

Northern Ireland

General Practice Specialty Training



General Practice Induction for ST2/ST3

Version 2 (July 25)
Produced by GP Specialty Training Team

Welcome to GP Practice!

Being a GP trainee in practice is a very rewarding experience although there may be a steep learning curve. Our trainees consistently tell us that they value the personal support in learning, and the teamwork and friendships that last well beyond their attachment .

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.

Remember to engage regularly with your e-portfolio and requirements such as your compliance passport, QIP, MSF etc. WPBAs form part of the evidence alongside your exams towards Certificate of Completion of Training (CCT).

The team in NIMDTA and your Programme Director are here to support you. Your Educational Supervisor will provide you with individual support and constructive feedback to help you progress in your training and to achieve your goals.

Within primary care you are an employee of the practice and you will adhere to their policies and procedures. You will sign a contract soon after your arrival. This will change in the future when NIMDTA SLE becomes your employer.

When you arrive in GP ...

You must:-

- Provide your Trainer/Practice with evidence of
 - current GMC registration
 - inclusion on the Performer's List (PMPL—NIMDTA will automatically arrange this)
 - Medical Protection cover (YOU CANNOT WORK WITHOUT THIS!!)
 - Hepatitis titres
- Ensure that your medical protection provider knows that 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.**

You will need: -

- Your own stethoscope, auroscope, BP cuff & ophthalmoscope
- Car insurance that is valid for home visits (business use) and carrying drugs

You can expect the practice to provide a bespoke induction including information such as:-

- Practice Policies, Procedures & Protocols
- Access to IT systems
- Instruction on prescription security
- Consultations and tutorials
- Details relating to Duty Doctor and Home visits
- Arrangements for annual leave
- Local support agencies
- Local Hospitals & Consultants & Referral guidelines
- Local Phone numbers

Ground Rules between Trainees & Trainers

You will meet with your trainer to establish learning needs and the expectations of the training practice. This will help to clarify expectations and establish boundaries within the workplace.

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

- Start and finish times of the working week
- Workload and duration of appointments in the 1st few months
- Telephone and face to face consultations
- Home Visits
- How to seek help when seeing a patient
- Coffee and lunch breaks
- Expectations for tutorial preparation
- Expectations around portfolio completion and self directed learning
- WPBA
- How feedback will be given and received
- Dress code
- Social media use
- Working days—if you are LTFT then days of work should be negotiated with the practice

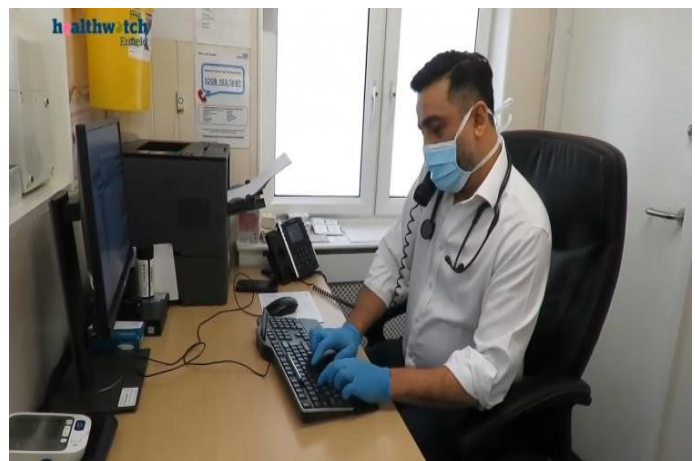
GP Consultations

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

Consultations will be undertaken in a variety of settings such as within the practice, during home visits or when working in Out of Hours (OOH). You will also have the opportunity to gain experience in both telephone and face to face consultations. Each practice has a specific way to manage their workload and it is useful to discuss this with your trainer.

There is some general guidance on consultation lengths and workloads in ST2 and ST3. This is a general guide only and will be tailored to each trainee.

- Generally the 1st 2 weeks will be a period of induction e.g sitting in with your trainer and other doctors in the practice, and spending time with various members of the team. This provides a good opportunity to familiarise yourself with the workings of the practice and computer system
- 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 between you and your trainer.
- In ST3 you may start with 20-30 minute appointment, reducing to 10 minutes by the end of the attachment.



An Induction Checklist

This inventory consists of over 100 tasks that you will come across within the first week in practice. During this time try to work through as many tasks as you can, with help from your trainer, practice manager (PM) 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 PEFV 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"

Enter that patient and record 1st baby vaccination

Record consent, site and batch numbers

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

Record the giving of a Hepatyrix vaccination—site, batch number

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

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

Provide a printed list of all computer templates used by the Practice

Use each template in turn and enter data

Appointments

View the list of appointment schedules

Add a patient

Denote a patient as arrived

Call for that patient

Denote a patient has finished

Referrals

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

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 (e.g. 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

Personal safety is paramount

Security measures during a consultation

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.

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

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 potentially 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 consult with you, eg practice nurse.

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.

Keep your wallet, phone and car keys in a safe place and out of view when consulting – these can be targeted even if you only momentarily leave the consulting room.

Security measures while doing house calls

Home visits are an integral part of GP and it is expected that 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 and after the visit.

Trainers should organise a risk assessment prior to home visits. This is particularly important when completing home visits in the dark and if visiting patients with a history of violence, alcohol or drug problems.

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 \(hscni.net\)](#)

[5.0 Infections \(including children\) | NI Formulary \(hscni.net\)](#)

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

www.medicinesni.com/about/compass.asp

www.dtb.bmj.com



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.

It is important to discuss with your trainer whether you will need to carry drugs. 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 expect each GP to carry their own drugs.

Your trainer will discuss 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/auroscope
Stethoscope
Thermometer
Green needles
Orange needles
10ml syringe
Urine bottles
Butterfly
Green Venflon
Pink venflon
Mouth mash resusc
Multistix GP
PPE
Glucometer
Gloves and masks
Alcohol Gel Hand Sanitiser



Safety

Lock all your car doors when travelling at night or when travelling in busy city areas. Always make sure you have enough fuel in your car and that someone knows where you are going.

If 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.

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 opportunistic thieves.

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.



Group Tutorials

Thursday Tutorials

You are entitled to a maximum of 30 days of study leave per year. A substantial component of these will be used through the Thursday tutorial programme. Any remaining days can be taken to attend courses as per the [Study Leave Application](#) process.

ST2

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 be scheduled for most Thursdays. **Please note that if no tutorial has been scheduled for a Thursday or, you have already attended the tutorial (relevant to trainees working less than full time or on extensions) then it is expected that you will be in practice on Thursdays.** The sessions will follow the format of rotating around practices, with group work completed in the morning and trainer facilitation in the afternoon. Please contact the trainer at least one week prior to the tutorial to ensure that there is space at the practice for the group to attend **and** that your trainer is aware of their role. The group will concentrate on topics not covered in ST1. These will be mainly clinical but will also include sessions on consultation skills and practice management. There will also be a small number of regional core days. The timetables are available on the learning management system. ([LearnHSCNI](#))

These full day study leave sessions will allow you to further work through the GP curriculum topics and are a great preparation for 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 substantial amount of GP experience working in practice and have had the opportunity to cover the curriculum in these tutorials.

ST3

During your ST3 placement you are entitled to a maximum of 30 study leave days. Your Thursday tutorial programme will use 25 days of these. The remaining five days can be used to attend courses as per the [Study Leave Application](#) process. **Please note that if no tutorial has been scheduled for a Thursday or, you have already attended the tutorial (relevant to trainees working less than full time or on extensions) then it is expected that you will be in practice on Thursdays.**

Group Ground Rules

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

Some common problems to consider. 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 join the rest of the group for lunch?

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.
- Completion of OOH is a contractual requirement.
- Thirty-six hours of OOH are required during each 6 month attachment, these are usually in slots of between four to eight hours. (For ST2 Integrated training placements (ITP) the trainee will need to complete 72 hours in the OOH setting during their ST2 year). STs are expected to experience a mix of evening, weekend, bank holiday and a “red eye” shift throughout training. It is expected that no red eye shift will be completed during ST2. Please refer to the [OOH booklet](#)
- 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 until 1am the doctor cannot work until 12midday later that same day. This may mean missing a morning surgery with trainees **making up this time later in the week.**
- As of Feb 2020 trainees are required to upload their RoS forms and an OOH summary log to their ePortfolio as learning logs. This provides evidence for the ARCP panel to view. Trainees are solely responsible for this as they are no longer required to submit these to the deanery. [Urgent and unscheduled care training guidance \(rcgp.org.uk\)](#)
- 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 these for need for

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



Trainee Assist Pathway

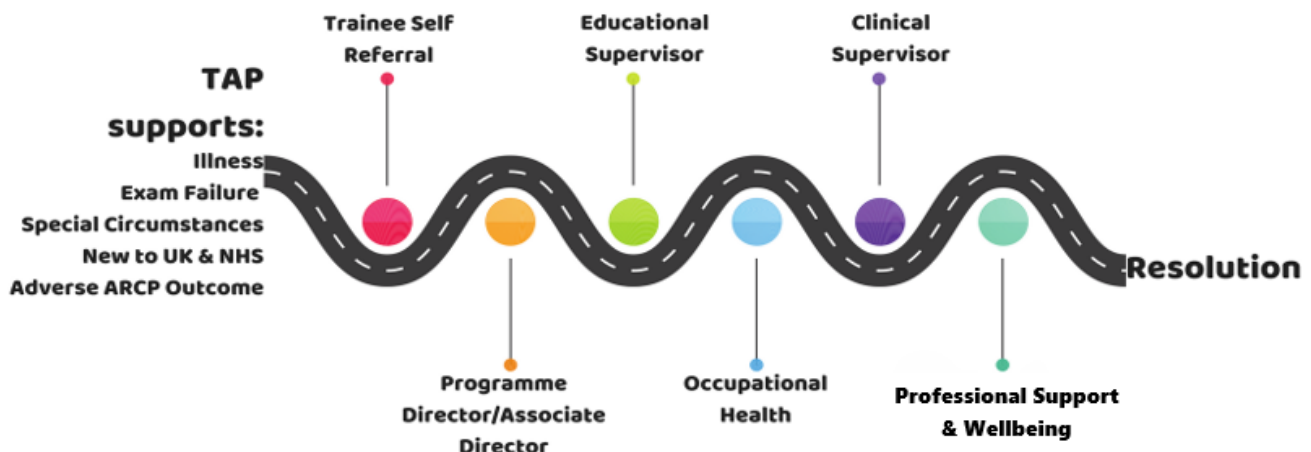
The GP training programme is relatively short taking only three years. We understand that everyone may experience difficulties at various times and we have supported many trainees over the years. Challenges may arise through personal circumstances, examination failures, workplace issues or health problems. Our experience suggests that many things can be resolved quickly if addressed early. Please get in touch promptly for assistance.

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. It is important that you discuss any issues within the practice with your Trainer and Practice Manager to try and resolve these inhouse. These can also be discussed with your PD. Sometimes it may be necessary to meet together with your Trainer and PD.

Sometimes additional input is required and you may be referred to the Trainee Assist Pathway (TAP). The TAP has been running for a number of years. The diagram below illustrates the role of TAP and how to access it.

There are a number of ways to be referred into TAP: self-referral, by your PD, ES or clinical supervisor. 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.

The Deanery maintains a database of trainees requiring additional input called the Trainee Assist Pathway (TAP) This is regularly reviewed to ensure trainee support is available as needed. Once you have been included in the TAP database you may need to meet with one of the Associate Directors at NIMDTA. We can discuss problems, develop a plan and schedule a review to assess the situation. We can also liaise with the [Professional Support Well-being](#) (PSW) for their expertise.



Policies

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

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





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.

To get in touch, 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

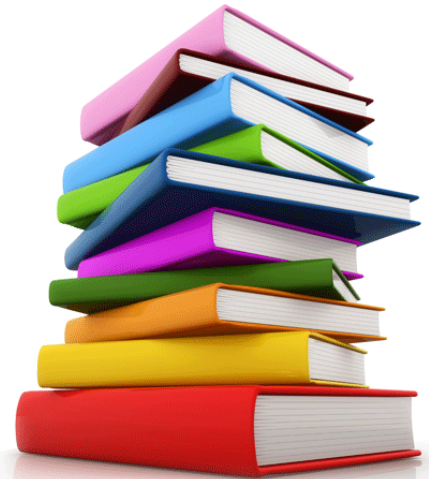
www.medicinesni.com

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—[NICE Bites Bulletins \(elmbb.nhs.uk\)](http://elmbb.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 and provide a Med3 if the period is longer than seven days. When you are in a GP post you are on the NIMDTA payroll and this is important for payroll purposes.



@GPTrainingNI



@gpnimdt

FOLLOW US

