

London and KSS Foundation Schools Foundation doctors in community placements contributing to acute services

FINAL VERSION FOLLOWING CONSULTATION AUGUST 2017 – REVISED JANUARY 2022

Introduction

- 1) Since the implementation of the national *Broadening the Foundation Programme* initiative in 2017, foundation doctors (FDs) have been required to have a four-month community placement as part of their 2-year training, most have one in GP and 45% have one in psychiatry.
- 2) These are important areas and these placements should not be diluted.
- 3) During all community placements FDs continue to be employed by their acute trusts, which they continue to attend for teaching.
- 4) If the first F1 placement is in psychiatry, FDs should also spend time developing their acute skills, for example by spending half a day each week (on the same day as weekly teaching), a day each fortnight or the final 2 weeks of the placement in a clinical area such as a medical admissions unit.
- 5) On educational grounds, placements for other foundation doctors at their acute trust of up to half a day a week, if on the same day as weekly teaching, may also be justifiable. Similarly foundation doctors working in the acute trust may have up to half a day a week in the mental health trust or community placements for educational reasons, or more if an integrated service.
- 6) Some of these doctors may also contribute to acute rotas. This is becoming more common as pressure on acute services increases.
- 7) FDs may welcome participation in acute rotas, for reasons including experience, remuneration and seeing colleagues.

This paper sets out principles for the inclusion of foundation doctors in community placements including GP and psychiatry placements on acute rotas.

Community placements eg in GP and psychiatry

- Acute work sessions should be timed to have the minimal impact on all community placements, including GP and psychiatry, as regards compensatory rest.
- FDs in community placements should not be timetabled for acute trust activities during weekdays, beyond those in 4) and 5) above, and compensatory rest should not fall on a weekday.
- They may be timetabled for acute trust weekends shifts, of no more than 1 in 4 weekends.
- Shifts e.g. in EM are preferable as it may be easier to ensure that doctors can finish on time, with less impact on their other work commitments
- Adequate notice must be given by the employing trust to organisations hosting placements, to enable the latter to meet their responsibility of developing the work schedules required by the contract
- In exceptional circumstances acute trusts may ask that trainees in community placements could help during emergencies, such as winter pressures. Any such arrangements must be agreed with the postgraduate dean in advance
- Arrangements should be made to obtain regular feedback from trainees undertaking acute work to inform future arrangements

Induction and supervision

- FDs should preferably undertake acute work in a specialty they have previously undertaken. If the specialty is new to them the need for appropriate additional induction and supervision must be considered.
- There should be an induction to the role and clinical area
- There should be a clearly identified clinical supervisor for the session
- Trainees contributing to acute services should be given the opportunity to undertake supervised learning events, audits etc