**EXAMPLE INDUCTION TIMETABLE PRIMARY CARE FCP – ACP LEVEL PRACTITIONERS**

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>Meet practice manager. Tour or practice/site &amp; introductions - Complete induction checklist</td>
<td>Meeting with clinical supervisor (CS)</td>
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<tr>
<td><strong>Tues</strong></td>
<td>Shadow call centre &amp; reception team (includes waiting room)</td>
<td>Understand home visit allocation</td>
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<td><strong>Wed</strong></td>
<td>Shadow GP (a)</td>
<td>Shadow visits</td>
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<tr>
<td><strong>Thurs</strong></td>
<td>Prescription Team Including understanding of repeat prescribing processes</td>
<td>Practice meeting</td>
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<tr>
<td><strong>Fri</strong></td>
<td>Shadow multi-professional team (MPT) eg Practice Nursing Team</td>
<td>Group tutorial with other trainees/GPSTR</td>
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*Please remember if you are employing an ACP level practitioner, they will have other skills, in addition to clinical, to contribute to the multi-professional team. Research, including audit, quality improvement Management & leadership Education

*These skills are invaluable to PCNs in terms of promoting new ways of working and the development of multi-professional teams. It would be pertinent to be mindful of this during induction.*
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<th>Day</th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Mon</td>
<td>Shadow Mental Health Team</td>
<td>Shadow visits</td>
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<tr>
<td>Tue</td>
<td>Shadow MPT – in the community – eg community matron, mental health, care home, acute visiting service</td>
<td>Admin team to cover referral processes, safeguarding processes, palliative care processes</td>
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<tr>
<td>Wed</td>
<td>Shadow other members of multi-professional team such as FCP, ACP, OT, Social Prescriber</td>
<td>Special clinics such as DMARDS, LTC, minor ops</td>
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<tr>
<td>Thurs</td>
<td>Shadow Clinical Pharmacist</td>
<td>Practice Meeting</td>
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<tr>
<td>Fri</td>
<td>Shadowed surgery CS shadowing 'new' practitioner</td>
<td>Shadowed surgery</td>
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**Safe Practice Tutorial** should cover essential knowledge required before the practitioner starts consulting such as:

- Emergency procedure/equipment – collapsed pt, violent pt
- How to contact your CS mid session/surgery
- How to raise a safe-guarding concern
- How to request bloods/investigations/refer
- Managing blood results of different types, letters, tasks etc
- Consulting methods which may include telephone, video e-consult if appropriate (this should form part of shadowed surgery if a part of role/scope)
Shadowing Prompts

Questionnaire for sitting in with members of the MPT

1. What areas of special knowledge or interest do they have that you might find useful?

2. What training has this practitioner had, what experience do they have, how do they identify learning needs and address them?

3. How does this practitioner consult? (Is this different from your professional group/role if so how and why?)

4. What is their clientele? How does this compare with the practice population?

5. Do you understand their role – who to refer to them, who may be referred from them to you. (What sort of presentations/problems)?

6. What do you like about their consultation style (what do the patients like?)

7. Of the consultations you observed which one seems to work best? What do you think happened? Why did they work well?

8. What areas will this person be able to advise you about? How much will you use this?

9. Name three things that you learnt (or discovered that you don’t know enough about) from this time sitting in. Knowledge, skills, behaviours?
Questionnaire for sitting in the Waiting Room & Shadowing Reception Area

1. How much stress do people show whilst waiting? How can you tell this? Why is this? How does it manifest itself?

2. What are the main challenges faced by receptionists?

3. How do receptionists come across?

4. What are your feelings re how patients are called in to clinical rooms?

5. Did you notice any breaches of confidentiality? How did these occur, could they have been prevented?

6. How much attention do people pay to the Health Education material around them? Could this be improved?

7. Name three things you have learnt or been made to think about by doing this?

8. In what way will you depend on a Receptionist?

9. What did the members of the MPT do (or not do) that helped the Receptionists do their work more easily? Could they have done anything else?

10. What three things have you learnt from being in Reception?
Questionnaire for sitting in with Call Centre/Reception Call Handlers

1. How are calls into the practice managed? How are the calls prioritised? How are appointments allocated?

2. What training does the reception team have? How is the team structured?

3. What skills does a Receptionist need both in handling calls and face to face contacts?

4. What are the main challenges the receptionist/call centre staff must manage?

5. Who knows most about how the practice runs day to day?

6. How well would you survive as a Receptionist?