

**The Simple Guide to Foundation Programme Training in General Practice**

**Introduction**

The 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 F2 Trainee. This guide provides a framework for foundation training in GP that you can build on and adapt to suit your circumstances.

The content of the guide draws from a combination of the

* Experiences of GP Clinical Supervisors of Foundation Trainees during recent years.
* experiences of Health Education England (North West) team working on the Foundation Programme
* national guidelines and directives <http://www.foundationprogramme.nhs.uk/>

Many of you are already experienced teachers of GP specialty trainees 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.

**Background**

Broadening the Foundation Programme was published in February 2014 and states that all Foundation Year 2 Doctors (F2 Trainees) should undertake a community placement or an integrated placement from August 2017.

Health Education England (North West) believes that a 4 month placement for every F2 Trainee is the gold standard and since August 2016 100% of F2 Trainees across the North West have had a placement in General Practice.

The Foundation Programme is an outcome-based educational process. It has defined competences to be achieved and a defined process of assessment with defined assessment tools

# The F2 Trainee

# Frequently Asked Questions

**Q. What is an F2 Trainee?**

**A.**

* In Health Education England (North West) doctors who have successfully completed the first year of the foundation training programme (F1) will move automatically into Foundation Year 2. Unusually it is possible that a one year ‘stand-alone’ F2 Trainee will have been appointed.
* The two year track is set at the start of F1. The F2 Trainee will not be able to swap posts. All tracks are approved by Health Education England (North West) and are mapped against the curriculum.
* During F1 they will have 12 months clinical experience as a doctor in the secondary care setting (including mental health) where they will have undertaken 3 different placements.
* As an F2 Trainee they will have full registration with the GMC.

**Q. How is an F2 trainee different from a GP specialist trainee?**

**A**.

* The F2 Trainee is fundamentally different from a GP trainee.
* The F2 Trainee is not learning to be a GP. They are not independent practitioners and need a high level of supervision.
* You are **not** trying to teach an F2 Trainee the same things as a GP trainee but in a shorter time.

##### The aim of this four month placement is to give the F2 Trainee a meaningful experience in General Practice. This will include exposure to the acutely ill patient and those with chronic health problems in the community setting. This experience will enable the doctor to achieve the required competences of the foundation curriculum. <http://www.foundationprogramme.nhs.uk/pages/home>

* The F2 Trainee will attend the local Foundation Programme whole or half-day release teaching sessions.
* The F2 Trainee will **not** attend the specialist GP trainee whole or half-day release teaching sessions

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

**A**.

* Each F2 track consists of three 4-month posts.
* The allocation is done locally by each Foundation Programme Director.

Q. What about the performers list?

A.

* Since August 2006 the F2 Trainees **do not** need to be on the performers list.

#### Q. What about medical defence cover?

A.

* F2 Trainees must have the appropriate level of medical defence cover. It has been agreed that, unlike GPSTs, F2 Trainees *will* be covered by Crown indemnity as they are employed by the Acute Trust. It is however recommended that they need to belong to a recognised defence organisation at their own expense - (this expense is tax deductible).This “Minimum” cover, with all the defence organisations, provides indemnity for “good Samaritan acts” and is advisable for all doctors.

#### Q. Can an F2 Trainee sign prescriptions?

**A**.

* Yes. An F2 Trainee in GP will be in their second foundation year which is after full GMC registration and is therefore they are able to sign a prescription.

#### Q. Can an F2 Trainee sign repeat prescriptions?

**A**.

* This has been an area of uncertainty identified from feedback.
* The F2 Trainee is able to sign a proportionate number of repeat prescriptions under supervision. This should be done in an educational way with an experienced GP available to ask over any problems. It should be born in mind that the F2 Trainee may well be unfamiliar with many of the medications prescribed on repeat prescription. This can be an excellent learning opportunity but the F2 Trainee should only sign prescriptions within their competence. It would be inappropriate and potentially unsafe to give an F2 Trainee a large pile of repeat prescriptions to sign.
* It would be inappropriate to give the F2 Trainee all the repeat prescriptions to do in order to keep them busy while the other doctors are out on visits.
* To help with this educational need around prescribing in primary care, it would be a good topic for an early tutorial. If you have a local friendly pharmacist, why not utilise this resource as part of your induction programme? It could be a method of learning in how to do an effective medication review.

**Q. Can the F2 Trainee carry out acute telephone triage?**

**A.**

* No – this is felt to be too much of a risk for doctors at this stage of training in the primary care setting.
* They can carry out phone calls to patients they are involved with on a more chronic health or follow up basis.

**Q. How closely should an F2 Trainee be supervised?**

**A.**

* There should always be a practice GP on the premises when an F2 Trainee is consulting. If the supervising GP is in surgery they should have supervision slots to give them time to support the F2 Trainee

If the supervising GP does not see the patient during the consultation they should review the patients seen with the F2 Trainee at the end of the surgery - this can be done briefly as the F2 Trainee becomes more experienced.

#### Q. Can the F2 Trainees carry out home visits?

**A.**

* This has been an area where the guidance has changed due to experience and feedback.
* F2 Trainees should **not** be doing acute home visits. These are felt to be too high risk for a doctor in the early stages of training. There have been a number of serious untoward events following F2 Trainees responding to seemingly innocuous-sounding visit requests (both in care homes and patients’ own home).
* The F2 Trainee can do some carefully selected and supervised home visits but do not have to do this to achieve the foundation competences. A supervised visit is either a joint visit or a visit where the F2 Trainee has been well briefed and will discuss the case with the supervisor during the visit.
* The competency of the F2 Trainee to undertake visits needs to be carefully considered.
* They can carry out home visits to patients with chronic illness and those being discharged from hospital as long as there are clear objectives for this work.

#### Q. So what home visiting can the F2 Trainees do?

**A.**

* They can carry out home visits to patients with chronic illness to gain experience of doing chronic disease monitoring and medical complexity.
* They can carry out home visits to patients being discharged from hospital as long as there are clear objectives for this work.
* They can carry out a proportional amount of dementia reviews to gain experience of monitoring the needs of those with dementia.
* They can carry out home visits to those who need care planning or a care plan review to gain experience of what this involves.
* These are examples of non-acute home visiting and should be done in an educational way with appropriate training, supervision and clear educational objectives.

#### Q. How can the F2 Trainees travel to the practice and on home visits?

**A.**

* If an F2 Trainee does not have a car, it is possible to use public transport or walk/cycle to home visits in many practice areas.
* If they are using their own car for travel as part of their work, it is advised that they inform their motor insurance company so that they are aware (there is normally no extra charge for this cover).

#### Q. How can the F2 Trainee claim for travel?

**A.**

* The F2 Trainee is entitled to claim for travel from their base hospital to their GP practice and also for any travel needed for work e.g. home visiting.
* Claims for travel are made via the local arrangements of the employing acute trust.

**Q. What about Study Leave?**

**A.**

* The F2 Trainee is entitled to 10 days study leave during the F2 year, in addition to the foundation teaching programme. There are clear guidelines about appropriate types of study leave.
* Normally no more than a third of the study leave should be taken in each four month rotation
* The Foundation Programme Director must authorise requests for study leave and the Foundation Programme Administrator locally will record the study leave taken.
* F2 Trainees are allowed to use study leave for ‘specialty taster sessions’ organised locally.
* Attendance at interviews is usually agreed as professional leave on a local trust basis and is not study leave or annual leave.

**Q. What about holidays and sickness?**

**A.**

* Unless there are very specific circumstances, not more than one third of the allowance should be in the GP 4 months.
* It is expected that the F2 Trainee will give good notice of holiday plans. This needs to be discussed with the supervising practice.
* The F2 Trainee should be able to take holiday at any point and should not be restricted by service needs of the practice as long as they give good notice.
* Any sickness should be recorded and reported to the Foundation Programme Administrator and the employing Acute Trust HR department.

#### Q. Should an F2 Trainee do GP out of hours shifts?

**A.**

* F2 Trainees are not expected to work out of hours shifts during their general practice placement.
* Some F2 Trainees have asked to experience out of hours as a means of exposure to a different type of acute illness. This can be a useful learning opportunity but must be properly supervised. The doctors would not be paid extra money for this work and it must be negotiated on an individual basis.

#### Q. What hours should an F2 Trainee work?

**A.**

* There is no banding pay for the foundation posts in General Practice.
* They **must not work** over 40 hours a week in the practice. If shown by hours monitoring to be working over 40 hours the doctor could be entitled to financial remuneration (their rota would be pushed up to a banded rota) and the practice would be liable to pay for this.
* The maximum of 40 hours (advised to aim for a maximum of 39 per week to give a buffer) must also all fall between the times of 7am-7pm Monday to Friday. No seven day working here!
* Foundation teaching is included in these hours (including travel to the teaching).
* The actual timetable (work schedule) is able to be practice-specific within these guidelines.
* Medical staffing at the acute trust should be informed of the work schedule for monitoring purposes. The hours the F2 Trainee is working at the practice so an individual time template can be built.
* If F2 Trainees are concerned that they are working over their hours then an exception report should be made to the local trust Guardian of Safe Working.

#### Q. Should an F2 Trainee be allowed to do extra work in hospital?

**A.**

* F2 Trainees can be keen to pick up extra shifts either as a locum or as part of a rota working in acute hospital specialties. This is partly to do with the unbanded pay being a drop in income compared to other F2 posts. Some doctors may also want to extend their experience of acute specialties.
* Acute trusts can also be keen to fill rotas and reduce expenditure on locum doctors by providing extra shifts for the F2 Trainees while they are working in GP.
* This extra work is allowed **only if** this additional work does not impact on attendance at the GP post.
* The GP Clinical Supervisor should be made aware of any additional work undertaken by the F2 Trainee.
* Working a rota which means missing any time in GP (either for the work itself or time off following work to meet EWTD (European Working Time Directive) eg ‘zero days’) is not allowed.
* If this then becomes a banded post, the individual F2 Trainee’s working template held by HR at the employing trust should be changed to reflect this.
* F2 Trainees in doing this extra work cannot opt out of the EWTD rest requirements.

**Q. How are these doctors “signed up” and does the time in primary care count towards GP training?**

**A.**

* The time in General Practice as a F2 Trainee does not count towards a GP specialist training rotation.
* The trainers cannot approve any of the experience in Foundation Year 2 for specialist training.
* The trainers should complete the relevant sections of the HORUS Foundation portfolio including all the work place Structured Learning Events.
* At the end of the year the evidence from the GP 4 months and the clinical supervisor report will contribute to the annual review of competence progression (ARCP) sign off process.

#### Q. Who are the people that I need to know locally?

**A.**

* The Foundation Programme director (FPD) will usually work at the employing acute trust and is responsible locally for organisation of the Foundation Programme. The FPD could be a General Practitioner.
* In each area there will be an Administrator for the Foundation Programme.
* The local GP Associate Dean would be available to give advice about educational issues in General Practice.
* Details of Foundation Programme Directors and Foundation Programme Administrators can be found on the Foundation pages of the HEE(NW) website.

**Q. Can I get a login to the F2 Trainee portfolio?**

**A.**

* Yes as a clinical supervisor you should have a login to the portfolio in advance of them coming to the practice. The local Foundation Programme Administrator will arrange a login and should be able to give you basic advice about using the portfolio.

**The 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. This is covered in more detail in the curriculum which can be downloaded from the link below.

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##### <http://www.foundationprogramme.nhs.uk/pages/home>

**The 2016 syllabus comprises four sections**:

**Foundation professional capabilities**

There are 20 foundation programme training ‘outcomes’ to be achieved within the curriculum; these are termed ‘foundation professional capabilities’. Each comes with accompanying descriptors – indicative examples of the knowledge skills and behaviours which foundation doctors and trainers might use to understand whether they are performing at an appropriate level.

1. **Professional behaviour and trust**
   1. Acts professionally
   2. 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
2. **Communication, team working and leadership**
   1. Communicates clearly in a variety of settings
   2. Works effectively as a team member
   3. Demonstrates leadership skills
3. **Clinical care**
   1. Recognises, assesses and initiates management of the acutely ill patient
   2. Recognises, assesses and manages patients with long term conditions
   3. Obtains history, performs clinical examination, formulates differential diagnosis and management plan
   4. Requests relevant investigations and acts upon results
   5. Prescribes safely
   6. Performs procedures safely
   7. Is trained and manages cardiac and respiratory arrest
   8. Demonstrates understanding of the principles of health promotion and illness prevention
   9. Manages palliative and end of life care
4. **Safety and quality**
   1. Recognises and works within limits of personal competence
   2. Makes patient safety a priority in clinical practice
   3. Contributes to quality improvement

It is important to remember

* The rotation in your practice is part of a programme.
* The F2 Trainee will not cover all competences during his/her time with you.
* Some competences may well be more readily met in general practice than in some other rotations e.g. Relationships with Patients and Communications

Each programme has mapped competences to posts in their tracks.

There is more detailed information about how to cover the competences while in General Practice on the ‘General Practice’ section of the web site (use an alternative browser to Internet Explorer which has compatibility issues with the website):

<https://www.nwpgmd.nhs.uk/general-practice-education-north-western-deanery>

**The Assessments**

The Foundation Year 2 assessment programme is intended to provide objective workplace-based assessments of the progress of the F2 Trainee through the Programme. The assessment will be used by Health Education England (North West) to decide whether the doctor can be signed up as satisfactorily completing the programme.

* The assessments are designed to be supportive and formative.
* The F2 Trainee 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 F2 Trainee is expected to keep evidence of their assessments in their portfolio. These will then form part of the basis of the discussions during appraisals.
* The F2 Trainee 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**

**Known as supervised learning events (SLEs), they do not need to be planned and they should be spread through the placement. The assessor must be senior to the F2 Trainee.**

1. Team assessment of behaviour (TAB)

This is very similar to a 360 degree feedback or Multi-Source Feedback

Each F2 Trainee should nominate 15 people within the practice to complete the TAB form. They need at least 10 replies. Should be completed once in the first placement of the F2 year. Option to do more if educationally helpful.

2. Mini Clinical Evaluation Exercise (mini-CEX)

This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter. At least two in the GP placement.

3. Direct Observation of Procedural Skills (DOPS)

This is another doctor-patient observed encounter. There should be three in the year and the focus is on the doctor patient interaction rather than the procedure.

4. Case Based Discussion (CBD)

This is a structured discussion of real cases in which the F2 Trainee has been involved in the management. There should be at least two in the GP placement.

5. Developing the clinical teacher

This is a tool to aid the development of teaching or presentation skills.

There should be at least one a year.

**The assessment programme**

The table below is an example of how many of these assessments are likely to be carried out in each 4 month rotation. It also shows the purpose of the assessment

|  |  |  |
| --- | --- | --- |
| **Tool** | **What is assesses** | **How assessment is made** |
| 2 x Clinical Evaluation exercise  **(mini-CEX)** | Clinical Skills  Professionalism  Communication | Sitting in with F2 or using a video recording of the consultation. |
| 2 x Direct observation of  procedural skills  **( DOPS)** | Practical Skills  Professionalism  Communication | Observing practical  procedures |
| 2 x Case BasedDiscussions  **(CbD)** | Clinical reasoning  Professionalism | Case review in 1:1 discussion |
| 1 x Multi-source Feedback  each year unless identified problems  **(TAB)** | Professionalism  Clinical Care  Communication | Colleagues all aspects of work |

* The assessments do **not** have to be carried out by the doctor who is the nominated clinical supervisor but must be a senior doctor or appropriate nurse.
* You can and should involve other doctors, nurses or other health professionals that are working with the F2 Trainee.
* It is important that whoever undertakes the assessment understands the assessment tool they are using and has had some calibration/training.

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.

Each F2 Trainee will keep a learning portfolio. This will be using the on line HORUS system or National Foundation Portfolio. Supervisor login details can be organised by the local Foundation Programme Administrator.

**The F2 Trainee 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 F2 Trainee 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 specialist trainees but will probably last about a week. It should be planned for the first week of their 4-month rotation with you. It is also very helpful if you have an introduction pack for the F2 Trainee, which again is similar to that which you might use for a locum. 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.

This is the time to identify the F2 Trainee’s learning needs, assess the competency level of the F2 Trainee and make sure they are safe to see your patients. The starting F2 Trainees may vary depending on training and background.

Example F2 Trainee Induction Programme

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **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  3-6 |
| **Day 2** | Treatment Room  9-11 | Chronic Disease  Nurse clinic 11- 1 | Computer training  2-3 | Surgery with  another doctor  3-6 |  |
| **Day 3** | District Nurses  9-12 | Computer training  12-1 | Local Pharmacist  2-4 | Surgery with  another trainer |  |
| **Day 4** | Health Visitors  9-11 | Admin staff  11-12 | Shadowing  On call  doctor 1-6 |  |  |
| **Day 5** | Surgery and home visits with another doctor 9 - 12 | Practice meeting  12-1 | Computer training  2-3 | Surgery with trainer  3-6 |  |

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. Try to set specific learning objectives.

Please note that much of this may have been done as an undergraduate and you will have to set clear objectives for a doctor at F2 level.

This will not necessarily fit into hourly blocks of time and you may have several other opportunities that you feel your F2 Trainee would benefit from at your practice during this initial phase.

This will have been discussed in depth at the foundation supervisor course.

The working and learning week

**This will vary in each practice and is only an example. There are many innovative ideas that have been developed by practices. These can be used as long as they help the F2 Trainee achieve the F2 competences.**

Every experience that your F2 Trainee 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 an F2 Trainee is 40 hours spread over the 10 sessions (regardless of your practice working week arrangements). The F2 is not expected to do out of hours work during their General Practice rotation.

This will vary between programmes as some of the group teaching is provided in a different format.

|  |  |
| --- | --- |
| **6-8 x surgeries** | * These will usually start at 30 minute appointments for each patient and then reduce to 15-20 minute appointments as the F2 Trainee develops their skills, knowledge and confidence. * The F2 Trainee must have access to another doctor (not a locum doctor) but not necessarily the trainer in the practice * The F2 Trainee does not need to have their own consulting room and can use different rooms so long as patient and doctor safety and privacy is not compromised |
| **1-2 x sessions in other**  **learning**  **opportunities** | 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 F2 Trainees from other practices * Shadowing or observing other health professionals or service providers e.g. outpatient clinics pertinent to primary care, palliative care teams, voluntary sector workers |
| **1 x session on project**  **work or**  **directed study** | * Your F2 Trainee will be undertaking a project or audit during their time 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 |
| **1 x group teaching** | * Each Foundation Programme will provide some group teaching for the whole programme. * Details can be obtained from the local Foundation Programme Administrator. |

###### Tutorials

###### We usually suggest a 1 hour tutorial each week in the practice.

###### Tutorials ideally should be on a 1:1 basis but could be 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

###### It is often most useful to use case discussion for teaching and assessment.

###### 

Chronic Disease Management

* Although the emphasis is on acute care it is also important for F2 Trainees 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
* Practices have found that it is useful for F2 Trainees to be involved in chronic disease clinics and this is now part of the curriculum. There are many skills that can be gained by seeing patients with some sort of more chronic problem such as diabetes.

Administration

* It is useful and appropriate for F2 Trainees to deal with letters and results related to patients they are involved with. Ideally they should have their own “lab links” inbox. However it should be noted that they must be assessed as competent to manage the results safely.
* It can be useful for the F2 Trainees to review hospital discharge letters and see the patients at home if required.
* F2 Trainees should not routinely be doing repeat prescriptions and should not complete medical insurance reports on behalf of the practice.
* It is appropriate for them to attend practice business and education meetings if there are clear educational objectives.

**The F2 Trainee using a half hour consultation slot**

(based on Stott and Davis consultation model)

This may provide a useful basic model for an F2 Trainee to use. It may be that with longer consultation they may need help quickly with the acute problem. This model will allow the F2 Trainee to look at other important areas while they are waiting.

|  |  |
| --- | --- |
| **Managing the acute problem**  This is often the main focus of consultation for the F2 Trainee in GP.  If the case mix is good it enables the learners to cover wide areas of the curriculum. There is a need for very good supervision in the learning environment.  The trainees should use every opportunity to explore:  Ideas  Concerns  Expectations | **Managing the chronic or continuing problems**  This is now a clear part of the Foundation Curriculum. There are significant learning opportunities for the F2 Trainees in taking part in chronic illness clinics. If they are waiting for the supervisor to come and help with the acute problem perhaps they can look at the chronic problems.  Explore ICE  Consider explanation skills |
| **Opportunistic Health**  **Promotion**  This is not just collecting data for  the QOF!  Consider relevant health promotion. Learn to complete templates and use the primary care IT system.  How is the subject raised with the patient?  Look at health beliefs.  How to people change behaviour?  Motivational consultation skills. | **Modification of**  **health seeking behaviour**  Consider why the patient has come on this occasion.  Could any advice be given to alter the behaviour if the problem arises again?  How can this information be given in a professional manner?  This may include an element of safety netting. |

Taught sessions

In addition to the weekly timetable organised by the practice, the Foundation Programme Directors will organise a set teaching programme. The arrangements for these are different in each area and need to be confirmed with the Foundation Programme Director.

* Some but not necessarily all of these days will be whilst the F2 Trainee is in their rotation in your practice.
* The F2 Trainee must attend these sessions along with their colleagues in the hospital rotations.
* The taught sessions cover some of the generic skills such as communication, teamwork, time management, evidence based medicine. Simulation may be used.

The teaching time is included in the overall 40 hour working week.

**Your role as a Clinical Supervisor**

F2 Trainees will have an educational supervisor and a clinical supervisor. They may or may not be the same person. The educational supervisor is usually a consultant in secondary care.

* It was the intention that the F2 Trainee had one educational supervisor for at least one year. In HEE (NW) this may be for the whole programme. This will be arranged locally and may not be the case in all areas. Please discuss with your local Foundation Programme Director.
* This means that you will be the clinical supervisor for the doctor whilst they are in your practice.
* If the first rotation is in general practice you will need to carry out an initial appraisal and work with the F2 Trainee to identify their learning needs and discuss with them how maintain their portfolios, personal development plans and keep appropriate records of their assessments.
* For second and third rotations you will need to start by going through the portfolios and discuss their learning to date in order to help them identify the learning needs they wish to address during the rotation with you

**Performance issues**

The vast majority of F2 Trainees will complete the programme without any major problems. However some doctors may need more support than others, for example there can be problems with ill-health, personal issues, learning needs or attitudes. If you feel at any time that the doctor under your education or clinical supervision has performance issues you should contact the Foundation Programme Director who will work with you to ensure that the appropriate level of support is given both to you and the F2 Trainee. **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 Trainee regarding your concerns.**

**The End of the Rotation**

At the end of each rotation you should complete the final clinical supervisor report and ideally hand over to the next clinical supervisor. This is your overall assessment of the doctor’s performance during the time they have spent with you and helps the new clinical supervisor to focus on any areas of particular need. 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 for you to arrange so it is important that there are at least clear notes in the F2 Trainee’s portfolio.

**The Supervision Payment**

The supervision payment, equivalent to the basic training grant (pro rata) is paid for each F2 Trainee.

The employing acute trust will inform Health Education England (North West) if a practice is supervising an F2 Trainee at the start of each 4 month placement. The practice will be paid the supervision payment via BACS at the end of each placement. The practice does not need to send an invoice.

Any questions about payment need to be directed to Health Education England (North West) Foundation Team.

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

* Communication skills – this is extremely important and it is often worth concentrating on the ability to take a focused history but taking onto account the patients ideas, concerns and expectations.
* 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

**….and finally**

The Health Education England (North West) has set up a Foundation School which will oversee the running and organisation of the Health Education England (North West) Foundation Programme.

The Deputy Postgraduate Dean - Foundation is Professor Paul Baker and can be contacted at Health Education England (North West). [paul.baker@hee.nhs.uk](mailto:paul.baker@hee.nhs.uk)

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Other useful contacts on the Foundation School Team are:

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