

Northern Ireland

General Practice Specialty Training



General Practice Induction for ST2/ST3

Version 5 (March 24)
Produced by GP Specialty Training Team

Welcome to GP Practice!

You may have been in a GP practice during your Foundation year, or this may be your first time. Being a GP trainee in practice is a very rewarding experience. Our trainees consistently tell us that they value the personal support in learning, and the teamwork and friendships that last well beyond their attachment.

As always, the team in NIMDTA and your Programme Directors will be there to support you. Your Educational Supervisor is there to give you individual support and feedback to help you achieve your goals.

You may find some differences in your training compared to when you were in a hospital post. You will be an important member of a multidisciplinary team.

It may be a steep learning curve! It may be a new experience as you will get individual positive and constructive feedback from your trainer. Learning to receive this feedback will help you progress in your training.

Presently, while you are in primary care you are an employee of the practice and you will sign a contract soon after your arrival. This will change in the near future when NIMDTA SLE become your employer.

We advise you to embrace all the opportunities and experiences in practice. Don't be afraid to ask questions and be honest if you are not sure.

Finally, remember to keep up with your Eportfolio and requirements such as your QIP, safeguarding etc. WPBA is equally important to success in MRCGP as the examinations

When you arrive in GP ...

You must bring to your Trainer:-

- Evidence that - GMC, Medical Protection & Hepatitis titres are currently satisfactory.
- ENSURE YOUR MEDICAL PROTECTION COMPANY KNOWS YOU ARE WORKING IN GENERAL PRACTICE. **Failure to do so may result in a referral to the NIMDTA Responsible Officer and/or GMC, due to failure to uphold professional values.**
- Trainee must show evidence of inclusion on the Performers list (NIMDTA will add you automatically)
- You will need your own stethoscope, auroscope & ophthalmoscope.
- Evidence your motor car insurance is valid for home visits (business use) and carrying drugs.

You can expect the practice to provide an bespoke induction for you, including information such as:-

- Local support agencies.
- Local Hospitals & Consultants & Referral guidelines.
- Local Phone numbers.
- Practice Policies, Procedures & Protocols.
- Duty timetable & rota.
- House visit rota.
- Arrangements for annual leave.

Ground Rules between Trainees & Trainers

You and your trainer will spend some time getting to know each other, and understanding each other's perspective and needs. It helps everyone to clarify expectations and boundaries.

One of the first conversations you will have with your trainer will be to set some ground rules, such as:-

- Surgery start times
- Coffee breaks.
- Expectations for tutorial preparation
- How to seek help when seeing a patient
- How feedback will be given and received
- Expectations around portfolio completion
- Workload and length of appointments in the 1st few months
- Telephone consulting
- House Visits
- WPBA
- Self Directed Learning –expectations.
- Dress code
- Social media use

GP Consultations

Safety is our number one priority but we also need to be caring and efficient. In general practice the prevalence of serious illness is dramatically lower than in secondary care thus we often find ourselves reassuring patients (and ourselves) rather than diagnosing and prescribing. We encounter many symptoms at a very early stage of undifferentiated medical presentations. GP consultations are often a series of well-rehearsed reflexes. Learning to manage this takes time and practice for every trainee.

You will also be consulting in different ways (such as telephone or video consultations), and in different environments such as OOH and on home visits.

As it is a learning curve there is some general guidance on consultation lengths and workloads in ST2 and ST3. This is a general guide only.

- Generally the 1st 2 weeks will be a period of induction, sitting in with your trainer, other doctors and members of the team. This is a good opportunity to familiarise yourself with the computer!
- When you start to consult, appointment times will be 30 minutes, and this will reduce to 20 or 15 minutes over your attachment. The reduction will be mutually agreed with you and your trainer.
- In ST3 you may start with 20-30 minute appointment, reducing to 10 minutes by the end of the attachment.
- Triage and telephone consultations are now much more commonly used. Each practice does this in a different way. It is important to discuss this with your trainer.



An Induction Checklist

This inventory consists of many tasks that you will come across within the first week in practice. Over this time try to work through as many as you can with help from your trainer / practice manager and practice pharmacist. This list is not exhaustive and your trainer and PM will guide you on any practice specific tasks.

Orientation & Administration

Received a tour of the Premises & catering arrangements
Introduced to all members of the Practice team
Have spent time observing in the Waiting Room, Reception area & Treatment Room
Shown how to use the Telephones & Intercom system
Received advice on Fire Safety & evacuation policy
Learning & Consulting - Trainer
Undergone assessment of Learning Needs / styles
Select tutorials to prepare in advance.
Tutorial on the "Doctors Bag"
Have a tutorial on "Medical certification"
Agree "Ground Rules"
Observe the Trainer consult
Accompany the Trainer on Home Visits
Observe another partner of the practice consult
Observe members of the MDT at work
Familiarise with the resuscitation facilities
Dealing with Medical Emergencies in Primary care

Computer

Viewing the Medical Record
Log on with password and user ID
View Consultations, past & present
View Summary list - Diseases & Operations
View Immunisations
View previous "Patient Notes"
View Medication acute & repeats, past & present
View Referrals
View Family History
View Attachments
View Templates
View Allergies
View all previous Blood Pressures
View all previous Cholesterols
View all previous PEFR values

Consultation Mode

Enter a test patient eg "mickey mouse"
Add details under History, Examination & Action Plan (SOAP)

View blood results, previous practice notes, summary list, values,

Save the consultation and transfer to another test patient.

Enter another test patient and record a "Home Visit"

Save & transfer back to previous patient and enter a "Telephone Consultation"

Print a Patient Information Leaflet for Back pain & ensure it is recorded in Consultation

Record a value for BP, Height, weight, PEFr, alcohol intake.

Record the issue of a Med 3 detailing the duration & reason

Record smoking status & smoking cessation advice given

Prescribing—The practice pharmacist can assist

Prescribe paracetamol

Issue a private prescription for viagra, record it as "acute" rather than repeat

Find a drug & convert it to generic

Look at all the previous issues of a drug, how many in the last year?

Cancel the paracetamol that you just issued.

Using Templates & entering values

Ask PM for the common templates used and practice finding these and entering data

Try a few templates on a test patient to enter data

Appointments

View the list of appointment schedules

Add a patient

Denote a patient as arrived

Denote a patient has finished

Referrals

Enter a test patient in consultation mode & create a referral – both on Computer software & CCG

Choose the Hospital & speciality

Merge the details to import clinical & administrative data

File & Save & Print

Viewing attachments

View previous attachments on a test patient

Practice communication

Review how practice sends internal messages about patients (eg patient notes)

Practice internal messaging on a test patient

Review how practice communicates with patients (telephone / accuryx / text message etc)

Laboratory results

Enter test patient and review previous results in chronological order

Look at all previous cholesterols in a real patient to see the trend

Access your " EDI in-box" & file results as per practice protocol

Trainee Doctors bag - for discussion

You will be required to carry equipment (such as those outlined below) to allow you to safely assess patients on house visits.

During a tutorial with your trainer they will discuss with you whether you need to carry drugs or not.

This decision is often practice specific and depends on factors such as location and practice population. The practice may keep a stock of drugs for all doctors to use or they may have individual stocks.

Your trainer will discuss with you the practice policy for carrying controlled drugs and whether there is an expectation for you to do so.

You will also have the opportunity to familiarise yourself with the emergency equipment in the practice and to review management of common medical emergencies in primary care.

Equipment

Pulse oximeter
Sphygmomanometer
Ophthalmoscope
Stethoscope
Thermometer
Green needles
Orange needles
10ml syringe
Urine bottles
Butterfly
Green Venflon
Pink venflon
Mouth mash resusc
Multistix GP
PPE
Glucometer



Safety

Home visits are an integral part of GP & it is expected every F2 and ST will participate. The visits will reflect more of an educational rather than service commitment. Trainers are responsible for assessing the suitability of a home visit and organising briefing before & debriefing afterwards.

Safety is paramount – trainers organise a risk assessment – especially regarding visiting in the dark, and visiting patients with a history of violence, alcohol or drug problems.

Be careful with your car keys & phone when consulting – these can be targeted by people whilst you leave the consulting room momentarily.

A secure door leading to the consulting and treatment rooms means staff can monitor the flow of patients throughout the surgery.

Consulting and treatment rooms should be fitted with panic buttons; or a coded telephone call to reception staff can alert them.

In the event of a patient having a history of violent behaviour, alert reception staff and fellow doctors to the situation prior to consultation.

See potential threatening patients in consulting rooms close to reception area for added safety.

During consultations where the doctor feels unsure about his/her patient propensity to violence, have a colleague enter the room during the consultation on the pretence of seeking advice on a medical matter.

The doctor's desk should be positioned in such a way as to allow him/her easy access to the door without having to pass a patient in the case of an emergency.

All sharp instruments that could be used in an attack by a patient should be removed from the desk and the surrounding area.

During consultations with possible problem patients don't sit with your legs under a desk, if a patient launches into an assault he/she can trap you in the position, a chair on casters can help you move more quickly away from a patient.

In the event of an assault taking place, stay as calm as possible, speak to the patient while trying to alert other members of staff to the situation, hold your hands up in front of your chest in the position of readiness to take evasive action.

Prescribing

Most practices follow prescribing in line with NI formulary and your trainer and practice pharmacist will introduce you to practice prescribing protocols and advice as well as discussing COMPASS prescribing reports with you

There are some useful prescribing links below

[NI Formulary | NI Formulary \(hscni.net\)](#)

[Antimicrobial Guidelines for Primary Care | PHA Infection Control \(niinfectioncontrolmanual.net\)](#)

www.medicinesni.com/about/compass.asp

www.dtb.bmj.com



Security measures while doing house calls

Leave your car in an area close to streetlights so you can see if anyone is acting suspiciously around your vehicle.

Have your car keys in your hand ready to open the vehicle quickly. They can also be used as an item of self-protection if the need arises.

Place your medical bag on the floor or in the boot of the vehicle away from prying eyes and opportunistic thieves.

Lock all your car doors when travelling at night or when travelling in busy city areas.

When you have to speak to someone from inside the car that you do not know or are unsure of, roll your window down enough to allow you to speak but not enough for someone to reach in and attempt to grab you or open the car door.

If you are unsure of your route to the patient, ring them on your mobile and if possible have a relative meet you, stay in your car until you reach your destination.

In an area that you are not comfortable leaving your car unattended, have a relative of the patient stay with the car until you finish your consultation.

In the event that someone attempts to steal your medical bag while you are carrying it, let him/her have it. You can replace a bag and its contents easily enough, your life and your safety is more important.

Finally, when travelling at night, always make sure you have enough fuel in your car and that someone knows where you are going.



Group Tutorials

Thursday Tutorials

You will be accustomed to your monthly small group learning sessions and core days that run through the hospital component of the training programme. During your time in GP ST2 these sessions will run weekly and largely follow a similar format of rotating around practices with group work in the morning and session facilitation with a trainer in the afternoon.

There will be a few core days but the sessions are largely small group and you will concentrate on topics not covered in ST1 that are largely clinical but with sessions on consultation skills and practice management. The timetables are available on the learning management system.

These full day study leave sessions will allow you to further work through the GP curriculum topics and are a great preparation for sitting your AKT examination. It is advised that you consider sitting AKT during the latter part or indeed after your GP ST2 placement to ensure you have a substantive amount of GP experience working in practice and have had the opportunity to cover the curriculum in these tutorials.

Group Ground Rules

If ground rules are agreed at the start problems seldom arise, if problems arise its usually too late for Ground rules!

What do you do with people who often:-

- Arrive a little late?
- Seem to need to leave a little early?
- Talk too much?
- Contribute too little?
- Don't seem to have prepared their work?
- Don't want to lunch with the rest of the group?

Out of Hours (OOH) for ST

- Remember when booking your OOH sessions to consider the European Working time directive (EWTD). You need an eleven hour rest interval.
- Thirty-six hours of OOH are required during each 6 month attachment, these are usually in slots of four to eight hours.
- STs are expected to experience a mix of evening, weekend, bank holiday & “red eye” shifts throughout training.
- If a doctor is due to commence a surgery session at 9am they will need to leave the OOH centre at 10pm the previous night.
- If a shift lasts till 1am the doctor cannot work until 12md; this may mean missing a morning surgery and making this up later in the week.
- As of Feb 2020 trainees are required to upload their RoS forms to ePortfolio as learning logs so the ARCP panel can view these. Trainees are solely responsible for this as they are no longer required to submit these to the deanery.
- OOHs Clinical Supervisors will be instructed to send a form for payment purposes which must be signed by each trainee supervised and for each session to ensure ease of payment.

Passwords

You will need for

- EMIS/Vision/Healthy
- Docman/Apollo
- Adastra for OOH
- CCG
- Intranet
- ECR



Trainee Assist Pathway

You are all very welcome to the GP programme. Our scheme in NI has traditionally delivered great results and happy trainees. GP training is a short, packed, three year programme and there are a few hurdles along the way.

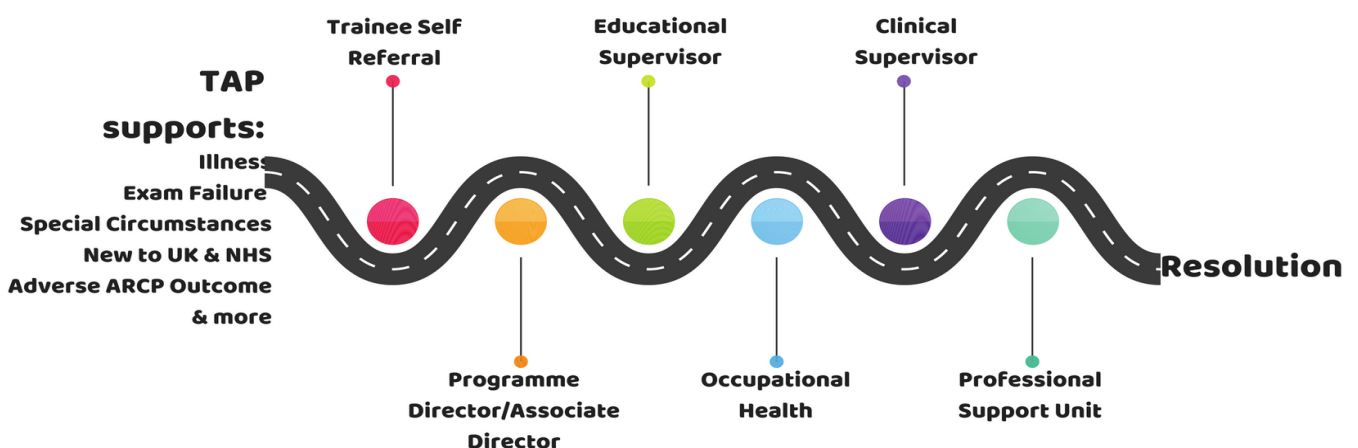
However, we know that everyone goes through difficulties from time to time and we have supported many trainees over the years. This may be due to personal circumstances, examination results, workplace issues or health problems. Our experience suggests that so many simple things can be resolved quickly if we know sooner rather than later!

In the first instance, there is support from your Educational Supervisor and Programme Director. They are there to help and assist you at any stage during your programme. Many local and personal issues can be resolved with their help.

The Deanery keeps a database of trainees requiring additional input called the Trainee Assist Pathway (PAP), which is regularly reviewed to ensure support is there when needed. The Trainee Assist Pathway (TAP) has been running for a number of years. The diagram below illustrates the role of TAP and how to access it. You can self refer, or your programme director, or educational or clinical supervisor may also refer you to us. If you are new to Northern Ireland, or unfamiliar with the NHS, you may find the Trainee Assist Pathway (TAP) supportive as you settle into your new environment.

Once you have been included on the Trainee Assist Pathway (TAP) database. You will meet with one of the Associate Directors at NIMDTA. We can discuss the problem, develop a plan and schedule a review to assess the situation. We can also liaise with the Professional Support Unit for their resources and expertise.

To access the pathway, email gpspecialtytraining.nimmdta@hscni.net



Policies

There is a policies section on the website which will provide you with information on a variety of issues: Hyperlink below

- [Allocations](#)
- [Less Than Full Time Training policies](#)
- [Special circumstances](#)
- [Appeals](#)
- [European Working Time Directive](#)
- [Study Leave](#)





Meet the Team

General Practice staff in NIMDTA cover three areas of work; Appraisal, CPD and Specialty Training. Specialty Training admin provide support to GP Trainers, GP Trainees and F2 trainees whilst in General Practice posts.

Staff Name	
Dr Paul Leggett	GP Director
Dr Paul Carlisle Dr Andrew Leitch Dr Marie King Dr Kathryn Potter	GP Specialty Training Associate Directors
Dr Nigel Hart	Associate Director - Quality Improvement
Lauran Morrow	GP Training Manager
Jane Haslett Natasha Hunter	GP Training Coordinators
Mandy Boyle Susie Nelson Suzanne Enticott Helen Rowan Jordan Lemon Alexandra Patterson Ashley Kirkpatrick Katharine Miller Ciaran Hamill	GP Specialty Training Administration Team

Programme Directors

You will be assigned to a Programme Director (PD), who has responsibility for arranging training days as well as reviewing your ePortfolio. There are at least 3 PDs in each area group. Your PD will no doubt be in touch with you soon! However their contact details are on the website.

Area Group	Programme Director
Northern	Dr Stephen Harte, Dr Nick Gardner, Dr Louise Douglas, Dr Laura Moore
Southern	Dr Ali Rogers, Dr Adrienne Keown, Dr Christopher Dorman, Dr Paul Conlon
Belfast	Dr Fionnuala Pollock, Dr Gary Baird, Dr Robert Jennings, Dr Paula Houton
South East	Dr Andrea Murray, Dr Jim McMullan, Dr Carl Brennan, Dr Emma Murtagh
Western	Dr Cara Franey, Dr Adam McDermott, Dr Martina Molloy, Dr Gavin McAteer



A message from the Royal College of General Practitioners, Northern Ireland (RCGPNI)

As a member of the Royal College of General Practitioners the College is here to support you, not only through your training, but also throughout your career.

Working for you, we lobby and campaign for a better general practice environment, from education and training to workforce planning for the future. We work

to improve the health and wellbeing of our GP population, improve standards in primary care and provide you with the tools and resources you will need to improve patient care now and in the future.

As a GP trainee your views are very important to us, so please have your say:

Associates in Training Support

RCGPNI engage with Associates in Training via a number of mediums including College wide member bulletins and educational events specifically targeted towards their needs.

Your AiT representatives are Dr Ifechi Oguano and Dr Niamh Selvin

If you would like to contact Ifechi or Niamh, please email NICouncil@rcgp.org.uk

[Learn more about your AiT membership](#) and access the wealth of information and learning via our website www.rcgp.org.uk

Come to one of our networking and learning events - [click here](#) for further information.

Our office is at 3 Joy Street, Belfast, BT2 8LE and we have meeting spaces that you/and or colleagues could use free of charge. Contact NICouncil@rcgp.org.uk

For any further information please contact the Belfast office on 020 3188 7722.

Desired reading before entering GP

Desired reading before entering GP –

Compass Therapeutic notes – may be completed on line

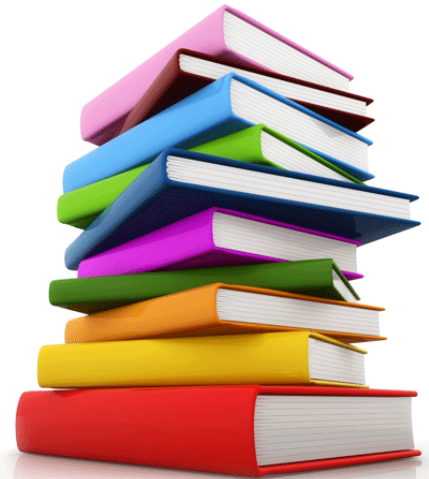
www.medicinesni.com

Infections, Respiratory, Minor ailments, Depression, Dyspepsia, CVD
OA & Rheumatoid arthritis, Women's Health, Epilepsy, Obesity, Pregnancy
And then complete the attached MCQ for accreditation

MIMS give wonderful one page summaries for COPD,
Asthma, HT, JBS,

Optional extra reading:

The Inner Consultation - Roger Neighbour. Radcliffe Press
The Doctors' Communication Handbook. – Peter Tate.



Valuable websites

Valuable web sites

GP Notebook gives precise succinct answers to most clinical conditions encountered in GP; it has excellent sections on prognosis, treatment and management easily used during a consultation. <http://www.gpnotebook.co.uk/homepage.cfm>

www.patient.co.uk Very useful for printing off patient information leaflets and directing patients to.

NICE bites - www.elmmb.nhs.uk

The Northern Ireland formulary at niformulary.hscni.net



Sickness Absences

Please ensure you inform the GP admin team of any sickness absences as soon as possible. When you are in a GP post you are on the NIMDTA payroll and this is important for payroll purposes.



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