**How to use this Template** November 2017

This Training Practice Induction template is designed for GP Trainers and Practice Managers to modify and make relevant to their surgeries. You may wish to involve your current trainee(s) in this process. It is intended to complement rather than replace any existing induction material you have in your practice. Please read through the template carefully to ensure you have covered all relevant areas for your own practice.

Please note any comments in [brackets] are prompts for you to consider – do delete once you have read them (including this page!).

Once you have made the template your own induction document, please update the contents page. Then save it your intranet, add a version number to the footer, and update it as changes take place over time.

This template was prepared by Dr Guy Dixon, GP Medical Education Fellow in South East Scotland 2013-14, following focus groups with ST1 trainees and discussion at the 2014 Trainers’ conference. It is hoped that using the template will encourage further discussion and sharing of best practice across the region and improve the induction process for both trainees and Training Practices.

**If you have any comments or suggestions to improve this template, please contact** Gordon McLeay



Training Practice

Induction Pack

[Insert Practice Logo]

Welcome to[insert practice name, address & contact details]

|  |  |
| --- | --- |
| **Address:** |  |
| **Telephone:** |   |
| **Fax:** |  |
| **Email:** | [Generic or Practice manager] |

**GP Trainee (ST 1/2/3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Supervisor/Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Induction date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Programme:** [Insert name of Training Programme]

**Training Programme Director: \_\_\_\_\_\_\_**[Please check with GP Unit]**\_\_\_\_\_\_**

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# Introduction

[Insert key welcome message]

This induction pack is intended to be a supplement to your induction with the Practice and the Deanery induction you will have. Please also familiarise yourself with the websites listed below and start planning how you will timetable and make the most of your educational opportunities in this post.

Please note **NHS Education for Scotland** (NES) becomes your employer during the GP component of your training. (There are plans for NES to employ GP trainees for the duration of their training – this is currently the case in NHS Grampian.) The following page includes details of mandatory training you must undertake in the first few days of your placement.

## Tasks for the GPST1 Trainee in the first few weeks

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Task** | More information | Date |
| **Register with these websites before starting** | **RCGP e-portfolio** | [www.rcgp.org.uk](http://www.rcgp.org.uk/) |  |
| **NES Portal** | [www.portal.scot.nhs.uk](https://portal.scot.nhs.uk/) |  |
| **Regional Resource (check if relevant in your region – currently North and South East)** | <http://www.nesmoodle.scot.nhs.uk/login/index.php> |  |
| **HR forms & training** | **NES mandatory training** | **First few days in post – see below** |  |
| **Return Form R** **Letter of training** | [Regional contacts](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/meet-our-teams/) |  |
| **Training in GP post** | **Learning needs assessment** | [elearning.rcgp.org.uk](http://elearning.rcgp.org.uk/)  |  |
| **Attend Regional induction**  | [Scotlanddeanery](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gpst-educational-opportunities/) |  |
| **OOH induction** | [Regional contacts](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/meet-our-teams/) |  |
| **ST1 Educational Release Programme** | [Scotlanddeanery](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gpst-educational-opportunities/) |  |
| **CPR update** | CPR update required every 3 years for RCGP |  |
| **Professional responsibilities** | **Medical indemnity cover** | **See details from NES below** |  |
| **NES Contract** | Sign and return within 6 weeks |  |
| **RCGP Membership Associate in Training** **(or e-portfolio only)** | [www.rcgp.org.uk](http://www.rcgp.org.uk/) |  |

## Areas to be thinking about for your next post:

|  |  |  |
| --- | --- | --- |
| Task | More information | Date |
| GP visit days & ESR | Contact your Training Practice |  |
| Super Condensed Curriculum Guides – plan educational needs & opportunities for your next post | [Scotlanddeanery](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/trainee-educational-resources/) |  |
|  LaMP courses | [LaMP](http://www.scotlanddeanery.nhs.scot/your-development/leadership-and-management-programme/) |  |
| Other educational opportunities | [Scotlanddeanery](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/trainee-educational-resources/) |  |

# NES Induction Checklist for GPST Employees

For the duration of your placement with your practice, you are an employee of **NHS Education for Scotland** (NES). As your employer, NES request that in the **first 2 days** of your placement, you and your practice will set aside some time to complete your **mandatory training** and to familiarise yourself with the following matters relating to your employment and time in the practice. This will be supplemented by local induction with your practice. (There are plans for NES to employ GP trainees for the duration of their training – this is currently the case in NHS Grampian.)

|  |  |
| --- | --- |
| **Induction Area** | **Completed (Date)** |
| **Mandatory Training**You should already have received an e-mail asking you to complete two online modules, on **Health and Safety**, and **Equality and Diversity**. These are mandatory, and you will be asked to complete these within the first two days. Each will take around 1-2 hours to complete. Your GP Director will be kept informed as to completion rates. |  |
| **Extranet**You and your practice have access to an extranet site dedicated to the employment of GPStRs. These pages are regularly updated with news/information that may be of use to GPStRs. [GP Training Extranet](http://extranet.nes.scot.nhs.uk/)We would ask you to familiarise yourselves with the following areas:* NES Policies
* GPStR FAQs
* Additional working hours
* Sickness Absence
* Annual Leave
* Working Time Regulations
* Expenses Information
* Complaints procedure
 |  |
| **Medical Defence Union Cover**As an employee of NES, whilst undertaking duties on behalf of NES, indemnity for the General Practice Specialty Registrar will be provided by **CNORIS**. However, General Practice Specialty Registrars have a personal responsibility to maintain membership of a recognised medical defence organisation or insurer for other professional activities which are not be covered by CNORIS. For example, it does not provide advice and representation for regulatory council (GMC) inquiries arising from health, performance and professional conduct; assistance through employers' disciplinary proceedings; or legal representation for police investigation of potential criminal charges arising from your clinical practice. Please ensure you have the appropriate additional personal cover. (CNORIS will not provide cover for out of hours work undertaken on achievement of your CCT). |  |
| **Contract of Employment**Your contract will be issued within 6 weeks. Please return your contract promptly. Please note that failure to return the signed contract within specified deadlines may result in an interview with the GP Director and as a final sanction, withholding of salary and noting of this failure on E-Portfolio.  |  |
| **Annual leave**You are entitled to either 25 or 30 days annual leave pro rata dependent on pay point.Annual leave should be arranged with your practice.Annual leave record should be downloaded from the Extranet website [http://extranet.nes.scot.nhs.uk](http://extranet.nes.scot.nhs.uk/) Click on HR Tab along top, from the menu on the left hand side click on Standard HR Forms, annual leave record can be found here. Please note that if you are employed on a LTFT basis your practice manager will provide you with details of your pro rata annual leave allowance.  |  |
| **Sickness Absence Procedure**We ask that you contact your Training Practice on the first day of any sickness taken and notify them of your illness. Your Practice Manager/Educational Supervisor will discuss likely absence duration and ongoing contact arrangements with you and will notify HR. On your return, you will be asked to complete a Return to Work form (RTW1) with your Practice Manager/Educational Supervisor, which will be sent to HR along with any medical certificates.If sickness absence exceeds 2 weeks per annum you may be required to extend your training period to complete training. |  |
| **Special Leave**Special leave with/without pay may be taken at the discretion of the practice in discussion with NES. Requests for special leave should be submitted to the practice manager/named partner responsible for staffing in the first instance. Such leave may only be taken when written approval has been given from NES in agreement with your GP Trainer, and you may be required to extend your training period to complete training.  |  |
| **Working Hours**The normal working week (excluding out-of-hours training) will comprise of 10 sessions (40 hours per week), which will be broken down as follows: 7 clinical, 2 structured educational (including day release/VTS) and 1 independent educational (personal study). A degree of flexibility may be required from time to time to meet your training needs i.e. increasing either the number of educational or clinical sessions to gain specified competencies (having decreased the number of clinical or educational sessions accordingly/respectively). The nominal length of a session is 4 hours. Trainees should have an 11 hour rest period after an OOH shift, and a shift, including your normal hours in GP placement, can be no longer than 13 hours. In practice this means an adjustment to start and finish times at your practice. |  |
| **NES Employment Contact Details**For all HR employment issues: GPTraining.HR@nes.scot.nhs.ukFor all expenses related issues: see extranet |  |

# Practice Team Photos [complete as relevant]

**Partners:**

 

Dr A Dr B Dr C

Child Protection Lead Training Lead Prescribing Lead

**Associate/Salaried/Retainer GPs:**

 

Dr D Dr E

**GP Trainee(s):**

 

Dr G Dr H

**Practice Nurses:**



Nurse A Nurse B

**Practice Manager: Reception Staff:**



**Practice Team [complete as relevant]**

|  |  |  |
| --- | --- | --- |
| **The Team** | **Name** | **Qualifications / Interests** |
| **Partners** | Dr A | FRCGP, DRSRH – Child health, IT, prescribing |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Associate/Salaried GPs** |  |  |
|  |  |  |
|  |  |  |
| **Practice Nurses** |  |  |
|  |  |  |
|  |  |  |
| **HCA/phlebotomist** |  |
|  |  |
| **Practice Manager** |  |
| **Reception staff** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**[Please include an up to date list of internal phone numbers either here or as Appendix 1]**

#

# Practice & Area Profile

[You may wish to include a copy of your Practice Profile or Practice Information Leaflet here]

[Some of this information may already be in your Locum Pack?]

## Location

\*[Please include a practice area map and information on how to find the building].

 [Include information about area, local interests & amenities, distance to other towns, population, density, & typical patient needs].

## Local History & Current Developments

[Include history of town and information about any plans for the town where the practice is located]

## Our Ethos

[Include practice aim or mission]

## Our History & Premises

[Include information on history of practice, reputation, premises and list size].

## Our Services

[Include information on opening hours, services and clinics offered, extended hours, DES/LES, practice meetings, IT systems: appointments system, EMIS/Vision, docman etc].

## Facilities

Access: keys, alarm codes, keypad locks etc.

Tea/coffee facilities

ToiletsCommunity Staff & Services

\*[Have you arranged for your trainee to meet Community Staff during their induction?]

## Community Staff

[List community staff including midwives, health visitors, district nurse team and any other attached staff, such as dietician, cognitive behavioural therapist and drugs counsellors.]

|  |  |  |
| --- | --- | --- |
| **Community Team** | **Name** | **Contact** |
| **District Nurses** |  |  |
|  |  |  |
|  |  |  |
| **Health Visitors** |  |  |
|  |  |  |
| **Community Midwives** |  |  |
|  |  |  |
| **Community Physio** |  |  |
|  |  |  |
| **Other.** | [e.g. Podiatry, Prescribing Advisor etc...] |  |
|  |  |  |

## Hospitals & Care Facilities

[List local hospitals, their locations, and the services they offer. Include community hospitals, and any nursing or residential homes the practice looks after]

## Pharmacies

[List local pharmacies, their locations, contact details and opening hours. Consider sending your trainee to meet them during their induction.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacy** | **Telephone/Fax** | **Location** | **Opening Times** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## External Contacts & Referrals

# [Explain how referrals are made within the practice – dictation? Paper forms? SCI gateway? Etc.]

# [Please include either here or as an Appendix an up-to-date list of external contact numbers to be used for enquiries, referrals and emergencies. E.g. Bed Bureau, Ambulance, GP Line for hospitals, Social work, MHO, Locality psychiatry consultants, Child Protection Team etc...]

# Timetables

## [In this section you should include the following timetables:

## Induction timetable (2-3 weeks)

## Trainee’s typical weekly timetable showing educational sessions

## Timetable of practice meetings

## Doctors’ Rota showing days/sessions worked by other doctors in the practice.]

## A typical week

[Please include a typical weekly timetable for the new ST1 Trainee illustrating 7 clinical sessions and 3 educational sessions]

## Weekly Timetable for Dr X GPST1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| 9am **Tutorial**11.00-11.20 Coffee break11.20-1.00**Home Visits and admin** | **Booked surgery**8.45 - 11.00am9x15 minutes appointments11.00-11.20 Coffee break11.20- 12.30 **Home Visits and Admin** | **Booked surgery**8.40 - 11.00am11.00-11.20 Coffee break11.20-12.15**Home Visits and admin**12.15 **Clinical Meeting** (monthly) | **Booked surgery**- 11.00am9x15 minutes appointments11.00-11.20 Coffee break11.20-12.30**Home Visits and Admin** | 8.30-9.30 **Clinical meeting** (monthly)9.30-11.00**Booked surgery**6x15 minutes appointments11.00-11.20 Coffee break11.20-12.30 **Home Visits and Admin** |
| Lunch: 1.00-2.00 | Lunch 12.30- 1.30 | Lunch 1.00-2.00 | Lunch 12.30-1.30 | Lunch and admin 12.30-2.00 |
| **Booked surgery**2.00 – 4.40pm10x15 minutes appointments plus 1 catch up slot. | **Booked surgery**13.30 – 4.30pm11x15 minutes appointments plus 1 catch up | **Educational Release Programme** – Westport(Or **Booked surgery**) | **Self directed learning (personal study)** | **Booked surgery**2.00-4.40 pm10x15 minutes appointments plus 1 catch up slot.**Joint surgery** twice a month 2.00-4.00  |

**Induction Timetable for Dr. .......…. ST1** [starting on………]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **1** |  |  | **Morning session****09.00 -11.00****IT Training**GPASS consulting, Px, appointments, Docman  | **Morning session****9.00 -11.00****IT Training**SciGateway referrals, Sci results etc.. | **8.30 Clinical meeting** **9.30-11.15 Tutorial with Dr…**(Referrals & resources, Docman results & letters, basic coding) |
|  |  | **Coffee break: 11.15-11.30** **Time for NES Mandatory Training****And Lunch**  | **Coffee break: 11.15-11.30** **Time for NES Mandatory Training****And Lunch** | **Coffee break: 11.15-11.30** **11.30-1.00 Visits with Dr…****Lunch 13.00-14.00** |
|  |  | **Afternoon surgery: 14.00-17.00.** Sit in / Joint surgery with Dr… 3 slots blocked for discussion | **PM surgery 14.00-17.00**Sit in with **Dr...**  | **PM surgery 14.00-17.00** Sit in with **Dr...**  |
| **2** | **9.00- Reception observation****10.00 -** (reception & admin) | **8.40 - surgery** 4 patients x 30mins appts. with 1 catch up slot | **8.40 - surgery** 4 patients x 30mins appts with 2 catch ups slots | **9-11.30 Well baby** clinic with**Health Visitor** | **8.30** **GP Partners meeting** 9.40 sit in with … for **duty doctor** session |
| **Coffee break: 11.15-11.30** **11.30-1.00 Visits with Dr…****Lunch 13.00-14.00** | **Coffee break: 11.15-11.30** **Debrief with Dr…****Lunch 13.00-14.00** | **11.15-12.30 Coffee break, debrief with Dr …and Lunch** | **Coffee break: 11.15-11.15** **11.15-12.30 Visits with Dr…****Lunch 12.30-13.30** | **Coffee break: 11.15-11.30** **11.15-12.30 Visits with Dr…****Lunch 12.30-13.30** |
| **14.00-16.40 Start consulting** 4 patients x 30min slots, 1 catch up**Supervision/debrief with Dr…** | **14.00-17.00 – Sit in with Practice Nurse**(consider DOPS e.g. smears, BMs, dressings) | **12.30 – Tutorial 1hr** **13.30-17.00 –****Self-directed learning (personal study)** | **13.30- – surgery** 5 patients x 20mins appts 2 catch ups**Supervision/debrief with Dr…** | **13.30 - surgery**5 patients x 20mins appts 2 catch ups**Supervision/debrief with Dr…** |
| **3** | **8.40 – 11.00 surgery** 6 patients x 20mins appts with 1 catch ups | **8.40 Joint surgery with…**(give Needs Assessment & H&M questionnaires) | **8.40 -11.00 surgery** 6 patients x 20mins appts with 1 catch ups | **9.00 – District Nurses**(meet upstairs office) | **8.30 Clinical meeting****9.40-10.40 Tutorial with Dr ...** ePortfolio Educational Needs Assessment, & PDP |
| **Coffee break: 11.15-11.30, debrief with Dr… and admin****Lunch 12.00-13.00** | **Coffee break: 11.15-11.30** **Home visits with Dr ..****Lunch: 13.00-14.00** | **Coffee break 11.15-12.30,** **Coffee break, debrief with Dr …and Lunch** | **Coffee break: 11.15-11.30** **11.30-12.30 Visits with Dr…****Lunch 13.00-14.00** | **Coffee break: 11.15-11.30** **11.30-12.30 Visits with Dr…****Lunch 13.00-14.00** |
| **13.00 –Health Visitor FM**(meet upstairs office)**Then SDL** | **14.00-- surgery-**6 patients x 20mins appts 2 catch ups**Supervision/debrief with Dr…** | **12.30 – Tutorial 1hr** **13.30-17.00 –****Self-directed learning**  | **14.00-16.40– surgery****-** 6 patients x 20mins appts 2 catch ups**Supervision/debrief with Dr…** | **14.00-16.40 – surgery**6 patients x 20mins appts 2 catch ups**Supervision/debrief with Dr…** |

## Practice Meetings

The following meetings are held regularly in the practice [complete as appropriate – please indicate which meetings trainees are expected to attend and which they should not attend]:

* Clinical meeting – Fridays 8.30
* Partners’ Business meeting – Thursdays 14.00
* Vulnerable Families meeting (with HV) – 1st Monday of the month after DN meeting
* District Nurse meeting – Mondays 8.30
* Palliative Care Register meeting – 2nd Monday of the month after DN meeting
* Educational meeting – alternate Tuesday lunchtimes
* Significant Event & Audit meeting – 1st Friday of the month
* Other...

## Duty Doctor System & Telephone consults

[Please include a brief description of how your Duty Doctor system operates. This is a common area of uncertainty for new Trainees and varies considerably between practices.]

## Home Visits

[Explain how these are allocated and what is expected of the Trainee.]

## Extended Hours

Some practices run "extended hours" sessions. You may be asked to do a small share of these to gain experience but this should not be part of your regular workload. They do not count as part of your OOH work. [If you offer extended hours and expect the Trainee to gain experience of this, please explain this here.]

## Out of Hours

You will have a separate induction from the Out of Hours Service that will be providing your OOH training in ST1. You are required to undertake sufficient out of hours experience to gain and demonstrate the required competencies. For full time trainees in ST1, this means a minimum of **36 hours** of OOH training per 6-month post. Please ensure that you add a reflective log entry for every session in your e-portfolio and attach the relevant clinical supervision feedback form after discussion with your educational supervisor. Please Scotland Deanery website for [OOH guidance](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gp-trainees-as-nes-employees/)

The OOH training is in addition to your 10 sessions in your training practice. If an OOH shift means that you will need time out of the surgery to fulfil the European Working Time Directive, those hours will need to be made up at another time in the week.

#  Teaching & Educational Opportunities

## Clinical Supervision

## [Explain who is responsible for day-to-day clinical supervision of the trainee. This may be the ES, or may vary during the week. How is this identified? What are the arrangements for cover when the ES is on leave?]

## Informal Teaching

[Highlight some of the informal learning opportunities in the practice, including practice clinical meetings, SEA discussion, dealing with complaints etc.]

## Formal Teaching

[Please explain local arrangements for formal teaching, such as tutorial times, who will provide these and how topics will be chosen. Include PLT days.]

During your **GP post**, you should engage with the following educational activities organised for you by the GP Unit:

* Educational Release Programme & PBSGL
* Core Curriculum Course or other educational opportunities provide in your region
* Leadership and Management Programme (NES)

During your **Hospital posts**, you will need to use your study leave to engage with the following educational activities organised for you by the GP Unit:

* Educational Opportunities as per region (see [Scotland Deanery website](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gpst-educational-opportunities/) for more details)
* Leadership and Management Programme (NES)
* GP Practice Visit days as per Regional agreement

Further information is available on the [Scotland deanery website](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gpst-educational-opportunities/)

## Tutorial List

[You may wish to include a list of tutorial topics offered by different staff in the practice, or some set tutorial topics for the induction period e.g. emergency drugs & equipment, doctor’s bag, acute/repeat prescribing etc.]

## Educational/Learning Needs Assessment

You should complete a learning needs assessment in the first month of your training and discuss this with your Educational Supervisor. They will be able to advise you on specific needs assessment tools to help you do this.

NES has developed a number of [Super Condensed Curriculum Guides](http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gp-trainees-in-hospital/) to be used by both Clinical Supervisor and GP Specialty Trainees in their hospital posts. These are available on the Scotland Deanery website for each of the hospital posts.

## Study Leave Suggestions

[Include any suggestions for study leave that previous trainees have found useful. This could be NHS or external courses, contact details for specialty clinics or voluntary services, online learning etc.]

As a GP trainee, your contract allows for up to 30 days of study leave per year. Some of these are taken up by your **Educational Release Programme** (ERP) and any compulsory courses (e.g. LAMP/Regional teaching). The ERP is regionally dependent. Please review the Scotland Deanery website for further details. The sessions will tend to be a balance of GP related work and clinical conditions relating to the curriculum

You can choose to use your remaining study leave sessions on a variety of activities relevant to GP as agreed with your Educational Supervisor. A limited amount of funding is available per trainee. Regional teaching can be found on the Scotland Deanery website

## Library & Recommended Books

[Give details of the practice library and any books you particularly recommend.]

## Teaching Opportunities

# [Highlight any opportunities for the trainee to get involved in teaching within the practice (e.g. medical students, FY2s, practice meetings, PLTs etc.) and who to contact.] Practice Policies and Protocols

## In this section you may wish to include relevant practice policies and protocols, or how to find these if they are already on your practice intranet.

## [Some suggestions for inclusion:]

## Annual & Study Leave (incl. notice periods and approval procedures) – see also NES guidance above

## Complaints – see also NES guidance above

## Repeat Prescribing

## Chaperones

## Child Protection Guidance

## Controlled Drugs Guidance

## Prescribing for Substance Misusers

## DMARDs

## Fire safety

## Security (e.g. panic buttons, keys, alarm codes)

## Parking & Parking permits

# Computers, Confidentiality and Information Governance

## Confidentiality and Information Governance

By having access to patient information, you are required to adhere to the confidentiality and information governance procedures of your local Health Board. In short, this requires that you access information that is relevant to your work and that you do not share such information unless it is appropriate to do so. **Please note:** inappropriate access to patient or other personal information, or the inappropriate sharing of such information, is a disciplinary matter.

## Passwords

[Include here a list of passwords for the Registrar to access relevant IT systems]

## Computer Training Checklist [adjust to suit]

Consider breaking up IT training into manageable chunks rather than all on the same day, and offer a follow up session for trouble-shooting.

|  |  |  |
| --- | --- | --- |
| **Skill** | **Achieved** | **Responsibility** |
| Passwords | PC access |  | [PM] |
| NHS GP email |  |  |
| EMIS / Vision |  |  |
| Docman |  |  |
| SCI store |  |  |
| SCI gateway |  |  |
| OTHER: SCCRS, Toxbase etc. |  |  |
| NES Portal |  | Trainee |
| RCGP e-portfolio |  | Trainee |
| Configure your PC |  |  |
| Practice Intranet / Shared drive filing system |  | [PM] |
| E-mail / internal messaging systems |  |  |
| Appointments system |  | [Reception] |
| Use of clinical system (EMIS / Vision) | Consulting |  | [Dr. X] |
| Reports / Audit |  |  |
| Clinical coding |  |  |
| Prescribing | Acute |  | [Dr. X] |
| Repeat |  |  |
| Local Formulary |  |  |
| Docman | Investigation Results |  | [Dr. X] |
| Clinical letters |  |  |
| Referrals (SCI-gateway & RefHelp) |  |  |
| Trainee e-Portfolio and ARCP requirements |  | [Trainer] |
| Follow up session for trouble-shooting IT problems |  |  |

# Appendix 1: Useful Contacts [Please include here if not done above]

# Internal practice contact numbers

# Local community contacts e.g. HV, DN, MW, pharmacist

# Up-to-date list of external contact numbers to be used for enquiries, referrals and emergencies. E.g. Bed Bureau, Ambulance, GP Line for hospitals, Social work, MHO, Locality psychiatry consultants, Child Protection Team etc...]

# (n.b. these may already be in your locum pack or on your practice intranet)

# Appendix 2: Tutorial List [adjust to suit]

[You may wish to include a list of tutorial topics offered by different staff in the practice, or some set tutorial topics for the induction period e.g. emergency drugs & equipment, doctor’s bag, acute/repeat prescribing etc. The list below is neither comprehensive nor compulsory.]

|  |  |  |
| --- | --- | --- |
| Topic | Date | Staff |
| Introductions | Get to know your trainee (Kiddy ring) |  | [Trainer] |
| Walk around practice area |  | [Trainer] |
| Learning needs assessment (PEP) and PDP |  | [Trainer] |
| WPBA overview and video surgeries |  | [Trainer] |
| Emergencies | Doctor’s Bag, Emergency drugs and equipment |  |  |
| Emergency contacts and urgent admissions |  |  |
| Personal safety, panic button etc. |  | [PM] |
| Prescribing | Acute |  |  |
| Repeats |  |  |
| Controlled drugs |  |  |
| High risk meds (e.g. warfarin, DMARDS etc) |  |  |
| Use of local formulary |  |  |
| Community pharmacist |  | [Pharmacist] |
| Systems & Policies | Duty Doctor system, Home visits & phonecalls |  | [Dr A] |
| Safety-netting (face-to-face & telephone) |  |  |
| Child protection |  | [Dr C] |
| Chaperones, complaints and other policies |  |  |
| Certification (Fitnote, DVLA, death, insurance etc.) |  |  |
| Chronic Disease Managment system(s)/QOF |  | [PM] |
| Investigations & Referrals | Investigations, results and letters |  |  |
| Urgent referrals (incl. red flags) |  |  |
| Routine referrals |  |  |
| Non-NHS services (e.g. mental health, CAB etc) |  |  |
| Clinical Topics | Cardiovascular disease |  | [Dr A] |
| Hypertension |  | [Dr B] |
| Asthma |  | [Dr C] |
| Diabetes |  | [Dr D] |
| Etc... |  |  |

# Appendix 3: Equipment Provisions for GP Registrars [adjust to suit]

**Equipment to be provided by the Registrar:**

* Torch
* Tourniquet
* Stethoscope
* Mobile Phone

**Equipment to be provided by the Practice:**

* Auroscope
* Ophthalmoscope
* Sphygmomanometer
* Thermometer
* Tendon hammer
* Venesection kit
* Blood bottles / sample bottles
* Practice Headed note paper
* Lab and x-ray request forms
* Prescription pad
* Sickness / fitness certificates
* Maps / Parking permit
* Resuscitation kit including mouth piece
* Peak flow meter
* Drugs (see below)
* Controlled drug book (hard back)

# Doctor’s Bag Medication Log: [adjust to suit]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug** | **Formulation** | **Strength** | **Stock** | **Batch No.** | **Expiry Date** |
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# Appendix 4: Doctor’s Bag Contents [adjust to suit]

#

#

# Appendix 5: Leave Card [insert NES leave card]

NES Annual leave example card available from the extranet at: <http://extranet.nes.scot.nhs.uk/media/22864/nesleavetemplate13-14.pdf> example below

