

General Practice GP's Induction Template

Aim

The aim of this Induction Template is to provide a consistent approach across the directorate to ensure that all newly appointed GP's receive an effective period of induction that assists and supports them to become confident, competent, and effective practitioners.

Objectives

- To enable the GP to understand the requirements of the role
- To ensure GP's are orientated to the workplace effectively
- To enable the GP to work safely and effectively within a new work environment
- To identify learning opportunities and training requirements to develop clinical skills as well as recognising any knowledge deficits that need to be addressed
- To ensure GP's know their level of knowledge, to ensure they are working within their scope of competence at all times. This ensures that they are protected and that the care they provide is safe and effective
- To ensure new GP's will feel settled and included within the practice team
- To ensure all steps are taken from the date of interview to the start date to ensure the GP is onboarded quickly and efficiently

Name of GP	
Start Date	
Practice	
Line Manager	

Internal Practice Introductory Meetings- all may not be applicable

Person / function	Date of meeting	Signed off by Inductor
Practice Manager		
Lead GP		
Lead Nurse		
Wider Team- eg any MDT's, community contacts etc		
The PPG and any patient representatives		
Structured and formal handover meetings of individuals the GP will be line managing including all paperwork		

Directorate Introductory Meetings- all may not be applicable

Person / function	Date of meeting	Signed off by Inductor
Executive Director of Commercial Development		
Director of Primary Care		
Medical Director Primary Care		
Directorate HR Business Partner		

Directorate OD Business Partner		
Directorate Employee Relations Advisor		
Directorate Finance Manager		
Directorate Quality and Compliance Manager		
Directorate Development Manager		
Directorate Data and Income Manager		
Directorate Service and Deputy Managers		
Directorate GP Forum		

External Stakeholder Introduction – Email

Person / function	Date	Signed off by Inductor
CCG Links		
PCN Links		
Federation Links		

Practice and Directorate Meetings

Meeting	When	Invite Organised by Inductor
Practice Clinical Governance meeting		
Quality Assurance Group		
Directorate Management Team Meeting		
Primary Care GP Meeting		
QI Forum		

Career Aspirations

How would you like your career to progress? What would you like to achieve in the next 6 – 12 months?

How does this link to the surgery's and Trusts goals and aspirations (Improve Population Health, Improve experience of care, Improve Staff experience, Improve value)

How can we help you to achieve these aspirations?

Agreed outcomes/actions from discussion relating to career aspirations



Practice Specific Information

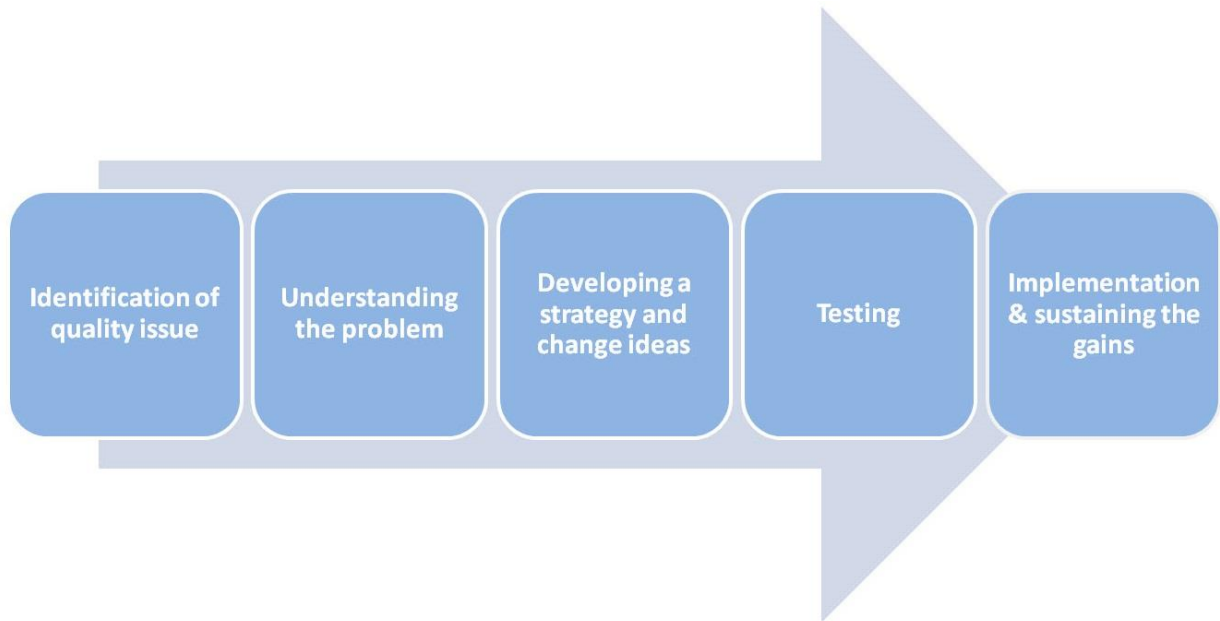
Item	To Include	Information to go into pack
Practice information	Practice code	
	Address	
	Phone number	
	Email address	
	Website	
Practice team inc contact details	PM	
	Lead GP and lead nurse	
	GP team (with special interests)	
	Pharmacists/pharmacy technicians	
	Nurses	
	Admin team	
	Any aligned PCN team members	
Training	Any medical students, nursing students or registrars in the practice?	
Practice phone numbers-extension numbers	PM	
	GP consulting rooms	
	Admin teams	
	Reception	
	Nurse/treatment rooms	
	Secretaries	
Where is?	Fire exits/extinguishers	
	Toilets	
	Resus equipment/emergency drugs/oxygen	
	Panic button	
	Printer paper	
	Prescription paper	
	Sample bottles	
	Urine dipsitcks/tongue depressors/couch roll etc	
	Speculums	
How do I?	Refer a patient- 2ww/urgent/routine	
	Find online referral forms and do e-Referrals	
	Complete an Advice and Guidance Request	
	Refer to physio	
	Refer to mental health teams	
	Refer to drug and alcohol services	
	Organise blood tests and advise the patient to get the results	
	Refer for X-rays	
	Refer for USS	
	Send urine/blood to the lab	
	Organise an ECG urgent/routine	
	Book a nurse appointment	
	Call a patient from the waiting room	
	Text a patient	
	Send a task	
	Ask for a chaperone	
	Refer a patient for antenatal care	
Organise a smear test		

	Refer urgent patients to secondary care- same day	
	Help a patient to access family planning	
Prescribing	Is there a practice formulary and how do I access it	
	Is the practice dispensing	
	Where are the local pharmacies and what are their opening times	
	Do any local pharmacies offer minor illness consultations	
	How do I organise repeat prescriptions	
	What are the practice repeat prescribing/ repeat dispensing protocols	
Clinical Admin	How do tasks work in the practice	
	How does Docman work in the practice	
	How are test results managed in the practice	
	How are E-Consults managed in the practice	
Important contacts	Language Line	
	Coroner	
	Social Services	
	District Nurses	
	Palliative Care Team	
	Local Hospitals	
	Nearest A&E	
	Eye Casualty	
	GP Out Of Hours Service	
	Adult Safeguarding Team	
	Child Safeguarding Team	
Other Information	Primary Care Directorate Handbook	
	Local CCG Website and Clinical Guidance	
	ELFT Primary Care Extranet	

QI- Quality Improvement

Across East London Foundation Trust and within all of our practices we use QI to help teams on the ground and the patients they serve to help create positive change to improve the problems we experience.

QI uses a very simple approach first by asking what it is we are trying to accomplish, then by asking how will we know any change is an improvement (what will we measure) and then by asking what changes we can make that will create an improvement. These change ideas are then tested through a plan, do study, act cycle. Iterative changes are then made so that we can create continuous improvements. The ELFT sequence of improvement is pictured below.



Primary Care Networks

GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Primary care Networks typically serve communities of between 30,000 to 50,000 people. They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.

The creation of PCNs builds on the core of current primary care services and enables a greater provision of proactive, personalised and more integrated health and social care. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 26,000 additional roles to create bespoke multi-disciplinary teams. Primary care networks assess the needs of their local population and, working with local community services, make support available to people where it is most needed.

Clinical Supervision

Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD).

All GP's within the directorate will have a clinical supervisor and an expectation that they will have a monthly supervision session. This is your opportunity to reflect on what is going well and what is not going well for you, however if you have any problems, please raise this as soon as possible with your line manager so that any issues can be resolved quickly.

Record Keeping

Record keeping is a way of collaborating with all those people involved in the care of your patient. Accurate record keeping and documentation is very important in professional practice. Once something is written down, it is a permanent account of what has happened and what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'.

Without a written record of events, there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times.

Please ensure you are trained on the clinical system in use, use read codes accurately and document consultations in a timely manner. We encourage clinicians to use the templates available as they ensure information is recorded accurately and contain up to date links to useful resources.

Caldicot Guardian

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities that provide social services, and GP Practices must have a Caldicott Guardian. Dr Paul Gilluley, ELFT's chief medical officer, is the Caldicott Guardian for all of our primary care services.

Consent

Patients must give their permission for medical tests, examinations and treatment. The person with parental responsibility will give consent for children under the age of 16 but please ensure that the person who accompanies the child has this responsibility. Often children present with grandparents or child minders, if this happens we will need consent either in writing or verbally over the telephone to allow any procedure or examination to take place. Ensure you document this consent fully in the notes.

Duty of Candour

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family)
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long term effects of what has happened.

We must also be open and honest with our colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. We must also be open and honest with our regulators, raising concerns where appropriate. We must support and encourage each other to be open and honest, and not stop someone from raising concerns.

Mental Capacity Act. (2005)

Mental Capacity is the ability to make a decision, however big or small, for example the ability to choose what to wear, whether to take prescribed medication, where you want to live, or consenting to medical treatment.

A person lacking capacity 'means they lack the capacity to make a particular decision or take particular action themselves at the time the decision or action needs to be taken' (MCA Code of Practice 2005).

The 5 Principles of the Mental Capacity Act aim to protect people who lack capacity and help them take part as much as possible in decisions that affect them.

1. An adult must be assumed to have capacity unless there is proof that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. Don't assume a person lacks capacity to decide just because they make an unwise decision
4. If you have to make a decision for a person who lacks capacity to decide themselves this must be in their best interests.

5. You must decide on least restrictive way to meet their needs.

Significant Events

Sometimes things do not go to plan and we need to learn from our mistakes. Significant Event Analysis allows us to reflect on and learn from events to improve quality of care and make adjustments to ensure the safety of our patients and workforce. Significant event audits can form part of your individual and practice-based learning and quality improvement and the process mirrors that of your own reflections on practice as a GP. All significant events are to be recorded on the Trusts' Datix system.

The Quality Outcomes Framework (QOF)

As part of your role you will be expected to help the practice achieve its QOF outcomes. The QOF consists of 'clinical domains' that relate to long term or enduring medical conditions that patients may present with, such as diabetes. Practices are required to hold registers of their patients with these specified conditions and to meet specific targets relating to their management, in order to achieve the additional funding. There are also public health domains such as the primary prevention of cardiovascular disease.

Each domain is worth a fixed number of points and practices score points according to the level of achievement within each domain. The higher the number of points achieved, the higher the financial reward to the practice. **The aim of the QOF is to improve standards of care, provide information and to enable practices to benchmark themselves against local and national achievements** (The Health and Social Care Information Centre, 2012).

The Care Quality Commission. (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care.

As a GP, you will be involved when the CQC come to inspect your place of work. You may also be aware of their monitoring role in your day to day practices as the organisation adheres to their recommendations, action points and reporting measures to improve quality care.

The inspections are based upon five key questions:

1. **Is it safe?** – Patients are protected from physical, psychological or emotional harm or abuse
2. **Is it effective?** – Patients' needs are met and care is in line with national guidelines and NICE quality standards, and promote the best chance of getting better
3. **Is it caring?** – Patients are treated with compassion, respect and dignity and that care is tailored to their needs.
4. **Is it responsive to people's needs?** – Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to.
5. **Is it well led?** – There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.

CQC readiness should be part of our daily routine

More Information-

- **The Primary Care Handbook**
- **The ELFT Primary Care Extranet**
- **ELFT Intranet**
- **CQC Handbook**
- **Policies**

Appendix 1- From Interview to Start Date

- Agree start date with GP and inform resourcing team
- Ensure contract send out in addition to formal offer letter
- Ensure resourcing team check the medical performers list website and the GMC register
- If appropriate order laptop/mobile phone
- Ensure GP has been marked as a 'leaver' by their previous nhs.net organisation prior to their start date and then mark them as a 'joiner'
- Ensure new GP has liaised with service manager to ensure correct Smartcard permissions are organised
- Arrange induction program
- Inform bank GP's how to submit timesheets
- Inform GP where to find their payslips
- Ensure a Trust name badge and lanyard has been ordered for the GP