

General Practice Specialty Training



F2 Induction

Starting In General Practice

Version 7 (July 2025)
Produced by GP Specialty Training Team

Welcome to GP Training

Welcome to General Practice (GP). We hope you enjoy a wonderful opportunity to learn about patients and how to share their health management.

The doctor patient relationship is at the core of GP; indeed the doctor is often the most powerful drug. Learning different consultation and communication skills greatly enhances “therapeutic rapport”. There is no point prescribing a wonderful drug if the patient doesn’t believe in it and comply. Discovering a patient’s ICE (ideas, concerns & expectations) is a great start to developing a relationship. If a patient has confidence in your diagnosis and management plan through shared discovery they are far more likely to commit.

Time management is a major challenge. We remain so accessible and available to our patients; they often have multiple complaints and need “fitted-in” at short notice. This requires us to be ever flexible to their needs to keep general practice running smoothly and efficiently in a cordial manner. So you will need to look after your own emotional health in GP!

There are so many guidelines (some conflicting!) that we must keep abreast of. I believe the knowledge base required in GP for daily practice is greater than any other discipline in medicine.

Polypharmacy is an enormous challenge; you will encounter some patients on more than 30 different drugs. Just imagine all the possible interactions if you have to add another. Anyone can start a drug but it takes a special doctor to be able to stop one.

Primary care and secondary care complement each other. It is the role of the specialist to reduce error and uncertainty through extensive and invasive investigations thus minimising danger to the patient from possible disease. However given the lower prevalence of disease in the community, GPs must deal in probability rather than possibility. This means less investigations and greater use of time as a management tool – in other words tolerating uncertainty.

Health is better in areas with more primary care doctors. A 1% increase in hospital doctors was associated with 186 fewer deaths; the same increase in GPs is associated with 575 fewer deaths.

I hope you have a developing, rewarding and enjoyable time in GP; many trainers report after 20 years service that they have never been bored or lacked challenge.

Dr Fergus Donaghy, GP

Read on for a current FY2 overview.....

I didn't have a strong opinion about GP before I started. I knew it would be different from hospital jobs, but I wasn't sure what it would really be like in practice. What I found was a role that was both more demanding and more rewarding than I expected. It involved learning not just how to manage a wide range of clinical problems, but how to manage uncertainty, communication, and time in a completely new way. One of the biggest positives was experiencing continuity of care for the first time. It's something I'd heard talked about a lot but hadn't properly understood until I saw it in practice. Being able to follow patients through an ongoing problem—or even seeing someone a few times for different issues—made a difference to how I approached clinical decisions. When you see the impact of your earlier decisions, you learn quickly what works—and what doesn't.

Home visits were another part of the job that changed how I understood patient care. In a face to face consultation at the practice it's easy to focus just on symptoms and signs, but seeing someone in their own home gives you a different kind of insight—into their priorities, their challenges, and sometimes why a plan you thought was straightforward isn't feasible.

Clinically, the range of presentations was incredibly broad—from skin problems to mental health, medication reviews to acute and chronic illnesses. You never really know what's coming next. That variety was both challenging and rewarding. I developed better communication skills —learning how to pick up cues quickly, manage expectations, and adapt my approach depending on who I was speaking to.

I always felt supported by the team. I had the freedom to work independently, but never felt alone with decisions I wasn't comfortable making. There was always someone to discuss things with, and that made a huge difference.

The working pattern itself was also a relief having spent the previous 5 rotations in a hospital working evenings, nights, weekends and bank holidays. The job gave me a better work life balance, giving me time to spend on other aspects of my life including sports, hobbies and socialising with people close to me. Having protected time on Friday afternoons for teaching gave structure to the week and created space to properly think about the clinical and non-clinical aspects of the job. I also had time to take on a Quality Improvement project, which was something I'd struggled to fit in elsewhere. I was able to follow an idea through properly with my GP supervisor and hopefully make a difference to induction in the future.

That said, the job wasn't without its challenges. Dealing with clinical uncertainty was a big adjustment and I found this daunting. Often, there's no clear diagnosis—you're safety netting, planning follow-up, and managing risk rather than giving a definitive answer. Interpreting borderline or unexpected results without the backup of inpatient investigations could feel uncomfortable, but it taught me to be more thoughtful and systematic.

Some patients were very complex—whether due to multiple long-term conditions, safeguarding concerns, or social challenges—and those consultations were rarely simple. There were also patients who were hard to engage with or who had different expectations of what the GP should provide. Those encounters pushed me to work on how I communicate, especially when the message wasn't what the patient wanted to hear. Time management was something I had to improve quickly. 20-minute appointments don't allow for much breathing space, and some days felt like a constant balancing act. But over time I found ways to structure consultations better and became more confident in deciding what could wait and what needed dealing with there and then.

This placement taught me to embrace uncertainty and listen more deeply, shaping not just my clinical skills but how I connect with patients.

My advice to future FY2s is to stay curious and open—there's a lot to learn in this job, and the experience will challenge and shape you in many different ways.

Oisín Donnelly FY2

Foundation Training Contacts

Staff Name	Telephone No.	Area of work / Title
Dr Lorraine Parks		Director of Foundation School (Northern Ireland)
Ms Lynn Wilson		Foundation Deputy Director
Dr Ruth Eakin		Foundation Deputy Director
Karen Moore		Foundation School Manager
Laura Wright	02890400000	Foundation Training Co-ordinator
Rebecca Anderson	02890400000	Foundation Training Co-ordinator
Allison Milligan	02890400000	Foundation Executive Officer
Jordan Crawford	02890400000	Foundation Executive Officer

All contacts direct to : foundation.nimdt@hscni.net Please include your name and GMC number in subject box

When you arrive in General Practice

You must bring/have:

- GMC registration, medical indemnity, and up-to-date hepatitis B status.
- When F2 doctors are informing their Medical Protection that they are entering GP be sure the Medical Protection know this is as a Foundation doctor not as a Specialty Trainee.
- Confirmation that your medical protection covers work in General Practice.
- Your own stethoscope and auroscope.

Valid car insurance for home visits and transporting medical supplies.

The practice will provide:

- Key contact numbers (local hospitals, support services).
- Referral guidelines and area map/guide.
- Practice policies, protocols, duty and home visit rotas.
- Annual leave arrangements.
- May require Doctor's bag - discuss with trainer

Ground Rules for Trainees & Trainers

Professional Conduct & Responsibilities

- Punctuality: Surgeries must start on time. Join the ancillary team for refreshments beforehand when appropriate.
- Respect the Environment: If you open a window, door, or turn on a computer—ensure it is closed/turned off afterwards.
- Dress Code: Beneficial to contact practice prior to starting, for some practices dress code is scrubs and other practices it is professional clothing
- Social Media: Be mindful of your professional image
- T Security: Always log off your computer terminal when not in use.

Educational Engagement

- Questions: Bring prepared questions to your trainer—it shows curiosity, insight, and engagement with your learning.

Ground Rules for Trainees & Trainers contin.....

- Learning Log: Keep a diary for key learning points, questions, and areas for revision.
- Self-Directed Learning: All self-directed learning should be SMART—Specific, Measurable, Achievable, Relevant, and Time-bound—with clear objectives and a defined plan.
- Time Management: Be efficient during consultations and structured learning sessions to make the most of each day.

Clinical Practice

- Home Visits: Engage in home visits. Every home visit must be discussed with your trainer before notes are completed. Do not write up in Practice Notes until reviewed.
- Assessment: Ongoing assessment will include:
 - Assessment of consultations, notes and clinical reasoning
 - Observation of video-recorded consultations

Additional Responsibilities

- Complete a QI or Audit Project:
 - Engage in Quality Improvement as a core part of practice development.
 - Refer to the RCGP resource: *An Introduction to Quality Improvement in General Practice*.
 - Some ideas for QI projects- improving vaccination uptake rates, enhancing management of chronic diseases (e.g., diabetes, asthma), increasing the use of safety-netting advice during consultations, improving documentation of medication reviews, reducing antibiotic prescribing for viral infections.

Tips for QI process-

- Identify the problem
- Set a clear, measurable aim
- Understand the current process
- Analyse root causes
- Develop and test changes (PDSA cycles)
- Measure and review results
- Implement successful changes
- Sustain improvements
- Share outcomes

- Sick Leave: Must be reported promptly to both NIMDTA and the Single Lead Employer Team.
- General Etiquette: Wash your own dishes and maintain a courteous, respectful attitude in the practice.

GP attachment - Key Information for FY2

- Induction: A week of induction is provided before you begin booked sessions.
- There are large variations in start and finish times in GP surgeries depending on local demographics, thus the training practice and the F2 should negotiate daily working hours including breaks without exceeding the contracted forty hours per week.
- Working Pattern: 10 sessions per week.
- Consultations: Start with 30-minute appointments, progressing to 15-minute face-to-face slots. Workload varies between practices, but once settled, F2s may consult 30–60 patients per week, depending on case mix and confidence. You will gain experience across a range of consultation types—face-to-face, phone, video, and home visits—to reflect the full scope of general practice.
- Debriefing: At least three debriefs per week to review cases with your trainer.
- Teaching:
 - Weekly Friday tutorials (2:00–4:00 pm via Zoom), rotating among local GP trainers.
 - Foundation FLiGHT modules (if scheduled on Fridays) will be coordinated with the GP tutorial organiser.
- Leave:
 - Up to 8 days of annual leave may be taken (9 days in first rotation), following practice policy.
 - Leave is permitted for ST/Core training interviews (Stages 2 & 3) with trainer approval.
- Employment: You are employed by the Single Lead Employer Team but remain linked to your base trust and its policies.
- Supervised Learning Events (SLEs):
 - Seek feedback from a range of professionals—not only your named trainer.
 - A TAB should be completed during your first FY2 placement.
 - A PSG should be completed during your second FY2 placement.
 - If TAB cannot be completed in GP (due to responder numbers), complete a PSG instead and defer the TAB to your hospital rotation.

Top Tips for Your GP Attachment

General Advice

- GP involves pattern recognition—get familiar with your top 20 presentations and develop efficient, safe assessment and documentation routines.
- Focus on reassurance and safety—serious illness is less common than in secondary care, but early undifferentiated presentations are frequent.
- Always follow GMC, NICE, and medical indemnity guidance.

Safety & Conduct

- Home Visits: Inform the practice where and when you're going.
- Time Management: Be efficient but thorough.
- Documentation: Ensure clear, structured notes, especially for legal/sensitive cases

Common Clinical Scenarios in General Practice

Condition	Key Points	Actions/Advice
Sore Throat	Often viral. Most do not require antibiotics.	Use CENTOR/FeverPAIN score. Gargle warm salty water. Antibiotics only if high risk/systemic.
Road Traffic Collision	Late musculoskeletal symptoms common. Medical-legal documentation essential.	Record: date/time, seat position, seatbelt use, injuries, A&E visit, time off.
CHC (Combined Pill)	Contains oestrogen + progestogen. EE 30 mcg + 2nd-gen progestogen (e.g. LNG) preferred.	3-month supply, then annual review. Check BP , BMI , compliance. See UKMEC .
POP (Cerazette)	Progestogen-only. Fewer contraindications. Needs strict daily adherence.	3-month supply, annual review. Max 12-hour window for missed pill.
Emergency Contraception	Levonelle (≤ 72 hrs), EllaOne (≤ 120 hrs).	Document UPSI, LMP, EHC given, copper IUD offered. Arrange follow-up & 3-week pregnancy test.
Low Back Pain	Usually MSK. Exclude serious pathology like cauda equina or sciatica.	Document neuro exam: saddle numbness, sphincters, reflexes (L3–S2), EHL.
Asthma Review	Regular reviews to assess control and inhaler use.	Ask: sleep issues, activity limitation, work impact. Check PEFr and technique. Adjust treatment.
Adult UTI	Common in women. Dipstick often unnecessary with ≥ 2 symptoms. Men need further workup.	Nitrofurantoin MR 3 days (7 for men). Send MSU in men, children, pregnancy. Consider renal function
HRT	Oestrogen-only if no uterus; combined if uterus present. Cyclical (sequential) HRT for perimenopausal or < 12 months since last period. Continuous combined HRT for ≥ 12 months since last period	Start with lowest effective dose, preferably transdermal oestradiol + progesterone. Counsel on benefits/risks (VTE, breast cancer). Monitor blood pressure, BMI and symptoms annually. Manage breakthrough bleeding: reassure if < 6 months; consider dose adjustment or switching regimen if persistent. Use topical oestrogen for urogenital symptoms. Review need for ongoing therapy annually.

Common Mental Health Scenarios in General Practice

Condition	Key Points	Actions/Advice
Depression	Common, often under-reported. Assess risk.	Promote lifestyle changes. Offer CBT or SSRIs. Safety-net. Refer if severe or suicidal. Signpost to relevant local services.
Anxiety	GAD-7 helpful. Often overlaps with depression.	Promote lifestyle changes. Support self-help/CBT. SSRIs if needed. Signpost to relevant local services.
Substance Misuse	Can mask or worsen mental illness. Withdrawal risks.	Promote lifestyle changes. Screen + brief intervention. Refer to recovery/addiction services. Signpost to relevant local ser-

Tips for your GP attachment contin.....

Topic	Key Points	Resources / Actions
NICE Traffic Lights	Use for assessing sick children; always document key findings.	NICE CG160 Traffic Light Table
Urgent Eye Problems	Use NI Primary Eyecare Assessment; consider PEARS for urgent cases.	Refer via PEARS pathway.
Clinical Resources	<p><i>GP Notebook</i> is a concise, helpful tool for clinical information</p> <p>SH24 provides confidential online sexual health testing, results, treatment, and advice.</p> <p>Pharmacy First supports minor ailments</p> <p>BNF and NI Formulary are essential prescribing references.</p>	<p>Register online for GP Notebook access.</p> <p>Direct patients to SH24 NI for sexual health services including ordering STI testing kits, accessing results securely, and obtaining treatment remotely.</p> <p>Pharmacy First encourages self-care- become familiar with scheme (see links at end of booklet)</p> <p>Access BNF and NI Formulary for prescribing guidance.</p>
Phone Consultations	Phone triage helps manage demand by signposting or booking consults. Telephone consults require skill.	Develop telephone consultation skills;
Home Visits	Important for frail, elderly, palliative patients; valuable learning.	Bring printed patient summary & blank prescriptions. Log visits promptly.
Antibiotic Requests	Avoid phone prescribing without assessment; staff screen symptoms first.	Staff ask about duration, sputum colour, blood, breathlessness before escalating.
Child Protection	Attend case conferences for learning and understanding legislation.	GMC Guidance on Child Protection

GP First Week Checklist

Complete the following essential tasks within your first week in GP. Coordinate with your trainer and practice manager to review and tick off each task. Use this as a checklist and revision guide.

Orientation & Administration (Practice Manager)

- Tour of premises and catering facilities
 - Introductions to all practice team members
 - Observe waiting room, reception, and treatment areas
 - Training on telephone and intercom systems
 - Review fire safety and evacuation procedures
-

Learning & Consulting (Trainer)

- Assessment of learning needs and styles
 - Prepare and attend selected tutorials
 - Tutorial on medical certification
 - Agree on ground rules
 - Observe trainer consultations
 - Accompany trainer on home visits
 - Observe another partner's consultations
 - Observe practice nurse at work
 - Familiarise with resuscitation equipment
 - Review medical emergency protocols
-

Computer Skills (Ancillary Team)

Medical Records Access:

- Log in with user ID and password
- View consultations, summaries, immunisations, notes, medications, referrals, family history, allergies, templates, vital signs

Consultation Practice:

- Enter test patient ("Mickey Mouse")
- Record history, examination, and action plan (SOAP)
- Prescribe paracetamol
- Cancel issued medication (e.g., paracetamol)
- Record home visit and telephone consultation
- Document vaccinations (baby, Hepatyrix, flu) with consent, site, batch number
- Record vital signs: BP, height, weight, PEFr, alcohol intake
- Record sickness certificates (Med 3)
- Document smoking status and cessation advice

Prescribing:

- Issue private prescription (e.g., Viagra) marked as acute
- Find drug and convert to generic
- Review previous drug issues

GP First Week Checklist contin.....

Appointments

- View appointment schedules
 - Add patient to schedule
 - Mark patient arrival
 - Call patient
 - Complete patient consultation
-

Referrals

- Create referral for test patient via computer and CCG system- be careful not to submit
 - Select hospital and specialty
 - Merge and save clinical data
 - Print referral
-

Attachments & Notes

- View previous attachments for test patient
 - Print attachments
 - Send patient note to self (e.g., cholesterol reminder)
 - Send note to trainer
 - Action and close patient note
-

Printing

- Print referral letters
 - Print blood sample labels
-

Laboratory Results

- Review test results chronologically for test patient
- Review cholesterol trends for real patient
- Access and file EDI inbox results per protocol

Prescribing Guidance

Prescribing Guidance Summary

Each practice may have specific prescribing protocols—The following is a typical framework:

Use Generics routinely except for specific exceptions (e.g. SR preparations, insulins, controlled drugs, epilepsy/transplant meds, narrow therapeutic index).

Limit Use Of: Effervescent co-codamol, opioids, COX-2s, benzodiazepines/Z-drugs, broad-spectrum antibiotics, dihydrocodeine.

Do Not Prescribe: Hypnotics/anxiolytics on repeat, branded/effervescent co-codamol, NRT (unless appropriate), RED list drugs.

Generally Avoid: Black triangle drugs, TCAs, unjustified broad-spectrum antibiotics, sunscreens, long-term HRT >5yrs, dementia meds without specialist input, non-formulary items without rationale.

- **Prescribing Cycle:** 28 days (84 in selected cases)

Always document all prescriptions, including home visit items

Preferred First-Line:

- **UTI:** Nitrofurantoin
- **RTI:** Amoxicillin

<https://niformulary.hscni.net/prescribing-newsletters/cost-effective-choices/> Link for cost effective prescribing

Common Prescribing Reference Table

Category	Drug(s)
ACE Inhibitors	Lisinopril, Ramipril, Perindopril
CCB	Amlodipine
ARBs	Candesartan cilexetil, Losartan Thiazide: Indapamide, Chlortalidone
Diuretics	Loop: Furosemide Aldosterone Antagonist: Spironolactone
PPI	Lansoprazole (<i>avoid omeprazole with clopidogrel</i>)
NSAIDs	Ibuprofen, Naproxen (<i>Caution: Diclofenac—avoid if CVD</i>)
Analgesics	Paracetamol, Co-codamol (8, 15, or 30 mg)
Laxatives	Laxido
Antiplatelet	Aspirin 75 mg dispersible
Statin	Atorvastatin
Hypnotic	Zopiclone
SSRI	Fluoxetine, Citalopram, Sertraline
Antiviral	Aciclovir
Bisphosphonate	Alendronate
OHA	Metformin, Gliptin or SGLT2 inhibitors
COC	Rigevidon Mild: Hydrocortisone Moderate: Clobetasone butyrate
Topical Steroids	Potent: Betamethasone Very Potent: Clobetasol

Common Prescribing Reference Table

Respiratory – SABA	Salamol, Salbutamol (CFC-free MDI), Bricanyl (BAI)
Respiratory – LABA	Salmeterol
Respiratory – Steroid	Clenil
Respiratory – MART	Fostair, Symbicort
Respiratory - LAMA	Atrovent, Tiotropium

Antibiotic Prescribing Summary Table

Condition	First-Line Treatment	Alternative / Notes
Acne	Doxycycline or lymecycline	Clarithromycin (children)
Animal/Human Bites	Co-Amoxiclav	Clarithromycin or Doxycycline if allergic
Acute/Chronic Bronchitis	Amoxicillin	Doxycycline
Bacterial Vaginosis	Clindamycin 2% cream or Topical Metronidazole	
Candidiasis	Clotrimazole topical	Fluconazole (systemic); Topical only if pregnant
Cellulitis	Flucloxacillin	Doxycycline if allergic
Community Acquired Pneumonia (CAP)	Amoxicillin	Doxycycline
Chlamydia	Doxycycline Bathe eyes + Chloramphenicol drops 2hrly after 7 days	
Croup	No antibiotics	Consider dexamethasone
Dental Abscess	Refer to dentist	Provide analgesia
Dermaphyte (Nails)	Terbinafine	
Dermaphyte (Skin)	Miconazole cream or Terbinafine cream	
Epididymo-orchitis	Ciprofloxacin	
Gynae Infections	Co-amoxiclav + Metronidazole	Adjust once sensitivities available
Helicobacter pylori	Omeprazole + 2 antibiotics	Choose from Amoxicillin, Clarithromycin, Metronidazole
Impetigo	Fucidin or Crystacide (localised lesions)	Flucloxacillin or Clarithromycin
Meningitis	Benzylpenicillin IM/IV	Cefotaxime if allergic
Otitis Media	Amoxicillin	Clarithromycin if allergic (1g TDS for adults)
Prostatitis	Ciprofloxacin	Trimethoprim
Shingles	Aciclovir	Famciclovir if compliance an issue
Sinusitis	Phenoxymethylpenicillin	Doxycycline if allergic
Pharyngitis	Penicillin V	Clarithromycin if allergic
UTI (Male)	Nitrofurantoin MR 100mg	7-day course

Repeat Medication Review Guidance

Drug / Class	Indication	Review Interval	Monitoring Requirements
ACE inhibitors / ARBs	Hypertension, heart failure	6-12 months	U&E, eGFR, BP (6-12 months)
Statins	Hyperlipidaemia, CVD prevention	12 months	Lipids (annually), LFTs (baseline, 3m, annually)
Levothyroxine	Hypothyroidism	12 months	TSH (6-12 months)
Metformin	Type 2 diabetes	6-12 months	HbA1c (3-6 months), eGFR (annually)
Insulins	Diabetes mellitus	6 months	HbA1c, renal function, weight, hypo review
SSRI/SNRI	Depression, anxiety	6-12 months	Mental health, weight/BP, side effects
OCP / Combined pill	Contraception	12 months	BP, BMI (annually), smoking status
HRT	Menopausal symptoms	12 months	BP, BMI, bleeding, risk discussion
Bisphosphonates	Osteoporosis	12 months	Dental check, consider holiday after 5y
PPIs	Dyspepsia, reflux	6-12 months	Deprescribing review, assess need
Amitriptyline / Gabapentin / Pregabalin	Neuropathic pain	6-12 months	Sedation, cognition, dependency
Opiates	Chronic pain	3-6 months	Pain, dependency, function
Benzodiazepines	Anxiety, insomnia	1-3 months	Should taper - avoid repeat use
Lithium	Bipolar disorder	3 months	Lithium (3m), TFT, U&E (6m)
Methotrexate	Rheumatology / dermatology	3 months	FBC, LFT, U&E (2-3 months)
Warfarin	Anticoagulation	1-2 months	INR monitoring per clinic
DOACs	AF, DVT, PE	6-12 months	Renal function (6-12m), weight, adherence
Inhalers	Asthma, COPD	6-12 months	Technique, frequency, control
Antipsychotics	Schizophrenia, bipolar	6 months	BP, weight, glucose, lipids, side effects
Iron / B12	Anaemia	3-12 months	Ferritin or B12 as indicated

Symptom Based Blood Test Guidance

Symptom-Based Blood Test Guide

Clinical Concern	Suggested Blood Tests	Notes
Suspected Diabetes	HbA1c, Fasting Glucose, U&E, Lipids	HbA1c ≥ 48 = diabetes; check renal function and CV risk
Fatigue / TATT	FBC, TSH, HbA1c, Vitamin D, Ferritin, B12, Folate, U&E	Covers anaemia, thyroid, glucose, deficiencies
Weight Gain / Loss	TSH, HbA1c, FBC, LFTs	Assess thyroid, glucose, chronic disease markers
Hypertension / CKD	U&E, eGFR, Lipids, HbA1c, Urine ACR	Monitor end-organ damage; CKD staging
Palpitations / Anxiety	FBC, TSH, Hb, B12, U&E	Exclude anaemia, thyroid issues, electrolytes
Bone Pain / Osteoporosis	Bone Profile, Vitamin D, PTH (if needed)	Elderly, low calcium, fragility fracture
Menorrhagia / Anaemia	FBC, Ferritin, TSH, B12, Folate	Check iron, thyroid, B12 deficiency
Polypharmacy / Elderly	U&E, LFT, HbA1c, Lipids, FBC, TFT	Yearly general monitoring for >75s
Memory Issues / Confusion	FBC, U&E, B12, TFT, Calcium	Rule out metabolic and nutritional causes
Liver Dysfunction / Alcohol	LFTs, GGT, Hep B/C screen, FBC	Alcohol raises GGT; consider viral causes
Unexplained Bruising	FBC, Clotting screen, LFTs	Platelet count and clotting factors
Suspected Infection	FBC, CRP or ESR	CRP for acute; ESR for chronic inflammation
Prostate Symptoms / LUTS	PSA, U&E, eGFR	PSA if discussed; U&E for obstruction
Asthma / COPD Review	U&E (if on diuretics/steroids), HbA1c if overweight	Consider O2 sats/spirometry in full review

Trainee Safety Summary for GP & Home Visits

Safety Summary for GP & Home Visits

- Home visits: highly beneficial for training; risk assessed by trainers; avoid visits at night or to violent/substance misuse patients without precautions.
 - In practice: Secure access; panic alarms; clear exit routes; remove sharp objects; avoid sitting with legs under desk; see high-risk patients near reception; involve colleague if unsure.
 - If threatened: Stay calm; alert staff; prioritize personal safety over belongings.
 - Home visit tips: Park in well-lit areas; keep keys ready; hide medical bag; lock car doors; limit window opening; call patient if unsure; ask family to accompany if needed; surrender bag if stolen.
- Travel: Keep fuel topped; inform someone of your whereabouts.

Passwords required

EMIS/Vision/Healthy: Patient records and prescribing.

Docman/Apollo: Manage and view incoming documents.

CCG: Referrals to secondary care.

Email: Internal communication.

ECR: Access hospital/community summaries.

AccuRx: Patient messaging

Epic: Access hospital/community summaries. Order certain investigations

Speak to practice manager at practice induction to arrange these.



F2 Taster Module Summary

- 2–5 days study leave in a new specialty not in F1 or F2 placements.
- Complete F2 Study Leave form with clear objectives.
- The study Leave Application Form requires approval from the Clinical Supervisor (CS) and your Foundation Programme Director (FPD)
- Submit the form with a minimum 4 weeks notice to studyleave.nimdtahscni.net.
- Requests submitted less than 4 weeks before the intended start date, are likely not to be approved for study leave.
- Must take place in base Trust and not another Trust (unless that specialty is not in your current Trust). Tasters cannot be undertaken outside of N.I.
- Not during placement start/end weeks.
- Submit reflective report to portfolio.

Study Leave

Visit NIMDTA website downloadable PDF titled "Foundation Guidance for Study Leave." and "Foundation Guidance for Taster Modules" under Foundation Doctor Information.

Self directed learning (SDL)

- F2's entitled to half day SDL per month (4 in total)

Junior Doctor Bank Holidays

- Additional Junior Doctor bank holidays include 27th December and 13th July however these dates may change on a yearly basis depending on what day they fall- consult NIMDTA website

Flight Modules (FY2 Teaching)

- Requirement: 30 core hours, 60 total teaching hours/year.
- Format: Mostly 3-hour Zoom sessions + half-day study leave for prep/reflection.
- Attendance: All sessions mandatory (1 non-core: GMC/Professionalism).
- Portfolio: Log sessions and reflect to strengthen ARCP evidence (can link any piece of evidence up to 3 FPCs).

Travel Expenses—F2 Trainees

F2 trainees travelling over 40 miles to work may be eligible for travel reimbursement. GP placement trainees should refer to the Foundation Finance Guidance, Bank Mandate, and Travel Expense Claim Form at:

nimdta.gov.uk/foundation-finance-guidance



Useful weblinks for GP's

[NI Formulary](#) | [NI Formulary](#)

[BNF \(British National Formulary\)](#) | [NICE](#)

[Eolas Medical](#) (local antimicrobial guidelines)

[GPnotebook](#)

[CKS](#) | [NICE](#)

[Webinars - GPNi](#) (Educational)

[Foundation Training](#) (NIMDTA)

[Free Home STI \(STD\) Test | Sexual Health Kit & Contraception |](#)

[UKMEC Calculator](#) (Contraception)

[Pharmacy First Service - Community Pharmacy NI](#)

[RightBreathe](#) (Inhalers)

[NI PEARS Scheme - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#) (Eyes)

[NG143 Traffic light tool](#) (Paediatrics)

[Bumps - Best use of medicines in pregnancy](#)

[Home - ERIC](#) (paediatric bowel and bladder issues)

[NHS England » National paediatric early warning system \(PEWS\) observation and escalation charts](#)



[SH:24](#)

Some useful patient information links

- [Patient.info](#) [patient.info](#)
- [Diabetes UK](#) [diabetes.org.uk](#)
- [Asthma + Lung UK](#) [asthmaandlung.org.uk](#)
- [NI Chest Heart & Stroke](#) [nichs.org.uk](#)

- [British Heart Foundation](#) [bhf.org.uk](#)

- [Versus Arthritis](#) [versusarthritis.org](#)

- [Macmillan Cancer Support](#) [macmillan.org.uk](#)
- [Cancer Focus NI](#) [cancerfocusni.org](#)

- [Marie Curie](#) [mariecurie.org.uk](#)

- [YoungMinds](#) [youngminds.org.uk](#)

- [Minding Your Head \(NI\)](#) [mindingyourhead.info](#)
- [Aware NI](#) [aware-ni.org](#)
- [Menopause Matters, menopausal symptoms, remedies, advice](#)
- [Contact - Nexus NI](#) (sexual and domestic abuse)