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| **Management** |
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| **Primary care administration and information management and technology**   * Uses the primary care organisational and IMT systems routinely and appropriately in patient care * Uses the computer during the consultation whilst maintaining rapport with the patient * Produces records that are coherent and comprehensible, appropriately and securely sharing these with others who have legitimate access to them |
| * ST1/2Practicing scenarios – assessing computer skills – IT * Video of themselves looking at the computer (silent, ?fast forward) * Treasure Hunt or basic tasks on the IT system * Assess morning clinic for missed opportunities eg. QOF * Assess morning clinic for record keeping; correct Read code? Does the prescription match the Read coded problem? * Physical process of referral; typing? C&B? faxing? Dictating? * Task of read coding and summarizing with admin members of team. 5 new pts? * Get them to look at a surgery of notes. Can they (with Partner) agree to reduce any? How? * Referral review. Read the letters as the receiver would. What do you (the receiver) want to know? How does that compare with what you have written? Look at your trainer’s letters. Critique them using the same agreed framework. * Audit of computer notes – based on training practice criteria |
| ST3   * Audit on read code entries or problems or QOF points; how many gained/missed? * Redesign a template for better information capture of information * Changing a NICE protocol * PMA reports * Interview with Caldicott Guardian and Data protection office: Job descriptions * Critically appraise other doctors’ use of the computer in the consultation * Learning need from trainer – template specific (excellent) * Learn and demonstrate ability to do search * How many different ways of referral to colleagues can you name? How many have you used? Give examples ( eg OOH letter, Palliative care notification, telephone/fax/letter e-mail) * Next X patients describe how you used the computer to help pt eg leaflets |

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| **Community orientation**   * Identifies important characteristics of the local community that might impact upon patient care, particularly epidemiological, social, economic and ethnic features. * Applies an understanding of these features to improve the management of the practice's patient population * Uses this understanding to inform referral practices and to encourage patients to access available resources * Optimises the use of limited resources e.g. through cost-effective prescribing |
| ST1/2   * Sit in the waiting room; describe the population. * Collect sandwiches for lunchtime meeting. What do you notice out there? * Identify palliative care patient to be involved with and follow through at Gold Standard Framework meeting * See and explain special service eg. Advice lines * Attachments to Health visitor/pharmacist, * Visit to CAB * Able to list and justify referral options * Able to justify prescribing decisions when any one of several drugs might do (more than just clinical basis; eg using amitrip v gabapentin for postherpetic neuralgia) |
| ST3   * Audit on referral patterns or prescribing in one month and present at a meeting. Was most appropriate agency used (community hospital? District hospital? Tertiary care? Reablement team?) * Similar with any referral agency; eg Physio; was exercise leaflet offered first? * NB get them to chair referrals meeting * Compile a dossier on local voluntary sector services * Health Promotion Day * Presenting a health promotion idea to the patient participation group * Organizing flu campaign * Lead in palliative care case looking at community aspect eg. DN / local social services * Identify a high cost resource and create a practice policy for it * Can spend a day with a local service and present to practice and triage referrals * Attendance at local prescribing forum * Meeting with Public Health Consultants * Interrogation of QOF data to look at prevalence, discussion with QOF partner as to implications * Shadowing the Commissioning lead, being part of decision making group * Take the lead on introduction/implementation of a DES/LES or similar * Attachment to local drugs/homeless unit with discussion on the needs of the individuals seen. * Project based on specific needs of the local community. * Part of decision making process if appointments system reviewed in response to patient demand |

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| **Maintaining performance, learning and teaching**   * **Keeps up-to-date and shows commitment to addressing learning needs** * **Critically appraises guidelines and research evidence to inform decision-making** * **Learns from taking part in audit and significant event analysis** * **May contribute to the education of students and colleagues** |
| ST1/2   * Have a SMART PDP * Write up any significant event they have observed, or practice team mention feedback from team * Reflection on a significant event ( ?presented by other); what are the learning points for the Practice and for them? * Presentation of NICE guideline / hospital management of patients * Method of recording learning needs * Present SEA at team learning event * Identify another team member and learning need, and teach a session * Role play re: risk and statistical terms * Minimum acceptable amount/quality of log entries/week. Response to specific feedback on Educators notes or eP comments. * Reflection on needs assessment; eg, have to do Passtest as AKT needs assessment/revision tool, aware that they learn best when able to talk things through, so consciously seek out a study group |
| ST3   * Mentoring of nurses /FY2/ ST 1/2 / medical students. Write a plan and reflection on it. * Plan/Chair a clinical/educational meeting * Audit of own referrals, use of blood tests, comparison against own previous performance or other colleague * Year’s record of SEA? Recurrent events and proposed change. Present one themselves. * Present at commissioning meeting * Pretend CSA case and another learner (how to set this up if don’t have two learners) * If the situation arises, going back to a Partner and feeding back on mistake/pt dissatisfaction/near miss made (role play first with trainer?) * Run a COT or CbD on you, the trainer * 8 step audit and completed cycle |