

MEDICAL STAFF INDUCTION POLICY

		POLICY		
Reference	HR0053			
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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			
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Supersedes				
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Date of Environmental Impact Assessment (if applicable)	n/a			
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Target Audience	All relevant new medical starters to Sherwood Forest Hospitals			
Review Date	31/01/2025			
Sponsor (Position)	Director of People & Medical Director			
Author (Position & Name)	Luke Ruffle, Head of Medical Education, Rebecca Freeman, Head of Medical Workforce Kim Mattison, Head of Rostering Services			
Lead Division/ Directorate	People Directorate/Medical Director (Corporate)			
Lead Specialty/ Service/ Department	Medical Education & Medical Workforce			
Position of Person able to provide Further Guidance/Information	Luke Ruffle, Head of Medical Education or Rebecca Freeman, Head of Medical Workforce			
Associated Documents/ Information				Date Associated Documents/ Information was reviewed

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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 in training 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 junior medical staff joining Sherwood Forest Hospitals NHS Foundation Trust will complete the Corporate Induction e-Resource Package. The package will include several introductory videos and statutory and mandatory training modules.
- 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 statutory and mandatory e-Learning 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. For those staff who do not have an opportunity to complete their eLearning 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 permanent members of staff, these reports will also be used in conjunction with the medical appraisal 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 junior doctors are created by the Medical Education Team, for other Medical Staff they are created by the Medical Workforce 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 Clinical Inductions and must be completed within 12 weeks of their Clinical 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 within 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 both junior and senior medical staff.

3.2 Training into post: Clinical Induction

The Clinical Induction as identified in section 1.1 and 1.2, is designed to give medical staff essential clinical mandatory and statutory training for their first year of employment where applicable for their role. This excludes conflict resolution and information governance.

3.3 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.

3.4 Essential Learning into post: E-academy

The E-academy is the Trust's internal online learning platform. New senior medical staff must complete 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. Junior medical staff 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 for permanent members of medical staff 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 Departmental 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 Junior Doctors in Training.

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: The 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.

For Doctors in training, failure to complete the induction process or to attend mandatory training, as evidenced by the failure to receive completed records, will lead the Medical Education Department to notify the appropriate line manager. 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 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

Trainee 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 trainees inductions to the Trust and specialty inductions. Trainees 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 trainee has failed to complete their specialty induction with 2 weeks of starting, the Medical Education Department will contact the trainee and 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 People Directorate will meet them.

Once the induction has been completed, the Induction Team will hand the inductee over to the Rota Co-ordinator for the Division and the Rota Co-ordinator will arrange for the trainee to complete the Specialty induction for the specialty in which they will be based.

Once the trainee 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. Failure to complete this process within 6 weeks will trigger a follow up process to the Rota Co-ordinator from the Medical Education Team.

4.12 **Consultants/SAS Doctors/Clinical Fellows**

New Consultants/SAS Doctors/Clinical Fellows 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 one month 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. For SAS doctors the completion of the supernumerary period will be monitored by the Head of Service/Service Director and for Clinical Fellows, this will be monitored by the Educational Supervisor assigned to the Clinical Fellow.

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.

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

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APPENDIX 1 EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Induction Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: September 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) 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?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Gender	The policy has been designed to ensure equality for all staff when undertaking their induction training	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	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Religion	The policy has been designed to ensure equality for all staff when undertaking their induction training	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	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	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	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	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	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 neighbourhood / social deprivation)	The policy has been designed to ensure equality for all staff when undertaking their induction training	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?			
<ul style="list-style-type: none"> Discussed with EDI Lead 			
What data or information did you use in support of this EqIA?			
<ul style="list-style-type: none"> ESR staff data 			
As far as you are aware are there any Human Rights issues to be considered such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?			
<ul style="list-style-type: none"> No 			
Level of impact			
<p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>			
Name of Responsible Person undertaking this assessment: Gemma Gelsthorpe			
Signature:			

APPENDIX 2– ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	NO	
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.) 	NO	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	NO	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	NO	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	NO	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	NO	

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	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	
PALS	Discussion	
Medical Education Department	Discussion	
Training and Education Department	Discussion	
HCSA/BMA	Discussion	
Audit and governance lead	Discussion	
GMC	Discussion	
Royal College Reps	Discussion	
Healthcare Commission	Discussion	
JLNC	Discussion	
Meetings		
Task	Delivery	Discussed/completed
Head of Service/Consultant Lead	Meeting	
Governance Lead	Meeting	
Divisional Clinical Chair	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

<u>Medicine</u>	<u>Surgery</u>	<u>Emergency Dept</u>	<u>Anaesthetics</u>	<u>Obs & Gynae</u>	<u>Paediatrics</u>
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 (original) must be returned to the Medical Workforce Team within 4 weeks of the date of commencement. A copy must be placed on personal file.