

Formal Guidance for Induction: Hospital Based Training Posts (Includes Foundation, GP and Specialty Training)

The Background

Induction is a necessity for those joining a new unit to ensure that new doctors have the basic information they need to undertake their role safely and efficiently. A thorough induction has been shown to contribute to an improvement in the quality of patient care, team development and motivation.

NIMDTA is required to ensure that its Training Programmes meet the GMC standards through robust reporting and monitoring. The Postgraduate Dean is required to continually report to the GMC, demonstrating that Programmes and LEP's are meeting the required standards for medical education and training.

This guidance is written with the aim of sharing good practice, improving the quality of induction (unit, Trust and specialty specific), ensuring that GMC standards are met and providing a tool for NIMDTA teams to use during LEP visits.

The Standards

The GMC document 'Promoting Excellence: standards for medical education and training' sets out the requirements for induction to a placement (R1.13) and to a programme (R5.9):

R1.13 *Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:*

- a. *their duties and supervision arrangements*
- b. *their role in the team*
- c. *how to gain support from senior colleagues*
- d. *the clinical or medical guidelines and workplace policies they must follow*
- e. *how to access clinical and learning resources*

As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.

R5.9. *Postgraduate training programmes must give doctors in training an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme*

Aims of Guidance

1. To highlight the essentials of induction based on standards of the GMC.
2. To share good practice identified during NIMDTA visits to LEP sites and via Specialty School and LEP quality reports.
3. To provide a framework for NIMDTA & Specialty Schools to use to assess their induction programmes.

Guidance for Unit-Specific Induction

1. Importance and Timelines

Unit based induction is a vital element of the induction process with important elements of generic induction reiterated or built upon for specific application at unit or ward level. Responsible senior medical staff must ensure such programmes are in place and that they are undertaken in a timely and effective manner. There are some elements that need to be covered on the first day. Material not covered in the initial programme must be covered within 3 weeks of taking up the post.

2. Leadership of Induction

Clinical and educational supervisors in a unit have the primary responsibility for ensuring induction takes place in their area. Induction works best when it is led by senior medical staff. This sends out the message that the issues to be discussed are considered worthwhile by senior medical staff. There should be a named individual responsible for co-ordinating and overseeing the induction process.

3. Protected time

Cancellation of all relevant activity or reallocation to other staff members should be considered to allow protected time for induction of all training grade doctors.

4. Orientation

To acclimatise a newcomer to a unit will involve an introduction to the unit, a guided tour of the workplace and introductions to consultants and other key staff. Doctors in training should be told who their clinical and educational supervisors are and be introduced to them where possible.

5. Contents of Unit Induction Programme

It is vital not to overload induction programmes, particularly on the first day. Some of the best induction programmes are spread over several days to a week which prevents overload on first day and allows for prioritisation of topics covered. It is important that the induction programme should be tailored to the circumstances of the individual doctors. Consideration should also be given to providing written materials to trainees in advance of the induction programme.

- a) Patient Safety. It is vital that induction programmes are designed so that elements critical to patient safety are presented on the first day on an induction programme in a face to face manner. This will include resuscitation procedures, responsibilities, key protocols or guidelines, working practices, record keeping, how to report incidents, familiarisation with equipment and information relating to medication common to the specialty.
- b) Responsibilities and Working Arrangements. There should be a discussion with clinical supervisors about expectations and requirements of the post, the team structure, how the bleep system works and the associated rota.
- c) Seeking Assistance. It is essential that all doctors should be encouraged to seek assistance when they feel the limits of their competence are being approached. This principle should be given prominence in all induction programmes. It is therefore vital that new staff are provided with contact details of consultants and other key staff in the unit. Emergency and out-of-hours contacts should be covered on day one.
- d) Handover arrangements should be covered on day one.
- e) Access to Laboratory Results and Imaging Systems. Units should ensure that trainees have received the appropriate access to laboratory results and imaging systems via Trust induction to access the required systems within the unit.

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- f) Access to unit guidance on management of specific emergencies and procedures. This should be comprehensively addressed and demonstrated.
- g) Familiarisation with Equipment and Medication Common to the Specialty. This should identify any training needs of individuals.
- h) Formal Teaching Programme. The formal education opportunities in the unit should be discussed.
- i) Educational Supervision. Arrangements for the trainees to meet with named educational supervisors to discuss the aims and objectives that the trainee is expected to achieve in the post and to sign an educational agreement.
- j) Cross Covering. Appropriate induction process must be provided for trainees who are cross covering other units both in and out of hours.
- k) Passwords. Units should ensure that trainees have received the appropriate passwords via Trust induction to access the required systems within the unit.

6. Responsibilities of Trainees.

Trainees are responsible for ensuring that they attend appropriate induction programmes and familiarise themselves with unit protocols and guidelines. The trainees are responsible for ensuring that before they undertake any clinical procedures that they are the right individual to do the task, they know what to do and how to do it correctly and that they know what to do if things go wrong and how to get help.

Trust Induction

In addition to unit induction, trainees should also attend Trust induction where appropriate. Parallel to this process, Trusts should ensure that there are appropriate arrangements for trainees to obtain the necessary passwords and ID passes in a timely manner.

Guidance for Specialty Programme Induction

1. Importance and Timelines

Induction to a Specialty is a vital element of providing support to and encouraging development of trainees. Those responsible for training in that Specialty should ensure that such a programme is in place and that it is undertaken in a timely and effective manner.

2. Leadership of Induction

Induction to a Specialty Programme should normally be led by the Head of School or Training Programme Director of that Specialty. There should be a named individual responsible for co-ordinating and overseeing the induction process.

3. Contents of Specialty Induction

- a) Structure of Specialty School and Key NIMDTA Personnel. Trainees should be introduced to key personnel within the Specialty School – Head of School, Training Programme Director (and methods of contacting) Specialty School Administrator, Specialty Training Co-ordinator, Study Leave Co-ordinator.
- b) Training and Learning Agreements. Trainees should be provided with information on Training and Learning Agreements and importance of meeting with educational supervisor at the start of a new post.
- c) Specialty Curriculum. Trainees should be provided with details of the Specialty Curriculum and how to access the requirements of the Curriculum.
- d) Formal Specialty Programme Education Activities. Trainees should be told about the Formal Education Opportunities organised by their Specialty Programme and expectations in terms of participation and attendance. Ideally these Formal Education Sessions should be mapped to the Specialty Curriculum.
- e) Research Opportunities. Specialty Training Programmes should have a named trainer who is able to advise trainees on Research Opportunities within the Specialty Programme.
- f) Study Leave Arrangement and Budget. Trainees should be informed of the mandatory training requirements, the study leave allowance and the mechanisms for requesting approval for leave and funding.
- g) ePortfolio. Trainees should have their learning portfolio explained to them and the expectations of the Specialty School in terms of steady progress with completing their workplace based assessments. Trainees should also be advised of the principles around reflection.
- h) ARCP. Trainees should be provided with details of approximate ARCP details, process and expectations and the relationship to revalidation recommendations.
- i) Seeking Assistance. Trainees should be provided with contact details for access to NIMDTA team members responsible for Less Than Full Time Training, Career Advice and Trainee Support.

4. Responsibilities of Trainees

Trainees are responsible for ensuring that they attend appropriate induction programmes and familiarise themselves with NIMDTA and Specialty School policies.

National Induction

Some specialties are introducing national intensive induction programmes which can last up to one week.

Generic Guidance

Delivery of Induction

There are a number of methods of delivering induction programmes including lectures, simulation, discussion, case presentations, literature and web-based distance learning packages. Usually a combination of methods works best.

Record of Induction

A record of the induction provided must be made signed by the trainees as well as those providing the induction. This is important otherwise it may not be clear that induction has taken place and what elements have been covered by the induction.

Monitoring of Induction

There must be an appropriate mechanism in place to monitor the induction programme, review the content, ensure all doctors have taken part and have grasped the relevant information. Alternative arrangements should be made for trainees who are unable to attend and asynchronous starting dates. Non-attenders should be followed up.