



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

**2023 Edition**

## Introduction

The Simple Guide to Foundation Programme Training in General Practice is intended to be exactly that. Every practice is different and will offer different learning opportunities for their Foundation Doctor. This guide provides a framework for Foundation training in GP that you can build on and adapt to suit your circumstances.

This guidance was revised in response to the changes in the ways of working in GP and reflects changes to the Foundation Curriculum which came into effect from August 2021.

The content of the guide draws from a combination of the

- Experiences of GP Clinical Supervisors of Foundation Doctors during recent years.
- experiences of NHS England (NHSE) Workforce, Training and Education Directorate (previously Health Education England - HEE) (North-West) team working on the Foundation Programme
- national guidelines and directives <http://www.Foundationprogramme.nhs.uk/>

Many of you are already experienced teachers of GP specialty trainees or medical students, for others this is a very new undertaking, but we hope that everyone will find it helpful in one way or another.

## Background

Since its inception in 1996, the aims of the UK Foundation Programme have been to provide a bridge from undergraduate medical studies to postgraduate training. The programme forms part of the continuum of medical education and is the last generic stage of training before the doctor progresses to speciality training.



Broadening the Foundation Programme published back in February 2014 stated that all Foundation Year 2 Doctors should undertake a community placement or an integrated placement from August 2017.

NHSE (North West) believes that a 4 month placement for every Foundation Doctor is the gold standard and since August 2016, 100% of Foundation Doctors across the North West have had a placement in General Practice. This traditional 6 x 4month placement over 2 years is sometimes replaced with the LIFT (Longitudinal Foundation Integrated Training) model where the Foundation Doctor attends a GP host practice every week for 3 days over a 2-year programme. This model is perhaps better understood by the 'LIFT Information' document – available at: <https://www.nwpgmd.nhs.uk/foundation-information-gp-practices>.

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

The current UK Foundation Programme Curriculum can be found on the Foundation Programme Curriculum 2021 page:

[Curriculum - UK Foundation Programme](#)

### Foundation Programme Curriculum 2021 Key Changes

- There are three High Level Outcomes of the curriculum which can be broken down into 13 Foundation Professional Capabilities (FPCs).
- The Foundation Doctor is required to demonstrate all 13 FPCs to successfully complete the programme:

HLO1: THE CLINICIAN	HLO2: THE HEALTHCARE WORKER	HLO3: THE PROFESSIONAL
Direct and indirect patient care: 1. Clinical Assessment 2. Clinical Prioritisation 3. Holistic Planning 4. Communication and Care 5. Continuity of Care	Integrating into the healthcare workforce: 6. Sharing the Vision 7. Fitness for Practise 8. Upholding Values 9. Quality Improvement 10. Teaching the Teacher	Professional requirements and expectations: 11. Ethics and Law 12. Continuing Professional Development 13. Understanding Medicine

- The assessment burden of Supervised Learning Events (SLEs) was reduced and there are no longer any minimum number of SLEs such as CBD and miniCEX.

## The Foundation Doctor in GP Frequently Asked Questions

### Q. What is a Foundation Doctor?

A.

- In NHS England (North-West) doctors who have successfully completed the first year of the Foundation training programme (F1) will move automatically into Foundation Year 2. Unusually it is possible that a one year 'stand-alone' Foundation Doctor will have been appointed.
- The two year track (usually a succession of 6 four-month posts) is set at the start of F1. The Foundation Doctor will not be able to swap posts. All tracks are approved by NHS England (North-West) and are mapped against the Foundation Curriculum.
- During F1 they will have 12 months clinical experience as a doctor in the secondary care setting (including mental health) where they will have undertaken 3 different placements.
- As a Foundation Doctor in their second year, they will have full registration with the GMC.

### Q. How is a Foundation Doctor different from a GP specialist trainee?

A.

- The Foundation Doctor is fundamentally different from a GP trainee.
- The Foundation Doctor is not learning to be a GP. They are not independent practitioners and need a high level of supervision.
- You are **not** trying to teach a Foundation Doctor the same things as a GP trainee but in a shorter time.
- The aim of this four-month placement in GP is to give the Foundation Doctor a meaningful experience in General Practice. This will include exposure to the acutely ill patient and those with chronic health problems in the community setting. This experience will enable the doctor to achieve the required competences of the Foundation curriculum.

[New UK Foundation Programme Curriculum 2021 - UK Foundation Programme](#)

- The Foundation Doctor will attend the local Foundation Programme whole or half-day release teaching sessions – your local Foundation Programme Administrator (FPA) will be able to let you know when this runs.
- The Foundation Doctor will **not** attend the GP specialist trainee structured teaching programme (whole or half-day release teaching sessions).

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

A.

- Each Foundation track consists of three 4-month posts per year.
- The allocation is done locally by each Foundation Programme Director (FPD) and allocation is usually communicated by the Foundation Programme Administrator (FPA) for each programme.

**Q. Who is my local Foundation Programme Director (FPD) and Foundation Programme Administrator (FPA)?**

A.

- The Foundation Programme director (FPD) will usually work at the employing acute trust and is responsible locally for organisation of the Foundation Programme. The FPD could be a General Practitioner.
- In each area there will be an Administrator for the Foundation Programme (FPA).
- The local GP Associate Dean is also available to give advice about educational issues in General Practice.
- This is key information for you to know – if you want a trainee, you need to contact your FPA. Problems with trainees – contact your FPD for support.
- Their identity and contact details are kept updated on the HEE website:

FPA: <https://www.nwpgmd.nhs.uk/foundation-training/medical-education-managers-and-foundation-programme-administrators>

FPDs: <https://www.nwpgmd.nhs.uk/foundation-training/foundation-programme-directors>

**Q. What about the performers list?**

A.

- Since August 2006 the Foundation Doctors *do not* need to be on the performers list.

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

A.

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

**Q. Can a Foundation Doctor sign prescriptions?**

A.

- Yes. A Foundation Doctor in GP will be in their second Foundation year which is after full GMC registration and is therefore they are able to sign a prescription.

**Q. Can a Foundation Doctor sign repeat prescriptions?**

A.

- This has been an area of uncertainty identified from feedback.
- The Foundation Doctor *can* sign a *proportionate number* of repeat prescriptions *under supervision*. This should be done in an educational way with an experienced GP available to ask over any problems. It should be born in mind that the Foundation Doctor may well be unfamiliar with many of the medications prescribed on repeat prescription. This can be an excellent learning opportunity, but the Foundation Doctor should only sign prescriptions within their competence. It would be inappropriate and potentially unsafe to give a Foundation Doctor a large pile (real or virtual) of repeat prescriptions to sign.

- It would be inappropriate to give the Foundation Doctor all the repeat prescriptions to do to keep them busy while the other doctors are out on visits.
- To help with the educational need around prescribing in primary care, it would be a good topic for an early tutorial. If you have a local friendly pharmacist, why not utilise this resource as part of your induction programme? It could be a method of learning in how to do an effective medication review.

**Q. Can the Foundation Doctor carry out acute telephone, video and e-consulting consultations?**

**A.**

- We are now allowing Foundation Doctors to carry out consultations by video link (eg via AccRx) or telephone or messaging/on-line consultations (eg AskmyGP) *under certain circumstances*:
  1. The Foundation trainee must have had training in how to do telephone/video/messaging consultation including an awareness of the additional risks involved and the importance of safety-netting.
  2. There must still be a supervising GP available to give advice, preferably in person but possibly remotely via video/telephone if necessary.
  3. The named clinical supervisor is satisfied that the trainee has sufficient awareness of their limitations and would ask for help or advice when that is needed. It is expected that after induction, the named clinical supervisor should have a sufficient assessment of capability in this area.
  4. There is the ability to escalate work for further assessment by a more senior doctor when the Foundation trainee does not feel able to manage a case safely.
- Other telephone/video/messaging/online activities may be:
  - Producing care plans for elderly patient both in care homes and in their own homes around future need for admission.
  - Supportive care assessment of those identified as high risk of admission and those elderly patients living at home.
  - Answering phone calls at first contact to navigate to appropriate services or by offering reassurance. This work should be with reference to clear up to date guidance.

**Q. How closely should a Foundation Doctor be supervised?**

**A.**

- There should always be a practice GP on the premises when a Foundation Doctor is consulting face to face with patients.
- If the supervising GP is in surgery, they should have supervision slots to give them time to support the Foundation Doctor
- If the supervising GP does not see the patient during the consultation, they should review the patients seen with the Foundation Doctor at the end of the surgery - this can be done briefly as the Foundation Doctor becomes more experienced.
- If there becomes a need to supervise a Foundation Doctor remotely because either the clinical supervisor or Foundation Doctor is remote-working (for example in self-isolation at home) supervision can be made available by telephone or video call. Debrief contact at the end of a surgery must still happen.
- Foundation Doctors should be able to escalate assessment of a patient to a more senior GP when necessary.

**Q. Can the Foundation Doctors carry out home visits?****A.**

- This guidance remains unchanged – Foundation trainees *should not* be doing home visits to patients who are acutely unwell.
- Foundation Doctors should *not* be doing acute home visits. These are felt to be too high risk for a Foundation trainee. There have been a number of serious untoward events following Foundation Doctors responding to seemingly innocuous-sounding visit requests (both in care homes and patients' own homes).
- The Foundation Doctor can do some supervised acute home visits but do not have to do this to achieve the Foundation curriculum competences. A supervised visit is either a joint visit or a visit where the Foundation Doctor has been well briefed and will discuss the case with the supervisor during the visit.
- The competency of the Foundation Doctor to undertake visits needs to be carefully considered.
- They can carry out home visits to patients with chronic illness and those follow up visits for patients discharged from hospital if there are clear objectives for this work.

**Q. So what home visiting can the Foundation Doctors do?****A.**

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

**Q. How can the Foundation Doctors travel to the practice and on home visits?****A.**

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

**Q. How can the Foundation Doctor claim for travel?****A.**

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

**Q. What about Study Leave?****A.**

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

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

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

**Q. Should a Foundation Doctor do GP out of hours shifts?****A.**

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

**Q. What hours should a Foundation Doctor work?****A.**

- There is no banding pay for the Foundation posts in General Practice.
- They *must not* work over 40 hours a week in the practice. If shown by hours monitoring to be working over 40 hours the doctor could be entitled to financial remuneration (their rota would be pushed up to a banded rota) and the practice would be liable to pay for this.
- The maximum of 40 hours (advised to aim for a maximum of 39 per week to give a buffer) must also all fall between the times of 7am-7pm Monday to Friday. No seven-day working here!
- Foundation teaching is included in these hours (including travel to the teaching).



- The actual timetable (work schedule) can be practice-specific within these guidelines.
- Medical staffing at the acute trust should be informed of the work schedule for monitoring purposes. The hours the Foundation Doctor is working at the practice so an individual time template can be built.
- If Foundation Doctors are concerned that they are working over their hours then an exception report should be made to the local trust Guardian of Safe Working.

**Q. Should a Foundation Doctor be allowed to do extra work in hospital?**

**A.**

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

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

**A.**

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

**Q. Can I get a login to the Foundation Doctor portfolio?**

**A.**

- Yes, as a Clinical Supervisor you should have a login to the portfolio of your allocated Foundation Doctor in advance of them coming to the practice. The

local Foundation Programme Administrator will arrange a login and should be able to give you basic advice about using the portfolio.

It is important to remember:

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

Each programme has mapped competences to posts in their tracks. There is more detailed information about how to cover the competences while in General Practice on pg.14-15.

## The Assessments

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

- The assessments are designed to be supportive and formative.
- The Foundation Doctor can determine the timing of the assessments within each rotation and to some degree can select who does the assessment.
- It is important that all assessments are completed within the overall timetable for the assessment programme.
- Each Foundation Doctor is expected to keep evidence of their assessments in their portfolio. These will then form part of the basis of the discussions during appraisals.
- The Foundation Doctor is an adult learner, and it will be made clear to them that they have responsibility for getting their assessments done and for getting their competences signed off.

## The Assessment Tools

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

The following links explain the detail around assessments and SLEs:

<https://foundationprogramme.nhs.uk/curriculum/assessments/>

<https://foundationprogramme.nhs.uk/curriculum/supervised-learning-events/>

In summary:

### 1. Team assessment of behaviour (TAB)

This is very similar to a 360-degree feedback or Multi-Source Feedback. Each Foundation Doctor should nominate 15 people within the practice to complete the TAB form. They need at least 10 replies. Should be completed once in the first placement of each Foundation year. Option to do more if educationally helpful.

## 2. Mini Clinical Evaluation Exercise (mini-CEX)

This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter. No specific number – foundation doctors need demonstrate that they have completed/covered the curriculum, so please complete as many as you think appropriate to achieve this. Perhaps aim for at least two in the GP placement.

## 3. Direct Observation of Procedural Skills (DOPS)

This is another doctor-patient observed encounter. No specific number – foundation doctors need demonstrate that they have completed/covered the curriculum, so please complete as many as you think appropriate to achieve this.

## 4. Case Based Discussion (CBD)

This is a structured discussion of real cases in which the Foundation Doctor has been involved in the management. No specific number – foundation doctors need demonstrate that they have completed/covered the curriculum, so please complete as many as you think appropriate to achieve this. Perhaps aim for at least two in the GP placement.

## 5. Developing the clinical teacher

This is a tool to aid the development of teaching or presentation skills. There should be at least one a year.

### The assessment programme

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

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

- The assessments do **not** have to be carried out by the doctor who is the nominated clinical supervisor but must be a senior doctor or appropriate nurse.
- You can and should involve other doctors, nurses or other health professionals that are working with the Foundation Doctor.

- It is important that whoever undertakes the assessment understands the assessment tool they are using and has had some calibration/training.

The assessments are not intended to be tutorials and although they will need to have protected time this could be done at the beginning, end or even during a surgery.

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

## The Foundation Doctor in Practice

You know what has to be learnt and how it has to be assessed, but who will do the teaching, how will it be done and when will it be done?

### The Induction

This is really an orientation process so that the Foundation Doctor can find their way around the practice, understands a bit about the practice area, meets doctors and staff, learns how to use the computer, and knows how to get a cup of coffee! This is very similar to the induction programme used for specialist trainees but will probably last about a week. It should be planned for the first week of their 4-month rotation with you. It is also very helpful if you have an introduction pack for the Foundation Doctor, which again is like that which you might use for a locum. An induction week might look something like the timetable below but this only a guideline and should be adapted to suit your learner and your practice.

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

### Example Foundation Doctor Induction Programme

<b>Day 1</b>	Meeting doctors/ staff 9-10	Sitting in the waiting room 10-11	Surgery & Home visits with Trainer 11-1	Working on Reception desk 2-3	Surgery with Trainer 3-6
<b>Day 2</b>	Treatment Room 9-11	Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another doctor 3-6	
<b>Day 3</b>	District Nurses 9-12	Computer training 12-1	Local Pharmacist 2-4	Surgery with another trainer	
<b>Day 4</b>	Health Visitors 9-11	Admin staff 11-12	Shadowing On call doctor 1-6		
<b>Day 5</b>	Surgery and home visits with another doctor 9 - 12	Practice meeting 12-1	Computer training 2-3	Surgery with trainer 3-6	

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

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

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

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

### The working and learning week.

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

Every experience that your Foundation Doctor has should be an opportunity for learning. It is sometimes difficult to get the balance right between learning by seeing patients in a formal surgery setting and learning through other opportunities. The table below is an indicator as to how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard 4-month rotation. (The next section will look in more detail at each of these learning opportunities). The working/learning week for a Foundation Doctor is 40 hours spread over the 10 sessions (regardless of your practice working week arrangements). The Foundation is not expected to do out of hours work during their General Practice rotation. This will vary between programmes as some of the group teaching is provided in a different format.

<b>6-8 x surgeries</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ The Foundation Doctor must have access to another doctor (not a locum doctor) but not necessarily the trainer in the practice.</li> <li>▪ The Foundation 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</li> </ul>
<b>1-2 x sessions in other learning opportunities</b>	<p>This could be:</p> <ul style="list-style-type: none"> <li>▪ 1:1 session with the trainer or other members of the practice team.</li> <li>▪ Small group work with other learners in the practice</li> <li>▪ Small group work with Foundation Doctors from other practices</li> <li>▪ Shadowing or observing other health professionals or service providers e.g. outpatient clinics pertinent to primary care, palliative care teams, voluntary sector workers</li> </ul>
<b>1 x session on project work or directed study</b>	<ul style="list-style-type: none"> <li>▪ Your Foundation Doctor will be undertaking a project or audit during their time you. They should have protected time to do some research, collect the data, write up the project and present their work to the practice team</li> </ul>
<b>1 x group teaching</b>	<ul style="list-style-type: none"> <li>▪ Each Foundation Programme will provide some group teaching for the whole programme.</li> <li>▪ Details can be obtained from the local Foundation Programme Administrator.</li> </ul>

### Tutorials

- We usually suggest a 1-hour tutorial each week in the practice.
- Tutorials ideally should be on a 1:1 basis but could be as part of a small group with their learners.
- Any member of the practice team can and should be involved in giving a tutorial.
- Preparation for the tutorial can be by the teacher or the learner or a combination of both.

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

### Chronic Disease Management

- Although the emphasis is on acute care it is also important for Foundation Doctors to realise how much 'acute illness' is due to poorly controlled chronic disease
- The importance of exposure to chronic disease diagnosis and management should not be overlooked.
- Practices have found that it is useful for Foundation Doctors to be involved in chronic disease clinics and this is now part of the curriculum. There are many skills that can be gained by seeing patients with more chronic problems such as diabetes.

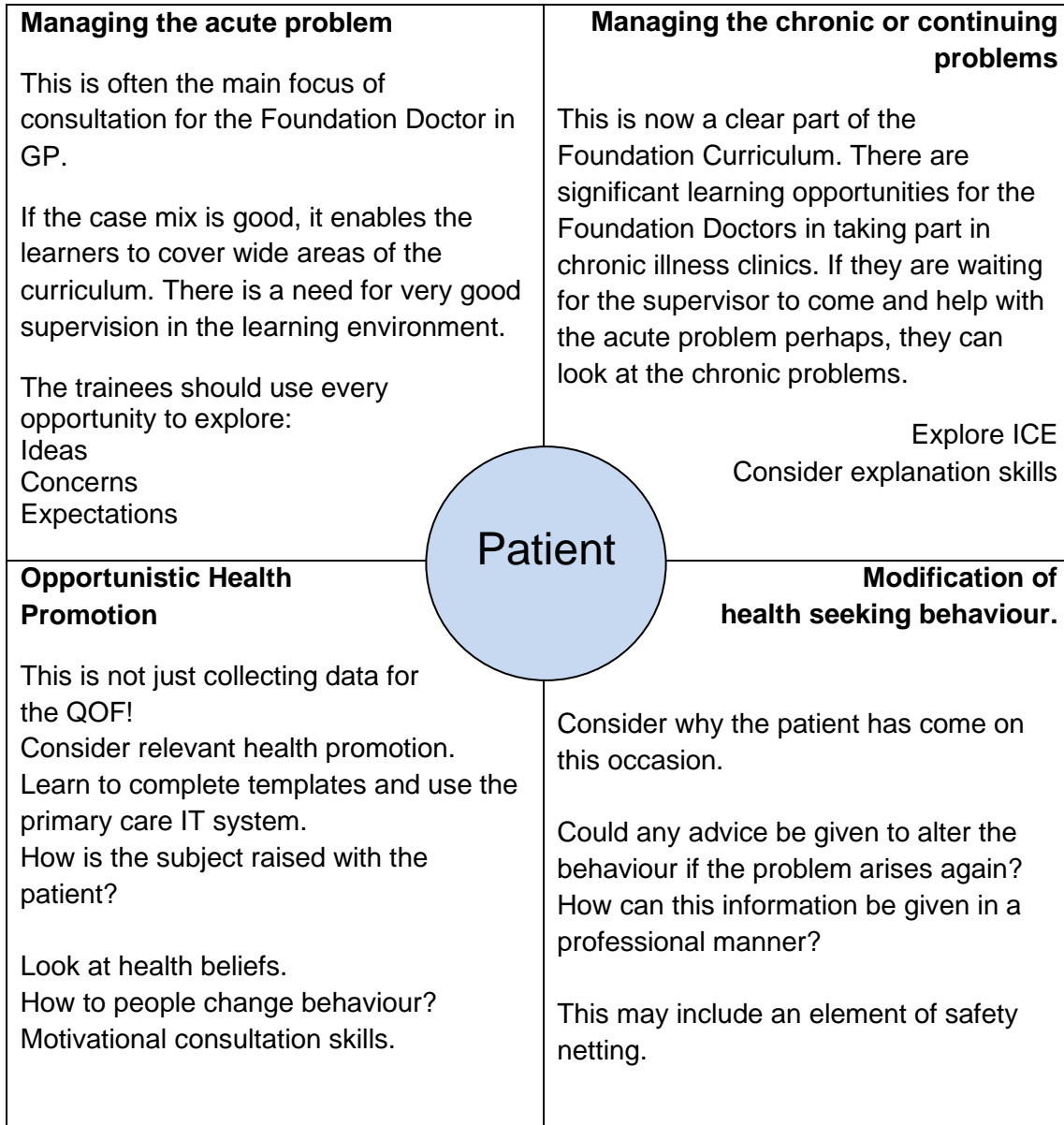
### Administration

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

**The Foundation Doctor using a half hour consultation slot**

(based on Stott and Davis consultation model)

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





## Taught sessions

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

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

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

## Your role as a Clinical Supervisor

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

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

## Performance issues

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

### **The End of the Rotation**

At the end of each rotation, you should complete the final clinical supervisor report and ideally hand over to the next clinical supervisor. This is your overall assessment of the doctor's performance during the time they have spent with you and helps the new clinical supervisor to focus on any areas of need. Experience has shown us that it is also helpful if you can talk personally to the next supervisor (especially if there are any problems) but this can sometimes be difficult for you to arrange so it is important that there are at least clear notes in the Foundation Doctor's portfolio.

### **The Supervision Payment**

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

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

Any questions about payment need to be directed to NHSE (North-West) Foundation Team.

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

- Communication skills – this is extremely important, and it is often worth concentrating on the ability to take a focused history but taking into account the patient's ideas, concerns and expectations.
- Managing the practice patient record systems – electronic or paper
  - History taking and record keeping.
  - Accessing information
  - Referrals and letter writing
  - Certification and completion of forms
- Primary Healthcare Team working
  - The doctor as part of the team
  - Who does what and why?
  - The wider team
- Clinical Governance and Audit
  - Who is responsible for what?
  - What is the role of audit?
  - What does a good audit look like?
- Primary and Secondary Care interface
  - Developing relationships
  - Understanding patient pathways
- Interagency working
  - Who else is involved in patient care?
  - What is the role of the voluntary sector?
- Personal Management
  - Coping with stress
  - Dealing with Uncertainty
  - Time Management
- Chronic Disease Management
- The sick child in General Practice
- Palliative Care
- Social issues specific to your area which have an impact on health

**....and finally**

The NHSE (North-West) has a Foundation School which will oversee the running and organisation of the NHSE (North West) Foundation Programme.

The Deputy Postgraduate Dean - Foundation is Professor Paul Baker and can be contacted at NHSE (North-West). [paul.baker20@nhs.net](mailto:paul.baker20@nhs.net)

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