

YHFS GP LIFT F1 Induction Guide

Welcome to the GP LIFT Programme

This guide is designed to give you a clear understanding of your role as a GP LIFT F1 and the key differences between your role and those of F2 and GP trainees. It will also cover essential aspects of your day-to-day work, consultations, independent learning, and other support available to help you succeed in this training.

Scope of Role as a GP LIFT F1

As a GP LIFT F1, your role involves:

- Assessing and treating patients under supervision.
- Developing communication and clinical reasoning skills.
- Gaining an understanding of the primary care environment.
- Working closely with your supervisor to consolidate your learning and progressively take on more responsibility.

Difference Between GP LIFT F1, F2, and GP Trainees

- **GP LIFT F1:** Under supervision, you will learn the fundamentals of general practice, focusing on patient consultations and management, with extended time for each appointment.
- **GP LIFT F2:** Building on F1 experience, you will have more autonomy in patient management, while still receiving regular supervision.
- **GP Trainee:** Trainees work more independently, manage more complex cases, and start performing unsupervised clinical tasks as they near the end of their training.

Consultations and Debriefs

- **Consultations:** Patient appointments start at 40 minutes and will gradually reduce to 20 minutes based on your progress and comfort. Debrief with your supervisor after every consultation. UNTIL AGREED OTHERWISE WITH YOUR SUPERVISOR
- **Debriefs:** These happen after each session to discuss cases, consolidate learning, and address challenges.
 - **Morning debrief:** 11:30–12:00 PM.
 - **Afternoon debrief:** 3:30–4:00 PM.



Tutorials

- Scheduled every 5th session.
- Focus on specific learning topics or challenges.
- Can include case-based discussions, mini-CEXs (mini clinical evaluations), or specific clinical skills. **WBPA CAN TAKE PLACE IN THESE SESSIONS**

Support System: Who to Ask When You Don't Know

- **Admin and Secretaries:** For help with systems (e.g., referral pathways, ICE requests, and e-Consults).
- **Supervising GP:** Clinical questions or uncertainties, including consultations, difficult patient interactions, and home visits.
- **Peers/Other Team Members:** For day-to-day workflow questions, they can provide guidance on practical aspects of primary care work.

Independent Learning: EXAMPLES OF What to Cover

- MSK pain management.
- Paediatrics in primary care.
- Mental health.
- Contraception and HRT.
- Diabetes and chronic condition management.

Use your independent learning time between appointments or when there are gaps in your schedule. Focus on primary care topics, prioritising areas where you feel less confident.

Dealing with Difficult or Aggressive Patients

- **Stay calm:** De-escalate the situation by remaining professional and composed.
- **Involve a supervisor:** If a patient becomes aggressive, inform your supervising GP immediately.
- **Safety first:** If you feel unsafe, remove yourself from the situation and seek help.

Getting the Most Out of the LIFT Programme

- **Develop independence:** Over time, you'll take on more responsibility for patient care, building the skills you need for a future as a GP.
- **Comprehensive exposure:** Engage with the varied patient demographics and cases you'll encounter in primary care.
- **Supervision and feedback:** Make the most of debriefs and tutorials to fine-tune your approach and receive constructive feedback.

Key Differences Between Primary and Secondary Care

- **Patient interactions:** In primary care, you'll see patients over the long term, managing ongoing issues rather than episodic care.
- **Breadth vs. Specialisation:** Primary care requires a broad knowledge base, while secondary care often focuses on specialised areas.

- **Autonomy:** You'll have more autonomy in primary care, with opportunities to make decisions, refer patients, and manage cases holistically.

EXAMPLES OF Systems Training (Checklist)

Topic	Tick when covered
System 1 or EMIS Overview	
Prescribing	
Ardens Templates	
ICE Requests	
e-Consultations	
Referral Pathways	
PATCHS or ACCURX	

Day-to-Day Timetable

Time	Activity
9:00 - 11:30 AM	Seeing patients (discuss cases after each appointment)
11:30 - 12:00 PM	Morning debrief
12:00 - 1:00 PM	Lunch
1:00 - 3:30 PM	Seeing patients (discuss cases after each appointment)
3:30 - 4:00 PM	Afternoon debrief
4:00 - 5:00 PM	Consolidation of learning/minicex/Case presentations

Important Notes

- **Home visits:** Conduct home visits only if supervised or pre-arranged and discussed with your supervisor.
- **Appointment progression:** Start at 40 minutes per appointment, moving to 20 minutes over time with your supervisor's agreement.
- **Independent learning:** Fill any gaps in patient appointments with learning from the suggested list of topics.

By following this guide, you'll be well-prepared to navigate your time as a GP LIFT F1 and maximise the learning opportunities offered by the programme!