**An example of a 2 week GPST induction programme for full time equivalents (UK grads and IMGs in their second substantive GP placement)**

An example of a two-week induction (UK grads and IMG in their second substantive GP placement). The aim of this document is to help you reflect on your induction and see if any of the ideas below which might improve your GPST’s induction. Please note induction should be pro-rata i.e. 50% LTFFT would have a four week induction.

**Week 1 (FTE)**

10 sessions (1 x HDR, 1 x Self-directed learning)

8 sessions to fill

Session 1: Meeting the PM and the mandatory fire tour. Reception area orientation, procedures, team introduction. Admin area orientation, procedures, team introduction. Panic alarms. Pigeon holes/in-trays. Study/annual and sick leave policy. SMART card sorted (if not already done). Lunch with the team (accompanied by Trainer or PM)

Session 2: Sitting with their Trainer or a GP (using a task sheet). Sharing useful telephone numbers. Emergency drugs/defib etc. Lunch with the team (accompanied by Trainer or GP)

Session 3: SystmOne Training – YouTube clips and F2F followed by using the updated workbook

Session 4: Sitting with their Trainer or GP (using a task sheet).

Session 5: Safeguarding, consent, chaperoning, photographs and IG tutorial.

Session 6: Sitting with their Trainer or GP (using a task sheet) and / or accompanied home visits

Session 7: Prescribing tutorial followed by sitting in with the Practice/PCN pharmacist (using the task sheet and creating a log entry)

Session 8: Going out with the DNs (using a task sheet and creating a log entry)

**Week 2 (FTE)**

10 sessions (1 x HDR, 1 x Self-directed learning)

8 sessions to fill

Session 1: Sit **and** Swap surgery with their Trainer (case ratio of 2 cases Trainer to 1 case Trainee)

Session 2: Sitting in with the Social Prescriber (using a task sheet and creating a log entry)

Session 3: Tutorial: e-portfolio review and WBPA and ESR expectations

Session 4: Sitting in with the PCN physio (using a task sheet and creating a log entry)

Session 5: Session with the NP (using a task sheet and creating a log entry)

Session 6: Tutorial on prescribing and / or accompanied home visits

Session 7: Sitting in baby clinic and time out with the HV (using a task sheet and creating a log entry)

Session 8: Sit **and** Swap surgery with their Trainer (case ratio of 2 Trainer to 1 Trainee)

**Things to consider (Tips from the Trainers – TW Jan 2022)**

* Session on colloquial expressions
* Watching GP behind closed doors to give an insight into real life GP and for them to identify colloquialisms they don’t understand <https://www.channel5.com/show/gps-behind-closed-doors/season-7>
* Session on team working, how we behave and interact with team members, cues when talking with team members, accompanied (Trainer and Trainee) first few lunches with the team.
* Getting to know you: Getting to know me session where you explore each other’s personal history. Possibly getting the Trainee to give a presentation to the team about themselves, their country and how medical services worked there.
* Tutorials with Trainer to start from week one (so the Trainers is not a stranger after induction). Also, an opportunity to work through e-portfolio and WBPA and IT issues very early on.
* Interactive sessions (using a work sheet) for sitting in with PNs, NPs, admin, secretaries, receptionists etc https://www.pennine-gp-training.co.uk/GPST\_induction.html
* Interactive sessions (using a work sheet) for sitting in with Social Prescriber, PCN & Practice pharmacist, PCN physio, Acute visiting service etc <https://www.pennine-gp-training.co.uk/GPST_induction.html>
* More ‘sit and swap’ surgeries with GPs - Interactive sessions (using a work sheet) <https://www.pennine-gp-training.co.uk/GPST_induction.html> and a great opportunity to support the GPST as they start using SystmOne, AccuRx etc
* The first few home visits must be accompanied with a GP
* Getting the GPST towards the end of induction (and before the placement planning meeting) to do the RCGP learning needs assessment.
* Organising a home visit with ‘a tame patient’ who can share their life story and explain how it has been living with a chronic disease.
* Using any ST3s in the Practice (or neighbouring Practice) to have a tutorial with the GPST focussing on the ST3’s top tips and answering any of the GPST questions. <https://elearning.rcgp.org.uk/course/index.php?categoryid=56&gclid=Cj0KCQiAraSPBhDuARIsAM3Js4pxZre7v7g0jt7zOJKPk6VblQbPVmn2Vt4-4sSetcb1zVHTkWEICdQaAqsEEALw_wcB>
* Use the Pennine updated checklist to ensure all aspects of induction have been covered <https://www.pennine-gp-training.co.uk/GPST_induction.html>
* Getting the GPSTs to use a wealth of You Tube clips:

e-portfolio <https://www.youtube.com/watch?v=ZGAzav2-m8Q>

How to write a learning log <https://www.youtube.com/watch?v=etmpqU_zfwA>

SystmOne <https://www.youtube.com/watch?v=Yms5iV4ceNc&t>

An introduction to consultation skills <https://www.youtube.com/watch?v=Q2mGp9Mx0to&t>

Tips for telephone consultations <https://www.youtube.com/watch?v=PD8gdT5EYJs&t>