The Simple Trainers Guide to Foundation Programme Training in General Practice

VERSION 6

June 2008
Introduction

This 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 is not intended to be either definitive or prescriptive but a framework that you can build on and adapt to suit your circumstances. This guide is written specifically for educational and clinical supervisors of Foundation Year 2 (FY2) doctors working in general practice. It may however be of use/interest to the wider team in General Practice including the FY2 doctor themselves.

The content of the guide draws from a combination of the

- experiences of GPs who trained Foundation Programme Doctors who have completed the programme
- Experiences of Foundation Year 2 doctors who have completed the programme
- experiences of a Deanery team working on the foundation programme
- National guidelines and directives

Many of you are already experienced teachers of GP Registrars or Medical Students, for others this is a very new undertaking but we hope that everyone will find the guide helpful in one way or another.

For the purpose of this guide the term ‘trainer’ refers to the person nominated by the practice (and agreed by the Deanery) to have educational responsibility for the Foundation Programme Doctor

Background

Modernising Medical Careers (MMC)

In August 2002, the Chief Medical Officer, Sir Liam Donaldson, published ‘Unfinished Business’ which described the two-year foundation programme. This effectively replaces the PRHO year and the first SHO year.

In April 2004 the MMC Strategy Group published ‘Modernising Medical Careers – The Next Steps’. This outlined the programme structure, content and context. It emphasised the diagnosis and management of the acutely ill patient as a key aim of the programme, not simply in acute hospitals, but also in mental health and general practice settings.

The Foundation Programme went ‘live’ in August 2005 when all graduates from medical school entered a 2 year Foundation Programme

Each 2 Year programme will usually be made up of 6 x 4 monthly rotations. (August – November, December – March, April – July)

In August 2004 many Deaneries set up Foundation Programme pilots for Foundation Year 1 and 2. The results from these pilot programmes have shown that this is a very popular rotation.
In March 2005 the Department of Health announced that from August 2006 there would be funding made available for 55% of all doctors on the Foundation Programme to undertake part of their training in General Practice.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer(s)</th>
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</table>
| What is a Foundation Programme Year 2 Doctor (FY2)? | • From August 2006 the majority of doctors moved automatically from Foundation Year 1 through to Foundation Year 2.  
• During FY1 they will have had 12 months clinical experience as a doctor in the secondary care setting where they will usually have undertaken 3 different rotations.  
• As an FY2 doctor they will usually have full registration. |
| How is an FY2 doctor different from a GP registrar? | • The FY2 doctor is fundamentally different from a GP Registrar.  
• The FY2 doctor is not learning to be a GP.  
• You are not trying to teach an FY2 doctor the same things as a GP Registrar but in a shorter time.  
• The aim of this rotation is to give the FY2 doctor a meaningful experience in General Practice with exposure to the acutely ill patient in the community, which will enable them to achieve the required competencies.  
• The FY2 doctor will not usually attend the VTS whole or half-day release sessions. |
| Who decides which doctor will come to my practice? | • Each FY2 programme usually consists of 3 four-month rotations. There are numerous combinations.  
• FY1 doctors rank their preferred rotations and the Foundation School then allocate the foundation trainees as far as possible to their preferred options. |
| Does the FY2 doctor have to be on the performers list? | • Deanery Guidance on Foundation Placements in General Practice (received in June 2006) stated that from 2nd July 2006 Foundation doctors are exempt from the PCO Performers List. Full details are available at [http://www.opsi.gov.uk/si/si2006/20061385.htm](http://www.opsi.gov.uk/si/si2006/20061385.htm). |
| What about indemnity cover | • Deanery Guidance on Foundation Placements in General Practice (received in June 2006) has stated that Trust indemnity through the employing trust will cover the GP period. |
| Can an FY2 doctor sign prescriptions? | • Yes. An FY2 doctor is post registration and is therefore able to sign a prescription, if the supervisor assesses the FY2 doctor as competent to do this then they are |
| **What about their Contract of Employment?** | • The Contract of Employment is held by the Acute Trust with whom the FY2 doctor has their first rotation in the FY2 programme.  
• They are responsible for paying salaries and other HR related issues.  
• However in addition to this legal contract we do suggest that each practice has an Educational Contract with each of its Foundation Doctors. A specimen copy is attached at **APPENDIX 1** |
| **Are travel costs reimbursed?** | • The FY2 doctor will be able to claim for travel to the practice from the base hospital  
• They can also claim for any travel associated with work  
• Travel claims are made through the host Trust |
| **What about Study Leave?** | • The FY2 doctor is entitled to 30 days study leave during the year. However several of these days will be used as part of the 'class-room' teaching programme organised by the Trust or the Deanery Foundation School  
• Where possible, no more than a third of the study leave should be taken in each four month rotation |
| **What about annual leave entitlement?** | • The FY2 doctor is entitled to 27 days per annum.  
• Again where possible no more than one third should be taken in each four month rotation.  
• With either study or annual leave if an FY2 doctor wishes to take either significantly more or less than the one third whilst in general practice please contact the Foundation Programme Training Director within each Trust |
| **What about sickness and other absence?** | • Any absence due to ill health or for any other reason should be recorded and sent to the host trust medical staffing (this should include annual leave) |
| **Should an FY2 doctor do out of hours shifts?** | • They are not expected to work out of hours shifts during their general practice rotation as they receive no ‘banding’ payment for out of hours work.  
• Some FY2s 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 and would be in lieu of other time spent in the practice during the same working week.  
• The FY2 working week must not exceed 40 hours and that includes time set aside for learning. It is up to each practice to decide what exactly that working week will look like but some examples are given later in this booklet. |
What about supervision if I am a “single-handed” GP and take leave?

- The most important thing is that the foundation doctor cannot see patients without the supervisor being present in the building. This can be achieved by the foundation doctor:
  - taking leave at the same time as the supervisor
  - spending time with other members of the team as part of a planned educational experience and as an observer only
  - spending time in another suitable local practice
- Thus the foundation doctor is at no time left to see patients without the supervisor being on-site. Locum cover is not acceptable.

What is the SLA

- This is a contractual arrangement (Service Level Agreement or educational contract) with the deanery/foundation school and your practice. This will be issued every August for signing and return to the Deanery

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The Competences

The defined competences for the Foundation Programme outline in broad terms what the doctor can be expected to offer as a professional upon completion of the programme. Set out below are the broad headings. This is covered in more detail in **APPENDIX 2**, with even more details available in the document: ‘Curriculum for the Foundation Years in Postgraduate Education and Training’. The full curriculum can also be downloaded from the Modernising Medical Careers website – www.mmc.nhs.uk

1. Good Clinical Care
2. Maintaining Good Medical Practice
3. Relationships with Patients and Communication
4. Working with Colleagues
5. Teaching and Training
6. Professional Behaviour and Probity
7. Acute Care

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

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The Assessment

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 the Deanery 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 FY2 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 FY2 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**
As a supervisor you are obliged to attend a half-day training session on all of these tools which will be provided by the Deanery.

<table>
<thead>
<tr>
<th></th>
<th>Multi-Source Feedback (MSF) – Mini-PAT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This is very similar to a 360 degree feedback. Each FY2 should nominate 8 people within the practice to complete the mini-PAT form</td>
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<table>
<thead>
<tr>
<th></th>
<th>Mini Clinical Evaluation Exercise (mini-CEX)</th>
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<tbody>
<tr>
<td></td>
<td>This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter.</td>
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<thead>
<tr>
<th></th>
<th>Direct Observation of Procedural Skills (DOPS)</th>
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<tbody>
<tr>
<td></td>
<td>This is another doctor-patient observed encounter assessed by using a structured checklist</td>
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<thead>
<tr>
<th></th>
<th>Case Based Discussion (CBD)</th>
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<tbody>
<tr>
<td></td>
<td>This is a structured discussion of real cases in which the FY2 doctor has been involved. It is similar to the Problem Case Analysis (PCA) often used in training GP Registrars</td>
</tr>
</tbody>
</table>
The Assessment Programme
The table below is an example of how many of these assessments should be carried out in each 4 month rotation. It also shows the purpose of the assessment

<table>
<thead>
<tr>
<th>Tool</th>
<th>What is assessed</th>
<th>How assessment is made</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 x Clinical Evaluation exercise (mini-CEX)</td>
<td>• Clinical Skills</td>
<td>Sitting in with FY2</td>
</tr>
<tr>
<td></td>
<td>• Professionalism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
<td></td>
</tr>
<tr>
<td>2 x Direct observation of procedural skills (DOPS)</td>
<td>• Practical Skills</td>
<td>Observing practical</td>
</tr>
<tr>
<td></td>
<td>• Professionalism</td>
<td>procedures</td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
<td></td>
</tr>
<tr>
<td>2 x Case Based Discussions (CbD)</td>
<td>• Clinical reasoning</td>
<td>Case review in 1:1</td>
</tr>
<tr>
<td></td>
<td>• Professionalism</td>
<td>discussion</td>
</tr>
<tr>
<td>1 x Multi-source Feedback (Mini-PAT)</td>
<td>• Professionalism</td>
<td>Colleagues all aspects of</td>
</tr>
<tr>
<td></td>
<td>• Clinical Care</td>
<td>work</td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
<td></td>
</tr>
</tbody>
</table>

The passwords for online recording of assessment (CbD, DOPS or mini-CEX) outcomes will be issued by you entering your details/GMC number at the following site  [https://secure.hcat.nhs.uk/](https://secure.hcat.nhs.uk/)

- The assessments do not have to be carried out by the doctor who is the nominated trainer.
- You can and should involve other doctors, nurses or other health professionals that are working with the FY2 doctor.
- It is important that who ever undertakes the assessment understands the assessment tool they are using.

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. They will be given this at the beginning of the Foundation Programme. It will be the means by which they will record their achievements, reflect on their learning experience and develop their personal learning plans.
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 registrars 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 similar to that which you might use for a locum or GP Registrar. 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.

An indicative FY2 Induction Programme

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

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. Of course this will not necessarily fit into neat hourly blocks of time and you may have several other opportunities that you feel your Foundation doctor would benefit from in this initial phase.
The working and learning week

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 10 sessions (regardless of your practice working week arrangements). The FY2 is not expected to do out of hours work during their General Practice rotation.

<table>
<thead>
<tr>
<th>6-7 x Surgeries</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR A MAXIMUM OF 70% OF THE WORKING WEEK OF 40 HOURS</td>
<td>The FY2 doctor must have access to another doctor (not a locum doctor) but not necessarily the trainer in the practice</td>
</tr>
<tr>
<td></td>
<td>The FY2 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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2-3 x sessions in other learning opportunities</th>
<th>This could be</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR A MAXIMUM OF 30% OF THE WORKING WEEK OF 40 HOURS</td>
<td>1:1 session with the trainer or other members of the practice team.</td>
</tr>
<tr>
<td></td>
<td>Small group work with other learners in the practice</td>
</tr>
<tr>
<td></td>
<td>Small group work with FY2s from other practices</td>
</tr>
<tr>
<td></td>
<td>Shadowing or observing other health professionals or service providers e.g. out patient clinics pertinent to primary care, palliative care teams, voluntary sector workers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1-2 x sessions on project work or directed study</th>
<th>Your FY2 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR A MAXIMUM OF 20% OF THE WORKING WEEK OF 40 HOURS</td>
<td></td>
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</tbody>
</table>

Remember that your FY2 will work 40 hours spread across the week. This could be

- 5 x 8 hour days – working exactly the same time each day
- 5 x 8 hour days – but with staggered start to the beginning and end of the day
- 4 x 10 hour days
- other combinations compliant with the Working Time Directive and when agreed between the supervisor and the FY2 doctor

There are several combinations but no working day should exceed 13 hours. The times must be convenient to the practice as well as the FY2 doctors and should allow the FY2 doctor to get the most out of their General Practice rotation.
Tutorials

- Tutorials can be given either on a 1:1 basis or 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.

There is a list of examples of tutorial topics in **APPENDIX 3**

**Chronic Disease Management**

- Although the emphasis is on acute care it is also important for Foundation Programme 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.

**Classroom taught sessions**

In addition to the weekly timetable organised by the practice, the Deanery and the Trusts may organise several days of ‘class-room’ based learning.

- Some but not necessarily all of these days will be whilst the FY2 doctor is in their rotation in your practice.
- It is expected that the FY2 doctor will attend these sessions along with their colleagues in the hospital rotations and therefore must be released form practice to do so.
- The classroom taught sessions cover some of the generic skills such as communication, teamwork, time management, evidence based medicine.

The FY2 doctor should contact the Foundation Programme Director to get a list of dates and venues at the start of the Foundation Programme and it is the FY2 doctor’s responsibility to ensure that they book the time out of practice.

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**Your role as an educational or clinical supervisor**

Foundation Programme doctors will have an education supervisor and a clinical supervisor. They may or may not be the same person!

- It is the intention that the FY2 doctor has one education supervisor for the whole programme. However in the 2004/2005 pilots this did not always prove to be particularly practical and therefore other arrangement may be made. You should contact your Foundation Programme Director who will be able to let you know what will be expected of you.

- If the first rotation is in general practice you will need to carry out an initial appraisal and work with the FY2 to identify their learning needs and discuss with them how maintain their portfolios, Personal Development Plans and keep appropriate records of their assessments. If your FY2 doctor has already had a year in the Foundation programme then they should be familiar with the curriculum and the generic competences they must achieve.
• For second and third rotations you will need to start by going through the portfolios and discuss their learning to date in order to help them identify the learning needs they wish to address during the rotation with you.

• In the Hub and Spoke models (see later) the FY2 doctor may have a clinical supervisor who will supervise clinical activity ensuring that the Foundation doctor only performs tasks without supervision that they are competent so to do. This is part of the spoke with the education supervisor forming part of the hub.

Clinical supervisor
(Different for each 4-month rotation)

The clinical supervisor is the professional responsible for teaching and supervising trainees. The clinical supervisor is responsible for:

- supervising trainee day to day clinical and professional practice
- supporting the trainee assessment process
- ensuring trainees have the appropriate range and mix of clinical exposures
- arranging a work programme to enable the trainee to attend fixed educational sessions.

Educational supervisor
(This is for the entire year and by default is the clinical supervisor in the first 4-month placement)

The educational supervisor is the doctor responsible for making sure trainee receives appropriate training and experience. They will also decide whether individual placements have been completed.

The educational supervisor must be involved in teaching and training, and should help with the trainee's professional and personal development. The educational supervisor is responsible for:

- undertaking regular formative appraisal
- providing support so you can develop your learning portfolio
- ensuring you understand and engage in assessment
- being the first point of call for your concerns/issues about training
- ensuring appropriate training opportunities are available for you to learn and gain competences.
Clinical and Educational Supervision - an example of a 3-doctor rotation

<table>
<thead>
<tr>
<th>Aug to Nov</th>
<th>Dec to March</th>
<th>April to July</th>
<th>Educational Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paeds</td>
<td>General Practice</td>
<td>GIM</td>
<td>A Paediatrician</td>
</tr>
<tr>
<td>General Practice</td>
<td>O&amp;G</td>
<td>Paeds</td>
<td>A GP</td>
</tr>
<tr>
<td>GIM</td>
<td>Paeds</td>
<td>General Practice</td>
<td>A General Physician</td>
</tr>
</tbody>
</table>

**Performance issues**

The vast majority of FY2 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. If you feel at any time that the doctor under your education or clinical supervision has performance issues you should contact the Foundation Training Programme Director who will work with you to ensure that the appropriate level of support is given both to you and the FY2 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 FY2 doctor regarding your concerns.
Non-standard Foundation Programme Year 2 rotations

We said at the beginning of this guide that the standard FY2 rotation in general practice was for 4 months. However there are some innovative variations to this with the Deanery but even within these variations all of the principles outlined in the guide will still apply.

Examples of other rotations

- A four month rotation in general practice but with one day each week spent in a minor speciality such as sexual health or psychiatry
- A four month rotation shared between two practices – with two months spent in one practice and two in another
- A four month rotation shared between two practices but with three days spent in one and two in another each week
- Hub and Spoke – where an experienced trainer provides education supervision to one of more FY2 doctors who are hosted by a current non-training practice who provide the clinical supervision.

The Supervision Payment

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

- You can if you have sufficient capacity in terms of space and resources have more than one FY2 at any one time.
- If you share the rotation with another practice then payment will be split appropriately.
- If you are part of the hub and spoke model the clinical supervisor will receive a higher percentage of the grant with the balance going to the educational supervisor.
- At the moment no abatement is being made for practices involved in rotations with minor specialities
- The practice should invoice the Deanery for the FY2 placement grant

....and finally

The Oxford Deanery Foundation School will oversee the running and organisation of the Deanery Foundation Programme.
Honorary Education Contract

Honorary contract between Foundation Programme Doctors in General Practice and their Primary Care Educational/Clinical Supervisors.

This Agreement is made on ................................................................. [date]

between

...........................................................................................................
(Primary Care Educational/Clinical Supervisor)

and

...........................................................................................................
(Foundation Programme Doctor in General Practice)

The terms and conditions of this honorary contract are as follows:

A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC)

B. Primary Care Educational/Clinical Supervisors will be so recognised by the Oxford Deanery.

C. This contract will cover that part of Postgraduate Medical Training, known as the Foundation Programme, and will regulate the General Practice component of that programme. It will form part of the supplementary regulations enabling that training period.

D. This document will act as a supplementary/honorary contract between the above parties. Their principal employment contract will be held by a host Acute Trust within the Deanery for the duration of the Foundation Programme.

General.

1) The Primary Care Educational/Clinical Supervisor will supervise and organise the period of training within General Practice for the purpose of teaching and advising on all matters appertaining to general medical practice for a period of four months from ........................................[date placement commences] unless this agreement is previously terminated under the provision of clause 2.

2) This agreement may be terminated by either party by giving one months notice in writing. Such notice may be given at any time.

3) Salary will be paid by the host trust at the agreed rates as determined by the DDRB.
4) Both parties will become and remain members of a recognised medical defence body at their own expense for the period of this agreement.

5)
   a) The Foundation Doctor will not be required to perform duties which will result in the receipt by the practice of private income.

6)
   a) The hours worked by the Foundation Doctor in the practice, the practice programme and regular periods of tuition and assessment will be agreed between the Primary Care Educational/Clinical Supervisor and the Foundation Doctor and make provision for any educational programme organised by the Oxford Deanery and as advised by the Oxford Deanery.
   
   b) The hours of work shall comply with the European Working Time Directive legislation, or any subsequent Working Time legislation.
   
   c) The Foundation Doctor is supernumerary to the usual work of the practice.
   
   d) The Foundation Doctor should not be used as a substitute for a locum in any practice.
   
   e) Time spent in practice by the Foundation Doctor should be no more than the average time spent on practice work by a full time member of the practice.

7)
   a) The Foundation Doctor shall be entitled to 27 days holiday during a 12 month period and pro rata for shorter periods, and also statutory and general national holidays or days in lieu.
   
   b) The Foundation Doctor is entitled to approved study leave to attend Oxford Deanery classroom taught sessions and any other educational activity considered appropriate by the Primary Care Educational/Clinical Supervisor.
   
   c) If the Foundation Doctor is absent due to sickness, they must inform the practice as early as possible on the first day of the sickness. Statutory documentation shall be provided as required for any illness lasting more than 7 days. Any accident or injury arising out of the Foundation Doctor’s employment in the practice must be reported to the Practice Manager, duty doctor in the practice or their Primary Care Educational/Clinical Supervisor.
   
   d) A Foundation Doctor in General Practice who is absent on maternity leave will comply with the terms of their Principal Contract.
   
   e) If a Foundation Doctor is chosen or elected to represent the profession, or Foundation Programme Doctors at any recognised body or to attend an Annual Conference of Representatives of Local Medical Committees, the Foundation Doctor in General Practice will be given facilities including special paid leave to undertake such functions and to attend appropriate meetings. The Foundation
Doctor must obtain the consent of their Primary Care Educational/Clinical Supervisor for such absence from duty, but consent shall not be withheld unless there are exceptional circumstances.

8)
   a) The Primary Care Educational/Clinical Supervisor will provide or organise any message taking facilities that will be required for the Foundation Doctor in General Practice to fulfil their duty requirements.
   
b) The Primary Care Educational/Clinical Supervisor will provide cover or arrange for suitably qualified cover to advise the Foundation Doctor at all times.
   
c) The Foundation Doctor shall undertake to care for, be responsible for and if necessary replace and return any equipment that may have been supplied by the Practice or Primary Care Educational/Clinical Supervisor at the end of the training period.
   
d) The Foundation Doctor will apply himself/herself diligently to the educational programme and service commitments and other matter as directed by the Primary Care Educational/Clinical Supervisor in accordance with the advice of the Oxford Deanery Foundation Programme and its Directors.
   
e) The Foundation Doctor will keep an educational log and records such that they may be able to develop a Professional Learning Plan. These records will enable them to fulfil any requirements of the General Medical Council for appraisal, or professional revalidation in their career.
   
f) The Foundation Doctor shall keep proper records of attendances or visits by and to any patients in handwritten or electronic format as advised by their Primary Care Educational/Clinical Supervisor.
   
g) The Foundation Doctor shall preserve the confidentiality of the affairs of the Primary Care Educational/Clinical Supervisor, of the partners in the practice, of the patients and all matters connected with the practice. The exception shall be where information may be required by the Director of GP Education of the Oxford Deanery or their nominated officer.
   
h) The Foundation Doctor will make suitable provision for transporting themselves in order to carry out the above duties satisfactorily. Appropriate expenses may be reclaimed from the host Trust.

9) Any dispute between the Foundation Doctor and the Primary Care Educational/Clinical Supervisor should be brought to the attention of the Foundation Programme Director for General Practice. If the matter cannot be resolved at this level it will then proceed through the appropriate Deanery channels.

10) The terms of this contract will be subject to the terms of service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.
I have read and understand the terms of this honorary contract

Signature…………………………………………… [Foundation Programme Doctor]
Name……………………………………………………………………………………………………
Date……………………………………………………………………………………………………
In the presence of……………………………………………………….. [Witness Name]
Signature…………………………………………………………………………………………………
Date……………………………………………………………………………………………………

Signature…………………………………………… [Primary Care Educational/Clinical Supervisor]
Name……………………………………………………………………………………………………
Date……………………………………………………………………………………………………
In the presence of……………………………………………………….. [Witness Name]
Signature…………………………………………………………………………………………………
Date……………………………………………………………………………………………………
APPENDIX 2

1. Good Clinical Care

1.1. History Taking, Examination and record keeping skills
   1.1.1. History taking
   1.1.2. Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient’s dignity
   1.1.3. Understands and applies the principles of diagnosis and clinical reasoning that underlie judgement and decision making
   1.1.4. Understands and applies principles of therapeutics and safe prescribing
   1.1.5. Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes

1.2. Demonstrates appropriate time management and decision making

1.3. Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety
   1.3.1. Always maintains the patient as the focus of care
   1.3.2. Makes patient safety a priority in own clinical practice
   1.3.3. Understands the importance of good team working for patient safety
   1.3.4. Understands the principles of quality and safety improvement
   1.3.5. Understands the needs of patients who have been subject to medical harm or errors and their families

1.4. Knows and applies the principles of infection control

1.5. Understands and can apply the principles of health promotion and public health

1.6. Understands and applies the principles of medical ethics, and relevant legal issues
   1.6.1. Understands the principles of medical ethics
   1.6.2. Demonstrates understanding of, and practises appropriate procedures for valid consent
   1.6.3. Understands the legal framework for medical practice

2. Maintaining Good Medical Practice

2.1. Learning: Regularly takes up learning opportunities and is a reflective self-directed learner
2.2. Evidence base for medical practice: knows and follows organisational rules and guidelines and appraises evidence base of clinical practice
2.3. Describes how audit can improve personal performance

3. Relationships with Patients and Communication

3.1. Demonstrates appropriate communications skills
4. Working with Colleagues

4.1. Demonstrates effective team work skills
4.2. Effectively manages patients at the interface of different specialities including that of Primary Care, Imaging and Laboratory Specialities

5. Teaching and Training

5.1. Understands principles of educational method and undertakes teaching of medical trainees, and other health and social care workers

6. Professional Behaviour and Probity

6.1. Consistently behaves with a high degree of professionalism
6.2. Maintains own health and demonstrates appropriate self-care

7. Acute Care

7.1. Promptly assesses the acutely ill or collapsed patient
7.2. Identifies and responds to acutely abnormal physiology
7.3. Where appropriate, delivers a fluid safely to an acutely ill patient
7.4. Reassesses ill patients appropriately after initiation of treatment
7.5. Requests senior or more experienced help where appropriate
7.6. Undertakes a secondary survey to establish differential diagnosis
7.7. Obtains an arterial blood gas sample safely, interprets results correctly
7.8. Manages patients with impaired consciousness including convulsions
7.9. Safely and effectively uses common analgesic drugs
7.10. Understands and applies the principles of managing a patient following self-harm
7.11. Understands and applies the principles of management of a patient with an acute confusional state psychosis
7.12. Ensures safe continuing care of patients on handover between shifts, on call staff or with ‘hospital at night’ team by meticulous attention to detail and reflection on performance
7.13. Considers appropriateness of interventions according to patients wishes, severity of illness and chronic or co-morbid diseases
7.14. Has completed appropriated level of resuscitation
7.15. Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately
7.16. Request and deals with common investigations appropriately
APPENDIX 3

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

- **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**