

**A Guide to:
The Foundation Programme-
Training in General Practice**

A Manual for FY2 Clinical Supervisors

AND

**A Guide to:
The Development of GP Educators**

**Developed by
Kent, Surrey and Sussex Deanery
and the
South Thames Foundation School**

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Introduction

The KSS Department of General Practice Guide to Foundation Programme Training in General Practice is intended to guide you through all aspects of the Foundation programme. It includes details of:

- The Background to the Foundation programme
- The Foundation Doctor (FY2)
- FY2 Placements in general practice
- The pathway to becoming a FY2 Clinical Supervisor
- The development of a career in medical education
- Practical tips and guidance
- Contracts and information

The Foundation programme offers the opportunity for doctors early in their training to learn in and experience general practice and with this the number of GP practices involved in teaching will increase dramatically. We hope you will join us in educating the consultants and GPs of the future.

This guide developed by KSS GP Deanery is not intended to be definitive but offers a framework that you can build on and adapt to suit your circumstances. It recognises that Practices are different but all offer learning opportunities. The guide will help you maximise these. It will answer some frequently asked questions about the Foundation programme and give you some ideas about structuring the experience for an FY2 doctor in your Practice.

The guide has been developed from a variety of sources including:

- Experiences of GPs who trained Foundation Programme Doctors during the pilot in 2004
- Experiences of Foundation Year 2 (FY2) doctors taking part in the 2004/05 pilot year
- Experiences of the Deanery team working on the Foundation Programme
- Guidance produced by other Deaneries MMC GP Groups
- National guidelines and directives including Curriculum, Operational Guide and Portfolio

The intention is to help you to appreciate the implication for general practice placements.

The guide should be read in conjunction with the information available on the Foundation Website and the South Thames Foundation School website at:

www.stfs.org.uk

and

www.foundationprogramme.nhs.uk

The guide will develop over time as the Foundation programme and our experience of it develops. We will welcome feedback on your experiences and the usefulness of this guide.

For the purpose of this practical guide, the term FY2 Clinical Supervisor refers to the person nominated by the Practice (and agreed by the Deanery/Local Programme Director) to have overall clinical supervisory responsibility for the Foundation Programme doctor whilst the Foundation doctor is in the GP placement.

Background

Modernising Medical Careers (MMC)

In August 2002, the Chief Medical Officer, Sir Liam Donaldson, published '*Unfinished Business*'¹ which described a new two-year Foundation Programme which effectively replaced the PRHO year and the first SHO year.

In April 2004 the details of what this Foundation programme would encompass were published in the document '*Modernising Medical Careers – The Next Steps*'.² This outlined the structure, content and context of the Programme.

The Foundation Programme went 'live' in August 2005 when all graduates from medical school entered a two-year Foundation Programme. Each Programme will usually be made up of 6 x 4 monthly rotations (August – November, December – March, April – July). The initial FY1 year is undertaken entirely in the hospital setting. Upon satisfactory attainment of core competencies the doctor will be issued with full registration with the GMC and move to the FY2 year. The FY2 year consists of rotations usually of 4 month duration and during this time one of the rotations may be general practice. At the end of the FY2 year the doctor will be expected to perform consistently well across the competency areas and have taken increasing responsibility for the care of patients. They will then be ready to enter specialist training: one option of which is general practice training.

In August 2004 the KSS Deanery set up Foundation Programme pilots. This involved a small number of doctors in Foundation Year 2 (FY2) and some of these had a 4 month placement in general practice. The results of the evaluation of the pilot programmes have shown that this was a very popular placement. In August 2005 this pilot continued with a much greater cohort of Foundation Year 2 doctors undertaking a 4-month placement in general practice, as part of their pilot rotations.

In March 2005 the Department of Health announced that from August 2006 there would be funding made available for 55% of all doctors on the Foundation Programme to undertake part of their training in general practice. Since 2005 KSS GP Deanery has supported this number of FY2 placements.

Key Themes

Why have FY2 attachments in general practice?

All doctors need to understand how the NHS works and be aware of the changing interface between primary and secondary care. This is especially important as the NHS develops, and for all new doctors exposure to general practice occurs in the second year of the Foundation Programme (FY2). Since August 2006, increasing numbers of recently qualified doctors have been given the opportunity to experience both primary and secondary placements in support of their learning and to help them with making career choices. Key themes of the Programme that are highly appropriate to general practice include:

- The recognition and management of acute illness
- Communication skills
- Teamwork
- Professionalism

Guiding the early stages of a professional's journey

FY2 doctors are not medical students. They have already worked as qualified doctors in the first foundation year and have had opportunities to apply, and enhance, the knowledge, skills and attitudes they developed as undergraduates. Yet they have not embarked on higher specialist training, so they are neither like GP Registrars. They are at a critical stage of transition, thirsty for new knowledge and skills to meet their needs in treating patients with acute illnesses, but above all, looking for role models to help guide the development of their professional practice. This is a key transition period, and effective educational support can make all the difference to the outcome for these doctors and therefore for their patients also.

Improving your own teaching and your Practice

This is an opportunity to take on a new type of learner and increase the range of teaching activity undertaken by your Practice. Modern patient care is now very much team based, with new team roles being developed all the time. Participation with nursing, community and administrative staff in the programme will lead to a strengthened sense of team working, and more than one doctor in the Practice is likely, and encouraged, to be involved, as will other healthcare professionals. Whilst in their posts the FY2 doctor has a Clinical Supervisor who will have the most contact with them and will co-ordinate the Practice based experience. The FY2 doctor will get teaching within the context of their peer group, and will be released to the host Trust for formal teaching as part of the structured Foundation Programme.

Delivering a structured but flexible programme

The Foundation Programme aims to help recently qualified doctors, in the postgraduate clinical setting, to develop and demonstrate a range of professional competences. This is achieved by using a range of teaching methods, with the emphasis being on helping the doctor to develop through case discussion, joint observation of, and video of, patient consultations. These are methods well known to GP Trainers and the course for Clinical Supervisors will help you to utilise these tools in an effective way. Training will also be provided on the tools which have been developed nationally to assess that the FY2 doctor has met the competencies expected of them.

The contribution of FY2 doctors to the Practice

FY2 doctors will be fully registered with the GMC, and thus will be able to see patients during the day whilst taking appropriate clinical responsibility, which will include being able to prescribe. Any Practice may take on more than one FY2 doctor at a time providing the individual Clinical Supervisor and Practice have approval and there is sufficient space. It is expected however, that each Clinical Supervisor will have only one FY2 doctor under their care at any one time thus to have more than one FY2 doctor in the Practice there will need to be additional Clinical Supervisors. Although Foundation Year 2 is primarily a developmental educational process, there will be a significant amount of service contribution from these doctors.

Professional rewards

GP Educators find it very rewarding to stimulate the professional growth of a young doctor. Such support makes a valuable contribution to the NHS and patient care, and also promotes better partnership between primary and secondary care. Clinical Supervisors will be trained both for their role and in the Foundation Programme assessment tools, by members of the Department of Postgraduate Education KSS Deanery. They will also be paid for their educational contribution with a supervision allowance (at the same rate as GP Trainers, pro rata). Practices do not need necessarily to be established GP Training Practices, but do need to have similar standards and we hope many will work towards becoming GP Training Practices in the future.

Who do I contact if the Practice wishes to express an interest in taking FY2 doctors?

Initially contact Ms Ekuba Edjah eedjah@gpkss.ac.uk or Mr Steve Scudder sscudder@gpkss.ac.uk who co-ordinate placements onto the KSS Training courses for those wishing to become a FY2 Clinical Supervisor, or telephone the office on [020 7415 3435](tel:02074153435)

You can also contact your local GP Specialty Training Programme Director (details available on the KSS GP Deanery website) or your local patch Associate GP Dean

Details of all these key personnel can be found on the KSS GP Deanery website at www.kssdeanery.org.uk. You will need to check your eligibility as described in the Appendix and undertake the Deanery FY2 Clinical Supervisors Course.

The Curriculum for Foundation Doctors

A detailed curriculum has been developed for Foundation doctors that can be found on the Foundation programme website.

<http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-programme-curriculum>

The curriculum is an outcome-based model i.e. it has defined the core competencies a doctor must have on completion of the Foundation programme. The curriculum incorporates in detail the areas the doctor should become proficient in, gives guidance on the educational process and defines the process of assessment by which the Foundation doctor will be judged to have attained the defined competencies. It also describes the tools that their supervisors will need to use to assess these.

The curriculum is based on a “*spiral*” model, which means that doctors in training are exposed throughout to repeated clinical encounters and each time will be further developing their skills. The programme is experiential: it is based within the context of the work doctors actually do.

The curriculum has as a focus the management of the acutely ill patient BUT recognises the importance of effective management of chronic disease and the impact such diseases have on the acute presentation of illness.

Foundation doctors need to develop specific clinical skills as well as generic skills in communication and team-working. The curriculum seeks to promote the knowledge, skills and attitudes required to promote a process of lifelong professional development and assist in developing the attitudes required of a doctor in the modern NHS.

The core competencies are linked to the GMC “*Good Medical Practice*” and is detailed on line at www.foundationprogramme.nhs.uk

Over the years the Foundation programme curriculum has undergone significant expansion and now includes as well as care of the acutely ill patient areas such as:

- Professionalism
- Discharge and planning for chronic disease
- Relationships with patients and communication skills
- Patient safety and clinical governance
- Infection control
- Nutritional care
- Ethical and legal issues
- Maintaining good practice
- Working with colleagues
- Teaching and training

It is important to revisit the curriculum document regularly

It is important to remember

The rotation in your Practice is part of a programme for each FY2 doctor.

- The FY2 doctor will not be expected to cover the entire curriculum and competences during his/her time with you.
- Some competences may well be more readily met in general practice than in some other rotations e.g. *Relationships with Patients and Communication*

Assessment of Foundation Doctors

The Assessment Process

The Foundation Year 2 assessment process is intended to provide objective workplace-based assessments of the progress of the Foundation Doctor through the whole Programme. The assessments will be used by the Foundation School to decide whether the Foundation doctor can be signed up as having satisfactorily completed the programme.

- The assessments are designed to be supportive and developmental.
- The FY2 doctor can determine the timing of the assessments within each rotation and, to some degree, can select who does the assessment.
- It is important that all assessments are completed within the overall timetable for the assessment programme
- Each FY2 doctor is expected to keep evidence of their assessments in their portfolio. These will then form part of the basis of the discussions during appraisals. (The full portfolio, and information about the assessment tools, is available on the Foundation Programme Website www.foundationprogramme.nhs.uk)
- The FY2 doctor is an adult learner and it will be made clear to them that they have the responsibility for getting their assessments done and for ensuring that their competences, if present, will be signed off.

The Assessment Tools

The following tools have been developed for assessment of all Foundation doctors. To achieve familiarity with these, you will need to attend a training session on all of these tools and this is covered on the KSS GP Deanery GP Educator Pathway Module 1

1. Multi-Source Feedback (MSF)

This is very similar to a 360 degree feedback and involves a number of trainee selected professionals completing a feedback form about the FY2 doctor.

Each FY2 should nominate 12 people within the Practice to complete the form.

2. Mini Clinical Evaluation Exercise (mini-CEX)

This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter by the assessor.

3. Direct Observation of Procedural Skills (DOPS)

This is another doctor-patient observed encounter, normally involving a procedure (e.g. taking venous blood) assessed by using a structured check list.

4. Case Based Discussion (CBD)

This is a structured discussion of real cases in which the FY2 doctor has been involved with an emphasis on getting them to demonstrate their thinking about the management.

The Assessment Programme

The table below is an example of how many of these assessments are likely to be carried out in each 4 month rotation.

2 x mini-CEX
1 x DOPS
2 x Case Base Discussions
1 x Multi-source Feedback

- The assessments do not necessarily have to be carried out by the doctor who is the nominated educational or clinical supervisor, though in most cases, this is likely.

- You can, and should, involve other doctors, nurses or other health professionals that are working with the FY2 doctor.
- It is important that whoever undertakes the assessment must understand and be familiar with the assessment tool they are using.

The assessments are not intended to be teaching sessions, though they should provide immediate feedback to the trainee. Although they will need to have protected time to be done effectively, this could be done, for example, at the beginning, end of, or even during, a surgery.

FY2 doctors will be assessed as part of a continuing process during their two-year rotation. This will involve you, as well as other: members of the multidisciplinary health care team - doctors, nurses and allied healthcare professionals who will assess trainees as they interact with patients and carry out clinical procedures. All assessments will be recorded at the time and there will be easy to follow templates for this.

Each FY2 doctor will keep a learning portfolio, as described above. They will be given this at the beginning of the Foundation Programme. It will be the means by which they will record their achievements, reflect on their learning experience and develop their personal learning plans.

The Foundation Year 2 Doctor in Practice

The Foundation Programme Curriculum describes what has to be learnt and how it has to be assessed, and this section aims to answer the questions, who will do the teaching, how will it be done and when will it be done?

The FY2 doctor although spending 4 months in a GP placement with you is an employee of the Acute NHS Trust in which they are working. The contract of employment is between the Trust and the FY2 doctor and is subject to the relevant legislation relating to the employment of Junior Doctors, such as the European Working Time Directive which states a doctor in a training grade cannot work more than 48 hours per week. Foundation doctors will be expected to sign contracts with the Trust Human Resources Department. For doctors starting their FY2 year in general practice it will be important to inquire of the FY2 doctor that this has been done.

Foundation Years run from August each year and the vast majority of doctors will join their programme at that point. It is customary for each Trust to run a 1-2 day programme of Induction to introduce doctors to the hospital facilities, safety protocols etc. The FY2 doctors will need to attend this.

The Induction into General Practice

This is really an orientation process so that the FY2 doctor can find their way around the Practice, understand a bit about the Practice area, meet other doctors, healthcare professionals and staff, learn how to use the computer and know how to get a cup of coffee! This will probably last about a week. It should be planned for the first week of their 4-month rotation with you. It is also very helpful if you have an introduction/induction pack for the Foundation doctor, which again is similar to that which you might use for a locum GP or new doctor. An induction week might look something like the timetable below but this only a guideline and should be adapted to suit your learner and your Practice. It does not include any scheduled teaching time that may be organised for all FY2 doctors in the Foundation Programme at that Trust.

FY2 Induction Programme

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

Sitting in with other members of the team exposes the learner to different styles of communication and consultation

Of course this will not necessarily fit into neat hourly blocks of time and you may have several other opportunities that you feel you the FY2 doctor would benefit from, in this initial phase.

The working and learning week following induction

Every experience that your FY2 doctor has should be an opportunity for their learning. It is sometimes difficult to get the balance right, between learning by seeing patients in a formal surgery setting (sometimes called workplace based learning) and learning through other opportunities. The programme for the 4 months needs to include these experiences but also the programme has to include time for formal teaching and Out of Hours experience.

An FY2 doctor is not expected to undertake GP OOH work but will spend some part of their working week in the hospital setting either in A and E or the Medical Assessment Unit (MAU). Local arrangements will apply and it is important you are aware of these when planning your timetable. Information on the hospital rota should be obtained from discussion with your local GP Programme Director and Trust Foundation Programme Director.

The table below is an indicator as to how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard 4-month rotation. (The next section will look in more detail at each of these learning opportunities) The working /learning week for a FY2 doctor is 10 sessions (regardless of your Practice working week arrangements).

<p>6 or 7 Surgeries</p>	<ul style="list-style-type: none"> ▪ These will usually start at 30 minute appointments for each patient and then reduce to 15- 20 minute appointments as the FY2 doctor develops their skills, knowledge and confidence. ▪ The surgery may be a traditional GP surgery or a Chronic Disease Surgery run by other members of the Practice or a specialist surgery run by other members of the primary Health Care Team ▪ When consulting in a traditional surgery The FY2 doctor must have access to another doctor (this does not necessarily have to be the nominated Clinical Supervisor in the Practice, it may be another partner or sessional doctor but should not be a locum doctor). ▪ The FY2 doctor does not need to have their own dedicated consulting room but can use different rooms at different times so long as patient and doctor safety is not compromised and normal privacy and confidentiality are maintained.
<p>1-2 x sessions in other learning opportunities</p>	<p>This could be</p> <ul style="list-style-type: none"> ▪ 1:1 session with the Clinical Supervisor or other members of the Practice team. ▪ Small group work with other learners in the Practice ▪ Small group work with FY2 doctors from other Practices, led by the Community FY2 Educational Supervisor ▪ Shadowing or observing other health professionals or service providers, e.g. out-patient clinics pertinent to primary care, palliative care teams, voluntary sector workers
<p>1 x session on project work or directed study</p>	<ul style="list-style-type: none"> ▪ Your FY2 will be undertaking a project or audit during their time with you. They should have protected time to do some research, collect the data, write up the project and present their work to the Practice team
<p>1 x half day release</p>	<ul style="list-style-type: none"> ▪ A Formal session of teaching run by the Trust for Foundation doctors or the FY2 Community Educational Supervisor
<p>1 x OOH session in the Trust</p>	<ul style="list-style-type: none"> ▪ This will need to be co-ordinated locally

As a FY2 Clinical Supervisor you would be expected to discuss patients the FY2 doctor has seen in their surgery at the end of each surgery, to ensure patient safety. Best practice suggests that you should make a record of these discussions through the use of a Learning Log (see Appendix). The FY2 doctor is also encouraged to record their experiences in their own portfolio.

Teaching sessions

During the FY2 GP attachment the FY2 doctor will experience formal teaching within the Trust and community based teaching. This teaching programme will on average account for one session of the FY2 doctor's weekly programme.

Community FY2 Teaching

Within the community there will be a programme co-ordinated by the FY2 Community Educational Supervisor (see later for details of this individual)

This teaching may on occasions include you or others of your Practice staff: any such involvement will be by local negotiation.

The Community teaching will focus on the FY2 Curriculum.

There is a list of examples of teaching session topics in Appendix 6.

Formal Trust FY2 Trust Teaching

In addition to the weekly timetable organised in the community, the local Foundation school within the Acute Trust will organise 10 days of 'class-room' based learning over the course of the year.

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

The Trust should provide the F2 doctor with a list of dates and venues at the start of the Foundation Programme and it is the FY2 doctor's responsibility to ensure that they book the time out of the Practice

Each Trust will develop a formal Foundation programme with associated teaching sessions.

The teaching will be delivered to the group of FY2 doctors employed by the Trust.

The programme and timings will vary from Trust to Trust

This will be supervised and facilitated by the local Foundation Faculty, which is part of the local educational quality process involving other medical specialty faculties. The KSS Deanery has developed a policy and process for this:

<http://www.kssdeanery.org/sites/www.kssdeanery.org/files/GEAR.pdf>

Non- standard Foundation Programme Year 2 rotations

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

Examples of other rotations

A four month rotation in general practice but with one day each week spent in a minor speciality such as sexual health or psychiatry
--

A six month rotation in general practice (with a six month rotation in General Medicine) in which management and leadership are a taught component
--

A four month rotation shared between two Practices – with two months spent in one Practice and two in another

A four month rotation shared between two Practices but with three days spent in one and two in another each week
--

Performance concerns

The vast majority of FY2 doctors will complete the programme without any major problems. However, some doctors may need more support than others, for example, those with ill health, personal issues, learning needs or attitudinal issues that are inhibiting the attainment of the Programme competences. If you feel at any time that the doctor under your educational or clinical supervision has performance issues, you should contact the Foundation Programme Director and the GP for the local programme, who will work with you to ensure that the appropriate level of support is given both to you and the FY2 doctor.

Doctors in training who are found to have difficulties in their educational progress, for whatever reason, may need particular support. This is covered in the KSS Deanery Guide to the Trainee in Difficulty at https://kssdeanery.org/sites/kssdeanery/files/TSG_and_Trainee_In_Difficulty.pdf

It is very important that you keep written records of any issues, or concerns you may have, as they arise, and that you document any discussions that you have with the FY2 doctor regarding your concerns.

The end of the rotation

At the end of each rotation, the clinical supervisor is asked to complete an on line assessment in the Foundation doctor's e portfolio. This is your overall assessment of the doctor's performance during the time they have spent with you and helps the new Clinical Supervisor to focus on any areas of particular need. Experience has shown us that it is also helpful if you can talk personally to the next supervisor (especially if there are any problems) but as this can sometimes be difficult to arrange.

As a clinical supervisor of a FY2 doctor you would be advised to ask the FY2 doctor coming to you to share the reports from their previous supervisor and can speak to the Foundation doctor's educational Supervisor to find out more details on their progress.

The Supervision Allowance

The Supervision allowance equivalent to the General Practice Specialty Training Registrar (GPStR) basic training grant (pro rata for the time) is paid to you for hosting each Foundation doctor.

- You can, if you have sufficient capacity in terms of space and resources, and are approved by the Deanery, have more than one FY2 at any one time. In non-training Practices a FY2 Clinical Supervisor will only be able to supervise one FY2 doctor: however if there are two trained supervisors and sufficient space the Practice could host two doctors. In existing training Practices it is expected a non-training partner will undertake the FY2 Clinical Supervisor role and therefore the Practice may have an FY2 doctor and a GPStR.
- As a Clinical Supervisor you will receive 80% of the supervision allowance. The remaining 20% will be given to the named individual who is working as the FY2 Community Educational Supervisor

The Foundation Programme Doctor – Frequently asked Questions

Q1. What is a Foundation Programme Year 2 FY2 Doctor?

A1.

- A doctor in the second year of the Foundation Programme, usually one year, or more, following qualification from medical school.
- From August 2006 the majority of doctors, consequent on satisfactory progress, will move automatically from Foundation Year 1 through to Foundation Year 2. A small number will enter the FY2 year as international medical graduates (IMGs)
- During FY1 they will have 12 months clinical experience as a doctor in the secondary care setting where they will usually have undertaken three different specialty placements in the rotation which will normally include General Medicine and Surgery.
- As an FY2 doctor they will usually have full registration (or, rarely, limited registration depending on their status and how they have entered the programme).

Q2. How is an FY2 doctor different from a GP Registrar?

A2.

- The FY2 doctor is fundamentally different from a GP Registrar.
- The FY2 doctor is **“Undertaking training IN general practice but not FOR general practice”** even if they express general practice as a career intention at that stage.
- The FY2 doctor is thus not there to experience the same content and learning goals as a GP Registrar (albeit in a shorter time); they are there to fulfil the learning aims and competences of the Foundation Curriculum.
- The aim of the GP placement is to give the FY2 doctor a meaningful experience in general practice, with a focus on exposure to the management of the acutely ill patient in the community, which will enable them to achieve the required competences.
- The FY2 doctor will thus not usually attend the GP Specialty Training day release sessions, unless by special arrangement if the learning on a session is congruent and complementary.
- The FY2 doctor will have their own educational programme based in the Trust and the Community
- The FY2 doctor will not normally undertake any Out of Hours work in general practice, but if provided will have this experience at the hospital.

Q3. Who decides which doctor will come to my Practice?

A3.

- Each FY2 programme will usually consist of 3 placements involving different hospital specialties, and general practice. There are numerous combinations.
- FY2 appointments are made centrally: FY1 doctors list their choices for the second year and are then allocated as far as possible to their preferred options through a selection process run by a body called the Foundation School
- The Foundation Programme at each hospital Trust is co-ordinated by the Foundation Programme Director, with close consultation with their GP Programme Director colleagues. The Foundation Programmes in Trusts relate to the Foundation Schools, which normally are linked to Medical Schools.

Q4. What needs to happen before the Foundation Doctor joins the Practice?

A4.

- The FY2 Doctor does not need to be on the **Medical Performers List** of the relevant PCT when working in general practice (unlike a GP Registrar)
- The Trust as the employer of the Foundation doctor will arrange all normal pre-employment checks
- You should ask the GP Programme Director if there is any transfer information you should receive about this doctor.
- Ideally you should try and make contact with your Foundation Trust doctor prior to their placement to give them basic information such as their Induction timetable
- Think about setting up computer access ahead of the Foundation doctor starting

Q4. What about medical defence cover?

A4.

- FY2 doctors must have the appropriate level of medical defence cover to work in general practice. For FY2 doctors this is at SHO level. The Acute Trust employs them, and the Trust will need to ensure that arrangements are in place. The Department of Health has indicated that the FY2 doctors will be covered by NHS indemnity whilst they are in general practice.
- You, or your Practice Manager, should confirm that this is the case before these doctors start in the Practice.

Q5. Can an FY2 doctor sign prescriptions?

A5.

- Yes. An FY2 doctor will be normally post registration with the GMC and is therefore able to sign prescriptions.
- In very rare situations, this will not be the case, and you will be notified of other arrangements.

Q6. Who is responsible for the Contract of Employment for the FY2 doctors?

A6.

- The Contract of Employment is held by one of the Acute Hospital Trusts within the KSS Deanery.
- They are responsible for paying salaries and other HR related issues.
- However in addition to this legal contract we do suggest that each Practice has an **Honorary Contract** with each of its Foundation Doctors. This gives both parties a clear idea of what is expected of them in this placement. A specimen copy is attached in the Appendix 4.

Q7. Should an FY2 doctor do out of hours shifts?

A7.

- They are not expected to work in GP Out of Hours (OOH) shifts during their general practice rotation.
- Some FY2 doctors have asked to experience out of hours in Primary Care as a means of exposure to a different type of acute illness. This can be a useful learning opportunity but must be properly negotiated and supervised.
- The Trust might organise twilight shifts in A&E, or the Medical Admission Unit, as part of the rota for the FY2 doctor in the GP placement. You, and they, will need to find out what are the local arrangements.

Q8. What are the arrangements for travel?

A8.

- The FY2 doctor, like all other employees in the NHS, is responsible for travelling to their place of work, whether hospital or general practice. If travel is required as part of the work e.g. to go on a home visit, this will normally be undertaken as a joint visit with the Clinical Supervisor. If in exceptional circumstances, a home visit is done by the FY2 doctor on their own (which should only be done with negotiation with the Clinical Supervisor and in full recognition that patient safety is of paramount importance) then the details of the travel expenses or mileage involved should be recorded, signed by the Clinical Supervisor and submitted to the Trust to reclaim the expenses.

Q9. Should a FY2 doctor live locally?

A9.

- A FY2 doctor will be attached to a Trust for one year: one of their placements will be in general practice. During this time they will undertake OOH work in the hospital setting. Although they may be living in the approximate area of your Practice they are not under obligation to do so, but they will need to make their own arrangements to travel from where they live to the Practice and to be available at the appropriate times.

Q10. What about any further financial reimbursement?

A10.

- Whilst a doctor is in your Practice you will receive a training payment.
- The payment (or supervision allowance) is 80% of the payment received by a GP Trainer in the UK. The remaining 20% of the training allowance is paid to the Community Educational supervisor who will be supporting you.
- The payment is retrospective and claimed from the KSS GP Deanery

Q10. What workload is involved?

A10.

- Initially there will be some time required to set up your Practice and ensure all members of the Primary Health Care Team understand what the programme is, what an FY2 doctor is and how they might work in your Practice
- You will need to create an appropriate Induction Pack for the FY2 doctor
- You will need to meet initially with the FY2 doctor and find out more about their learning and developments to this stage in the programme
- You will need to set time aside to review their surgeries (approx 30mins per surgery)
- You will undertake, or facilitate to be carried out, assessments as per the schedule detailed in the curriculum
- You will attend a local Learning Set to help you continue in your development and work on your PDP and portfolio as an educator.

Q11. What are the benefits of having a FY2 doctor?

A11.

- FY2 doctors are GMC registered doctors so they can see patients.
- The Foundation programme exposes all doctors of the future to general practice: it is a unique opportunity to show what work we do; how much we do and what primary care has to offer patients and the health workforce.
- Having learners in the Practice usually acts as a stimulus for the whole Practice in terms of developing skills, and learning together.
- It is FUN and stimulating, helps you keep up to date.

Key Personnel Involved in the Foundation programme

The FY2 Clinical Supervisor (FY2 CS)

- As a FY2 Clinical Supervisor (FY2 CS) you will be the key person in your GP Practice responsible for overseeing the 4 month placement of the FY2 doctor. The role involves developing an Induction pack for the FY2 doctor to use and planning the overall timetable in conjunction with the Programme Director for the Trust. This co-ordination is necessary so issues such as the formal teaching programme and OOH can be arranged.
- The FY2 CS oversees the FY2 doctor during their attachment in the given speciality and ensures that the FY2 doctor only performs without supervision those tasks that they are competent to do
- Within the Practice you will offer constructive feedback to the FY2 doctor and discuss their surgeries to ensure the safety of the FY2 doctor and patients. You may undertake some of the assessments required (but others in your Practice may also be involved in this process). There will be a formal educational programme which you are not expected to participate in but you may do so to help develop your own skills and add to your portfolio.

The FY2 doctor will have a Clinical Supervisor for each of their attachments, other Clinical Supervisors being hospital consultants.

The FY2 Educational Supervisor (FY2 ES)

- The FY2 Educational Supervisor (FY2 ES) will be the person who assumes overall responsibility for supervising an FY2 doctor over their whole year in the programme. Supervisors may be hospital clinicians or GPs. The FY2 ES will review the progress of the FY2 doctor and ensure the doctor maintains appropriate records of all their assessments, and that handover information is passed between Clinical Supervisors. The FY2 ES will liaise with the other FY2 CS and the Foundation Programme Director.
- In general terms the FY2 Educational Supervisor will usually be the consultant who acts also as the FY2 CS from the first placement the FY2 doctor is placed in as a relationship will have already developed between the two parties; however, decisions relating to who will take this role will be made in negotiation with the Programme Director at the local Acute Trust. Approved GP Trainers can act as Educational Supervisors for FY2 trainees. The FY2 will have one overall Educational Supervisor assigned to them for the whole year.

Thus

- In a standard Foundation Programme Year the FY2 doctor will have one overall Educational Supervisor, who will usually be the Clinical Supervisor for the first attachment. The individual will then continue in the role as the overall Educational Supervisor whilst the FY2 doctor is in placements with two other Clinical Supervisors.
- Examples of a possible supervision rota:

FY2a	Aug –Nov FY2 in A and E	Education & Clinical Supervisor Hospital
FY2b	Dec – Mar FY2 in GP	Clinical Supervisor GP Educational supervisor remains in secondary care
FY2c	Apr – July FY2 in Medicine	Clinical Supervisor Hospital Educational Supervisor remains in secondary care

FY2a	Aug –Nov FY2 in GP	Education & Clinical Supervisor in GP
FY2b	Dec – Mar FY2 in A and E	Clinical Supervisor Hospital Educational supervisor remains in Primary Care
FY2c	Apr – July FY2 in Medicine	Clinical Supervisor Hospital Educational Supervisor remains in primary care

The FY2 Community Educational Supervisor (FY2 CES)

- FY2 Community Educational Supervisors are GPs who have been working as a FY2CS and have undertaken a further training module with KSS GP Deanery
- The FY2 CES will work to support a small group of FY2 Clinical Supervisors (usually 5-6) in a local Learning Set. This Learning Set will meet 6 times during each 4 month period and during this time FY2CS doctors can address their own development needs as well as undertake workshops on skills development and review their portfolios.
- The FY2 CES will also be involved in undertaking group teaching in the community with a small group of FY2 doctors in their GP placements looking at such topics as communication skills.

The Trust Programme Director

- The Foundation Programme Director will be normally a Consultant appointed by the acute Trust who oversees the co-ordination of the whole Foundation programme (FY1 and FY2 doctors) appointed to that Acute Trust. The Foundation Programme Director will be responsible for arranging the formal teaching programme (which you may be asked to be part of at times) and will work closely with the Trust's Human Resources Department.

The GP Programme Director

- Traditionally GP Programme Directors have had a role in delivering the half day release programme for GP Specialty Training Registrars wishing to become GPs. In the KSS GP Deanery the team of GP Programme Directors are also responsible for managing the Foundation placements for FY2 doctors in general practice.
- The GP Programme Director is the individual responsible for the GP placement of FY2 doctors. The GP PD will liaise with the Trust Programme Director and all the FY2 host Practices in this process
- The Programme Director will also help develop and expand the FY2 GP placements in a locality
- The Programme Director will provide support to the FY2 CES

Becoming a FY2 Clinical Supervisor– The Pathway

Q1. Who can become a FY2 Clinical Supervisor?

A1.

- Any GP can become a Clinical Supervisor providing they meet the following criteria:
 - You may be full or part time but must work 4 or more sessions in general practice in a substantive post (the retainer scheme is not viewed as a substantive post but an educationally supported post)
 - You may be a principal or non-principal but must have worked in NHS general practice for at least 3 years
 - Your professional role as a GP must be in good standing. Applicants must disclose and provide details of any complaint made against them that have been upheld within the last 5 years by the Professional Conduct Committee of the GMC, or if they have been reported to the NCS.
 - You must demonstrate a commitment to personal professional development by undertaking your NHS appraisal
 - Possession of the MRCGP is desirable but not essential. However continuing progression through the educational pathway to being a trainer **is** dependent on having MRCGP.

Q2. Can our Practice be a FY2 Practice?

A2.

- A GP Practice already accredited for training for GP Registrars is automatically approved to take FY2 doctors since the criteria relating to the Practice reviewed at a GP Trainer selection visit will have been met
- A non-training Practice can be considered if they meet a criteria . In summary these are:
 - The Practice must have space to accommodate a FY2 doctor

- The Practice should have achieved 900+ QOF points in their most recent assessment and scored highly in administrative points
- 60% of clinical notes are summarised
- Staff members have annual appraisal
- Significant Event Analysis review is undertaken regularly
- The Practice demonstrates a sufficient level of computerisation
- There are adequate administrative staff
- There is exposure to a wide variety of clinical experience
- There is appropriate diagnostic and therapeutic equipment in the Practice
- There is access to diagnostic services and secondary care

Q3. How do we apply to become a FY2 Host Practice?

A3.

- Download an Application form from the KSS GP Deanery website at <http://kssdeanery.org/general-practice/educator/pathway>
- Complete this together with a self assessment form which asks you to give details of your Practice, its organisation and services
- Return both forms to Ekuba Edjah with a copy to Mr Steve Scudder (see Appendix 1) for your application to be processed.
- If your Practice is a training Practice, the Practice is approved as a host Practice as the criteria reviewed on a GP trainer visit covers all that is required
- If your Practice is not a training Practice, a visit to the Practice must be undertaken by a member of the KSS GP Deanery, who will normally be the Life Long Learning Advisor Mr Steve Scudder sscudder@gpkss.ac.uk
- The Practice visit should ideally be arranged before you attend any training modules
- The criteria and forms can be seen in Appendix 7

Q4. What training is involved?

A4.

- The programme of training consists of an introductory day and 3 separate taught days arranged by KSS GP Deanery
- The training will introduce you to the core competencies KSS GP Deanery expects of its GP educators
- The course requires some reading prior to attendance. It is expected participants will have:
 - Visited the Foundation programme website at www.foundationprogramme.nhs.uk
 - Downloaded and read the Foundation Curriculum
 - Read details of the assessment methodology
- The training days will include a mixture of lectures, small group work and experiential work which will familiarise you with the FY2 programme
- Potential applicants should contact Ekuba Edjah at KSS GP Deanery
- After completion of the module you will continue your development through the Learning Set and by building a portfolio.

Q5. Will there be financial reimbursement for attending the training?

A5.

- The situation regarding any funding will be conveyed to you when you apply

Q6. How long am I approved to take FY2 doctors for?

A6.

- The initial approval is for 1 year.
- During your year you will continue to develop your skills and your portfolio
- This will be reviewed by a member of the KSS GP deanery team
- It is likely further accreditation will be required at 3 yearly intervals beyond the initial appointment

Q7. How do I continue to develop my learning as a Clinical Supervisor after the training module?

A7.

- You will be supported in developing a portfolio in which you can record how you are developing your skills in relation to the core competences for a FY2 Clinical Supervisor. This support will be offered by your peers and the FY2 Community Educational Supervisor
- The GP Deanery will offer regular update meetings where appropriate, through attendance at your local FY2 Learning Set and through regular dialogue with others involved in delivering and organising the Foundation programme.

Q8. What support do I receive as a FY2 clinical supervisor?

A8.

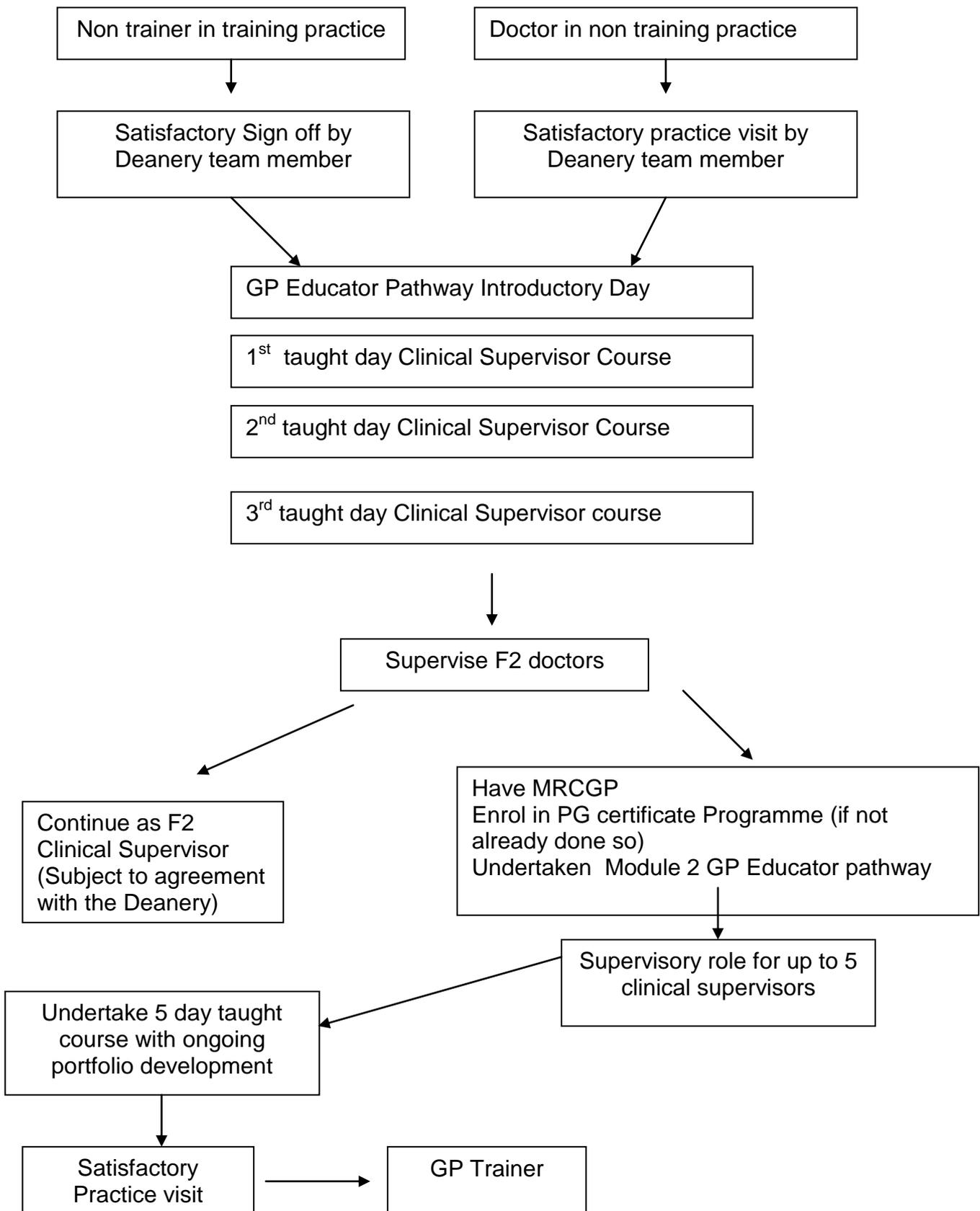
- FY2 clinical supervisors will be supported by several key personnel
- Each locality will have a peer support group of 5-6 FY2 CS doctors known as a Learning Set. This group will meet regularly and will be facilitated by the FY2 Community Educational Supervisor
- The FY2 Community Educational Supervisor will have undertaken further training. Initially as the Foundation programme builds this will be a GP Trainer but in time it is hoped you might wish to progress and take on this role providing you have MRCGP.

Q9. Can I further develop my career as an educationalist?

A9.

- Yes. Accreditation as a FY2 Clinical Supervisor can be the start of a career in GP Education
- Once you have had experience of at least one 4 month placements you may wish to explore the possibility of undertaking the FY2 Community Educational Supervisor module run by KSS GP Deanery.
- Progression through the pathway is dependent on, and supported by a FY2 Clinical Supervisor using and sharing their portfolio and by demonstrating they have been developing their skills in the competency areas.
- In order to progress to the FY2 Community Educational Supervisor role you will need to have MRCGP
- After a period as a FY2 CES you and your Practice can start working towards becoming a GP Training Practice, again you will need MRCGP to be a GP Trainer
- For doctors wishing to become a GP Trainer detailed guidance can be found on the KSS GP Deanery website
- A GP trainer will also need to undertake and successfully complete a Postgraduate Certificate in Professional Development (GP Educator) which KSS runs in association with Kent University

The GP Educational Pathway



The Competences of a GP Educator

Overview

The role of a Clinical Supervisor in a general practice setting incorporates overseeing the clinical activity of the trainee doctor, ensuring they only perform tasks without supervision they are competent to do. The Clinical Supervisor needs to ensure patient safety and not place the trainee doctor in a position for which they do not have the knowledge or skills to deal appropriately with the patient. This requires the ability to understand the ability of the trainee doctor: recognise at what level they are performing and arrange structured experiences which help further develop their skills. The role of a GP trainer also incorporates this essential aspect of supervision but GP trainers support their GP trainee through the three years of the training envelope, undertaking formative reviews, planning educational programmes to meet educational needs and facilitate learning in a tutorial setting. GP trainers also undertake assessments that form an essential and important component of a doctor's certificate of completion of training.

Within the modern NHS there is an emphasis on educational programmes being learner led i.e. it is the trainee doctor who is responsible for developing their competences and demonstrating them through the assessment process:

"adults learn best when they feel they need to learn and when they have a sense of responsibility for what, why and how they learn." ³

This helps in the development of skills which promote life long learning. If Clinical Supervisors and GP trainers are to act as role models they will need to demonstrate their own skills in this area and be able to identify their own learning needs, assess their current performance, identify a programme which will meet those needs and reflect on the learning they have undertaken. A Clinical Supervisor and GP trainer should be able to discuss with trainee doctor what their learning "wants" and "needs" ⁴ in relation to their curriculum are and develop a programme to meet those needs.

Learning involves having experiences and reflecting on those experiences ⁵. The role of the Clinical Supervisor and GP trainer is to assist in this process. An essential skill in helping to promote learning and behaviour change through reflection is the ability to give constructive feedback. The type of feedback which helps in this process is "descriptive" ⁶ and clinical supervisors will have to be able to demonstrate they understand its application. This includes not only the ability to describe behaviours observed but the ability to help learners generate new ideas and develop action plans for learning.

In order to assist the trainee doctor in developing their knowledge, skills and attitudes in respect of assuring and improving quality of care for patients clinical supervisors and GP trainers will need to understand and be able to undertake clinical audits and recognise and use Significant Events as a means of improving quality and critically reflecting on their own clinical performance.

The trainee doctor is expected to build an effective relationship with patients through the use of communication skills. To this end they will need to understand how to undertake patient-centred consultations. An understanding of the disease-illness model ⁷ is thus important.

Clinical Supervisors and GP trainers will likewise have to understand and incorporate the principles of the model in their own day to day consulting.

One of the core competencies for a trainee doctor in the NHS is team working. General practice is ideally placed to assist trainee doctors understand and develop skills in working with others. Learning will be enhanced if the environment in which the trainee doctor is working recognises that: "organisations learn only through individuals who learn" ⁸

The Clinical supervisor and GP trainer is required to ensure that other clinical and non-clinical staff understand the aims of the doctors training programme and support the process. The supervisor will also be required to support (and develop where appropriate) the process of multi-disciplinary teaching and learning within the Practice and help develop the skills in respect of teaching of other members of the primary health care team.

NHS programmes for doctors are now competency-based and the doctor is required to demonstrate their competency through a series of prescribed assessments. It is essential that clinical supervisors and trainers understand these assessments and are able to conduct them. The current assessments include a formative component i.e. the doctor may have competency areas that require development and need feedback from the supervisor to help them develop.

Aims for the GP Educator Programme

- 1 To introduce GP educators to those principles that underpin hosting a learner in a primary care setting
- 2 To assist GP educators in developing their own self directed learning through reflective practice
- 3 To introduce GP educators to key adult educational principles which facilitate learning
- 4 To help GP educators plan organise and manage educational processes to support the learner in meeting their individual learning outcomes
- 5 To assist GP educators in developing skills in giving constructive criticism using observational feedback techniques
- 6 To assist GP educators in developing a flexible approach to teaching utilising a range of appropriate teaching interventions
- 7 To introduce GP educators to the principles of assessment and use of the nationally developed assessment tools used by doctors in the Foundation Programme and in general practice training

Learning outcomes for a GP Educator in KSS GP Deanery

- 1 Maintain the safety of patients and the trainee doctor
- 2 Demonstrate an ability to draw up and undertake learning through use of a PDP
- 3 Demonstrate a learner-centred approach to teaching FY2 doctors
- 4 Use “descriptive” feedback effectively to assist the trainee doctor in developing their skills within the prescribed competency areas
- 5 Create a learning environment within the Practice. This incorporates developing and supporting multi-disciplinary teaching and learning as well as assisting in the development of teaching skills amongst team members
- 6 Demonstrate effective communications skills within the consultation adopting a patient-centred style
- 7 Demonstrate high standards of Clinical Governance within their Practice and reflect critically on Significant Events
- 8 Demonstrate proficiency at undertaking national assessment tools

Developing Competencies as a Educator

KSS GP Deanery has developed a modular approach to developing GP educators. This allows an educator to develop at their own pace and work within the Deanery network at a level they and their Practice feel is appropriate. The existing roles a GP educator may adopt are:

Foundation Clinical Supervisor

The named individual who supports an individual foundation year 2 doctor in a GP placement

Foundation Community Educational Supervisor

The named individual who supports foundation year 2 doctors in their GP placements through a programme of group tutorials

GP Trainer

The named individual who oversees the progression of a doctor wishing to become a GP by obtaining their certificate of completion of training

The taught components of the modular course are supplemented by the development of a portfolio which allows the educator to demonstrate their developing knowledge and skills and is a requisite for continuation through the taught module components. The portfolio is based on the competency model of Dreyfus and Dreyfus⁹.

The programme consists of an introductory day and 3 taught modules.

Introductory Day

On this day, GPs learn more about the pathway, how to become a clinical supervisor and/ or trainer and what is involved in the academic programme and the PG certificate. There is also an opportunity to meet with your local patch Associate Dean to discuss your individual circumstances and find out more about what is involved in becoming a GP educator

Module 1 - Supervision

This 3 day module introduces participants to the generic knowledge and skills needed in order to work as a Clinical Supervisor. The module introduces key concepts relating to ensuring safety for both learners and patients. Participants begin to appreciate how to recognise the level at which their learners are working, how to begin educational planning through discussion and how to organise educational activities to meet the learning needs of the individual. Through experiential workshops participants rehearse in a safe environment the skills needed to give constructive criticism based on observation.

Participants are introduced to the key principles of assessment and practice utilising the Foundation Programme national assessment tools. Participants will be encouraged to develop their skills through reflective practice

Module 2 - Skills development

This 3 day module builds on the skills developed in educational planning introduced in Module 1. Participants explore the skills needed to teach in a small group setting and are introduced to the key principles of group dynamics. There is an opportunity to structure, plan and deliver tutorials. Participants are introduced to key principles of adult educational theory and begin to recognise differing learning styles.

Module 3 - Becoming a GP trainer

This 5 day module focuses on developing teaching skills with the aim of developing flexible teachers who are learner centred in approach. The module is largely experiential affording participants the opportunity to develop skills in teaching communication skills, developing one to one tutorials and developing skills to support the doctor in the work place based assessments of specialist general practice run through training. Participants will gain a fuller understanding of educational principles and develop a range of interventions to facilitate teaching and learning. Participants will be encouraged to develop their skills through reflective practice

Equal Opportunity and Diversity Training

All doctors wishing to work as a GP educator in KSS must undertake training in Equality and Diversity. This is an on line training module with an attached MCQ. Applications to undertake the training are through Ekuba Edjah eedjah@gpkss.ac.uk and the course is currently free.

Postgraduate Certificate in Professional Development (GP Educator)

An exciting opportunity has been developed for GP Educators to undertake a Postgraduate Certificate in Professional Development. We have been working closely with Kent University to develop a programme of study closely linked to the work trainers do on a day to day basis.

Why have we developed an academic pathway?

- The General Medical Council (GMC) and the RCGP have laid down standards for medical educators and this includes a move to increased professionalisation of the teaching role with the gaining of an academic award
- Evaluation of our own educator pathway has shown those who previously took up the PG certificate found their work as a trainer was significantly enhanced
- Revalidation processes will require enhanced reflection on our work in all spheres and the work undertaken in preparing for your PG cert and the gaining of the award will support you in this process

All potential new trainers who have not begun training on the three stage GP Modular Pathway prior to September 1st 2009 will be required to undertake the new academic pathway

Those doctors with agreement to work only as a FY2 Clinical Supervisor (FY2CS) will need to undertake training on Module 1 – Clinical Supervision in the Workplace and have a practice visit. At a later date if a FY2CS wishes to become a trainer they would need to enter the academic pathway.

Those doctors who have already entered the KSS educator pathway who wish to become trainers and have already attended any of the Modules before 1st September 2009 will continue on the existing pathway however we would encourage them to undertake the additional academic pathway and they will be supported with academic workshops to help them prepare

Any programme of academic activity is awarded a number of CAT points by the University in order to accredit the course. A PG certificate usually requires you to undertake 60M level CAT points divided into 3 Modules.

The three modules which have been developed are highly relevant to the work of a GP educator and are:

Module 1	Clinical supervision in the Workplace
Module 2	Educational Supervision
Module 3	Evidence Based Practice

The Certificate has been specifically designed with the needs of busy clinicians / potential trainers in mind. The formal teaching component of the PG certificate will be delivered through the three GP educator Modules.

As a potential trainer works through the pathway and gains practical experience of supervising and teaching they will keep a portfolio of their work which will be used together with the trainer self evaluation questionnaire and academic reflections to support their PG certificate

A potential new trainer will complete the 60M level Course by:

- Attendance at the GP Educator Course
- Preparation of the Self Evaluation Questionnaire used by KSS for trainer accreditation
- Completion of a portfolio of evidence which would be used to support both their trainer application and the academic award.

It is important to note that the process of trainer accreditation and the Postgraduate Certificate remain separate processes governed by differing bodies. In order to become a GP trainer in KSS a potential trainer **MUST** meet the academic standard of Kent University and be awarded a Postgraduate Certificate. However it is possible to receive the award and **NOT** be accredited as a trainer as the criteria for trainers include both the individual and the practice environment and standards relating to both must be met for a successful trainer application

The GP Educator Portfolio

As a GP educator passes through the three modules they will complete a reflective log.

Upon completion of the initial module they will be asked to begin the development of a portfolio which will show progression towards demonstrating the competencies required of a GP Educator.

The development of a portfolio may seem a daunting prospect but it is important to remember the portfolio builds over time. We recognise busy clinicians have many other calls on their time. The portfolio can be built up over time and should also be reviewed as part of NHS appraisal.

The portfolio is developed whilst working as a FY2 Clinical Supervisor and is directly related to the work done in this area. The portfolio also links to the three academic modules.

Contents of the Portfolio

Details of the assessment strategy for the three academic modules will be given in more detail during the academic teaching sessions but in summary a potential trainer will need to collect data relating to:

- Form 4 and your PDP from NHS appraisal
- A detailed timetable for your FY2 Induction programme (the first 1-2 weeks)
- A written up significant event (one A4 Sheet) relating to a learner
- Cover plan for Supervision of doctors in training
- Selection of Protocols for your Practice
- Copies of assessments undertaken on FY2 doctors
- Record of your learning logs for the FY2 doctor
- Evidence of completion of Equality and Diversity training
- QOF data and your practice reflections on this
- Data from Patient Satisfaction Questionnaires

The academic assignment for the whole PG Certificate Programme is based on:

- A reflective and academically written and referenced Self Evaluation Questionnaire used by KSS GP Deanery as part of the trainer selection process
- a portfolio of supporting evidence

FY2 Clinical Supervisor – Criteria for appointment

A FY2 Clinical Supervisor will have worked in a substantive post as a general practitioner in the Practice for at least 3 years and has relevant experience of all aspects of general practice (essential).

They will be a GP with good professional standing and not be subject to any complaint or process that will impair their ability to fully practice as a GP (essential)

A FY2 Clinical Supervisor will undertake the approved Deanery training for the role (essential) and be familiar with the:

- The principles of the Foundation programme
- The assessment methods and tools and have undertaken training in the use of these tools
- Be familiar with the local arrangements for FY2 placements and the individuals involved in organising these
- Be supported by a FY2 CES
- Be part of the network of clinical and educational supervisors in order to share good practice, learn from others and provide to, and receive support from, others
- Give the appropriate time to support the FY2 doctor in the Practice whilst maintaining availability to patients
- Honour the KSS model contract with the FY2 doctor
- Have an understanding of, and commitment to, the Equality and Diversity policy in the Practice
- Is able to demonstrate good working relationships with all members of the Primary Health Care team
- Provide a timetable for the FY2 doctor that ensures sufficient teaching and consulting time for the FY2 doctor both in and out of the Practice, as per the Deanery guidance
- Have a PDP as a GP and is able to demonstrate how they reflect on and review their performance (e.g. through audit processes and SEA)
- The FY2 CS has a commitment to maintaining their skill and performance as a GP and is aware of current medical literature. As a way of demonstrating this, possession of the MRCGP, or working towards this, is helpful and the CS should consider enhancing their development as a teacher by becoming a GP Trainer.

And Finally...

End of Rotation Questionnaire

At the end of each rotation there is a feedback questionnaire (FY2 Exit Interview Form) for you and the FY2 to share (see Appendix 9). In addition, the FY2 doctors are sent a web link and requested to complete a Deanery questionnaire about their experiences during their placement. Please ensure that your FY2 doctor is aware that this will happen at the end of their placement as the feedback is important and helps with quality control of the systems, processes and the programme itself,.

Following the set up of a Foundation School in 2005 which are managed and overseen by the Deanery, there are Directors / Deans supporting the Foundation programme. The following members of the Deanery team (appendix 1) will be your local point of contact for any queries that you might have concerning the Foundation Programme, or any of the information contained in this Guide.

Best wishes for an exciting and stimulating educational journey.

Professor Abdol Tavabie
Postgraduate GP Dean
The KSS GP Deanery
June 2011

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APPENDIX 1
KSS GP Deanery – Key Personnel involved in
The Foundation Programme

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APPENDIX 2

OVERVIEW OF THE FY2 CURRICULUM

1 Good Clinical Care

- 1.1 History Taking, Examination and record keeping skills
 - i. History taking
 - ii. Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient's dignity
 - iii. Understands and applies the principles of diagnosis and clinical reasoning that underlie judgement and decision making
 - iv. Understands and applies principles of therapeutics and safe prescribing
 - v. Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes
- 1.2 Demonstrates appropriate time management and decision making
- 1.3 Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety
 - i. Always maintains the patient as the focus of care
 - ii. Makes patient safety a priority in own clinical practice
 - iii. Understands the importance of good team working for patient safety
 - iv. Understands the principles of quality and safety improvement
 - v. Understands the needs of patients who have been subject to medical harm or errors and their families
- 1.4 Knows and applies the principles of infection control
- 1.5 Understands and can apply the principles of health promotion and public health
- 1.6 Understands and applies the principles of medical ethics, and relevant legal issues
 - i. Understands the principles of medical ethics
 - ii. Demonstrates understanding of, and practises appropriate procedures for valid consent
 - iii. Understands the legal framework for medical practice

2. Maintaining Good Medical Practice

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

3. Relationships with Patients and Communication

- i. Demonstrates appropriate communications skills

4. Working with Colleagues

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

5. Teaching and Training

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

6. Professional Behaviour and Probity

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

7. Acute Care

- i. Promptly assesses the acutely ill or collapsed patient
- ii. Identifies and responds to acutely abnormal physiology
- iii. Where appropriate, delivers a fluid safely to an acutely ill patient
- iv. Reassesses ill patients appropriately after initiation of treatment

- v. Requests senior or more experienced help where appropriate
- vi. Undertakes a secondary survey to establish differential diagnosis
- vii. Obtains an arterial blood gas sample safely, interprets results correctly
- viii. Manages patients with impaired consciousness including convulsions
- ix. Safely and effectively uses common analgesic drugs
- x. Understands and applies the principles of managing a patient following self-harm
- xi. Understands and applies the principles of management of a patient with an acute confusional state psychosis
- xii. Ensures safe continuing care of patients on handover between shifts, on call staff or with 'hospital at night' team by meticulous attention to detail and reflection on performance
- xiii. Considers appropriateness of interventions according to patients wishes, severity of illness and chronic or co-morbid diseases
- xiv. Has completed appropriated level of resuscitation
- xv. Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately
- xvi. Request and deals with common investigations appropriately

APPENDIX 3

POSSIBLE TEACHING TOPICS

Examples of teaching topics

- Practice patient record systems – electronic or paper
 - includes practicing safely i.e. part medical history, drug history etc.
 - entering consultations safely
 - ensuring important contract information is added.
- Primary Healthcare Team/Team working
- Clinical Governance and Audit
-
- Primary Care / Secondary Care interface
-
- Acutely ill patients in the community
 - medical
 - surgical
 - psychiatric
- Interagency working
-
- Uncertainty
-
- Personal issues – time management, handling stress, CPD etc.

APPENDIX 4
HONORARY CONTRACT

Clinical Supervisor - Honorary Contract

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

This Agreement is made on [date]

between

.....
(Primary Care Clinical Supervisor)

and

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

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

- A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC)
- B. Primary Care Clinical Supervisors will be so recognised by the Kent, Surrey and Sussex Deanery, Department of General Practice
- C. This contract will cover that part of Postgraduate Medical Training, known as the Foundation Programme, and will regulate the General Practice component of that programme. It will form part of the supplementary regulations enabling that training period.
- D. This document will act as a supplementary/honorary contract between the above parties. Their principal contract will be held by a host Acute Trust within the deanery for the duration of the Foundation Programme.

General

- 1 The Primary Care Clinical Supervisor will supervise and organise the period of training within General Practice for the purpose of teaching and advising on all matters appertaining to general medical practice for a period of four months from[date placement commences] unless this agreement is previously terminated under the provision of clause 2.
- 2 This agreement may be terminated by either party by giving one months notice in writing. Such notice may be given at any time.
- 3 Salary will be paid by the host trust at the agreed rates as determined by the DDRB.
- 4 Both parties will become and remain members of a recognised medical defence body at their own expense for the period of this agreement. The Foundation Doctor will be reimbursed by the KSS Deanery at the rate negotiated by the Deanery for this.
- 5
 - a) The Foundation Doctor will not be required to perform duties which will result in the receipt by the Practice of private income.

- b) Any specific or pecuniary legacy or gift of a specific chattel shall be the personal property of the Foundation Doctor.

6

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

7

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

8

- a) The Primary Care Clinical Supervisor will provide or organise any message taking facilities that will be required for the Foundation Doctor in General Practice to fulfil their duty requirements.
- b) The Primary Care Clinical Supervisor will provide cover or arrange for suitably qualified cover to advise the Foundation Doctor at all times.

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

9 Any dispute between the Foundation Doctor and the Primary Care Clinical Supervisor should be brought to the attention of the Primary Care Educational Supervisor in the first instance. If required, the Foundation Programme Director. If the matter can not be resolved at this level it will then proceed through the appropriate deanery channels.

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

I have read and understand the terms of this honorary contract

Signature..... [Foundation Programme Doctor]

Name.....

Date.....

In the presence of.....[Witness Name]

Signature.....

Date.....

Signature.....[Primary Care Educational Supervisor]

Name.....

Date.....

In the presence of.....[Witness Name]

Signature.....

Date

APPENDIX 5

GP EDUCATIONAL REVIEW & PDP

GP EDUCATIONAL REVIEW

REVIEW GUIDANCE NOTES

1. Aims of the Review

The KSS Deanery's aim is to provide an opportunity:

- To review your work as a GP educator over the last year in relation to GMC and COGPED standards for GP educators
- To plan your activities for the coming year in relation to your role as a GP Trainer
- To discuss how you might continue your development as a GP educator in KSS
- To discuss how your role as GP educator relates to your career as a GP providing good quality of care to patients and other roles you may undertake
- To offer support and guidance

2. Scope

This review has, as its central focus, your work as a GP educator in KSS. It is complimentary to your NHS appraisal and the documentation used to support this review can be used in your NHS appraisal and vice versa.

It forms part of the process of accreditation of new trainers and supports the three year cycle of re-accreditation for established trainers.

It may over time support your professional revalidation

3. Appraisers

New Trainer applications – An Educational Review will be conducted by your patch Associate Dean as part of the first re-accreditation visit

Established trainers – The Review will be conducted by either your patch Associate Dean or another GP trainer

4. Organisation

GP Trainers will have an annual review as part of the ongoing cycle of GP trainer accreditation.

Local trainer groups will be responsible for arranging the annual review of established trainers at times that are convenient to both appraiser and appraisee.

Programme Directors will include a review of the review process in their annual report to KSS GP Deanery – including providing information on trainers who have not undertaken the process for extenuating reasons.

5. Formal Records

The attached Review Form shows the areas that would be expected to be discussed. These areas relate to:

KSS GP Deanery competencies of a GP educator as outlined in the following:

- KSS Competencies
- GMC/CPGPED Guidance

COGPED Information on generic standards for training are attached and you may wish to consider these when thinking about your work

Appraiser and appraisee are free to discuss issues as relevant outside these domains

The documentation includes a PDP; this needs to be signed and a copy should be sent to your appropriate Patch Manager.

Managers must ensure that they retain forms securely and in line with the data protection principles

You may consider sharing your PDP with your appropriate Programme Director. Information may then be used anonymously to help inform Trainer Group learning activities where appropriate.

6. Data Protection

The data collected and the records maintained under the appraisal scheme are used for:

- Supporting the work of GP trainers
- At a personal level to assist you in planning activities for the coming year for learning and development, and the review of your career ambitions;
- To support the accreditation and re-accreditation of trainers in KSS
- Identifying any issues common across individual appraisals within the whole or part of the organisation, which may need to be addressed;

GENERAL GUIDANCE ON THE APPRAISAL PROCESS

7. Preparation and Planning

Appraisees should review the KSS Competencies of a GP educator as part of the preparation process and consider the attached GMC and COGPED standards

Reflect on your experience of involvement in GP based education to date. This experience may be as a Foundation Clinical Supervisor (FY2 CS) a Foundation Community Educational Supervisor (FY2 CES) or your work in supporting other learners in your practice or as a GP trainer (or if appropriate a Programme Director)

Try to identify your current abilities and strengths as well as areas for development. The KSS competencies give you guidance to help you reflect on how a particular educator competency may be described – the list is not exhaustive and you may feel other activities / skills / behaviours better describe your strengths

Remember that in any appraisal process you are asked to reflect on¹:

- Where are you now? How do you know your starting position?
- What you need (want) to learn / skills do you want to develop?
- Why you need to develop?
- How will you undertake this new learning / skills development?
- How will you know when you have learned it
- In what time frames
- How do your intentions link to past and future learning

1 Challis M AMEE (2000) Medical Education Guide no 19: Personal Learning Plans Medical Teacher Vol 22 No 3

So please do not be concerned if you feel that you have room for development: this is to be expected. Even experienced educators will consider themselves as needing further development in some areas.

Next - consider the question - How might I further improve my skills and develop as a GP educator? Formulate some ideas as to how you plan to continue to develop over the coming year

You may, from this reflection, identify some key activities for your PDP. Please enter these on the supporting documentation. You may wish to wait until the appraisal discussion to complete your PDP.

First review

You should prepare for an educational appraisal once you have been approved as a trainer and have had experience with training a GP Speciality registrar.

You should contact your Patch Manager at 6-9 months into your first experience to arrange a further visit by your patch Associate Dean

Review your PDP from your 1st visit and reflect on your development again by completing the educational review documentation and send this to your Patch Manager

Your Patch Manager will then arrange a visit with your patch Associate Dean

Established trainer

You should undertake annual educational review.

Review the previous year's review form and PDP and consider how the issues identified have been addressed over the year;

You should contact your GP trainer colleague and send the appraisal documentation to him / her within two weeks of your planned review date. The review documentation should be completed to include your self assessment of your current strengths and abilities and areas for potential development. You may, from this, identify some key activities for your PDP. Please enter these on the supporting documentation. You may wish to wait until the review discussion to complete your PDP.

Please note: The formal accreditation process as a trainer will take place every three years. At formal re-accreditation evidence of you undertaking annual educational reviews will support your self evaluation form.

8. The Review

Your patch Associate Dean or peer will help you review your development as a GP educator by exploring your current strengths and perceived and identified areas for development.

You should complete your PDP. It is recognised that PDPs are flexible and may change to reflect new contexts, working practices or previously unidentified learning needs.

You and your reviewer should sign your PDP. You should keep one copy and another copy should be submitted to the appropriate Patch Manager

9. Follow-up Action

- Keep a copy of your appraisal documentation
- Review your PDP regularly and ensure it is still relevant.
- If you have issues or concerns pertaining to your role as a trainer please discuss them with your Programme Director.
- Use to support NHS Appraisal

Educational Review ~ GP Educators and Personal Development Plan

For:

Trainer Name

Patch Associate Dean / Peer Name

Annual Review Date:	
----------------------------	--

OVERVIEW

In my experience to date as a GP educator what has gone well?

What areas have caused me difficulty and why?

What new learning / skills / other interpersonal and professional development have you acquired or achieved since beginning your journey as a GP educator?

Acquired	How	When

Reflect on ability to:
(Please refer to GP Educator Competency Framework for guidance)

Maintain the safety of patients and the trainee doctor

Demonstrate an ability to raw up / facilitate learning of others and undertake personal learning through use of a PDP

Demonstrate a learner-centred approach to teaching

Demonstrate effective communication skills within the consultation adopting a patient-centred style

Use “descriptive” feedback effectively

Create a learning environment within the practice

Demonstrate high standards of Clinical governance within their practice and reflect critically on Significant Events

Demonstrate proficiency at undertaking the national assessment tools

--

Appropriate professional and personal values

--

Personal Development Plan

WHAT: Skills or knowledge you need to develop.	HOW: you will develop them.	TIMESCALES: Agreed date/timescale.	MEASURES: How you will know you have succeeded.
Date of Educational Review Meeting :			
Full Name:		Full Name:	
Signed: <i>(Trainer)</i>	Date:	Signed: <i>(Patch AD/Peer)</i>	Date:

A copy of the completed and signed PDP should be submitted to the appropriate Patch Manager

Conclusion of Appraisal

Concluding comments ~ Trainer

Concluding comments ~ Patch Associate Dean / Peer

Signed and agreed:

Appraisee:		Date:
Appraiser:		Date:

KSS COMPETENCIES OF A GP EDUCATOR

Competency 1: Maintain the safety of patients and the trainee doctor

Consider Further development	Competent	Excellent
Does not obtain sufficient information to understand the knowledge base of the trainee doctor	Obtains information sufficient to understand the trainee doctors' knowledge and skills	Obtains information which gives a holistic picture of the trainee doctor and how they perform
Provides support which is either unstructured or too rigid	Provides structured support which is tailored to the trainee doctor	Able to adopt a robust yet flexible support structure which is developed in negotiation with the trainee doctor
Some sharing of the trainee doctor's competency level with others in the practice	Provides sufficient information for other team members to understand the trainee doctor's competency and therefore others can offer appropriate support	Actively seeks information on trainee doctor's performance from other team members and uses this information constructively when planning supervision with self and others
Aware of need to record educational activity	Has developed a process of recording progress of the trainee doctor in relation to their competencies	Has developed an educational log which identifies new learning needs and generates action plans

Competency 2: Demonstrate an ability to draw up and undertake learning through use of a PDP

Consider Further development	Competent	Excellent
Aware of role of PDP in facilitating learning	Able to identify own learning needs through appraisal and develop appropriate learning strategies	Able to undertake independently all stages in developing a PDP
Aware of competencies required of a GP educator but unable to assess own performance unclear of own performance and unclear how to progress	Able to identify and demonstrate the competences required of GP educator	Able to critically reflect on the learning journey to date, identifying new learning needs for progression as an educator
No or limited use of tools to identify own learning needs	Uses tools such as PUNS and DENS to identify own learning needs	Uses reflective practice to identify own learning needs

Competency 3: Demonstrate a learner-centred approach to teaching trainee doctors

Consider Further development	Competent	Excellent
Has an awareness of the need to identify the trainee doctor's learning agenda	Able to identify the ideas, concerns and expectations of the trainee doctor	Able to fully integrate the trainee doctor's agenda with own agenda as supervisor
Aware of need to formulate aims and objectives	Able to discuss aims and objectives and develop an appropriate plan	Takes into account all factors that impact on aims and objectives and incorporate these into educational plan
Recognition of own learning style	Has an awareness that individuals have different learning styles	Can recognise different learning styles
Adopts a largely didactic approach to teaching	Able to adopt and use differing teaching styles appropriate for the individual trainee doctor	Adopts a facilitative approach using interventions which enables the trainee doctor to develop as an independent learner

Competency 4: Use "descriptive" feedback effectively

Consider Further development	Competent	Excellent
Aware of principles of constructive feedback	Can use descriptive non-judgemental feedback within a structured model	Can use a range of feedback models tailoring these to the trainee doctor's needs
Feedback lacks clarity in terms of description	Descriptive feedback used to raise awareness of skills and behaviours	Descriptive feedback used to help trainee doctor explore their own learning agendas and develop alternative strategies
Feedback not linked to developing new learning	Can categorise behaviours appropriately and explore these with FY2 doctor leading to the generation of alternative strategies	Can use advanced techniques such as catalytic and challenging interventions where appropriate to further develop learning

Competency 5: Create a learning environment within the practice

Consider Further development	Competent	Excellent
Practice has formal learning programme which is structured but does not take account learning needs of wider organisation	Recognises informal learning opportunities within practice as well as undertaking formal learning and teaching	Actively supports the learning and development of others within the team through a variety of methods
Aware of need to inform other members of team about trainee doctor's programme	Develops a programme to increase understanding of the Foundation programme and actively engages others in supporting it	Incorporates other team members into educational activities providing opportunities for them to develop their teaching skills

Competency 6: Demonstrate effective communications skills within the consultation adopting a patient-centred style

Consider further development	Competent	Excellent
Focus of consultation is the medical problem rather than the person	Explores patient's agenda, ideas and concerns when detailing problem	Incorporates patient perspective into all stages of consultation
Aware that social and psychological factors impact on medical illness	Elicits psychological and social information to place patient's problem in context	Uses psychological and social information actively within the consultation
Uses closed questions to obtain information	Uses active listening and open questions	Able to use range prescriptive and facilitative interventions to enhance shared understanding of the problem
Produces appropriate management plans	Works in partnership with patient to negotiate acceptable plans	Able to explore uncertainty with patients use skills to enhance concordance
Uses appropriate language to explain	Uses patients ideas and concerns in explanation	Incorporates health beliefs into explanation uses range techniques such as metaphor to enhance explanation

Competency 7: Demonstrates high standards of Clinical Governance within their practice and reflect critically on Significant Events

Consider further development	Competent	Excellent
Protocols for management of the patients presenting to the surgery not clearly identifiable	Protocols for management of the patient presenting to the surgery are well understood by clinical staff	Practice has an integrated process where all members of staff are aware of their roles and fully conversant with protocols
Understands the principles of significant event monitoring	Undertakes own significant event monitoring reflecting on the event, impact and emotions. Where appropriate instigates change	Takes lead within practice at co-ordinating significant event monitoring acts as change agent
Aware of principles of Evidence based medicine Supports practice Clinical Governance programme	Regularly uses evidence in practice aware of sources of evidence. Actively involved in Clinical Governance activity	Involved in Clinical Governance issues across local health economy. Can critically appraise evidence
Understands the principles of audit and can convey this to a learner	Involved in practice based audit activity. Can demonstrate processes to trainee doctor	Undertakes personal audits with completion of audit cycle Can facilitate trainee doctor in doing own audit

Competency 8: Demonstrate proficiency at undertaking the national assessment tools

Consider further development	Competent	Excellent
Aware of the assessment methods used in the Foundation programme	Fully conversant with the assessments prescribed in the Foundation programme	Able to conduct assessments and aware of their relation to undergraduate and specialist training assessment
Aware of the assessment methods used in MRCGP	Fully conversant with the assessments prescribed in MRCGP	Able to conduct assessments
When conducting assessments adopts a summative approach	Demonstrates an ability to incorporate effective feedback into assessment	Links assessment effectively to the learning process
Lack of clarity around identified areas for development	Uses assessment to help formulate learning plans within practice	Oversees assessments and links assessments to overall learning trajectory

Appendix

GMC DOMAINS

DOMAIN 1 Patient Safety

The duties, working hours and supervision of GPStRs must be consistent with the delivery of high quality safe patient care.

DOMAIN 2 Quality Assurance, Review and Evaluation

Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

DOMAIN 3 Equality Diversity and opportunity

Postgraduate training must be fair and based on principles of equality

DOMAIN 4 Recruitment selection and appointment of GP Specialty Registrars

Processes for the recruitment, selection and appointment of GPStRs must be open, fair and effective

DOMAIN 5 Delivery of Curriculum including assessments

The requirements set out in the curriculum must be delivered and assessed

DOMAIN 6 Support and development of GPStRs trainers and local faculty

GPStRs must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn

DOMAIN 7 Management of Education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

DOMAIN 8 Educational Resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

DOMAIN 9 Outcomes

The impact of the standards must be tracked against GPStR outcomes and clear linkages should be reflected in developing standards.

COGPED STANDARDS FOR GP SPECIALTY TRAINING

GP Educational Supervisor

GP educational supervisors are responsible for oversight of the educational progress of a GPStR through GP specialty training

6.25 Educational supervisors must have appropriate professional and personal values. They must, for example:

Mandatory

- demonstrate an understanding of the professional guidance contained in GMC guidance "Good Medical Practice", "Maintaining Good Medical Practice", "Good Medical Practice for GPs" and "The Doctor as Teacher"
- demonstrate an enthusiasm for general practice
- inform their director of postgraduate GP education (or nominated deputy) of concerns over, or restrictions on, their fitness to practise

6.26 Educational supervisors, who are also providing clinical supervision to a GPStR, must have highly developed clinical skills. They must, for example:

Mandatory

- be skilled in eliciting information and making decisions during consultations
- be skilled at dealing effectively with complex chronic problems and acute problems
- be able to integrate physical, social and emotional factors in the assessment and management of patients
- know when to involve other members of the primary healthcare team, secondary care based colleagues and other agencies in the treatment of patients

6.27 Educational supervisors must be skilled communicators. They must, for example:

Mandatory

- relate well to GPStRs, colleagues and patients both face to face, on the telephone and in writing
- communicate effectively within their clinical practice
- help GPStRs develop effective communication skills

6.28 Educational supervisors must be committed to continuing professional development as an educator. They must, for example:

Mandatory

- have an up to date personal development plan derived through annual appraisal for their work as an educator
- be willing to undergo performance review
- be familiar with current medical literature and its implications for both general practice and general practice teaching

6.29 Educational supervisors must be skilled and committed teachers, able to demonstrate through their personal development plan that they have attended courses and engaged in other activities relevant to their role as educators. They must for example:

Mandatory

- regularly update their teaching skills
- participate regularly in meetings of the local educators group
- participate in deanery GPStR recruitment
- participate in selecting and re-accrediting other GP training practices and GP educators or in other benchmarking activities

APPENDIX 6
GP EDUCATIONAL PATHWAY APPLICATION FORM

Please return your completed form to Ekuba Edjah eedjah@gpkss.ac.uk

PLEASE DO NOT USE THE FORMS ON THESE PAGES – THEY ARE FOR EXAMPLE ONLY AND MAY NOT BE THE LATEST VERSION.

PLEASE REQUEST AN UP TO DATE VERSION FROM EKUBA EDJAH OR DOWNLOAD IT FROM THE WEBSITE.

**GP EDUCATIONAL PATHWAY TRAINER APPLICATION FORM
KSS GP DEANERY – GP trainer**

KSS GP Deanery has developed a modular pathway which doctors can follow. The pathway allows doctors to be involved in education in general practice at the following levels which lead up to being a GP Trainer:

- 1) Foundation Year 2 Clinical Supervisor (FY2CS)**
Requires attendance at Module 1 (3 x 1 day + Academic Module) and practice to satisfy foundation practice criteria
- 2) Foundation Community Educational Supervisor (FY2CES)**
Requires individual to have MRCGP, attend modules 1 (3 x 1 day + Academic Module) and 2 (3 x 1 day + Academic Module) and practice to satisfy foundation practice criteria
- 3) GP Trainer**
Requires individual to have MRCGP, attend modules 1 & 2 as detailed above and 3 (5 x 1 day + Academic Module) and practice to satisfy trainer practice Criteria.

PLEASE INDICATE YOUR INTENTIONS IN TRAINING:

I wish to become a GP Trainer and understand I am committing to attend all three training modules	YES
I have already completed Module 1 - FY2 Clinical Supervisor Course	YES / NO
I have already completed Module 2 – FY2 Community Educational Supervisors Course	YES / NO

CONTACT DETAILS

First Name	
Surname	
Practice Address	
Practice Telephone	
Mobile Telephone	
Email	
Practice Manager	
Practice Manager Telephone	
Practice Manager Email	
Date of Birth	
GMC no.	
Defence Organisation	

PRACTICE DEATILS

Is your Practice a GP Training Practice?	YES / NO
If yes, how many GP Trainers are in the Practice	
Total practice QoF points for last complete year.	
Total organisational QoF points for last complete year.	
What % of Patient notes have been summarised?	
Accommodation / Consulting rooms Available?	
How many FY2 Doctors / GP Registrars could your practice accommodate?	
Do you have MRCGP?	YES / NO
If NO are you currently doing iMAP, and when are you likely to finish?	

Number of years in general practice?			
Number of years and months in this Practice			
Your role in the practice		Salaried	Partner
Number of clinical sessions you do per week			
Do you have any other job roles, inside or outside of the Practice?		YES / NO	
If yes, state no. of sessions and describe the role/s.			
Strategic Health Authority	South East Coast	Local Medical Committee	
Primary Care Trust		Local Hospital Trust	
Practice Type	Urban	Rural	Mixed
Practice status	GMS	PMS	Other
Number of patients	(please indicate in thousands)		
Is your Practice partnership and team willing to support FY2 doctors and non GP trainees?			

FUNDING & SIGNATURE

Have you or your practice been granted GP Training Expansion Funding by the Deanery/SHA?	Deanery	YES / NO	SHA	YES / NO
If YES does the SLA state that YOU need to be accredited as a GP Trainer by a certain date?	YES		NO	
If YES by what date do you need to become accredited as a GP Trainer by?				
<p>Please note: Terms of application from 18 September 2009: I would like to apply for the educational pathway and commit to completing modules 1, 2 and 3 to become a GP Trainer.</p> <p>I will apply for accreditation as a GP Trainer within 6 months of completing module 3 (or, where applicable, within the expansion Service Level Agreement timeframe). I am aware that from September 2009, new GP Trainers are required to have a Postgraduate Certificate of Education and that this course will lead to this qualification.</p> <p>I am aware that funding is not available from the Deanery to reimburse any locum costs for attending any of the educational pathway courses.</p> <p>I understand the above and agree to abide by the terms and conditions listed.</p>	I need to attend (please tick as appropriate)			
	Course		Choice	
	3 Day FY2CS Course (Module 1) + Academic Module			
	3 Day FY2CES Course (Module 2) + Academic Module			
5 day Trainer Course (Module 3) + Academic Module				
Print Name				
Signature GP Educator Pathway Applicant				
Date				

Please return the signed and completed application together with form iEPAF4 to

Ekuba Edjah, GP Educator Pathway Manager, eedjah@gpkss.ac.uk at
KSS GP Deanery, 7 Bermondsey Street, London, SE1 2DD. Tel 020 7415 3435

FOR OFFICE USE ONLY

iEPAF4 Recv'd		EPAck sent		EPF1,2&3 sent	
EPF1&3 Recv'd		EPF 2a Recv'd		EPF2b Recv'd	
EPF 4,5&6 Sent		Course invite		Scanned & filed	

**GP EDUCATIONAL PATHWAY CLINICAL SUPERVISOR APPLICATION FORM
KSS GP DEANERY - Clinical Supervisor**

KSS GP Deanery has developed a modular educational pathway which doctors can follow. The pathway allows doctors to be involved in education in general practice at several levels. This may include non doctors:

Foundation Year 2 Clinical Supervisor (FY2CS)

Requires attendance at Module 1 (3 x 1 day) and practice to satisfy foundation practice criteria

PLEASE INDICATE YOUR INTENTIONS IN TRAINING:

I would like to train to become a Medical Educator and FY2 Clinical Supervisor ONLY	YES
Do you have any intention to apply to become a GP Trainer in the next 2 years?	YES / NO
Do you have any intention to apply to become a GP Trainer in the future?	YES / NO

CONTACT DETAILS

First Name	
Surname	
Practice Address	
Practice Telephone	
Mobile Telephone	
Practice Fax	
Email	
Practice Manager	
Practice Manager Telephone	
Practice Manager Email	
Date of Birth	
GMC no.	
Defence Organisation	

PRACTICE DETAILS

Is your Practice a GP Training Practice?	YES / NO
If yes, how many GP Trainers are in the Practice	
Total practice QoF points for last complete year.	
Total organisational QoF points for last complete year.	
What % of Patient notes have been summarised?	
How many Consulting rooms Available?	
Total number of FY2 Doctors / GP Registrars your practice can accommodate?	
Do you have MRCGP?	YES / NO
If NO are you currently doing iMAP, and when are you likely to finish?	
Number of years in general practice?	
Number of years and months in this Practice	
Your role in the practice	Salaried / Partner

Number of clinical sessions you do per week			
Do you have any other job roles, inside or outside of the Practice?		YES / NO	
If yes, state no. of sessions and describe the role/s.			
Strategic Health Authority	South East Coast	Local Medical Committee	
Primary Care Trust		Local Hospital Trust	
Practice Type	Urban	Rural	Mixed
Practice status	GMS	PMS	Other
Number of patients	(please indicate in thousands)		
Is your Practice partnership and team willing to support FY2 doctors and non GP trainees?			

FUNDING & SIGNATURE

Have you or your practice been granted GP Training Expansion Funding by the Deanery/ SHA?	YES		NO	
If YES does the SLA state that YOU need to be accredited as a GP Trainer by a certain date?	YES		NO	
If YES by what date do you need to become accredited as a GP Trainer by?				
<p>Please note:</p> <p>Terms of application from 18 September 2009: I would like to apply for the educational pathway and becoming an FY2 Clinical Supervisor.</p> <p>I am aware that funding is not available from the Deanery to reimburse any locum costs for attending any of the educational pathway course.</p> <p>I agree to make myself available for FY2 Doctors on completion of the course.</p> <p>I understand the above and agree to abide by the terms and conditions listed.</p>	Course Required			
	3 Day FY2CS Educators Course			
Print Name				
Signature GP Educator CS Applicant				
Date				

Please return the signed and completed application together with form iEPAF4 to

Ekuba Edjah at eedjah@gpkss.ac.uk or
KSS GP Deanery, 7 Bermondsey Street, London, SE1 2DD. Tel 020 7415 3435

FOR OFFICE USE ONLY

iEPAF4 Recv'd		EPAck sent		EPF1,2&3 sent	
EPF1&3 Recv'd		EPF 2a Recv'd		EPF2b Recv'd	
EPF 4,5&6 Sent		Course invite		Scanned & filed	

APPENDIX 7

PRACTICE VISIT SELF ASSESSMENT FORM

The Practice Visit

The pathway to becoming an FY2 Clinical Supervisor in KSS GP Deanery involves undertaking the training module but prior to that a visit will be conducted by a member of the Deanery team. The purpose of the visit is two fold:

It affords you the opportunity to examine the way your Practice is organised, works and learns. Reflection of this sort is helpful in critically reviewing your Practice and further developing your systems.

It ensures that your Practice can provide the necessary environment needed for a doctor in training.

In order to make the Practice visit effective and efficient we have found, through our experience, that asking you to review the criteria and complete the form prior to the visit is helpful.

A visit is required where a Practice is applying to host an FY2 doctor and the Practice is not an accredited training Practice. Training Practices are exempt by virtue that the visit for appointment of GP trainers is a more detailed and comprehensive analysis of the Practice.

It is anticipated the Practice visit will take approximately 60 – 90 minutes

Guidance on Completion of the Form

You will need to provide a description in each of the criteria areas stating briefly how you and your Practice have met or intend to meet the criteria. The visitor will use your initial application form and this self-assessment form when in your surgery.

We would advise that you consider this a joint exercise between members of the team and your Practice manager is an important resource in respect to this exercise.

Once this document is complete, it can be saved and used by the Practice and the Trainer for further self-monitoring. We would recommend you complete the document electronically and forward it to members of your Practice. When the form is complete it should be emailed to Ms Ekuba Edjah, KSS GP Deanery, 7 Bermondsey St. London SE1 2DD (Tel 020 7415 3435) or e-mail eedjah@gpkss.ac.uk as well as Mr Stephen Scudder the KSS Life long Learning Advisor who will be undertaking the visit.

FY2 Practice Approval Report

Purpose of the Visit

- To ensure GMC/GMC standards for the delivery of postgraduate medical education are being met
- To improve the quality of education and training
- To check and improve the quality of deanery quality control
- To identify common issues and good practice

Please complete the basic data sections and then outline and describe what processes and resources you have in place or plan to have in place to facilitate the FY2 doctor's placement.

Practice to Be Visited	Address:
Potential FY2 Clinical Supervisor	Dr
Applicants Preferred Contact Number	
Applicants Preferred Email Address	
Current Clinical Supervisor(s) in the Practice	1. 2. 3. 4.
Current Clinical Supervisor(s) Primary contact number	1. 2. 3. 4.
Current Clinical Supervisor's Primary e-mail address	1. 2. 3. 4.
Surgery telephone number	
Surgery Fax No	
Surgery Email	
Practice Manager Name	
Practice Manager Direct Dial	
Practice Manager email	
Number of FY2 and or ST Doctors Hosted by the Practice to date	FY2 ST
Date of Visit	
<u>Practice Demographics:</u>	
Number of Patients	
Please outline your patient demographic. (Ethnic mix / Age range / Social grouping)	
Total number of GPs working in the surgery	

Total number of other healthcare professionals working in surgery <i>(Please give details)</i>	
Are there any planned changes to the premises or medical staff?	
Overall in what areas do you think the Practice needs development?	
GMC Domain 1 - Patient Safety	
How will the FY2 doctor's level of clinical competence and professionalism be assessed?	
How will the practice ensure continuity of supervision for FY2 doctor/s appropriate to their level of competence and experience?	
How will you monitor that the FY2 doctor/s prescribe and refer patients appropriately? What is your repeat prescription policy?	
How will you ensure adequate hand over of clinical supervision at times when you are not available within the Practice? <i>(i.e when going on leave)</i>	
What % of notes are currently summarised, and how do you plan to increase this?	
How will you ensure that FY2 doctor/s are introduced to effective use of patient records and have good quality, and complete patient records to support clinical decisions at all times?	
How will the Practice manage the appointment system to enable the clinical supervisor to consult and support the FY2 and provide effective and appropriate patient contact?	
Are there any unresolved governance issues for you or other doctors, or the Practice that could impair your ability to be a Clinical Supervisor for FY2 doctors <i>(If yes, you may comment, but you will be expected to discuss this before or on the visit)</i>	
Lead Visitor comments:	Met / Partially met / Not met
GMC Domain 2 -Quality Assurance Review and Evaluation	
Total number of QOF points (1000 available) Total QOF organisational points (168 Available) What plans do you have to increase QOF points?	

What has QOF, appraisal and other quality assurance processes told you about the strengths of your Practice?	
Lead Visitor comments:	Met / Partially met / Not met
GMC Domain 3 - Equality Diversity and Opportunity Have you undertaken equal opportunity and diversity training with the KSS online programme? If yes when?	Yes / No If yes date:
How do you promote equal opportunity and diversity within your Practice?	
Lead Visitor comments:	Met / Partially met / Not met
GMC Domain 4 Are you aware of the need for FY2 doctors to sign an honorary contract while in GP and have you seen a copy?	
Lead Visitor comments:	Met / Partially met / Not met
GMC Domain 5 - Delivery of curriculum including assessment GMC Domain 7 - Management of Education and Training How will you ensure that your FY2 doctor/s have sufficient opportunities to acquire the competencies set out in the Foundation curriculum?	
How will you obtain feedback on the performance and competence of the FY2 doctor/s from other members of the Practice team and how will you use this information with the FY2?	
Are you familiar with the structures and processes that support the Foundation Programme and have you read the Foundation guide or curriculum document? <i>(This will be discussed at the visit)</i>	
How will you support your FY2 doctor/s in undertaking their assessments?	
What do you hope to learn or gain from hosting an FY2 doctor?	
Lead Visitor comments:	Met / Partially met / Not met

<u>GMC Domain 6 Support and Development of Trainees</u>	
How will you liaise with other clinical supervisors in GP or secondary care about your FY2 doctor/s?	
Briefly describe how you plan to induct the FY2 doctor into your Practice	
How will you ensure that the FY2 doctor/s have had the opportunities to learn from other health care professionals and administrative staff in the Practice?	
How will you ensure that the FY2 doctor/s have had the opportunities to learn from other members of community based services?	
What will you do to support and encourage your FY2 doctor/s to carry out an audit during their placement? <i>(Please outline possible audits)</i>	
How will you seek feedback from your FY2 doctor/s about you, as a clinical supervisor and your Practice?	
Does the Practice have regular team meetings? <i>(If yes, please describe their nature and who is involved)</i>	
Is there an appraisal process for all members of the Practice? <i>(If yes, please describe for whom and how the outcomes are acted upon)</i>	
How do you feel your skills as an educator will improve your practice as a clinician?	
Lead Visitor comments:	Met / Partially met / Not met
GMC Domain 8 - Resources	
To what extent do you feel your Practice is able to support training and what have you done to prepare for the FY2 placement?	
How will you ensure the FY2 has appropriate consulting rooms and other facilities when required?	
Do you have adequate IT facilities to enable an FY2 doctor to learn and interact with their e-portfolio whilst in the Practice?	Yes No
Is there a video recorder that can be used?	Yes No
Does the Practice have a formal complaints procedure?	

<i>(This will be viewed on the visit)</i>	
Does the Practice have a formal Health & Safety protocol and up to date policies and risk assessments? <i>(if yes, please describe briefly how this is made available to staff. This will be viewed on the visit)</i>	
Does the Practice have access to secondary care facilities? If yes, please describe these. <i>(e.g. hospital referrals, pathology, imaging and other tests)?</i>	
Will the FY2 doctor have immediate access to basic diagnostic equipment <i>(e.g. stethoscope, thermometer, sphygmomanometer, patella hammer, peak flow meter, speculums, urine testing dipstix)</i> <i>(If yes, please list and describe how this equipment will be made available)</i>	
Will the FY2 doctor have a BNF for their use? <i>(If you have any other information resources for their use, please describe)</i>	
Does the Practice provide a variety of clinics <i>(e.g. chronic disease management, child health, minor surgery)?</i> <i>(If yes, please list)</i>	
Lead Visitor comments:	
GMC Domain 9 Outcomes What benefits to their career choices do you see FY2 doctors gaining from having a GP placement?	
Lead Visitor comments:	Met / Partially met / Not met
How do you think the Practice will benefit by being involved in doctor and GP education?	
Have you considered or do you wish to continue in your development as a GP educator by becoming a GP Trainer	Yes No
If no please describe the reasons?	
If yes what plans have you made?	
General Comments <i>(Please use this space to comment on any aspects of the FY2 programme)</i>	

Deanery Visitor comments:

Good Things about the Practice and Foundation Supervisor:

Areas where development could take place:

Areas where development MUST take place:

Signed (Deanery visitor)..... Date:
Mr Steve Scudder

Clinical Supervisor

Signed (GP)..... Date:
Dr

Recommended for Re-approval: Now / When action points complete

Practice initially Approved until (1 year):
(a review of the Practice will be arranged at end of the first year)

Not approved:
Reason/s / Action Points:

I am in agreement with this decision to initially approve this Practice for 1 year.

Signed (Patch Associate Dean): Date:

I am in agreement with this decision to initially approve this Practice for 1 year.

Signed (GP Dean): Date:

LMC Letter – Significant event or complaints.

1. Dr..... Y/N

PCT Letter – Significant event or complaints.

1. Dr..... Y/N

APPENDIX 9
FEEDBACK & EXIT INTERVIEW FORM - EXAMPLE

**Reflection on Training Experience
for FY2 Doctors in a GP Placement**

FY2 Clinical Supervisors Name:	Host Practice:		
FY2 Drs Name:	Training Period	From:	To:
<p>As part of the quality management process for Foundation Doctor placements it is essential that GP Clinical Supervisors (CS) seek feedback from their FY2 doctors and reflect on that feedback. FY2 doctors should be encouraged by the CS to fill in the KSS on-line survey at the end of each placement (this can be accessed via the GP web site http://www.kssdeanery.org/general-practice/trainees/training-placements-feedback).</p> <p>In addition, at the end of the placement we would also ask FY2 trainees to undertake a final reflection on the placement with their CS using this form. The CS should then reflect on this feedback and complete the final section of the form. This template can then be used as part of the evidence to support re-accreditation as a CS or if they wish to progress to become a GP Trainer.</p>			
FY2 Doctors Reflections, please offer feedback on:			
Your Induction to the Practice:			
What worked well?			
How might things have been improved?			
The level of supervision and support you received from your Clinical Supervisor?			
Did the level of supervision / support cause you any concern? If so how			

might this be addressed?

Your workload during the placement

The level of support you received from your trainer in preparing for MRCGP

If appropriate how do you feel you may have been better supported in the practice?

Overall Reflections:

What were the highlights of your placement in the practice?

What specific changes if any do you feel would improve the trainee experience in the practice?

FY2 Doctors Signature:

Date:

Clinical Supervisors Reflections

Reflections on trainee comments

What will I change / address in the light of the FY2 Doctors comments and/or from my experience of working with this trainee

My action plan for affecting change with completion date

Clinical Supervisor Signature:

Date: