NHS England

Supervisors Guide to F2 Training in General Practice

2026

Contents

Introduction

This Guide to Foundation Programme Supervision in General Practice is intended to be exactly that. Every practice is different and will offer different learning opportunities for 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.

For the purpose of this guide the terms '**trainer**' or '**GP supervisor'** or '**clinical supervisor'** refers to the person nominated by the practice to have responsibility for the Foundation programme doctor who is learning in general practice.

The programme is designed to train Foundation doctors over a broad range of clinical scenarios and professional skills:

- The programme is Foundation doctor led
- Experience of the primary-secondary care interface is important
- There is a programme of assessment which the trainee organises
- The Foundation doctor engages in continuing professional development (CPD) and becomes familiar with the process of life-long learning in their professional life
- The programme is organised by the Foundation School, and a network of educational and clinical supervisors support the Foundation doctors' activities and under-pin the Foundation Programme philosophy
- Supervisors and Foundation doctors are trained in the use of the assessment tools and the Foundation Programme activities

The Foundation Programme website (https://Foundationprogramme.nhs.uk) provides information about Foundation training and what Foundation doctors should expect throughout their training. There is information about recruitment, assessments, learning portfolios and resources to help Foundation doctors with the future career choices.

The UK Foundation Programme e-portfolio is available on https://horus.hee.nhs.uk/login. Local Trusts will arrange log-in details for Foundation doctors and their supervisors.

F2 Doctors

What are F2 doctors?

- Doctors with full GMC registration in their second year of postgraduate medical education and training
- They will have completed a provisional registration F1 year, and be undertaking an F2 programme rotating through three specialties
- They are expected to undertake a clinical workload under supervision.
- They are not expected to do ‘out of hours’ in general practice
- They remain trust employees for the whole of their F2 year and are hosted during their GP placement
- F2 doctors will attend the generic Foundation teaching programme organised by the Foundation Programme Director (FPD), who is usually based in the acute trust.

How is an F2 doctor different from a GP speciality trainee?

- The F2 doctor is **not** learning to be a GP
- The aim of this rotation is to give the F2 doctor a meaningful experience in general practice with exposure to the patient in the community, as well as gaining an understanding of the interface between primary and secondary care.
- Experience in general practice will contribute towards the F2 doctor achieving the capabilities required for the Foundation Programme.

F2 Doctors and General Practice

Why have F2 attachments in primary care?

All doctors need to understand how the NHS works and the dynamics between primary and secondary care. Key themes in the curriculum for F2 doctors that are highly appropriate to general practice include:

- The recognition and management of acute illness
- Prescribing
- Communication skills
- Teamwork
- Triage and problem solving
- Impact of illness of everyday lives of patients and carers
- Long term conditions
- Understanding the interface between primary and secondary care
- Management skills

It provides an opportunity for F2 doctors to experience general practice as a specialty and helps to consolidate career choices.

The aim is to provide a tailored education programme for each F2 doctor developing the generic skills and capabilities appropriately acquired and assessed in the context of general practice, allowing them to be further developed and perfected in the remainder of the Foundation Programme.

Educational and Clinical Supervisors

Foundation Programme doctors will have one educational supervisor (usually a hospital consultant) for the 2-year programme and a clinical supervisor for each 4-month rotation.

The Role of the F2 Educational Supervisor

The educational supervisor is responsible for making sure a Foundation doctor receives appropriate training and experience throughout the F2 year, and for deciding whether placements have been completed. They should help with the Foundation doctor's professional and personal development.

- This person will supervise the Foundation doctor for 2 year and is responsible for the overall development of the programme through all six placements. This person will normally be based in the Acute Trust and not a GP because it is difficult for the F2 to access the practice after they have left. Only rarely will the educational supervisor be a GP.
- The educational supervisor has regular meetings with the trainee and should be in contact with the clinical supervisor when the trainee is in post.
- The educational supervisor liaises with the Foundation Programme Director in the Trust. The educational supervisor will have completed an appropriate training programme

The Role of the Clinical Supervisor in General Practice

The clinical supervisor is the doctor supervising the F2 doctor's clinical work in the practice. 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 always be paramount.
- Make sure that there is a suitable induction to the 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 doctors learning needs and complete the initial meeting form on Horus.
- Identify a suitable placement supervision group from whom you will seek formal feedback on the doctor's performance using the placement supervision group feedback tool.
- 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 supervised learning events.

- 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 Foundation Program Director, 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.
- Relate to the Foundation doctors eportfolio by looking at learning log entries and ensuring that the Foundation doctor has demonstrated attainment of competence against the curriculum.
- Demonstrate that they have a level of competence in training and education and be able to apply this to the appraisal and development of an appropriate PDP for the Foundation doctor.
- Report any absence to the Acute Trust to ensure it is recorded for pay purposes.

Supervisor Working Week

The supervisor has protected time of up to four hours per week which should include:

- A two-hour tutorial (full time Foundation doctor in GP) during which supervised learning events are completed and pastoral care provided.

Additional educational responsibilities include:

- Meetings with the Foundation doctor to review progress
- Time spent advising on research and audit/ QIP
- Advising on action plans for further learning
- Time spent relating to the eportfolio as well as writing clinical supervisor reports
- Preparation time for the above
- Pastoral care

It does not cover: Debriefing time after consultations (see section on surgery setup/supervision)

At The End of the Rotation

The GP clinical supervisor must record the clinical supervisor's report on the F2 doctor's e-portfolio completed at least 2 weeks before the end of the attachment. This is an overall assessment of the doctor's performance during the time they have spent with in the practice

and helps the educational supervisor to ensure the F2 doctor has performed to the required standard. This report is essential for sign off at the end of the year.

GPs that are approved as either GP Trainers or GP Clinical Supervisors in practices that have been approved for training by the Wessex or Thames Valley Deanery can supervise F2 doctors.

Minimum Criteria and Process for Clinical Supervisors

- GP clinical supervisors are required to be qualified for at least 2 years.
- GP clinical supervisors need to work at least 3 sessions in the surgery.
- Register interest with your local associate dean/ programme director (see contact list)
- Book onto Foundation Supervisors Course (free to attend)
- All GP clinical supervisors are required to have an Equality and Diversity Certificate
- Complete the application form.
- Meet with the locality Foundation approval lead.

F2 Doctors Induction

This is an orientation process so that the Foundation doctor can find their way around the practice, understand the practice area, meet doctors and staff, learn how to use the computer and know how to get a cup of coffee and where to put their lunch!

This is very similar to the induction programme used for GP registrars but will probably last about a week. It should be planned for the first week of the 4-month practice placement.

It is also very helpful for the GP F2 to have an induction pack, which again is similar to that which might be used for a locum or GP registrar.

An induction week might look something like the timetable below, but this is only a guideline and should be adapted to suit the GP F2 and the practice.

Before the F2 doctor starts:

- GP supervisor or practice manager contacts the F2 doctor and provides them with an induction pack for the practice.

A practice manager check list for the F2 starting in the surgery can be found in Appendix 4.

How should induction in GP be structured for the F2 doctor?

- Rotation dates are the first Wednesday of August, December and April. The Foundation doctor will attend a trust induction on the first one or two days of the August rotation. This will incorporate the necessary mandatory yearly updates.
- Sitting in with other members of the team exposes the learner to different styles of communication and consultation. Please remember to include in your induction familiarisation to the emergency resuscitation equipment and location of emergency buzzers.
- The GP practice induction process should include a discussion of roles, responsibilities and expectations, a review of the F2 doctor's portfolio, and agreeing a PDP and specific learning objectives.

A Typical F2 Induction Programme for Week 1

Day 1

09:00-10:00: Meeting doctors and staff

10:00-11:00: Sitting in the waiting room

11:00-13:00: Surgery & home visits with Trainer

14:00-15:00: Working on reception desk

15:00-18:00: Surgery with Trainer

Day 2

09:00-11:00: Treatment room

11:00-13:00: Chronic Disease Nurse Clinic

14:00-15:00: Computer training

15:00-18:00: Surgery with another doctor

Day 3

09:00-12:00 District Nurses

12:00-13:00: Computer training

14:00-16:00: Local pharmacist

15:00-18:00: Surgery with Trainer

Day 4

09:00-11:00: Health visitors

11:00-12:00: Admin staff

Personal study/needs assessment

Day 5

09:00-12:00: Teaching session – Prescribing, reviewing results, referrals, and clinical Protocols

12:00-13:00: Practice meeting

14:00-15:00: Computer training

15:00-18:00: Surgery with Trainer

In discussing expectations, you may wish to cover the following areas:

- Educational needs of F2 doctor- identified in previous placements, by self-assessment and by supervisor observation (e.g. sitting-in on consultations)
- Confidentiality
- Clinical emergencies and how to manage them
- High risk groups (e.g. pregnant women, neonates, elderly etc.)
- Computer systems and record keeping
- Timetable
- Tutorials and preparation
- Project work
- Debriefing after consultations
- Supervision and patient safety
- Home visits
- Availability of clinical and educational support
- Learning about and from the primary healthcare team
- Planning ahead for assessments
- Planning ahead for annual leave and study leave

It is generally helpful to summarise what has been agreed in short written notes at the end of the discussion. This can be undertaken in the initial review meeting on the e-portfolio.

During induction, the GP supervisor should observe the doctor's basic clinical skills and knowledge to make an assessment as to whether they can start seeing patients under indirect supervision.

- It is best if the F2 doctor is supervised by a range of trainers in the practice (but not locums).
- The GP Supervisor and F2 doctor need to discuss how to deal with problems. The GP Supervisor should reinforce that they are willing for the F2 to knock on their door or phone if they need help.

F2 Doctors Working Week

What should an F2 doctor's typical weekly timetable contain?

Every experience that the Foundation doctor has should be an opportunity for learning. It is sometimes difficult to get the right balance between learning by seeing patients in a formal surgery setting and learning through other opportunities. The information below and the example timetable in Appendix 1 provides some guidance on 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.

What work can F2 doctors do?

Full time Foundation doctors are paid to work an average of 40 hours/week in their GP placement (less than full time will be calculated pro-rata). This normally equates to 9 or 10 sessions. Please ensure that your Foundation doctor is not exceeding 40 hours. Practices may ask GP F2s to work the same pattern that most GPs do, i.e. with longer working days but time off in lieu, (e.g. a session off).

The times must be convenient to the practice as well as the F2 doctor and should allow the F2 doctor to get the most out of their general practice rotation. Some F2 doctors may require adaptations to allow for transport arrangements away from their base hospital.

We have set out below the principles which must be followed when defining the timetable for your Foundation doctor.

- The maximum hours worked must not exceed 40 per week, including paid lunch break
- Of those 40 hours (less lunch) 70% should be defined as clinical experience and 30% as educational experience. (12 educational hours and 28 clinical)
- The total working day should not exceed 10 hours. That is from the point they walk in the door in the morning to the point they walk out again at the end of the day i.e. no split shifts.
- Minimum 30-minute break when working time exceeds 5 hours, plus an additional 30-minute break if working over 9 hours.
- For this basic banding Foundation doctor must not start their working day before 8am and must finish by 7pm.
- Foundation doctors must attend a teaching programme based at their employing hospital - this may be weekly teaching sessions or half/full days depending on the site. There will be a weekly tutorial of 1-2 hours.
- There must be 2 hours protected for self-development time when the F2 doctor is allocated time to attend to their portfolio including QIP work and reflections.

- There should be 30 minutes admin time for each surgery.
- There should be scheduled debrief time after each surgery.
- The F2 is not expected to do out of hours work during their general practice rotation.
- If your F2 has a 'split' post, they will be timetabled elsewhere for 1-2 days.

What can be counted as educational time? (12 hours a week)

- Tutorials, assessments and shared clinics
- Self-development time (**2 hour per week is mandatory**)
- Multidisciplinary team working - F2s are encouraged to spend time with different allied health professions during their induction or in one of these sessions.
- Integrated Care – F2s are encouraged to spend time learning about the interface between primary and secondary care. This could be tailored to F2s career aspirations. For example, aspiring care of elderly consultants could spend a session with community matrons, hospital intermediate care services (e.g. PICS), admissions avoidance nurses etc.
- Community clinics and services – could consider community clinics relating to the F2s interests. For example, aspiring orthopaedic surgeons could spend time in primary care musculoskeletal clinics, chronic back pain clinics, minor surgery. Aspiring psychiatrists could learn about wellbeing services etc. Clinics must have a primary care focus.
- Trust based teaching.
- Small group work with other learners in the practice or with F2s from other practices.
- The F2 will undertake an audit/quality improvement project (QIP) during their time in the practice, (can be in the middle of the day).

How should the surgeries be planned?

- 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 F2 doctor must have constant access to supervising GP (not a locum) but not necessarily the trainer in the practice. The named supervisor for each clinical session should be recorded on the computer screen for clarity and quality assurance.
- The F2 doctor does not need to have their own consulting room and can use different rooms so long as patient and doctor safety and privacy is not compromised

Week 1 and 2

- The F2 doctor should sit in on surgeries with the GP so they can see how others consult and the variety of problems that come to general practice.

Week 3 and 4

- 1 appointment every 30 minutes for 2 weeks.
- The clinical supervisor should have every third appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.

2nd, 3rd and 4th month

- 1 appointment every 20 minutes (reducing to 15 minutes depending on the ability of the Foundation doctor)
- The clinical supervisor should have every third appointment of their surgery blocked so they review each case with the F2 doctor throughout the day. Cases may be discussed at the end of the surgery as the competence of the F2 improves and supervision slots adjusted accordingly.

The "traffic-light" system for supervision debrief

The case review by the supervising GP should be a staged process. The transition to the next phase should be based on an assessment of competence which is ideally associated with the trainee making a Horus entry which reflects on that assessment.

F2s that have just started in the practice need to be supervised at "red" level. When the GP supervisor deems them competent enough, they can progress to the "amber" level of supervision. At some stage, they may be considered competent enough to have a "green" level of supervision.

- Red: call supervising GP in to see each patient before they leave the surgery;
- Amber: either speak to GP or call GP in for each patient before they leave the surgery;
- Green: OK for patients to leave the surgery without having discussed with GP, but each case must be reviewed by GP at end of the clinic

Obviously if at any stage there is clinical concern, every patient should wait to be seen by the supervising GP. Patient safety is paramount.

Foundation doctor should never progress to the point of entirely managing their case load without the supervisor having input during either direct supervision or indirect supervision via the process of debriefing.

A debrief should take place as soon as possible after a clinical event, and focus on progress/achievement as evidenced by, for example, mini-CEX assessment. Reference should be made to the syllabus and capabilities as appropriate. They should be used to aid action plans for learning in terms of knowledge and behaviours.

Foundation doctor must never be left unsupervised in a practice seeing patients.

Remote Consultations

There must be careful planning to identify which patients can be seen remotely, discussing advantages and limitations. We recommend starting with theoretical learning on remote consultations, then doing e-consults, before moving on to video and then to telephone consulting. There should be a checklist to follow when remote consulting reminding Foundation doctor of their responsibilities with respect to the GMC core principals.

Clinical supervisors are reminded that an appropriate level of supervision must always be available to support the F2 doctor. It is recommended that if F2 doctors undertake remote consultations there must be a similarly staged process for supervision.

- Red: supervising GP listens in to each consultation or speaks with each patient.
- Amber: either speak to GP or call GP in for each patient before they complete the call.
- Green: Each case must be reviewed by GP at end of the clinic.

Consider asking the F2 to talk through the consultation, trying to gather their own views as to strengths and points for improvement. Encourage reflection both personally and from the patient's perspective.

What about planned teaching / training for F2 doctors?

Tutorials

There needs to be a weekly tutorial lasting 1-2 hours. This should be protected time for both the F2 and the trainer to discuss complex cases/ education on identified learning needs. Ideally this should be linked to a joint clinic every week.

- Tutorials can be given either on a 1:1 basis or as part of a small group with other learners.
- Any member of the practice team can be involved in giving a tutorial.
- Preparation for the tutorial can be by the supervisor, the learner or both.

Examples of possible tutorial topics are suggested in Appendix 3.

Chronic Disease Management

- Although the emphasis is on acute care it is also important for Foundation doctors to realise how much 'acute illness' is due to poorly controlled chronic disease
- Chronic disease diagnosis and management is an integral part of primary care and the F2 should gain some experience of this during their rotation.

F2 doctors are not expected to attend the GP vocational training days.

Quality Improvement Projects/Audits

F2s do not have the volume of admin many GPs do so please consider supporting the F2 to complete a meaningful audit or quality improvements project(s) in the time between clinics or around their clinical responsibilities. Please allow the F2 to have protected time to do some research, collect the data, write up the project and present their work to the practice team. They need not do a full audit but must understand the process.

Guidelines for Home Visiting in the GP F2 Attachment

Relevance to Foundation Doctors

Home visiting by general practitioners is an important feature of British General Practice. Useful experience can be gained in the areas of respiratory disease, circulatory disease, infections, musculoskeletal disease, and pain management. These patient contacts can be used for case-based discussion and direct observation of procedural skills.

COGPED recommends that all Foundation doctors have the opportunity to improve their Foundation capabilities using the experience of home visiting during their attachment to general practice. Before allowing a Foundation doctor to visit alone a number of areas need to be considered: learning needs, clinical competence, clinical supervision and the safety of the risk patient and the Foundation doctor.

Learning Needs and Clinical Competence

The problem presented by the home visit request may not be suitable for the learning needs of all Foundation doctors. The management of the acutely ill patient in the areas of respiratory disease, circulatory disease, infections musculoskeletal disease, and pain management are the most suitable cases.

Required Levels of Clinical Supervision

Early in the attachment the trainer must accompany the Foundation doctor on home visits. Visiting alone occurs only if the trainer feels that the trainee is competent to do so. The trainer has a responsibility to screen home visit requests as suitable for the Foundation trainee, who will be briefed before, and debriefed after the visit. At all times the trainer will be contactable by mobile telephone.

Recommendations

- All Foundation doctors should be able to improve their Foundation capabilities using experience of home visiting during their attachments to general practice.

- The number of home visits undertaken should be related to educational and not service delivery needs.
- The trainer is responsible for assessing the suitability of the visit for a Foundation doctor in terms of learning needs, clinical competence (patient safety) and personal safety. Normally only “low risk” visits are suitable for Foundation doctor visiting alone, and “high risk” visits are not suitable.
- The trainer is responsible for ensuring arrangements to brief the trainee before, making suitable arrangements for clinical supervision during and debriefing after the visit.
- The Foundation doctor needs to ensure that s/he has motor vehicle insurance that covers him/her for business purposes.

The Foundation Training Portfolio (Horus)

The Horus portfolio is an online repository where the Foundation doctor collates a range of evidence to support their progression and ARCP requirements (which are clearly described in the Foundation curriculum).

It introduces resident doctors to some important concepts:

- Planning a PDP and developing achievable learning objectives
- Engaging in an appraisal cycle
- Developing reflective writing skills

What is the GP F2 Supervisor's role?

- They need to have an idea of what their F2's portfolios should contain.
- They should take an active interest in the F2’s work and check their portfolios regularly.
- Further information about what the F2 must add to the portfolio can be found on the national Foundation website.
- Horus access for the GP clinical supervisor will be arranged by the Trust Foundation administrator.
- We advise that supervisors check the F2's portfolio before arrival in the practice, so that they are aware of the F2's learning needs well in advance.

Supervised Learning Events (SLEs)

SLE is an interaction between a Foundation doctor and a trainer which leads to immediate feedback and reflective learning.

What is the purpose of a SLE?

SLEs aim to:

- Support the development of proficiency in the chosen skill, procedure or event
- Provide an opportunity to demonstrate improvement/progression
- Highlight achievements and areas of excellence
- Provide immediate feedback and suggest areas for further development
- Demonstrate engagement in the educational process

Participation in this process, coupled with reflective practice, is an important way for Foundation doctors to evaluate how they are progressing towards the outcomes expected of the Foundation curriculum.

Are SLEs assessments?

SLEs are evidence of learning, rather than assessments; the Foundation doctor does not pass or fail. The clinical supervisor's end of placement report, which forms part of the assessment, will draw upon evidence of engagement in the SLE process but the reflection and learning from the SLE is as important as the SLE outcomes.

Additionally, SLEs may be used as evidence of specific Foundation capabilities at ARCP, at which point the outcome together with the Foundation doctor's reflection on the event may be used to judge whether a capability has been met. If poor performance or patient safety concerns are identified in the process of an SLE then remedial action must be taken.

Which tools do the SLEs use?

SLEs with direct observation of doctor/patient encounter:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS).

SLEs which take place remote from the patient:

- Case-based discussion (CBD)
- Developing the clinical teacher

How frequently should SLEs be done?

SLEs do not necessarily need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself. Foundation doctors are expected to demonstrate improvement and progression during each placement, and this will be helped by undertaking frequent SLEs. Therefore, Foundation doctors should ensure that SLEs are evenly spread throughout each placement.

There are no maximum or minimum requirements for SLEs for Foundation doctors. Foundation doctors are recommended to undertake three or more directly observed encounters in each placement. Some of their Foundation capabilities must be evidenced by "directly observed evidence" i.e. SLEs.

Summary of Meetings

Each 4-month post should generate:

- Induction meeting with CS
- PDPs created by the F2 with support
- Mid-point review with CS (optional)
- CS final placement review

Reflective Writing and Summary Narratives

Regular reflective entries are required, and a summary narrative should be populated throughout the year in preparation for ARCP. The summary narratives are located on the curriculum page of Horus.

Team Assessment of Behaviour (TAB)

TAB is the multi-source feedback tool used within the Foundation Programme. TAB comprises collated anonymised views from a range of multi-professional colleagues. The TAB must be undertaken at least once per year, usually in the first placement, to allow time for any remedial action to be undertaken – the timings are agreed with the educational supervisor. The assessment requires 10 responses from a mix of clinical and allied healthcare staff – usually the mix must include as a minimum two senior doctors, a middle grade doctor (not in Foundation training), two fully qualified nurses and two auxiliary staff.

Placement Supervision Groups (PSG)

The PSG comprises senior professionals who are there to provide guidance and support for Foundation doctors. The makeup of the PSG will vary depending on the placement and in general practice may include one or two GPs, a senior nurse and other allied health professionals such as a pharmacist. The Foundation doctor is informed of the members of

their PSG by the named clinical supervisor during their initial meeting at the start of the placement.

The PSG will help the clinical supervisor form a balanced judgement of a doctor's performance, based on observations in the workplace and their engagement in the educational process. The use of the PSG will prevent any individual having undue influence over a doctor's progression.

The feedback from members of the PSG should indicate whether, in their opinion, the doctor's clinical and professional practice is expected to meet or exceed the minimum levels of performance required by the end of F2. This feedback should be used to help produce the clinical supervisors end of placement report.

The Curriculum and Capabilities

The purpose of the Foundation curriculum is to equip the Foundation doctor with the generic skills required of all doctors regardless of any career intention. General practice offers an excellent opportunity to acquire and develop key skills and attributes required of all doctors.

Aims and objectives

- Develop key skills and core capabilities
    - Communication
    - Teamwork
    - Triage and problem solving
    - Clinical governance and risk management
    - Critical appraisal skills
    - Management skills
- To develop an understanding of the primary and secondary care roles, responsibilities and understand how they interact
- To provide F2 with learning and experience in general practice to inform their future career choices for specialty training
- To provide an enriched and enjoyable educational experience

It is important to remember

- The Foundation doctor will not cover all capabilities during their time in the practice. It is intended that they will work through the curriculum during the 2-year programme.
- The GP supervisor and the F2 should work together to identify the area's most appropriately covered in the primary care setting and in their unique practice.

By the end of their four-month GP placement the F2 should aim to:

- Consult, visit and prescribe (under supervision) with surgeries of 6-8 patients at intervals of no less than 15 minutes per patient
- They should have developed basic competence in consultation and communication skills
- Manage simple problem solving and triage (of their own cases)
- Be able to manage both acute and chronic illness in the community
- To have worked at the primary/secondary care interface in primary care and be able to identify good practice in referral and discharge of patients from hospital
- Have an evidence-based framework for the management of common problems such as ‘tired all the time, headaches, back pain, breathlessness.’
- To have seen and treated patients with illnesses in their own homes and to understand the management issues related to this
- Be able to develop a simple clinical or management protocol
- Be able to perform a risk assessment in the context of clinical risk or risk in the workplace
- Complete a significant event and clinical audit
- Understand the roles and responsibilities and interact with the wider primary care team
- Perform a simple management task e.g. draw up a staff rota, draft an agenda for a team meeting
- To have identified personal learning needs from the working in general practice and to have an up-dated personal development plan.

If any doctor is failing to achieve expected progress, or there are concerns regarding clinical ability or professionalism the GP supervisor needs to bring this to the attention of the Foundation doctors ES as soon as they are identified. The ES will then liaise with the Foundation programme director of the acute trust to determine the next steps.

F2 Doctors and Employment: The Practicalities

Who holds their Contract of Employment?

The Contract of Employment is held by the host acute trusts, which is responsible for paying salaries and other HR related issues. The Practice is responsible for keeping the acute Trust up to date with any absence or performance concerns.

Does the F2 doctor need to be on the Performers List?

It is **not necessary** for the GP F2 doctor to be on the Performers List because they remain employees of their host NHS trust who will have carried out the necessary pre-employment checks and they are fully supervised in their GP placements.

Does the practice need to organise medical indemnity cover?

The F2 doctor is an employee of the trust and will be covered by the trust indemnity scheme. They do not require further MDU/MPS cover however they should inform them when they are moving to their GP placement.

Can an F2 doctor sign prescriptions?

Yes. Unlike a GP F1, a GP F2 doctor is post-registration and can sign prescriptions under supervision.

Should an F2 doctor do out-of-hours shifts?

F2 doctors are typically contracted to work a 40-hour week during working hours and are not expected to work out-of-hours shifts during their general practice posts.

Some F2 doctors have asked to experience out of hours as a means of exposure to different types of acute illness. They may also be asked to work an extended day to match the practice hours. This can be a useful learning opportunity but a level of supervision appropriate for F2 doctors must always be available.

Many F2s will work some out of hours shifts (e.g. weekends) with their acute trust. A work schedule will be issued by the Trust and shared with the practice.

Leave Entitlement for F2 Doctors

Annual Leave

The F2 doctor is entitled to 27 days annual leave in the 12 months, and this should be equally divided between the three posts – i.e. 9 days per post.

If the Practice is rostering the F2 doctor to work 4 10-hour days, you can either convert their annual leave to hours (72 hours for 4-month placement) or remember that they need to take

5 days of annual leave to cover a whole week as this is equivalent to one week of full time leave.

Annual leave should be booked by the F2 in advance according to the standard GP practice process.

Sick Leave

Sick leave should be documented, and all absences recorded and forwarded to the trust HR department at your earliest convenience. Timely reporting allows the acute trust to support the Practice in case of any absence management policy triggers.

The Foundation programme director (FPD) must be informed of sick leave beyond 2 weeks by both the GP F2 doctor and the supervisor

Study Leave

The F2 doctor is entitled to 30 days study leave during the year. However, some will I be used as part of the ‘classroom’ teaching programme organised by the acute trusts (either F2 or departmental teaching sessions – NOTE acute trusts do vary slightly on this allocation). All study leave must be authorised by Foundation programme directors or schools to ensure compliance with study leave policies.

Trainee Support

The vast majority of F2 doctors will complete the programme without any problems.

However, a few doctors may need more support than others: for example, ill-health, personal issues, learning needs or attitudinal problems.

GP supervisors who that feel their F2 needs additional support or has performance problems should contact the GP lead for their patch as well as the Foundation training programme director of the host Trust. They will work to ensure that the right level of support is given both to the supervisor and the F2.

It is particularly important to keep written records of any issues as they arise and that any discussions with the F2 doctor regarding concerns are documented. These records should be shared with the F2 doctor.

Complaints from patients

Despite the best efforts of all involved complaints from patients may still happen. In this circumstance the practice complaints policy and procedures must be followed. Important principles are:

- The Foundation doctor must be given an opportunity to respond and the complaint details must be shared with them – even if they have since left the practice. This will enable the Practice to have all the information available to enable them to respond to the patient appropriately.
- It is also important to let the relevant Foundation Training Programme Director know about the nature of the complaint if not the detail.

Appendices

Appendix 1: Sample Timetable

Monday
08:30-12:00: Surgery (08:30- 11:30), coffee and debrief (11:30-12:00)

12:00-13:30: Admin/visit

13:00-14:30: Lunchtime meeting

14:30-18:00: Surgery incl. debrief and admin

Total: 8 hours clinical and 1 hour educational

Tuesday
08:30-12:00: Surgery (08:30- 11:30), coffee and debrief (11:30-12:00)

12:00-13:30: Admin/ visit

13:30-14:30: Lunch

14.30-18.00: Surgery incl. debrief and admin

Total: 9 hours clinical

Wednesday
08:30-12:00: Surgery (08:30-11:30), coffee and debrief (11:30-12:00)

12:00-13:30: Admin/ Visit

Trust teaching

Total: 5 hours clinical and 3 hours educational

Thursday
09:00-11:00: Tutorial

11:00-12:00: Self-directed study

12:00 -13:00: Admin/ visit

13:30-14:30: Lunch

Clinic/ self- directed study audit

Total: 1 hour clinical and 8 hours educational

Friday
08:30-12:00: Surgery (08:30-11:30), coffee and debrief (11:30-12:00)

12:00-13:30: Admin/ Visit

Off

Total: 5 hours clinical

Appendix 2: A few learning areas suitable for tutorials

Clinical supervisors should agree a realistic programme early in the attachment to meet the needs of each individual F2 in GP. The list below is a suggestion for tutorial topics. It is by no means prescriptive or definitive.

- Managing the practice patient record systems
    - History taking and record keeping
    - Accessing information
    - Referrals and letter writing
    - Certification and completion of forms
- General Practice Emergencies
    - The doctors' bag (being prepared)
    - House visits
    - Physical, psychological and social aspects of acute care in GP
- Primary Healthcare Team working
    - The doctor as part of the team
    - Who does what and why?
- 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
    - Care in the Community
- Interagency working
    - Who else is involved in patient care?

    - What is the role of the voluntary sector?
    - Liaising with Social Services
- 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
- Safeguarding
- Remote working

Appendix 3: Teaching According to Learning Needs

The following is a list of ‘teaching tasks’ the educator should try to do with his or her learner or trainee.

- Define the priority **objectives** for learning
- Identify the **learner's agenda**
- Assess the **learner’s needs**
- Is there anything you (the teacher) want to cover (the **teacher’s agenda**)?
- **Negotiate** and agree the content and priorities for learning (i.e. learner’s agenda vs learning needs vs teacher’s agenda)
- Select and use appropriate learning methods and resources that **develop**…
    - The Foundation doctor’s competence
    - The Foundation doctor’s critical thinking
    - The Foundation doctor’s self-awareness
- Provide an **environment** and example that reinforces the learning
- Agree plans for **future learning**
- Use **time** efficiently
- Establish and maintain a **relationship** that enables the other tasks to be achieved
- **Evaluate** the extent to which the above tasks have been achieved

Appendix 4: Practice Manager F2 Checklist

6 weeks prior to commencement:

- E-mail or telephone F2 with welcome and introduction and offer of a visit to the practice to meet new colleagues ahead of their placement.
- Confirm contact details to include:
    - Email (home and work)/ Address /Tel numbers (home and mobile)
    - Any special needs, requirements or information (religious beliefs and practices, travel arrangements to and from work, commitments outside of work, what they like to be called etc). This sort of information is invaluable in our experience and helps us to plan for their placement appropriately.
- Prepare and send induction timetable (see suggested timetable in handbook).
- Agree and send a weekly timetable for the F2 (to include their half days, taking account of any on-call commitments and compulsory training) and get the appointments for the F2 set up on the clinical or appointment system at 30-minute intervals to start with.

2 weeks prior to commencement:

- Ensure all staff are aware of the imminent arrival of the new F2 doctor.
- Prepare access to all IT systems via passwords and logo