General Practice Longitudinal Integrated Foundation Training (GP LIFT) FAQs

How does a FY1 doctor differ from a GP specialist doctor?
The FY1 doctor is fundamentally different from a GP doctor. The FY1 doctor is not learning to be a GP. The FY1 doctors are not independent practitioners and need a high level of supervision. The FY1 doctor needs support in gaining competencies from the Foundation Programme Curriculum. The GP specialist doctor is covering a different curriculum. The aim of the longitudinal Foundation training placement in a community setting is to give the FY1 doctor a meaningful longitudinal relationship with patients and the health care team, to advance workforce transformation and promote compassionate patient-centred care. The FY1 doctor will be in the community setting 2 sessions per week.

What about travel expenses for foundation doctors travelling to the GP practice?
Foundation doctors are employees of the acute trust. Details of claiming for travel can be found here: Relocation and Travel Expenses - Arrangements for Doctors & Dentists in Training & Public Health Doctors

Who will be the foundation doctors educational supervisor?
The GP practices involved in the LIFT scheme have agreed to undertake the education supervision instead of the employing acute trust. You will have clinical supervisors in your placements in your employing acute trust.

Can an FY1 doctor carry out acute telephone triage?
Acute telephone triage is believed to be too high risk for doctors at this stage of their training in the primary care setting. They can undertake phone calls to patients that they are involved with on a more chronic basis if the doctor and supervisor believe this is appropriate.

Who decides which doctor will come to my practice?
The Foundation medical education team at the employing Trusts allocate the doctors to the practices. Co-operation with the local trusts Foundation training faculty is paramount to ensure doctors are allocated to practises to match practicality and training needs/desires. The first year of LIFT will see 18 doctors in a longitudinal training programme.

What about medical defence cover?
FY1 doctors must have the appropriate level of medical defence cover. FY1 doctors will be covered by Crown indemnity as they are employed by the acute Trust. It is however, recommended by the GMC that they need to belong to a recognised defence organisation, at their own expense (this expense is tax deductible). The "minimum" defence organisations cover provides indemnity for "good Samaritan acts" and is advisable for all doctors.

Can FY1 doctor sign prescriptions or repeat prescriptions?
Prescribing in GP by FY1s is covered in the GP educational supervision document. Repeat prescriptions should not be signed by FY1 doctors. To help with the educational need around prescribing in primary care, it is a worthy topic for an early tutorial. If you have a local friendly pharmacist, why not utilise this resource as part of your GP induction programme? It could be a way of learning how to do an effective medication review.

Can the FY1 doctors carry out home visits?
Mindfulness should be given to the purpose and requirements of the home visit; in addition to the educational value of this visit for the doctor. FY1 doctors should not be doing acute home visits at the request of the patient. These are felt to be too high risk for a doctor in the early stages of training. The FY1 doctor can do some carefully selected and supervised home visits if felt to be acceptable by the patient and educationally valuable for the doctor. Home visits are not a Foundation Programme Curriculum competency. Joint visits with a more senior practitioner can be an excellent educational experience and are the recommended method for experiencing home visits. If a doctor does not have a car, it is possible to use public transport or walk/cycle to

home visits in many practice areas. They can carry out home visits to patients with chronic illness and those being discharged from hospital as long as there are clear objectives for this work.

What about FY1 doctors traveling?

Foundation doctors are employees of the acute trust. As such they are responsible for their own travel arrangements. They may be eligible for a cycle to work or car share discount scheme through the trust employment benefits scheme. 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 that their car is used for "business". Travel expenses are included in the education contract with the Trusts from HEE. Foundation doctors are 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. The rate used for mileage claims is that of the Public Transport Rate pertaining at the time. FY1s are not required to travel with patients in ambulance services admitted from GP clinics. If doing so, they must act as observers rather than be responsible for patient care during transfer.

What about FY1 Study Leave (S/L)?

FY1 doctors are not entitled to formal S/L. They are mandated to attend the formal Foundation Teaching Programme at the acute hospital site with their peers. They are entitled to take up to 5 days to attend tasters in other specialities over their 2-year Foundation Programme. The Foundation Programme Training Guide and Operational Guide details the rationale and delivery of the generic foundation teaching sessions, and study leave for F1 & F2s. Study Leave and Taster Guidance are also on the main HEE / YH HEE & YHFS website. Professional leave for educationally viable tasks as part of professional development can be agreed between supervisor and doctor. The Foundation Programme Director must authorise requests for S/L for taster weeks. The Foundation Programme Administrator locally will record the study leave taken. Professional leave for educationally viable tasks as part of professional development can be agreed between supervisor and doctor.

What about FY1 Annual Leave (A/L)?

The GP placement will run longitudinally over the entire year. It is assumed that limitations to A/L will predominantly be from rota co-ordination and acute hospital provision of staff. The FY1 A/L will be subject to six weeks agreed notice period to allow cancellation of clinical commitment. The FY1 doctor A/L should not be restricted by service needs of the GP practice.

What about FY1 leave other than A/L or S/L?

FY1 doctors occasionally face additional difficulties. Support pathways for doctors with additional difficulties are well established within the local trusts Foundation programme governance systems. Transparency of information about doctors is thus paramount between faculty members of the supervising educational team. FY1 doctors have the right to amended work duties to support their progression. The maximum permitted absence from training, other than annual leave or study leave, during the F1 year is four weeks (or 20 days) – after which their progression may be affected. Any additional leave should be recorded and reported to the Foundation Programme Administrator and the employing Acute Trust HR department.

Should an FY1 doctor do GP out of hours shifts?

FY1 doctors are not required to work out of hour's shifts at GP centres. However, if this is educationally valuable and agreed by both GP clinical supervisor (for direct supervision) and doctor it is possible. European Working Time Directive (EWTD) and funding for supervision would need consideration.

What hours should an FY1 doctor work in GP?

FY1 doctors in the LIFT pilot will work 2 programmed activities (1 day) in the GP setting per week. They must not work over 40 basic hours a week overall (including the hospital component of the training). If shown by hours monitoring to be working over 40 hours the doctor could be entitled to financial remuneration. The maximum of 40 hours must fall between the times of 7am-7pm Monday to Friday. Travel time during working hours must be accounted for. The actual timetable is able to be practice-specific within these guidelines. Timetables of activity should be submitted to HR at the local trust for consideration and work monitoring.

How does the FY1 document their progression with the Foundation Programme curriculum competencies while in GP?
Progression of competence is documented and assessed through the Horus e-portfolio. Training on Horus and required documentation will be given to both the FY1 doctor and the GP trainer. The trainers should complete the relevant sections of the Horus e-portfolio including the structured learning events. An Educational Supervision initial induction meeting is required at the start of FY1. Educational Supervision reports are required at the end of each themed placement. GPs can form part of the Foundation ARCP panel of reviewers but not for doctors they directly supervise.

Who are the people that will support me and my FY1 in the LIFT project?
The local GP Associate Dean would be available to give advice about educational issues in General Practice. Your local Foundation Programme faculty can tell you who this is for your area. Each employing trust has a Foundation Programme Director and an administrator, with whom you will work closely. Details of Foundation Programme Directors and Foundation Programme Administrators can be found on HEE (North West) web site.

What was the feedback from Foundation doctors who have been through the programme – what went well and what was challenging?
The most challenging of all was the rotas. Concerns such as not feeling part of the team or a part of the practices disappeared quite quickly. Another challenge was being able to track patients. There were some goals which did not work and wasn't possible to reach. The positive is that the scheme didn't collapse, and it has now expanded to other specialties now.

What happens with exception reports?
Exception reports will still sit with the Trusts but would advise to make ES and HR aware of this so this can be managed appropriately.

Did the GP LIFT Foundation doctors contribute to on call throughout programme as per their Foundation colleagues?
Yes, we felt it was important to maintain their on-call and this has worked fine. Communication is needed between the doctor, Employing Trust and Practice

Did any of the LIFT doctors struggle to achieve the required competencies in hospital specialties?
No, in actual fact it was noted that the LIFT doctors ePortfolio's were better than non-LIFT doctors, but this could be down to the individuals themselves and could be unrelated to the programme.

What would happen in the event of a LIFT doctor struggling to achieve the required competencies?
There haven't been any problems previously, this was quite the reverse, but this is dependent on the individual, as opposed to the programme.

As the doctors are only with their practices for one day per week, do GPS then absolve themselves of any ES duties which will be picked up by the Trust trainers who are down by 1 doctor for one day each week?
Yes, the GP will be the ES. They still do the Out of Hours with the Trust, and if a zero day they don't go to the practice-is this right and do the GPS know? The zero days have to be equitably split in line with their attendance.

By the time study leave, annual leave, zero days, night are brought into the equation I worry that GP practices and Trust departments alike, will have little clue who to expect on which days. How will doctor movements and attendance be tracked?
There are processes in the Trust for tracking absences and the Trust will be aware what days the doctors will be at their LIFT post. It is down to the Trust to track this as the Employer.

Will Horus be updated as for each placement there will be two CS reports?
There will be two reports to be done for the first placement but not thereafter. There is a combined ES and CS on Horus however this would not be used for LIFT doctors.

Will the LIFT doctors be able to prescribe independently?
Only when they are in FY2 – this is unchanged. FY1's cannot prescribe independently but they should have 100% in house supervision so this should never be a problem.

Have you any suggestions as to how the timetable should look within the practice?
It should reflect a WTE timetable, but on a LTFT basis. This should be looked at the same way you would look at a LTFT doctor.

What sorts of things do you expect a LIFT doctor to do in a GP practice?
This should be the same as FY1 / FY2. Please see the Doctor handbook.

When will we find out the details of the doctor who is coming to join us, and their rota?
All current practices should have this information now. In subsequent years this will be sent with the allocation information, once allocations are completed.

Are there any requirements about numbers of assessments that should be done in primary care?
It is recommended that the LIFT doctor do more than the minimum, but we cannot enforce this but would be good practice.

Looking at the allocations, we have at least one LIFT doctor in EM from second placement in December onwards, as you know there are many 'out of hours' shifts in ED, particularly twilight and night shifts; I would like to know the school's suggestion on the best way to arrange GP placements during weeks when a doctor is on a block of night or twilight shifts?
The doctors cannot be in a GP practice during the day then going on to do a twilight / night shift so would be helpful to manage this as you would if a doctor is working less than full time.

Will it be acceptable for the doctor to attend the GP placement for two days in a week when they are on day shifts and none during the night / twilight shifts? We will make sure the doctor is able to attend the required days of GP placement if this is agreed?
Yes, this would be acceptable as they would not be able to do a GP practice during the day then a night shift afterwards.

Some doctors are doing locum shifts whereby it is unknown to the HR department and the HR team were not looking at what duties they were doing and think they should be aware that locums may be in breach, and nobody is aware.
F1's can only do locums within their employing trust and only at FY1 level. They are not fully registered and cannot work unsupervised. It would be very unusual for them to take on too many locums as they are very busy as F1s already. F2's are different because they are fully registered with the GMC and they can do other locums that are related to their training. However, FY2 should take on locums shifts only as appropriate and as long as they do not contravene their rest time. This can be seen as a probity issue in certain circumstances.

What if find that doctors are in breach of the REST guidance?
This would be unacceptable and if this happens then the doctor is to be sent straight home and the deanery as well as the TPDs need to be made aware immediately via email. If this is done while they are on their annual leave, then this would be fine.

Do the Trust not let the doctors take leave in their last 7 days of their post?
Trusts confirm that they do restrict leave in the last week for shadowing purposes but there is no concrete rule. This would be a decision for the employer, the trust, to make.