



Information for GPs considering supervising FY2 doctors on GP placements

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Background

- ▶ All foundation doctors must undertake a 4 month community placement as part of their FY2 year, this can be in GP or another community setting e.g. community psychiatry.
- ▶ Currently there are very limited GP placement opportunities for FY2s across the ST+W ICS and FY2 doctors are missing out on vital experience of GP placements as a result.
- ▶ The role of Clinical Supervisor for an FY2 can be a great starting point for new GP trainers or early career GPs wanting to gain initial experience in education in practice.

Why does it matter?

- ▶ **We need more GPs**
- ▶ Recruitment to GP VTS in ST+W can be a challenge.
- ▶ Foundation doctors have already experienced the NHS and make **great** GP trainees.
- ▶ The **biggest** factor in a recent survey of FY2s in ST+W was **experience** of a GP placement as an FY2.

Some Practical Things

- ▶ F2 doctors are contracted to work an average of 40-hour week.
- ▶ Therefore they are not expected to work out-of-hours shifts during their general practice rotation.
- ▶ Home visits are not essential but can be beneficial to learning.
- ▶ **There is financial remuneration to the General Practice - £3060 per FY2 per 4 month placement.**

Weekly structure for FY2 in GP

- ▶ Every experience that a Foundation Doctor has should be an opportunity for learning.
- ▶ This is a suggestion as to how you might plan the learning programme over a typical week.
 - ▶ 7 sessions – clinical
 - ▶ 1 session – teaching / educational supervision
 - ▶ 1 session – academic / private study
 - ▶ 1 session – attendance at generic F2 training programme

Structure of GP clinics for FY2s

- ▶ Induction
- ▶ First 1-2 weeks
 - ▶ The F2 doctor should sit in on surgeries with the GP so they can see how others consult and the variety of problems that come to general practice.
- ▶ Week 3 and 4
 - ▶ 1 appointment every 30 minutes for 2 weeks. The clinical supervisor should have every third 10 minute appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.
- ▶ 2nd, 3rd and 4th month
 - ▶ 1 appointment every 20 minutes (depending on the ability of the trainee)
 - ▶ The clinical supervisor should have every second 10 minute appointment of their surgery blocked so they review each case with the F2 doctor throughout the day.

What does a Clinical Supervisor need to do for FY2s?

- ▶ Each FY2 requires a clinical supervisor per placement
 - ▶ They need to be a point of contact for the FY2 and responsible for making the necessary entries on the e-portfolio.
 - ▶ The clinical supervisor does not need to be the only day-to-day supervisor for the clinical work of the FY2, this can be undertaken by a variety of GPs/HCPs as appropriate.
 - ▶ The clinical supervisor needs to have overall oversight of the FY2 behaviour and performance, and take a lead if any concerns are raised.

Who can be a Clinical Supervisor?

- ▶ A Clinical Supervisor does not have to be a Partner and can be a good additional role for a Salaried GP.
- ▶ The Clinical Supervisor does not require any additional qualifications or mandatory MRCGP.
- ▶ The Clinical Supervisor would need to attend a training event if not previously been a trainer .
- ▶ The Clinical Supervisor does need protected time to have educational meetings with the FY2.

Clinical supervisor meetings

- ▶ 1st Meeting within 2 weeks (30-60mins needed)
 - ▶ Introduction to placement and orientation
 - ▶ PDP for placement agreed
- ▶ 2nd Meeting (30 mins needed unless any concerns)
 - ▶ Interim review at midway point – review assessments and progress so far
 - ▶ Set goals for remainder of placement
- ▶ End of placement meeting (30-60 minutes to allow for feedback both ways)
 - ▶ Complete necessary documentation on e-portfolio
 - ▶ Should include what the FY2 needs to concentrate on in the next placement

Risks and benefits for GPs providing FY2 placements

▶ COMMON CONCERNS/RISK FOR PRACTICE

- ▶ E-portfolio requirements
- ▶ Finding the time for clinical supervision day-to-day
- ▶ How to deal with a difficult or under-performing trainee

▶ BENEFITS FOR PRACTICE

- ▶ Opportunity for GPs to take on an education role which is not too intense in terms of training or time commitments
- ▶ Having new young doctors in the practice to share ideas/new approaches/best practice
- ▶ Promoting General Practice as a career to the next generation – also positive impact for practice in terms of future recruitment

Reassurance regarding common concerns from GPs

- ▶ The eportfolio is easy to use, and by the time the doctors are FY2 they are confident and familiar with its use. There is also a lot of support available from the foundation team if required.
- ▶ FY2 doctors are useful! They have often already completed A+E placements, they are familiar with local systems, and they can assess and prescribe for patients independently.
- ▶ Due to the above, supervising an FY2 should NOT take more time for the supervisor compared to dealing with the patient themselves (as all documentation/prescriptions/referrals can be completed by the FY2).

Summary

- ▶ At present GPs in ST+W offer minimal exposure for FY2 doctors to General Practice and this has a negative impact on GP recruitment.
- ▶ FY2 doctors can fit in very well, especially with diverse GP teams including ACPs, NPs, paramedics, PAs, and GP trainees.
- ▶ The eportfolio, training and educational meeting requirements for an FY2 clinical supervisor are straight forward and relatively light.
- ▶ **It is enjoyable and offers welcome diversity to the normal GP working pattern, while also contributing positively to the future of General Practice.**

Thank you for reading!

- ▶ If you think you could be interested in becoming a new FY2 Clinical Supervisor or have any questions at all, please contact Dr Rachel Sissons, GP Marketing Lead via email: stw.gpmarketinglead@nhs.net