THE GUIDE

Foundation Programme in General Practice

v1 December 2023

Severn Foundation School

Severn Postgraduate Medical Education

Index

1. Introduction

Thank you for agreeing to support Foundation Programme Year 2 (F2) doctors in their Foundation Training. It is not intended to be definitive but a framework that you can build on and adapt to suit your circumstances. Every practice is different and will offer different learning opportunities for their Foundation doctor.

The content of the guide draws from a combination of the

- experiences of GPs who have trained F2s
- experiences of F2 doctors in GP
- experiences of NHS England South West teams
- national guidelines and directives

Becoming a Foundation Supervisor
GPs wishing to develop their educational career as a Foundation Supervisor must have MRCGP (or equivalent) and complete the Prospective Educational Supervisors Course (or equivalent). New trainers must be at least 18 months post-CCT and have worked in the practice for a minimum of 12 months, not necessarily as a GP Partner.

Many of you may already be experienced trainers of GP Registrars or Medical Students or have previously had F2 doctors, for others this is a very new undertaking, but we hope that everyone will find the Guide helpful.

2. Who are the F2 doctors?

Doctors entering F1 are eligible for provisional registration. F2s are eligible for full registration upon successful completion of F1. As well as the 2-year Severn Foundation posts, we have several doctors in **one year** F2 posts. Some of this group may have not been through the first year of Foundation training in the UK but their general experience and skills are judged to be at an equivalent level.

The F2 doctors in General Practice will have a range of experience, skills and level of familiarity with the NHS and local area. Your assessment of their individual strengths and needs will be a vital part of ensuring that you and they get the most from their GP placement.

3. The Curriculum

A revised Curriculum has been introduced from August 2021.

The 2021 full curriculum is available from the UKFPO's website at:
https://foundationprogramme.nhs.uk/curriculum/

This website also has links to various Foundation Programme Guides which you may find useful.

It is important to remember that:

- the rotation in your practice is part of a programme
- the F2 will not cover all competencies during their time with you
- some competencies may well be more readily met in General Practice than in some other posts e.g. Relationships with Patients and Communications
- the doctor is aiming to achieve generic F2 competencies in their GP post, not training to be a GP

4. Supervised learning events (SLEs) and assessment

F2s are required to complete SLEs and formal assessments as evidence of their professional development. These are recorded on the e-portfolio. There are no longer prescribed minimum numbers of SLEs, but they remain the strongest form of evidence by which the F2 can demonstrate competency.

As a clinical supervisor, you will have your own Horus e-portfolio log-in and be able to access the F2's portfolio directly. When your F2 asks you to complete an SLE or assessment, you can do so by selecting the appropriate assessment form from within their e-portfolio. Once you submit a completed form online it will be visible to the F2 from within their portfolio

TAB
The Team Assessment of Behaviour (TAB) is a multi-source feedback tool used to assess professional behaviour of an F2 by a variety of healthcare colleagues. They are completed by means of an e-ticket generated by the F2 – the individual responses cannot be seen by the F2 immediately, however the anonymised feedback is made available to the F2 once it has been released by the educational supervisor.

Placement Supervision Groups
We ask you to use a Placement Supervision Group (PSG), to inform your End of Placement report. The PSG is made up of trainers nominated at the start of each placement by the named clinical supervisor. The makeup of the Placement Supervision Group will vary depending on the placement, but in General Practice is most likely to include:

- Doctors more senior than F2, including at least one consultant or GP principal.
- Allied Health Professionals.

The Placement Supervision Group is responsible for:

- observing the foundation doctor's performance in the workplace.
- providing feedback on practice to the foundation doctor.
- providing structured feedback to the named clinical supervisor.
- undertaking and facilitating supervised learning events (SLEs).

5. The Foundation Doctor in Practice

We have prepared an information sheet for F2s in GP (Appendix 2). This gives them a general introduction to the post and advises them to contact you prior to starting, although not all will.

The Induction

This is really an orientation process so that the F2 can find their way around the practice, understand a bit about the area and population, learn about the resources and services to which your practice has access, meet doctors and staff, be introduced to your protocols, and know where to get a cup of coffee! F2s have highlighted that they need training on your computer systems in this early part of their placement. Induction also provides the opportunity for F2s to sit in with different GPs and for you and them to be confident about starting to see patients independently under supervision. This process will probably last about 1-2 weeks. It is also very helpful if you have an introduction pack for the F2, which you might develop over the year with input from the F2s themselves.

An induction week might look something like the timetable below, but this is only a guideline and should be adapted to suit your F2 and your practice. Don't forget to build in any sessions when the F2 is required to attend the GP learning set teaching.

Sample F2 Induction Programme

Day 1	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 GP 3-5
Day 2	Treatment Room 9-11	Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another GP 3-5	
Day 3	District Nurses 9-12	Computer training 12-1	Local Pharmacist 2-4	Surgery with another GP	
Day 4	Health Visitors 9-11	Admin staff 11-12	Shadowing On call doctor 1-5		
Day 5	Surgery and home visits with another doctor 9 - 12	Practice meeting 12-1	Computer training 2-3	Surgery with GP 3-5	

Sitting in with other members of the team exposes the learner to different styles of communication and consultation and makes a considerable difference to the whole practice's engagement with the F2.

The working and learning week

The working/learning week for a Foundation doctor is 40 hours, to be worked on Monday to Friday **only**. **The F2 must not do out of hours work** during their General Practice rotation as this affects their pay entitlement and are not funded for this, so please do not support such working arrangements. We do not encourage the use of Time off in Lieu (TOIL) but recognise that sometimes it is used in exceptional circumstances **with the agreement** of the F2. If the F2 has agreed to time off in lieu for any extra hours **this time must be taken within the GP placement** as it is not guaranteed that the next placement in the hospital will be able to accommodate it. Any leave/absence matters are an employment issue, and the practice should liaise with the postgraduate centre admin who will advise on individual trust policy.

Travel time from home to the practice may count as work time too if the time taken to travel to the practice is **greater** than their journey time from home to the base hospital. It may be reasonable to consider a 4 day working week if the travel time is significant. Travel expenses can be claimed by the F2 in line with the revised HEE Relocation policy detailed in the Excess Mileage Claims Section point 30 onwards.

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.

6 x Surgeries	▪ These will usually start at 30 minute appointments for each patient and reduce to 20 minute appointments as the F2 doctor develops their skills, knowledge and confidence ▪ The F2 doctor must always have access to clinical supervision from another doctor (not a locum doctor) but not necessarily their nominated clinical supervisor ▪ The F2 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
2 x sessions in other learning opportunities	These could be: ▪ 1:1 session with the trainer or other members of the practice team ▪ Small group work with other learners in the practice ▪ Small group work with F2s from other practices ▪ Shadowing or observing other health professionals or service providers e.g., relevant outpatient clinics, palliative care teams, voluntary sector workers
1 x session for project work or directed study	▪ Your F2 may be undertaking a project or audit during their time with you e.g., time to do some research, collect the data, write up the project and present their work to the practice team. Self-Development Time (SDT) should be used for this.
F2 teaching session	▪ F2s attend a regional teaching programme. They should book study leave in advance with sufficient notice to the practice to plan clinical work.

Supervision

Initially, GPs should review all patients seen by the F2. This can then be tailored by agreement depending on the competency of the F2 and the complexity of the patients. Consultations should be checked at random by the supervisor to assess and monitor the practice of the F2 and the effectiveness of the supervisory arrangements. The GP and F2 should agree how the supervisor can be accessed during surgeries.

In the absence of the main named supervisor, for example during annual leave, a substitute named supervisor should be identified. **F2s should never be left with only a locum or other senior trainee supervising**.

We recommend that supervisors should have protected time during surgeries to review patients and provide support by

- 10 minute catch up slots between patients
- End of surgery reviews

F2s report that joint surgeries throughout the placement are an invaluable supervisory tool.

As a minimum, the F2 must have one hour's observed clinical practice every two weeks.

A safe environment should be created for the F2 to feel they are able to give feedback to their supervisor and practice regarding their placement experience.

Tutorials

Tutorials are not an essential requirement but are valued by F2s and can be given either on a 1:1 basis or as part of a small group with other learners in the practice.

Any member of the practice team can be involved in giving a tutorial and the Foundation School would encourage this practice. Preparation for the tutorial can be by the teacher or the learner or a combination of both.

You can use the Curriculum to provide tutorial topics or respond to issues as they arise in practice.

Home Visits – Under Supervision

Home visits are not a requirement for an F2 but may be negotiated between the GP supervisor and F2. Some practices do not allow F2s to do home visits and some F2s do not want to do them. Both these positions are acceptable.

If F2s do home visits, the following are recommended:

- For at least the early part of the rotation, the F2 and supervisor should carry out joint home visits. The F2 should be supported to move from observing to taking the lead role.
- All home visit requests should be triaged by a member of the practice team so that F2s see appropriate patients only, anticipated as being well within their competence to manage.
- If the home visit includes a difficult or problematic patient, the F2 should be accompanied by the supervisor. F2s should not be exposed to unnecessary risks – (difficult patients or situations).
- F2 doctors must have a nominated supervisor to contact when they are out on home visits and to discuss the patients seen on their return.
- The supervisor should have protected time to review all the patients who have had a home visit with the F2.
- F2s should have their own doctors' bag with all equipment required for the visit.
- The visits should contain a variety of cases.
- If the F2 doctor does not have their own transport, they could be accompanied by their supervisor or see patients within walking distance of the surgery.
- An F2 should not be pressurised to do visits or criticised if they don't want to do visits. It would be good practice to explore the issues of why an F2 does not want to do visits and offer appropriate support.

Community Hospitals

Working in a Community Hospital is not a requirement of the programme but may be of benefit to the F2 if the opportunity is available. The following are recommended if the F2 is to work in the community hospital:

- F2s should have a nominated supervisor to whom they will have access whilst out of the practice.
- F2s should be encouraged to seek supervision and support from hospital staff.
- F2s should not be sent to the community hospital just because nobody else in the practice wants to go.
- Patients should be discussed before the F2 goes to the hospital (possible treatments etc).
- Supervisors should have protected time for F2 to feedback and discuss patients on their return.
- **F2s need to be given the opportunity to say if they feel they are doing too many visits to the community hospital.**
- Ward rounds can be useful for F2s – this will be dependent on the size of the hospital.

F2 Study Leave/Teaching

Each F2 doctor is entitled to 30 days' study leave per year. The Trust Foundation Administrator will be able to advise you how much study leave the F2 in your practice has and the F2

themselves will learn from the Trust what this can be used for. Some study leave is used to attend F2 regional teaching programme and Tasters. The F2 is also entitled to 27 days' annual leave and it's worth establishing early on when the F2 would like to take a proportion of this during their placement with you. The school expects that leave should be distributed evenly across the training year. This is not always possible with Study Leave but should apply to Annual Leave.

It is the F2's responsibility to ensure that they book the time out of practice with the appropriate period of notice given. An individual F2's study leave is managed by the education team at the acute trust.

Depending on the time of year, your F2 may require time off for interviews. This time off should be agreed with you in advance and the F2 should also seek approval from the employing trust. Paid interview leave is usually granted by the trust, but the F2 should confirm these arrangements before taking any leave.

Self-Development Time (SDT)

All F2s are now entitled to an average of 2 hours per week Self Development Time (SDT).

The following are examples of the intended uses of SDT:

- Formal meetings with Educational Supervisor (ES) and named Clinical Supervisors (CS).
- Reflecting on their clinical practice and development needs.
- Use of the ePortfolio to record educational activities and development.
- Preparing and delivering teaching.
- Quality Improvement activity.
- Career exploration, decision making and applications.

Further information and guidance on SDT can be found can be found on both the NHS Employers website and the Health Education England website.

6. Your role as a supervisor

Throughout the year, Foundation Programme doctors will have an educational supervisor and a clinical supervisor. There is local variation between the Trusts in the arrangements, but the typical model is:

- An F2 doctor will have one educational supervisor, typically a hospital consultant, for the whole programme. They will have a different clinical supervisor for each of their three 4-month placements.
- You will be the clinical supervisor for every F2 that comes into post with you and are responsible for their overall day-to-day supervision. You will not have any on-going responsibility for an F2 once they have finished their placement with you.
- As a clinical supervisor in GP, you will need to start by discussing the F2's learning to date in order to help them identify the learning needs they wish to address during the rotation with you. You should discuss the learning opportunities available in the practice. For the first F2 of the year, it is likely that you will need to complete a more thorough initial appraisal. We ask that all supervisors meet with their F2s for a review at least at the start and end of the placement. A mid-point review is encouraged, particularly if there are concerns.

The Clinical Supervisor must at least have completed the PESC course days 1-3 to be an F2 supervisor in their practice and be 18 months post CCT.

Continuing Professional Development: named Clinical Supervisors.

Requirement for CS: 1.5 days within 5 years, as recommended by the GMC.
If the required CPD is not undertaken the supervisor will be advised of this and must undertake training to maintain their accreditation status.

If no CPD has been done after 5 years since initial accreditation, the Clinical Supervisor will have to repeat the full initial Clinical Supervisor training to enable re-accreditation.

They must also have completed relevant Equality & Diversity training within the last 3 years which must include reference to unconscious bias and differential attainment.

End of Placement Report

At the end of each rotation, you will be asked to complete a Clinical Supervisor's report via the e-portfolio. This is your overall assessment of the doctor's performance during the time they have spent with you. You should discuss the end of placement report with the F2 before they leave the practice. During the April to August rotation because of the timing of the ARCP process you will be asked to complete this report very early in the placement.

The clinical supervisor's end of placement report should be informed by a Placement Supervision Group, which is made up of trainers nominated at the start of each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report.

If there are any significant issues with respect to your F2, you will be made aware of them by the Foundation School or the trust. It would be good practice to contact the F2's educational supervisor at the start/end of placement for any other handover information, although you can access educational supervisor meeting reports via the e-portfolio.

Further guidance on completing the end of placement report can found on the UKFPO website.

7. Performance issues

The vast majority of F2 doctors will complete the programme without any major problems. However, some doctors may need more support than others for example ill-health, personal issues, learning needs or attitude to career. If you feel at any time that the doctor under your supervision has performance issues, you should contact the Foundation Programme Director in the Acute Trust who will work with you to ensure that the appropriate level of support is given both to you and the F2 doctor. Please see **Appendix 3** for a contact list.

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 F2 doctor regarding your concerns on their portfolio as an 'other' meeting. You should also document any concern in a letter to the Trust Foundation Programme Director (or, in their absence, Clare van Hamel, Head of Foundation School).

8. The Supervision Payment

The supervision payment of £3080 (2022 figure) is paid for each 4-month post.

- You can have more than one F2 at any one time if you have sufficient capacity in terms of space and resources.

….and finally

If you have any concerns, problems or good news about the foundation experience please contact the acute Trust who will be supporting you as a supervisor (please see Appendix 4). Alternatively, please feel free to contact us at any time. The team at the Foundation School managing F2 in General Practice is:

Clare van Hamel clare.vanhamel1@nhs.net Head of Severn Foundation School	**Natalie Band** natalie.band@nhs.net Foundation School Manager
england.sevfoundation.sw@nhs.net Foundation School Administrator	

9. The Foundation Programme Doctor – Frequently asked Questions

Q. What is a Foundation Programme Year 2 Doctor (F2)?

A.

- F2 doctors will either have completed an F1 post in the UK training scheme or will have been recruited from outside the Foundation Programme. Those recruited through the UKFPO National Recruitment process from outside the Programme will have completed the equivalent of the F1 year and may have some experience at SHO level.
- F2s have 12 months' clinical experience as a doctor in 3 posts. Very few F2s will have had previous experience in primary care.
- An F2 doctor will have full registration.

Q. How is an F2 doctor different from a GP registrar?

A.

- The F2 doctor is fundamentally different from a GP Registrar as the F2 doctor is not learning to be a GP and will have less clinical experience.
- You are not trying to teach an F2 doctor the same things as a GP Registrar in a shorter time.
- The aim of this rotation is to give the F2 doctor a meaningful experience in General Practice, with exposure to the acutely and chronically ill patient in the community, which will enable them to achieve the required competencies.
- The F2 doctor will not attend the VTS half-day release sessions.
- The F2 doctors are not required to attend any weekly teaching in their home trust anymore – this has been replaced by Regional Teaching for which they must book Study Leave usually with 6 weeks' notice.

Q. Do Foundation Doctors need to be on the Performers' List?

A.

F2s in GP are exempt from being on the Performers List. Exemption is contingent on host Trust employment. At the start of the F2 year the Foundation School sends a list to the relevant

PCTs, identifying the F2s that will be working in their area and asking them to notify the pharmacists that these doctors are eligible to prescribe.

Q. What about medical defence cover?

A.

NHS indemnity through the employing Trust will cover the GP period provided that the employment contract between the host Trust and the Foundation doctor specifies that the F2 will be undergoing a placement in general practice.

Q. Can an F2 doctor sign prescriptions?

A.

Yes. Doctors will have full registration when they start F2. Doctors with full registration can undertake unsupervised medical practice in the UK health service or private practice in the UK, although the GMC states that the first two years work following graduation have to take place in an approved practice setting.

Q. What about their Contract of Employment?

A.

- The Contract of Employment is held by one of the acute Trusts. They are responsible for paying salaries and other HR related issues, including pre-employment checks and payroll. The host Trust has an educational contract with NHS England South West.
- Each supervisor will have an Educational Contract with their F2 held in the e-portfolio.

Q. What about Study Leave?

A.

The F2 doctor is entitled to 30 days' study leave during the year. The expectation of the Foundation school is that this leave will be taken proportionally across the full year as far as possible.

Q. What are the F2 doctor's hours of work?

A.

- F2s in GPs are funded to work **no more than 40 hours a week** between Monday to Friday. It is very important that the hours of work are restricted in this way – otherwise there could be significant and unanticipated cost implications for the Trust.
- In some cases, the acute Trust may have arranged for the GP F2 to work some out of hours shifts in the hospital, but they are not funded by NHS England South West to work out of hours shifts in their GP post.
- We do not encourage the use of Time off in Lieu (TOIL) but recognise that sometimes it is used in exceptional circumstances **with the agreement** of the F2. If the F2 has agreed to time off in lieu of any extra hours, **this time must be taken within the GP placement**
- Travel time from the F2's home to the GP Practice that is more than the time it normally takes to travel to the hospital base will count towards the F2's working week. For example; journey from home to base hospital 30 mins, journey from home to GP Practice 60 mins. The extra 30 mins each way (total 60 mins per day) can be deducted from their 40 hour working week. F2s should discuss this with their supervisor and agree clinical working hours before commencing their GP post.

Appendix 1

Examples of procedures for DOPS assessment in GP

Aspiration elbow bursa
Aspiration of ganglion
Cervical Smear
Child development assessment, 3.5year check
Cryosurgery
Drainage and injection of olecranon bursitis
Ear syringing
ECG
Female breast examination
Flu vaccine
IM Injection
Injection of right trochanteric bursa
Injection of trigger finger
INR star finger prick
Intra articular steroid injection
IV Injection Fundoscopy
Joint injection
Local anaesthesia
Minor op - removal on sebaceous cyst
Minor surgery - excision of skin tags
Minor surgery - removal of skin lesion
Minor surgery and suturing
Minor surgical procedure - curettage and cautery
Pelvic examination
Penile swabs
Point of care testing INR and use of INR
Removal of clips
Shoulder injection
Speculum examination
Spirometry
Steroid injection
STI swabs - urethral, HVS and endocervical
Suturing
Swab taking
Urethral catheterisation

APPENDIX 2

NHS England South West

Severn Foundation School
Foundation Year 2 Doctors in General Practice

Information Sheet

This guidance sheet is designed to provide you with some practical information to help you through your placement in GP but don't forget that the staff in your Postgraduate Centre are still there to support you and can answer any additional queries that you have.

What should you do in preparation for your post in GP?

Find out where you are going and how you will get there. Many of the practices are some distance from the acute Trust and you may need to make specific transport arrangements.

At least 2 weeks before your post starts, you should contact your GP supervisor by telephone and introduce yourself. This is a professional courtesy but is also a useful opportunity for you both to consider your expectations for your GP post, any personal circumstances that will affect you working at the practice or educational objectives that you have. The Postgraduate Centre may be able to put the current F2 in touch with you to pass on any useful advice.

What should you expect when you arrive in the practice?

When you arrive in GP you will spend the first week, or best part of that week, on an induction programme. You should ensure that you take full advantage of this opportunity to find your way around the practice, understand a bit more about the practice area, sit in on surgeries, meet the doctors and other staff, learn how to use the computer system, and know how to get yourself a cup of coffee! You should make sure that you know where to find key equipment, know the whereabouts of panic buttons and where and how to contact key staff if you find yourself dealing with an emergency. The practice will adapt the induction to suit your individual needs so ask your supervisor if there is something you would particularly like to be covered.

After induction, it is likely that you will spend a few days in directly supervised practice until you are ready to see patients on your own (with supervision provided by other means).

Holiday arrangements during GP

It is vital that any annual leave during the GP post is agreed with the GP supervisor in advance or practice manager, even if you are booking the leave before you are in the GP post. Please liaise with both the Postgraduate Centre Staff and the practice before making any holiday arrangements or ensure that your Centre Manager has liaised with the GP practice on your behalf.

Similarly, please liaise with your Postgraduate Centre and GP Supervisor should you need to make arrangements for additional leave such as ***parental leave, compassionate leave, study leave or special leave for interviews*** whilst in GP. *You should expect usual trust rules to apply regarding notice for leave requests i.e., 6-8 weeks depending on your employer. Practices may be able to accommodate less notice than this, but it is at their discretion.*

Who should you inform if you take sick leave?

Please inform your Trust HR Department **and** your GP Supervisor/Practice Manager if it is necessary for you to take any sick leave and ensure you tell your Trust when you have returned to GP.

What if you are incurring additional travel expenses during your F2 post?

Travel expenses can be claimed in line with the revised HEE Relocation policy detailed in the Excess Mileage Claims Section point 30 onwards. The website also provides copies of Relocation and

excess mileage claim forms for each trust. Please also refer to the GP Home Visit Mileage page on the Severn Foundation website.

Any queries please refer to your Post Graduate Education Centre contacts. All claims must be submitted through your trust.

What F2 teaching should I attend whilst in GP? You can attend regional F2 regional teaching during GP with appropriate notice given for study leave approval. Any teaching sessions delivered by the GPs within the Practice can count towards your total hours for F2 teaching if evidenced by a form in your portfolio (see F2 teaching guidance).

Should you still complete SLEs whilst in GP?
Yes. Your GP Supervisor will be prepared to expect this. Remember though it is your responsibility to make sure your assessments are completed.

Who is your contact for any queries, problems or concerns whilst in GP?
If you are experiencing problems in GP speak to your GP supervisor in the first instance. If this is not possible, or you feel awkward approaching your GP Supervisor, please speak to your Educational supervisor, Foundation Training Programme Director or your Trust Postgraduate Centre Manager. Whilst in GP, the Trust is still your employer for all HR related issues.

If you encounter any issues whilst working in GP, we encourage you to feed these back to your supervisor during the placement. GPs are usually keen to improve experiences wherever they can, and constructive feedback is normally viewed positively.

What working hours are expected in GP?
Your working/learning week will be 40 hours. This is worked on Monday to Friday. You must not work out of these hours during General Practice. If you work extra hours and agree to time off in lieu you must ensure that you take this whilst working in the practice as you might not be able to claim it in your next placement within the hospital.

Travel time from your home to the GP Practice that is **more than** the time it normally takes you to travel to the hospital base will count towards your working week. For example, journey from home to base hospital 30 mins, journey from home to GP Practice 60 mins. The extra 30 mins each way (total 60 mins per day) can be deducted from your 40 hour working week. You should discuss this with your supervisor and agree clinical working hours before you commence your GP post.

What can you expect from a typical week in GP?
Every experience should be an opportunity for learning and your supervisor will try to get the balance right between learning by seeing your own patients in a formal surgery setting and learning through other opportunities.

The following table is an indicator of how a typical week might run but all practices and trainees are different so don't expect your time to be spent exactly like this:

6 x Surgeries	▪ These will usually start at 30 minute appointments for each patient and reduce to 20 minute appointments as you develop your skills, knowledge, and confidence (and your supervisor develops the same in you) ▪ You must always have access to another doctor (not a locum doctor) but not necessarily your supervisor in the practice. ▪ You may not have a dedicated room solely for your use. You will see patients in your own room but may find you use different rooms on different days. ▪ You may attend home visits but always make sure you discuss any unaccompanied visit before and afterwards with your supervisor.
2 x sessions in other learning opportunities	This could be: ▪ 1:1 session with your trainer or other members of the practice team ▪ Small group work with other learners in the practice ▪ Small group work with F2s from other practices ▪ Shadowing or observing other health professionals or service providers e.g., out patient clinics pertinent to primary care, palliative care teams, voluntary sector workers
1 x session on project work or	▪ It may be possible for you to undertake a project or audit during your time in GP. As part of your Self Development Time, you may be able to do some research, collect the data,

directed study	write up the project and present your work to the practice team
F2 teaching session	• You can attend a teaching session from the regional teaching programme. You should book study leave in advance with sufficient notice to the practice to plan clinical work.

Practices are not required to offer formal teaching sessions, although you may find that some practices do. Even if the practice in which you are based does not offer teaching on a regular basis, if you would find it useful to cover a specific topic, please ask your GP supervisor who may be able to arrange something.

Indemnity

You are covered by NHS indemnity through your contract of employment with the acute trust. You are advised to let your medical defence union know that you have a GP placement as part of your F2 programme, but this shouldn't make any difference to your cover.

We hope you enjoy and make the most of your post in your GP.

The Severn Foundation Team
Severn Postgraduate Medical Education https://foundation.severndeanery.nhs.uk/

Appendix 3

Trust Contacts

Trust	Foundation Training Programme Director	Contact details	Trust Postgraduate Centre Manager	Contact details
Gloucestershire Hospitals NHS Foundation Trust	Syamaprasad Basu Susanna De Gressi Madhu Potluri Adam Rye Taher Sharaf	Syamaprasad.basu@nhs.net susanna.degressi@nhs.net madhupotluri@nhs.net adamrye@nhs.net t.sharaf@nhs.net	Samantha Taylor	0300 422 4291 samantha.taylor20@nhs.net
Great Western Hospitals NHS Foundation Trust	James Williamson	james.williamson5@nhs.net	Alison Kirk	01793 605434 alison.kirk4@nhs.net
North Bristol NHS Trust	Edward Miles Katherine Nickell	edward.miles@nbt.nhs.uk Katherine.nickell@nbt.nhs.uk	Mary Connolly Donna Paddon Julie Wilson	0117 414 8023 mary.connolly@nbt.nhs.uk donna.paddon@nbt.nhs.uk Julie.wilson@nbt.nhs.uk
Royal United Hospitals Bath NHS Foundation Trust	James Choulerton Sara Evans	James.choulerton@nhs.net Sara.evans1@nhs.net	Kelly Tillson Emma Clements	01225 824 891 Kelly.tillson@nhs.net Emma.clements5@nhs.net
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