YHFS General Practice F2 Placement and General Practice Longitudinal Integrated Foundation Training (GP LIFT) FAQs

Contents

F1 FAQs (GP LIFT)

How does a F1 doctor differ from a GP specialist doctor?

The F1 doctor is fundamentally different from a GP doctor. The F1 doctor is not learning to be a GP. F1 doctors are not independent practitioners and need a high level of supervision. They only have Provisional Registration with the GMC until F1 is successfully completed.

The F1 doctor needs support in gaining competencies from the Foundation Programme Curriculum. The GP specialist doctor is covering a different curriculum.

The aim of the longitudinal Foundation training placement in a community setting is to give the F1 doctor a meaningful longitudinal relationship with patients and the health care team, to advance workforce transformation and promote compassionate patient-centred care.

The F1 doctor will only be in the community setting two sessions per week.

Who will be the foundation GP LIFT doctors' educational supervisor?

The GP practices involved in the LIFT scheme have agreed to undertake the FDs educational supervision for the 2 years of the programme, instead of the employing acute Trust.

FDs will have clinical supervisors in their placements in the employing acute trust.

Can an F1 doctor conduct acute telephone triage?

Acute telephone triage is believed to be too high risk for doctors at this stage of their training in the primary care setting. They can undertake phone calls to patients that they are involved with on a more chronic basis if the doctor and supervisor believe this is appropriate.

Will the GP LIFT doctors be able to prescribe independently?

Only when they are in F2 – this is unchanged. F1's cannot prescribe independently, but they should have 100% in house supervision so this should never be a problem.

Can an F1 doctor sign prescriptions or repeat prescriptions?

Prescribing in a GP setting by F1s is covered in the GP Handbook. Repeat prescriptions should not be signed by F1 doctors.

To help with the educational need around prescribing in primary care, it is a worthy topic for an early tutorial. If you have a local friendly pharmacist, why not use this resource as part of your GP induction programme? It could be a way of learning how to do an effective medication review.

Can the F1 doctors conduct home visits?

Mindfulness should be given to the purpose and requirements of the home visit; in addition to the educational value of this visit for the doctor. F1 doctors should not carry out acute home visits at the request of the patient. These are felt to be too high risk for a doctor in the initial stages of training. The F1 doctor can conduct carefully selected and supervised home visits if felt to be acceptable by the patient and educationally valuable for the doctor.

Home visits are not a Foundation Programme Curriculum competency.

Joint visits with a more senior practitioner can be an excellent educational experience and are the recommended method for experiencing home visits. If a doctor does not have a car, it is possible to use public transport or walk/cycle to home visits in many practice areas. They can conduct home visits to patients with chronic illness and those being discharged from hospital if there are clear objectives for this work.

What about GP LIFT Annual Leave (A/L)?

The GP placement will run longitudinally over the entire 2 years of the Foundation Programme. It is assumed that limitations to A/L will predominantly be from rota co-ordination and acute hospital provision of staff.

F1 doctors should advise the practice of any leave booked via the Trust.

The FD A/L will be subject to six weeks agreed notice period to allow cancellation of clinical commitment. The FD doctor A/L should not be restricted by service needs of either the Trust or the GP practice.

What hours should a GP LIFT doctor work in GP?

Foundation doctors in a LIFT programme will work two programmed activities (1 day) in the GP setting per week. They must not work over forty basic hours a week overall (including the hospital component of the training). If they are found to be working over 40 hours in a week, they could be entitled to financial remuneration. The maximum of 40 hours must fall between the times of 7am-7pm Monday to Friday. Travel time during working hours must be accounted for. The actual timetable should be practice-specific within these guidelines. Timetables of activity should be submitted to HR at the local trust for consideration and work monitoring.

Who are the people that will support the practice and the F1 in the LIFT project?

YHFS has a GP Lead who can be contacted for support. The local GP Associate Dean is also available to give advice about educational issues in General Practice. Your local Foundation Programme faculty can tell you who this is for your area.

Each employing Trust has one or more Foundation Training Programme Directors (FTPDs) and an administrator, with whom you should work with closely. Details of FTPDs and Foundation Programme Administrators can be found on the NHSE web site; Contacts.

Do GP LIFT Foundation doctors contribute to on call throughout programme as per their Foundation colleagues?

Yes, we felt it was important to maintain their on-call, and this has worked well to date. Communication is needed between the doctor, employing Trust and Practice

What was the feedback has there been from Foundation doctors who have been through the LIFT programme – what went well and what was challenging?

The most challenging of all was working in conjunction with Trust rotas. Concerns such as not feeling part of the team or a part of the practices disappeared quite quickly. Another challenge was being able to track patients. Mostly this has been a challenging but rewarding experience, giving a better view of how the NHS works across GP and the acute Trusts.

Did any of the LIFT doctors struggle to achieve the required competencies in hospital specialties?

No, in fact it was noted that the LIFT doctors ePortfolio's were better than non-LIFT doctors in some cases. This could be down to the individuals themselves and could be unrelated to the programme but could also be because the support in the practice is more individualised.

What would happen in the event of a LIFT doctor struggling to achieve the required competencies?

There have not been any issues with this to date, quite the reverse, but this is dependent on the individual, as opposed to the programme. Normal escalation procedures should be followed, involving the Trust FTPD and ES. The Foundation Trust Administrators should also be contacted if there are any issues with performance. This can then also be escalated to the relevant Deputy Foundation School Director / YHFS GP Lead

As the doctors are only with their practices for one day per week, who will be the Educational Supervisor?

The GP will be the ES for the LIFT FD. The FDs still do Out of Hours work in the Trust, and if they have a zero day they do not go to the practice. The zero days must be equitably split in line with their attendance.

With study leave, annual leave, zero days and on calls, how will GP LIFT doctor movements and attendance be tracked?

There are processes in the Trust for tracking absences and the Trust will be aware what days the doctors should attend their LIFT practice. It is the Trusts responsibility to track attendance as their employer. The Foundation doctor is expected to complete at least 70% of expected time at the GP practice.

Will Horus be updated as for each placement there will be two CS reports for GP LIFT doctors?

There will be two reports to be completed for the first placement but not thereafter. There is a combined ES and CS on Horus, however this would not be used for LIFT doctors.

Are there suggestions as to how the timetable should look within the practice?

It should reflect a WTE timetable, but on a LTFT basis. This should be looked at in the same way as you would look at a LTFT doctors' timetable.

What sorts of tasks do you expect a LIFT doctor to do in a GP practice?

For F1 doctors, this should be similar to F2, but with more supervision. Please see the Foundation GP Handbook 2025.

Are there any requirements about numbers of assessments that should be completed by GP LIFT doctors in primary care?

It is recommended that the LIFT doctor does more than the minimum. We cannot enforce this, but it would be good practice.

Looking at the allocations, we have at least one LIFT doctor in EM from second placement in December onwards, as you know there are many 'out of hours' shifts in ED, particularly twilight and night shifts; I would like to know the school's suggestion on the best way to arrange GP placements during weeks when a doctor is on a block of night or twilight shifts?

The doctors cannot be in a GP practice during the day then go on to do a twilight / night shift so would be helpful to manage this as you would if a doctor is working less than full time.

Will it be acceptable for the doctor to attend the GP placement for two days in a week when they are on day shifts and none during the night / twilight shifts? We will make sure the doctor is able to attend the required days of GP placement if this is agreed.

Yes, this would be acceptable as they would not be able to do a GP practice during the day then a night shift afterwards. If this is acceptable to the doctor, the practice and the Trust and they are attending the practice for a minimum of 70% average of the expected time.

General FAQs – all placements

Who decides where Foundation Doctors are allocated?

The Foundation medical education team at the employing Trust allocate the doctors to the practices. Co-operation with the local Trusts Foundation training faculty is paramount to ensure doctors are allocated to practises to match practicality and training needs/desires.

When will we find out the details of the doctor who is coming to join us, and their rota?

All practices should have their allocated F1/F2 doctors' information in the April / May prior to the start of the training year in August.

What about medical defence cover?

Foundation doctors must have the appropriate level of medical defence cover. Foundation doctors are covered by Crown indemnity as they are employed by the acute Trust.

It is however, recommended by the GMC that they need to belong to a recognised defence organisation, at their own expense (this expense is tax deductible). The “minimum” defence organisations cover provides indemnity for “good Samaritan acts” and is advisable for all doctors.

What about Foundation doctors traveling to their GP Practice or as part of their role in the practice?

Foundation doctors are employees of the acute Trust. As such they are responsible for their own travel arrangements. They may be eligible for a cycle to work or car share discount scheme through the Trust employment benefits scheme.

If they are using their own car for travel as part of their work, it is advised that they inform their insurance company so that they are aware that their car is used for “business.”

Travel expenses are claimed via the local arrangements from the acute Trust. Foundation doctors are entitled to claim for travel from their base hospital to their GP practice and for any travel needed for work e.g. home visiting.

Foundation Doctors are not required to travel with patients in ambulance services admitted from GP clinics. If doing so, they must act as observers rather than be responsible for patient care during transfer.

What about Study Leave (S/L)?

Please refer to the guidance on the NHSE website
https://yorksandhumberdeanery.nhs.uk/professional-support/policies
https://www.yorksandhumberdeanery.nhs.uk/professional-support/policies/study-leave
Foundation Doctors are mandated to attend the formal Foundation Teaching Programme at the acute hospital site with their peers. They are entitled to take up to 5 days to attend tasters in other specialities over their 2-year Foundation Programme.

The Foundation Programme Study Leave Guidance details the rationale and delivery of the generic foundation teaching sessions, and study leave for F1 & F2s. Professional leave for educationally viable tasks as part of professional development can be agreed between the FTPD, educational supervisor and doctor. The Foundation Programme Director must authorise requests for S/L for taster weeks / study leave. The Foundation Programme Administrator locally will record the study leave taken.

What about leave other than A/L or S/L?

Foundation doctors occasionally face additional difficulties. Support pathways for doctors with additional difficulties are well established within the local trusts Foundation programme governance systems. Transparency of information about doctors is thus paramount between faculty members of the supervising educational team. FDs doctors have the right to amended work duties to support their progression. The maximum permitted absence from training, other than annual leave or study leave, during the F1 year is four weeks (or 20 days) after which their progression may be affected. Any additional leave should be recorded and reported to the Foundation Programme Administrator and the employing Acute Trust HR department.

Should a Foundation doctor do GP out of hours shifts?

Foundation doctors are not required to work out of hour’s shifts at either the Trust or in a GP practices. It is not part of their training requirements, but an agreement between the Trust and the FD. However, if this is educationally valuable and agreed by both GP clinical supervisor (for direct supervision) and the FD, it is possible.

European Working Time Directive (EWTD) and funding for supervision would need consideration. There may be some arrangements where, while in their GP post, the FD conducts on calls in the Trust, on a different rotation. This should be taken into consideration.

How does the Foundation Doctor document their progression with the Foundation Programme curriculum competencies while in GP?

Progression of competence is documented and assessed through the Horus e-portfolio. Training on Horus and required documentation will be available to both the Foundation doctor and the GP trainer. The trainers should complete the relevant sections of the Horus e-portfolio including the structured learning events. An Educational Supervision initial induction meeting is required at the start of each year. Educational Supervision reports are required at the end of each placement.

GPs can form part of the Foundation ARCP panel of reviewers but not for doctors they directly supervise.

What happens with exception reports?

Exception reports will still sit with the Trust but would advise to make ES and HR aware of this so this can be managed appropriately.

What about locum shifts?

F1's can only do locums within their employing trust and only at F1 level. They are not fully registered and cannot work unsupervised. It would be very unusual for them to take on too many locums as they are very busy as F1s already.

F2's are different. They are fully registered with the GMC, and they can do locums that are related to their training. However, F2 should only take on locums shifts as appropriate and as long as they do not contravene their rest time. They do need to make the Trust and the practice aware of any additional shifts they are doing, especially if it is starting to impact on their training. This could be seen as a probity issue in certain circumstances.

What if find that doctors are in breach of the REST guidance?

This would be unacceptable and if this happens it is advised that the doctor is to be sent straight home. The Foundation Trust administrators should be informed immediately via email, including the relevant TPD. If this occurs while they are on their annual leave, then this would be acceptable.

Do the Trusts let the doctors take leave in their last 7 days of their post?

Some Trusts confirm that they do restrict leave in the last week of F2 for shadowing purposes but there is no concrete rule. This would be a decision for the employer, the trust, to make with the F1/F2 doctor.