Yorkshire and Humber Foundation School GP Handbook

Contents

Foundation Year 2 in General Practice

A General practice attachment will aim to:

1) Show the advantage of medical generalism in the community.
2) Provide exposure to the primary care team.
3) Underline the importance of effective communication between doctors, patients and other healthcare professionals.
4) Expose the doctor to the role of primary care in promoting health.
5) Will develop their skills in decision making and risk management in the absence of support services.
6) Understand the impact of working as a point of first contact to the health services with direct access to patients.
7) Understand the use of evidence-based medicine in a primary care setting.
8) Understand the importance to them of continuing development of personal knowledge.

The FY2 doctor will:

1) Develop enhanced clinical skills.
2) Through the consultation process will develop effective relationships with patients.
3) Will observe and be involved in the clinical governance and patient safety systems of the practice.
4) Develop their use of evidence and data.
5) Will develop their communication skills.
6) Through the unique experience of being part of a primary care team develop team working skills, time management and decision-making skills and be involved in multi-professional practice.
7) Develop a more effective understanding of the primary care setting of medicine.
8) Will experience and follow patient pathways through the health service and consider the impact of disease on a patient's life within their own environment.
9) Gain broad clinical experience by undertaking supervised surgeries.

The unique components of general practice will be covered during the 4 month placement:

1) The patient centred approach oriented to the individual.
2) Working with patients in their own community.
3) Observe the effect of the patient as a person in a family.
4) Understanding of the physical, psychological social and cultural dimension of problems presented.
5) Gain understanding of the difference between disease and illness.

In primary care the doctor will see illness at an early and undifferentiated stage, understand the different epidemiology of illness in the community, manage new acute illness alongside side concurrent chronic problems, manage the interface with secondary care through referral, acute admission and discharge from hospital.

Requirements for Training Approval and re-approval of Practices and Trainers

To participate in the training of foundation doctors, both the practice and the trainer must be accredited. If the practice is already a training practice for GPSTRs then it is also entitled to train FY2 doctors.

If the practice is currently not a training practice, then please contact your local foundation GP tutor to discuss the requirements - the process will involve completion of paperwork and usually a visit from Deanery representatives to the practice.

A new trainer must complete an eLearning module and later attend a local face to face training session, and complete the trainer specific paperwork, whether they work in an accredited practice.

Please see the sections on our website: Becoming and Educational Supervisor ; Revalidation and Appraisal ; Equality, Diversity and Inclusivity Training ; Faculty Development Programme ; New GP Trainer Approval

Please also refer to the School of Primary Care website for further contact details.

Rotation dates (non-LIFT posts)

Rotations occur on the first Wednesday of August, December and April. Please note that a FY2 GP placement will be allocated in the local scheme/rotation geographical area wherever possible.

FY2 doctors are allocated to practices by their employing trust Foundation Administrators. Trust administrators will contact the practice with their allocated FY2 doctors' information.

The FY2 should contact the practice 2 weeks before they are due to start.

Before the trainee arrives in practice, the practice would be advised to check on the FY2's registration and indemnity status and set up access to the practice computer system for the FY2.

You may wish to contact the Educational Supervisor (ES) of the FY2 doctor, the local Foundation school administrators or Foundation Training Programme Director (FTPD) to ask if there are any ongoing concerns or issues about which you should be aware. Please contact the Foundation Trust Administrator for the FTPD contact details if required.

It is strongly advised that trainees should NOT be registered as a patient in a practice where they are working.

Employment Status of the FY2

The FY2 doctor is employed by the trust, who assumes responsibility for paying their salaries, checking qualifications, medical indemnity and CRB status.

It is important to keep HR in the trust and the doctor's ES informed of any absence, sickness, disciplinary or employment issues. Consider discussions with the FTPD if you feel that this is appropriate.

The FY2 doctor should record all absence on their e-portfolio but should also inform their Trust Foundation administrator.

Please share with your practice policies for annual leave and sickness reporting you're your allocated Foundation Doctor.

Annual leave and Study leave

Please refer to the YHFS Foundation study leave guidance on our website policies page.

Indemnity

At present Foundation Doctors are covered by Crown indemnity for any aspect of their Foundation posts whether they are in a Trust or on a GP / Psychiatry rotation outside the Trust.

Having your own personal indemnity cover is still strongly recommended for Foundation Doctors, as for any registered doctor – advice that you are given regularly from medical school onwards.

Separate indemnity is an absolute requirement for specialty doctors in general practice VTS. Indemnity cover is being discussed at a national level, and the current position may change in the future.

Equipment

Most FY2 doctors will have their own stethoscope, but no other equipment. All other equipment must be provided.

Having a driving licence is not a pre-requisite of foundation training, so not all FY2's will drive or have a car. The FY2 has a contractual obligation to do home visits, and so walking, cycling or use of public transport are all acceptable.

FY2 doctors can claim travel from the base hospital to the GP surgery, and for any associated travel costs. This is done through HR in the employing hospital trust.

Introductory Period / Induction

Keep the introductory period brief and aim to have the FY2 doctor starting to see patients by the second week.

Please also see Appendix 1 for an example induction programme.

The main aims of the introductory period are to familiarise the FY2 doctors with the way in which the practice runs, and to ensure that you both feel confident that they will be able to practice safely. Help them to be ready to handle a surgery - consider the whole patient contact process when arranging induction.

- Booking appointments
- Calling the patient in to their rooms
- Managing the IT
- Making a safe clinical decision
- Dealing with referrals/ paperwork/ results etc.
- Home visiting
- How to contact other members of the practice and wider PHCT

MOST IMPORTANTLY, FY2 DOCTORS NEED TO KNOW HOW TO ACCESS HELP AND ADVICE AT THE APPROPRIATE TIME

Getting to know them as part of this induction process will allow you, as the trainer, to assess their levels of confidence and clinical abilities, and thereby guide the training that you need to provide.

The following activities may be useful when planning your practice induction programme.

- **Sitting in with other doctors**
  "Getting to know you" exercise. Consider FY2's spending one session with each of the doctors, especially those who will be session supervisors.
- **Computer Training**
  Can they do it themselves, or with admin staff support?
  Consider using worksheets/ exercises and use of your "fictitious" patients.
  Quality Outcomes Framework (QoF) – it is worth covering basic issues like "pop-up reminders" early on and making sure that the computer training covers read coding and use of templates.
- **Communication & Consultation Skills**
  In the introductory period you can start to discuss basic communication and consultation skills.
- **Attachments to other members of the Practice/ Community Primary Healthcare Team (PHCT)**
  You may want to expose FY2 doctors to the extended PHCT using the general principal that more may be learnt if trainees are able to link them to clinical experience, e.g. seeing the midwife with a patient after seeing the patients in a GP appointment. There may be benefit in spending a short amount of time on reception / with the secretary to understand the process of accessing primary care / referrals process.
- **Teaching**
  Most teaching occurs during informal post-case discussions, but regular tutorials should also be timetabled and could be joint with other FY2 doctors / grades of doctors in training or shared between practices if this can be set up locally.

The working week

All school posts are governed by the European working time directive (EWTD).

In GP, the posts have no banding, which means that the **working week must be restricted to 40 hours.**

The working hours must fall **between 08.00 and 19.00.**

It is suggested that four 9-hour days (e.g., 08.30-17.30) and one half-day e.g. (08.30- 12.30) has been used as a workable timetable for their FY2 trainees by many GP trainers, but this should be discussed between the practice and the FY2 doctor.

The one half-day is allocated for Self-Development Time (SDT)

An FY2 should never be working alone in a building.

Typical weekly timetable plan

- 7 Sessions - Clinical sessions
- 1 Session - SDT
- 2 Sessions - Other relevant activity e.g., mixture of Teaching Sessions/ Clinical attachments/ Self-directed study e.g., Academic work, Audit. This may be combined with a short surgery session to make up the session time.

For example in a 4-hour session, there may be 2 hours of teaching and 2 hours of clinical/debrief

For an example timetable, please see Appendix 1

What work can FY2 doctors do?

Aim to be flexible to the educational needs of the FY2 doctor and remember that you are allowing them to gain experience of working in GP, not training them to be a GP.
Most training benefit is likely to be gained from FY2 doctors starting with:

- Same day appointments
- Booked 1-day ahead appointments.
- Simple visiting – accompany trainer initially.
- Chronic disease work – protocol-based e.g., working down a list of uncontrolled hypertensives, reviewing & changing meds.

Depending on the FY2, most would be expected to manage and gain benefit from

- Routine / standard appointments

And you may also consider, for those coping well, carefully supervised exposure to other aspects of
GP such as

- Telephone triage
- Prescription reviews
- Signing repeats

Be aware that most FY2 doctors are inexperienced in the safe prescription of many of the drugs used in GP.

Unaccompanied visiting by FY2 doctors

This is a valuable educational experience for the FY2 but needs to be managed to optimise patient safety.

Please ensure that visits allocated to FY2 doctor to undertake unaccompanied are in line with their level of competence.

The F2 doctor should be able to contact a senior GP at the time of the visit to discuss the patient or arrange for the patient to be reviewed if necessary. The FY2 should be debriefed regarding the visit as soon as possible on return to the surgery.

It is not acceptable to involve FY2 doctors in completion of Medicals and Insurance company forms.

Clinical Sessions

Consultation Rate - Every FY2 doctor will be different. It is advised that you only put on surgeries 1-2 weeks in advance, minimising impact if things need to change at short notice.

A suggested schedule:
Week 1-2 - Introductory period
Week 3-4 - 30 minutes per appointment
Month 2 - 20 minutes per appointment
Month 3 - 20 minutes per appointment
Month 4 - 20-15 (rare for FY2 to be able to cope with 15) minutes per appointment.

Supervision

The FY2 doctor **MUST** have a named supervisor for every surgery. It is better if this is not always the clinical supervisor- involve others in the surgery. This will help the FY2 doctor when it comes to completing assessments. This can be a sessional GP but not a locum.

Remember; some FY2 doctors are not good at recognising their own limitations - the session supervisor should routinely review each patient record at the end of the session, for at least the first month, preferably with the FY2 doctor present.

Consider adopting a “please call me in for every case” approach and then move away from this as they settle in.

The supervisor should have every third or fourth appointment blocked initially. By the end of the fourth month maybe only need 1 block per surgery.

Joint vs solo surgeries

Some trainers find joint surgeries especially useful for teaching.

Advantages

- Observation time for completing Workplace Based Assessments (WPBA).
- Opportunity for immediate teaching & feedback
- Can be appointment neutral from day one.

Disadvantages

- Does occupy supervisor time.
- Can be complicated to set up.

In the first week or two of the placements, starting a session with an hour of joint surgery appointments (typically 20-minute appointments) can be useful.

Teaching Sessions

Trust run teaching sessions will be compulsory and use up most of the allocated study leave.

In-House Teaching

Case discussions will provide many opportunities for teaching & discussion, appropriate topics for tutorials may be uncovered by case analysis / debrief / WPBA.
Educational supervision and the completion of WPBA will also need timetabling for, consider. combining this into a weekly session.

Regular tutorials should also be timetabled and could be joint with other FY2 doctors / grades of doctors in training or shared between practices if this can be set up locally.

Educational opportunities

FY2 doctors will have to complete an audit during their time in GP and may like to get involved in other Practice projects.

Practice training events - invite FY2's along!

Other educational considerations & the Foundation portfolio

The working week provides ample time for Self-development time (SDT)

Protected SDT can enhance development as self-directed learners, but in the initial stages of medical careers, private study time may need to be semi-directed.

Examples of SDT activity

- Computer Training - Useful early in the placement
- Audit - All FY2 doctors must include an audit in their portfolio and GP is one of the best settings for audit work. Plan the audit early in the FY2 doctors placement and encourage them to return later in the year to re-run the audit and complete the cycle.
- Portfolio Work
- Practice meetings
- CPD / protected learning events
- Sessions with other members of the PHCT (e.g., midwife, health visitors, McMillan nurses, district nurses)
- It is important to timetable these events and make it plain that these SDT sessions are part of the working week, and not an optional extra.

The Foundation Programme requires doctors to create a portfolio that provides information about their development throughout the two-year programme. At the end of each year, they need to submit their portfolio for their Annual Review of Competence Progression (ARCP). They cannot complete the Foundation programme without a satisfactory portfolio / Outcome 6 at ARCP.

Exception Reporting

Exception reports are used by doctors when day-to-day work varies significantly and/or regularly from the agreed work schedule.

Exception reports could relate to:

- variation in the hours of work and / or rest;
- the pattern of work;
- missed educational or learning opportunities;
- a lack of support available to the doctor

The terms and conditions of service (TCS) specify that exception reports should be sent to the educational supervisor. All reports should also be copied to either the director of medical education (DME) (for training issues), the guardian of safe working hours (for safety issues), or both (if the doctor feels the concern affects both safe working hours and education), so they can fulfil their respective oversight roles. The DME and guardian should maintain good channels of communication in dealing with any concerns where the doctor feels the issue in question relates to both safety and training.

You can also discuss any concerns with your Training Programme Director directly and/or the Yorkshire and Humber Foundation School, via the inbox England.Foundation.yh@nhs.net

Who's Who?

Educational Supervisor (ES)
All Foundation Trainees have an educational supervisor (ES), and this person remains constant for the entire year. They are expected to meet with their ES at the beginning and end of every 4-month post and, if possible, at the mid-point also.

Clinical Supervisor (CS)
With each 4-month post, there will be a nominated person in charge of supervising their clinical work for that post – you in the GP attachment! Your job is supervising clinical work and helping the FY2 doctor with their portfolio during the post, but not necessarily taking over from the ES.

What does a CS Need to Know About?

- The Educational Structure - what is meant to happen with the cycle of structured meetings with the ES and what input the CS is meant to have.
- The Assessments - How each of these assessments work, which ones are suitable for GP setting, how many need to be done?
- The Portfolio - what does the doctor need to submit in their portfolio at the end of the year.
- The Foundation Curriculum Core Competencies - This is what the Foundation doctor needs to demonstrate that they have achieved by the end of year 2.

Please refer to the UKFPO website for up-to-date details of the curriculum, e-portfolio, WPBA, and competences.

UKFPO website
Foundation Programme Curriculum
Horus – the Foundation ePortfolio
Assessments

Training in the event of a Pandemic (post COVID-19)

Following the learning that has occurred post COVID -19 relating to the of delivery of training, NHSE have recommended that even under pandemic circumstances training should continue, redeployment will be minimised.

To this end it is acceptable for Foundation doctors to undertake non face to face consultations. The supervision arrangements for these sessions will be the same as for standard face to face consultation or phone triage.

Foundation Directorate
Workforce, Training and Education
Yorkshire and the Humber (Hull Office)
Health House, Grange Park Lane, Willerby, Hull, HU10 6DT
Email: england.foundation.yh@nhs.net

For further details and contact for the Foundation school please go to the NHSE website.
Foundation

Appendix 1

Foundation GP Placement Induction

By following this guide, you'll be well-prepared to navigate your time as a GP LIFT F1 and maximise the learning opportunities offered by the programme!

Consultations and Debriefs

- **Consultations:** Patient appointments start at 40 minutes and will gradually reduce to 20 minutes based on your progress and comfort. Debrief with your supervisor after every consultation. UNTIL AGREED OTHERWISE WITH YOUR SUPERVISOR
- **Debriefs:** These happen after each session to discuss cases, consolidate learning, and address challenges.
    - **Morning debrief:** 11:30–12:00 PM.
    - **Afternoon debrief:** 3:30–4:00 PM.

Tutorials

- Scheduled every 5th session.
- Focus on specific learning topics or challenges.
- Can include case-based discussions, mini-CEXs (mini clinical evaluations), or specific clinical skills. WBPA CAN TAKE PLACE IN THESE SESSIONS

Support System: Who to Ask When You Don't Know

- **Admin and Secretaries:** For help with systems (e.g., referral pathways, ICE requests, and e-Consults).
- **Supervising GP:** Clinical questions or uncertainties, including consultations, difficult patient interactions, and home visits.
- **Peers/Other Team Members:** For day-to-day workflow questions, they can provide guidance on practical aspects of primary care work.

Independent Learning: EXAMPLES OF What to Cover

- MSK pain management.
- Paediatrics in primary care.
- Mental health.
- Contraception and HRT.
- Diabetes and chronic condition management.

Use your independent learning time between appointments or when there are gaps in your schedule. Focus on primary care topics, prioritising areas where you feel less confident.

Dealing with Difficult or Aggressive Patients

- **Stay calm:** De-escalate the situation by remaining professional and composed.
- **Involve a supervisor:** If a patient becomes aggressive, inform your supervising GP immediately.
- **Safety first:** If you feel unsafe, remove yourself from the situation and seek help.

Getting the Most Out of your GP Placement

- **Develop independence:** Over time, you'll take on more responsibility for patient care, building the skills you need for a future as a GP.
- **Comprehensive exposure:** Engage with the varied patient demographics and cases you'll encounter in primary care.
- **Supervision and feedback:** Make the most of debriefs and tutorials to fine-tune your approach and receive constructive feedback.

Key Differences Between Primary and Secondary Care

- **Patient interactions:** In primary care, you'll see patients over the long term, managing ongoing issues rather than episodic care.
- **Breadth vs. Specialisation:** Primary care requires a broad knowledge base, while secondary care often focuses on specialised areas.
- **Autonomy:** You'll have more autonomy in primary care, with opportunities to make decisions, refer patients, and manage cases holistically.

EXAMPLES OF Systems Training (Checklist)

Topic	Tick when covered
System 1 or EMIS Overview	
Prescribing	
Ardens Templates	
ICE Requests	
e-Consultations	
Referral Pathways	
PATCHS or ACCURX	

Day-to-Day Timetable

Time	Activity
9:00 - 11:30 AM	Seeing patients (discuss cases after each appointment)
11:30 - 12:00 PM	Morning debrief
12:00 - 1:00 PM	Lunch
1:00 - 3:30 PM	Seeing patients (discuss cases after each appointment)
3:30 - 4:00 PM	Afternoon debrief
4:00 - 5:00 PM	Consolidation of learning/minicex/Case presentations

Important Notes

- **Home visits:** Conduct home visits only if supervised or pre-arranged and discussed with your supervisor.
- **Appointment progression:** Start at 40 minutes per appointment, moving to 20 minutes over time with your supervisor's agreement.
- **Independent learning:** Fill any gaps in patient appointments with learning from the suggested list of topics.