



# **Delivering Local Induction for Junior Doctors**

## **Guidance for Departments and Local Organisers**



## Introduction

Local induction takes place on the first day of arrival in the department for all new doctors, whether as a new starter at the Trust or an internal rotation. This may be during the large rotations during August and February, but will also happen ad hoc across the year dependent on workforce turnover.

It is the responsibility of the Divisional PGME Lead to ensure that this happens. Divisions must also have a named administrator responsible for the operational delivery of induction and the recording of attendance in each department. Educational Supervisors will be expected to monitor the trainee's progress throughout Induction.

Protected time of 1.5 days must be given to allow trainees to complete the induction process which includes the online corporate induction and clinical mandatory training. All elements must be completed no later than 4 weeks after commencement.

Doctors will be emailed a Safe Practice Passport by the Postgraduate Department which needs to be signed off by them. The Passport is a checklist for them to declare they have completed all elements of induction, including local induction. The Postgraduate Department will report to Divisions on induction compliance to assist with tracking. Departments need to ensure that attendance at local induction and training is recorded on Trust databases.

For trainee Doctors employed by the Health Education North West (Deanery), this will be on the Medical Staffing Information System.

For Trust employed doctors (such as clinical fellows and Trust grades) this is in the OLM section of ESR.



## **First day—What needs to happen?**

Departments need to have clear plans in place to deal with induction in 2 ways:

- Firstly, during the large intakes in February and August
- Secondly, for ad hoc new starters that come in between these times

This may mean organising group welcome sessions for the large intakes, but departments must also ensure that ad hoc new starters receive all the same information and level of welcome as the group sessions.

Local induction should compliment any corporate welcome session and the online mandatory training modules.

It is important that local sessions are robust in their delivery and efficiently recorded on the relevant databases by local administrators.



## What do local organisers need to do?

1. Monitor each week the local reports on new starters for your areas to predict who will be arriving on your patch
2. Email the new starter 4 weeks before first day with:
  - Local induction information, timetable and venue
  - The name of their Educational & Clinical Supervisor
  - Rota
  - Study/annual leave process
3. Organise and provide a local induction which includes all elements of the basic template (next page) plus anything else relevant to the department
4. Record attendance at local induction on the relevant Trust database

For the large intakes in February and August, the Postgraduate Dept will hand out ID badges. Local organisers will hand out IT systems passwords provided by IT

5. For ad hoc starters, departments need to carry out an ID check and ensure the doctor is directed to Security for an ID badge. IT will send the nominated local administrator a password for clinical systems.
6. New lanyards will need to be allocated to new starters, colour coded according to grade.
7. Educational Supervisor will need to check progress throughout induction process.
8. Doctors new to the Trust must not be placed on call on their first day and this should be planned into rotas



## **Minimum content for local induction**

Please ensure that local induction includes the following criteria:

- Orientation to the department (including resus facilities where appropriate)
- Outline of jobs and their requirements
- Relationships and team working structure
- Departmental policies and clinical protocols
- Weekly timetables – ward rounds, out-patient clinics
- Rota and on call details
- Annual, sick and study leave processes and expectations
- Educational/Clinical supervision arrangements
- Training opportunities available
- Audit
- Procedure for consent, discharge summaries and reporting incidents
- Sepsis policy
- Arrangements for ANTT practical session
- Early warning score/Patientrack
- Arrangements for moving and handling training (where appropriate)
- Point of care testing (where appropriate)
- Medical device training (where appropriate)
- VTE assessment (where appropriate)
- Resuscitation training and competency checks
- Coding (where appropriate)
- Care bundles (where appropriate)
- IMPACT course booking (Medicine CMFT & Trafford only)



## **What does the Postgraduate Department and HR do?**

The Postgraduate Dept (PGME) monitor the data to make sure that new employees to the Trust are sent a Welcome letter and invited to the registration sessions for the August and February intakes. For ad hoc starters, we direct new doctors directly to departments on their first day.

Medical Staffing and Recruitment populate the databases and provide the reports which forecast new starters.

At August and February registration, PGME and Medical Staffing carry out ID checks and hand out temporary ID badges.

PGME monitor the compliance of new doctors with the induction process and send reports to Divisions.

PGME chase and manage those that do not complete induction within 4 weeks in liaison with divisional staff.

PGME upload all the corporate online training information into the Trust databases such as e-learning and prescribing assessment results.

PGME collate all the Safe Practice Passports and monitor their return

Refer non-compliant doctors to John Bright, aDME for meeting 6 weeks after start date

Support Local Induction organisers in effective delivery

## **What do we expect of new junior doctors?**

New doctors must attend a registration session in August or February or report directly to their department on their first day if 'out of sync', ie any other time in the year

They must complete all elements of their induction. This includes e-learning plus attendance at local induction and other elements such as ANTT/BLS training (all doctors are expected to have annual Basic Life Support training)

All this must be complete within 4 weeks of commencement

They must return their Safe Practice Passport to self declare completion to PGME



## Induction Timeline

	Doctor	HR/Postgrad	Local organiser
<b>6 Weeks Before</b>		Receive Medical Staffing lists	Prepare local induction programme
<b>4 Weeks Before</b>	Can contact department for rotas etc	Send welcome email	Email: Rota Local programme Educational/clinical supervisor
<b>Induction Day</b>	Arrive at work	Check ID and give out temporary badge  Register induction	Provide local induction  Give out systems passwords  Make sure new starter is <b>not on call</b>
<b>4 Weeks After</b>	1.5 days protected time to complete all aspects of induction  Complete eLearning for systems passwords  Go to security lodge for permanent ID badge	Monitor and report on progress	Provide 1.5 days protected time to complete induction  Arrange ANTT/BLS/ any local training requirements  Educational Supervisor to meet with trainee to monitor induction progress
<b>6 Weeks After</b>	Non-compliance meeting with John Bright if induction is not completed	Non-compliance meeting with John Bright if induction is not completed	





## **Contacts for Further Information**

### **Postgraduate Medical Education**

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### **Medical Staffing**

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### **Recruitment (for non-training grades)**

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### **Security (ID badges and Parking)**

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### **IT (Systems passwords)**

#### **Applications Team**

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### **Resus Training**

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