LondonDeanery

NHS London

LONDON DEANERY PROVIDER SUPPORT

OPERATIONS DEPARTMENT

FOUNDATION PROGRAMME

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An Overview of the Foundation Programme in General Practice for Clinical Supervisors

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Contents Page

The Foundation Programme	2
F2 Doctors and their Clinical Supervisors	5
Guidance on Educational Agreements in GP Posts	10
Key Facts about Hosting F2 Placements	12
Summary of Learning and Assessment Processes	13
The Foundation Doctor in Practice	15
Appendix 1: Becoming an F2 Clinical Supervisor	18
Appendix 2: Suggested Tutorial Topics	19
Appendix 3: Example of Service Level Agreement	20
Appendix 4: Criteria for F2 Supervision	21
Appendix 5: Extract from Key Changes to the Curriculum 2012	25

The Foundation Programme

Context

Foundation training was introduced as a result of Modernising Medical Careers (MMC) in 2005, which led to a major restructuring and reform of postgraduate medical education.

Guiding Principles

The Foundation Programme is designed to equip doctors with the generic medical and professional competencies necessary for safe and effective patient care in the National Health Service.

The two-year programme provides a bridge between medical school and specialty training.

The specific objectives of Foundation training are for the new medical graduate to:

- develop and gain confidence in their clinical skills, particularly when they are treating acutely-ill patients so that they can reliably diagnose and care for seriously ill patients;
- develop skills in the management of patients with chronic diseases within both primary and secondary care environments;
- display professional attitudes and behaviour in their clinical practise;
- demonstrate their competence in these areas through a thorough and reliable system of assessment;
- have the opportunity to explore a range of career opportunities through working in different settings and in different areas of medicine and;
- complete the requirements for eligibility to apply for full registration with the General Medical Council (GMC) at the end of the first year of the Foundation Programme.

The Foundation Programme is **quality assured** by the GMC, and **curriculum driven.**

Foundation doctors (FDs) are assessed against defined **competencies**. Training is within a **2-year structured and supervised programme** which is primarily based in the workplace.

London Deanery is responsible for ensuring they meet or exceed the standards for training for the Foundation Programme in *The Trainee Doctor* (2011) as set by the GMC (http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf).

Curriculum-driven

The Foundation Curriculum (http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Curriculum_2012_WEB_FINAL.PDF) defines the outcomes that FDs need to demonstrate before they can complete each of the two Foundation years satisfactorily.

ePortfolio

ePortfolio is an online system that documents trainees' progress throughout the year. As an F2 Clinical Supervisor (CS) you will have responsibility for the completion of specific portfolio documents including the CS induction meeting and end of

placement meeting forms. (For more information on this, please see the London Deanery Foundation Programme Guide for Supervisors available here: http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-and-application-forms.) In addition, F2 doctors (F2Ds) will ask you and your colleagues to undertake Supervised Learning Events (SLEs) and may send email “ticket” requests in order that you submit your feedback to their portfolio.

Information on the learning and assessment process can be found later in this document.

Supervised training

All FDs must be appropriately supervised with ready availability of support in the workplace by a CS. Academic FDs also have an Academic Supervisor.

Each FD has an Educational Supervisor (ES) who is responsible for their educational agreement, overall supervision and management of their educational progress during a training placement or series of placements.

The Trusts appoint Foundation Training Programme Directors (FTPDs) to plan and implement the training environments. This includes generic teaching sessions for each Foundation year group and applications for new and revised programmes of study.

Shape of the Foundation Programme

The Foundation Programme is a two-year programme comprising F1 and F2 years.

Satisfactory completion of 12 months at F1 level allows the FD to apply for full GMC registration, while satisfactory completion of 12 months at F2 level results in the award of a Foundation Achievement of Competence Document (FACD) and the ability to apply for core and specialty training.

The Foundation Programme follows a spiral model, building on competence in the broad-based outcomes.

The programmes for Foundation training are balanced to enable the acquisition and demonstration of outcomes and competencies set by the GMC.

In addition, academic and related programmes provide FDs the opportunity to develop research, training and/or leadership skills at the same time as developing their clinical and generic skills.

Foundation in General Practice in London

In General Practice the majority of training placements are in F2 for four months. Fifty-five per cent of FDs currently have community placements in their programmes, increasing eventually to 100 per cent (see Collins Report: http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf).

The GP placement involves **learning in, not for** General Practice. It is different from specialist training for General Practice and F2Ds do not take part in the GPSTS half-day release. They have a separate educational programme organised by their Local

Education Provider (LEP – usually in the main base Trust), which they require release from the GP practice for.

In some areas across London F2Ds are offered training experience in Psychiatry during their GP post, and may therefore be in the GP surgery for 3.5 days per week, enabling their release to gain this experience.

FDs are employed by the acute Trust hosting their programme and are placed wherever possible in nearby practices for their F2 GP placement.

F2 Doctors and their Clinical Supervisors

Who are F2 doctors?

- They are fully-registered doctors.
- They are expected to undertake a clinical workload under supervision.
- They are not expected to do 'out of hours' in General Practice.
- They are Trust employees for the whole of their F2 year.
- They do not have to be on the PCT performers' list.
- They are covered by the Trust indemnity scheme while working in General Practice and do not have to have additional MPS/MDU cover (but may do so).

Why have F2 attachments in primary care?

All doctors need to understand how the NHS works and the interface between primary and secondary care. The key themes in the curriculum (http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Curriculum_2012_WEB_FINAL.PDF) are:

- professionalism
- relationship and communication with patients
- safety and clinical governance
- ethical and legal issues
- teaching and training
- maintaining good medical practice
- good clinical care
- recognition and management of the acutely ill patient
- resuscitation and end of life care
- patients with long-term conditions
- investigations
- procedures

Foundation Schools and Local Education Providers

The F2 doctor's (F2D's) Foundation School may be your initial point of contact, but the doctor's Local Education Provider (LEP) with whom they are attached will be your main contact operationally during the year.

Generally, the LEP Postgraduate Centre Manager (PGCM) or Foundation Training Programme Director (FTPD) should be in regular contact with you but, if they have not contacted you prior to the commencement of the academic year, please contact the PGCM or FTPD directly.

Details of relevant PGCMs and FTPDs are available on the London Deanery website: http://www.londondeanery.ac.uk/foundation-schools/foundation-programme-contacts.

Synapse

Synapse, the London Deanery's communication tool, will be your main source of London Deanery and Foundation School information. You will be provided with a user name and password. Please regularly log in to Synapse to ensure that you are abreast of London developments in Foundation training.

Clinical Supervisors (CS)
Clinical supervision of F2Ds in General Practice may only be undertaken by established GPs who are either approved GP trainers or Deanery-approved Foundation Supervisors.

GPs and practices must meet core criteria similar to those required for GP training practices (see Appendix 4). Supervisor approval can be achieved by meeting the necessary criteria as set out in Appendix 4, and after an approval visit from the Deanery.

All supervisors in General Practice (unless they are an existing trainer) must attend a one-day workshop organised by the Deanery (dates are available on the Deanery website).

There is an obligation for established CSs to attend relevant Foundation School faculty development events and they are encouraged to attend Deanery-run Foundation CS GP conferences or updates as well as local F2CS groups if practicable.

Part-time Clinical Supervisors
For approval an F2CS should normally:

- Work a minimum of five sessions across three days per week (four clinical plus one protected educational session).
- Ensure that at least four clinical sessions occur in parallel with sessions worked by the F2D who they personally supervise.

In addition it is essential that they:

- Indentify a named GP colleague to provide face-to-face supervision and debriefing for any clinical sessions for which they are not personally available.
- Ensure that the F2D receives a tutorial each week. This will generally be led by the F2CS.

Job-sharing of F2 supervision
Where F2CSs work less than five sessions per week, they may wish to consider applying as a job share with a colleague. They will both be independently assessed as clinical supervisors but jointly approved as a unit to take one F2D between them.

Clinical Supervisor, Educational Supervisor and LEP Foundation Faculty
Foundation Programme doctors will have an ES and a CS. The CS is the person responsible for the F2D while they are in their placement (the GP leading on F2 in the practice will be the CS while they are in the practice)

For details of the roles and responsibilities of Foundation CSs and ESs, see page 15 of the Foundation Programme Reference Guide:
http://www.foundationprogramme.nhs.uk/download.asp?file=Reference_Guide_2012_WEB_Final_August_2012.PDF.

The ES is usually responsible for the F2D for the whole year. They may be one of the three CSs and you may be asked to take on this role for one of your F2Ds.

The Foundation faculty at the F2D's LEP meet regularly to discuss issues and concerns in Foundation training. GP Supervisors are encouraged to attend these meetings. Each faculty meeting concludes with a discussion on individual trainee

progress and this is a good opportunity to share good practice in dealing with doctors in difficulty. The FTPD and PGCM at the doctor's LEP should keep you informed of the scheduled Foundation faculty meetings.

Placement Supervision Group

The placement supervision group would usually consist of doctors more senior that F2, senior nurses (band 5 or above) and allied health professionals. This group will have the responsibility of observing the performance of the FD in the workplace and providing feedback to the CS. They will also be the group of professionals who will have the major role in relation to delivering SLEs and multisource feedback.

Primary care placements are unlikely to provide such a range of individuals and FDs may only work with one or two doctors. In these situations the professionals making the assessment of an FD's performance will be smaller, but the number of interactions should be greater.

Supervisor's commitment to the Programme

Approved supervisors will be asked in the fourth quarter of each year about their availability to accommodate F2Ds for the following recruitment year (August – July). Only in exceptional and unforeseen circumstances would it be acceptable to withdraw this promise and should this happen, the Deanery would expect adequate notice (e.g. three months) so that a suitable substitute supervisor could be found.

Supervisors will be informed in good time whether an F2D has been allocated for the next academic year.

In some areas, there are more F2 supervisors available than there are trainees. In these circumstances we will make efforts to ensure a fair rationing process but, in some circumstances, you may be asked to accommodate an F2D from a programme that is not necessarily the closest one to your practice.

Who decides which doctor will come to my practice?

- Successful applicants to Foundation Programmes are allocated to a two-year programme which includes General Practice in the second year of the programme.
- The Deanery identifies practices that are able to host the F2 placements.
- The GP School, in consultation with the relevant Foundation School, links F2Ds with a GP practice. Information on your F2Ds should be provided by your linked LEP.

Does the F2 doctor need to be on the PCT performers' list?

- It is not necessary for your F2D to be on the performers' list of the relevant PCT before they take up their post in General Practice because they remain employees of their host NHS Trust, who will have carried out the necessary pre-employment checks.
- However, it is good practice to inform your PCT of the names of the F2Ds in your practice and the dates they will be with you. The Deanery has informed PCTs (via the Chief Executive) of all practices supervising F2s in their patch.

Can an F2 doctor sign prescriptions?

- Yes. An F2D is post-registration and is therefore able to sign a prescription.
- When prescribing, an F2D should use their supervising GP's FP10.
- Authorisation, such as a countersignature, is not required but the supervising GP is responsible for ensuring that prescribing is accurate and appropriate.

- Please keep your PCT informed of the names of F2Ds in your practice and the dates they will be with you so they can let local pharmacies know they will be signing prescriptions.

Should an F2 doctor do out of hours shifts?

- F2Ds are contracted to work a 40-hour week. The F2 timetable should be compliant with the European Working Time Directive; maximum 48 hours per week.
- F2Ds are not expected to work out-of-hours shifts during their General Practice rotation.
- If an F2D requests experience of out–of-hours as a means of exposure to a different type of acute illness this may be arranged at your discretion. A level of supervision appropriate to the F2D's competencies must be available at all times.
- Any out-of-hours experience does not attract extra salary payment to the F2D and the working week should remain within the 40-hour contracted limit.

Can an F2 doctor do on call 'in hours' including home visits?

- F2 doctors may do in hours on call.
- Home visits are not compulsory but may provide a valuable learning experience.
- The number of home visits undertaken should be related to educational and not service delivery needs.
- The GP Supervisor is responsible for assessing the suitability of the visit for an F2D in terms of learning needs, clinical competence (patient safety) and personal safety.
- It is unlikely that an F2D will be competent to do home visits alone and a level of supervision appropriate to the F2D's competencies must be available at all times. This will usually mean that the F2D is accompanied by an appropriate supervisor on the visit.

Are the F2 doctor's travel costs reimbursed?

- Eligible travel claims are reimbursed by the employer (the host Trust). Money has been included in the non-pay element of funding to Trusts from the Deanery to cover this, but the amount provided for travel is limited.
- Only additional actual costs are reimbursed. That is, the F2D may claim for any cost of travel from their home to the practice in excess of the cost of their normal travel to the Trust (e.g. if driving they may claim any extra mileage over that normally travelled to the Trust, if travelling by public transport they may claim the additional cost if they have to add another zone to any season ticket or travel card).
- They may claim for expense incurred if they have to travel between the practice and their base Trust during the working day (e.g. if they have to attend F2 teaching, meetings or educational sessions). Mileage would be payable if driving but public transport costs would only be reimbursed if additional costs were incurred (e.g. if not able to use existing season ticket/travel card).
- They may also claim for any additional expense of travel associated with work (e.g. visits to patients but please try to minimise the cost of this travel to help Trusts stay within budget).

What about supervision when their GP Clinical Supervisor is away?
Appropriate supervision must be available and when the supervisor is not available then an appropriate colleague must be identified to fulfil this role. If there is no appropriate colleague in the practice then the practice should ensure there is a support arrangement and FDs must never be left in a situation where their only help is outside the practice.

What about the issue of poor performance?

- All F2Ds use an electronic portfolio to document their progress through their Foundation programme. As a CS you will be required to meet with your trainee and review their portfolio and complete a *Clinical Supervisor End of Placement Report*. The report should be informed by feedback received from the Placement Supervision Group; however, as described above, within primary care this group may be limited to a small number of professionals.
- The vast majority of F2Ds will complete the programme without any problems.
- However, a few doctors may need more support than others; for example ill-health, personal issues, learning needs or attitudinal problems.
- The management of FDs who experience problems with their performance is governed according to the London Deanery Trainee in Difficulty Framework (http://www.londondeanery.ac.uk/professional-development/professional-support-unit/trainees-in-difficulty).
- If you feel at any time that the doctor under your supervision has performance issues you should contact the Foundation Training Programme Director (FTPD) at their Trust or the Postgraduate Centre Manager (PGCM), who will work with you to ensure that the appropriate level of support is given both to you and the F2D.
- It is very important that you keep written records of any issues as they arise and that you document any discussions that you have with the F2D regarding your concerns.

What happens at the end of the placement?

- At the end of each placement, you will be asked to complete a *Clinical Supervisor's End of Placement Report* on the ePortfolio. The report should be informed by feedback received from the Placement Supervision Group; however, as described above, within primary care this group may be limited to a small number of professionals. The End of Placement Report helps the ES to focus on any areas of particular need.
- It is essential that CSs in General Practice know who the trainee's ES is.
- Experience has shown that it is also helpful if you can talk personally to the next supervisor (especially if there have been any problems) but this can sometimes be difficult to arrange so it is important that the **Clinical Supervisor's End of Placement Report** is as informative as possible.

Transfer of Information between placements and F1 and F2
At the end of each placement, information on the performance, competence and conduct of each FD is transferred to the supervisor of the next placement to ensure patient safety and maximise training opportunities. This is the responsibility of the ES and the guidance can be found online:
http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-and-application-forms

Guidance on Educational Agreements in GP Posts

The formation of an educational agreement is an ideal opportunity for teacher and learner to check each other's expectations and this process should ideally start very early in the induction period.

The formal required Educational Agreement is signed by the ES on the ePortfolio. This is a separate agreement for the GP attachment.

The educational agreement could contain statements similar to:

The Foundation doctor will:

- Take an active part in ongoing supervision and subsequent appraisal including negotiating learning outcomes and the development of a Personal Development Plan (PDP).
- Endeavour to achieve learning outcomes by:
  - Regularly reviewing their PDP.
  - Utilising the opportunities for learning provided in everyday practice.
  - Completing the required number of Supervised Learning Events (SLEs) over the course of the year.
  - Attending all prescribed teaching sessions.
  - Undertaking appropriate personal study.
  - Utilising locally provided educational resources such as libraries and skills centres.
  - Using designated study leave appropriately.
- Developing as a life long learner through:
  - Reflecting and building upon their learning experiences.
  - Identifying their learning needs.
  - Being involved in planning their education and training.
  - Evaluating their learning experiences.

The Educational/Clinical Supervisor will:

- Be available to, and take part in, the ongoing supervision and subsequent appraisal process including negotiating educational outcomes in a Personal Development Plan.
- Engage with ePortfolio and feedback to the FD after SLEs.
- Ensure that the negotiated outcomes are realistic, achievable and within the scope of available learning opportunities.
- Ensure that the FD is made aware of sources of help and advice.
- Promote a supportive climate for learning.
- Ensure that an individual doctor's commitments allow attendance at prescribed teaching sessions, are appropriate for their learning needs and offer an appropriate balance of education and service in their placements.

An educational agreement is quite different from a contract of employment in that it is not a legal document. Its value lies in the process by which it is discussed and agreed. It is much better to start with a blank sheet than to bring a previous learner's agreement off the shelf with an invitation to "sign here". It should recognise the specific needs of each F2D, supervisor and practice.

In addition to the educational agreement there are some areas that you may wish to discuss during the induction period. These could include:

- Educational needs of F2D - identified in previous placements, by self-assessment and by supervisor observation (e.g. sitting-in on consultations)

- Confidentiality
- Induction period
- Computer systems and record keeping
- Timetable including being released for LEP F2 teaching
- Tutorials and preparation
- Project work
- Sitting in - learner with teacher and teacher with learner
- Debriefing after consultations
- Home visits
- Availability of clinical and educational support
- Learning about and from the primary healthcare team
- Planning ahead for SLEs
- Planning ahead for annual leave

It is helpful to retain short written notes on the areas discussed.

Further information
The greatest detail can be found in the Curriculum and the Reference Guide documents which are available on the UKFPO website:
Curriculum:
http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Curriculum_2012_WEB_FINAL.PDF
Reference Guide:
http://www.foundationprogramme.nhs.uk/download.asp?file=Reference_Guide_2012_WEB_Final_August_2012.PDF
Information on assessments can be found here:
http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-and-application-forms

Key Facts about Hosting F2 Placements

Employment

- The contract of employment is held by one of the acute Trusts within the Deanery.
- The acute Trusts are responsible for paying salaries and other HR related issues.
- An educational agreement between the F2 doctor and their supervisor is recommended and should be scanned to the trainee's ePortfolio.

Medical indemnity

- This is covered by Trust indemnity as employment is through the acute Trust.
- The practice may also have MPS / MDU cover, but this is optional.

Typical working week

- F2Ds work a ten session week, where a session is four hours:
    - Seven clinical sessions,
    - One session for half-day release for LEP F2 teaching,
    - One session for shadowing, project work or directed study.
    - In the event of no half-day release, the clinical sessions can be increased to eight sessions.
- F2Ds are not expected to do out-of-hours work.

Study leave

- The F2D is normally entitled to 30 days' study leave during the year subject to the maintenance of essential service. At least ten of these will be used up by group teaching in their host Trust (probably half a day a week although arrangements vary). This is at the discretion of the individual Trusts, which provide slightly different arrangements for generic programmes.
- Normally, no more than a third of the study leave should be taken in each four-month placement.
- Study leave must be approved by the FTPD in the Trust.

Payment to supervisor

- Equivalent pro rata to GP trainer grant (£7,674 as at August 2012) which is paid by the Deanery.
- Payments will be made via NHS London's SBS system. A purchase order will be raised and an invoice should be submitted and sent to London SHA. Details of payments will be sent to you when the supervision grant is due.
- If a practice has space and resources, you may take more than one F2D.
- Similarly, you may have a GP Specialist Trainee and F2D at the same time if approved by the Associate Director.
- One teacher may supervise both a GP Specialist Trainee and F2D, so long as they are supported.

Summary of Learning and Assessment Processes

The F2 programme is intended to provide objective workplace-based Supervised Learning Events (SLEs) that the FD and supervisor reflect on throughout each placement. Formal assessment occurs at the end of each placement and at the end of the year. The assessments will be used by the Foundation School to decide whether the doctor can be signed up as satisfactorily completing the programme.

- The SLEs are designed to be supportive and used for reflective practise.
- The F2D can determine the timing of the SLEs and assessments within each placement and to some degree can select who does the SLE/assessment.
- It is important that all SLEs and assessments are completed within the overall timetable for the programme.
- Each F2D is expected to keep evidence of their SLEs and assessments in their portfolio.
- CSs do not access the content of SLEs (unless they complete them) and can use the number of SLEs completed to consider the FD's engagement with the learning process.
- The F2D is an adult learner and it will be made clear to them that they have responsibility for their learning, for getting assessments done and for getting their competencies signed off.

Learning Opportunities

- Intended to be workplace-based.
- Allow for reflection and immediate feedback.
- Each doctor has a learning portfolio.
- Intended to be mainly developmental.
- Provide early warning of doctors in difficulty.

Type	Name	Recommended minimum number per placement	Achieved by	Main focus	Also
Clinical evaluation	Mini-CEX	3 or more	Sitting in	Clinical skills	Professionalism Communication
Case-based discussion	CbD	2 or more	Discussion	Clinical	Professionalism
Procedural skills	DOPS	Optional to supplement mini-CEX	Direct observation	Skills	Professionalism Communication
Teaching	Developing the Clinical Teacher	1 or more per year	Direct observation	Teaching skills	Professionalism Communication

Formal Assessment

FDs are expected to demonstrate achievement for each outcome described in the Foundation Programme Curriculum 2012. Formal assessment will occur at the end of each placement and at the end of the year. Please see Appendix 5 for more information.

The Placement Supervision Group (PSG) consists of a group of trainers nominated by the named CS. Their role is to observe performance and provide feedback to the FD and the named CS together with undertaking and facilitating SLEs. They can be doctors more senior than the F2, senior nurses or allied health professionals and the PSG should be four or five in number. It is important that the members of the PSG understand the process and educational principles underlying it.

Assessment	Frequency
ePortfolio Contem	poraneous
Core procedures	Throughout F1
Team assessment of behaviour (TAB)	Once in first placement, optional repetition
Clinical Supervisor End of Placement Report	Once per placement
Educational Supervisor End of Placement Report	Once per placement
Annual report	Once per year

Please see Appendix 5 for more information.

Clinical Supervisor's End of Placement Report
A summative assessment of the FD's performance and progress is completed by the F2's CS at the end of the placement.

The PSG evidence should be taken into account in preparing this report and this focuses on noteworthy aspects of performance, concerns regarding performance, evidence of professional development etc.

The Foundation Doctor in Practice

Induction

This is really an orientation process so that the F2D can find their way around the practice, understand a bit about the practice area, meet doctors and staff, learn how to use the computer and know how to get a cup of coffee! This is very similar to the induction programme used for GPST but will probably last about a week. It should be planned for the first week of their placement with you. It is also very helpful if you have an introduction pack for the F2D, which again is similar to that which you might use for a locum or GPST. An induction week might look something like the timetable below but this is only a guideline and should be adapted to suit your learner and your practice.

Example of F2 Induction Programme

Day 1	Meeting doctors/staff 9-10	Sitting in the waiting room 10-11	Surgery & Home visits with supervisor 11-1	Working on Reception desk 2-3	Surgery with supervisor 3-6
Day 2	Treatment Room 9-11	Chronic Disease Nurse clinic 11- 1	Computer training 2-3	Surgery with another doctor 3-6	
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 1-6		
Day 5	Surgery and home visits with another doctor 9-12	Practice meeting 12-1	Computer training 2-3	Surgery with supervisor 3-6	

Sitting in with other members of the team exposes the learner to different styles of communication and consultation. This is just a suggested timetable and may not fit into neat hourly blocks of time. There may be other opportunities that you feel your F2D would benefit from in this initial phase.

The working and learning week

Every experience that your F2D 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 only a suggestion as to how you might plan the learning programme over a typical week.

The working/learning week for an F2D is ten sessions (including structured learning) and should not exceed 40 hours. The F2D is not expected to do out-of-hours work during their General Practice placement and should not work before 7am or after 7pm. Indeed it is expected that at least two sessions per week are early finishes.

Typical working week

7 Surgeries	• These will usually start at 30 minute appointments for each patient and then reduce to 15-20 minute appointments as the F2D develops their skills, knowledge and confidence. • The F2D must have access to another named doctor (not a locum doctor) for each session but not necessarily the supervisor in the practice. • The F2D 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. • There should be sufficient time allowed by the CS for advice and support during consultations and debrief after surgeries. • There may be a reduction in surgery numbers if the F2 is undertaking one of the educational experiences in Psychiatry.
1 session in other learning opportunities	This could be: • 1:1 session with the supervisor or other members of the practice team for approximately two hours. • Small group work with other learners in the practice. • Small group work with F2Ds from other practice. • 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 session on project work or directed study	• You may want your F2D to complete an audit or project to present to the practice team. This session could be used to prepare an audit or to develop some understanding of data collection and its relevance to General Practice. • Some sessions may usefully be spent with a GPwSI either within practice or another PCT venue.
1 x half day release	• This would normally be co-ordinated through the FTPD but arrangements will vary. • Where half-day release does not take place this should be replaced by a session in surgery.

Tutorials

- Tutorials can be given either on a 1:1 basis or as part of a small group with other learners.
- Any member of the practice team can and should be involved in giving a tutorial.
- Preparation for the tutorial can be by the supervisor, the learner or both.

Classroom taught sessions

In addition to the weekly timetable organised by the practice, the FTPDs will also arrange generic teaching sessions specifically for their cohort of F2Ds.

- Some, but not necessarily all, of these days will be while the F2D is in their placement in your practice.
- It is expected that the F2D will be released by the practice to attend these sessions along with their colleagues in the hospital rotations. These sessions cover some of the generic skills such as communication, teamwork, time management and evidence-based medicine.

The FTPD should provide the F2D with a list of dates and venues of the Trust F2 teaching at the start of the Foundation Programme and it is the F2D's responsibility to ensure that they book the time out of practice.

Trusts may also ask for F2Ds to attend training or induction sessions and it is important for flexibility and good communications to be in place between the CS and Trust to allow for attendance at these events.

If there is no generic teaching session arranged by the FT PDs for certain weeks of the year, the F2D must inform the practice that they are available to do surgeries on those days.

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Appendix 1

Becoming an F2 Clinical Supervisor

Please think about the role and how it fits in with your own developmental and professional needs. Perhaps talk to other F2 Clinical Supervisors (CS) in your area or discuss with the local Trainer workshop convener.

The GP School is very keen for new CSs and new practices to take on the role – particularly since the Foundation Programme is expanding its community placements dramatically over the next few years. The eventual vision is that 100% of Foundation doctors will have placements in the community. (See Collins Report: http://www.mee.nhs.uk/pdf/401339_MEE_FoundationExcellence_acc.pdf)

In order to become an F2 CS you need to have attended an F2CS workshop plus an Introduction to Teaching in Primary Care course (ITTPC). Existing trainers are required to attend the workshop only in order to understand the Workplace-based assessments.

You will need to send off the completed CS application form available from the Deanery website:
http://www.londondeanery.ac.uk/general-practice/resources-for-gp-educators-and-practice-managers/resolveuid/0c1c3683be9bab95c1cb327995b3121b

Please then contact your patch Associate Director (AD) giving details of the area covered by your practice. A list of patch ADs is available on the London Deanery website. Please contact the Operations Officer (GP) (gpfoundation@londondeanery.ac.uk) if you are unsure of your patch.

Following this, the Deanery will decide whether it is able to approve your practice as a training practice.

Non-training Practices
The Patch AD will arrange a visit to your practice to approve both yourself and the practice (see "Criteria for the selection and re-approval of trainers and clinical supervisors in General Practice" on the Deanery website as above).

Training Practices
There is no need for **practice** approval if the practice has been re-approved in the last 3 years, only approval as a CS. (see "Criteria for the selection and re-approval of trainers and clinical supervisors in General Practice" on the Deanery website as above.)
A CS approval meeting will be set up and this will take place at the Deanery or in your practice.

Initially approval is granted for two years and subsequently re-approval is required every four years.

Many thanks for all the time and commitment you have given and we hope you will enjoy the role.

Mark Free
AD for Development in GPST and Foundation Lead

Appendix 2

Suggested Tutorial Topics

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

- Good Clinical Care
    - 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
    - Safe prescribing
- Communication in the consultation
    - Breaking bad news
    - Communication skills in cancer and suspected cancer patients (using DVD resource) http://www.nwlcn.nhs.uk/NWLCNFiles/Cancer%20Communication%20Toolkit.pdf
- 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
- Recognition and management of acutely ill patients in General Practice
    - Assessment and management
- Patients with long-term conditions
    - Managing patients with long-term conditions
    - Effects of discharge planning and secondary care
    - Health promotion, patient education and public health
- The sick child in General Practice
    - How to recognise a sick child
- Palliative Care
- Social issues specific to your area which impact on health

LondonDeanery

NHS London

Appendix 3

Our ref: SAM-01/23456

LONDON DEPARTMENT OF POSTGRADUATE GENERAL PRACTICE EDUCATION (LONDON DEANERY)

Service Level Agreement for funding Sample Medical Centre to supervise F2 doctors in general practice placements

1. This Agreement is between the NHS London Deanery/Directorate of Postgraduate General Practice Education and Sample Medical Centre.

2. This Agreement covers the financial year to March 2013 and the academic year for 12 months from August 2012.

3. This Agreement relates to the practice's commitment to host F2 doctors for their general practice placements from Sample Trust and the deanery's financial support to the practice for this educational activity.

4. The practice agrees to provide a placement for an F2 doctor for a full year starting in August 2012 with post holders changing every 4 months under the lead supervision of Dr Sample.

5. The deanery will provide financial support to the practice to help defray the costs associated with training F2 doctors. Payments will be made as follows as a proportion of the WTE grant :
   - August 2012 – November 2012 £2558
   - December 2012 - March 2013 - £2558
   - April 2013 - July 2013 - £2558

6. Payments will be made via NHS London's SBS system. A purchase order will be raised and an invoice should be submitted and sent to London SHA. Details of payments will be sent to you when the supervision grant is due.

7. The practice will inform the Deanery Operations (GP) team without delay if they are unable to honour their commitment to host F2s for whatever reason or if they need to change their lead F2 supervisor.

Signatories to the Agreement

Signature ………………………………………………… Date ……………………..

Print Name …………………………………………………..
Signed on behalf of [Sample Medical Centre]
Designation: ………………………………………………………………………….

John Spicer Date

Signed on behalf of the London Deanery/Directorate of Postgraduate General Practice Education

Designation: Head of GP School/Director of Postgraduate GP Education

Appendix 4

Criteria for F2 Supervision

THE FOUNDATION CLINICAL SUPERVISOR

1 The clinical supervisor as a doctor

The clinical supervisor, whether full-time or part-time, must be able to demonstrate that:

1.1 he has normally served as a principal or non-principal in NHS general practice for three years (**desirable**) and for not less than two years (**essential**)

1.2 his working experience to date has been of sufficient depth and breadth to enable adequate supervision of others in a training environment (**essential**)

1.3 he is of professional good standing with colleagues (**essential**). The applicant must disclose and provide details of any complaint against himself that has been upheld (in the previous five years) by a Medical Services Committee or the Professional Conduct Committee of the General Medical Council (**essential**)

1.4 he has a commitment to the professional guidance contained within the GMC publications "Good Medical Practice" and "Maintaining Good Medical Practice" (**essential**)

1.5 he provides personal, comprehensive and continuing services to patients irrespective of age and gender (**essential**)

1.6 he is readily accessible to his patients and staff during working hours (**essential**)

1.7 he is self-critical of his work as a general practitioner and reviews regularly his own performance through the completed audit cycle activities (**essential**) and can provide written evidence of this (**essential)**

1.8 he can provide evidence of a high standard of clinical competence in general practice (**essential**). For new clinical supervisors this includes success in the MRCGP or nMRCGP examination (**desirable**)

1.9 he should demonstrate a knowledge of, and commitment to, local and national initiatives relating to clinical governance (**desirable**)

1.10 he should be able to demonstrate an adequate knowledge of and the ability to appraise and apply current medical literature (**desirable**)

1.11 he practises a high standard of anticipatory care (**essential**)

1.12 he demonstrates a commitment to personal professional development both as a doctor and teacher (**essential**) as demonstrated by a personal development plan (**essential**)

1.13 he prescribes appropriately (**essential**) and can demonstrate that he reviews his prescribing regularly (**essential**)

1.14 he understands the roles of and makes appropriate use of services provided by other members of the primary health care team and other colleagues (**essential**)

1.15 he shows sensitivity to the personal needs and feelings of colleagues (**essential**) with whom he is able to communicate effectively (**essential**)

2 The clinical supervisor as a teacher

The clinical supervisor as a teacher must be able to demonstrate that:

<u>Preparation for Teaching</u>

2.1 as a first time applicant, he has attended a suitable training course within the London Deanery (**essential**) or one of an equivalent content and standard elsewhere.

2.2 as an applicant applying to become an clinical supervisor more than five years after completing his teachers course, he has maintained the development of his teaching expertise by attending suitable courses within the previous five years (**essential**)

2.3 during each period of re-approval, the clinical supervisor will have participated in selection or re-approval visits to one or more practices applying for clinical supervisor approval (**essential**). It is expected that a minimum of one visit per year will have been undertaken. The clinical supervisor should be prepared to give an account of the visit(s) at interview

<u>Planning for Teaching</u>

2.4 he is able to formulate educational aims and objectives during the course of training in consultation with his GP learner (**essential**) and is able to use these as a basis for teaching throughout the learner's attachment (**essential**)

2.5 he is able to generate, and to demonstrate the use of the Foundation curriculum for teaching that covers all aspects available in GP (**essential**)

2.6 an educational contract has been agreed between clinical supervisor and GP learner (**essential**)

2.7 the clinical supervisor has an adequate knowledge of, and the ability to appraise and apply, the current literature of general practice that covers its educational aspects (**desirable**)

<u>Arrangements for Teaching</u>

2.8 he makes available adequate teaching of which a minimum of two hours is protected tutorial time (**essential**)

2.9 he is readily accessible to his GP learner throughout the working week (**essential**)

2.10 he makes appropriate use of a range of teaching methods (**essential**)

2.11 he makes appropriate use of a variety of formal and informal methods of assessment during the year and can discuss ways in which he has used these

results to modify further teaching (**essential**)

2.12 he makes appropriate use of written formative methods of assessment (**essential**)

2.13 a contemporaneous written record of training and assessments is kept to ensure that all aspects of the training programme have been covered (**essential**)

2.14 he is self-critical of his work as a trainer and reviews regularly his performance in this task (**essential**)

2.15 a suitable induction programme is in place (**essential**) and an information pack available to incoming learners (**essential**)

2.16 he is able to provide opportunities for the learner to learn the principles of and to participate in the completed audit cycle (**desirable**)

2.17 he is able to encourage and to help the GP learner in undertaking project work (**desirable**)

2.18 he is able to help the learner in preparation for examinations (**essential**)

2.19 he facilitates the attendance of the learner at any release scheme that has been set up for the learner's benefit e.g. Foundation Programme generic training half day release (**essential**)

2.20 he provides the GP learner with opportunities, or release from the practice, for training in key areas (**essential**)

2.21 he knows the regulations governing training for general practice and his obligations under them (**essential**)

2.22 he is able to support the learner in his preparation for his future career (**essential**)

2.23 he teaches diligent observance of the professional guidance contained within the GMC publications "Good Medical Practice" and "Maintaining Good Medical Practice" (**essential**)

3 The clinical supervisor as an employer

The clinical supervisor as an employer is able to demonstrate that:

3.1 he is aware of his legal obligations as an employer (**essential**)

3.2 he is aware of his obligations to the learner and has signed an agreement in relation to his training responsibility with the Deanery where appropriate (**essential**)

3.3 the GP learner is not expected to take on a greater workload or see patients at more frequent intervals than the trainer (**essential**)

3.4 proper service and educational cover is arranged for their GP learners when they themselves are absent on study leave or holiday (**essential**). Single handed trainers must make arrangements for clinical supervision for their GP learner with

another local clinical Supervisor or programme director (**essential**). The level of supervision must ensure patient safety and be appropriate to the level of training and expertise of a given learner.

3.5 arrangements for study leave should accord with published Deanery guidelines (**essential**).

3.6 the responsible programme director and Foundation School Director should be notified in writing when either a trainer or a GP learner is absent from work for a period in excess of two weeks (**essential**)

3.7 if there are any concerns about the performance of a GP learner, the responsible programme director is contacted as soon as this becomes apparent (**essential**)

Assessment. Frequently asked questions (FAQs)

What were the drivers for changes to the assessment process in Foundation?
The assessment process in Foundation has been changed to address the concerns raised in *Foundation for Excellence*, which was commissioned by Medical Education England. Professor John Collins, who led the review of the Foundation Programme, recommended that

> *20: The range of assessment tools and the number of times assessment must be repeated in the Foundation Programme should be reviewed, with a view to reducing these to the minimum required by 2013. The opportunity to avoid repetitive assessments, by improved transfer of information between undergraduate and schools, should be actively explored.*

How has the assessment process changed?
There has been a radical revision and clarification of the assessment process within foundation training.

The following tools are no longer used as formal assessments in the Foundation Programme:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS)
- Case-based discussion (CBD)
- Developing the clinical teacher.

Please refer to the supervised learning event (SLE) guidance for further details on these tools.

Formal assessment will now occur at the end of each placement and at the end of each year. The clinical supervisor and the educational supervisor will prepare reports on the foundation doctor's performance in the workplace. The reports will be informed by review of the foundation doctor's e-portfolio including consideration of completion of core procedures (F1), team assessment of behaviour (TAB) and feedback from the placement supervision group.

What is the Placement Supervision Group?
The Placement Supervision Group consists of trainers nominated in each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report. The makeup of the Placement Supervision Group will vary depending on the placement but could include:

- Doctors more senior than F2, including at least one consultant or GP principal
- Senior nurses (band 5 or above)
- 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).

What do assessments entail?
Foundation doctors are expected to demonstrate achievement for each outcome described in the *Foundation Programme Curriculum 2012* (the Curriculum). Foundation doctors are expected to record their achievements and evidence of learning within their e-portfolio. However they are not expected to demonstrate that they have met every single competence

listed below each outcome. The assessment process is not designed to rank performance against other foundation doctors.

Are core procedures still part of F1 assessment?
Yes. The GMC requires demonstration of competence in a series of procedures in order for a provisionally registered doctor with a licence to practise to be eligible for full registration. These procedures are determined by the GMC and can be found on the GMC website: http://www.gmc-uk.org/Outcomes_to_be_demonstrated_by_provisionally_registered_doctors_F1.pdf_26990221.pdf

What types of assessment are there and how often should they be done?

Assessment	Frequency
Core procedures	Throughout F1
Team assessment of behaviour (TAB)	Once in first placement in both F1 and F2, optional repetition
Clinical supervisor's end of placement report	Once per placement
Educational supervisor's end of placement report	Once per placement
Educational supervisor's end of year report	Once per year

All of these assessments should be recorded in the e-portfolio. The e-portfolio, as a whole, will be scrutinised to inform the educational supervisors' judgements. In particular, the educational supervisor will consider whether the foundation doctor has provided evidence of engagement and achievement for each outcome listed in the Curriculum.

What do the different assessment tools do?

Core procedures
It is a GMC requirement that foundation doctors provide evidence within their e-portfolio of satisfactory performance of each core procedure at least once during F1. By the end of F1, the foundation doctor should be able to competently perform and teach undergraduates these 15 procedures.

The core procedures from F1 do not need to be repeated in F2, but evidence of the F1 sign off is required for successful completion of the Foundation Programme. It should also be recognised that with practice, the doctor will be expected to demonstrate continuing improvement of skills in whichever procedure they perform, within the spiral curriculum framework.

Team assessment of behaviour (TAB)
This is a type of Multi-Source Feedback, previously known as 360 degree assessment.

Prior to inviting raters to contribute to the TAB process, foundation doctors must complete a self-assessment of behaviour (self-TAB). This includes reflection of their own performance.

TAB comprises collated views from a range of multi-professional colleagues. The same sections are used in both the self-assessment and the rater-completed forms

- TAB must take place at least once a year. Deaneries/foundation schools have the option of increasing the frequency

- It is suggested that both F1 and F2 TAB is taken in the last month of the first placement during the year. If there are significant concerns about any foundation doctor, TAB should be repeated. Deaneries have the option of altering the timing of TAB to satisfy local needs
- For each assessment, the foundation doctor and the educational supervisor should agree 15 raters/assessors. A minimum of 10 returns are required. No other foundation doctor can be a rater.

The required mix of raters/assessors must include at least two of each of the following:
- Doctors more senior than F2, including at least one consultant or GP principal
- Senior nurses (band 5 or above)
- Allied health professionals
- Other team members including ward clerks, secretaries and auxiliary staff.

Following TAB, the foundation doctor should reflect on any sections in which there is variance between their self rating and that of the assessors. The doctor should discuss significant discrepancies with their educational supervisor.

End of placement reports

There are two end of placement reports:

a) clinical supervisor's end of placement report
b) educational supervisor's end of placement report

The clinical supervisor's end of placement report describes the foundation doctor's performance in the workplace. The educational supervisor's report incorporates the information contained in the clinical supervisor's report and includes information from the e-portfolio.

If the educational and clinical supervisors are one and the same, then the educational supervisor will be responsible for the sections that are usually covered in the clinical supervisor's report.

a) Clinical supervisor's end of placement report

Towards the end of each placement, the foundation doctor should meet with their clinical supervisor to complete a summative assessment of their overall performance and progress in the placement.

The clinical supervisor's report should comment specifically on:
- Any noteworthy aspect of performance
- Any concerns regarding performance
- Comments on participation in the agreed educational process
- Evidence of professional development as a result of feedback and reflection.

The clinical supervisor should seek and record evidence from the Placement Supervision Group to corroborate each of the above. The names of those contributing evidence on performance is recorded in the report.

The outcome of the final assessment discussion should be agreed by both the foundation doctor and the clinical supervisor and recorded in the e-portfolio as part of the clinical supervisor's end of placement report.

b) Educational supervisor's end of placement report

The educational supervisor's end of placement report requires review of the clinical supervisor's report along with evidence provided within the e-portfolio and any other source.

Whilst engagement with SLEs and evidence of curriculum coverage will be taken into account, the overall judgement will include a triangulated view of the foundation doctor's day to day work performance. This will include the foundation doctor's participation in, and attendance at, educational activities, appraisals, the learning process and recording of this in the e-portfolio.

The outcome of the final assessment discussion should be agreed by both the foundation doctor and the educational supervisor and recorded in the e- portfolio as part of the educational supervisor's end of placement report.

Educational supervisor's end of year report
Placement reports are drawn together by the educational supervisor in an end of year report which will inform the foundation training programme director/tutor's (FTP D/Ts) recommendations regarding satisfactory completion of F1 and F2.

The educational supervisor's end of year report is an overall professional assessment and judgement of the foundation doctor.

What are the assessment differences between F1 and F2?
The decision about whether or not a foundation doctor has achieved the required standard for satisfactory completion of F1, or F2, will draw upon the judgements of the Foundation Training Programme Director/Tutor, the educational supervisor, and the clinical supervisors supported by a Placement Supervision Group.

Foundation year 1 (F1)
The GMC expects satisfactory achievements in all the domains set out in The Trainee Doctor (2011). These are reproduced in the *Foundation Programme Curriculum 2012* outcomes. The Foundation School Director, acting on behalf of the Postgraduate Dean, is ultimately responsible for making a recommendation to the medical school, where the foundation doctor graduated, as to whether they should complete and issue the GMC Certificate of Experience. Once the certificate is issued, the foundation doctor is eligible to apply for full registration with the GMC.

Foundation year 2 (F2)
Satisfactory completion of F2 will allow the foundation doctor to be eligible to enter core, specialty or general practice training. The Postgraduate Dean is responsible for the final decision about whether a foundation doctor has achieved the required standard for satisfactory completion of the Foundation Programme. This judgement will include an assessment of the foundation doctor's ability to take on increasing levels of responsibility, and will be marked by the issuing of a Foundation Achievement of Competence Document (FACD).

Supervised learning events (SLEs). Frequently asked questions (FAQs)

What is a supervised learning event (SLE)?
A SLE is an interaction between a foundation doctor and a trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.

What is the purpose of a SLE?
SLEs aim to:

- support the development of proficiency in the chosen skill, procedure or event
- provide an opportunity to demonstrate improvement/progression
- highlight achievements and areas of excellence
- provide immediate feedback and suggest areas for further development
- demonstrate engagement in the educational process.

Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of the *Foundation Programme Curriculum 2012* (the Curriculum).

Are SLEs assessments?
No! SLEs are not assessments. However, the clinical supervisor's end of placement report, which forms part of the assessment will draw upon evidence of engagement in the SLE process but **NOT** the SLE outcomes.

Can a SLE be failed?
No! SLEs are not assessments; foundation doctor cannot pass or fail.

Which tools do the SLEs use?
Supervised learning events with direct observation of doctor/patient encounter use the following tools:

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS).

Supervised learning events which take place remote from the patient use:

- Case-based discussion (CBD)
- Developing the clinical teacher.

Supervised learning events with direct observation of doctor/patient encounter
Foundation doctors are expected to undertake three or more directly observed encounters in each placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX.

i) Mini-clinical evaluation exercise (mini-CEX)

This SLE is an observed clinical encounter. Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed.

- Foundation doctors should complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period
- There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

ii) Direct observation of procedural skills (DOPS)

The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor's interaction with the patient when performing a practical procedure.

- Foundation doctors may submit up to three DOPS in one year as part of the minimum requirements for evidence of observed doctor-patient encounters
- Different assessors should be used for each encounter wherever possible
- Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements)
- Although DOPS was developed to assess procedural skills, its purpose in the Foundation Programme is to support feedback on the doctor/patient interaction
- DOPS cannot be used to provide evidence of satisfactory completion of the GMC core procedures required in F1
- There is no maximum number of DOPS and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning events which take place remote from the patient

iii) Case-based discussion (CBD)

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

- A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period
- Different teachers/trainers should be used for each CBD wherever possible
- There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

iv) Developing the clinical teacher

This is a tool to aid the development of a foundation doctor's skills in teaching and/or making a presentation and should be performed at least once a year. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

How frequently should SLEs be done?

SLEs do not necessarily need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself. Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs. Therefore, foundation doctors should ensure that SLEs are evenly spread throughout each placement.

How many SLEs should be done?

The recommended minimum number of supervised learning events per placement (based on a clinical placement of four month duration) can be seen in the table below:

All supervised learning events (SLEs)	Recommended minimum number
Direct observation of doctor/patient interaction: Mini-CEX DOPS	 3 or more per placement* Optional to supplement mini-CEX
Case-based discussion (CBD)	2 or more per placement*
Developing the clinical teacher	1 or more per year

(* based on a clinical placement of four month duration)
It is important to note that although these are the recommended minimum, foundation doctors are encouraged to undertake many more. This is a means of demonstrating engagement with the learning process and should support self reflection. The Placement Supervision Group will consider how engaged the foundation doctor has been with the process and NOT the detailed feedback.

What kind of topics should the SLE cover?
As the aim of SLEs is for the foundation doctor to learn and develop, ideal topics should be those which the doctor finds challenging, difficult or they wish to improve upon. There is little benefit from undertaking a SLE on a very straightforward problem which the doctor already knows how to manage. It is the foundation doctor's responsibility to arrange an appropriate range as well as the required number of SLEs. Discussion should include the management of long-term aspects of patients' conditions.
The list below suggests suitable topics but increasingly complex issues can also be covered within any of these subjects.

- Airway problems
- Breathing problems
- Circulation problems
- Gastrointestinal problems
- Haematological problems
- Infection/inflammatory/immunity problems
- Musculoskeletal/locomotor problems
- Neurological and visual problems
- Obstetric and gynaecological problems including fertility
- Oncological problems
- Psychiatric/psychological problems
- Renal/Urological problems
- Trauma/injury
- Pain
- Long-term conditions
- Communication
- Breaking bad news
- Apologising.

Whose responsibility is it to complete SLEs?
The foundation doctor should demonstrate engagement with this process. With support from the clinical and educational supervisor(s), it is the foundation doctor's responsibility to arrange the frequency, an appropriate range of SLEs and to ensure that completed SLEs are recorded within the e-portfolio.

Who should be expected to contribute to a SLE?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. They should usually be supervising consultants, GP principals, doctors who are more senior than an F2 doctor, experienced nurses (band 5 or above) or allied health professional colleagues. Foundation doctors must have at least one SLE undertaken by a consultant or GP principal level per placement. In addition, the named educational or clinical supervisor should also perform an SLE.

Foundation doctors should try to use a different teacher/trainer for each SLE wherever possible. Clearly, if a lot of SLEs are completed, the foundation doctor may need to use the same trainer(s) more than once.

What sort of feedback should be expected?

Feedback should be recorded immediately and should include comments on achievements and areas of excellence. Areas which were found to be difficult should also be recorded. Recommendations for further development should be given; this might include suggestions for further SLEs on more complex problems.

Remember that all doctors have scope for development and are expected to actively engage in life-long learning and refine their skills throughout their careers. It is important that foundation doctors understand that they can improve their performance.

Direct observation of procedural skills (DOPS)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the ‘SLE Frequently asked questions’ document.

What is a direct observation of procedural skills (DOPS)?

Direct observation of procedural skills (DOPS) is a supervised learning event (SLE) tool. The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor’s interaction with the patient when performing a practical procedure.

Different to the 15 GMC ‘core procedures’ (as mandatory during F1), all foundation doctors should use DOPS to inform the doctor/patient interaction while undertaking procedures not listed within ‘core procedures’.

Who can contribute to DOPS?

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?

Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as DOPS.

DOPS is used for trainers to offer feedback on the foundation doctor’s interaction with the patient when performing a practical procedure. This should be managed by the foundation doctor and observed by a trained trainer for teaching purposes. Procedures should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit.

The observed process typically takes around 20 minutes and immediate feedback around five minutes. It may be necessary to allocate more time.

Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements). It is important to remember that completion of DOPS is additional to the GMC core procedures as required in F1.

What areas should DOPS focus on?

DOPS is most useful when considering the following self explanatory areas:

- demonstrates understanding of indications/anatomy/technique
- obtains informed consent
- demonstrates appropriate preparation pre-procedure
- appropriate analgesia or safe sedation
- technical ability
- aseptic technique
- seeks help where appropriate
- post procedure management
- communication skills
- consideration of patient/professionalism

Positive indicators for three of these areas are given below:

Focus of encounter	Positive indicators
Post-procedure management	Safely disposes of equipment; documents the procedure, including labelling samples and giving instructions for monitoring; arranges appropriate aftercare/monitoring.
Communication skills	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan with patient.
Consideration of patient / professionalism	Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; aware of own limitations.

Remember: Not all elements need be reviewed on each occasion.

What is the reference standard?
When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2. The Curriculum provides a detailed description of the relevant competences expected of a doctor completing F1 and F2.

Feedback
In order to maximise the educational impact of using DOPS, the supervisor and the foundation doctor need to identify strengths and areas for development. This should be done sensitively and in a suitable environment.

How many DOPS should be completed?
Foundation doctors are expected to undertake directly observed encounters per placement.

They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX with up to three DOPS each year being used to supplement the total number of directly observed encounters. See table overleaf.

There is no maximum number of DOPS and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning event (SLE)	Recommended minimum number
Direct observation of doctor/patient interaction: Mini-CEX DOPS	 3 or more per placement* Optional to supplement mini-CEX

*based on a clinical placement of four month duration.

How is the form accessed?
The DOPS SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the DOPS will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.

- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Procedure:** use the free text to describe the procedure.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

Mini-clinical evaluation exercise (mini-CEX)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is a mini-clinical evaluation exercise (mini-CEX)?
A mini-CEX is a supervised learning event (SLE) which involves direct observation of a doctor/patient clinical encounter by a trainer for teaching purposes.

Who can contribute to a mini-CEX?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?
Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as the mini-CEX.

The process is typically led by the foundation doctor. Topics should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed. An appropriate record of all mini-CEX events must be kept within the foundation doctor's e-portfolio.

The observed process typically takes around 20 minutes and immediate feedback around 5 minutes. It may be necessary to allocate more time.

What areas should mini-CEX focus on?
Mini-CEX is most useful when considering the following areas:

- history
- diagnosis
- examination
- management plan
- communication
- discharge
- other

Focus of encounter	**Positive indicators**
History	Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.
Diagnosis	establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.
Examination	Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty.

Management plan	constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.
Communication	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan/therapy with patient.
Discharge	starts planning from moment of admission; considers long-term conditions; recognises impact of long-term conditions on patients, family and friends; liaises with patient, family, carers and primary care teams; considers role of other agencies; considers need for environmental adaptations; ensures necessary care plans are in place; arranges follow-up

Remember: Not all question areas need be assessed on each occasion.

What is the reference standard?
When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback
In order to maximise the educational impact of using mini-CEX it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many mini-CEX should be completed?
Foundation doctors are expected to undertake directly observed encounters per placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX. The other encounters may use the 'direct observation of procedural skills' (DOPS) tool. Foundation doctors should therefore complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period. There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning event (SLE)	**Recommended minimum number**
Direct observation of doctor/patient interaction: Mini-CEX DOPS	 3 or more per placement* Optional to supplement mini-CEX

*based on a clinical placement of four month duration.

How is the form accessed?
The mini-CEX SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the mini-CEX will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.

- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select 'other' and specify. More than one category can be selected.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

Developing the clinical teacher

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is the 'developing the clinical teacher' tool?
Developing the clinical teacher is a supervised learning event (SLE) tool used to aid the development of a foundation doctor's skill in teaching and/or making a presentation.

Who can contribute to the developing the clinical teacher?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?
Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as developing the clinical teacher. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

The nature and content of the teaching encounter should be chosen jointly by the foundation doctor and trainer to address the learning needs of both the foundation doctor and those being taught. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

What areas should developing the clinical teacher focus on?
Developing the clinical teacher is most useful when considering the following areas:

Focus of encounter	Positive indicators
Preparation and setting	Creates an appropriate environment, checks resources are available/working in advance; uses resources appropriately.
Teaching	Introduce self; introduces the topic; establishes prior learning; uses an appropriate pace; clear and logical teaching; reviews/summarises key points; manages time.
Subject knowledge and ability to answer questions	Understands subject matter; answers questions clearly; aware of own limitations.
Interaction with group	Maintains eye contact; maintains participants' attention; facilitates group participation.

Remember: Not all question areas need be assessed on each occasion.

What is the reference standard?
When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback

In order to maximise the educational impact of using this tool it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many should be completed?

It is recommended that this tool is used once per placement. At a minimum, it must be performed at least once a year in both F1 and F2.

Supervised learning event (SLE)	Recommended minimum number
Developing the clinical teacher	1 or more per year

How is the form accessed?

The form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and form will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Participants:** Select the participants. More than one category can be used. This should also be used if there was only one participant. If none apply, select 'other' and specify.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

Case-based discussion (CBD)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is case-based discussion (CBD)?
A case-based discussion is a supervised learning event (SLE) tool. This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

Who can contribute to the developing the clinical teacher?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?
The process is typically led by the foundation doctor. Cases should be chosen jointly by the foundation doctor and trainer to address a spread of topics which reflect individual learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

Ideally, the foundation doctor should select two case records from patients they have seen recently, and in whose notes they have made an entry. The trainer should select one of these for the CBD session. The discussion must start from and be centred on the foundation doctor's own record in the notes. The SLE typically takes 20 minutes including feedback and completion of the form. It may be necessary to allocate more time.

What areas should CBD focus on?
CBD is most useful when considering the following areas:

Focus of encounter	**Positive indicators**
Medical record keeping	Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.
Clinical assessment	Understood the patient's story; made a clinical assessment based on appropriate questioning and examination.
Investigation and referral	Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.
Treatment	Discusses the rationale for the treatment, including the risks and benefits.
Follow-up and future planning	Discusses the rationale for the formulation of the management plan including follow-up.
Professionalism	Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks; has insight into own limitations.

What is the reference standard when giving feedback?
When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback
In order to maximise the educational impact of using CBD, it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many should be completed?
A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period. There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning event (SLE)	Recommended minimum number
Case-based discussion	2 or more per placement*

*based on a clinical placement of four month duration.

How is the form accessed?
The CBD SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the CBD will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select 'other' and specify. More than one category can be selected.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

How to complete the clinical supervisor's end of placement report

Guidance for clinical supervisors

What is a clinical supervisor's end of placement report?

The clinical supervisor's end of placement report is designed to describe a foundation doctor's performance in the workplace. Towards the end of each placement, you should meet with your foundation doctor to complete a summative assessment of their overall performance and progress within the placement.

Who should complete the clinical supervisor's end of placement report?

Only the clinical supervisor can complete this report. The clinical supervisor should seek and record evidence from colleagues who form the Placement Supervision Group.

What is the Placement Supervision Group?

The Placement Supervision Group consists of trainers nominated in each placement by the named clinical supervisor. Their observations and feedback will inform the clinical supervisor's end of placement report. The makeup of the Placement Supervision Group will vary depending on the placement but could include:

- doctors more senior than F2, including at least one consultant or GP principal
- senior nurses (band 5 or above)
- 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).

How do I access the form?

The clinical supervisor's end of placement report form is hosted in the foundation e-portfolio. A sample form is also available on the UKFPO website.

How does it work?

The clinical supervisor must complete a detailed end of placement report, which is mapped to the Curriculum, drawing on the observations and judgement of clinical colleagues who form the Placement Supervision Group.

The report covers:

- any noteworthy aspect of performance
- any concerns regarding performance
- participation in the agreed educational process
- professional development as a result of feedback and reflection.

You should seek and record evidence from your colleagues who form the Placement Supervision Group to corroborate your responses to each of the above and each syllabus heading within the form. The names and job title of those contributing evidence on performance should be recorded within the report. If members of the Placement Supervision Group have concerns about the foundation doctor's performance, they should document these in writing or by e-mail. When completing the form, you need to consider the measure by which doctors are to be judged. This scale is provided in the table below.

The outcome of the final assessment discussion should be agreed by both you and the foundation doctor and the form must be recorded within the doctor's e-portfolio.

Remember, clinical supervisors' reports are used as part of the process to inform the overall F1/F2 end of year report for each foundation doctor.

Clinical supervisor end of placement report form scale:

Excellent	indicates that this doctor is performing above the expected level for the completion of their current year of foundation training. If you select this, comment boxes will pop up for the subsections *(this will happen automatically online)*. It is mandatory for the clinical supervisor to enter comments in these white space boxes i.e.: if no entry is made it will not be possible to submit the form.
No concern	indicates that this doctor is performing at the expected level for completion of the current year of foundation training and there are/have been no issues which need/ed to be addressed. If you have no concern the boxes with the subsections requesting further information will not appear and you can automatically move onto the next question.
Some concern	indicates that there are or have been aspects of performance which are / were considered to need extra support. If you select this, comment boxes will pop up for the subsections *(this will happen automatically online)*. It is mandatory for the clinical supervisor to enter comments in these white space boxes i.e.: if no entry is made it will not be possible to submit the form.
Major concern	indicates that there are or have been aspects of performance which if not corrected may impact on this doctor's ability to satisfactorily complete the current year of Foundation training. If you select this, comment boxes will pop up for the subsections *(this will happen automatically online)*. It is mandatory for the clinical supervisor to enter comments in these white space boxes i.e.: if no entry is made it will not be possible to submit the form.
N/A	indicates that there are no opportunities for the doctor to demonstrate the outcomes within the clinical placement. If you select this, comment boxes will pop up for the subsections *(this will happen automatically online)*. It is mandatory for the clinical supervisor to enter comments in these white space boxes i.e.: if no entry is made it will not be possible to submit the form.