

“Experience of primary care allows trainees to see the full breadth of medicine and equips us with essential skills for our future careers.”

General practice and the Foundation Programme

The reform of postgraduate medical education and the inception of the Foundation Programme in 2005 saw the creation of new opportunities for junior doctors in the community setting. The target was to allow 55% of foundation trainees to have a placement in general practice. Five years on, in October 2010, Medical Education England (MEE) published *Foundation for Excellence – An Evaluation of the Foundation Programme*.¹ This included data from the UK Foundation Programme Office report 2009 showing that we are far from meeting those targets. At the time of writing, only 16% of rotations included a community placement.² How these figures can be improved and, in fact, whether there is value in doing so, is a key issue for debate.

For many trainees, the shorter working hours and close supervision of general practice are seen as a chance to unwind from the rigours of life as a hospital doctor. While there may be some truth in this view, I also believe that community medicine offers the potential to encounter many unique learning experiences.

A key aspect of general practice is the opportunity to work independently of others. Through creating management plans for patients and subsequently discussing these with my trainer, I have been able to refine my decision-making skills and clarify areas of uncertainty. Indeed, learning how to deal with uncertainty has emerged as a common theme in our debrief sessions. There is often the worry that I might miss something during my assessment that could lead to patient harm but I have come to see that even experienced GPs will be confronted with clinical scenarios where there is no clear answer one way or the other.

Recommendation 15 of the MEE report highlights the need for a greater emphasis within the foundation curriculum on team-working skills within a multiprofessional environment.¹ In community medicine, trainees have far greater exposure to this type of working. The weekly meeting at Moss Valley Medical Practice, Eckington, provides an ideal opportunity to pool information regarding patients and to engage in shared learning with the various allied health professionals present.

In addition to this, I view general practice as

an excellent setting for improving communication skills within the doctor–patient consultation. Studying models of consultation skills is one thing but having the opportunity to put these into practice every day has revealed the intricacies of communication that I had not previously appreciated. Communicating effectively with patients is essential to all specialties and only through practice does this develop.

Working in general practice is an invaluable experience for foundation trainees and we bring many benefits to the host practice. At Moss Valley there is a healthy teaching cascade from GPs down to medical students, allowing trainers to maintain an interest in education and bring in revenue for the practice (around £2500 per trainee). I feel that my opinion is valued, and when discussing clinical scenarios as a team I have been able to bring a different perspective from my recent experience in hospital medicine.

During the last 4 months I have built good relationships with a number of patients and have found that many choose to see a trainee rather than a regular GP. Patients are aware that we can spend more time on each consultation and thus feel that their concerns can be expressed and addressed more thoroughly. Through close supervision, foundation trainees can play a valuable role in increasing patient satisfaction while also maintaining safe patient care.

It is unclear as to why there are still so few foundation trainees working in general practice. It may be to do with the unavoidable dominance of service provision over training but this should not prevent continued efforts to achieve the suggested recommendations. I hope I have shown that these posts are a win-win situation for all concerned. Experience of primary care allows trainees to see the full breadth of medicine and equips us with essential skills for our future careers. Experience of community medicine should therefore become a mandatory requirement of the foundation programme.

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