Generic Health Centre

GP REGISTRAR

Induction Pack

Updated July 2015



**GENERIC HEALTH CENTRE – What we are about**

Generic Health Centre aims to provide high quality medical care in a safe and friendly environment which is easily accessible to all.

We achieve this through:

* maintaining our competencies in the clinical areas for which we are responsible
* engaging with our patients so we learn from their experiences
* providing good working conditions for our staff and encouraging them to develop to their full potential,
* maintaining good and effective working relationships with other agencies, local health and social care services and third sector providers
* running the practice efficiently to make best use of NHS funding,
* contributing to local clinical commissioning developments

## **EDUCATIONAL PHILOSOPHY**

## "We aim to create a supportive learning environment to enable trainees and students to reach their full potential"

## **Teaching Time**

## The teaching and tutorials we provide will depend on your experience and learning needs. Initially we provide daily protected time with a partner to review your consultations. We will provide two hours individual [occasionally pairs or larger groups] teaching tutorial time per week. All the partners and the practice manager will be involved in the teaching. We aim to ensure that tutorials ALWAYS happen, barring very unusual circumstances. Please help make the most of this time by:

## Keeping your e-portfolio up to date

## Thinking about the Format and Content

## Preparing Ahead For Tutorials

## There will always be a partner available to support you and you should always feel able to ask for advice.

## **Study Leave**

## We encourage all registrars to take the full entitlement of 30 days study leave per year. Some of these involve the day release course, which we consider an essential part of your training. There are a number of deanery study days – discuss these with your peers and the trainer. The introductory courses also take up some of this time. Thirty days is not a lot – plan your use of these carefully, bearing in mind your educational needs. Also remember the needs of minor surgery, child health surveillance and family planning regulations, and the demand of examinations. If you feel you need more study leave discuss this with your trainer.

## When you are planning study leave make sure it is appropriate within the practice. Almost always it will be, but you are now in a team and cannot assume you won’t be missed.

## **Commitment**

## We aim to be an enthusiastic, well-organised practice providing good quality care – and constantly learning from our experiences. This requires commitment from the whole team and we hope you can join with us in that philosophy.

## **Workload**

## You will never be asked to do more than any partner. Usually it will be considerably less. The educational process is more important than the service commitment, although the latter is significant and at times may be crucial. Always discuss with your trainer if you feel your workload is too heavy. Toward the end of your GP training, ST3 you should expect to sample the ‘real’ world, with a workload similar to that of a partner.

## **Your Employment**

## During your placement, you will be employed by the lead Employer. To be able to practice medicine at our practice you must be on the local GP performers list. You should apply for this at least 6 weeks before you start with us!

Before you start your placement we will need to see the originals and take copies of

* photo ID, passport
* proof of current address, utility bill or suchlike
* Medical defence organisation certificate of membership
* DBS check

While you are here you will be subject to our policies and procedures including our Core Behavioural Competencies, please familiarise yourself with these.

## **Induction Checklist and information**

## We want you to have a great learning experience and to enjoy your placement with us, the induction checklist and information that follows should help you begin to get the most out of it! You will also have a training induction programme for the first few weeks. Please complete the enclosed induction checklist during the induction period and return to the practice manager.

## **Evaluation**

## At the end of your placement we will ask you to review your experience and your learning outcomes. Please give us honest feedback so we can continue to improve our offering.

## **Induction checklist! – To be completed by trainee during induction period:**

|  |  |  |
| --- | --- | --- |
| What  | Who | When Completed |
| Tour of building and fire procedures |  |  |
| Risk management |  |  |
| Panic alarms |  |  |
| Computer system |  |  |
| QOF codes, pop ups,  |  |  |
| Intranet and policies |  |  |
| Chaperone policy |  |  |
| Note keeping and recording |  |  |
| How test results are processed |  |  |
| DNAs - what to do |  |  |
| How to make referralsNB All referrals to be reviewed by usual doctor |  |  |
| Doctors Nurses rota |  |  |
| Emergency Equipment and defib |  |  |
| Drs Bag |  |  |
| Sluice and cupboards |  |  |
| Meet all Staff and understand roles |  |  |
| Learning Needs Analysis |  |  |
| e-portfolio |  |  |
| Tutorials and feedback forms |  |  |
| Values and Burnout questionnaire |  |  |
| Primary care team meetings |  |  |
| Partners meetings |  |  |
| District Nurses, who they are and how to contact |  |  |
| Health visitor’s, who they are and how to contact |  |  |
| Midwives, who they are and how to contact |  |  |
| CPNs who they are and how to contact |  |  |
| Hospice, who is our CNS and how to contact |  |  |
| **Consultation basics checklist!** You need to make sure you know these before you start seeing patients!Electronic prescribingCalling a patientInitiating investigationsReferring patientsIssuing a prescription Red FlagsEntering notes on the computerThe repeat prescribing systemTemporary resident system |  |  |

## **CLINICS HELD AND PROCEDURES FOLLOWED**

## Please note, we do not hold specific clinics for chronic diseases, appointments are made with relevant health care professional on adhoc basis following nurse appointment guide. We run a recall system to invite patients on chronic disease registers to attend for annual (or more frequent) review.

|  |  |
| --- | --- |
| Cytology | With nurse by appointment |
| Family Planning  | With nurse by appointment |
| Home Visits | Written in visits book and allocated by GPs at coffee time |
| Immunisation/Well Baby Clinic | With nurse by appointment8 week baby check & post natal done by GP. |
| Lab Results | Bloods, urine, cervical smears etc. These are returned from the hospital by computer link on a daily basis. They need to be checked and actioned by the GP/Registrar who ordered them. |
| Minor Surgery | GP’s with HCA or Practice Nurse. Patients are booked into reserved slots by Reception, Blue Room only |
| New Patient Medicals | To be carried out by HCA as soon as patients register |
| Medication Reviews | GPs review their own patients either face to face or over the phone looking at the illnesses, drug treatment, compliance, patients’ understanding of the condition & treatment etc. The outcome is a decision about the continuation (or otherwise) of the treatment.  |
| Phlebotomy | Phlebotomy appointments are available in the practice and can be booked at reception. Patients who you see in practice that need bloods taking may be able to have them done before they leave if there is a slot available. This is a new service and still evolving so let the PM know if you find any problems with it. All nurses and HCAs can take bloods; bloods can be centrifuged to preserve them. |
| Practice Nurses | Screening for risk factors for IHD/CVA’s, testicular cancer awareness, blood pressure monitoring on anti-hypertensive medication. Travel vaccination / immunisations – appointment on any day. Pneumovax, influenza, tetanus vaccinations. Dressings / stitch removal / ear syringing / blood samples – appointments any day.  |
| Ear Syringing | Not to be encouraged! If unavoidable then with nurses/HCA by appointment. Patient should be told to make appt at desk for at least 2 weeks ahead & to put olive oil in ears for at least 2 weeks before attending for ear advice with nurse/HCA. |
| Repeat Prescriptions | Most prescribing is now done electronically and few paper scripts are issued. Admin team members who issue scripts are only allowed to issue those requests which do not deviate from medication already on repeat. Anything else is referred to a GP. |
| Surgeries | 8.30 – 18.00 Monday to FridayAll Partners run extended hours clinics in the evening, on average we offer two evening sessions per week. |
| X-Ray Results | These are actioned by the GP / Registrar who signed the request form. Actions are entered on the surgery computer path-links and the hard copy is scanned onto the computer. |
| Patient Engagement | Gaining the views of the patients about the services we offer is an important part of the way we work. Please feed back to the practice manager any comments or suggestions that patients may make to you. That includes compliments!We have a complaints procedure so please refer any patient who wishes to complain to reception who will advise them how to proceed.We use various ways of gaining feedback from patients, such as our website, surveys, suggestion boxes, patient-practice-partnership group P3.  |

**Generic Health Centre:- Doctor’s and Nurse’s Lead Roles July 2015**

**Lead areas to be agreed:** Women’s Health, Dementia and Frailty, Mental Health, QOF, Prescribing, GP Commissioning, Business Development

**Dr 1**

|  |  |
| --- | --- |
| Clinical Lead | Management Lead |
| To be agreed | Senior Partner, Registered Manager CQCQuality and Caldicott GuardianTeacher for med studentsHealth and Safety and PremisesChild Protection |

**Dr 2**

|  |  |
| --- | --- |
| Clinical Lead | Management Lead |
| Learning Disabilities+ others to be agreed | ITNursing TeamINR\*Teacher for med studentsSafeguarding AdultsPrevent (counter terrorism) |

**Dr 3**

|  |  |
| --- | --- |
| Clinical Lead | Management Lead |
| To be agreed | Leads on Medical StudentsGP Trainer ST1-3 and F2s |

**Dr 4**

|  |  |
| --- | --- |
| Clinical Lead | Management Lead |
| To be agreed | To be agreed |

**Lead Nurse 1**

|  |  |
| --- | --- |
| Clinical Lead | Management Lead |
| DiabetesHealth Promotion | Nurse Team Nursing Policies and ProtocolsPractice infection prevention and ControlNon-medical prescribing |

**Nurse 2**

|  |  |
| --- | --- |
| Clinical lead | Management Lead |
| COPD and Asthma |  |

**Generic Health Centre Staff Roles July 15**

All the staff team play vital interlinking roles that keep the practice running safely and smoothly and support the clinicians, enabling them to practice effectively. They are a valuable resource and it is important that you get to know them.

During the induction period, Please take the time to introduce yourself to all the staff in the team, ask them about their roles and how you can help each other.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Job title | Hours | Main or Extra Responsibilities | Met/Introduced |
| **Management Team** |
| PM | Practice Manager,  | 4 days  | Registered Nurse, Manages the Practice, Leads on Patient Engagement, Complaints, Quality and Patient Safety, CQC compliance.Chair N Devon GP Provider Group |  |
| DPM | Deputy Practice Manager | Full time Mon – Fri  | Supports Practice Manager in managing practice and deputises in PM absenceSupports reception and admin managersResponsible for IT and data collectionQOF coordinatorProcurementHealth and Safety and Premises issuesDoctors and nurses rota |  |
| RM | Reception Manager | 28 hours Mon-Fri | Manages reception staffing and reception operations |  |
| AM | Admin Manager and PA to Practice Manager | 26 hours Tues - Fri | Manages admin operations upstairsPractice policy coordinatorCoordinates DRSS activity (referrals)Accounts adminSecretary NDGPPG |  |
| PN | Lead Practice Nurse | 30 hours Mon-Thurs | Infection Prevention and ControlNurse ProtocolsManages nursing teamOrdering Nursing equipment and supplies |  |
| **Reception and Admin team** |
|  | Receptionist | 17 hours  | ReceptionLeads on Carer’s support |  |
|  | Reception | 17.5 | Reception |  |
|  | Receptionist | 15 | Reception |  |
|  | Receptionist | 20.5 hours Mon, Weds, Fri | Reception |  |
|  | Receptionist | 15 Tues-Thurs | Reception |  |
|  | Admin | 19.5 hours | Admin duties and ReferralsCo-ordinates Child ImmsIns and Med reports |  |
|  | Admin  | 18 hours | Various Admin tasks Recalls, referrals |  |
|  | Admin  | 22 hours | Various Admin tasks Recalls, referrals |  |
|  | Admin | 3 hours | Web site and Patient engagement |  |
| **Cleaning is carried out by Cleanest Cleaning Agency** |
| **Clinical staff additional to managers/Partners** |
|  | Practice Nurse | 8 | All practice nursing duties incl dopplers and compression bandagingLeads COPD + asthma  |  |
|  | Lead HCA | 25.5 hours | Level 3 Healthcare and INR\* and phlebotomyStop Smoking lead |  |
|  | Senior HCA | 30 | Level 3 healthcare and phlebotomy  |  |
|  | Junior HCA | 18 | Carers Health Checks, NHS Health Checks and phlebotomy  |  |
|  | Salaried GP | Mon am, Fri am and extras | GP |  |
| **Relief staff** |
|  | Relief Practice nurse |  | Diabetes specialist nurse |  |
|  | Relief Practice nurse |  | COPD specialist |  |
|  | Relief Practice Nurse |  | Full range of competencies |  |
|  | Caretaker | As required | Fire safety routine checksGeneral Maintenance – as required |  |

**2 WEEK RULE …. for trainees to complete before starting to consult.**

|  |  |
| --- | --- |
| TYPE OF CANCER | SYMPTOMS WARRANTING 2 WEEK RULE |
| Breast |  |
| Gynae |  |
| Sarcoma |  |
| Colorectal  |  |
| Lung  |  |
| Skin  |  |
| Haematology |  |
| Neurology |  |
| Upper GI |  |
| Head and neck  |  |
| Urology  |  |
| Paeds:- list different types possible tumours on back of sheet |  |