

Reception and Induction of Senior Medical and Dental Staff

Date	Version	
September 2015	7.2	
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		
Accountabilities		
Production	Medical Workforce Manager	
Review and approval	Medical Staff Panel	
Ratification	Medical Director	
Dissemination	Medical Workforce Team	
Compliance	Medical Workforce Team	
Links to other policies and procedures		
Version History		
4.1	October 2008	Medical Staff Panel
4.2	July 2009	Reformatted, EIA, Dissemination Plan & Checklist included
5.1	March 2011	Trust Commitment to Valuing People amended in line with the Equality Act 2010. Electronic policy paths updated
5.2	June 2011	Review date extended
6.1	March 2012	Medical Staff Panel for review
6.2	May 2012	Medical Staff Panel for review
6.3	July 2012	Approval by Medical Staff Panel
7	September 2015	Approved by Medical Staff Panel
7.1	November 2018	Extended to April 2019 by HR SMT
7.2	August 2019	Extended to April 2020 by Louise Tate
Last Approval		Due for Review
September 2015		Extended to April 2020

PHNT 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, actively 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 the Trust Documents Network Share Folder (G:\TrustDocuments). 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 Vital Signs 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				
Document Title	Reception & Induction of Senior Medical & Dental Staff Policy			
Date Finalised	September 2015			
Dissemination Lead	Medical Workforce Team			
Previous Documents				
Previous document in use?	yes			
Action to retrieve old copies.	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		Vital Signs	Document Controller	

Review		
Title	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
Rationale	Are reasons for development of the document stated?	Y
Development Process	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
Content	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
Evidence Base	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
Approval	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
Dissemination & Implementation	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
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	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
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information

Manager	Kimberly Spry, Medical Workforce Manager
Directorate	Directorate of HR and Organisational Development
Date	September 2015
Title	Reception and Induction of Senior Medical and Dental Staff
What are the aims, objectives & projected outcomes?	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

Race	This is mitigated as the policy can be made available in alternative languages
Religion	The document has no impact in this area
Disability	This is mitigated as the policy can be made available in alternative formats
Sex	The document has no impact in this area
Gender Identity	The document has no impact in this area
Sexual Orientation	The document has no impact in this area
Age	The document has no impact in this area
Socio-Economic	The document has no impact in this area
Human Rights	The document has no impact in this area
What are the overall trends/patterns in the above data?	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
Specific issues and data gaps that may need to be addressed through consultation or further research	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

Internal involvement and consultation	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.
External involvement and consultation	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