

General Practice

Location

North Baddesley Health Centre (experiences do vary according to practise – each has different styles of working and particular interests)

Induction

~1 week. Opportunity to shadow receptionists, practice nurses, practice manager and get a sense for how the practice functions. Shown how to use EMIS computer system (used to manage all appointments, to record all consultations, write prescriptions, carry out audit searches etc.) and given own login. Opportunity to familiarise with basic working day, systems for checking blood results and acting on them, different mechanisms for making referrals (dictating letters, stored proformas on PCs). Sit in with different partners for their surgeries and observe different consultation styles.

Typical working week

You have your own morning (9:00 – 12:30) and afternoon (16:00 – 17:30) surgeries. Given 30mins per consultation + 1 scheduled break per session, so plenty of time to learn from each patient encounter, seek advice, look things up etc. Everyone gets a scheduled break at the same time and meeting for coffee/tea is a great way to dispel the isolation some experience and an opportunity to run things by people.

Once settled with 30min appointments you can shorten them to 20mins to get a better sense of the time pressures of GP (although this is still a luxury compared to standard 10min appointment). Typically work 8 sessions a week: one afternoon/morning free for study leave, another session for alternative learning experience (e.g. working with district nurse, school nurses etc.). No requirement to work out of hours (e.g. evening surgeries or weekends). Each morning or afternoon there will be an “emergency surgery” run by the “duty doctor” – typically you will not do these as an F2 because they have a very different emphasis from regular surgeries and require time management skills/experience that you will simply lack. But you can have the opportunity to assist the duty doctor with a session or two to get experience of this kind of consultation under closer supervision.

The large ‘gap’ in the middle of the day is for home visits, lunch and paperwork (making referrals, going through post, checking bloods etc.). Home visits are usually under direct

supervision as an F2, but as you/your clinical supervisor's confidence grows you may be able to do them on your own with appropriate debriefing afterwards to check that you have not missed anything.

You also have one hour long tutorial with your clinical supervisor each week and the practice meeting to attend each week.

Things I wish I'd known

I felt very well supported and supervised - there were no awful shocks that I wish I'd been better prepared for. The main thing I would suggest is to make use of the induction week to really get a sense of how things are done in your particular practice (e.g. referral routes and mechanisms, ordering different investigations, what practice nurses do and how they can help). It might also be helpful to familiarise yourself with things like the red flags for different cancers that fit 2-week referral rules plus standard management algorithms for conditions such as COPD, angina, hypertension, diabetes etc (i.e. which drugs when?). But there is time to learn this on the job with good supervision.