



A Day in the Life of a GP working in Prison by Dr Iain Brew

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It's just after 07:00....I like to start early. Always have. It's an opportunity to get ahead of the curve before patients are available to be seen. The Nurses and Pharmacy Technicians have been busy for nearly an hour already: getting patients out to Court through Reception, medicating patients on the wings and arranging their triage and clinics.

The GP round on the Care and Separation Unit (known as 'Seg(regation)' is a hangover from the 'Pentonville model' of 1847, but we only do it three times a week now. I can remember when it was 7 days a week! Although many think this is a waste of clinical time, it is an opportunity to see vulnerable patients, advocate for the patients, escalate concerns about mental health and occasionally make a clinical difference.

Having an experienced team of nurses who feel empowered and supported allows me to focus on those patients where I can add value as a GP. The most complex patients with multiple pathologies across physical, mental health and substance misuse are my target audience. Nurses are far better at dealing with lifelong conditions these days.

So although I may not see many patients in a clinic – 20 or 30 minute appointments are not uncommon (a luxury I know), it's possible to really get into the case and formulate a coherent and holistic plan. Some of these patients will need to be discussed in the multidisciplinary complex case clinic, or Safer Prescribing meeting. It's good to be able to gather others' opinions and input.....and to share the clinical risk within a group!

Prison regime means clinics are limited to 09:00 - 12:00 and 14:00- 16:00, so the time pressure is always on. How many patients get seen is often more dependent on the enabling Officers than anything else.

Having smaller clinics makes me available as a resource: teaching our Developmental Advanced Clinical Practitioner or seeing a patient with the Triage Nurse is an efficient and effective way of ensuring staff are supported and patients are seen promptly

I prefer to work through lunch to catch up on prescribing tasks, process the blood results and hospital correspondence, reviewing ECGs and discussing a few cases from the morning means the afternoon can run smoothly. As I'm not full time, and have to fit various meetings into the working week, there are only five regular GP clinics, but through diligent team triage and appropriate delegation, it's possible to work without a waiting list and still always have urgent appointments available the following day.

you're not out of the prison by 18:00, it's important to advise the gate staff that we're still working so they know we are safe when they reconcile the absent keys in the Trakka Units) makes sure that all the day's admin is complete. Now we are ready to repeat the process tomorrow – to include the new patients who came through reception from Court in the evening.

Clinically fascinating, personally rewarding, and a constant education.....working as a GP in a prison is what General Practice used to be like. The role can be summarised as identifying, mitigating, and holding clinical risk for the Head of Healthcare whilst being a potent advocate for vulnerable patients.