**Induction Checklist**

Name………………………………………………… Designation……………………………………………

Start Date……………………………………………

Pre-attachment prep

* Log-ins for IT systems
* Dummy patient in DocMan
* Dummy surgery list/patient in Vision/Emis appointments
* Email to request personal identification brought on first day

|  | **Employee** | **GPST** | **FY2** | **Student** | **Actioned** | **Date** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The Practice** | | | | | | | |
| About General Practice |  |  |  |  |  |  |  |
| Team Introductions |  |  |  |  |  |  |  |
| Introduction to TMP\* |  |  |  |  |  |  |  |
| Organisational Chart\* |  |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |  |
| **Personnel/HR** | | | | | | | |
| New Employee Form\* or Contact Details Form\* |  |  |  |  |  |  |  |
| Uniform |  |  |  |  |  |  |  |
| **Terms and conditions** | | | | | | | |
| Contract of employment\* |  |  |  |  |  |  |  |
| Staff Handbook\* |  |  |  |  |  |  |  |
| EWTD |  |  |  |  |  |  |  |
| **Policies/procedures/rules** | | | | | | | |
| DocMan Library -“Induction” Tag |  |  |  |  |  |  |  |
| DocMan Library - “Office Manual” Tag |  |  |  |  |  |  |  |
| Confidentiality & Data Protection\* |  |  |  |  |  |  |  |
| Video Consultations |  |  |  |  |  |  |  |
| Complaints Procedure |  |  |  |  |  |  |  |
| SEA/IL System |  |  |  |  |  |  |  |
| Accident Book |  |  |  |  |  |  |  |
| Practice Prescribing Policy |  |  |  |  |  |  |  |
| **Health and safety** | | | | | | | |
| Health & Safety Policy\* |  |  |  |  |  |  |  |
| Panic alarm |  |  |  |  |  |  |  |
| Fire alarm |  |  |  |  |  |  |  |
| Fire policy |  |  |  |  |  |  |  |
| Keycard, fob, building security & alarms |  |  |  |  |  |  |  |
| Location of exits and fire extinguishers |  |  |  |  |  |  |  |
| First aid |  |  |  |  |  |  |  |
| CPR/Defibrillator training |  |  |  |  |  |  |  |
| Workstation Risk Assessment & Working with VDUs\* |  |  |  |  |  |  |  |
| Hep B immunity |  |  |  |  |  |  |  |
| Employee Questionnaire\* |  |  |  |  |  |  |  |
| **Equipment** | | | | | | | |
| Numed ECG |  |  |  |  |  |  |  |
| Trueflow Spirometer |  |  |  |  |  |  |  |
| **Appointments/Clinics** | | | | | | | |
| PN/HCA Appointments |  |  |  |  |  |  |  |
| CDM/LD Clinics (Pink Box) |  |  |  |  |  |  |  |
| **IT** | | | | | | | |
| IT Systems & network | See IT new user set up protocol & induction plan | | | | | | |
| **Training/performance** | | | | | | | |
| Equality & Diversity |  |  |  |  |  |  |  |
| Training needs  (e.g. Core Prog, AKT, CSA) |  |  |  |  |  |  |  |
| Practice-Supported Educational Activity\* |  |  |  |  |  |  |  |
| Induction Appraisal |  |  |  |  |  |  |  |
| Annual Appraisal process |  |  |  |  |  |  |  |
| Walk the Talk video |  |  |  |  |  |  |  |
| **Useful Resources** | | | | | | | |
| Moodle |  |  |  |  |  |  |  |
| Working Health Services |  |  |  |  |  |  |  |
| **Clinicians** (additional) | | | | | | | |
| GMC/NMC |  |  |  |  |  |  |  |
| Photo ID |  |  |  |  |  |  |  |
| Indemnity Insurance |  |  |  |  |  |  |  |
| NES Induction Form\* |  |  |  |  |  |  |  |