

FY2 GP Quality Charter

	Below expected standard	Required standard	Above expected standard
Pre-placement notification	FY2 receives generic work schedule <8 weeks before placement	FY2 receives timetable 8 weeks before placement	Supervisor / Practice manager contacts FY2 ahead of first day of placement
Clinical supervisor (CS) meetings	Delayed initial meeting Interrupted or poorly prepared meeting	Meets with FY2 within 2 weeks of the start of placement, and at the end of placement	Additional meeting is offered halfway through placement Discussion at initial CS meeting setting expectations e.g. supervision arrangements, escalation pathways, consultation times, clinical admin workload
Induction	FY2 passively observes GP clinics only Induction informal, incomplete or ad hoc. Limited orientation to IT systems, escalation processes or supervision arrangements	Local induction period of at least one week FY2 attends regional half-day induction (arranged by West Midlands deanery)	Proactive induction. FY2 learns also experiences non-GP clinics and services. Attends accompanied home visit. Welcomed to the rest of the practice team FY2 sees their first few patients whilst GP observes Induction pack provided in advance

<p>Timetabling</p>	<p>Deviation from 7:3 split. FY2 teaching, tutorials or SDT inconsistently protected or timetable ambiguity</p> <p>Regular breach of contracted hours</p>	<p>Timetable follows a 7:3 split between experiential (clinical) learning and protected educational time across the week.</p> <p>Signpost FY2 to guardian of safe working (Trust)</p>	<p>Trust-based FY2 teaching, SDT, tutorials and debrief time explicitly stated and respected.</p> <p>Flexibility and time in-lieu if appropriate</p> <p>FY2s should be given adequate time to arrive on time to Trust-based teaching</p>
<p>Appropriate duties</p>	<p>Examples may include excessive repeat prescriptions or pathology results</p> <p>Assigning the FY2 to duties with limited educational value e.g. flu clinic or venepuncture</p> <p>Asking the FY2 to undertake duties that would fall outside of indemnity cover e.g. provision of private services, signing of private forms</p>	<p>Assigning appropriate clinical admin e.g. clinic letters and pathology results relating to patient's they have seen</p>	<p>Provide a tutorial on relevant topics, which could include how to approach filing blood results or repeat prescriptions, or how to write a referral</p>
<p>Consultation times</p>	<p>Consultation length not discussed or inappropriately short.</p>	<p>The average duration of consults for an FY2 starting their placement is typically 30 minutes, with some trainees ending on 20 minutes, with or without catch up slots.</p>	<p>Discussion regarding appropriate consultation times between FY2 and CS, with agreement sought ahead of changes. Individualised progression plan, with use of</p>

			catch-up slots or variable session structures
Supervision & debrief	FY2 unsure who (or how) to contact for supervision during clinics or home visits. Debrief inconsistent or absent.	A named supervisor should always be available and present (caveat with home visits). Routine debrief after each surgery	Proactive, visible supervision culture. Structured clinic debriefs evolve from case-by-case to thematic discussion as FY2 progresses
Home visits	No opportunity for, inappropriately selected, or excessive home visits. No lone worker policy in place	Home visits to be viewed as an educational opportunity rather than a foundation requirement. Home visits to follow this sequence: supervisor selects appropriate home visit, prebrief (discuss potential outcomes), supervisor available via phone, debrief at base, electronically complete notes/prescription	Initial home visit(s) accompanied. Utilising close-by visits or car-pooling where an FY2 does not drive. Signpost any home visit expenses claims/queries to the employer (Trust)
Self Development Time (SDT)	SDT not rostered or frequently eroded by service pressures	Average 2 hours per week SDT across placement, clearly identified in timetable. Used for e-portfolio, reflection, supervisor meetings, QI or career exploration	Flexibility in how SDT is taken e.g. 2 hours per day / 4 hours per fortnight. Undertaken at home or at place of work?
Portfolio and Supervised Learning Events (SLEs)	Supervisor unfamiliar with Foundation curriculum.	Completion of Clinical Supervisor Report at end of placement.	Dedicated slot/session for SLE opportunities

	Limited SLE opportunities Absent or significantly delayed feedback on portfolio entries	Ad hoc SLE opportunities	Utilising the Placement Supervision Group (PSG) Responsive feedback on portfolio entries
Escalating concerns	FY2 not clear who to contact in the event of a clinical or educational concern	Fostering a culture where the FY2 feels confident to raise any concerns locally Staff familiar with limitations of FY2s	Familiarity with 'escalating concerns' pathway Regular 'check-in' on foundation trainee by those providing workplace supervision
Absenteeism	Poor recording of sick leave or not informing the post-graduate team	Recording sick leave and reporting this to the employer (Trust post-graduate/medical education centre)	Exploration of FY2's wellbeing
Annual leave (AL)	Delayed decisions on AL requests. Practice staffing levels factor into AL decisions.	Assuming the FY2 has provided the minimum notice period (usually 6 weeks) and has adequate AL days remaining, AL applications should be granted	Decision within 7 days of the AL request