

## Reception and Induction of Senior Medical and Dental Staff

Issue Date	Review Date	Version
September 2015	Extended to December 2021	7.5

### Purpose

This documents sets out the arrangements and associated responsibilities, which aim to ensure that Consultants and SAS Doctors successfully start their career with the Trust.

### Who should read this document?

All clinical managers

### Key Messages

The Trust value staff

### Core accountabilities

<b>Owner</b>	Medical Workforce Manager
<b>Review</b>	Medical Staff Panel
<b>Ratification</b>	Medical Director
<b>Dissemination (Raising Awareness)</b>	Medical Workforce Team
<b>Compliance</b>	Medical Workforce Team

### Links to other policies and procedures

### Version History

<b>4.1</b>	October 2008	Medical Staff Panel
<b>4.2</b>	July 2009	Reformatted, EIA, Dissemination Plan & Checklist included
<b>5.1</b>	March 2011	Trust Commitment to Valuing People amended in line with the Equality Act 2010. Electronic policy paths updated
<b>5.2</b>	June 2011	Review date extended
<b>6.1</b>	March 2012	Medical Staff Panel for Review
<b>6.2</b>	May 2012	Medical Staff Panel for Review
<b>6.3</b>	July 2012	Approved by Medical Staff Panel
<b>7</b>	September 2015	Approved by Medical Staff Panel
<b>7.1</b>	November 2018	Extended to April 2019 by HR SMT
<b>7.2</b>	August 2019	Extended to April 2020 by Louise Tate
<b>7.3</b>	August 2020	Extended to April 2021 by Medical Staff Panel
<b>7.4</b>	June 2021	Extended to September 2021
<b>7.5</b>	September 2021	Extended to December 2021

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

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## **1 Introduction**

This document sets out the arrangements and associated responsibilities, which aim to ensure that Consultants and SAS Doctors successfully start their career with the Trust.

## **2 Purpose, including legal or regulatory background**

This process is to be followed for all Consultant and SAS staff commencing employment with the Trust.

## **3 Duties**

### **1. Appointment Letters and Follow-up**

The appointment letters are prepared by the Medical Workforce Team who will follow up outstanding offer letters at regular intervals to ensure a speedy acceptance is received from the Appointee. The Medical Workforce Team will also send a letter on behalf of the Medical Director and the Chairperson of the Hospital Medical Staff Committee welcoming him/her to the Trust.

### **2. Residential Accommodation**

If the Clinician requires accommodation at PHNT residencies the Medical Workforce Team will provide the Clinician with guidance on where to seek accommodation.

### **3. Relocation**

The Service Line Manager will manage all documentation relating to the Relocation Package. Written agreement from the Service Line Director to the proposed location of the Clinician's new residence must be obtained if it is greater than 30 minutes or 10 miles by road from their principal place of work, to ensure that they can meet his/her clinical on-call responsibilities. No relocation expenses will be met unless agreed by the Service Line Manager and their Financial Accountant.

### **4. Induction Week**

The first week of the post will be an Induction Week and no clinical responsibilities will be undertaken. Arrangements will be made by the Medical Workforce Team for the Clinician to meet with the Executive Directors and other senior managers within the Trust (see Appendix 1). All staff should attend the Trust's standard Induction programme for new starters this will be arranged by the Medical Workforce Team. Local departmental induction will be arranged by the lead clinician of the specific department.

### **7. Mentors**

All new Consultants and SAS Doctors are given the opportunity to have a mentor should they wish. The Trust's lead for mentorship can be contacted through the Hospital Medical Staff Committee (HMSC) administrator..

#### **4 Overall Responsibility for the document**

The Director of HR and Organisational Development has the overall responsibility for this document.

#### **5 Consultation and ratification**

This policy will be reviewed by the Medical Staff Panel and the Director of HR and Organisational Development is responsible for the ratification.

#### **6 Dissemination and Implementation**

Following ratification this policy will be publicised across the Trust in the Information Governance StaffNet Page and will be available on Trust Documents.

#### **7 Monitoring compliance and effectiveness**

The Trust will undertake a regular audit of the processes specified in this policy.

**Plymouth Hospitals NHS Trust  
Senior Medical Staff Enhanced Corporate Induction Programme**

This programme has been set up to enable new senior medical staff to PHNT to meet key members of the organisation supporting improved communication, demonstrating value and the strategic direction of the trust board in enhancing medical leadership and involvement.

The first week of employment with PHNT will be free from any direct clinical work; as part of the induction they are likely to visit clinical areas.

Meetings will be arranged by the Medical Workforce Team with the following key people during the first week. Suggestion of topics for discussion outlined as shown.

This does not replace any local departmental induction or the trust induction for all employees.

**Chair Trust Board**

Role of the Board  
Wider NHS  
Health Bill

**Chief Executive (meeting to be held after 3 months in employment)**

Overview of organisation  
Mission statements, aims and objectives

**Medical Director**

Management roles/responsibilities  
Corporate roles/responsibilities  
Annual appraisal and revalidation processes  
Continuing Professional Development (CPD)  
Management development opportunities  
Policy on private work  
Managing doctors and other colleagues in difficulty  
CQC

**Chief Nurse Patient**

safety Complaints  
procedures  
Role of Patient Advice Liaison Services (PALS)

**Director of Finance**

Finance  
Procurement  
Trust's strategic direction  
Support for innovation and service improvement  
Business planning/ Trust targets  
Service Line Lead Training

**Chief Operating Officer**

Operational Management of Hospital  
Delivery of Operational targets  
Links with Primary Care Trusts and Community Services  
Service improvement/redesign programme

**Director of HR & Organisational Development**

Leadership  
Organisational culture

**Medical Workforce Manager**

Terms and conditions of employment  
Probity policy e.g. hospitality  
Staff Health and Well Being Service  
Harassment and bullying policy  
Equality and diversity  
Grievance and disciplinary procedures  
Absence policy  
European Working Time regulations

**Service Line Director (of relevant department)**

Functions of department/directorate  
Department/unit rules - leave  
Main job contracts  
Opportunities for department roles and development  
Discussion of job description and job plan  
Clinical roles/responsibilities  
Line manager/accountability  
Performance indicators and targets  
Introduction to colleagues & key non-Trust colleagues, GPs, PCT leads, social services  
Departmental "buddy"

**Service Line Manager (of relevant department)**

Directorate Structure  
Directorate Strategy  
Telephone system and usage policies  
Information Technology  
Intranet  
E-mail  
Newsletters  
Notice boards  
Identity cards  
Car Parking  
Dining arrangements  
Toilets/kitchens  
Fire procedure including assembly points and fire wardens  
Location of fire fighting equipment  
First aiders and facilities  
Referral protocols  
Clinical waste procedures

**Director of Medical Education**

Introduction of Education and Training Team at PGMEC  
Introduction of trainee supervision framework  
Requirement of Clinical & Education Supervision training for new Senior staff  
Underperformance and Doctors in difficulty procedure

Local medical schools and universities  
Role and tasks of the deanery  
Study leave

### **Governance & Patient Safety Lead**

Governance & Patient Safety  
Incident reporting  
Appraisal and revalidation  
Statutory and mandatory training

### **Director of Research & Development**

Research & Development  
Opportunities etc

### **Caldecott Guardian**

Data security – safe sticks

### **Microbiology**

Infection control Targets  
Handwashing/dress code  
Needlestick/blood splash guidelines  
Antibiotic policy

### **Press Office Trust**

web site Dealing  
with press  
Trust communication strategy

### **HMSC Chair**

Hospital Medical Staff Committee (HMSC)  
Mentoring scheme  
HMSC meetings  
CEA awards  
Mediation

### **LNC Chair**

Medical and Dental Local Negotiating Committee (LNC)  
Relevant policies and procedures  
Job Planning

### **SAS Lead**

Relevant policies and procedures  
Support/mentoring  
Job Planning

### **Director of Governance**

Litigation  
Safety walk arounds  
Corporate Governance  
Risk management  
CQC Compliance  
Foundation Trust Development



## APPENDIX 2 - FEED BACK FORM FOR SENIOR MEDICAL STAFF INDUCTION

Appointment	Venue/Date/Time	Did the meeting take place (tick/cross as appropriate)
Director of Research & Development		
Sub Dean (undergraduates)		
Service Line Cluster Manager		
Caldicott Guardian		
HMSC Chair		
SAS Lead		
Chair of Drugs & Therapeutics Committee		
Clinical Service Line Director		
Chief Executive Officer		
Medical Director		
Job Planning & Revalidation Manager		
Press Office		
Microbiology		
Medical HR Manager		
Director of Medical Education		
LNC Chair		
Senior Contracts Manager		
Director of HR & OD		
Director of Finance		
Director of Governance		
Director of Nursing		
Director of Planning and Site Services		

Head of Clinical & Radiation Physics  (Only need to see if working in these specialities: Imaging, Oncology, Cardiology, Orthopaedics, Plastics & Dental)		
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**What worked well/what didn't work well – comments below please:**

**Signed:**

**Date:**

**Completed forms return to:**

Medical Workforce Team,  
Level 7,  
Derriford Hospital,  
Plymouth  
PL6 8DH

**Core Information**

<b>Document Title</b>	Reception & Induction of Senior Medical & Dental Staff Policy
<b>Date Finalised</b>	September 2015
<b>Dissemination Lead</b>	Medical Workforce Team

**Previous Documents**

<b>Previous document in use?</b>	yes
<b>Action to retrieve old copies.</b>	Ask Document Controller to remove existing version and replace with this amended version

**Dissemination Plan**

Recipient(s)	When	How	Responsibility	Progress update
Medical Staff		Electronically	Medical Workforce	
Directorate Manager		IG StaffNet Page	Document Controller	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
<b>Content</b>	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
<b>Approval</b>	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

**Core Information**

<b>Manager</b>	Kimberly Spry, Medical Workforce Manager
<b>Directorate</b>	Directorate of HR and Organisational Development
<b>Date</b>	September 2015
<b>Title</b>	Reception and Induction of Senior Medical and Dental Staff
<b>What are the aims, objectives &amp; projected outcomes?</b>	The purpose of the document are to ensure that all Senior Medical and Dental staff are inducted into the Trust in a supportive, timely and productive way.

**Scope of the assessment**

The document has been circulated with the accompanying Equality Impact Assessment to all members of the Medical Staff Panel.

**Collecting data**

<b>Race</b>	This is mitigated as the policy can be made available in alternative languages
<b>Religion</b>	The document has no impact in this area
<b>Disability</b>	This is mitigated as the policy can be made available in alternative formats
<b>Sex</b>	The document has no impact in this area
<b>Gender Identity</b>	The document has no impact in this area
<b>Sexual Orientation</b>	The document has no impact in this area
<b>Age</b>	The document has no impact in this area
<b>Socio-Economic</b>	The document has no impact in this area
<b>Human Rights</b>	The document has no impact in this area
<b>What are the overall trends/patterns in the above data?</b>	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

**Involving and consulting stakeholders**

<b>Internal involvement and consultation</b>	The policy has been compiled by the Medical Workforce Business Partner. The policy has been circulated for consultation to the members of the Medical Staff Panel.
<b>External involvement and consultation</b>	n/a

**Impact Assessment**

**Overall assessment and analysis of the evidence**

This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.

The document does not have the potential to cause unlawful discrimination. The document does not have any negative impact.

**Action Plan**

Action	Owner	Risks	Completion Date	Progress update