**Suggested Induction check list for Fellows**

1. A brief history of the practice and practice ethos – covering doctors, staff, other colleagues of note, attitudes to training etc including who does what and opportunities for learning within the practice
2. The practice area, people, interesting facts, local sensitivities, special groups of patients in the community
3. Important access details including drs phone numbers, in hours and OOH access to building
4. IT – computer logins, appts system, docman, lab results and constraints of remoteness, warfarin protocol, emed3, prescribing formulary, referrals, panic alarm, SCRRS, emails, IT security, Drs timetables, communication styles within the practice, MOODLE
5. Branch surgeries, dispensing, family planning, minor surgery
6. OOH arrangements – kit, drugs, access to buildings at night, GP BASICs responder, accessing medication OOH, emergency providers, bad weather arrangements, common mishaps/ pitfalls, ?need for on call /shadow initially ,immediate CPR update -do they need this before the BASICs course usually completed in 1st 3m fellowship?  Sudden deaths and accessing the procurator fiscal (particularly if trained outside Scotland)
7. The community hospital expectations re clerking in, prescribing, staff, induction and formal introduction to staff , minor injuries
8. 2ry care – visiting consultants, referrals, opticians, dental services, chiropody, local counselling, SW, smoking cessation, limitations of phlebotomy in a small practice etc
9. What does the fellow want to get from the practice over their induction, time within the practice, any anxieties
10. Mentorship:

What will the mentor provide in terms of support – first point of contact in disputes plus

* initial induction
* a session on Personal development plan , project, discussion re remote  placements, the need to do an audit, SEAs for appraisal / revalidation
* contact face to face/ VC every couple months
* formal 6 monthly review

1. Is there a named contact person in other practices to provide support? names etc
2. Appraisal (done by Gill Clarke end of yr) names to be provided to Highland H Board who organise all the appraisal of fellows
3. The role of the fellowship co-ordinator – mediator if there are problems locally that are not resolved through mentorship, course organiser, liaison with fellows through the year, appraisal and support for personal development plans
4. Local educational opportunities, inc practice based education , PBSGL
5. Child protection local policy and how to access
6. The practice complaints procedure (but remember they are a HB employee)
7. Hep B immunity – should be checked already by NES. The need to register with a GP

This list is not exclusive and is designed to encourage you to cover most of the issues when taking on a new fellow. Please let me know by email what needs added to the list at [gillian.clarke1@nhs.net](mailto:gillian.clarke1@nhs.net)