GP – Foundation Supervisor Course

The Foundation Programme in General Practice

Course Notes – for GP Supervisors of doctors during Foundation Training

Author: Dr Reg Odbert  11th October 2012

Associate Dean GP Foundation Programme
**Aims of Foundation placement in GP**

The broad aim of the placement in General Practice is to give junior doctors an opportunity to experience primary care and to develop a rudimentary understanding of how the NHS works and an appreciation of how primary and secondary care work together for the benefit of patients.

The Foundation Programme is an outcome-based educational process.

It has defined competences to be achieved and a defined process of assessment with defined assessment tools.

By the end of the 3-4 month attachment in GP, the Deanery expects that the Foundation doctor will have achieved the following seven broad outcomes:

**Outcomes of the GP placement**

1. Work effectively within the Primary Health Care team, understanding the roles of each member of the team

2. Have a working knowledge of the role of the GP and to be able to work under supervision in that role

3. To have worked at the primary/secondary care interface in primary care and be able to identify good practice in referral and discharge of patients from hospital

4. To have undertaken supervised surgeries and identified management plans for the patients

5. To have identified personal learning needs from working in General Practice and to have an up-dated personal development plan

6. To have completed a piece of work on a practice related topic

7. To have seen and treated patients with illnesses in their own homes and to understand the management issues related to this
Wessex Deanery School of General Practice

Teaching Methods for Supervisors of F2 during GP placements

Initial Plan

- Introduction to the Practice
- Template for a standard (ideal) week
- Complete a Learning Needs Assessment
- Agree an Honorary Educational Contract

Agree these with F2 - see F2 GP Handbook at following link: http://www.wessexdeanery.nhs.uk/foundation_school/f2_in_general_practice/the_f2_gp_handbook.aspx and Resources section of these course notes/GP in F2 Resources at following link: http://www.wessexdeanery.nhs.uk/foundation_school/f2_in_general_practice/gp_in_f2_resources.aspx

Methods of Teaching:

- Role Model
- Discussing Cases
- Observing
  - Teacher Observing F2
  - Sitting in
  - Shared consultations
  - Dual headsets for telephone consultations
  - Video/DVD
  - F2 observing GP/nurses/manager/expert patient/peers

Showing

Telling (didactic)

Discussion (tutorial styles) who does what?
Going to find out (directed or self-directed)

- Project or Audit
- Case studies and follow up
- Presenting to colleagues
- Teaching (preparing to teach)
- Daily looking things up (BNF, GP Notebook, Dermis, etc)
- Identify Gaps gap analysis or PUNs and DENs
- Addressing areas for teaching and Tutorial topics
- Arranging for F2 attendance at clinics, training sessions etc
- Referral letter
- Feedback from Patients (and PSQ)
- Feedback from the extended practice team
- Checking investigations, lab reports etc (?appropriate)
- Monitor Prescribing

**Portfolio learning**

To reinforce person-centred learning

A collection of evidence that is kept to demonstrate what learning is taking place

**Feedback - See section on feedback below**
GP Supervisors for Foundation Doctors

Principles of Feedback

Teachers bear a responsibility to assist those who they teach to actually learn. They should be aware that even body language such as smiling, scoffing or appearing busy or distracted will all convey messages to the learner. Such careless and insensitive informal feedback can destroy the teaching relationship if the learner perceives a lack of interest in her/him as an individual. Remember that 55% of initial communication is via body language and only 7% occurs through what is actually said.

Colleagues may express an opinion that adult learners should be tough enough to take criticism on the chin. While this may be the case in a disciplinary situation it is not conducive to learning. Remember that we are all learners and that in most learning situations doctors learn to disguise their feelings; this does not mean that they are insensitive. We all hate being ridiculed or belittled and it is counter-productive.

Learning depends on motivation. (Maslow)

Gratification on Needs

1. Make learning interesting
2. Relevant to learner
3. Give regular feedback to let them know how they are doing
4. Reinforce the positive not the negative
5. Give learner the responsibility for learning
6. Ensure safe/comfortable environment for learning
Feedback is an essential component of maintaining motivation.

Giving Feedback on patient history taking and examination requires **Direct Observation**. In order to be in a position to give Feedback you first need to be able to Observe and then to allow the learner to reflect upon what has occurred and the leaning points contained.

Adults need feedback –

a. Personal observation i.e. tying a shoelace – if it comes undone then attempts were unsuccessful.

b. For a more complex task it becomes necessary to enlist the help of someone more expert to describe and analyse the performance and offer remedial advice (Peyton.J.W.R 1998. Teaching & Learning in Medical Practice)

One view is that professional education is simply the identification of mistakes and that these need to be corrected. More enlightened tutors provide suggestions for improvement. One scheme is to;

- Ask the learner what went well
- Ask other learners what they think was done well
- Ask the learner how the performance could be improved
- Ask other learners what could be improved
- The tutor then sums up the points of good practice and makes suggestions for improvement. This approach has the merit of highlighting and rewarding what was done well and making positive suggestions. Only then does the tutor make positive suggestions for improvement.

  This is a powerful method of critiquing a performance and the deliberate concentration on what went well should be seen as the meat of the discussion.

**Negative Positive**: Ask an untrained learner how he/she performed and they will almost always concentrate on what they perceive to have done badly.

**Formative/Summative**: Formative feedback is what you do almost constantly in encouraging the learner’s development whereas summative feedback is designed solely to comment upon assessments of achievement.
Essential Principles of Feedback:

Feedback should be **SMART**

- **S**pecific
- **M**easurable & **M**eaningful
- **A**ppropriate
- **R**elevant
- **T**imely

And encourage **Reflection** by the learner.

Who gives feedback and how?

- Patients
- Peers
- Supervisor

Two useful approaches to giving feedback in medical education are those commonly termed ‘Pendleton’s Rules’ and the Calgary-Cambridge method (see pages 11 & 12).

**Pendleton:** Development of a social skills approach to learning has paid close attention to the feelings of the doctor in training (Pendleton et al- The Consultation: an Approach to Learning and Teaching).

**Seven tasks to be achieved in the consultation**

1. Define reason for patient’s attendance (including the patient’s ideas, concerns and expectations)
2. Consider other problems
3. Choose with the patient an appropriate action for each problem
4. Achieve a shared understanding of the problem with the patient
5. Involve the patient in the management and encourage him to accept appropriate responsibility
6. Use time and resources appropriately
7. Establish and maintain a relationship with the patient that helps to achieve the task
**Feedback** describes the situation when output from (or information about the result of) an event or phenomenon in the past will influence the same event/phenomenon in the present or future. When an event is part of a chain of cause-and-effect that forms a circuit or loop, then the event is said to “feed back” into itself.

**In education**

Young students will often look up to instructors as experts in the field and take to heart most of the things instructors say. Thus, it is believed that spending a fair amount of time and effort thinking about how to respond to students may be a worthwhile time investment. Sometimes the term “feedback” is used loosely or carelessly to refer to what is more accurately called reinforcement. Here are some general types of reinforcement that can be used in many types of student assessment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation</td>
<td>Your answer was incorrect.</td>
</tr>
<tr>
<td>Corrective</td>
<td>Your answer was incorrect. The correct answer was Jefferson.</td>
</tr>
<tr>
<td>Explanatory</td>
<td>Your answer was incorrect because Carter was from Georgia; only Jefferson called Virginia home.</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>Your answer was incorrect. Your choice of Carter suggests some extra instruction on the home states of past presidents might be helpful.</td>
</tr>
<tr>
<td>Elaborative</td>
<td>Your answer, Jefferson, was correct. The University of Virginia, a campus rich with Jeffersonian architecture and writings, is sometimes referred to as Thomas Jefferson’s school.</td>
</tr>
</tbody>
</table>

(Adapted from Flemming and Levie)
**DO's and DON'Ts of Giving Feedback**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dos</strong></td>
<td></td>
</tr>
<tr>
<td>Give it with Care</td>
<td></td>
</tr>
<tr>
<td>Let the recipient invite it</td>
<td></td>
</tr>
<tr>
<td>Encourage self criticism</td>
<td></td>
</tr>
<tr>
<td>Be specific</td>
<td></td>
</tr>
<tr>
<td>Outline the positive</td>
<td></td>
</tr>
<tr>
<td>Avoid evaluative judgements</td>
<td></td>
</tr>
<tr>
<td>Make the feedback actionable</td>
<td></td>
</tr>
<tr>
<td>Balance the positive and negative</td>
<td></td>
</tr>
<tr>
<td>Balance the timing of the positives and negatives</td>
<td></td>
</tr>
<tr>
<td>Choose the right time and place</td>
<td></td>
</tr>
<tr>
<td>Don’ts</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Deny the other persons feelings</td>
<td></td>
</tr>
<tr>
<td>Be vague</td>
<td></td>
</tr>
<tr>
<td>Accuse</td>
<td></td>
</tr>
<tr>
<td>Take for granted the person has understood</td>
<td></td>
</tr>
<tr>
<td>Bring in third parties</td>
<td></td>
</tr>
<tr>
<td>Be negative</td>
<td></td>
</tr>
<tr>
<td>Be destructive</td>
<td></td>
</tr>
<tr>
<td>Be judgemental</td>
<td></td>
</tr>
<tr>
<td>Bring up behaviours that the person cannot help</td>
<td></td>
</tr>
<tr>
<td>Be overly impressed</td>
<td></td>
</tr>
<tr>
<td>Be aggressive</td>
<td></td>
</tr>
</tbody>
</table>
Teaching Communication Skills


2. The Calgary-Cambridge approach to communication skills teaching

1. Pendleton’s rules are the most commonly used and the best known system for provision of structured feedback in a ‘safe’ environment. These were introduced to avoid the defensive and uncomfortable scenarios of medical teaching that concentrate on omissions and failures and thereby result in destructive rather than constructive learning experiences.

The rules are based on a structured and specified order of feedback:

- Positive feedback first
- Self assessment first
- Trainer makes recommendations rather than just criticism

Rules for feedback:

- Clarify matters of fact
- Doctor - what went well
- Trainer or Group - what went well and how
- Doctor - what could be done differently and how
- Trainer or Group - what could be done differently and how

Problems:

- Artificial separation of good points from learning needs in interests of a safe environment
- Not spontaneous, cannot deal with points as they crop up
- Doctor’s agenda discovered late in the process
- Inefficient. Spending a lot of time on the ‘good’ points and too little on the Learning need
- Recommendations often perceived as ‘what was done badly’.
2. **Calgary-Cambridge** explores the ‘how’ of communication skills teaching and encourages non-judgemental feedback in experiential teaching sessions using review of consultations. It uses descriptive feedback using an easy-to-remember plan: SET-GO

Feedback should be:

- Non-judgemental rather than evaluative
- Specific and not general
- Focus on behaviour not personality
- Sharing information
- Checked with recipient
- Well-intentioned.

So, set the scene, and appreciate that this method is all about observation. The learner is encouraged to state what particular wants she/he has from this particular session.

**SET-GO**

1. What did the learner actually **See** happening? - describe
2. What **E**lse did the teacher see?
3. What does the learner **T**hink about this?
4. What **G**oals can the learner now set? (with help and support of the teacher)
5. What **O**ffers can we make to achieve the goals? (learner goes first)

The learner then summarises.

Learner writes up the learning experience.
Wessex Deanery School of General Practice

Resources for Supervisors of F2 in GP

The latest data is available on the Wessex Deanery website on the Foundation School web pages under F2 in General Practice, at the following link:

The first 4 documents listed below can be found at the above link with the first 3 containing most of the material that you will need.

1. F2 GP Handbook 2011
2. GP Prescribing Guidance
3. F2 GP Supervision Invoice
4. Application Form and Criteria for GP F2 Supervisor

5. * The UK Foundation Programme Curriculum 2012, for 2 year Foundation Programme Training, can be downloaded from the Key Documents page of the UKFPO website at the following link: http://www.foundationprogramme.nhs.uk/pages/home/keydocs

Further guidance for trainers can also be found on the following page on the UKFPO website:

The Assessment Tools must be used to record Supervised Learning Events (SLEs). Sample forms are included in the Foundation Programme Curriculum 2012. Clinical Supervisors should become familiar with these and also with the format of the Foundation doctor’s e-portfolio. The purpose of SLEs is to:

- Provide immediate feedback and suggest areas for improvement
- Highlight achievements and areas of excellence
- Demonstrate engagement in the educational process

6. The FP Curriculum provides details of the assessment tools and their frequency of use. The process is not arduous and the SLEs use four tools. These are:
   a. Mini clinical evaluation exercise (mini-CEX) - 6 in F2
   b. Direct observation of procedural skills (minimum 3 but no maximum)
   c. Case based discussion (CBD) (minimum 6 per year)
   d. Developing the clinical teacher (presentation at least 1 per year)

For further information refer to pages 51-62 of the FP Curriculum.
Team assessment of behaviour (TAB) is a multi-source feedback designed to collate the feedback from a range of multi-professional colleagues. It is recommended that this should be carried out once each year in the final month of the first placement of the year. The F2 should agree 15 raters/assessors with the Educational Supervisor as detailed in the FP Curriculum.

End of Placement Reports

There are two end of placement reports, one by the Clinical Supervisor (CS) and another by the Educational Supervisor.

Clinical Supervisor Report

Towards the end of the placement the F2 and the CS should meet to complete a summative assessment of the F2’s overall performance and progress during the placement. The report should comment specifically on:

- Any noteworthy aspects of the F2’s performance
- Any concerns regarding the F2’s performance
- The F2’s participation in the agreed educational process
- Evidence of the F2’s personal & professional development as a result of feedback and reflection.

The Educational Supervisor’s role is to review the CS report along with all the evidence provided within the e-portfolio, together with any other information.

7. The Supervision Payment/Trainer’s Grant

The level of the supervision payment is based on the available funding to the Wessex Deanery.

- You can, if you have sufficient capacity in terms of space and resources, have more than one F2 at any one time.
- If you share the rotation with another practice then payment will be split appropriately
- To claim the supervision payment, complete and submit the appropriate invoice during the final month of the F2 placement. A sample Supervision Payment Invoice can be downloaded from the F2 in GP page on our website: http://www.wessexdeanery.nhs.uk/primary_areas/wessex_deanery/wessex_schools/wessex_foundation_school-1/f2_in_general_practice1.aspx

8. Policy documents and Professional Guidance are regularly updated at:

www.rcgp.org.uk

http://www.foundationprogramme.nhs.uk/pages/home

http://www.mmc.nhs.uk/
9. The responsibilities of trainers are detailed in Appendix B of the FP Curriculum (July 2012).

* These are big documents. We recommend looking on-line and only downloading areas that you require.
Wessex Deanery School of General Practice

Application Form to become a GP Clinical Supervisor of doctors in Foundation Year Two

Name: ........................................

GMC Number: ......................................

E-mail address: ......................................

Mobile No: ......................................

PCT: ......................................

Practice address: .................................................................................................

....................................................................................................................

Practice Tel No: ......................................

Practice Manager: ......................................

Practice Manager (Direct Dial) number: ......................................

E-mail: .................................................................

Date I started in current practice (min 1 year)..............................................

I confirm that

- I am in good health
- I am available in the Practice for at least 6 sessions per week
- the Practice is supportive of me training F2 doctors
- I will provide a bag and basic equipment for the F2 doctor to use in the Practice
- my Practice meets > 900 QoF points (or PMS equivalent)
- I am a current member of a Medical Defence Organisation

Signed ........................................ Date........................................

Declaration of support from the Practice
I support this doctor’s application to supervise Foundation Doctors in this Practice (ALL partners to sign)

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Manager</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
</tr>
</tbody>
</table>
CRITERIA FOR APPROVAL AS A SUPERVISOR OF FOUNDATION YEAR 2 TRAINEES IN GENERAL PRACTICE

In order to be approved by Wessex Deanery as an appropriate learning environment for Foundation Year 2 doctors learning in General Practice the following criteria must be met

The Supervisor

1. The supervisor and practice must be approved for training GP Registrars

OR

2. All of the following criteria must be met

<table>
<thead>
<tr>
<th>Criteria Number</th>
<th>Criteria (Supervisor)</th>
<th>Suggested actions</th>
<th>Date checked by AD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understand the principles of effective feedback and educational action planning</td>
<td>Attend Deanery Educational Supervision Course (ESC) put on by deanery or have attended the prospective trainer’s course in the past 3 years</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Understand the basic theory of skills teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Have received basic input into learning styles so that on completion the foundation trainee is familiar with their own learning style and the impact that it might have on their interaction with those that they might supervise</td>
<td>Date: ..........................</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Be trained in the application of the Foundation Programme Assessment tools</td>
<td>Also refer to: <a href="http://www.foundationprogramme.nhs.uk">www.foundationprogramme.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Demonstrate a good understanding of equal opportunities and equality and diversity issues and have attended recognised equal opportunities training in the previous 3 years</td>
<td>Could be e-learning such as doctors.net module at: <a href="http://www.doctors.net.uk/ecme/wfrmOverview.aspx?moduleid=581">http://www.doctors.net.uk/ecme/wfrmOverview.aspx?moduleid=581</a> <a href="http://n3.learning.bmj.com/learning/home.html">http://n3.learning.bmj.com/learning/home.html</a></td>
<td></td>
</tr>
</tbody>
</table>

Date:                       |
<table>
<thead>
<tr>
<th>Criteria Number</th>
<th>Criteria (Supervisor)</th>
<th>Date: ........................................</th>
</tr>
</thead>
</table>
| 6               | • Hold MRCGP or  
• Be able to demonstrate that clinical skills and understanding of the principles and practice of General Practice to a level similar to that demonstrated by attainment of the MRCGP |
|                 | Photocopy of MRCGP certificate or reference from clinical colleague (preferably a member in good standing with the RCGP)                                                                                               | Date: ........................................ |
| 7               | Observe the duties of a teacher (GMC The Doctor as a Teacher, GMP9, and GMPGP 13). (The principles contained therein apply to all educational supervisors.)                                                                   | Please initial to certify that you have complied with parts 7 & 8 | Date: ........................................ |
| 8               | Be familiar with current medical literature (e.g. BMJ)                                                                                                                                                                | Date: ........................................ |
| 9               | Have participated in annual NHS appraisal & have and apply a Personal Development Plan                                                                                                                                   | Date of your last NHS appraisal & copy of the PDP that arose from it Date: ........................................ Please attach Form 4. |
| 10              | Not have health problems which would affect their ability to fulfil the role                                                                                                                                              | Please sign to certify that parts 10 & 11 are complied with Date: ........................................ |
12. Be available in the learning environment for at least 5 sessions per week of which at least 75% must overlap with the trainee, or share this responsibility with a nominated deputy. (NB suitable arrangements for adequately qualified clinical supervision must be made when the Clinical Supervisor is absent.)

Evidence from a proposed weekly timetable, highlighting sessions where the usual clinical supervisor will not be present and also any other pertinent issues such as room availability that need to be taken into account.

**Please Complete table below**

<table>
<thead>
<tr>
<th>GP’s timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Mon</td>
</tr>
<tr>
<td>AM</td>
</tr>
<tr>
<td>PM</td>
</tr>
</tbody>
</table>

**Experience**

13. Have been in current employment for at least 12 months

Date of appointment to current position (and duration of contract if a salaried employee)

Date commenced in current employment:

............... 

14. Have been GP (held the JCPTGP certificate/CCT) for at least 1 year

Photocopy of JCPTGP/CCT (or equivalent) certificate

Date of GP certification:

.................
The Practice learning environment

1. The Practice could be one which is approved for GPR training

OR

2. It must fulfil the following criteria:

<table>
<thead>
<tr>
<th>Criteria Number</th>
<th>Criteria (The Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General - Visit by Associate Dean or Deputy</strong></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>There must be wider Practice support for Foundation Programme training, eg:</td>
</tr>
<tr>
<td></td>
<td>Access to information/ learning materials</td>
</tr>
<tr>
<td></td>
<td>• Access to reference texts for clinical medicine</td>
</tr>
<tr>
<td></td>
<td>• Internet access</td>
</tr>
<tr>
<td></td>
<td>• Appropriate IT support</td>
</tr>
<tr>
<td>16</td>
<td>Provide practice guide and induction (familiarisation) programme</td>
</tr>
<tr>
<td>17</td>
<td>Provide the basic equipment necessary for an F2 doctor to undertake their role (such as a GP registrar bag and its contents)</td>
</tr>
<tr>
<td><strong>Quality and Outcome framework</strong></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>The practice normally demonstrates achievement of at least 900 QuOF points of which criteria 20 to 26 are considered essential (for PMS practices demonstration of equivalent clinical achievement will be expected). Please supply documentary evidence.</td>
</tr>
</tbody>
</table>

Checklist prior to Initial Approval by your GP Associate Dean

1. Please ensure that you have completed all the sections above and that you attach the supporting documents.

2. Please submit all of the documents to your GP Associate Dean’s Office together with a very short covering letter. (details of Patch Offices on [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk). Select your patch office: Dorset, Mid-Wessex, Portsmouth, and Southampton).

Your GP associate Dean’s team will verify your documents and make contact with you to arrange a pre-approval meeting or telephone interview.

Once your GP AD is certain that the GP has satisfied the criteria to become a Clinical Supervisor for Foundation Doctors in General Practice an **Initial Approval will usually be for One Year.**
A subsequent Re-appraisal follow-up will be arranged by the Patch Office after one year. Subject to mutual agreement that the period of Clinical Supervision has been satisfactory the GP will usually be re-approved for a period of 3 years.

<table>
<thead>
<tr>
<th>Date of GPs application</th>
<th>Documents checked</th>
<th>Date of initial interview or visit by AD’s representative</th>
<th>Approval period (up to 1 year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please delete one
Satisfactory / Unsatisfactory
Admin Comments:

<table>
<thead>
<tr>
<th>Initial Approval Date</th>
<th>Yes / No</th>
<th>AD’s comment:</th>
<th>GP AD’s signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date............
Initials...........

Date............
Initials...........

Print Name........................
Signature........................
Date..............................
Re-approval Visit

Be prepared for a three yearly re-approval visit by your patch Associate Dean. You will be asked to provide the necessary paperwork prior to the visit. This will include:

a. Your records of Clinical Supervision – usually the clinical supervisor’s report.
b. The GP F2 working timetable and induction programme.
c. Evidence of your teaching i.e. tutorial notes, case studies, case records of patients managed by the doctor under supervision.
d. A discussion with you and also the Foundation Doctor currently attached to the Practice.

<table>
<thead>
<tr>
<th>Re-approval Visit Date</th>
<th>Comments of AD’s Representative</th>
<th>Date for next review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendation – re-approval for a period of …… years.

Signature of lead visitor.......................... Print Name.......................... Date..................

Recommended review date..........................

Approved by GP Associate Dean   Yes/No   Signature.......................... Date..................
Planning for the Foundation placement:

Practice Manager FY2 Checklist

2 months prior to commencement:

1. Email or telephone FY2 with welcome and introduction and offer of a visit to the practice to meet new colleagues ahead of their placement. Most will want to do this.

2. Confirm contact details to include:
   - Email (home and work)
   - Address
   - Tel numbers (home and mobile)
   - Any special needs, requirements or information (religious beliefs and practices, travel arrangements to and from work, commitments outside of work, what they like to be called etc). This sort of information is invaluable in our experience, and helps us to plan for their placement appropriately.
   - Provide them with contact details of their trainer if they do not already have this, including email and tel numbers.

3. Check with the FY2 the date of their latest enhanced CRB check, indemnity insurance arrangements, and GMC certificate and ask the FY2 to provide the documents (where relevant) for inspection on their first day at the Practice. (Take copies for their file on their first day, if appropriate.)

1 month prior to commencement:

4. Prepare honorary educational contract for the FY2 using the standard template from the Wessex Deanery website on the FP GP Handbook page and amend to the practice specifics.

5. Prepare induction timetable for the first two weeks, we include sitting in with GPs and other clinicians in the first week of their placement and virtually all GP sessions in the second week. Check with the FY2 if there are any areas of particular interest or training needs and accommodate, if this is possible and appropriate.

6. Once a standard timetable for the FY2 has been agreed (to include their half days, taking account of any on-call commitments and compulsory training) get the appointments for the FY2 set up on the clinical or appointment system at 30 minute intervals to start with.
7. Send electronic or paper copies of timetables, staff handbook (if you have one), prescribing formulary, copy of the honorary contract and FY2 Frequently asked questions to the FY2, reassure FY2 Doctor that all will be well, nothing to worry about and looking forward to having them working at the practice. Remind them about a visit to the practice if they have not already done so.

8. Prepare induction pack for the FY2 to include:

- Timetables
- Tel directories for internal and external contacts
- How to guides (clinical system processes, appointment system, using electronic protocols etc)
- Fire evacuation plan
- Floor plan of the building showing hazards, fire exits and extinguishers
- Copy of the honorary contract
- Prescribing formulary
- FAQs for FY2s
- You may wish to give a ‘welcome to the practice’ card to each new starter at the practice on their first day (just a nice thing to do).

2 weeks prior to commencement:

9. Prepare and stock the FY2s room, including stationary, clinical consumables, paper, leaflets etc. Arrange nameplate for the door of their room. Update website with doctors details and duration of their placement. Prepare a sign for patients alerting them that the FY2 will be sitting in with doctors and other clinical staff for the induction period.

10. Ensure all staff are aware of the imminent arrival of the new FY2 doctor, in most practices they always forget so keep reminding them!

11. Prepare access to all IT systems via passwords and logons including, clinical system, appointments, ICE requesting, radiology, scanning system, smart card set up (and remind them to bring it with them), hospital PAS, email, windows etc. It’s a good idea to check it all works as well by logging on as the FY2 and checking each system is usable (this can waste literally days trying to get it sorted out if you don’t).

12. Make contact with the FY2, 2-3 days before their placement just to touch base, reassure that all will be well and that you are all looking forward to their arrival and working with them. Reaffirm to contact you with any troubles, difficulties or worries so that these can be anticipated and rectified.
On the day:

13. The morning should be blocked out for the trainer and the Practice Manager (PM). Advise FY2s to arrive for their first morning at a time when you will be ready to spend time with him/her, say between 9am and 9.30am just to miss the crazy 8.30am rush.

14. Warm welcome, (it helps if the receptionists at least look like the FY2 docs are expected), PM gives tour of the premises, covering health and safety hazards, fire exits, extinguishers, panic alarm locations and procedure for responding to these, and, of course, where to grab a cup of tea.

15. Introduction to all staff as part of the above.

16. GP Supervisor or practice manager to go through the induction pack paperwork with the FY2.

17. Show FY2 to their room and the location of all the essentials, ensure they know where they will be next i.e. going out on visits with a GP, and take them along and introduce them to the person they are working with that day.

18. Show them the staff room and cover places of local interest, good places to eat or find lunch etc.

19. During the induction period, ensure adequate IT training on all clinical and appointment systems. It is reasonable to start with 2 x 2hr sessions, with how to guides for each item that is covered, and then arrange follow ups as and when required. Ensure that the FY2 knows which Staff are available to problem solve IT and clinical system issues as and when required.

20. Check documentation and photocopy, and store securely in the Foundation doctor’s personnel file.

Within 2 weeks of commencing:

Within the first 2 weeks of an FY2 doctor joining the practice a claim is submitted to South Central SHA in Wakefield using a proforma invoice supplied by the Deanery. The FY2 doctor is normally with the practice for either 4 months or 6 months at a time and the GP FY2 Supervision payment is the GP Trainer’s grant which is paid pro-rata. This is approx £2500 per 4 month placement.

The payment is normally made to the practice within 2 months. Use a reference on the invoice as this makes it easier for the staff to trace it in case you have to chase it up due to late payment.
Process for submitting claims for F2 Supervision payments

The invoice that must be used for submitting claims can be found on the Wessex Deanery website, on the Foundation School pages at the link below:


The GP F2 Supervision payments amounts for 3 and 4 month placements can be confirmed by the Wessex Foundation School Team:

Payment queries should be sent to: amelia.isaac@wessexdeanery.nhs.uk

Completion of the Invoice

- Invoices must be submitted during the last month that you have the trainee in post with you.
- The deadline for invoice submission is 2 months after completion of the F2 trainee supervision period. Retrospective payments can no longer be considered.
- The invoice must have a reference number.
- Please submit the invoice on practice headed notepaper.
- Include the name of the F2 Supervisor.
- Include the name of the F2 doctor.
- Please state the placement date from / date to.
- Include payee and bank account details.

Please send the invoice directly to this address in Wakefield:

XXAISAAC  
Q38 Payables Box 445  
Phoenix House  
Topcliffe Lane  
Wakefield  
West Yorkshire  
WF3 1WE
Exercises to prepare for the second part of the course

In preparation for Part 2 of the course please think about all that the group has discussed today and reflect on the Role of the Clinical Supervisor.

Please consider your role as a Supervisor and things that you will find useful in achieving your educational role.

1. Please spend an hour or two doing the Learning Styles Personal Assessment (Honey & Mumford).

We will be sharing our experiences at the next meeting, so please be prepared to discuss your thoughts, concerns and suggestions.

The following headings may provide a helpful template:

   **My role as Clinical Supervisor:**

   Educational needs assessment
   Agree Learning Plan
   ‘Plugging the Gaps’
   Close supervision and monitor progress
   Supportive role
   Feedback
   Guiding
   Assessing

2. **Timetable for F2 in GP**

Please think about how you will organise an induction period for your F2 during the first week and then consider a flexible timetable for the duration of the F2 attachment at your Practice.

3. **Look at The UK Foundation Programme Curriculum** July 2012

For discussion next month during Part 2 of the course.
Personal Notes:

Comments and questions for Part 2 of the course.