

Wessex Deanery

General Practice Induction Handbook

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Created by members of the Wessex AiT Subcommittee 2022
Rebecca Lye, Priya Arunachalam, Mostafa Abdallah,
Rebecca Piper, Maira Tariq and Abdel-Rahman Nafie

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Introduction

Dear Trainer/ Practice Manager

We hope you find this handbook helpful when preparing for your new trainee. We have produced this handbook to support the delivery of what we believe is a fit-for-purpose induction.

Many trainees are used to highly formalised hospital inductions. Additionally, we have received recurrent feedback from Wessex GP trainees that currently induction within primary care is inconsistent and often doesn't cover aspects trainees value. We believe a good induction should enable trainees to feel they can 'hit the ground running' and so really enjoy, and get the most from, their placement in general practice.

This work is also influenced by the GMC's (2020) research on the impact of issues associated with induction. More details can be found at: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction>

In short, poor induction results in increased stress and anxiety for doctors. This is further exacerbated by feeling they continually need to ask for help, leading to doctors feeling undervalued and questioning their choice in profession. Furthermore, this can lead to poor patient experiences and, at worse, patient safety concerns. Finally, the GMC found that poor induction has a negative impact on the organisation due to inefficiency, reduced morale, and retention issues- and as you know we need every GP we can get!

Please consider creating a **practice-specific booklet** for trainees (if you don't already have one), which should include details of staff, useful contact numbers and practice policies. It will empower trainees to look there first for information, improving their experience and self-efficacy. The creation of the booklet could always be a quality improvement project (QIP) for your new or current GP trainee.

Please also consider giving other team members a copy of the **MDT worksheet** if they have a trainee shadowing them. In our experience, staff often feel like they don't know what they can offer a trainee and might not see the 'usual' aspects of their job as noteworthy. The key aim is not to learn how to do their job, but to encourage them to talk to the trainee about how they can **best work together**. For example, what do GP's do that makes their life easier or harder?

Please do feel free to give the committee feedback and make suggestions on this handbook. We are keen to continue to develop it, so it is useful to all those who use it.

The Wessex AiT Subcommittee
wessexait@gmail.com

Introduction

Dear Trainee

We hope you find this handbook supportive when finding your feet within General Practice. We made the decision to create this handbook following reflection as a group on the inconsistencies of GP placement induction – some of us had 2 days, some of us had 6 weeks! We've suggested a happy medium of 2 weeks, however this can easily be tailored to your needs, with discussion with your practice. If you've never worked in Primary Care before, or even the NHS, you might feel a little longer would be helpful. Equally if this is your 3rd or 4th placement (thinking of the many of us who are LTFT trainees!) then maybe you'd feel you don't need as long.

We've included resources for you to use and edit, tailoring it to what you need, such as the MDT worksheets. You're not alone if your first thought is 'Why do I need to sit with reception?!' – however we'd really encourage you to explore the learning opportunities in your shadowing sessions and clinics. As you progress through training, we hope you will increasingly see the value in building relationships with the wide array of primary care staff. It'll make your work life more enjoyable, and you'll be more efficient when you work well with the whole team. Understanding their role and building personal relationships is key to this. General Practice cannot run with GP's alone!

Enjoy your placement! Your AiT patch representatives are available for support alongside your colleagues and TPD team so please do reach out as needed.

The Wessex AiT Subcommittee
wessexait@gmail.com

Practice Manager Checklist – Prior to placement

GP Trainee NAME		Date	Comment:
GMC (check & photocopy; scan onto GP trainee file) Online : http://www.gmc-uk.org/register/default.htm			
Medical Defence Certificate (MPS/MDU/MDDUS) (check & photocopy; scan onto GPR file)			
Police Check – Child protection (DBS)			
Check to ensure on Performance List (or application sent)			
Financial Admin	Check Lead Employer payroll set up		
	Car/Travel Allowance		
Employment (work) Contract – (from single lead employer)			
Collect 1. Home phone 2. Mobile number 3. Address Explain GP trainee responsibility to inform us of changes Add phone number to phone directory in EMIS/SysmOne			
Invite to show around the practice			
Add GP Trainee to EMIS/SysmOne as a User			
Add GP Trainee to Docman/ Electronic Prescribing/ICE/Email lists etc			
Ensure timetable in place and print and send to GP trainee			p10-11 can support with this
GP trainee photo for the "Meet the staff" notice board			
Consider inviting GP trainee for a meal or previous GP trainee's leaving do (many trainers find this helps to form bonds with their new GP trainee)			

Signed _____ (Practice Manager) Date _____

GP trainee's Name _____

Send copy to GP trainer

Practice Manager/ Trainer Checklist – Visit/Day One

Introduction to the Team

		Date	Initials by whom
Personnel	Introduction to team members – list and meet		
	Overview roles & responsibilities of team members		
	Introduction to the structure of the Practice		
	Introduction to the services provided by the Practice		
	Discuss the Practice Development Meetings		

Introduction to the building

		Date	Initials by whom
Building	Layout – kitchen, toilets, room, etc		
	Parking		
Security	Building security - codes		
	Keys		
	Intruder alarm protocol & codes		
	Personal safety & protocols		

Health & Safety

		Date	Initials by whom
Health & Safety Policy	Brief overview, location of policy		
Fire safety	Show fire exits, alarms & extinguishers		
	Explain extinguisher use		
	Explain fire evacuation procedure		
First Aid	Authorised first aiders		
	First aid kit & emergency resus. kit – location and usage		
	Accident procedure – book location		
Hazardous substances	Protocol for handling & disposal – clinical waste (bags & Sharps), trade waste.		
Infection Control	Hand washing, room cleaning		
Personal safety	Alarms – how to raise an alarm		
Belongings	Own responsibility, considerations		

Welfare

		Date	Initials by whom
Welfare	Location of toilets, kitchen & requirements		
	No-smoking policy		
	Breaks & meal times		
	Who to go to for help		

Contract & Role

		Date	Initials by whom
Contract	Issue draft contract & job description		
	Issue signed contract		
Holiday	System for booking annual & study leave		
	Pro-rata leave calculated – annual and study leave		
Sickness	Procedure explained, reporting		
Role	Timetabling & Rota, duty days, home visits, chaperones, safeguarding leads, referral letter system, Two-week wait safety-netting		

Equipment

		Date	Initials by whom
Telephone	Internal & external calls		
Fax	Location & Use		
IT	Windows password		
	Outlook address		
	Receiving & sending Outlook e-mail		
	Smart Card – need number?		
	Network passwords (Network form)		
	Smartcard to this site (RO2 form)		
	Identification of IT training requirements		
Post	Post		
	In-tray		

Confidentiality / IG / Data

		Date	Initials by whom
Confidentiality	Review location of governance policy		

Staff Handbook & Website/Intranet

	Date	Signed Employee	Signed Manager
Give an electronic or paper copy of the Staff Handbook			
Show them around practice website/intranet, in particular: <ul style="list-style-type: none"> • Induction pages • Protocols & Policies • Services we provide 			
Give time to explore practice intranet			

Signed as Complete – Trainee **Date**.....

Signed as Complete – Practice **Date**.....

Medical equipment – Doctor's Bag

In due course, you will need to get your own doctor's bag. There are many types of bags available (just type doctor's bag into Google), ranging from the traditional Gladstone bag, to a wide briefcase, or even an adapted plumber's toolkit! Remember you will be carrying it for many years, so take the time to find the right one for you.

For the time being, the surgery will provide you with one.

Essential

- Wipeable doctor's bag
- Stethoscope
- Thermometer
- Pulse Oximeter - Adult
- Sphygmomanometer with at least 2 different cuffs (standard and large)
- Ophthalmoscope
- Otoscope with earpieces for adults and children
- Pen torch
- Gloves
- Cleaning wipes

Preferable

- Pulse Oximeter - Child
- Tendon hammer
- Peak flow meter
- Tape measure
- BM monitor with testing strips
- Urine dipstick tests
- Urine pregnancy tests
- Specimen pots - universal containers, stool sample pots
- 10g monofilament
- Tuning fork –512 Hz
- Access to a dermatoscope (or options to use a jewellery loupe or magnifying glass)

Trainee Checklist – During the First Week

This checklist is to ensure that all common aspects of induction have been covered adequately during the first week of a GP placement and that you feel comfortable knowing the answer/where to find it. Additional information may be added during the induction that is tailored according to each different surgery.

Orientation

	Complete
Practice tour, introduction to colleagues	
Toilets, Fire Exits, Resus Equipment, Kitchen, Common Room	
Other sites if applicable	
Where to find equipment – dermatoscope, top up consumables	
Security codes, keys	
Room Allocation	

Duties and Responsibilities

	Complete
Rota: Hours, Surgeries, Tutorial, Day Release Course (DRC), Duty, Home visits	
Named person to speak to regarding IT, Rota, Leave	
How to report sickness and to whom	
Annual leave allocation and how to request leave	
How to raise an alarm if urgent assistance is required	
Incident reporting	
Safeguarding Leads; name and how to contact	

Clinical Systems

	Complete
Clinical system training (see p11 for further information)	
User access to all clinical systems used within the surgery e.g. (but not limited to) PACS, ICE, Docman, Electronic Prescribing, AccuRx	
Smartcard	
Referral letter/dictation system	

Education

	Complete
Educational Supervisor/ Trainer placement planning meeting	
Day release dates	
Study Leave – allocation, application	

Trainee Rota – Induction and Placement Timetable

Suggestions for induction week activities:

- Time observing each GP
- Time with multi-professional team members such as: reception, administration, nursing team, HCA, first contact practitioners, social prescribing team, community team (around 1.5-2hrs with each)
- Time to complete required e-learning and explore clinical systems
- Triage/ e-consult observation
- Minor surgery, contraception clinic, school doctor
- Joint sessions with trainer

Week 1

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 2

Day	AM	PM
Monday		
Tuesday		

Wednesday		
Thursday		
Friday		

Placement Rota (post induction)

Day	AM start time :	PM start time :
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

To include pro-rata hours of clinical sessions including debriefs, educational sessions (tutorial, self-directed study, mandatory teaching) and adequate breaks. Please see the NHS Employers webpage for more information: <https://www.nhsemployers.org/articles/work-scheduling-templates-2016-junior-doctors-contract>

Clinical Systems

There are two main clinical systems used in General Practice – **EMIS** and **SystmOne**. Your practice will let you know which clinical system they use.

They are both user-friendly platforms but can be overwhelming and time-consuming to use during a consultation at first. We would therefore recommend some allocated time during induction to spend getting to know the system, much the same as the IT inductions in secondary care. Additionally, try to observe how other staff members use the clinical system when you are shadowing them. You will find different people use systems in different ways and you'll be shown shortcuts you might never find alone!

Most practices don't offer formal IT training, so we have found some good resources for you to help navigate the systems in the first few weeks. These include basic introductions to EMIS and SystmOne, and some common tasks to consider practising before you start your own clinical sessions. As with most systems, the longer you use them the more 'tips and tricks' you'll find, but we all need somewhere to start!

One tip is to consider the use of **Ardens Templates**. Both EMIS and SystmOne allow practices to embed these templates into them for a range of topics or consultation types, for example pill checks or fast track referral safety-netting. The templates can: support clinical pathways, improve documentation efficiency within a consultation, promote best practice, and improve patient safety and medicines management. They are particularly helpful in more complex consultations such as HRT where they can act as an 'aide-mémoire' when counselling patients, when supporting patients in palliative care, or for meeting QOF requirements for asthma reviews. Becoming familiar with the templates can really support you to get the most out of consultations.

GETTING STARTED with EMIS

EMIS software induction

EMIS have an introductory session for beginners on their website, though you would need to make an account with EMIS first using this link: <https://www.emisnow.com/csm>. You will be asked for your organisation ID, which you should have been given with your EMIS login. Be aware that your account usually needs to be approved by your practice manager, so it may take a few days to get set-up. You can ask your practice manager if you have any problems.

Once you have registered you can use your login to access the tutorial videos or follow the link: https://www.emisnow.com/csm/?id=emisweb_videos

The video specifically for GPs has everything you need to know to start seeing patients.

Training videos on YouTube

In addition to the EMIS website, YouTube has several videos explaining how to navigate around EMIS. Some useful ones are by 'GP on the move' - they are short, concise, and easy to understand as they are in small chunks. The link for these is: <https://youtube.com/c/GPONTHEMOVE>. However, as time goes on, there might be more and even better videos, so it is always best to do a fresh search to start with.

Tasks

In the next section are some tasks to complete within the practice 'test patient' record. Do consider trying these within EMIS and reviewing tasks you haven't been able to complete with your trainer.

GETTING STARTED with SystemOne

Training videos on YouTube

SystemOne 'Basics' are short videos that explain the basic functions like logging in, changing passwords, navigating patient records and shortcuts. They are available at:

<https://www.youtube.com/watch?v=EsdxOoQ7nT0&list=PLprKuTVWC6UPTy6MyzS5rY4Q9YDwB1m2X>

Another useful video is a 30-minute demonstration from a GP perspective which highlights almost everything you need to know to use the system: [YouTube video- how to use SystemOne](#)

Tasks

In the next section are some tasks to complete within the practice 'test patient' record. Do consider trying these within SystemOne and reviewing tasks you haven't been able to complete with your trainer.

GETTING STARTED with ARDENS

Not all practices have Ardens templates but, for those that have, becoming familiar with it can be really helpful during the consultation, particularly serving as a reminder for key aspects in palliative care, HRT, contraception counselling and long-term condition reviews. When practices sign up to Ardens they can receive whole team training on its use. However, this is usually not available to trainees on joining the practice.

Ardens Website

The Ardens website is helpful to explore, with several resources to help you become familiar with the platform available at: <https://support.ardens.org.uk/support/solutions/31000038699>
This includes quick start reference guides as well as webinars to support you in using Ardens to its fullest potential.

A 17-minute online training presentation appropriate for GP's can be found at:
<https://support.ardens.org.uk/support/solutions/articles/31000125827-for-gps-anps>

A more in-depth 47-minute insight can be found by accessing their **new starter** free webinar session at: <https://support.ardens.org.uk/support/solutions/articles/31000160354-new-starters-gp-anp>
Although time consuming, getting to know the platform that you are likely to continue to use for the remainder of your career is likely to provide you with many long-term advantages.

Ardens also have specific '**knowledge bases**' which you can reference depending on which clinical system you use:

- SystemOne Knowledge Base: <https://support.ardens.org.uk/support/home>
- EMIS Knowledge Base: <https://support-ew.ardens.org.uk/support/home>

Clinical System Tasks

Log into your EMIS/ SystmOne from scratch and try to complete the following tasks. Circle ones you can't do and discuss them with your trainer.

Searches

- Find out how many patients are registered at this practice with the name John Smith.
- Try finding the patient without typing the whole name. "Joh Smi"
- Pick one and work out who else lives with John Smith at his address (co-habitants).

Registration details and medical problems

- Find the TEST patient (ask the practice for their name- for these tasks we will use the name 'Peter Pan' - substitute this with your practice test patient name).
- What is their date of birth and address and NHS number? Can you find out where to look for the registration details?
- What main medical problems have they had?

Medication

- What medication is Peter taking on a regular basis?
- Peter would like another prescription for his last issued acute medication. Can you find out what the name of this was?
- Peter has a leg cellulitis which you think needs Flucloxacillin 500mg qds, 14-day supply. First, can you make sure he is not allergic to Penicillin – where would you look? Is he allergic to anything?
- Actually, Peter tells you that he is NOT allergic to penicillin but he is allergic to Trimethoprim (comes out in a rash). Please add this allergy to his records.
- Now acutely prescribe the Flucloxacillin. Print off the prescription.
- While he is with you, he had a new prescription started for depression called Sertraline. Please can you add Sertraline 50mg od to the repeat medication record. Give a 2-monthly repeat prescription.
 - For quantity, use numbers rather than packs
 - When prescribing, try not to 'break the pack' size – e.g. some meds come in 28 tab pack, so prescribe as 28 tabs rather than 30 tabs.

Investigations

- You note that Peter is also hypertensive today (150/100) and you want to check his renal function. When was the last renal function done?
 - In SystmOne - You can do this in one of two ways. Either click 'Pathology & Radiology' or the 'Biochemistry' sub-header beneath this. The good thing about the 'Path & Radiology' tab is that you can right click and 'View Report' from which you can then right click on one of the test results (for example, the urea or eGFR) and 'Graph values' to compare to previous results to get an idea about the pattern of results.

- *In EMIS: click on investigations tab and scroll down the list or search by clicking the magnifying glass on the top bar. The graph will appear automatically on the right side of EMIS when you click on a result. You can also directly access ICE from the top bar when in the investigations tab.*

Communication & Letters

- He says he thinks he is under the care of the hospital about another medical problem. Who did he see last at the hospital? Can you find a hospital letter?

Consultation entry

- Today, you review his depression. He was started Sertraline only 1 month ago and has already seen a big improvement. He still has low moments but has many good ones now. He no longer has fleeting suicidal ideation which he had before. He has noticed he is going out a lot more, generally happier, eating better and concentration at work has improved. Friends have noticed this too. Mental State Examination: looks Euthymic. Good eye contact. Today, you have checked his understanding of depression. Your plan is that you think he would benefit from doing a CBT workbook together on 'noticing extreme and unhelpful thinking' and so you print him one off. He should continue Sertraline 50mg od. He should continue to engage in the nourishing activities in his life like socialising with friends. You will review again in 3 weeks' time. **Please can you write up this consultation in his records.**
 - Remember to organise and structure what you write. Keep the record concise.

Referrals

- Peter would like a referral to physiotherapy because his shoulder pain is not getting better. Please can you do a referral to physiotherapy – in clinical details add 'right shoulder pain, not settling for last 4 months, NSAIDs (naproxen) did not help, ?painful arc syndrome, given exercises but still in discomfort'.
- You also want to ensure that he has not had a rotator cuff tear. Please can you also refer him for an ultrasound at your local hospital.
- And finally, he mentions that he has had a change of bowel habit which is acute. He has lost a stone in weight and gets tummy pains. He is 50 years old and worried about bowel cancer. He also has tenesmus and sometimes there is some blood in his stool. You did a PR and abdominal examination which were both normal. You think he would benefit from a fast-track referral to lower GI. Please can you do this referral.

MDT Worksheets

One of the roles of a GP in the UK is to coordinate care for their patients. To do this effectively you need to understand the roles of different members of the practice team, the wider PCN (primary care network) and community services. To help you maximum your time sitting-in with different staff members, we have included suggested questions and tasks for you to complete. You may not sit-in with everyone listed but spending time with a variety of staff will help you understand the practice setting and avoid potential pitfalls in your future work.

Each time think to yourself and ask – what can I do to make the interface between this staff member and myself most beneficial for us and for the patient?

Sitting in with Reception Staff

The admin and reception teams are crucial to the smooth running of a GP practice. They are also the first people most patients interact with.

Tasks

1. Take some time to observe patients as they walk through the door. Note their interaction with reception staff. Watch what happens after that.
2. During a quiet moment, ask if you can book a patient in. This will help you see the medical computer system from the non-clinical side, the different types of appointments, and the quickest way to find available appointments.
3. Did the receptionist have to handle any aggressive/demanding/abusive patients today? What went well? Could anything be improved?

Questions to consider asking:

What are the duties of the reception and admin teams?

Are there any tasks that doctors keep sending to the wrong teams?

How do they deal with angry or aggressive patients? Are there any practice policies for this?

Who do they escalate concerns to?

Sitting in with the Practice Manager

Practice managers are often the 'lynch pin' within General Practice, but their role is subtly different in every practice. Having a basic understanding of their role will help you understand how the practice runs.

Tasks

1. Find out how the practice is structured. Does the practice manager have management support? Who are they and what are their roles?
2. Spend time observing how the PM or operational manager manage daily tasks. What are the business management challenges they deal with?

Questions to consider asking:

What are the duties of the practice manager?

What are their strategies for multi-tasking? Do they have any tips for 'staying afloat'?

How are decisions made within the practice?

How are practice meetings managed? Who leads clinically and non clinically?

What developments are the practice looking at for the future?

Sitting in with the Practice Nurse

Practice nurses are involved in health promotion, chronic disease management, health checks and other routine nursing care. They may also run specific disease clinics, be involved in teaching or participate in quality improvement work.

Tasks

3. Find out who is part of the nursing team for the practice and any areas they specialise in ie: diabetes.
4. Have a look at the nurse's clinic list to see the variety of appointment types and tasks the nurse does.

Questions to consider asking:

What are the duties of the nursing team?

Who books patients into their clinics?

Are there any issues with tasks or referrals made by doctors to the nursing team?

How can we make their working lives easier?

What things are they able to support GP's with?

Sitting in with the Clinical Pharmacist

Clinical pharmacists improve patient care and prescribing safety by carrying out structured medication reviews, reviewing polypharmacy patients and acting on drug safety alerts. They can also help with GP prescribing queries.

Tasks

1. If your clinical pharmacist is currently involved in a clinical audit, review how they approach this, including the use of data searches.
2. Look at the templates the clinical pharmacist uses regularly – would you find these helpful?

Questions to consider asking:

What are the duties of a clinical pharmacist?

How are patients referred to them?

How can you find information about medication supply issues? I.e: HRT

If your practice has a dispensary or you have a chance to visit your local pharmacy:

1. Watch and observe how new prescriptions (electronic or paper) are processed. What steps take the longest?
2. Look at the computer system. How is it different from the clinical system the practice uses?
3. Ask how controlled drugs are managed and how patients collect them. What does the pharmacy team need to see on a controlled drug prescription to be able to dispense it?
4. Is there anything that GPs can do to make things easier for the pharmacy?

Sitting in with the GP

You are likely to have several sessions with different GPs, depending on your rota and the size of the practice. Each GP will have a different style of consulting that works for them; trainees should aim to develop their own style rather than trying to copy someone else. Consider the strengths and weaknesses of the different approaches to each patient and problem you observe and think about what you might want to try out when consulting independently.

Things to consider:

What do you think are the characteristics of a good doctor? How are these shown? Think in terms of Values, Beliefs, Knowledge, Skills, Attitudes, Personality & Behaviour.

What does this GP do differently from other GPs you have sat in with?

Does anything surprise you? In what way?

How do they break bad news?

How do they manage the tasks for the day?

Were there any parts of the IT system they used that you are not familiar with? Eg: an Ardens template or referral tab/template

For each patient consultation think about:

What was their “opening gambit” ie: the first thing they said when walking through the door.

What made them consult with their problem now, rather than before.

How have they coped with the problem until now.

Did they make a “door-handle remark” ie: something right at the end of the consultation as their hand is on the door handle.

Sitting in with other staff members

There are lots of other roles listed below. Consider your own questions, related to their role, otherwise use the ones suggested below.

- Paramedic Practitioner
- Health and Wellbeing Coach
- Midwife
- Community Frailty Team
- Advanced Practitioner
- First Contact Physiotherapist
- Community Mental Health Worker
- Health Visitor
- Community Palliative Team
- Associate Physician
- Social Prescriber
- District Nurse
- Social Worker
- Alcohol Worker

What does this person do? Observe and summarise their role and duties.

What qualifications or training are required for the role? How do they keep their knowledge and skills up to date?

Are there any pressures they or their service are under?

How can we make working together better? For each professional and the patients we care for?

Other Useful Information to Collect during Induction

Who else would you think it would be helpful to observe?

Useful telephone numbers

- Local hospital for referrals switchboard number
- Community hospital
- District Nurses
- Health visitors
- Midwives
- Counselling service
- Drugs and Alcohol service
- Mental Health Duty number for referrals
- Women's Aid/ Domestic Violence helpline
- Social Prescribers
- Social Services

Practice Leads

Children's Safeguarding Lead

Adult Safeguarding Lead

Areas of interest to you – eg Minor surgery, Research Lead, Medical Student Lead, Contraception Lead

Tutorial Ideas – some to start but do add to this list as you think of them throughout induction

Clinical system tasks you've not been able to complete

Processing tasks

Using Ardens templates

Learning styles

Consultation models

Doctors Bag, Home visits

NHS organisation, GP contract

Time management, delegation, planning and managing change

Quality Improvement and Audit

ICS/CCG, PCN, LMC

Prescribing – repeat prescribing, electronic prescribing, repeat dispensing

Clinical governance and contractual requirements (coding, QoF, LTC patient recall)

Finance, accounts, GP contract

Partnership, Salaried, Locum