Torbay and South Devon NHS Foundation Trust

Induction & Mandatory Training Trainee & Trust Doctors

MD 25

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity Officer.

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Date of Issue:	November 2022	**Next Review Date:**	Nov 2024
Version:	1.4	**Last Review Date:**	Sept 2022
Author:	Medical Education Manager/Head of Medical Education		
Directorate:	Education		
Approval Route			
Approved By:		**Date Approved:**	
JLNC		March 2019	
DME & Junior Dr Rep		June 2019	
JLNC		August 2021	
JLNC		Nov 2022	
Links or overlaps with other policies:			
Need to list all policies that are referred to, or have links to this policy. List them in numeric order.			

Amendment History

Issue	Date	Reason for Change	Authorised
1	Issued	New policy template and general review	JLNC
1.2	March 2019	Annual review of policy	JLNC
1.3	June 2019	Change to para 6.4 confirming TOIL arrangements	DME & Junior Dr Rep
1.4	August 2021	General Review	JLNC
1.5	Nov 2022	General Review inclusion of Core Dental trainees	JLNC

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Induction & Mandatory Training Trainee & Trust Doctors**		**Version and Date**	Nov 2022 v1.5
Policy Author		Head of Medical Education			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users ☐	Staff ☒	Other, please state… ☐			
Could the policy treat people from protected groups less favorably than the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Age	Yes ☐ No☒	Gender Reassignment	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Disability	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender	Yes ☐ No☒	Pregnancy/Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☐ No☐ NA ☒
Are the services outlined in the policy fully accessible[6]?					Yes ☐ No☐ NA ☒
Does the policy encourage individualised and person-centered care?					Yes ☐ No☐ NA ☒
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☐ NA ☒
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes ☐ No☒
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
clarifies the expectations, requirements and responsibilities for Induction and Mandatory training for Trainee and Trust Doctors					
Who was consulted when drafting this policy?					
Patients/ Service Users ☐	Trade Unions ☒	Protected Groups (including Trust Equality Groups) ☐			
Staff ☐	General Public ☐	Other, please state… ☐			
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***					Yes ☐ No☒
ACTION PLAN: Please list all actions identified to address any impacts					
Action				**Person responsible**	**Completion date**

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net **This form should be published with the policy and a signed copy sent to your relevant organisation.**

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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1. Policy Statement

1.1 This policy clarifies the expectations, requirements and responsibilities for Induction and Mandatory training for Trainee and Trust Doctors and Core Dental Trainees.

2 Purpose

2.1 This document provides clarification of the Induction and Mandatory Training requirements and ensures that all Trainee and Trust Doctors employed by the Trust receive a consistent Induction and complete all the necessary requirements from a GMC, GDC, Health Education England South West and Trust perspective.

3 Scope

3.1 This policy applies to all Trainee (including Core Dental Trainees -CDT) and Trust Doctors employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

4 Equality and Diversity Statement

4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Roles and Responsibilities

5.1 **Postgraduate Medical Education Team**

- It is the responsibility of the Postgraduate Medical Education Department to arrange Trust induction for all Trainee (including CDT).and Trust Doctors.

- The Postgraduate Medical Education Team will ensure that Clinical and Educational Supervisors are aware of the details of the Trust and departmental Inductions.

- It is the responsibility of the Postgraduate Medical Education Team to ensure that Trainee and Trust Doctors starting in post out of sync of other Trainees and Trust Doctors appointed to posts receive an Induction of the same standard and quality.

- It is the responsibility of the Postgraduate Medical Education Team to record both Trainee and Trust Doctor and Core Dental Trainee Trust Induction and departmental Induction for HEE SW QA purposes and as evidence for CQC, GMC, and NHSLA requirements. Records for mandatory training are held on ESR. Records for all other Induction requirements are held by the Postgraduate Medical Education Team.

- It is the responsibility of the Postgraduate Medical Education Team to ensure all new trainee (including Core Dental Trainees -CDT) and Trust Doctors are booked on to the relevant and compulsory Mandatory Training courses prior to starting with the Trust.

5.2 **Trainee & Trust Doctors:**

- It is the responsibility of the Trainee (including Core Dental Trainee -CDT) and Trust Doctor to ensure they complete and are up to date with all Induction requirements in line with this policy.

- It is the responsibility of the Trainee (including Core Dental Trainee -CDT) and Trust Doctor to keep their own personal records for Trust Induction and departmental Induction as evidence as they move from Trust to Trust and as required as part of their review process.

- Where possible, Trainee (including Core Dental Trainees -CDT) and Trust Doctors must keep Trust Induction and departmental Induction records on their e-portfolio and upload necessary certificates.

5.3 **Departments**:

- It is the responsibility of departments to arrange a local departmental induction.

- It is also their responsibility to ensure that Doctors are released and have time to complete all required Mandatory Training.

- It is also the responsibility of the department to continue to monitor Mandatory Training compliance of Trainees (including Core Dental Trainees -CDT) and Trust Doctors after the Induction period.

- In regards to new F1 trainees; departments should also ensure their new F1 is paired with the current F1 they will be handing over from when they start in post. Refer to point. 6.9 for more information.

6 Induction and Mandatory Training Process

6.1 ‘Trust Induction’ for the purposes of this policy includes ‘Corporate Induction’ and ‘Mandatory Training’.

6.2 The Postgraduate Medical Education Team will write to Trainee (including Core Dental Trainees -CDT) and Trust Doctors at least 2 weeks in advance of their start date informing them of details of Trust Induction and any required pre-induction requirements (e.g. IT E-Learning, HEE E-Learning for Health Induction Programme, and Mandatory Training E-Learning all via the Trust's Learning Management System – the HIVE).

6.3 Trainee (including Core Dental Trainees -CDT) and Trust Doctors who are already employed by the Trust and have undergone a previous Trust Induction will be contacted separately by the Postgraduate Medical Education Team with their Induction requirements, depending on what requires updating.

6.4 It is assumed that any new employee to the Trust requires all the Trust Induction requirements unless they can prove otherwise (e.g. completion of E-Induction Programme within the past 3 years, E-Learning for Health, or the Hive E-Learning). TOIL will be given to all training grades above F1 if the all relevant e learning is completed prior to starting at the Trust or within the deadline stated by the Postgraduate Medical Education Department. All Mandatory training topics (e.g. Equality & Diversity, Conflict Resolution, Data Protection) should take a maximum of 8 hours to complete and the IT eLearning (e.g. Cyberlab, Infoflex) should take a maximum of 4 hours to complete. Therefore, a maximum of 1.5 days TOIL will be given depending on what training needs to be completed.

6.5 Failure to attend or complete any of the Postgraduate Medical Education organised Trust Induction requirements (unless there are extenuating circumstances) will mean it is the responsibility of the Trainee (including Core Dental Trainees -CDT) and Trust Doctor to book on to the standardised Trust Induction sessions. Departments should ensure that doctors are given time to complete these induction sessions as long as doctors give advance notice to the relevant department.

6.6 F1 Trainee doctors are expected to attend 6 days paid shadowing and Induction for F1 Trainee doctors which will normally commence at the end of July.

6.7 The Postgraduate Medical Education Team will ensure that no more than 50% of the 6 days (3 days) will be allocated for Induction and at least 3 days dedicated and uninterrupted shadowing will be provided. F1s are expected to complete any e-learning requirements as part of the 3 days induction.

6.8 Trust Induction and Departmental Induction will be included during the 6 days.

6.9 Where possible the Trust Practice Managers and/or Rota co-ordinators will ensure the new F1 is paired with the current F1 they will be handing over from when they start in post. Where this is not possible, the Trust must ensure an alternative current F1 or F2 is available for shadowing.

6.10 Induction for all other Trainee (including Core Dental Trainees -CDT) and Trust Doctors will normally start on the first Wednesday in August. However, some doctors will start at other times during the year.

7 Mandatory Training Requirements

7.1 The table below outlines the required training covered as part of Trust Induction.

7.2 Where the requirement is stated as 'once' this is only for the purposes of Induction at the start of employment and some training will be a continuous element throughout a Trainee (including Core Dental Trainees -CDT) and Trust Doctors training.

Topic	Required	Format	When
Introduction to the Trust (Inc. Values, ICO structure)	Once	Face to face or virtual delivery	Induction
Resuscitation	Annually	Face to face & practical	Induction and as required *Please note that if a doctor completes the ALS they will not be required to complete separate resus training in that same year.*
Safeguarding Children and Young People (Level 2)	Every 3 years	E-Induction via the Hive	Prior to start date and as required
Safeguarding Adults (Level 2)	Every 3 years	E-Induction via the Hive	Prior to start date and as required
Equality, Diversity, & Human Rights	Every 3 years	E-Induction via the Hive	Prior to start date
Health, Safety, and Welfare	Every 3 years	E-Induction via the Hive	Prior to start date
Writing in case notes	Every 3 years	E-Induction via the Hive	Prior to start date and as required
NHS Conflict Resolution	Every 3 years	E-Induction via the Hive	Prior to start date and as required
Preventing Radicalisation – Levels 1 & 2	Every 3 years	E-Induction via the Hive	Prior to start day and as required
Acceptable Behaviour	Once	Face to face	Induction and as required
Moving & Manual Handling	Every 2 years	Face to face or via E-Induction or the Hive	Induction , prior to start date, and as required
Fire Safety	Every 2 years	E-Induction via the Hive	Prior to start date
Information Governance and Data Security	Annually	E-induction via the Hive	Prior to start date
IT Training Systems	Once	E–learning via the Hive	Prior to start date

Expectations & responsibilities of their Medical roles	Once	Face to face	Induction
Consent	Once	E-induction via the Hive	Prior to start date
Mental Capacity Act	Every 2 years	E-induction via the Hive	Prior to start date
Infection Prevention and Control	Annually	E-Induction via the Hive	Prior to start date and as required
Pharmacy & safe prescribing	Once	Face to face or virtual delivery	Induction
Blood: Matters	2 yearly	E-learning via the Hive	Within 6 weeks of start date
Blood Transfusion: other courses i.e. Sampling, Administration, Collection	2 yearly	E-learning via the Hive	Within 6 weeks of start date and as required
Incident Reporting and complaints	Once	Face to face or virtual delivery	Induction
Safe Working Hours and Exception Reporting	Once	Face to face or virtual delivery	Induction
Occupational Health (if required)	Once	Face to face	Induction and if required
Library Facilities	Once	Face to face or virtual delivery	Induction
Medical HR	Once	Face to face or virtual delivery	Induction
Issue of ID Badges	Once	Face to face	Induction
Issue of PC usernames/passwords	Once	Face to face or via email distribution	Induction
Signposting to Trust Procedures & Policies	Once	Face to face or virtual delivery	Induction
Signposting to support services including Pastoral Tutor Service	Ongoing	Face to face or virtual delivery	Induction
E-portfolio Training (F1s)	Once	Face to face or virtual delivery	Induction /Shadowing period
Contact details (HEE SW/Medical Education/HR/Support services)	Once	Induction packs	Induction

8 Departmental Induction

8.1 It is the responsibility of the Departments and relevant Practice Managers/rota co-ordinators to ensure Trainee (including Core Dental Trainees -CDT) and Trust Doctors are provided with a departmental Induction each time they start a new post within the Trust (e.g. at the start of every 4-month post for F1 & F2 Trainee doctors). This should be allocated in protected time. This includes Hospital at Night cross-cover for relevant specialties.

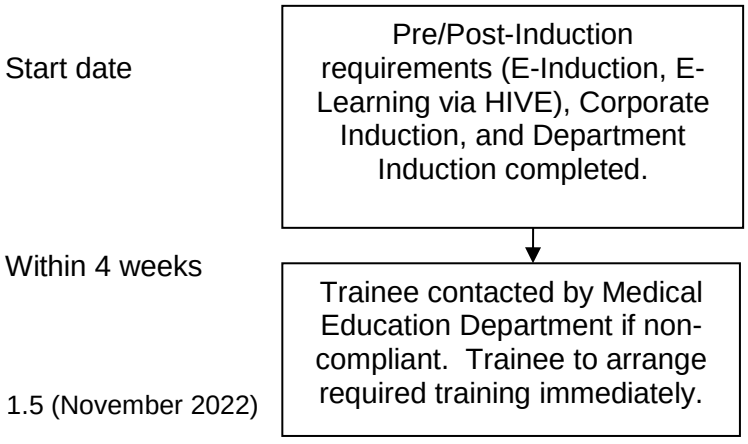
8.2 At a minimum, departmental Induction must include the following (if not covered at Trust Induction):

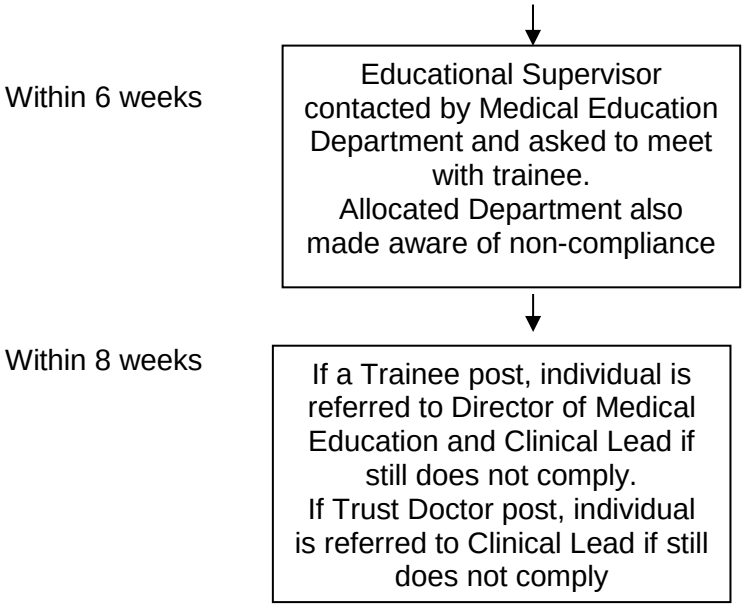
- Tour of the department & introduction to staff
- Explanation of rota pattern
- Sickness reporting & booking leave (A/L & Study leave)
- Expectations & responsibilities of the trainee
- Formal handover with the outgoing trainee doctor
- Teaching & learning opportunities available
- Process & contacts for managing problems in hours and out of hours
- Signposting to local policy & procedures (Inc. fire)
- Training on equipment and department specific emergency events (e.g. Stroke Thrombolysis, autopulse, intraosseous cannulation)
- Signposting to wellbeing & pastoral services within the organisation

- Training on specialised IT systems
- Details of Clinical and Educational supervisors
- Specimen signature & initials
- Incident reporting procedure
- Signposting to language/cultural awareness facilitator (if required)

Please see Appendix 1 for the Departmental Induction checklist.

9 Process for Non-Attendance or Failure to Complete Induction Requirements during Induction period





10 Training and Awareness

10.1 Advice and support will be provided by the Postgraduate Medical Education team to support staff and managers in adhering to this policy.

10.2 The team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

11 Contact Details

11.1 Any queries regarding this policy should be directed to the Postgraduate Medical Education team via medicaleducation.sdhct@nhs.net

12 Monitoring, Audit and Review Procedures

12.1 This policy will be monitored and audited on a regular basis. A full review will take place annually by the Directorate of Education unless legislative changes determine otherwise.

Appendix 1 – Departmental Induction Checklist

NAME:

It is your responsibility to get your form signed after each training requirement is completed. If your sheet is <u>NOT</u> signed it will be assumed that you did not complete the training and you will be required to complete any outstanding training within 4 weeks of starting post.

Training	**Completion Date**	**Trainer/confirmation signature**
Tour of the Department & Introduction to staff		
Explanation of rota pattern		
Explanation of sickness reporting & booking leave (A/L, Study leave, etc.)		
Expectations & responsibilities of the trainee		
Formal handover with the outgoing trainee		
Teaching & learning opportunities		
Process & contacts for managing problems in and out of hours		
Signposting to local policies & procedures		
Training on equipment		
Training on specialised IT systems		
Name and contact details of Clinical & Educational supervisors		
Specimen signature & initials		
Annual leave entitlement		
Incident reporting procedure		
Signpost to language & cultural awareness facilitator (if required)		
Signposting to wellbeing & pastoral services within the organsation		
Other (please specify)		

Trainee/Trust Doctor Signature……..

Electronic Signed Copies to:

Postgraduate Medical Education Department for personnel file
Trainee Doctor for their own records
Relevant Practice Manager