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Yorkshire and Humber Foundation School (YHFS) GP FY2 Handbook - including LIFT

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Contents

Philosophy for F2 in GP

A General practice attachment will:

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 open 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 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 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

In order 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 FY doctors.
If the practice is 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 e-learning module, and later attend a local face to face training session, and complete the trainer specific paperwork, whether or not they work in an accredited practice.

A re-approval process will be administered.

Regular FY GP tutor meetings are held in each locality to support you in your role once accredited. Please refer to the school of primary care website for contact details of local GP Tutors who will be able to advise.

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, but on occasions this may not be possible.

The F2 should make contact with 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 make contact with the Educational Supervisor (ES) of the trainee, or the local Foundation school administrators to ask if there are any ongoing concerns or issues about which you should be aware.

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 Foundation School TPD if you feel that this is appropriate.

The FY2 doctor should record all absence on their e-portfolio.

Annual leave and Study leave

Please refer to the YHFS generic teaching and study leave guidance for F1 and F2 trainees

Indemnity

At present Foundation Trainees 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 Trainees, as for any registered doctor – advice that you are given regularly from medical school onwards.

Separate indemnity is an absolute requirement for specialty trainees 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/ 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

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

The main aims of the introductory period are to familiarise the F2 doctors with the way in which the practice runs, and to ensure that you and the trainee 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 TRAINEES 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 1 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.
  QoF – it is probably 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 PHCT**
  You may want to expose trainees 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 trainees / grades of trainee, 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.**

It is not permissible to deduct time off in the working day from the 40 hours, unless the break from duties is greater than 6 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.

An FY2 should never be working alone in a building.

Typical weekly timetable plan

- 7 Sessions - Clinical sessions
- 3 Sessions - Other relevant activity e.g. mixture of Teaching Sessions/ Clinical attachments/ Self-directed study e.g. Academic work, Audit.

What work can FY2 trainees do?

Aim to be flexible to the educational needs of the trainee, 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 trainee, 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 F2 trainees

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

Please ensure that visits allocated to F2 trainees to undertake unaccompanied are in line with their level of competence.

The F2 trainee 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 trainee 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 doctor will be different. With this in mind 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 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 doctor when it comes to completing assessments. This can be a sessional GP but not a locum.

Remember; some doctors are not good at recognising their own limitations - the session supervisor should routinely review each patient record at the end of the session, probably 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 probably 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 very useful for teaching

Advantages

- Observation time for completing WPBA

- Opportunity for immediate teaching & feedback
- Can be appointment neutral from day 1

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 ample opportunity 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 trainees / grades of trainee, or shared between practices if this can be set up locally.

Educational opportunities

FY2 trainees will most likely have to complete an audit during their time in GP, and may like to get involved in other Practice projects.
PLI events- invite FY2's along!

Other educational considerations & the Foundation portfolio

The working week of 7 clinical sessions and 3 educational sessions provides ample time for self-directed learning (SDL).
Protected SDL time can enhance development as self-directed learners, but in the early stages of medical careers, private study time may need to be semi-directed.

Examples of SDL activity;

- Computer Training - Useful early on in the placement
- Audit - All FY2 doctors have to include an audit in their portfolio and GP is probably one of the best settings for audit work. Plan the audit early in the FY2 trainee's placement and encourage trainees 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 SDL sessions are part of the working week, and not an optional extra.

The Foundation Programme requires the training doctor 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 to an Educational Committee for approval. They cannot complete the programme without a satisfactory portfolio.

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 Foundation Programme website for up to date details of the curriculum, e-portfolio, WPBA, and competences.

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, HEE have recommended that even under pandemic circumstances trainee training should continue, redeployment will be minimised. To this end it is acceptable for Foundation training doctors to undertake non face to face consultations. The supervision arrangements for these sessions will be exactly the same as for standard face to face consultation or phone triage.

LIFT

What is LIFT?

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 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.

How do trainees benefit?

Trainees have benefited from the educational support and broader clinical exposures offered by experiencing primary care at this stage and acknowledge the benefits of having a consistent supervisor for the two-year programme. Practical skills such as consultation skills, developing management plans, communication and administrative activity have benefited from time in the primary care environment.

What do trainers think?

Supervisors consider LIFT trainees at FY2 to be “more aware of the patient journey” and “the primary and secondary care interface” than their counterparts who are following the traditional training route.

They continue to have “surpassed expectations”, possessing superior consultation and communication skills, greater understanding of medical conditions from their early development and treatment by GPs through to acute stages requiring specialist care in the hospital environment, “excellent” clinical knowledge, are more able to treat patients “holistically”, and excel at providing essential referral and hospital discharge information. They are generally “more autonomous than a traditional FY2”. “….. [they have] reached a level of independence so to speak, that we would not normally see from our foundation trainees in the old scheme…..”

LIFT trainees now additionally have a better understanding of the roles of the wider GP practice team than others. They are aware of their colleagues’ “strengths” and when it is useful to involve them in patient care. This can include the nurses, physiotherapists, and health visitors amongst others. The team gives pastoral support as well as their supervisor(s), having now “got to know them well”, developed friendships, and often formed social as well as working relationships with colleagues.

What are the challenges?

This scheme may not be for all trainees and is tailored for trainees who are looking at a career in general practice and there is evidence that trainees who train in a LIFT scheme are more likely to continue to GP training. Acute trusts can feel that they are losing manpower in FY1 but the rotations chosen allow them to gain manpower in FY2 and HEE is working with employers to design on call rotas, maintain experience in FY1 and manage compensatory rest.

Summary

This is a novel programme aimed at trainees planning a career in general practice. It gives trainees benefits in terms of longitudinal experience in general practice and maintains the other skills gained in Foundation training.

We also have separate more specific guidance for LIFT trainees.

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