLEX assessment. Reference should be made to the syllabus and competences. An action plan should be made for learning in terms of knowledge and behaviours.

Whatever the style of feedback/debriefing, the aim is to have a conversation that is genuine, mutual, clear, and trusting. The conversation must also set out to understand personal and situational factors.

This can be done in various ways:

a. Ask Foundation doctors to talk through the procedure, and discuss their ‘story’ with them:
   - How did you make your decisions?
   - What different decisions might you have made, and on what basis?
   - Let us discuss similar and variant cases.

b. Tell the Foundation doctors their strengths and points for improvement:
   - … was good/excellent
   - Maybe you need to improve or to consider...
   - So, to sum up...

c. Ask the Foundation doctors about their strengths and points for improvement (What were you happy with?)
   - I liked...
   - What would you do differently next time?
   - What about... (Suggested alternatives)?
   - So, in summary...

d. Ask for a reflective account of what happened (usually chronological) and of the thinking behind it from all perspectives, including the patient’s, if appropriate. Then have a conversation about strengths, points for improvement and clarification:
   - I see from your personal learning plan that you wanted to focus on... Can you tell me what triggered that?
   - I see that you... What was your intention then?
   - How was that compared to last time?
   - What was different?
   - I am concerned that... How does that sound to you?
   - How did it go with the team?
   - I am interested to know how you are getting on with...
   - I am getting worried that you may be... Is that a possibility do you think?
• I think... How do you see it?
• So, how will you proceed now to increase your flexibility/speed of response/team communication?
• What other questions does this raise for you/the team?
• So, what have we discussed?
• Appropriate education and support of supervisors will be a precondition for undertaking these roles.

Tutorials
• Tutorials can be given either on a 1:1 basis or as part of a small group with their learners.
• Any member of the practice team can and should be involved in giving a tutorial.
• Preparation for the tutorial can be by the teacher or the learner or a combination of both.

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

- 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
- 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
- Chronic Disease Management
- The sick child in General Practice
- Palliative Care
- Social issues specific to your area which have an impact on health

Chronic Disease Management

• Although the emphasis is on acute care it is also important for foundation programme 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 Deanery and the Trusts will organise mandatory training and weekly protected teaching sessions (Trust based). Some, but not necessarily all, of these days will be whilst the FY2 doctor is in their rotation in your practice.
• It is expected that the FY2 doctor will attend these sessions along with their colleagues in
the hospital rotations and therefore must be released from practice to do so.

- The classroom taught sessions cover some of the generic skills such as communication, teamwork, time management, evidence based medicine.

The FY2 doctor should contact the (FTP) to get a list of dates and venues at the start of their FY2 year and it is the FY2 doctor’s responsibility to ensure that they book the time out of the practice.

**Educational Supervisor Roles and Responsibilities**

**Educational Supervisors**
An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified Foundation doctor’s educational progress during a training placement or series of placements. The educational supervisor is responsible for the Foundation doctor’s Educational Agreement. Only clinicians committed and engaged in teaching and training Foundation doctors should undertake the role. Educational supervisors must help Foundation doctors with their professional and personal development. They must enable Foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety. Local education providers must ensure that educational supervisors have adequate support and resources to undertake their training role.

**Training for educational supervisors**
All educational supervisors should receive training and demonstrate their competence in promoting equality and valuing diversity. They must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress. In addition, they should understand and be able to monitor progress, provide appraisals, provide career advice and identify and contribute to the support of Foundation doctors needing additional help.

Educational supervisors should complete training in equality and diversity, assessing foundation doctors and the other aspects of educational supervision at least every three years.

Local education providers should maintain a register of educational supervisors including details and dates of training.

**Responsibilities**
The educational supervisor must:

- Meet with the supervisee at the beginning of each placement to agree how the learning objectives for this period of training will be met and confirm how formative feedback and summative judgements will be made.
- Make sure that the supervisee’s performance is appraised at appropriate intervals including providing the results of multi-source feedback. If concerns are identified, the educational supervisor should ensure that the Foundation doctor has access to the necessary support to address these issues and involves the foundation training programme director as appropriate.
- Make sure that the supervisee has the opportunity to discuss issues or problems, and to comment on the quality of the training and supervision provided.
• Make sure that all doctors and other health and social care workers who have worked with the supervisee have an opportunity to provide constructive feedback about their performance.
• Undertake and/or facilitate workplace based assessments of the supervisee.
• Meet with the supervisee to assess whether they have met the necessary outcomes. The educational supervisor must complete an end of placement review form for each placement and only confirm satisfactory service if the Foundation doctors have met the necessary outcomes.
• Tell the NHS employer and those responsible for training of serious weaknesses in their supervisee’s performance that have not been dealt with, and any problems with training programmes. The supervisor should tell the Foundation doctor the content of any information about them that is given to someone else. Where appropriate, and with the Foundation doctor’s knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training and supervision can be arranged. Information that should always be passed on includes assessment results.

Clinical Supervisor Roles and Responsibilities

Clinical Supervisors
A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified Foundation doctor’s clinical work and providing constructive feedback during a training placement.

Only clinicians committed to training Foundation doctors should undertake the role. They must enable Foundation doctors to learn by taking responsibility for patient management within the context of clinical governance and patient safety. It may be appropriate to delegate some supervision to appropriately experienced non-consultant (or non-GP) doctors although the clinical supervisor remains responsible and accountable for patient care and for the supervision of the Foundation doctor. Local education providers must ensure that clinical supervisors have adequate support and resources to undertake their training role.

Training for clinical supervisors
All clinical supervisors should receive training and demonstrate their competence in promoting equality and valuing diversity. In addition clinical supervisors must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress. Clinical supervisors should complete training in equality and diversity and assessing foundation doctors at least every three years.

Local education providers should maintain a register of clinical supervisors including details and dates of training.

Responsibilities
The clinical supervisor must:
• Make sure that Foundation doctors are never put in a situation where they are asked to work beyond their competence without appropriate support and supervision. Patient safety must be paramount at all times.
• Make sure that there is a suitable induction to the ward/department/practice.
• Meet with the supervisee at the beginning of each placement to discuss what is expected in the placement, learning opportunities available and the Foundation doctor’s learning needs.
• Provide a level of supervision appropriately tailored for the individual Foundation doctor. This includes making sure that no foundation doctor is expected to take responsibility for, or perform, any clinical, surgical or other technique if they do not have the appropriate experience and expertise.
• Provide regular feedback on the Foundation doctor’s performance.
• Undertake and facilitate workplace based assessments.
• Make sure that the supervisee has the opportunity to discuss issues or problems, and to comment on the quality of the training and supervision provided.
• Investigate and take appropriate steps to protect patients where there are serious concerns about a Foundation doctor’s performance, health or conduct. The clinical supervisor should discuss these concerns at an early stage with the Foundation doctor and inform the educational supervisor. It may also be necessary to inform the Clinical Director (or Head of Service) or the Medical Director and the GMC.
• Complete the clinical supervisor’s report at the end of the placement.

Performance Issues

The full Oxford Deanery policy on trainees with difficulty can be found at:


Trainees
The vast majority of FY2 doctors will complete the programme without any major problems. However some doctors may need more support than others because of; 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 FTPD at their employing trust who will work with you to ensure that the appropriate level of support is given both to you and the FY2 doctor in accordance with Deanery process.

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 FY2 doctor regarding your concerns. The FY2 doctor must be provided with copies and access to any information regarding concerns.

The End of the Rotation
At the end of each rotation, clinical supervisors are required to complete a Clinical Supervisors Report. This report should be completed on e-Portfolio, the trainee will send you a request to complete the report, accessible via a 10 digit code. A copy of the Clinical Supervisors Report used can be found in Appendix 3. If you are also the Foundation doctor’s educational supervisor you will need to complete the end of placement review meeting form on e-Portfolio as well.

The Clinical Supervisor Report is your overall assessment of the doctor’s performance during the time they have spent with you and aids the new clinical supervisor to focus on any areas of particular need.
Experience has shown us that it is also helpful if you can talk personally to the next supervisor (especially if there are any problems) but this can sometimes be difficult to arrange so it is important that the handover form is as informative as possible.

**The Supervision Payment**

The supervision payment, equivalent to the GPR basic training grant (pro rata) is paid for each Foundation doctor.

- You can if you have sufficient capacity in terms of space and resources have more than one FY2 at any one time.
- If you share the rotation with another practice then payment will be split appropriately.
- The Deanery Foundation School will pay the FY2 placement grant directly to your practice.

Please submit an invoice for the supervision payment, ensuring the invoice contains the following information:

- Practice Name and Address
- Practice Contact Number
- Invoice Number
- Invoice Date
- Trainee Name
- Dates the Trainee is in your Practice
- Amount

Please send your invoice to the Foundation School:

Ann Spafford – Foundation School Manager
Oxford Foundation School
The Triangle
Roosevelt Drive
Headington
Oxford, OX3 7XP

The Foundation Training Programme Director (FTPD) is responsible for managing and leading a foundation programme within a specific acute NHS Trust.

If you have any concerns regarding a Foundation Doctor whilst they are with you; please contact the FTPD at the relevant hospital to discuss. You should not contact the GP FTPD. Each FTPD is supported by an administrator (Foundation Programme Coordinator); their details are also included in the table below:
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Location</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Anne Edwards</td>
<td>Foundation School Director</td>
<td>Oxford Deanery</td>
<td><a href="mailto:smith.heather@orh.nhs.uk">smith.heather@orh.nhs.uk</a></td>
</tr>
<tr>
<td>Ann Spafford</td>
<td>Foundation School Manager</td>
<td>Oxford Deanery</td>
<td><a href="mailto:ann.spafford@oxforddeanery.nhs.uk">ann.spafford@oxforddeanery.nhs.uk</a></td>
</tr>
<tr>
<td>Jenny Arthur</td>
<td>Oxford Foundation School Administrator</td>
<td>Oxford Deanery</td>
<td><a href="mailto:jenny.arthur@oxforddeanery.nhs.uk">jenny.arthur@oxforddeanery.nhs.uk</a></td>
</tr>
<tr>
<td>Bolaji Jegede</td>
<td>Oxford Foundation Project Support Officer</td>
<td>Oxford Deanery</td>
<td><a href="mailto:Bolaji.jegede@oxforddeanery.nhs.uk">Bolaji.jegede@oxforddeanery.nhs.uk</a></td>
</tr>
<tr>
<td>Richard Mumford</td>
<td>GP Foundation Training Programme Director</td>
<td>Oxford Deanery</td>
<td><a href="mailto:rmumford@nhs.net">rmumford@nhs.net</a></td>
</tr>
<tr>
<td>Dr Johan Jordaan</td>
<td>Foundation Training Programme Director</td>
<td>Heatherwood and Wexham Park</td>
<td><a href="mailto:Johan.Jordaan@hwph-tr.nhs.uk">Johan.Jordaan@hwph-tr.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Sally Edmonds</td>
<td>Foundation Training Programme Director</td>
<td>Buckinghamshire (Stoke Mandeville)</td>
<td><a href="mailto:sally.edmonds@buckshealthcare.nhs.uk">sally.edmonds@buckshealthcare.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Marc Davison</td>
<td>Associate Foundation Training Programme Director</td>
<td>Buckinghamshire (Wycombe)</td>
<td><a href="mailto:Marc.Davison@buckshealthcare.nhs.uk">Marc.Davison@buckshealthcare.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Liz Miller</td>
<td>Foundation Training Programme Director</td>
<td>Milton Keynes</td>
<td><a href="mailto:Elizabeth.miller@mkhospital.nhs.uk">Elizabeth.miller@mkhospital.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Helen Allott</td>
<td>Foundation Training Programme Director</td>
<td>Reading (Royal Berkshire)</td>
<td><a href="mailto:Helen.allott@royalberkshire.nhs.uk">Helen.allott@royalberkshire.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Jane Bird</td>
<td>Foundation Training Programme Director</td>
<td>Reading (Royal Berkshire)</td>
<td><a href="mailto:Jane.bird@royalberkshire.nhs.uk">Jane.bird@royalberkshire.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Stuart Benham</td>
<td>Foundation Training Programme Director</td>
<td>ORH (Oxford)</td>
<td><a href="mailto:stuart.benham@nda.ox.ac.uk">stuart.benham@nda.ox.ac.uk</a></td>
</tr>
<tr>
<td>Dr Kenny McCormick</td>
<td>Foundation Training Programme Director</td>
<td>ORH (Oxford)</td>
<td><a href="mailto:kenny.mccormick@orh.nhs.uk">kenny.mccormick@orh.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Mike Ward</td>
<td>Foundation Training Programme Director</td>
<td>ORH (Horton Hospital)</td>
<td><a href="mailto:simon.ward@orh.nhs.uk">simon.ward@orh.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Rosie Malet</td>
<td>Foundation Training Programme Director</td>
<td>ORH (Oxford)</td>
<td><a href="mailto:rosiemalet@doctors.org.uk">rosiemalet@doctors.org.uk</a></td>
</tr>
<tr>
<td>Dr Susan Shaw</td>
<td>Foundation Programme Liaison</td>
<td>Oxford health (formerly OBMH)</td>
<td><a href="mailto:Susan.shaw@oxfordhealth.nhs.uk">Susan.shaw@oxfordhealth.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Premila Webster</td>
<td>Foundation Programme Liaison</td>
<td>Oxfordshire PCT</td>
<td><a href="mailto:Premila.webster@dphpc.ox.ac.uk">Premila.webster@dphpc.ox.ac.uk</a></td>
</tr>
<tr>
<td>Chantal Vermenitch</td>
<td>Medical Education Manager</td>
<td>ORH (Oxford)</td>
<td><a href="mailto:Chantal.vermenitch@orh.nhs.uk">Chantal.vermenitch@orh.nhs.uk</a></td>
</tr>
<tr>
<td>Liz Clarke</td>
<td>Medical Education Manager</td>
<td>ORH (Banbury)</td>
<td><a href="mailto:Liz.clarke-pgec@orh.nhs.uk">Liz.clarke-pgec@orh.nhs.uk</a></td>
</tr>
<tr>
<td>Teresa Harvey</td>
<td>Medical Education Manager</td>
<td>Reading (Royal Berkshire)</td>
<td><a href="mailto:Teresa.harvey@royalberkshire.nhs.uk">Teresa.harvey@royalberkshire.nhs.uk</a></td>
</tr>
<tr>
<td>Marilyn Hopkins</td>
<td>Medical Education Manager</td>
<td>Milton Keynes</td>
<td><a href="mailto:Marilyn.hopkins@mkhospital.nhs.uk">Marilyn.hopkins@mkhospital.nhs.uk</a></td>
</tr>
<tr>
<td>Virginia Poole</td>
<td>Medical Education Manager</td>
<td>Buckinghamshire</td>
<td><a href="mailto:Virginia.poole@buckshealthcare.nhs.uk">Virginia.poole@buckshealthcare.nhs.uk</a></td>
</tr>
<tr>
<td>Maura Stock</td>
<td>Medical Education Manager</td>
<td>Heatherwood and Wexham Park</td>
<td><a href="mailto:Maura.stock@hwph-tr.nhs.uk">Maura.stock@hwph-tr.nhs.uk</a></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

a. This document is an agreed educational contract between:

   i. Foundation Trainee

      Dr .................................................................

   and

   ii. GP Educational/Clinical (delete as appropriate) Supervisor

      Dr .................................................................

b. This document is intended to make explicit what a Foundation trainee can expect from the foundation training practice and what is expected of the Foundation trainee in return.

c. The supervisor (or his named deputy) should be an immediately available source of advice, constructive criticism and guidance. S/he should keep themselves up-to-date with medical developments and provide a structured framework and environment for learning general practice.

d. The Foundation trainee is involved in caring for the practice patients. The partners have a contract for the provision of medical services to these patients with the PCT and as the Foundation trainee is working in the practice he/she acts as a practice representative/deputy at all times. The Foundation trainee therefore has a service commitment to the practice and patient. The nature of the medical services to be rendered is laid out in the National Health Service (General Medical Services Regulation) 1992. The Foundation trainee should be familiar with and abide by these regulations.

e. The Foundation trainee should be punctual, appropriately dressed and courteous to the patients at all times. He/she should never decline an explicit or implicit request by a patient to be seen without first discussing this with the supervisor or deputy.

2. TRAINING OBJECTIVES

a. The Consultation

   i. This is the basic tool for patient care. The Foundation trainee should:

      1. Regularly extend his enquiry beyond the presenting complaint, for example, to “at risk” factors and continuing problems;
      2. Regularly recognise and respond to emotional cues from the patient.
      3. Become familiar with all the tasks of the consultation and the various consultation models.

b. Medical Records

   i. These are the keys to delivering systematic patient care.

   ii. The foundation trainee should keep comprehensive, yet concise records in such a way as to facilitate continuing care. These should include relevant past medical history, up to date medication lists, management plans where appropriate, details of lifestyle e.g. smoking status, alcohol intake and allergies/hypersensitivities.
c. Education
   i. The Foundation trainee should read regularly in a planned and programmed manner.
   ii. He/she should be able to identify and plan to correct their own weaknesses.
   iii. He/she should regularly examine their own work critically.

d. Teamwork
   i. The Foundation trainee should aim to regularly and appropriately use members of the primary healthcare team to assist in patient care.

e. Organisation
   i. The Foundation trainee should be able to competently take part in practice management activities.
   ii. He/she should be able to extend their professional responsibilities beyond the remit of the practice.
   iii. He/she should be abreast of current and future developments in general practice and the Health and Social Services as a whole.

3. CURRICULUM
   a. This is the key to ensuring a productive attachment. Initially learning priorities are established by means of:
      i. Personal reflection.
      ii. Review of clinical experience.
      iii. An initial confidence rating.
      iv. An initial learning plan is set following these combined assessments.
         Subsequent modifications are made, considering the following:
           1. Feedback from staff and patients.
           2. Foundation trainee assessments completed.

4. TEACHING/LEARNING PROCESS
   a. The Foundation trainee is expected to take responsibility for his/her own education and expected to facilitate the learning process.
   b. The following assessment methods may be used:
      i. Joint consultations and home visits
      ii. Problem and random case discussion 5 - 10 (variable) minutes at the end of surgeries and sometimes during surgery.
      iii. Analysis of video consultations using consultation maps and rating scales
      iv. Tutorials - weekly time has been set aside for learning/teaching. This is ‘protected time’ during which there will not be any interruptions unless they are deemed to be absolutely necessary by practice staff. Other partners will also take tutorials (times to be mutually agreed). Tutorials may be joint with other Foundation and/or GP trainees.
      v. Topics for tutorials are agreed in advance by the Foundation trainee and supervisor/partner. Preparation for tutorials must be shared by the Foundation trainee and the supervisor/partner. Ideally a programme of tutorials shall be arranged 4-6 weeks in advance.
vi. It is expected that there will be other informal additional teaching sessions/opportunities offered during normal working hours.

c. *Attendance at practice and team meetings* the Foundation trainee is expected to attend and contribute to these on a regular basis.

d. *Audit* the Foundation trainee should regularly examine his/her own work critically, for example, by suggesting and performing audits on referral, prescribing and investigations.

e. *Reading* supervisor and Foundation trainee should regularly discuss relevant medical literature.

f. *Core Deanery Educational events* should be notified to the practice and the trainee should attend these.

g. Should the Foundation trainee opt not to attend these teaching sessions, he/she is expected to be available for practice commitments during this time.

5. **ASSESSMENT**
   a. The Foundation trainee is expected to studiously complete the e-Portfolio and submit to the appropriate WPBA diligently.
   b. It is the Foundation trainee’s responsibility to ensure that these assessments are undertaken.
   c. Should there be disagreements in interpretation of feedback from Foundation trainee assessments, including staff or patient feedback, these disagreements will be discussed immediately.

6. **WORKLOAD**
   a. The Foundation trainee, during his/her attachment, should move towards a workload similar to, but not exceeding that of a full-time partner. Workload statistics will be available for scrutiny at all times during the attachment.

7. **INDUCTION**
   a. The first two weeks will normally involve minimal independent clinical activity. The time is spent rotating through attachments to the various PHCT members, together with learning administrative systems in the practice, including how to use the computer. The Foundation trainee will be helped to learn the geography of the surgery building and practice area.
   b. In the third and fourth weeks the Foundation trainee will begin closely supervised, independent clinical work.

8. **EQUIPMENT**
   a. The training practice will provide the Foundation trainee with basic medical equipment (doctor’s bag and instruments) although the Foundation trainee is encouraged to acquire his or her own equipment.
   b. Drugs for emergency use are provided. Used (injectable) drugs should be accounted for, by completing a prescription and making an entry in the patient records. All unused drugs must be returned to the practice at the end of the attachment.
9. **SURGERIES**
   a. The GP Foundation trainee is usually provided with their own consulting room, which will contain the usual, expected equipment to conduct a modern GP surgery and service. The GP Foundation trainee is expected to take reasonable care of the provided instruments and facilities etc. and to maintain an adequate level of security, particularly in relation to the video camera.
   b. The normal minimum consultation time is 20 minutes, although expected initial consultation time will be 20-30 minutes.
   c. During or after any surgery, non-planned/extra/emergency patients may require to be seen and these ‘extras’ are shared between the available consulting doctors.
   d. The Foundation trainee should not be left to consult without the supervisor or his named deputy available in the practice premises. That named deputy must not be a locum doctor.
   e. Supervisor and Foundation trainee should collaborate to ensure the Foundation trainee sees a representative case mix.

10. **FEEDBACK**
    a. The Foundation trainee should provide the supervisor with constructive feedback of his general practice attachment including his/her assessment of all educational content.

11. **SICK LEAVE AND NON-ATTENDENCES**
    a. All non-attendance including sick leave will be summated and the employing Trust will be informed of total number of days absence.

<table>
<thead>
<tr>
<th>G P Foundation trainee name</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
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<table>
<thead>
<tr>
<th>GP supervisor name</th>
<th>On behalf of</th>
<th>Signed</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appraisal</td>
<td>An educational process of discussion and planning, led by the Foundation doctor, where progress is explored and learning plans reviewed and negotiated in the light of achievements, areas of interest and service needs. Limits of confidentiality are clarified at the outset. Appraisal discussions should never inform summative assessment NOTE: Some trusts and regulatory bodies use this term differently and include ‘performance review’ in their definition of ‘appraisal’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment (formative and summative)</td>
<td>An educational activity whose main aim is to provide information about progress in learning. Learners, educators, programme organisers and regulatory bodies also use it to measure learning and progress against standards or criteria, often externally defined, in order to make a judgement. Valid and reliable evidence is needed for this process to be acceptable and documented. It is appropriate for assessment results to be the basis of appraisal discussions. ‘Formative assessment’ involves making judgements about (one’s own or other people’s) achievements and progress in order to feed back to the teacher and learner and support educational development. External criteria/standards may be used, or comparison with the learner’s earlier performance or progress. ‘Summative assessment’ involves making judgements about competence, performance, progress and achievement against criteria and standards, often external. The aim is usually to make a decision about educational and/or career progression.</td>
<td></td>
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</tr>
<tr>
<td>Capability</td>
<td>Often includes components on performance, ethics, reflective practice, evidence-base, commitment to working with new models of professional practice, and potential for good performance in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence(s)</td>
<td>Specific and generic skills needed to carry out a job or piece of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum</td>
<td>A document containing the activities, experiences and opportunities offered by an organisation or teacher for learners engaged in one or more educational programmes. It includes what is to be learnt how, as well as the environment for learning and assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Activity, which supports the whole of professional practice in medicine as described in detail above. The terms ‘Foundation doctor’ and ‘learning’ are related to this activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational outcomes</td>
<td>What the learner may learn as a result of engaging in educational activities. This cannot be fully predicted and should not be confused with ‘outcomes’, commonly understood as a guaranteed result of a programme or activity over which the learner has no influence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational supervisor</td>
<td>A person who monitors and supports the Foundation doctor. These activities include assessment, and/or the collection of assessment results, of the whole educational programme. NOTE: This role and title is subject to local variations and the document should be read with this in mind. Some examples include clinical tutor, postgraduate organiser, foundation or postgraduate tutor or FTPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Investigation to determine the quality and worth of an educational programme. It usually includes assessment of learning, progress and outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty, local</td>
<td>The multi-professional group in an NHS Trust or Board, which develops and implements the local curriculum. The local faculty will typically meet three times a year to discuss progress of Foundation doctors and to agree when they have successfully completed each year of the programme. The results will be sent to the Foundation School for ratification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance</td>
<td>The regular and routine demonstration of competences in the clinical workplace.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance review/appraisal</td>
<td>Used to describe an employee’s progress within a job. NOTE: some trusts and regulatory bodies use the two terms differently and include ‘performance review’ in their definition of ‘appraisal’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio</td>
<td>Your personal record of progress through your medical career beginning with the foundation years, where evidence of competence is collected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>The entirety of a Foundation doctor’s work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill</td>
<td>The ability to do a particular activity, whether in the workplace or in the classroom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syllabus</td>
<td>The description of what is to be learnt. It is often set out as a list of competences and forms part of the curriculum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Activity aimed at transmitting the specific skills and procedures needed to produce and/or develop a workforce. There is less focus here on the rationale, values, beliefs, principles or wider context. This activity may be useful when concentrating on specific issues as part of a wider programme to help the learner integrate skills into practice. The terms ‘trainers’ and ‘trainees’ and ‘training the trainers’ are related to this activity.</td>
<td></td>
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</tr>
</tbody>
</table>
This is included for information only – it must be completed online via the e-Portfolio

<table>
<thead>
<tr>
<th>Clinical Supervisors Report</th>
</tr>
</thead>
</table>

To be completed at the end of the placement by the Clinical Supervisor and reviewed by the Foundation Doctor’s named Educational Supervisor

<table>
<thead>
<tr>
<th>Name of Foundation Doctor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foundation Doctor Training Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Educational Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Form completed by (you should be the consultant Clinical Supervisor for this trainee)</th>
</tr>
</thead>
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<table>
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<tr>
<th>Specialty Firm</th>
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<table>
<thead>
<tr>
<th>Dates</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>NHS Trust</th>
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</thead>
</table>

Clinical Assessment Grades
The grades should be allocated based on an overview of performance throughout the four month attachment to the firm.

Please insert grades for each of the following and comment where appropriate, particularly where poor or unsatisfactory performance has been rated:

1. Attendance

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

   Comments:

2. Clinical Work:

   Grading Clarifications
   - Satisfactory = bare pass
   - Poor performance = further experience or training is recommended
   - Unsatisfactory performance = further experience or training is required

<table>
<thead>
<tr>
<th>Unsatisfactory Performance</th>
<th>Poor Performance</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Unable to comment</th>
</tr>
</thead>
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</tbody>
</table>

   Comments:

3. Theoretical Knowledge:

   Grading Clarifications
   - Satisfactory = bare pass
   - Poor performance = further experience or training is desirable
   - Unsatisfactory performance = further experience in this subject is strongly recommended

<table>
<thead>
<tr>
<th>Unsatisfactory Performance</th>
<th>Poor Performance</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Unable to comment</th>
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</tbody>
</table>

   Comments:

4. Time Management:
Grading Clarifications
• Satisfactory = bare pass
• Poor performance = further experience in this subject is desirable
• Unsatisfactory performance = further experience in this subject is strongly recommended

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<tr>
<th>Unsatisfactory Performance</th>
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<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Unable to comment</th>
</tr>
</thead>
</table>

Comments:

5. Attitude/behaviour/organisational skills:

Grading Clarifications
• Satisfactory = bare pass
• Poor performance = further experience in this subject is desirable
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Comments:

6. Interest:

Grading Clarifications
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Comments:

7. Overall Grade:

Grading Clarifications
• Satisfactory = bare pass
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Comments:

Any helpful suggestions?

Do you have any specific concerns?
The guidance for trainees and clinical supervisors of Foundation trainees about what sort of consultations they carry out in their GP placements is as follows. All trainees must be supervised and supported in a way which does not jeopardise patient safety. The experience and clinical exposure they receive must be appropriate for their Foundation Curriculum and the Supervisor must be familiar with this document. The trainee must have sufficient knowledge and competence to consult alone with patients, and familiarity with the support mechanisms such as IT systems, practice policies and protocols. To that effect, trainees must consult in a way which allows immediate access to either the designated supervisor or an approved deputy. This would always be a doctor, usually a partner, but it could be a salaried doctor. Any deputy should be aware of the responsibilities of a supervisor. A locum GP CANNOT act as the deputy. This access to a supervisor is necessary at the time of the consultation to clarify any clinical need of the patient, and educational access should also be available after the consultation as "debrief" time. Usually in the routine surgery time none of this represents a problem.

Home visits are a potentially rich educational experience for trainees. They also offer opportunity to take an adequate and appropriate history from the patient and family or carer. An examination can be carried out with consent. The visit and consultation can safely be carried out by trainees with the same provisos as above. The trainees and supervisors should confirm that the appropriate indemnity cover from the host trust (secondary care) is in place, but historically this has always been the case. The trainee must be competent clinically, and the supervisor must be able to satisfy themselves that this is so. This would normally be in the second half of a 4 month placement.

The trainee must be safe to do the visit; this applies to personal safety as well as familiarity with what resources may be needed away from the surgery. They should have essential clinical equipment and access to the same protocols and data which they might have in the surgery, including adequate patient's medical records. It is recommended that the trainee rehearses the likely clinical issues with the supervisor in advance of the visit. It should NOT be a visit requested as an emergency call under any circumstances. The trainee should be familiar with the local geography.

There should be instant access to the supervisor via a practice supported mobile phone and direct phone number for the supervisor. The trainee should be able to request attendance by the supervisor rather than only ask for advice. There should be pre-visit briefing to be clear that the visit is appropriate for the trainee with regard to their experience and known competencies, and safe for the patient; there must always be a post-visit debriefing immediately after the visit.
Approval
Practices wishing to become involved in Foundation training must firstly approach the Foundation School. A doctor or practice already approved for GP specialty training may be quickly approved for Foundation training. All that is required is familiarisation with the Foundation curriculum and the workplace-based assessment tool methodology. This is arranged after initial contact with the Foundation School.

For a doctor or practice not currently approved for GP specialty training the process is:
1. Initial contact with the Foundation School.
2. Self assessment against the criteria (which can obtained by emailing Richard Mumford at rmumford@nhs.net)
3. Submit the self assessment to the Foundation School
4. An approval visit which will have the following characteristics:
   o Lasting 2 hours
   o At the practice
   o Deanery representatives
     ▪ Richard Mumford and/or another Deanery representative
   o Practice Representatives
     ▪ Prospective Foundation supervisor
     ▪ Practice Manager
5. The prospective Foundation supervisor will also need to attend a training day which will cover the following:
   o An introduction to learning and teaching
   o An introduction to feedback and debriefing
   o Assessment theory
   o Assessment tools applicable to Foundation training

Re-approval
All practices will be subject to the GP School’s re-approval process; for practices already approved for GP specialty training the re-approval process for Foundation training will form part of the re-approval process for GP specialty training. For those practices not currently approved for GP specialty training, the re-approval visit will usually take place after one year then every three years.
<table>
<thead>
<tr>
<th>Sickness/absence form for Foundation Year 2 doctors in General Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Foundation Year 2 Doctor</td>
</tr>
<tr>
<td>GP Practice Address</td>
</tr>
<tr>
<td>Name of Practice Manager</td>
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<tr>
<td>First day in GP Placement</td>
</tr>
<tr>
<td>Total Annual Leave Entitlement for the Year August to August</td>
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<tr>
<td>Annual Leave Dates</td>
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<tr>
<td>Total During Placement</td>
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<td>Sickness/Absence</td>
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<td>Total During Placement</td>
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<td>Other Absence (Please Specify)</td>
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</tbody>
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Please email or fax to the relevant medical staffing contact at the FY2 doctor’s host trust monthly and at the end of the FY2 doctor’s rotation in your practice EVEN IF IT IS A ‘NIL RETURN’