

Shadowing for Appointees to Foundation Year 1 Guidance Notes

This note provides guidance for directors of workforce, medical directors, and directors of medical education to support the delivery of a period of shadowing for all new appointees to the first year of the Foundation Programme (F1).

Background

All appointees to F1 should spend a minimum of four days prior to their F1 responsibilities beginning shadowing the F1 job that they will be taking up and completing the relevant aspects of trust-based induction. This will help them to become familiar with their new working environment and, where possible, should include a handover of their clinical responsibilities.

This shadowing period aims to help equip recent medical graduates with the local knowledge and skills needed to provide safe, high quality patient care, from their first day as a F1 doctor. It builds on a range of developments in undergraduate medical education including student assistantships.

Evaluation of the programme from 2012, the first year shadowing was introduced across England, indicated that

- With a 34% response rate to a survey, most of the doctors(95%)reported they were paid for attending shadowing, in contrast to 55% in 2011
- the most useful components new appointees reported was shadowing the outgoing F1 doctor, learning top tips from the outgoing F1, and involvement in scenarios and teaching about the critically ill patient
- 65% had the opportunity to undertake an out-of-hours shift
- surprisingly, 15% reported that they were not offered a tour of their working environment

This note provides guidance on the intended learning outcomes, suggested content and HR aspects of shadowing. [Annex A](#) details elements of Good Practice related to F1 Shadowing.

Learning outcomes

There are four key learning outcomes for shadowing. By the end of the shadowing period, newly appointed F1 doctors will:

1. Demonstrate that they are familiar with their new working environment; and
2. Describe their responsibilities for safe and effective patient care, including how to seek supervision
3. Demonstrate familiarity with appropriate IT systems and procedures
4. Understand what their roles and responsibilities are, and their limitations.

Content

During the minimum four-day period, employing organisations should offer a locally tailored programme that includes at least a 50 per cent timetabled block of shadowing clinical activity – a minimum of two full days or shifts where applicable. The induction component should comprehensively cover those aspects of trust-based induction essential to undertake the ward and clinic-based aspects of shadowing and enable appointees to fulfil their F1 responsibilities.

Ward-based shadowing

- Shadowing clinical activity should be organised as full days (or full shifts where applicable).
- This must include a guided tour of the working environment and other aspects of ward, departmental or practice induction. Where appointees have not worked in the hospital before, there should also be a guided tour of the entire hospital site.
- Appointees should be encouraged to have some clinical responsibility, and to undertake clinical tasks, closely supervised by the current F1 and senior doctor.
- It should include the opportunity to be present at a clinical handover and an out of hours shift, if this is part of the role the appointee will be taking up.
- It should include a discussion of the specific clinical responsibilities of the F1 job, supervision arrangements and how to seek help.

Trust-based Induction component

The induction component should comprehensively cover those aspects of induction essential to undertake shadowing and fulfil their F1 responsibilities. It should be time efficient to maximise the time available for shadowing clinical activity.

Experience has shown that it is best for IT training to occur at the beginning of shadowing. Therefore IT departments need to work closely with medical staffing and postgraduate centres to ensure that access to systems is available to all appointees to ensure the success of shadowing.

Other learning opportunities

- The deanery/foundation school should provide a brief introduction and welcome to the Foundation Programme, describe the structure and processes within the school, set out the requirements for satisfactory completion of F1, the e-portfolio and signpost deanery/foundation school policies.
- Wherever possible appointees should meet with their named clinical supervisor to discuss what is expected in the placement, learning opportunities available and their learning needs. The clinical supervisor should record this discussion in the e-portfolio (Induction meeting with the clinical supervisor).
- Wherever possible appointees should meet with their named educational supervisor to agree how the learning objectives for this period of training will be met and confirm the process for feedback and assessments. The educational supervisor should record this discussion in the e-portfolio (Initial meeting with the educational supervisor).
- Wherever possible, shadowing should include other learning opportunities that should be devised to maximise patient safety and high quality service to patients. Evidence from the pilots has suggested that this could include training in safe prescribing (including fluid prescription), tops tips from outgoing F1s, and recognising the critically ill patient.
- Having been introduced to the e-portfolio during the shadowing period, any additional training in the use of the e-portfolio including peer-to-peer training should be offered in the first month of F1.

HR advice

Shadowing placements should be a minimum of four days in duration and take place as close to the start of work as possible.

The shadowing placement should be paid on a F1 basic pay basis or equivalent, pro rata to the hours undertaken, and there should be no expectations of banding or other enhancements to this basic pay rate during the period of shadowing. This reflects the fact that this period of shadowing is preparatory to the formal adoption of clinical responsibility on being employed as an F1 doctor. If local arrangements provide more than is required by the guidance, cost will need to be met locally.

Any appointed F1 doctor who cannot be available to undertake the four day shadowing period due to exceptional circumstances must inform their Foundation School Manager at the earliest opportunity, and their local clinical supervisor once known.

Communication

To new appointees

Employing organisations must inform new appointees of the start date of shadowing at least six weeks beforehand. The letter should remind new appointees of their responsibilities to obtain provisional registration and a licence to practice from the General Medical Council in time, and local pre-employment procedures.

To current F1 doctors

Employing organisations should notify current F1 doctors that they are expected to make themselves available for supervising and supporting shadowing at the end of July. Leave arrangements may need to be adjusted in some cases and if so this should be agreed as soon as possible.

To clinical and educational supervisors

Employing organisations should notify clinical and educational supervisors that they are expected to make themselves available for the shadowing period at the end of July. It is hoped that new appointees will have the opportunity to meet with their named clinical supervisor and named educational supervisor during this period. If this is not possible, alternative arrangements should be made. If the current F1 doctor is not available, the named clinical supervisor should ensure that an alternative F1 or F2 doctor is available for shadowing.

To those providing induction

Employing organisation must ensure that arrangements are made for shadowing, induction and any other learning opportunities. This should include IT training so appointees can access the systems necessary for them to familiarise themselves with clinical and administrative processes required of them when they start working as the F1 doctor.

Employing organisations should make arrangements for a suitable payment to be made for the period of shadowing. The timetable should be shared with new appointees in advance, if possible.

To Foundation Schools

Foundation Schools should notify each Trust with the details of the F1 doctor(s) who will be on placement with them.

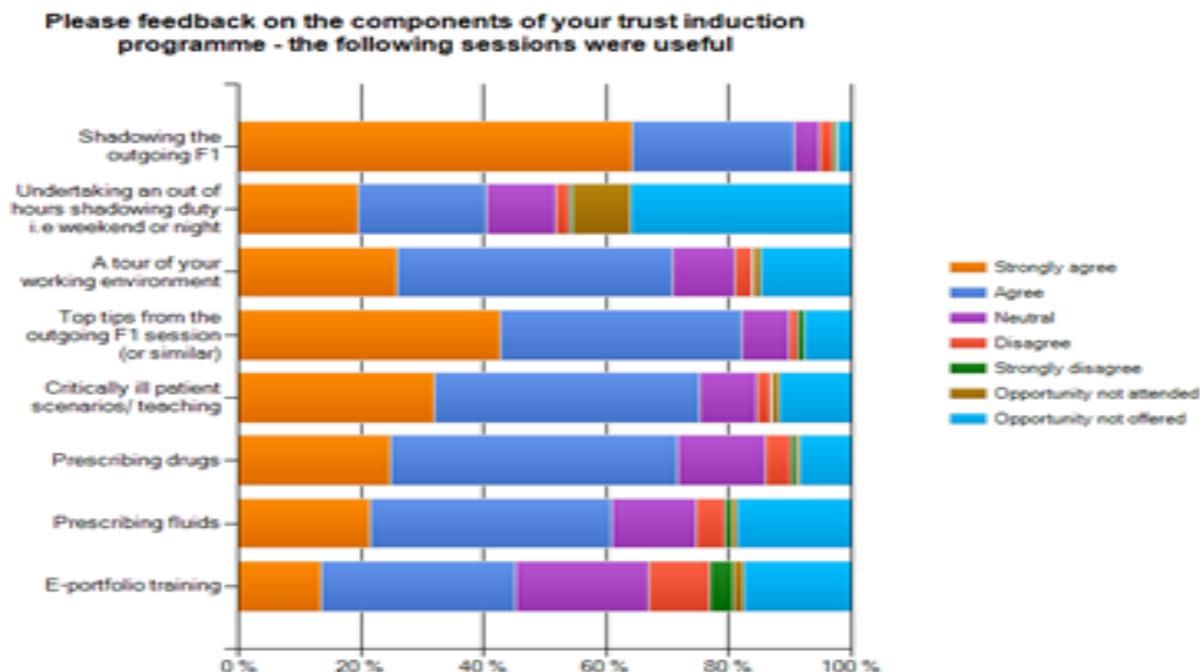
To Local Education and Training Boards

SHA Workforce and Education Directorates should discuss funding of the four-day shadowing period with their employing organisations, ensuring that additional employer on-costs as a result of introducing a paid period of shadowing, such as earlier incremental progression, pensions and National Insurance, are discussed

with a view to achieving cost neutrality for employers. The expectation is that shadowing will be funded from the HEE education and training allocations via Local Education and Training Boards.

NHS Employers will provide additional advice relating to payment arrangements.

F1 Shadowing Good Practice Feedback from 2012 Induction (survey of 1829 F1s)



Suggested Best Practice

Shadowing

- Ideally shadowing should occur in whole days – ensure that it includes the morning handover

Information technology

- F1s should be given their ID badges and passwords for appropriate IT systems as soon as possible.

Near-peer teaching

- Top tips from outgoing F1s
- E-portfolio training in small groups – the outgoing F1s are better placed to describe how to access the portfolio from a trainee perspective
- Identify appropriate outgoing F1s; not all F1s are great at teaching, identify those that are enthusiastic to deliver these opportunities in advance.

Virtual patient

- Going through a virtual admission with the F1s making the management decisions and completing appropriate investigation request forms; prescription charts and referrals may help to familiarise the F1s with documents and processes.

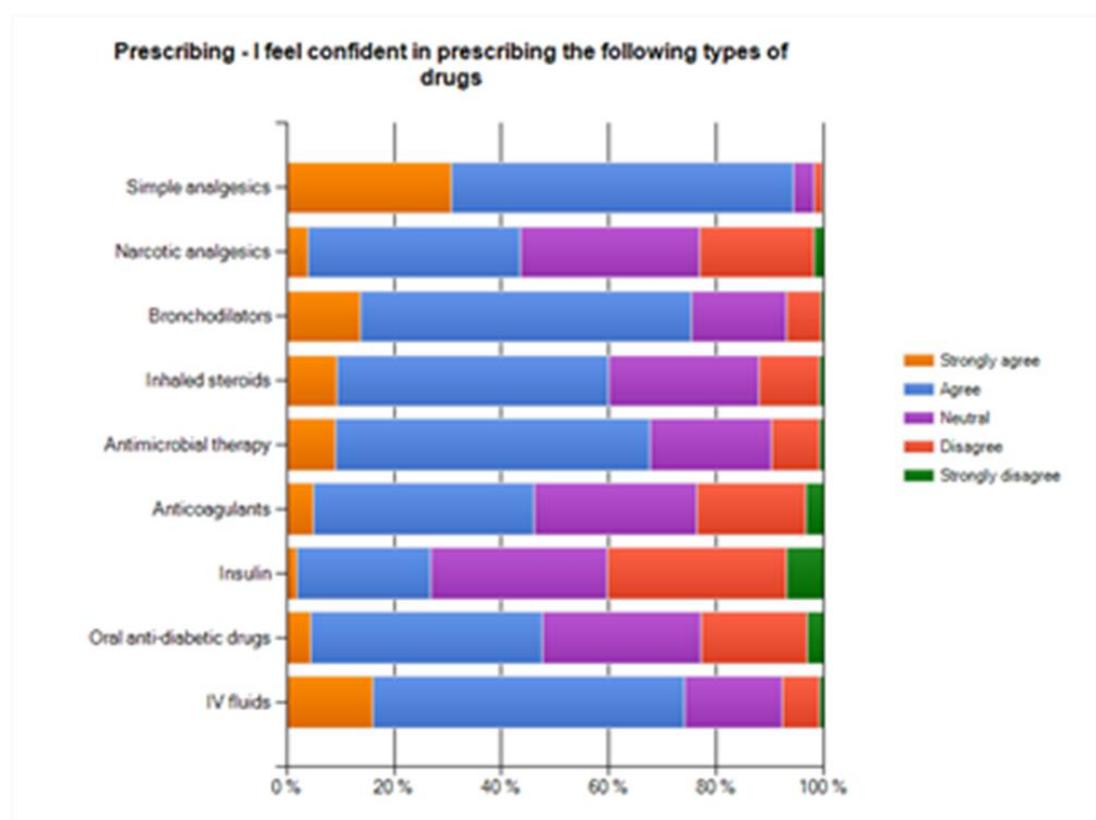
Departmental Induction

- If possible provide a handbook to facilitate understanding of the F1 responsibilities for a particular placement, including how to access appropriate protocols.
- The F1 should be familiarised with any equipment they will be expected to use regularly
- The F1 must be aware of how to access senior support within and out of hours
- Consider creating a checklist to remind outgoing F1s what should be included in the handover to the incoming F1.

Additional Support

- Consider having an additional night nurse practitioner on duty during the first few days
- If the F1 is commencing with an out of hours shift, try to arrange for the F1 to shadow an out of hours shift.
- Consider limiting leave for the outgoing F1s
- Consider dividing the F1s into groups if one department has a large number of F1s

Areas for Improvement



Trainees are not confident in prescribing – particular areas of concern are Insulin; oral hypoglycaemics; narcotic analgesic and anticoagulants. They are generally familiar with the pharmacology but need help with regard to how to prescribe. A pharmacist may be helpful in delivering a practical prescribing session.