Service Delivery Standards

The Management and Administration of Postgraduate Medical Education

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| Service |  Induction (Trust and Departmental) |
| Author | Education Centre  |
| Provider | Trust  |
| Period | 1 August 2014 – 1 August 2015  |

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| 1. Aims and Expected Outcomes  |
| **Aim**The aim of the service is to provide ensure appropriate Trust and Departmental Induction processes for all training grade doctors **Expected Outcomes** * Compliance with the HEEoE’s Policies and Procedures
* Compliance with Trust’s Policies & Procedures
* 100% attendance rate at induction
* Compliance to the guidance on education delivery
* Greater cohesive partnership working across medical education
* Effective relationships with HEEoE and its medical educators
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| 2. Service Delivery  |
| Requirements are as follows: **Induction administration*** Timely notification of names and start dates for all trainee to allow appropriate induction programmes to be organised
* Appropriate induction programme(s) organised through the Medical Education Department
* Monitoring of attendance and chasing of non-compliers
* The LEP shall have a named individual responsible for trust (corporate) induction (usually the DME)
* The LET shall have a named individual in each department (usually the Clinical Director) who is responsible for departmental (local) induction
* Delivery of induction may be delegated
* Induction may be by a variety of modalities (face to face, e-learning)
* The LEP shall have a robust mechanism of recording attendance at both trust and departmental action
* The LEP shall have and adhere to a policy for dealing with non-attenders
* The Gold Guide outlines the areas that should be covered in departmental induction, and an example of a checklist for departmental induction is provided as **Appendix 1.** (this list is not exhaustive and particular departments are likely to have individual requirements):
	+ 1. introduction to key team members and their roles,
		2. clarity about any of the geographic areas where a trainee might need to work,
		3. a working understanding of the equipment which might be required (especially in an emergency situation),
		4. access to and requirements for the use of protocols and guidance documents,
		5. supervision arrangements,
		6. out-of-hours arrangements,
		7. clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee

**Departmental induction*** Provision of departmental induction to all trainees on starting in a new department/specialty
* Monitoring of attendance and chasing of non-compliers
* Return of information on programme content and attendance to Medical Education Department (See **Appendix 1** for sample checklist for quality control of departmental induction)

e-induction* Depends on HEEoE/Trust agreed approach – work in progress
* Needs agreement on
	+ Content
	+ Format
	+ Timing (and if time off in lieu for completion prior to starting new job)
	+ Transfer of information
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| 3. Quality and Performance Standards  |
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| Key Performance Indicator (KPI)  |
| 100% attendance rate at appropriate Trust induction programme for all new trainees. If not possible on start date, this should be at the first available opportunity and should take place within two weeks of starting |
| 100% attendance rate at appropriate Departmental/Specialty induction programme |
| Reasons for non-attendance recorded by Medical Education Department |
| e-induction / skills passport KPI still to be discussed and agreed |

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| 4. Activity  |
| Performance Management Requirements Providers to ensure that relevant systems are in place to enable data to be provided to HEEoE on a regular basis, as outlined below:Full attendance registers availableFull induction programmes available, including departmental induction programmesIdentification of reasons for non-attendance at initial induction date |
| 5. Reviews |
| Review Type | Frequency  |
| LDA  | Annual Review |
| Quality Monitoring Visits  | Trust and School Visits (Various) |

**APPENDIX 1**

**DEPARTMENTAL INDUCTION CHECKLIST**

**Department: Date:**

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| **Are the following areas covered?** |
| **Item** | **Yes** | **No** | **Comment** |
| Intro to clinical team (Medical and Nursing) |  |  |  |
| Name(s) of Educational & Clinical Supervisors(s) |  |  |  |
| Ward/Department layout |  |  |  |
| Weekly (periodic) work timetable |  |  |  |
| Work hours (as per WTD requirements) |  |  |  |
| Entitlement to natural breaks |  |  |  |
| Regular duties of job |  |  |  |
| Rota arrangements / house-rules |  |  |  |
| Name of rota organiser |  |  |  |
| Safe clinical handover arrangements |  |  |  |
| Escalation pathway for serious clinical concerns |  |  |  |
| Location of departmental and Trust guidelines |  |  |  |
| IT access / passwords |  |  |  |
| Ordering diagnostic tests |  |  |  |
| Departmental level teaching programme |  |  |  |
| Departmental audit activities/Rolling 1/2 days |  |  |  |
| Name of RC Tutor/training organiser |  |  |  |
| How to contact Seniors |  |  |  |
| Referral policies |  |  |  |
| Annual / Study Leave Policy |  |  |  |
| Location of patients’ notes |  |  |  |
| Confidentiality |  |  |  |
| Consenting patients for procedures |  |  |  |
| Patient Discharge Policy |  |  |  |