

Guidelines for NHS Employers:

Induction programmes for Consultants and GPs recruited from abroad

Introduction

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Introduction

This “best practice” guide is intended to help NHS employers as they prepare induction programmes for new Consultants and GPs recruited from abroad. It draws together content and ideas generated by Deaneries, Trusts and other employer organisations; and has been developed with the help of overseas doctors themselves – dealing with concerns that they have identified.

New Consultants and GPs from abroad have different knowledge gathering needs – both professionally and privately – from doctors who are already familiar with the NHS, and from more junior doctors or other staff. They will be practising autonomously as clinical leaders, and so must have a thorough understanding of their role within the structure of healthcare in England. They will also often have families whose interests they need to take into account.

Whilst individual learning needs will vary, it is important that all the issues outlined in this guide are covered during induction. Sources of further information are included in the guide, and a comprehensive induction planning resource is in preparation (see below: “Introducing the NHS”).

To enable new Consultants and GPs to practise effectively and confidently from the start, it is essential that they have a clear understanding of their professional role and feel comfortable with their personal or family circumstances. A well-planned and relevant induction programme will help to ensure that they feel ready for their new position.

- Before I apply for a job – information for junior doctors as well as potential Consultants and GPs (much as outlined in Tables 1&2 of this guide)
- Before my interview (Tables 1&2)
- Before I arrive to start work (Table 3)
- Starting my first job (Tables 4 & 5)
- Settling in (Table 6)
- Progressing my career – specific to junior doctors.

Information specific to local Trusts and PCTs will be available through links to their own websites.

Section A

Preparation and preliminary information

Preparation

The induction process begins immediately a new Consultant or GP formally accepts a job offer. Three groups are involved:

- The Trust/PCT HR function
- The clinical specialty or GP practice
- The WDC/SHA

One individual from each of these groups should take responsibility for delivery of the induction programme. Typically these would be:

- Trust/PCT: HR manager or Medical Director/PEC Chair
- Specialty/GP practice: a colleague to act as personal mentor
- WDC: International recruitment lead or HR manager

Individual induction assessment

The induction programme will have elements which are common to all new Consultants or GPs, and others which will be specific to each doctor. When a doctor accepts a job offer, the recruitment lead at the Trust/PCT should agree their expectations of induction – taking account of existing experience and knowledge of the UK and NHS, and personal circumstances. This assessment can then be used to plan the individual induction programme. This programme should be reviewed within the first week of the doctor taking up post.

Personal Development Plan

A personal development plan should also be agreed with the new doctor, including an appraisal procedure. This plan should be reviewed at regular intervals once the doctor is in post, and any training needs addressed. It will be the responsibility of the mentor to identify clinical/professional needs, while the recruitment lead should pick up broader HR issues.

The mentor

The mentor's role is crucial. It should be taken by a colleague Consultant or GP who is sensitive to the challenges faced by the newly-appointed doctor, and able to provide support day-by-day. Mentor and mentee should meet during this preparatory period to discuss the induction programme, personal development plan, and any specific professional and personal concerns the new doctor may have. The mentor should have time protected throughout the mentoring period to fulfil this role effectively.

Preliminary information

On appointment, every new doctor will need answers to a range of questions spanning professional and domestic matters. SHAs/WDCs can collaborate in preparing this preliminary information, and useful sources are indicated. The information should be presented to each doctor in the form that suits them best: website, CD ROM, or hard copy.

The information in Tables 1 and 2 should be provided to any doctor ahead of being invited to an AAC (Appointment Advisory Committee) or an interview.

The local-specific information in Table 3 should be provided to a newly-appointed doctor prior to arrival into the UK, helping prepare for their relocation.

Table 1: Life in the UK		
Topic	Contents	Information Sources
General Information about UK	<ul style="list-style-type: none"> Brief History of Britain/EU British Government System (Houses of Parliament and Monarchy) Politics and Political Parties Cultural Diversity Sports and entertainment 	www.fco.gov.uk www.parliament.uk www.europa.eu.int www.royal.gov.uk www.britcoun.org www.bbc.co.uk www.skysports.co.uk
British Taxation System	<ul style="list-style-type: none"> Concept of Taxation National Insurance contributions and number Old Age Pension benefits 	www.inlandrevenue.gov.uk www.thepensionservice.gov.uk
Public Services	<ul style="list-style-type: none"> Public utilities funded by general taxation Local Councils Social Security 	www.ukonline.gov.uk www.dwp.gov.uk
Transport	<ul style="list-style-type: none"> Rail Network Air Travel and Airports Buses Taxis/licensed Minicabs London Underground Driving Licence and Tests Motorways Motoring Associations Bringing own car to UK 	www.rail.co.uk www.baa.com www.thetube.com www.tfl.gov.uk www.dvla.gov.uk www.rac.co.uk www.theaa.com www.direct.gov.uk www.highways.gov.uk
Banking	<ul style="list-style-type: none"> Requirements Supporting documents Information about major banks 	www.banks.uk.com www.compare-online-banks.co.uk
Education	<ul style="list-style-type: none"> State schools Private schools University Further education Fees 	www.dfes.gov.uk www.universitiesuk.ac.uk www.ucas.ac.uk/getting www.dfee.gov.uk www.ukprivateschools.co.uk

Table 1: Life in the UK

Topic	Contents	Information Sources
Shopping, Supermarkets and Sales	<ul style="list-style-type: none"> • Concept of High Street shopping • Supermarket chains • Grocery • Newsagents • Off license shops • Twice yearly major Sales 	www.offt.gov.uk/Consumer www.shopsafe.co.uk www.uk-shopping-guide.co.uk
Emergency Services and other important Contact details	<ul style="list-style-type: none"> • Emergency Services 999 • Home Office/Immigration • Local Council • Education Authorities • Relevant Embassy contact details 	www.homeoffice.gov.uk www.police.uk www.london-fire.gov.uk www.fire.org.uk/advice/firesafe.htm www.nhsdirect.nhs.uk www.fco.gov.uk www.info4local.gov.uk

Table 2: Working in the NHS

Topic	Contents	Information Sources
Structure of the NHS	<ul style="list-style-type: none"> • Concept of the NHS • Relationship between Acute and Primary Care Trusts • Strategic Health Authorities, Workforce Development Confederations, the Department of Health 	www.nhs.uk www.dh.gov.uk www.nhs.uk/thenhsexplained www.binleys.com
Who's who in the NHS	<ul style="list-style-type: none"> • Roles and responsibilities of key people within the NHS and DH, especially those with whom doctors would have contact in their Trust or PCT: • Chief Executives • Medical Directors • Public Health Directors • HR and Operations Directors • Development Managers and regional directors within PCTs • Service development and other key managers within Trusts 	www.nhs.uk/thenhsexplained/HowTheNHSWorks.asp www.dh.gov.uk www.nhsdirect.nhs.uk
The roles of Consultant and GP within the NHS	<ul style="list-style-type: none"> • Roles and responsibilities in acute or mental health trusts and Primary Care Trusts. • Relationship between Consultants and GPs: patient referrals, interaction between primary and secondary care. • Concepts of independent working, clinical team leadership, supervision of junior doctors, relationship with Trust management 	www.nhs.uk www.dh.gov.uk

Table 2: Working in the NHS

Topic	Contents	Information Sources
The NHS Plan, NHS Modernisation Agency, Priorities & Planning Framework, NHS Improvement Plan and Standards for Better Health	<ul style="list-style-type: none"> The significance of the NHS Plan and related Modernisation Agency projects, e.g. the national booking programme, cancer services collaborative, and progress towards the recently launched Priorities and Planning Framework targets. NHS priorities between now and 2008 set out in NHS Improvement Plan. Development of quality care supported by Healthcare Commission in publication of Standards for Better Health. 	www.nhs.uk/thenhsexplained/priorities.asp www.modern.nhs.uk
Foundation Hospitals	<ul style="list-style-type: none"> Introduction to Foundation Hospitals and plans for all NHS trusts to be Foundation Hospitals by 2008. Implementation of payment by results for Foundation Hospitals from 2004 and NHS trusts from April 2005. 	www.dh.gov.uk
The Royal Colleges and specialist bodies	<ul style="list-style-type: none"> The relationship between doctors and the Royal Colleges and specialist societies. Their roles in specialist medical training Revalidation and Appraisal. 	www.aomrc.org.uk www.rcplondon.ac.uk www.gmc-uk.org.uk www.sta-mrc.org.uk www.revalidationuk.info www.pmetb.org.uk
The British Medical Association (BMA). The Medical Defence Union (MDU). Local Medical Councils (LMCs).	<ul style="list-style-type: none"> The importance of the BMA in representing doctors and creating peer group networks. How the MDU works and the protection it offers doctors during clinical practice. The role of LMCs and their importance to GPs. <p><i>Details of newly appointed doctors should be supplied to the BMA and relevant LMC after they have accepted their job offer.</i></p>	www.bma.org.uk www.the-mdu.com www.mddus.com
General Medical Council (GMC)	<ul style="list-style-type: none"> Explanation of GMC's regulatory role, disciplinary and other procedures 	www.gmc-uk.org
NHS Pension Scheme	<ul style="list-style-type: none"> Outline of pension scheme benefits, with examples of projected pension entitlements based on Consultants' and GPs' earnings, and final rebates available 	www.nhspa.gov.uk

Table 2: Working in the NHS

Topic	Contents	Information Sources
Primary Care set-up	<ul style="list-style-type: none"> • GMS/PMS Contracts and concept of “services” based practice. • Outline structure of PCTs and GP Practices • Different types of GPs (salaried and Practice GPs) • Community/Practice based nursing • Health Visitors • Pharmacists 	www.nhs.uk

Table 3. Local information

Topic	Contents	Information Sources
Relocation assistance	<p>Assistance offered in terms of:</p> <ul style="list-style-type: none"> • Relocation of personal effects (and return if the contract is a fixed term) • Practical support with finding accommodation • Opening bank accounts • Support with domestic needs • Outline of childcare provision • Finding suitable schooling for children 	www.dh.gov.uk (Under Human Resources/More Staff/International Recruitment)
Schools and colleges	<p>Information relevant to the ages of the doctor’s children:</p> <ul style="list-style-type: none"> • Schools – state and private – in the local area. • Possibilities for children to join a new school during term time. • Any assistance that the Trust/PCT can offer. • Admission procedures and timescales for application to university or college. 	www.dfes.gov.uk www.universitiesuk.ac.uk www.ucas.ac.uk/getting
Career options for spouse/children	<ul style="list-style-type: none"> • Outline of local opportunities for employment, or to continue training in healthcare or other careers 	www.jobs.nhs.uk www.nhscareers.nhs.uk www.dh.gov.uk/childcarecoordinators/search.asp www.childcarelink.gov.uk www.fish4.co.uk www.totaljobs.com www.jobcentreplus.gov.uk
Social support networks	<ul style="list-style-type: none"> • Information new doctors may request on local cultural, ethnic or religious groups with which they may want to make contact 	Contact details to be provided about medical organisations related to their countries of origin. Contact Shaaz Mahboob Shaaz.mahboob@londonwpo.nhs.uk

B. Group induction programme

Once a new doctor has arrived to take up post, he or she will quickly need to become familiarised with clinical practice in the NHS. Many of the issues involved are common to all Consultants and GPs, and there is value in new doctors being able to share this element of the induction programme – providing the opportunity to discuss topics with each other and those leading the programme.

WDCs/SHAs, working in conjunction with regional Deaneries, should prepare these courses on a region-wide basis. Co-ordination with Trusts and PCTs will enable doctors to attend seminars in groups. The courses should be run by Consultants and senior GPs along with representatives from organisations such as NPSA and CHI.

Table 4. General clinical induction		
Topic	Contents	Information Sources
Quality and clinical governance	<ul style="list-style-type: none"> • Introduction to the full range of concepts and agencies involved in providing quality healthcare to communities: • Risk management • Clinical audit • Guidelines and protocols • National Patient Safety Agency • CHI/NICE • National Clinical Assessment Authority • Other special Health Authorities, e.g. NHS Professional for Doctors, NHS Information Authority, etc • Improving access • Cancer network • NSF • Local delivery plans • Performance management • Electronic booking • Electronic patient records • Safety Alerts and Alert Broadcast System (SABS) 	Seminars led by Clinical Directors or Senior Consultants with input from senior managers. Also: www.npsa.nhs.uk www.chi.gov.uk www.ncaa.nhs.uk www.dh.gov.uk
Referral system	<ul style="list-style-type: none"> • The patient journey from first point of contact with GP surgery through referral to the acute trust. • Roles of the Nurse Practitioner, Health Visitor and other healthcare staff working in the community. • Online hospital appointment booking. 	

Table 4. General clinical induction

Topic	Contents	Information Sources
Death Certificates and the Coroner	<ul style="list-style-type: none">• The proper procedures and paperwork for writing Death Certificates.• The Coroner's function and responsibility of doctors with regard to post-mortems.	
Nurse consultants/ Ward managers	<ul style="list-style-type: none">• The concept of senior nurses conducting independent clinics.• The option for GPs to refer patients to a nurse-led clinic.• The professional status of nurses in the clinical team.	
Other healthcare professionals	<ul style="list-style-type: none">• Services provided by other healthcare professionals and clarification of how these link into Consultants' and GPs' own practice.• E.g. role of physiotherapist in relation to orthopaedic surgeon, and role of dietitian in relation to endocrinologist	
Prescribing – British National Formulary	<ul style="list-style-type: none">• Guidelines on prescribing drugs in relation to the BNF and local advice.• The rules governing prescription of certain drugs for therapeutic purposes.• <i>Provide each doctor with a copy of the BNF through his/her Trust or PCT.</i>	
Mental health topics	<ul style="list-style-type: none">• Dr Pradeep Singhal conducts courses related to Mental Health Act (Section 12).	Contact details: Dr Pradeep Singhal pradeep_singhal@hotmail.com
Social services – Shared services	<ul style="list-style-type: none">• The roles of other services working in partnership with the NHS to provide care to local communities	

Table 5. General non-clinical induction

Topic	Contents	Information Sources
Interpersonal and team-working skills	<ul style="list-style-type: none"> • To demonstrate the patient communication skills and bedside manners which are expected in the context of NHS healthcare. • To establish expected modes of interaction with colleagues including peers, junior doctors, nurses and other clinical and non-clinical staff including senior Trust and PCT managers. 	<p>Best presented in the form of interactive workshops with fellow recruits and other doctors, using actors to play the roles of patients and others.</p> <p>PGME Deaneries should be able to stage these skills programmes.</p>
Communications skills and language support	<ul style="list-style-type: none"> • To assess communications and language competency of doctors, including an introduction to the local accents and vocabulary, which they may expect to encounter. • To identify individual needs for further language teaching and support. • will be funded locally 	<p>Workshops as above, with any additional one-to-one teaching provided as part of the individual induction</p>
IT skills	<ul style="list-style-type: none"> • Explanation of the usefulness of IT for • Communications • Information and learning • Introduction the NHS Library. • The use of IT in clinical decision making and accessing patient-related information. • Examples such as “path-links”, downloading reports on hand-held devices, and other new technologies. 	<p>Workshop sessions led by Heads of IT from Trusts/PCTs</p> <p>www.ecdl.co.uk</p> <p>www.nhsia.nhs.uk</p> <p>www.nelh.nhs.uk</p>
CPD	<p>Consultants and GPs should be informed about the relevant specialty college tutors at the Trust or within the relevant PCT and formally be introduced to them. This would enable them to access CPD and gain appropriate advice and when necessary.</p>	
Basic management and clinical leadership	<ul style="list-style-type: none"> • Introductory training in the management and clinical leadership skills which Consultants and GPs will need in their new roles, particularly: • Participation in management decision-making • Finance-related issues for GPs 	<p>Delivered through local university and management schools</p>

Table 5. General non-clinical induction

Topic	Contents	Information Sources
Employment law	<ul style="list-style-type: none">• Doctors' rights as employees.• Duties and responsibilities as line managers for junior doctors.• Diversity issues.• Concept and functioning of industrial tribunals and disciplinary hearings	
Cultural diversity	<ul style="list-style-type: none">• Introduction to the main cultural groups within the local area, their customs and expectations of healthcare.• Concepts of equal opportunity and disability issues within healthcare and society in general.	

C. Local induction

It is the individual Trust's or PCT's responsibility to provide the information and knowledge which the new doctor will need to function effectively in his or her specific local and clinical environment. Some of the content may be linked to the group activity. Specifically local content should be delivered by those most directly involved.

Table 6. Induction to the specific Trust/PCT		
Topic	Contents	Information Sources
Trust/PCT background and local community	<ul style="list-style-type: none"> • Introduction to the Trust/PCT. • History and key stages of development. • Profile of population served with specific reference to: Cultural groups Elderly population Economic deprivation /unemployment Immigrants and asylum seekers 	Websites: Trust or PCT and WDC/SHA London Borough or Home county Home Office or National Statistics websites (links to information related to local area) www.nhs.uk/localservices/orgs/default.asp
Geographical area. Multi-site locations.	<ul style="list-style-type: none"> • Tour of the area served by the Trust/ PCT. • Visits to multiple sites operated by the Trust/PCT. • Identification of key locations e.g. council offices, police stations, other healthcare providers, etc 	Geographical area and Trust/PCT maps www.nationalworkforce.nhs.uk
Meeting with Trust/PCT CE, Directors and fellow Consultants/GPs	<ul style="list-style-type: none"> • Preferably within 2 weeks of joining, new Consultants/GPs should meet the Trust/PCT Chief Executive, Medical, Operations and HR Directors, and service and general managers, along with fellow Consultants or GPs. • The best format for these meetings would be an informal gathering at which most or all of these people welcome the new recruits. 	
Who's who within the Trust/PCT	<ul style="list-style-type: none"> • A detailed structure of the Trust/PCT board along with an outline of each member's roles and responsibilities. 	
Targets and achievements	<ul style="list-style-type: none"> • Outline of targets for the Trust/PCT and progress towards achieving these. • Examples of how the targets have helped improve services. 	

Table 6. Induction to the specific Trust/PCT

Topic	Contents	Information Sources
IT systems	<p>Training in the specific IT systems used within the Trust/PCT, to include:</p> <ul style="list-style-type: none"> • Email and internet • Database and Spreadsheets • Electronic Journals and other academic resources • Electronic links with laboratories • Electronic booking and referral • EPR • Microsoft Office or other standard software used within the Trust/PCT. • It is important that new recruits are trained and supported to achieve competency with IT systems so that they be confident in their use with colleagues and patients. 	
Review of individual induction programme, mentorship, job description and appraisal method.	<p>On their first day at work, the new doctors should have the chance to discuss and review their individual arrangements for:</p> <p>Induction programme</p> <ul style="list-style-type: none"> • Discussion with mentor of detailed plans and structure prepared for induction, and any amendments to be agreed <p>Mentorship</p> <ul style="list-style-type: none"> • The concept of mentorship; agreeing the level of support required; frequency of meetings; any out-of-normal-hours contact. • Establish option for mentor or mentee to end the arrangement and find another mentor. <p>Job description and appraisal</p> <ul style="list-style-type: none"> • Detailed discussion of their roles and responsibilities • The number of clinics, sessions and other work-related matters to be clarified. • Concept of appraisal and frequency to be explained and agreed. <p><i>It may be useful for the doctor's mentor to be present at this meeting.</i></p>	
Language support	<p>Individually tailored language courses, arranged at local level, to be provided to allow doctors to develop better communication skills based on local dialects and the needs of the community.</p>	<p>Local Universities and language schools www.britcoun.org</p>

Table 7. Introduction to living in the local area

Topic	Contents	Information Sources
What's where	Locating key sites for people new to the area: <ul style="list-style-type: none">• Local shops, supermarkets, and commercial services• Churches, temples, mosques, synagogues, etc• Maps with routes and information about public transport• Local parking regulations• Leisure and sporting facilities	www.theaa.com www.streetmap.co.uk Maps produced by Borough or County Councils.
Housing	More detailed information on local accommodation and housing. Briefing on procedures involved in buying property.	Estate agents. Housing associations. Letting agencies

D. Monitoring and review

1. Induction monitoring and evaluation

Each SHA/WDC should monitor the quality and consistency of induction information being provided by local Trusts and PCTs – as well as those programmes which they are responsible for organising. Local Deaneries and other organisations already involved in induction for doctors can assist in developing an evaluation document to use as a monitoring tool.

Monitoring should be conducted on a regular basis through feedback from doctors, and other parameters agreed by stakeholders. Any changes identified should be shared at a national level. To maintain consistency and improve quality of information provided throughout all sectors a forum within the SHAs and with participation from the Department will be established.

2. Post Induction review and re-evaluation

An annual review of the induction content should take place with participation from all the organisations involved. It may be necessary to take into account the varying needs of doctors from different countries of origin.

NHS Professionals and NHSU could share the responsibility of conducting yearly reviews and recommend any changes to the programme. This could be done in partnership with the Deaneries and other stakeholder organisations such as the Department of Health.

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