**FY2 GP Placements – Survival Guide and FAQs**

**Practice Allocation**

Every FY2 trainee will have a community-based placement in General Practice.

Your practice is allocated to you by the foundation programme administrator and is dependant on the number of practices able to take a trainee.

Generally, we will not swap which practice you are assigned to unless there are exceptional circumstances. If you have a genuine issue with your GP practice allocated, please contact the FPA to discuss.

**Induction**

You should have a minimum of 1 week of Induction, ideally 2 weeks. You should have time to sit with various GP’s and in clinics and gain knowledge of the services the practice offer.

You will be asked to complete a departmental Induction form/survey and this must be returned within 2 weeks of starting at the practice.

**Home Visits**

Guidance to GP practices is in the FAQ’s below but in summary, you shouldn’t really be doing home visits unless you are invited along with a GP who is doing them and they think there is a good educational opportunity for you.

* You are not insured to carry out home visits in your own car (unless you have business insurance on your car)
* You should never carry out unsupervised visits

**Clinics**

Your practice should triage the patients that you are seeing to ensure that you are seeing patients appropriate for your level of training.

* In general, your appointment slots should start at 30 minutes per patient. You should not be asked to reduce this time unless you feel competent to do so.
* You should have adequate time with your supervisor/other GPs within the practice to discuss your patients and gather feedback on your patient interactions.
* You should have time, either within your appointments or at the end of the clinic, to catch up on the necessary admin work from clinic.
* It might be advisable to suggest that your last appointment for the day is 4pm (or an hour before your finish time) to allow you to complete any outstanding admin tasks and finish on time.
* You should not need to stay late in GP

**Absence reporting & monitoring**

* You should call your practice manager or named person at the GP practice to report sickness/absence as soon as you are able to, and before the start of your shift each day.
* Your GP practice submits monthly returns to the rota team at the hospital to inform us of annual leave, study leave, sickness and any other leave taken so that we can update your records here.
* As with any sickness, you should complete a return-to-work discussion with your supervisor. In general, this is your ES but it may be that your GP supervisor does this whilst you are in their practice.
* Annual leave should still be booked in advance with the practice and study leave should be requested via the usual study leave process.
* As you are supernumery in GP there should not be any reason why leave isn’t approved. If you have issues booking leave please contact the FPA

**Travel Expenses**

During your GP placement you are eligible to claim for your travel costs. This is because it comes under a separate expenses policy with NHS England.

You will be sent the GP Travel expense form, and this should be complete each month, signed by your practice manager or someone at the practice who can confirm when you worked, and then submitted to the FPA. You will also need to submit your claim via the online Easy Expenses system. [EASY | Login (giltbyte.com)](https://bfwh.easy.giltbyte.com/user/login/)

***The following information is provided to GP practices but is useful for you to read also:***

**FAQ’s for GP Supervisors/Practices**

**Q. How is an F2 trainee different from a GP specialist trainee?**

**A**.

* The F2 Trainee is fundamentally different from a GP trainee.
* The F2 Trainee is not learning to be a GP. They are not independent practitioners and need a high level of supervision.
* You are **not** trying to teach an F2 Trainee the same things as a GP trainee but in a shorter time.

##### The aim of this four-month placement is to give the F2 Trainee a meaningful experience in General Practice. This will include exposure to the acutely ill patient and those with chronic health problems in the community setting. This experience will enable the doctor to achieve the required competences of the foundation curriculum. [Curriculum - UK Foundation Programme](https://foundationprogramme.nhs.uk/curriculum/)

#### **Q. Can an F2 Trainee sign prescriptions?**

**A**.

* Yes. An F2 Trainee in GP will be in their second foundation year which is after full GMC registration and is therefore they are able to sign a prescription.

#### **Q. Can an F2 Trainee sign repeat prescriptions?**

**A**.

* This has been an area of uncertainty identified from feedback.
* The F2 Trainee is able to sign a proportionate number of repeat prescriptions under supervision. This should be done in an educational way with an experienced GP available to ask over any problems. It should be born in mind that the F2 Trainee may well be unfamiliar with many of the medications prescribed on repeat prescription. This can be an excellent learning opportunity, but the F2 Trainee should only sign prescriptions within their competence. It would be inappropriate and potentially unsafe to give an F2 Trainee a large pile of repeat prescriptions to sign.
* It would be inappropriate to give the F2 Trainee all the repeat prescriptions to do in order to keep them busy while the other doctors are out on visits.
* To help with this educational need around prescribing in primary care, it would be a good topic for an early tutorial. If you have a local friendly pharmacist, why not utilise this resource as part of your induction programme? It could be a method of learning in how to do an effective medication review.

**Q. Can the F2 Trainee carry out acute telephone, video and e-consulting consultations?**

**A.**

* Below is the recommendation to allow F2 Trainees to carry out consultations by video link (eg via AccRx) or telephone or messaging/on-line consultations (eg AskmyGP) under certain circumstances:
1. The F2 trainee must have had training in how to do telephone/video/messaging consultation including an awareness of the additional risks involved and the importance of safety-netting.
2. There must still be a supervising GP available to give advice, preferably in person but possibly remotely via video/telephone if necessary.
3. The named clinical supervisor is satisfied that the trainee has sufficient awareness of their limitations and would ask for help or advice when that is needed. It is expected that after induction, the named clinical supervisor should have a sufficient assessment of capability in this area.
4. There is the ability to escalate work for further assessment by a more senior doctor when the F2 trainee does not feel able to manage a case safely.
* Other telephone/video/messaging/online activities during the coronavirus crisis may be:
	+ Producing care plans for elderly patient both in care homes and in their own homes around future need for admission.
	+ Supportive care assessment of those identified as high risk and those elderly patients living at home.
	+ Answering phone calls at first contact to navigate to appropriate services or by offering reassurance. This work should be with reference to clear up to date guidance.

**Q. How closely should an F2 Trainee be supervised?**

**A.**

* There should always be a practice GP on the premises when an F2 Trainee is consulting face to face with patients.
* If the supervising GP is in surgery, they should have supervision slots to give them time to support the F2 Trainee
* If the supervising GP does not see the patient during the consultation, they should review the patients seen with the F2 Trainee at the end of the surgery - this can be done briefly as the F2 Trainee becomes more experienced.
* If there becomes a need to supervise a trainee remotely because either the clinical supervisor or F2 trainee is remote-working (for example in self-isolation at home) supervision can be made available by telephone or video call. Debrief contact at the end of a surgery must still happen.
* F2 Trainees should be able to escalate assessment of a patient to a more senior GP when necessary.

#### **Q. Can the F2 Trainees carry out home visits?**

**A.**

* This guidance has not changed – F2 trainees should still **not** be doing home visits to patients who are acutely unwell.
* F2 Trainees should **not** be doing acute home visits. These are felt to be too high risk for a F2 trainee. There have been a number of serious untoward events following F2 Trainees responding to seemingly innocuous-sounding visit requests (both in care homes and patients’ own home).
* The F2 Trainee can do some **supervised** home visits but do not have to do this to achieve the foundation competences. A supervised visit is either a joint visit or a visit where the F2 Trainee has been well briefed and will discuss the case with the supervisor during the visit. If the GP Supervisor is in clinic then it is not suitable for the F2 trainee to undertake home visits at that time.
* The competency of the F2 Trainee to undertake visits needs to be carefully considered.
* They can carry out home visits to patients with chronic illness and those being discharged from hospital as long as there are clear objectives for this work.