Health Education England

LIFT TRAINEE HANDBOOK

Dr Charlotte O'Byrne and Dr Jennifer Young

LIFT Trainee Representatives

July 2021

Health Education England

CONTENTS:

Health Education England

WHAT IS LIFT?

DEFINITION FROM HEALTH EDUCATION ENGLAND'S WEBSITE

'The Longitudinal Integrated Foundation Training (LIFT) model aims to improve clinical progress and patient-centred practice, as well as the quality of the educational experience. As opposed to receiving one 4-month block of general practice training as Foundation Year 2 trainees, LIFT trainees experience two sessions per week (1 day) in general practice throughout their two years of Foundation training. This runs alongside 4 days each week in the traditional 4-month hospital block placements, experiencing 6 other placements across the 2 year training programme. The general practitioner supervising the trainee will be the Educational Supervisor for the whole two years of training.'

Having been part of the first cohort of LIFT trainees, we produced this handbook to give future trainees an honest overview of what it's like to be a LIFT trainee. We hope that this booklet will provide a good introduction to the post, as well as help you improve upon our experience and navigate any future issues.

We have summarised the advantages and issues we have experienced on the following pages and will elaborate on them all in the remainder of the handbook to help you make the most of your LIFT post. We have both enjoyed our experience as LIFT trainees and hope that you too enjoy your time in this integrated training scheme.

Health Education England

ADVANTAGES OF LIFT

INTEGRATING PRIMARY AND SECONDARY CARE

- Gain a richer understanding of how primary and secondary care work together by experiencing both throughout foundation training
- Be an advocate between general practice and your current hospital specialty and vice versa
- Understand the options available to your patient when referring or discharging a patient between primary and secondary care
    - Improve your referrals and discharge letters!

7 SPECIALTIES INSTEAD OF 6

- Experience an increased number of specialties, a ‘bonus’ rotation!
- Not just for people who want to do GP – a broad method of training which is helpful for any specialty.

CONTINUITY

- 4-month placements fly by in foundation training. LIFT gives you a ‘base’ where you can get to know a team and workplace for two years.
- Your GP Supervisor will act as your Educational Supervisor for the whole two years, giving you a mentor to frequently check-in with.

TRAINING FOCUS

- From our experience, the clear focus on GP days is training and personal development, rather than service provision

IMPACT ON PAY

- Trainees in a traditional FY2 GP ‘block’ tend to experience a reduced salary in that 4-month block due to ‘9-5’ working and no on-call shifts. LIFT trainees don’t have this drop in pay generally.

Health Education England

ISSUES TO BE AWARE OF

NEW WAY OF TRAINING

- LIFT is fairly new and as such many colleagues, seniors, admin and rota staff will not have heard of it and will not be aware of what it entails. This can create confusion and problems especially with rota coordination.
- Although you may have experienced integrated training at medical school, this may also be a new way of working for you as a trainee too – on top of starting your first job as a doctor – it's okay to find this a little overwhelming or to not know what to expect!

THE IMPACT OF 1 DAY PER WEEK IN GP

- Being away from your hospital post for one day a week – feeling guilty for 'leaving' your team or handing over jobs, missing scheduled departmental teaching/MDTs/meetings, having to 'catch up' on your return
- In GP, being unable to follow-up patients as easily or chase results of investigations or referrals due to not being there every day
    - You also need to consider making sure other doctors at the practice know to follow-up results or action things when you aren't working

WILL 4 DAY WORKING WEEK IN THE ACUTE TRUST BECOME MORE COMMON IN FOUNDATION?

Yes, flexible working in Foundation will increase in 2022 and 2023. It will be common place for Foundation trainees to work 4 days a week and use the 5th day for the activities. This should make the LIFT pattern more common place.

Health Education England

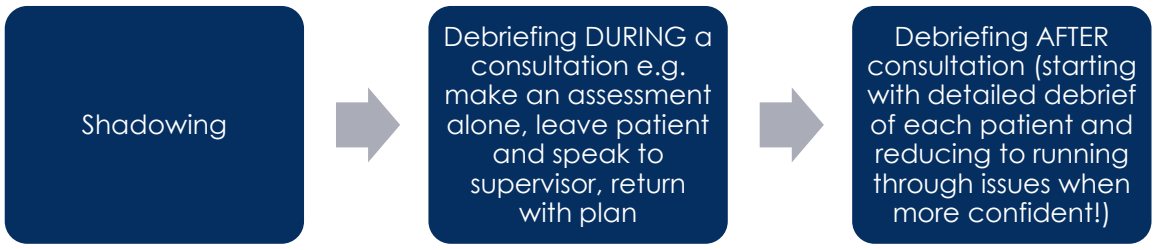
STARTING YOUR LIFT POST

PRIOR TO THE FIRST DAY

- You should be sent details of your GP placement a few weeks prior to starting FY1. Look up your practice and get an idea of its location, patient population, size, team members and local services
- **Email your hospital rota coordinator** and ensure they are aware you are a LIFT trainee! Getting ahead like this is vital before starting any new rotation. Don't assume they know about you. Hospitals are supposed to give you your rota 6 weeks prior to rotating, so we'd recommend emailing at least 8 weeks before rotating/starting to make sure they are aware before they finalise a rota pattern
- **Email your GP practice** and introduce yourself
- Liaise between hospital and GP to find out when your **first GP day** will be

INDUCTION IN GP

- FY2 trainees on a GP post will usually do 1-2 weeks of induction/shadowing prior to commencing independent practice
- If LIFT trainees did an equivalent induction we'd be 3 months in before getting started
- 2021 saw the introduction of additional shadowing days. If these continue, a portion of your shadowing time should be spent in the GP practice.
- We have found a few days of shadowing followed by a (reasonably lengthy) period of indirect supervision, moving to a more 'debriefing' model of supervision helps!



GET TO KNOW YOUR PRACTICE TEAM

- Make an effort to introduce yourself to all the members of the practice team
- Attend practice meetings and teaching events when you can
- Learn about the different roles in the practice

LEARNING THE ROPES IN PRIMARY CARE

HOW DOES THE PRACTICE RUN?

Spend some time understanding the way the practice functions. Learn about everyone's role and how it contributes to providing good patient care. Get to know the appointment system and how patients can access care.

Try to shadow or chat to:

Practice manager, reception staff, secretaries, pharmacists, practice nurses, health care assistants, advanced nurse practitioners, administrators, GP registrars, FY2 doctors, salaried GPs, GP partners, and anyone else who makes up the MDT!

COMPUTER SYSTEMS

It can take time to get to grips with the IT systems used in primary care, and may differ greatly from anything you've used before, and from what you're using in secondary care. Go through how to:

- Access systems including logins and smartcards (and check they work!)
- View appointments / schedules for the day and previous/future days
- Mark a patient as 'in progress' and 'finished'
- Book an appointment for a patient
- Access a patient's record and view their previous consultation notes, past medical history, family history, medications, allergies, letters, referrals, numerical data and observations, investigation results, social information and alerts
- Document consultations (and insert 'codes')
- Request and view results of investigations
- Send referrals and e-consultations to different professionals and specialties
- Send and receive text messages from patients
- Send screen messages to other staff in the practice
- Activate the 'panic alarm' to get urgent help in an emergency

PRESCRIBING

Unlike secondary care, FY1 doctors cannot independently prescribe in general practice. This means whoever is supervising you will have to help you with issuing prescriptions. We found this helped with learning about prescribing in common conditions as it is always a discussion between you and your supervisor and supported well. This is seamless to do when you are starting off and need to discuss patients with your supervisor prior to the patient leaving as you can discuss and pick up the prescription at that time.

When you progress to FY2 you can issue prescriptions yourself so need to go through how to do this. Some practices also facilitate electronic prescribing which goes straight through to the pharmacy. Some computer systems have very useful formularies organised by body system and common conditions, to help you quickly access the recommended medications based on NICE guidance. The BNF app is also a great resource to use alongside this and the NICE website. If in doubt, your supervisor and/or pharmacy colleagues will be able to help!

It's also very useful to go through how to make a medication a 'repeat' medication, cease a medication and issue repeat medications.

UNDERSTANDING LOCAL SERVICES

One of the trickiest tasks of starting in general practice is getting to grips with all the services available for patients and how to refer to them. Each practice will have a slightly different procedure for referring patients.

Common referrals such as physiotherapy, mental health services and sexual health services will all vary, some may even be self-referrals you can signpost patients to. Different hospital specialties will also be accessed in various ways – such as a phone call, dictating/typing a letter, filling out a specific referral form or using an online referral platform.

HOME VISITS

Visiting and assessing housebound patients in their own home or residential home is a significant part of primary care work. In FY1, it's a great learning experience to go on visits with an FY2 or registrar. Start off by observing how they conduct a visit and asking any questions before/after. Move on to working together on the visit – for example taking the history or conducting examinations/observations. When you are feeling more confident take the opportunity to do the visit with them observing. They can fill in any gaps you miss and give you feedback on your assessment. This means by FY2 you can go on visits independently and debrief patients with your supervising GP. Your practice should provide you with equipment needed to do home visits. Make sure you check your bag for everything you might need, and always double check the address you are going to and any codes needed to gain entry to a property if a patient has limited mobility.

SWITCHING HATS

Working in primary and secondary care at the same time, you will need to manage patients based on the resources available to you in your current setting. In hospital you have access to fast results of investigations such as bloods and imaging, whereas in GP you may need to wait several days for these. This can impact your threshold for investigating patients with various complaints. Managing uncertainty is one of the hardest parts of working in primary care and comes with lot of experience – get support from your supervisor when needed and draw on their experience.

Some patients you assess will require admission to hospital. This is a great opportunity to refer into secondary care and then follow up the patient's journey following their admission.

Tip: Speak to your supervisor and see if you can 'theme' your GP appointments around the secondary care specialty you are on – e.g. see some children when on paeds, see some pregnant women when on O&G. This really helps to get a deeper understanding of that area and see how primary and secondary care contribute to a patient's journey!

MANAGING YOUR ROTA

Example of a LIFT rota (3 week sample):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1		Standard	LIFT	Standard	Standard		
Week 2	Long day	Long day	LIFT	Standard	Standard		
Week 3	Standard		LIFT		Night	Night	Night

PROACTIVITY IS KEY

Junior doctor rotas are a minefield as it is and rota coordinators have a huge number of trainees to organise in sometimes already very complicated rota patterns. LIFT is a new scheme and many rota coordinators are not aware of it. They may not have been told that you are a LIFT trainee! Get their contact information well in advance of starting a rotation and email **early.** Good communication is essential to make a LIFT rota work.

ON-CALL SHIFTS

LIFT can cause some confusion with on-call shifts. Discuss how to mitigate for these with your supervisors. On weeks when you are on nights for example, it may not be possible to attend GP. It may be possible to organise two GP days the following week to make up for this. Some flexibility is needed to make sure you get your days in but still get on-call experience and adequate rest periods.

CONTINUITY ISSUES

Being in GP one day a week makes chasing urgent bloods and referrals virtually impossible. Ensure a plan is in place at your practice to provide a safety net for your results and tasks. For example – handing over results/referrals/tasks to your supervisor and recording a clear plan for these in the patient's notes for them to refer to. The same applies for missing a day on your base ward – hand over tasks to your team and make sure your documentation is clear. Safe and effective handover is a vital task in medicine and will stand you in good stead for any job!

MANAGING GUILT

It can be difficult to feel you are 'leaving' your team, especially when your department is facing particular pressures such as high workload and staffing issues. Try not to take this on as a personal burden. You are contributing to your practice and making a difference to patients there, as well as developing yourself as a doctor. Other trainees such as GP trainees will have protected training time and all juniors will have time on different wards/departments performing varying duties. Your LIFT days are protected time!

WORKING WITH YOUR SUPERVISOR

A UNIQUE RELATIONSHIP

- A big advantage to the LIFT programme is having the same educational supervisor for the duration of your foundation training, which allows for good continuity and a development of a good working relationship
- Unlike our other colleagues, LIFT trainees see our supervisor weekly allowing the supervisor to know your strengths and your educational needs

PASTORAL SUPPORT

- We found that our educational supervisors became a source of pastoral support – they know you as a person and are good at problem solving; from hospital issues to just needing a someone to vent to about a difficult case
- Initially it may feel more difficult to develop that relationship over one day a week, however, the length of the programme facilitates this
- Over time, you may find you get to do procedures that other trainees don't get the opportunity to do
- Remember that your supervisor has trained and seen it all, therefore if you have any issue in the hospital with patients, other colleagues, your work schedule and so on, they are a good person to ask for help or advice

EPORTFOLIO

- Your LIFT day is a good way to get your assessments for HORUS done and your supervisor and other GPs are usually more willing to help you complete these
- Some tips from us:

- Mini-CEX - Observation of a consultation could become 2 assessments for both the history and examination
- CBDs are naturally facilitated by debriefing – don't be afraid to ask, "could we use this for my ePortfolio?"
- In FY1 this is a great place to get core procedures done, particularly IM injections and peak flow
- Remember to include development needs for GP in your PDP for each rotation and ask your supervisor for ideas or areas they've identified for you
- Plan your end of rotation and start of the next rotation meetings the week before your next LIFT session – these are SO much easier to have time to do than with your hospital colleagues

INTEGRATING PRIMARY AND SECONDARY CARE

HOW TO BE AN ADVOCATE

- Particularly when your GP is in the same region as your local hospital, you will find that you can make referrals to your secondary care colleagues or treating patients from your GP in secondary care – it's very satisfying seeing the link between services
- You can give an insight to your practice as to how the service runs and answer practical questions such as why there may be a delay for a referral
- As a LIFT trainee you are in a unique position working in both settings and therefore can advocate for either side and potentially improve how the services see each other

MANAGING STIGMA

- Unfortunately, there's a high chance that you may experience "GP bashing" in secondary care, either by patients or other doctors
- Politely refuting this, explaining your experience and position is a good way to counter this – and fortunately your experience as a LIFT doctor does give your opinion weight with other professionals
- In the rare chance that senior doctors speak negatively about your participation in the programme, we suggest speaking through the programme

rationally and explaining the benefit to you as a trainee. If this continues, escalate to your educational supervisor and/or your post-graduate team.

APPLYING YOUR KNOWLEDGE

- Through having GP experience in FY1, you have the opportunity to learn consultation and communication skills that will improve your work in secondary care
- In GP we found we learnt skills such as rationalising the use of investigations – such as when to use them and *why* this is needed or *how* this will change a patient's management, which is a good skill to apply in secondary care
- You can also learn the different management of acute conditions – how you would treat something in secondary care is different to primary care

HOW TO DEAL WITH ISSUES

ACT EARLY

The worst thing to do when a problem arises is to do nothing. If something isn't working, get on top of things quickly and escalate the problem. There are people out there ready to help solve issues but they have to know about them!

KNOW WHO TO GO TO

There are many people who could help depending on the issue. A great first port of call is your clinical or educational supervisor, but others who may be able to help include:

- Training Programme Directors (TPDs) – there are a few of these in each trust responsible for the Foundation Programme and in our experience they are extremely helpful in escalating and solving issues.
- Department Head of Service (for your current job)
- Rota coordinators, their admin support staff and their supervisors
- Guardian of Safe Working (great help for problems with hours, leave, getting GP days in)
- Foundation programme administrators and support staff
- Department of medical education (a team within each trust)
- Freedom to Speak Up Guardians – to raise issues anonymously
- Central LIFT team
- LIFT Trainee Representatives!