MEDICAL STAFF INDUCTION POLICY

	POLICY

Reference	HR/0053
Approving Body	*Joint Local Negotiating Committee*
Date Approved	**19.02.2026**

For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	x		

Issue Date	
Version	3
Summary of Changes from Previous Version	*This is a new policy, separated from the original Induction Policy, to specifically focus on the induction of Medical Staff*
Supersedes	*V2*
Document Category	• *People Directorate (Human Resources) & Medical Education*
Consultation Undertaken	*JLNC*
Date of Completion of Equality Impact Assessment	*Reviewed 17.2.26*
Date of Environmental Impact Assessment (if applicable)	*n/a*
Legal and/or Accreditation Implications	*n/a*
Target Audience	*All relevant new medical starters to Sherwood Forest Hospitals*
Review Date	*31.3.27*
Sponsor (Position)	*Director of People & Medical Director*
Author (Position & Name)	*Rebecca Freeman, Head of Medical Workforce* *Kim Mattison, Head of Rostering Services*
Lead Division/ Directorate	*People Directorate/Chief Medical Officer (Corporate)*
Lead Specialty/ Service/ Department	*Medical Education & Medical Workforce*
Position of Person able to provide Further Guidance/Information	*Gerard O'Reilly – Head of Medical Education* *Kim Mattison – Head of Rostering Services*

Associated Documents/ Information		**Date Associated Documents/ Information was reviewed**
Template control		April 2024

CONTENTS

APPENDICIES

1.0 INTRODUCTION

1.1   Induction is a workplace-specific process that ensures Medical Staff understand our local practices and policies, both clinical and non-clinical. This helps ensure a smooth and supported transition to working in a complex, often unfamiliar environment with the sickest patients in the hospital and encourages doctors to make the most of the many learning opportunities available.

1.2   With constraints on time and finances, the induction process has evolved into a blended solution of electronic pre-reading and learning materials and face-to-face interactions as close to your start day as possible. All members of medical staff will receive a corporate induction (physically or virtually).

1.3   Our desire is to provide a comparative corporate induction experience to all medical staff, 365 days of the year.

1.4   All new doctors joining Sherwood Forest Hospitals NHS Foundation Trust will complete the Corporate Induction e-Resource Package.

1.5   After completing the corporate induction, all new medical staff should attend a local induction of their department as soon as practically possible. This gives an insight into their working area, any mandatory training requirements, and the working practices within the department.

1.6   It is the Services' responsibility to ensure that all new medical staff, medical staff returning from an absence period of longer than 12 months or medical staff who have changed their roles within the Trust have a Local Induction as soon as possible. This is conducted by service/department and will give them an insight into the working area, roles, and responsibilities.

1.7   It is essential that all new staff complete their corporate induction e-resource package via the Sherwood eAcademy. New members of staff are strongly encouraged to complete these before the Corporate Induction as it will provide context for the induction. For all modules completed before your start date, time off in lieu (TOIL) to a maximum of 4 hours will be awarded. For those staff who do not have an opportunity to complete their e-resource package prior to starting, the service should make time for completion of these modules (physical evidence, such as certificates or print out, must be provided). The service may agree for individuals to do this in their own time and recompense with TOIL – at this point, this is an agreement between the service and the individual doctor.

1.8   For medical staff, the statutory and mandatory modules must be completed as soon as possible and within the first two weeks of their start date. The OLM team will include medics on any divisional reports sent out monthly to be monitored and addressed by the Head of Service. For Trust appointed members of medical staff, these reports will also be used in conjunction with the medical appraisal process/internal ARCP process.

1.9 All staff will automatically be enrolled on the 'appropriate package(s) on the e-academy once their e-Learning account has been created. Accounts for NHS England resident doctors are created by the Medical Education Team, for Trust appointed resident doctors they are created by the Medical Workforce Team, for Medical staff working on the bank they are created by the Rota Coordination Team and for all other Medical Staff they are created by the Learning and Development Team.

1.10 Depending on their job role, medical staff may need to complete additional job-specific competencies covering key-specific learning for their work areas. These additional job-specific competencies that are issued during their local inductions must be completed within 12 weeks of their local induction. The competencies will be submitted via the associated paperwork uploaded to the E-Learning platform for verification. These competencies must be verified and recorded before further training for extended skills is undertaken.

1.11 This Induction policy applies to all new medical staff, staff internally transferring to another service/department or returning from an absence of longer than 12 months.

1.12 This policy is designed to provide information and guidance on the principles and good practices that are important in ensuring that all medical staff receive an engaging and relevant induction and understand the essential skills, knowledge, and behaviours required for those identified staff under this policy.

1.13 This policy is issued and maintained by the Medical Director and Director of People, on behalf of the Trust and supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

2.1 All new Medical Staff to the Trust will receive a Corporate Induction. This will include corporate objectives, values, behaviours, priorities, and an understanding of key organisational workings. See Appendix 3.

2.2 All new medical staff coming into the Trust must attend a local induction as identified in section 1.

2.3 It is the services' responsibility to ensure that all new medical staff, staff returning from an absence period of longer than 12 months or staff who have changed their roles within the Trust have a Local Induction as soon as possible. This should be completed as soon as possible but no later than four weeks of their start date.

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 **Welcome to Team SFH**

The Corporate Orientation 'Welcome to Team SFH' is designed to provide an overall introduction to the organisation, its strategic objectives, priorities, values, behaviours and

essential information relating to staff facilities and support. Appendix 1 contains a list of core topics covered for all medical staff.

3.2 Induction to the Post: Local Induction

The local induction is designed to establish clear foundations and expectations for new medical staff and staff that have moved job roles or have had an absence period of longer than 12 months. They are critical in terms of our medical staff understanding, their roles, any mandatory training requirements and the working practices within their department. This is conducted by the Head of Service/designated deputy and completed within the first 4 weeks. the Checklist for the local induction is included at Appendix 4.

3.3 Essential Learning into post: E-academy

The E-academy is the Trust's internal online learning platform. New SAS and Consultant medical staff and all doctors working exclusively on the bank must complete the core mandatory 'Orientation' workbook within the first 2 weeks of their start date, along with any role-specific additional workbooks as identified in section 1.5 of this policy. Resident doctors will complete the e-Induction package.

4.0 ROLES AND RESPONSIBILITIES

4.1 Line Managers

It is the responsibility of all Heads of Services/Service Directors to ensure that new members of medical staff are recruited to start work on the agreed start dates and that duty rotas/shift pattern/hours of work allow for full attendance on the Corporate Induction.

It is the responsibility of Heads of Services/Service Directors to monitor and check that all new medical staff have attended the Corporate Orientation where appropriate, including completing the local induction within 4 weeks of starting.

Heads of Services/Service Directors are required to monitor and check that all new medical staff have completed their essential learning and are compliant with the agreed programmes identified within this policy document within 2 weeks of starting their role.

Heads of Services/Service Directors to check that all new Medical staff have attended a Local Induction where applicable for their role before beginning a shift.

4.2 Medical Workforce Team

The Medical Workforce Team is responsible for inviting and booking new permanent and fixed term members of Medical staff on to the Corporate Induction via the recruitment system, Trac. The responsibility of completing the Corporate Orientation remains with the Division.

A list of medical staff due to attend the Corporate Orientation is made available for use by key stakeholders.

If a new member of Medical Staff fails to attend the Corporate Induction, their Head of Service/Service Director is contacted by the Medical Workforce Team advising them of non-attendance. The Medical Workforce Team will send out a new invitation via Trac to the new member of medical staff, inviting them to attend the next Corporate Induction.

4.3   The Medical Education Department

Staff within the Medical Education team oversee the facilitation, programme content, delivery and feedback of the Corporate Induction for NHS England Resident Doctors.

It is the responsibility of the Medical Education team to monitor and record attendance on the Corporate Induction via an attendance register. The Medical Education team will also undertake 12-monthly reviews of the content of the Corporate Induction to ensure it reflects organisational objectives and the needs of attendees.

4.4   Rota Co-ordinators

Rota Co-ordinators will ensure that new starters are not required on the rota until they have received a corporate and local induction.

4.5   Departments/Services: Local Induction

The department or service are responsible for ensuring that:

•   New members of medical staff are welcomed to the Ward/Department, including new employees to the Trust, staff who are transferring from another ward or department and staff returning after an absence period of longer than 12 months.

•   A structured local induction is undertaken with all new medical staff, those taking up a new post, or those returning after an absence period of longer 12 months.

•   The service/department should record attendance locally.

•   Each Division will be responsible for providing and maintaining the material to update the Specialty section of the Trust intranet.

4.6   Identification & Declaration of Interests (Including gifts and hospitality)

Below is an extract from: Conflicts of Interests Policy Version: 6 Issued: June 2022 Page 4 of 23

All medical staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days).

If medical staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:
•   On appointment with the organisation.
•   When staff move to a new role, or their responsibilities change significantly.

- *At the beginning of a new project/piece of work.*
- *As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).*

A declaration of interest(s) form is available at: https://sfhdoi.notts-his.nhs.uk/

Declarations should be made to: Director of Corporate Affairs.

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

Where medical staff persistently fail to complete the local induction process, this should be considered as a performance management issue and Heads of Service/Service Directors should contact their local People Partner for advice.

4.7 Individual Staff

Medical staff are responsible for familiarising themselves with the induction material provided and will be required to give a written undertaking to do so and to comply with Trust policies.

Medical staff must take responsibility for identifying specific aspects of their role, where any information needs or additional training, they believe necessary to achieve competency for those duties identified for their roles. Medical staff must not carry out any procedure or activity for which they have not been sufficiently trained and are not signed off as competent.

They should engage in developmental discussions with their clinical supervisor, educational supervisor or other manager to ensure that appropriate provision is agreed, managed and delivered to achieve the necessary competencies.

Failure to complete the induction process or to attend mandatory training, as evidenced by the failure to receive completed records, will lead to the appropriate Head of Service/Service Director being notified. The initial response will be to offer another training opportunity. Failure to attend on the second occasion without just cause will be dealt with by the normal Trust disciplinary process.

4.8 Responsibility for Monitoring Completion of the Local Induction Process

The Head of Service/Service Director is responsible for ensuring that all new medical staff complete a local induction process within a timely manner. This data should be captured locally and available upon request.

4.9 The Process

The following identifies the required components, many of which are the same, despite the separate routes of entry to the Trust, that need to be applied for the induction process to be carried out effectively.

4.10 Foundation Programme and Specialty Training Doctor Induction

NHSE Resident doctor inductions will occur four times a year on the first Wednesday of February, April, August and December. The main induction process in August will consist of one full day and the trainees will not be rostered for work during that time and the days will be bleep free. Attendance will be compulsory and will be completed on the day of induction. No trainee will be allowed to work in a specialty without receiving a formal induction. Local inductions into the specialties will be completed within a 2-week period.

The generic induction process will involve the following:
•   Completion of People Development and IT department documentation
•   Exposure to Trust policies such as bullying and harassment, whistle blowing and consent with signposting to intranet policy repository
•   Exposure to appropriate infection control and health and safety legislation
•   Following the patient journey through the hospital
•   Completion of the web-based package (as appropriate and prior to employment)
•   Introduction to Specialty Leads
•   Networking
•   Completion of a written commitment from each doctor to read and comply with all relevant Trust policies

Further Specialty inductions will be completed as well as an educational induction using a specialty induction checklist. A resuscitation training exercise will be carried out as part of mandatory training if appropriate. If the assessment indicates a need for training in the use of certain equipment, this will be arranged by the Resuscitation Training Department as soon as the request is received.

The Medical Education department will monitor and record all NHSE Resident doctors inductions to the Trust and specialty inductions. NHSE Resident doctors who fail to complete their induction processes will not be allowed to commence work in the Trust/specialty and will be contacted by the Medical Education Department to ensure that the appropriate induction takes place.

The Medical Education Department will monitor and record compliance relating to trainees being booked onto and completion of Trust and local inductions through their quality monitoring systems. Where a NHSE Resident doctor has failed to complete their specialty induction with 2 weeks of starting, the Medical Education Department will contact the doctor and Head of Service/Service Director to ensure completed checklists are returned to the Medical Education Department.

4.11 Specialty Registrar (and doctors commencing outside main induction periods)

Specialty Registrars will be written to and booked onto the induction programmes by the Medical Workforce Team.

Specialty Registrars arriving at the Trust will report to the Education Centre on their first day of work where a member of the Medical Education Team will meet them.

Once the induction has been completed, the Induction Team will hand the inductee over to the Specialty for the Head of Service/Service Director to complete the Specialty induction for the specialty in which they will be based.

Once the doctor has completed the induction process, they may begin work. Evidence of the completion of educational induction and assessment of learning needs should be returned by the doctor to the Medical Education Department by the end of week four.

If the assessment indicates a need for training in resuscitation or in the use of certain equipment this will be arranged by the Resuscitation Training Department as soon as the request is received. Completion of that training must be documented within one month of the start date at the Trust. Induction checklists will be kept and monitored by the Medical Education Team.

4.12 Trust Appointed Doctors

All Trust appointed doctors will be written to and booked onto the Corporate Induction by the Medical Workforce Team. The responsibility of completing the generic administration is undertaken by the Medical Workforce Team. Specialty inductions will be completed by the nominated lead Consultant for the Division in which the new member of Medical Staff will be based.

Evidence of the completion of a job plan including a personal learning plan and assessment of learning needs is required to be available by the end of week four. If the assessment indicates a need for training in resuscitation or in the use of certain equipment this will be arranged by the Resuscitation Training Department as soon as the request is received. Completion of that training must be documented within 4 weeks of the start date at the Trust.

For medical staff where this is their first role in the NHS, they will be supported with a supernumerary period within the specialty where required.

4.13 Bank Doctors

Bank doctors are expected to be working at SFH for less than one month must receive essential information relating to their role, working environment and know how to access help and support. The Head of Service is responsible for ensuring that the bank doctor has this information to enable them to undertake their role.

Bank doctors who are expected to be working at SFH for more than a month must attend the corporate induction.

All bank staff must provide evidence of completion of statutory and mandatory training, or they will be asked to complete relevant training while working at SFH. This will be monitored by the Rostering Team.

4.14 Agency Introduced Directly Engaged Doctors

There may be specific staff groups such as the above that fall outside the parameters of traditional induction and need alternative arrangements.

The Trust has a statutory obligation to ensure that these staff are aware of the Trust's policies on risk, health and safety matters and confidentiality. This should be achieved by ensuring contractual documentation between the Trust and the external organisation makes clear reference to these policies and the requirement to ensure staff are provided with copies of these documents.

Directly engaged doctors, should attend training and updates provided by their agency.

It is the responsibility of the Head of Service to ensure that the directly engaged agency doctor is made aware of relevant Trust policies and procedures.

Out of hours responsibility lies with the senior member of staff on duty at the time or other responsible individual with delegated authority.

Each specialty has an induction package and check list for Agency introduced directly engaged doctors that the Head of Service or other responsible individual with delegated authority will discuss with the doctor.

Once induction has been completed, the doctor will receive continued support throughout their time at the Trust from the Head of Service or a nominated deputy identified during the induction process.

5.0 APPROVAL

The Joint Local Negotiating Committee (JLNC) is responsible for ratifying the Trust's Medical Induction Policy.

6.0 DOCUMENT REQUIREMENTS

6.1 Legislation and Guidance

All relevant legislation and national guidance has been taken into account and referenced in the development of this policy.

6.2 Impact Assessments

The relevant impact assessments have been completed in relation to this policy, see Appendix 1 and 2.

6.3 Communication

This policy and any subsequent changes made to the policy will be communicated.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

7.1 Induction processes will be reviewed annually by the Medical Education and Medical Workforce Team and other stakeholders to ensure that they reflect national and professional guidelines and organisational requirements.

7.2 Local induction compliance will be monitored at a service level.

7.3 Where local inductions have failed to be completed it is the responsibility of the Head of Service to ensure their completion.

7.0   MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Attendance at corporate induction (Senior Medical Staff)	Medical Workforce Team	Receipt of attendance lists	Monthly	Head of Service
Attendance at corporate induction (Junior Medical Staff)	Medical Education	Receipt of attendance lists	By rotation	Head of Service
Attendance at local/departmental induction (All Medical Staff)	Head of Service	Receipt of attendance lists	Monthly	Head of Service

8.0 TRAINING AND IMPLEMENTATION

To be communicated to all medical staff and processes are reviewed with relevant individuals, as changes occur.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- GMC - Understanding the Nature and Scale of the Issues Associated with Doctors' Induction (including those Returning to Practice https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction
- GMC - Effective departmental inductions for doctors in training https://www.gmc-uk.org/education/hidden-documents/sharing-good-practice/effective-departmental-inductions-for-doctors-in-training
- NHS Resolution
- Health and Social Care Act 2008

Related SFHFT Documents:

The Conflicts of Interests Policy Version: 6 Issued: June 2022

11.0 KEYWORDS

- Training, medical education, Welcome, Corporate Orientation/Induction, new starter, roles, responsibilities, Induction.

12.0 APPENDICES

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

EIA Form Stage One:

Name EIA Assessor: Rebecca Freeman	**Date of EIA completion: 17.2.26**
Department: People Department	**Division: Corporate**
Name of service/policy/procedure being reviewed or created: Medical Induction Policy	
Name of person responsible for service/policy/procedure: Rebecca Freeman	
Brief summary of policy, procedure or service being assessed: This Induction Policy sets out the Induction processes that are in place for Induction of Medical Staff. The policy also incorporates both bank staff and agency introduced directly employed medical staff.	
Please state who this policy will affect: Medical Staff	

Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Provide a brief summary of what data or supporting information was considered to complete this assessment?**
Race and Ethnicity	The policy has been designed to ensure equality for all staff when undertaking their induction training	The implementation of this policy is monitored by the Medical Education and Medical Workforce Teams and other stakeholders to ensure that the policy reflects national and professional guidelines and organisational requirements.

Local induction compliance will be monitored at a service level in conjunction with other stakeholders depending on the individual |
Sex	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Age	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Religion and Belief	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Disability	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Sexuality	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Pregnancy and Maternity	The policy has been designed to ensure	

	equality for all staff when undertaking their induction training	
Gender Reassignment	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Marriage and Civil Partnership	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	The policy has been designed to ensure equality for all staff when undertaking their induction training	

What consultation with protected characteristic groups including patient groups have you carried out?
• t

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
• No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
High	**Medium**	**Low**	**Nil**	**Low**	**Medium**	**High**

If you identified positive impact, please outline the details here:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity			
Gender			
Age			
Religion			
Disability			
Sexuality			
Pregnancy and Maternity			
Gender Reassignment			
Marriage and Civil Partnership			
Socio-Economic Factors (i.e. living in a poorer neighbour hood			

/ social deprivation)			

Signature:
I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form
Date:

APPENDIX 3

Corporate Induction Topics
This will be adapted and reviewed on a 6-Monthly basis, based on the Trust and colleagues needs.

Substantive Senior Medical Staff:

The core outline of the Programme will include the following elements:
- Welcome to Team SFH
- Your Induction Process
- Our people and you – Executive representation
- Looking after yourself- Wellbeing Team
- Equality, diversity and inclusion
- Our FTSU speak up culture
- How the People Directorate can support you
- Fire Safety
- Reflection and Feeding back

Junior Medical Staff:

The core outline of the Programme will include the following elements:
- Clinical Scenarios incorporating important topics such as blood transfusion, ReSPECT tool/death certificate, Sepsis, medical equipment, patient escalation, Hospital out of hours and dementia screening.
- IT Systems
- Gripe/Exception reporting
- ICE
- Orion
- UVZFP
- Dragon Medical Workflow
- SystemOne ED

APPENDIX 4 – Local induction Checklist for Senior Medical Staff

DIVISION/SPECIALTY INDUCTION

Organisational Issues

Task	Delivery	Discussed/completed
Overview of Specialty	Discussion	
Aims and vision of the Division & Specialty	Discussion	
Function of departments	Discussion	
Departmental policies & procedures	Discussion	
Local rules	Discussion	
Clinical roles/responsibilities/procedures	Discussion	
Line manager accountability	Discussion	
Appraisal, revalidation and educational supervision	Discussion	
Research & audit	Discussion	
Job planning	Discussion	
Mandatory training requirements	Discussion	

Health and Safety and Clinical

Task	Delivery	Discussed/completed
Fire policy & evacuation procedures	Trust Intranet	
Fire Training	E learning/Fire lecture	
Health & Safety policy	Discussion	
Manual handling	Trust Intranet	
Consent policy	Discussion	
Sharps policy	Trust Intranet	
Violence and aggression	Trust Intranet	
Radiation control	Trust Intranet	
Infection control and bare below the elbows	Trust Intranet	
Resuscitation Policy and AND	Trust Intranet	
Clinical incident reporting	Discussion	
Hospital Clinical pathways/Protocols	Trust Intranet	
Hospital Infection Control Policy	Trust Intranet	
Hospital Antibiotic Policy	Trust Intranet	
PACS/Orion/Ice & Trust systems	Discussion	
VTE, NEWS, Nerve Centre / Sepsis 6 Bundle awareness/assessments	Discussion	
Mental Capacity Act and Two Stage Test	Discussion	

Medical Equipment overview and training needs assessment	Discussion	

Supporting Functions		
Task	Delivery	Discussed/completed
Pharmacy	Discussion	
Referral protocols	Discussion	
Medical Education Department	Discussion	
Education and Development Department	Discussion	
HCSA/BMA	Discussion	
Audit and governance lead	Discussion	
GMC	Discussion	
Royal College Reps	Discussion	
JLNC	Discussion	
Library	Discussion	

Meetings		
Task	Delivery	Discussed/completed
Head of Service/Consultant Lead	Meeting	
Governance Lead	Meeting	
Divisional Clinical Director	Meeting	
Divisional General Manager	Meeting	

Equipment (Specialty to complete)			
Task		Delivery	Discussed/completed
Defibrillator/Dynamap	Adult/Paediatric (various models)	Discussion	
Resus Trolleys	Adult/paediatric SFHT	Discussion	
PACS Results System	SFHT – Pathology system	Discussion	
Blood Glucose Monitor	SFHT – Pathology system	Discussion	
Blood Gas Analyser	SFHT – Pathology system	Discussion	

Resuscitation equipment Orientation

Medicine	Surgery	Emergency Dept	Anaesthetics	Obs & Gynae	Paediatrics
Resuscitation Trolley	Resuscitation Trolley	Resuscitation Trolley	Resuscitation Trolley	Resuscitation Trolley	Resuscitation Trolley
XL & AED Defibrillators	AED Defibrillators	XL Defibrillators	XL & AED Defibrillators	AED Defibrillators	AED Defibrillators
		PREM system	PREM system	Resuscitaire	PREM system
					Resuscitaire

Signed	
_____[Doctor]	[Grade]
[Divisional/ Specialty Lead]	[Designation]

Date	
This form must be returned to the Medical Workforce Team on completion of the induction. A copy must be placed on personal file.	