**New Joining Clinician’s Handbook**

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# Introduction

## Welcome to Sheerwater Health Centre

This ‘New Joining Clinician’s Handbook’ is kept on the practice intranet at [www.teletrek.co.uk](http://www.teletrek.co.uk) . This document is reviewed regularly to make sure it is up to date and accurate.

Primary care services at Sheerwater Health Centre are conducted via a GMS contract and provide care to about 3000 registered patients.

This handbook is to be read in conjunction with other policies, as detailed in Article 2.1.

## Status

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010.

Consideration has been given to the impact this handbook and its referenced policies might have in regard to the individual protected characteristics of those to whom it applies.

Unless otherwise stated, throughout this handbook, all staff are referred to as employees or staff. These collective terms include personnel who are not directly employed by the practice, such as locums.

## Training and support

Sheerwater Health Centre will provide guidance and support to new joiners to help them understand their rights and responsibilities, as listed in this handbook and its policies.

Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this handbook.

# Scope

## Who it applies to

New personnel may be especially prone to making errors due to a lack of information. However, the practice has an obligation to our patients and their safety. Therefore, this handbook has been devised to support all new joining clinicians at the practice, whether you are an employee, a partner or any other person performing functions in relation to the practice, such as an agency worker, locum or vocational trainee, to ensure you have the key information when starting work at Sheerwater Health Centre.

The practice manager will make certain that the contents of this handbook remain current and form part of the policy review process. The practice manager should be the first point of contact should any clarification be required.

Throughout this New Joining Clinician’s Handbook, policies are referred to. Additionally, there are several references to the ‘Employee Handbook’, and although the latter handbook is for employees, supporting information can also be found in it; therefore, you are encouraged to use this as a reference point too.

[Link to Employee Handbook]

Guidance on pre-employment requirements for practices, relating to both salaried or locum GPs, can be found in the following policies:

1. [Salaried GP Employment Policy](https://practiceindex.co.uk/gp/forum/resources/salaried-gp-employment-policy.1052/)
2. [Locum Policy](https://practiceindex.co.uk/gp/forum/resources/locum-policy.1046/)

## Legislation

It is the responsibility of the practice management team to ensure that all staff are fit to perform their roles and they must undertake rigorous employment checks to ensure that the highest standards of patient care and safety are maintained.

Please refer to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19[[1]](#footnote-1) outlines the requirements for Sheerwater Health Centre when considering employing staff (including locums). The recruitment process is scrutinised as part of the CQC inspection[[2]](#footnote-2) [[3]](#footnote-3) and by adhering to this Act, the practice will ensure that only ‘fit and proper’ staff are employed[[4]](#footnote-4).

NHS England also provide advice on recruiting locums via an agency and the following link provides sound advice on pre-recruitment, induction and what to do if there are any issues with the locum and their performance.

[www.england.nhs.uk - Supporting locum agencies and providers.pdf](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=2ahUKEwiv7OqzmuHgAhWIsRQKHX_6DaQQFjAEegQIBRAC&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2018%2F10%2Fsupporting_locum_agencies_and_providers.pdf&usg=AOvVaw1Iv-24fOt8B1X9cUZ-7rvV)

# Your first day

## Key information

Your main point of contact is Nine Taylor, practice manager and she will give you a tour of the building to familiarise you with the layout and other important aspects. During your induction, all significant policies and procedures will be explained to you.

You will be shown to your room and given login details for both the clinical system and the intranet.

[Discuss whether the practice has a fob entry system for access to rooms or whether there are any additional security requirements.]

Should you wish to obtain additional information about the practice, this can be found at:

1. CQC report available on practice website [www.sheerwaterhealthcentre.nhs.uk](http://www.sheerwaterhealthcentre.nhs.uk)
2. Practice website [www.sheerwaterhealthcentre.nhs.uk](http://www.sheerwaterhealthcentre.nhs.uk)
3. Practice NHS Choices webpage [add detail]
4. [Staff Induction Policy](https://practiceindex.co.uk/gp/forum/resources/staff-induction-policy.952/)
5. [Annual practice report](https://practiceindex.co.uk/gp/forum/resources/annual-practice-report.1155/)

## Practice opening hours

|  |  |  |
| --- | --- | --- |
| **Day** | **Times** | **Comment** |
| Mon | 0800 - 1830 | Evening extended hours clinic |
| Tue | 0800 - 1830 |  |
| Wed | 0800 - 1830 |   |
| Thu | 0800 - 1800 |  |
| Fri | 0800 - 1800 |  |
| Sat | Closed |  |
| Sun | Closed |  |

## Policies

The practice has many policies and protocols which are regularly reviewed and available at [www.teletrek.co.uuk](http://www.teletrek.co.uuk) .

Undoubtedly, you will have questions when you first start, and many of the answers you need will be detailed in one of the policies. Therefore, you are encouraged to read the relevant policy initially, should you need some guidance.

[www.teletrek.co.uk](http://www.teletrek.co.uk)

Practice-specific information can be found in [Chapter 5](#_Practice_information) of this handbook. This chapter refers to various important subjects which are accompanied by relevant policies.

## Useful contacts

Listed below are the key contact details which are used at Sheerwater Health Centre.

|  |  |  |
| --- | --- | --- |
|  | **External number**  | **Internal extension**  |
| Main practice number  |  |  |
| Practice bypass line |  |  |
| Outside line |  |  |
| Practice manager |  |  |
| Key contact [if not the PM] |  |  |
| Practice nurse |  |  |
| Reception |  |  |
| Secretary |  |  |
| CCG |  |  |
| District nurse |  |  |
| Social worker(elderly care) |  |  |
| Social worker (mental health) |  |  |
| Social worker (child protection) |  |  |
| Coroner |  |  |
| Ambulance  |  |  |
| Local pharmacy |  |  |
| Police |  |  |
| Local hospitals |  |  |
| Partners(internal and mobile) |  |  |
| [List others] |  |  |

## Clinical Commissioning Group

The CCG for Sheerwater Health Centre is Surrey Heartland CCG and their contact details are as follows:

Surrey Heartlands CCG

[www.surreyheartlands.uk](http://www.surreyheartlands.uk)

Telephone numbers 01372 232400

Email address syheartlandsccg.contactus@nhs.net

## Staff information

Listed below are the key staff at the practice, their roles and interests:

|  |  |
| --- | --- |
| Our partners and salaried GPs and their interests | [List] |
| Advanced nurse practitioners and practice nursing staff and their interests | [List the roles/duties of ANPs/PNs] |
| Other allied healthcare professionals and their roles  | [List additional roles they perform, e.g. paramedic carries out home visits, clinical pharmacist carries out medicines management etc.] |
| Management team | [List] |
| Administration and secretarial staff and their roles | [List] |

## Emergency equipment

The emergency equipment at the practice includes:

1. AED
2. Oxygen and ancillary equipment
3. Anaphylaxis equipment
4. ECG
5. Emergency drugs

The location of this equipment is the treatment room.

The location of this equipment will be highlighted to you when you have a tour of the building. If this was not pointed out to you, then it is suggested that you discuss this matter with a member of the team at your earliest convenience.

## The clinics

Patients are called by [enter procedure], and appointments are [10] minutes long per patient. An example of a typical routine clinic is as follows:

*Morning session*

|  |  |  |  |
| --- | --- | --- | --- |
| **Start** | **Finish** | **Patients** | **Type** |
| 0830 | 0920 | 5 | Clinic |
| 0920 | 0930 |  | Admin |
| 0930 | 1020 | 5 | Clinic |
| 1020 | 1050 |  | Break |
| 1050 | 1130 | 4 | Clinic |
| 1130 | 1150 |  | Telephone |
| On completion | 1220 |  | Assist with emergency clinic |

1220 - 1440 Home visits [if conducting these] and lunch

*Afternoon session*

|  |  |  |  |
| --- | --- | --- | --- |
| **Start** | **Finish** | **Patients** | **Type** |
| 1440 | 1530 | 5 | Clinic |
| 1530 | 1540 |  | Admin |
| 1540 | 1620 | 4 | Clinic |
| 1620 | 1630 |  | Break |
| 1630 | 1700 | 3 | Clinic |
| On completion | 1730 |  | Assist with emergency clinic |

Any questions should be directed at the duty doctor.

Patients can book appointments online and also request a double slot if they have more than one matter they wish to discuss. The admin team will routinely book a longer appointment in specific cases, such as patients requiring minor surgery.

Follow-up appointments [detail your process].

## Patient information

The reception area contains useful leaflets such as patient advice and complaints.

Other information such as PIL (patient information leaflets) can be found in the waiting room. The practice has a patient-information TV screen which also provides useful information including seasonal health promotional advice.

## Prescribing process

Prescribing is via the Electronic Prescribing System (EPS).

Medication reviews are conducted by [add process].

The practice has the following repeat prescription process: [enter process, including timescales for patients and also include any other information such as if you have a managed repeat process or if prescriptions can be ordered online or via the telephone].

[Mention if the practice has a delivery service.]

For further information, please refer to the [Prescribing Policy](https://practiceindex.co.uk/gp/forum/resources/prescribing-policy.731/).

## Equipment

Equipment in your room has been checked prior to your arrival to ensure that it is serviceable and that there are sufficient stock levels available. If there are any issues, please inform the practice manager.

The standard equipment list is as follows:

|  |  |  |
| --- | --- | --- |
| **Diagnostic** | **Admin** | **General** |
| Sphygmomanometer | BNF | Snellen chart |
| Stethoscope | BNF for children | Scales |
| Ophthalmoscope | Blood forms | Needles/syringes |
| Auroscope | Microbiology forms | Dictaphone and tapes |
| Thermometer | Imaging request forms | Phlebotomy equipment |
| Tongue depressors | ECG request forms | Pregnancy testing kits |
| Peak flow and tubes | FP10 prescription forms | Smear kit |
| MSU and stool pots | Pregnancy calculator | Speculums |
| Swabs | Headed paper/envelopes | C&S and chlamydia swab |
| Gloves (L, M and S) |  | Couch roll |
| KY jelly |  | Tissues |
| [Add other items] |  |  |

## Referral process

Referrals are made via the NHS e-Referral system. [Detail how you process a referral, e.g. dictaphone, digital dictation, etc. and how to get this referral to the secretary.]

There is information about how to access referral pathways at [detail], although please discuss any referrals with the secretarial team as they will be able to help you with any referral questions or requests.

Any referrals that have not been processed following your departure will be [detail practice plan regarding managing a locum’s referrals].

## Emergency admissions and referrals

Should you encounter a requirement to refer a patient to a specialist, then the following process is to be completed:

[Include detail, including any admission avoidance plans.]

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Where to refer** | **Details / form / link** |
| 2WW |  | See 3.14 |
| Palliative care |  | See 3.14 |
| Medical |  |  |
| General surgery |  |  |
| Geriatrics |  |  |
| Paediatrics |  |  |
| Psychiatric |  |  |
| Vascular |  |  |
| Urology |  |  |
| O&G |  |  |
| ENT |  |  |
| Eyes |  |  |
| Neurological |  |  |
| Orthopaedics |  |  |
| [List others] |  |  |

## Specific referrals

Should you need to refer a patient as a 2WW, the process and forms can be found at [add detail].

The palliative care process is [detail and list MDT requirements and any additional actions required on clinical system].

Military personnel, veterans and their families are supported as per the Armed Forces Covenant.[[5]](#footnote-5)

[List any further referrals that require an alternative process.]

## Other referrals

|  |  |  |
| --- | --- | --- |
| **Referral to** | **Practice or referral**  | **Details / form / link** |
| Minor surgery |  |  |
| IUD fittings |  |  |
| Depo contraception |  |  |
| Dietician |  |  |
| Physiotherapy |  |  |
| Chiropody |  |  |
| Midwife |  |  |
| Diabetic clinic |  |  |
| Counselling |  |  |
| Smoking cessation |  |  |
| Alcohol and drugs |  |  |
| [List others] |  |  |

## Ordering investigations

The procedure for each test is to [detail].

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Who conducts these** | **Referral form / link** |
| ECG |  |  |
| MSU |  |  |
| Blood tests |  |  |
| Spirometry |  |  |
| 24-hour ECG |  |  |
| X-ray |  |  |
| MRI scans |  |  |
| USS |  |  |
| Echocardiogram |  |  |
| Exercise ECG |  |  |
| Endoscopy |  |  |
| Pregnancy testing |  |  |
| [List others] |  |  |

## Staffroom

We provide a staff room and refreshment-making facilities for your use. We ask that these communal areas are kept clean and tidy at all times.

## Smoking

The practice policy is to promote good health and to be seen to be doing so.

In the interests of your health and others, including that of our patients, smoking, including the use of e-cigarettes, is prohibited in all parts of the premises including the immediate surrounding areas.

## Parking

Parking facilities have been made available for staff on our premises. As such, you must ensure that you observe all our traffic requirements, e.g. speed limits, etc. To avoid congestion, all vehicles must be parked only in the designated parking areas.

No liability is accepted for damage to private vehicles, however it may be caused.

# Finance, feedback and the local area

## Payment

1. Employees

Staff are paid monthly on the last day of the current month. For further information, refer to the Employee Handbook and Payroll Policy.

1. Locum staff

Locum payment is normally confirmed as per the terms and conditions when booking and paid following submission and confirmation of time sheet and invoice. Invoices are to be forwarded to the practice manager.

Locums will additionally submit a Locum A form ([see article 4.3](#_NHS_Pension_scheme)).

## Underpayments and overpayments

If you feel you have been paid incorrectly, then discuss this matter at your earliest opportunity with the practice manager.

For further information, refer to the Employee Handbook.

## NHS Pension Scheme

* 1. Employees

As an employee of the practice, you are eligible for membership of the NHS Pension Scheme, subject to the rules of the scheme.

For further information, see [www.nhsemployers.org/your-workforce/pay-and-reward/pensions](http://www.nhsemployers.org/your-workforce/pay-and-reward/pensions) and also the Employee Handbook.

* 1. Locums

Locums complete a Locum A form[[6]](#footnote-6) to allow them to claim NHS pension contributions. While this form is submitted by the locum, it also has a section for the practice manager to complete.

Further guidance on locum pension arrangements can be found at: [pcse.england.nhs.uk/help/gp-pensions/locum-a-b-pension-contributions/](https://pcse.england.nhs.uk/help/gp-pensions/locum-a-b-pension-contributions/)

## Gifts and hospitality

Please refer to both the Employee Handbook and the [Gifts and Hospitality Policy](https://practiceindex.co.uk/gp/forum/resources/gifts-and-hospitality-policy.441/).

## Return of our property

On the termination of your employment, or at the end of your locum session, you must return to us all our property that is in your possession or for which you have responsibility.

Refer to [Article 5.18](#_Rights_of_search) which explains the rights of search. Further information can also be found in the [Rights of Search Policy](https://practiceindex.co.uk/gp/forum/resources/rights-of-search-policy.873/).

Failure to return such property will result in the cost of the items being deducted from any monies outstanding to you.

## Feedback for locum staff

To support any revalidation, Sheerwater Health Centre will provide any feedback that is submitted by patients.

Should there be any issues with performance, this will be discussed with the locum and/or the agency that has provided this support. Further guidance can be sought from the BMA[[7]](#footnote-7).

## What’s in the area?

If you are new to the area, or simply visiting, you may wish to explore the area or find out where to stay, enjoy good food or a pint in the evening

1. Where to go
2. Hotels and B&Bs
3. Eating out
4. A nice pub

# Practice information

## Data Protection Act 2018

The Data Protection Act 2018 (DPA18) updates our data protection laws for the digital age and it received royal assent on 23rd May 2018. The Information Governance Alliance (IGA) is the authority that gives advice and guidance on the rules governing the use and sharing of healthcare-related information for the NHS.

**Patient (and your) rights**

Under the Data Protection Act 2018, everyone has the right to find out what information the government and other organisations store about them. Included is the right to:

* Be informed about how your data is being used
* Access personal data
* Have incorrect data updated
* Have data erased
* Stop or restrict the processing of your data
* Data portability (allowing you to get and reuse your data for different services)
* Object to how your data is processed in certain circumstances

For more information, see the [General Data Protection Regulation (GDPR) Policy](https://practiceindex.co.uk/gp/forum/resources/general-data-protection-regulation-gdpr-policy.740/) and the [Practice Privacy Notice](https://practiceindex.co.uk/gp/forum/resources/privacy-notice-england.948/) (England) which refers to the National Data Opt-Out Programme.

[Scotland](https://practiceindex.co.uk/gp/forum/resources/practice-privacy-notice-scotland.1019/) and [Wales](https://practiceindex.co.uk/gp/forum/resources/practice-privacy-notice-wales.1020/) privacy notices are also available.

**Data, security and protection toolkit**

The Data, Security and Protection Toolkit[[8]](#footnote-8) requires all staff to have completed their online training by April annually.

## Confidentiality

All staff working in the NHS are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work[[9]](#footnote-9).

Confidentiality applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

The NHS Code of Practice 2003 details that all staff at Sheerwater Health Centre are to adhere to the principles of confidentiality outlined in the Code:

* Person-identifiable or confidential information must be effectively protected against improper disclosure when it is received, stored, transmitted or disposed of
* Access to person-identifiable or confidential information must be on a need-to-know basis only
* Disclosure of person-identifiable or confidential information must be limited to the purpose for which it is required
* Recipients of disclosed information must respect that it is given to them in confidence
* If the decision is taken to disclose information, that decision must be justified and documented
* Any concerns about the disclosure of information must be discussed with your line manager

Confidentiality is the basis of trust between the patient and the practice. All staff must ensure that they are aware of their individual responsibilities and their duty to maintain patient confidentiality at all times.

It is strictly forbidden for employees to knowingly browse, search for or look at any personal or confidential information relating to themselves, their own family, friends or other persons without a legitimate purpose. Action of this kind will be viewed as a breach of confidentiality and of the Data Protection Act.

Audits will be conducted into confidentiality processes, with disciplinary and remedial actions being taken where processes have been breached.

**Confidentiality form**

All staff will need to sign a Confidentiality and Non-Disclosure Agreement, covering confidentiality, security and accuracy. Further details are available from the practice manager.

For further information, see the [Confidentiality Policy](https://practiceindex.co.uk/gp/forum/resources/confidentiality-policy.1261/).

## Data security and clear-desk routines

This guidance applies to all personnel.

Sheerwater Health Centre is committed to preserving the confidentiality, integrity and availability of its data. Hard-copy data left unattended on a desk is at risk of being compromised. Likewise, if a computer is left unattended and logged on (with or without an NHS smartcard), an unauthorised individual might be able to access the practice systems and data.

You are accountable for the security of the data you access or have in your possession. Should the personal data you access or have in your possession be lost, stolen or compromised, it will constitute a breach of the Data Protection Act 2018.

In the event of a breach, you will have to demonstrate that your actions leading up to the theft, loss or compromise were reasonable.

Should there be any breach, in the first instance the practice manager must be informed as the PM will need to discuss the matter with the Data Protection Officer (DPO) and/or the Information Commissioner’s Office (ICO) as per the respective data policies.

**Requirements**

* Ensure that paper records containing confidential data are secured in a locked drawer or filing cabinet at the end of the day or if your workstation is to be unattended for a period of one hour or more.
* Always shred hard-copy documents containing confidential personal data when they are no longer required. No confidential data is to be placed in general waste or recycling bins.
* Where shredding may not be practical, e.g. for bulk document destruction, the practice has a confidential waste process. Where confidential waste bags are used, they should not be left unattended in open or unlocked offices.
* Consult the practice’s [Record Retention Schedule](https://practiceindex.co.uk/gp/forum/threads/record-retention-schedule.6270/#post-42250) and destroy any hard-copy records that no longer need to be retained.
* Lock your screen when you leave your computer unattended.
* Do not write down passwords or other restricted account information. Passwords must be committed to memory or, if it is absolutely necessary for them to be written down, stored in a secure location and out of sight at all times.
* Make sure that removable media are locked away when not in use. Do not leave smartcards, CDs, DVDs or memory sticks in drive bays or plugged into devices.
* Always remove documents containing confidential, personal or sensitive personal data immediately from printers.
* Always ensure that keys to locked filing cabinets or drawers are kept in a secure location.
* Do not leave confidential information in shared conference facilities or meeting rooms.
* Remove all information from flip charts and wipe down whiteboards.
* Ensure that all office areas are secured when not in use. There should be a ‘last person out’ routine so that everyone understands their responsibilities for locking doors, closing windows and setting security alarms.

As the practice’s work is predominantly confidential, it is essential that when you leave your desk, you do not leave any information that could be viewed by others.

## Caldicott principles

All staff at Sheerwater Health Centre are to understand the requirement for effective controls of personal confidential data (formerly ‘patient-identifiable information’).

The Caldicott Report was written in, and provides guidance for, the NHS regarding the use of confidential data[[10]](#footnote-10).

The IG lead or Caldicott lead for Sheerwater Health Centre is Dr Munira Mohamed.

The seven Caldicott principles are:

* Justify the purpose(s)
* Don’t use personal confidential data unless it is absolutely necessary
* Use the minimum necessary personal confidential data
* Access to personal confidential data should be strictly on a need-to-know basis only
* Everyone with access to personal confidential data should be aware of their responsibilities
* Comply with the law
* The duty to share information can be as important as the duty to protect patient confidentiality

At Sheerwater Health Centre all staff are to be aware of the Caldicott principles; they have a duty to ensure that they remain compliant at all times.

Compliance will be monitored through annual audit and all staff will be briefed regarding the findings and subsequent recommendations.

For more information, refer to the [Caldicott Policy](https://practiceindex.co.uk/gp/forum/resources/caldicott-policy.695/).

## Access to medical records

In accordance with the Access to Health Records Act 1990[[11]](#footnote-11) individuals have the right to access health records held by a healthcare provider that has treated that individual, and/or to access a summary care record (SCR) created by the individual’s GP.

In accordance with the GDPR,[[12]](#footnote-12) individuals have the right to access their data and any supplementary information held about them by Sheerwater Health Centre. This is commonly known as a data subject access request (DSAR).

This subject is covered in greater detail, including links to various statutes determining the entitlement to access and the protection of our patients’ medical records in the [Access to Medical Records Policy](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy-including-sar-template.578/).

## Fees

Patients or companies will be charged for private work carried out by the practice. Please refer to the practice list of fees to charge. All requests for work through a third party must comply with the Data Protection Act 2018 in that appropriate written consent is to be provided by the patient.

See the practice’s [Statement of Fees](https://practiceindex.co.uk/gp/forum/resources/statement-of-fees.1081/) as of [1st Apr 2018].

## Consent

All staff are to be aware of the principle of consent and that it is an important part of medical ethics and international human rights law.[[13]](#footnote-13)

At Sheerwater Health Centre, it is acknowledged that consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination. This must be done on the basis of an explanation by a clinician. Consent from a patient is needed regardless of the procedure.

There are three forms of consent, specifically:

* Voluntary consent
* Informed consent
* Capacity

Consent can be given verbally or in written form. Patients have a moral and legal right to determine what happens to their own bodies. Seeking and obtaining valid consent is a fundamental process in healthcare; it is the patient’s agreement for the clinician to provide care.[[14]](#footnote-14)

All staff at Sheerwater Health Centre are to adhere to this policy, and should doubt arise they are to seek guidance from the practice manager.

Further information can be found in the [Consent Policy](https://practiceindex.co.uk/gp/forum/resources/consent.707/).

## Consent for children and young people

Young people aged 16-17 are presumed to be capable of consenting to medical examinations, treatments or procedures. As per adults, consent will only be deemed valid if it is given voluntarily by an appropriately informed young person.

A child under the age of 16 may be deemed ‘Gillick competent’ to give consent to medical examinations, treatments or procedures[[15]](#footnote-15). Gillick competence shows that a child under the age of 16 who ‘has sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention’. However, it is deemed good practice to involve the family or carers of the child in the decision-making process, so long as the child is content for this information to be shared.

Children under the age of 16 may have the capacity to consent to some examinations, treatments and procedures but not others. Therefore, parental consent should be sought and recorded accurately when it is thought that they are not Gillick competent.

##  Chaperones

At Sheerwater Health Centre, the Chaperone Policy is displayed in the waiting area and in all clinical areas, and annotated in the practice leaflet as well as on the practice website.

All patients are routinely offered a chaperone, normally at the time of booking of the appointment.

It is practice policy that [only clinical staff should act as chaperones as it is expected that such staff will have familiarity with the procedure or examination the patient is undergoing].\*

Should you require a chaperone, then request this via [add procedure]. If a chaperone is not available, the examination should be postponed until a suitable chaperone is present.

Patients must be advised that a family member or friend is not permitted to act as a chaperone as they have not received the requisite training nor do they have the clinical knowledge required. However, they may be present during the procedure/examination if the patient is content with this decision.

For more information, refer to the [Chaperone Policy](https://practiceindex.co.uk/gp/forum/resources/chaperone-policy.730/).

\*Amend as appropriate

## Safeguarding

Safeguarding means protecting people’s health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. It’s fundamental to high-quality health and social care[[16]](#footnote-16).

All staff have a requirement, both individually and collectively, to comply with current legislation and this handbook is to be read in conjunction with associated NHS England Safeguarding documentation and guidance[[17]](#footnote-17).

There are various facets to safeguarding and all aspect of these are listed in the [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/).

## Contest and Prevent

In 2011, the government introduced the PREVENT strategy as part of the counterterrorism strategy, CONTEST.

The purpose of PREVENT is to stop individuals becoming involved in terrorism; this includes violent and non-violent extremism, which can create an atmosphere conducive to terrorism. In April 2015, the Prevent Statutory Duty[[18]](#footnote-18) under Section 26 of the Counter-Terrorism and Security Act 2015 was made a statutory responsibility for the health sector.

PREVENT is part of mainstream safeguarding and therefore all health staff must ensure that vulnerable people are safeguarded and the NHS Standards Contract requires all NHS funded providers to demonstrate that they comply with the requirements of the Prevent duty. This includes ensuring that there is a named Prevent lead and that there is access to quality training for staff in their organisation.

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism, or are susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to the practice safeguarding lead who is Dr Munira Mohamed.

Training is available to promote awareness of radicalisation, such as from the Home Office: [www.elearning.prevent.homeoffice.gov.uk](https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html). Additionally, see Article 5.10 [Safeguarding](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/) as Prevent is referred to in that policy too.

## Significant events

To promote a culture of learning, staff are encouraged to report significant events; this will foster learning and help prevent the recurrence of similar incidents in the future[[19]](#footnote-19).

Below are examples, given by the CQC, as to what constitutes a significant event:[[20]](#footnote-20)

* New cancer diagnoses
* Coping with a staffing crisis
* Complaints or compliments received by the practice
* Breaches of confidentiality
* A sudden unexpected death or hospitalisation
* An unsent referral letter
* A prescribing error

It is the responsibility of all staff to ensure that they recognise, respond to and take the necessary actions regarding significant events[[21]](#footnote-21).

Through undertaking significant event analysis (SEA), the practice team will be able to:

* Reflect on the incident
* Discuss and implement preventative measures
* Enhance learning
* Demonstrate a culture of openness and transparency

All staff are permitted to raise and complete a SEA. For further information, see the [Significant Event Policy](https://practiceindex.co.uk/gp/forum/resources/significant-event-policy.1029/) and the [Incident Reporting Policy](https://practiceindex.co.uk/gp/forum/resources/incident-reporting-policy.721/).

## Complaints

The complaints manager is the practice manager.

All staff are to be fully conversant with the complaints procedure and are to understand that all patients have a right to have their complaint acknowledged and investigated properly.

Sheerwater Health Centre takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. We will maintain communication with the complainant (or their representative) throughout. The complaints manager will then manage the complaint as per the current guidelines, as expected by NHS England[[22]](#footnote-22).

Should a patient or relative make a complaint to you about the practice, it is your responsibility to inform the complaints manager or, if unavailable, a member of the management team. This refers to any complaint, whether written or verbal, regardless of whom the complaint refers to.

If you are named or involved in a complaint, you will be required to assist in any investigations into the cause of the complaint by making a verbal or written statement concerning the events and your involvement in them.

If you have left us, this almost certainly will result in the practice contacting you for comments.

For more information, refer to the [Practice Complaints Procedure](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/).

## Whistle-blowing

Sheerwater Health Centre is committed to an open and honest culture and any concerns of a whistleblowing nature will be investigated, and we will ensure that you have access to the support you need. When we are made aware of your concern, it will be recorded and you will receive an acknowledgement within two working days.

We will then keep you updated on progress where appropriate.

The Employment Rights Act 1996[[23]](#footnote-23) provides protection for workers who ‘blow the whistle’ where they reasonably believe that some form of illegality, injustice or breach of health and safety has occurred or is likely to occur.

For further guidance on how to raise a concern, see the [Whistle-blowing Policy and Procedure](https://practiceindex.co.uk/gp/forum/resources/whistleblowing-policy-and-procedure.469/) which aligns to NHS England’s Freedom to Speak Up review.[[24]](#footnote-24)

## Non-clinicians providing clinical advice

Non-clinical staff must not advise on medical issues or prescribe treatments for patients.

Information about hospital reports and test results may only be given to patients with the permission of a doctor who is normally concerned with that patient’s care.

## Statements to the media

Any statements to reporters from newspapers, radio, television, etc. in relation to the practice will normally be given only by a partner.

## Employees’ property and lost property

The practice does not accept liability for any loss of, or damage to, property that you bring onto the premises.

You are requested not to bring personal items of value onto the premises and, in particular, not to leave any items overnight. Articles of lost property should be handed to the practice manager who will retain them while attempts are made to discover the owner.

## Wastage

We maintain a policy of minimum waste, which is essential to the cost-effective and efficient running of the practice, and all staff are to promote this policy by taking extra care during their normal duties by avoiding unnecessary or extravagant use of services, time, energy, etc.

The following points are considerations.

* Handle machines, equipment and stock with care. Any damage to equipment, stock or property (including non-statutory safety equipment) that is the result of your carelessness, negligence or deliberate vandalism will render you liable to pay the full or partial cost of the repair or replacement.
* Turn off any unnecessary lighting, electrical sockets and heating and keep doors closed whenever possible.
* Any loss to the practice that is a result of your failure to observe rules, procedures or instruction, or is a result of your negligent behaviour or your unsatisfactory standards of work, will render you liable to reimburse us with the full or partial cost of the loss.

For more information, please refer to the [Sustainable Development Policy](https://practiceindex.co.uk/gp/forum/resources/sustainable-development-policy.1017/).

## Rights of search

Although at Sheerwater Health Centre, we do not have the contractual right to carry out searches of employees and their property, including their vehicle, while they are on our premises, we would ask all employees to assist us in this matter should we feel that such a search is necessary.

Where practicable, searches will be carried out in the presence of a colleague of your choice who is available on the premises at the time of the search. This will also apply should any further questioning take place.

We reserve the right to call in the police at any stage.

## Personal telephone calls

Practice phones are only to be used for the purpose of practice business. Personal use is strictly prohibited except in the event of an emergency. Calls to premium-rate telephone numbers are also prohibited.

Calls to areas outside the UK are blocked; should it be necessary to call such a number, practice manager authorisation will be required.

For more information, refer to the [Practice Telephone Policy](https://practiceindex.co.uk/gp/forum/resources/practice-telephone-policy.973/).

# Health and safety

## General

It is an employer’s duty to protect the health, safety and welfare of their employees and other people who might be affected by their business, and they must do whatever is reasonably practicable to achieve this. All staff have a personal responsibility for health and safety and so a ‘don’t walk by’ mentality is adopted.

For more information, refer to the [Health and Safety Policy](https://practiceindex.co.uk/gp/forum/resources/health-and-safety-policy.809/), or if you have any ideas or comments that you think will improve safety in the premises, please discuss these with the practice manager.

##  Fire routines

Fire prevention is the responsibility of every member of staff at Sheerwater Health Centre. It is the duty of all staff to become familiar with the fire management procedures in the practice.

In particular, you should:

* Familiarise yourself with the various types of fire extinguisher available in the practice, where they are located and how to operate each type
* Be familiar with all fire exits in the building and plan an alternative route
* Know the correct procedure for reporting a fire
* Know the arrangements for the evacuation of patients and staff
* Be aware of the fire muster point

In the event of a fire, you are not expected to take any risks. For your own safety, as well as that of others, if the alarm is activated try to keep calm.

Most importantly, ask questions if you do not know what to do. The practice manager will provide you with further guidance if you feel you are not sufficiently aware of all matters affecting fire prevention and routines.

Fire alarms are tested regularly. The practice will conduct regular fire drills in which you are required to participate.

##  First aid

The practice nurses are the practice’s first aiders and a first-aid box for immediate use is located in reception. The practice nurses have been given the responsibility of checking and restocking the box on a regular basis.

## Manual handling

You are required, in accordance with the Manual Handling Regulations 1992, to advise us of any condition that may make you more vulnerable to injury.

See the [Manual Handling Risk Assessment pro forma](https://practiceindex.co.uk/gp/forum/resources/manual-handling-risk-assessment-proforma.803/).

##  Sharps containers

Particular care must be taken when disposing of sharp, contaminated or infected objects/material to ensure that it is held securely in an appropriate container and that its nature is clearly identified.

All sharps must be placed in the British Standards quality disposal containers provided. It is the personal responsibility of the individual using a sharp to dispose of it safely. When the container is full, the box must be securely closed and the identification label on the front must be completed. The same checks are to be completed when receiving patients’ sharps containers.

For further information, see the [Infection Prevention and Control (IPC) Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/).

##  Specimens

Only clinical staff are permitted to handle specimens and these specimens are to be placed in the [insert routine here] until collected by the appropriate person.

For further information, see the [Infection Prevention and Control (IPC) Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/).

##  Medical instruments, equipment and machinery

When working with medical instruments, equipment or machinery, you should ensure that all safety precautions and procedures are followed.

For more information, please see the [Medical Device Management Policy](https://practiceindex.co.uk/gp/forum/resources/medical-device-management-policy.720/).

## Panic alarm procedure

This procedure applies to all employees of the practice, partners and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

There are various types of panic alarms in the practice as we recognise the risks to the health and safety of staff that could arise from incidences of aggressive behaviour. These are:

* On-screen button
* Wall-mounted

[List your different types of alarms such as telephone, on-screen button, wall-mounted, etc.]

You should use a panic alarm if you feel threatened by a situation involving:

* Verbal or physical disruption
* Verbal aggression
* Physical aggression or the threat of physical violence or mental distress
* Physical violence

It is enough to justify sounding an alarm if a staff member instinctively feels that a situation may develop.

For more information, refer to the [Panic Alarms Policy and Procedure](https://practiceindex.co.uk/gp/forum/resources/panic-alarms-policy-and-procedure.1219/).

## Contacting the police

If a situation arises in the surgery that requires police assistance, you should immediately inform the practice manager or a member of the management team.

Members of staff should not place themselves at risk or normally contact the police themselves. Contacting the police is one of the statutory notifications for the CQC[[25]](#footnote-25).

Should the patient be violent or aggressive, then refer to the [Removal of Patients Policy](https://practiceindex.co.uk/gp/forum/resources/removal-of-patients-policy.733/). Information can be found in the [Business Continuity Policy](https://practiceindex.co.uk/gp/forum/resources/business-continuity-policy.1056/) too, as this also refers to violence against staff members.

# Information management and technology

## IT equipment

In order to control the use of the practice’s computer equipment and reduce the risk of contamination, new software must firstly be checked and authorised by the practice manager before general use will be permitted.

No software or hardware may be brought onto or taken from the practice premises without prior authorisation.

Periodic audits will be conducted of our computer systems. Any user found to have illegal software on practice equipment, or who may have accessed, downloaded, viewed or distributed unsuitable or inappropriate material made from the internet, may be subject to disciplinary action.

Further information can be found in the [Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/).

## NHS smartcard

All staff must keep their NHS smartcard safe at all times and ensure that all procedures and guidelines relating to your NHS smartcard are followed.

For further information, see the [Smartcard Policy](https://practiceindex.co.uk/gp/forum/resources/smartcard-policy.1110/).

## Practice intranet

All staff have access to the practice intranet to enable them to carry out their individual duties. Staff must ensure that, when accessing information on the intranet, confidentiality is maintained at all times, thereby ensuring that access by unauthorised persons is prevented.

Any unauthorised access constitutes a security breach and must be reported to Nine Taylor (Practice Manager) immediately.

## Internet standards

At Sheerwater Health Centre, employees must not use the internet to gain unauthorised access, or attempt to gain unauthorised access, to computer material or private databases.

Employees must not use the internet for personal purposes during their working hours. Internet access is available purely for business use and it should be used for work-related purposes only. Employees are requested not to view sites that require the downloading of software from the internet

Internet access can be monitored by the Commissioning Support Unit (CSU); they will conduct random audits of employees’ internet usage.

Employees must not attempt to download or retrieve illegal, pornographic, sexist, racist, offensive or unlawful material. Attempts to access such material will constitute a disciplinary offence and employees may be subject to disciplinary action, which could result in dismissal.

Further information can be found in the [Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/).

## Email standards

All staff at Sheerwater Health Centre are allocated an NHS email address, which is provided for practice business use only, and is one of the most common means of communication in the practice.

Staff are not permitted to use the intranet, internet or emails for any of the following purposes:

* Pornography
* Gambling
* Promotion of terrorism and/or terrorism skills
* Cult-promoting websites
* [Add more sites here as deemed appropriate]

In addition to the above, access to any sites that are likely to cause offence is also strictly forbidden.

The content of any email sent must be neither defamatory, abusive nor illegal and must be in accordance with the practice’s Equal Opportunity Policy. Sending and receiving obscene, pornographic or other offensive material is not only considered to be gross misconduct but may also constitute a criminal offence.

Employees must be careful about what is said in email messages as the content could give rise to either personal liability or liability for the practice. Employees must also avoid entering into commitments on behalf of themselves or the practice over the internet without having received prior and express authorisation to do so, unless this forms part of their normal day-to-day activities and has been authorised by the practice manager.

At Sheerwater Health Centre, we reserve the right to monitor the content of emails, both sent and received. We may monitor both the contents and extent of use of emails. If it is found that staff are using the practice’s IT facilities for inappropriate activities, disciplinary action may be taken which could result in dismissal and may also include involving the police, depending on the nature and source of the information.

Information can also be found in the [Communication Policy](https://practiceindex.co.uk/gp/forum/resources/communication-policy.1008/).

## Virus protection procedures

In order to prevent the introduction of virus contamination into the software systems, the following must be observed:

* Unauthorised software, including public domain software, USBs, external hard drives, CDs or internet downloads, must not be used
* All software must be virus checked, using standard testing procedures, before being used

## Personal use of social networking sites

While social media provides a number of benefits, personnel holding a professional registration should be aware of their responsibility to uphold the reputation of their profession. However, the absence of any affiliation to or registration with a professional body does not exempt personnel from appropriate and responsible use of social media.

Work-related material could identify an employee, a patient or work colleague and this could adversely affect Sheerwater Health Centre, our patients or our relationship and reputation. Therefore, work-related matters must not be placed on any such site at any time.

For further information on this subject, please refer to the [Employee Handbook].

## Mobile telephones and other portable devices

Personal portable devices, including mobile phones, should be switched off during working hours. Any exceptions to this rule must be with the permission of the practice manager.

Practice portable devices play an integral role in carrying out the clinical workload. The security of portable devices is absolutely paramount and any device issued is the responsibility of that person; staff must therefore ensure the safekeeping of the device at all times. Staff will be liable for any costs as a result of loss or accidental damage, coupled with any investigation into data loss.

For further information, see the [Portable Device Policy](https://practiceindex.co.uk/gp/forum/resources/portable-device-policy.967/).

# Statement of purpose

## The New Joining Clinician’s Handbook

The partners at Sheerwater Health Centre are committed to improving the practice and your role and, as such, every effort has been made to ensure that the content of this booklet is factually correct.

Should you, as a new joiner, feel that there are errors or omissions in this New Joining Clinician’s Handbook, your feedback would be appreciated as this will enable this document to be updated and improved for the benefit of future employees.

The owner of this handbook is the practice manager and so, in the first instance, please discuss your observations with them. Thank you.

# Annexes

## Annex A – Checklist prior to/on joining

**New clinician:** [Insert name]

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Information** | **Evidence / comments** | **Signed** |
| GMC registration | Check the GMC [registration](https://www.gmc-uk.org/doctors/medical_register.asp) status of the GP. In addition, check if there are any conditions or restrictions on their practice or if they have undertakings. | *Insert GMC reference number here* |  |
| GMC licence | A doctor must hold both a registration and a licence to practise. | *Registered with a licence shown in the status section*  |  |
| National Performers List | Check the [National Performers List](https://www.performer.england.nhs.uk/) to view information about the GP. | *Registered with licence shown in the status section* |  |
| Proof of degree | Medical degree certificate should be shown | *Take a copy of the certificate* |  |
| Certificate of Completion of Training (CCT) | Certificate should be shown | *Take a copy of the certificate* |  |
| Medical indemnity | Proof of indemnity | *Take a copy of certificate of insurance* |  |
| Employment history | A CV with explanations of any gaps in employment | *Take a copy of the CV* |  |
| DBS check | If the locum has signed up for the [DBS update service](https://www.gov.uk/dbs-update-service), check whether their certificate is up to date online. | *Take a copy of their current DBS Enhanced Certificate* |  |
| Passport | Original must be produced | *Take a copy of the photo ID page* |  |
| Eligibility to work in the UK (if applicable) | Copy of visa where applicable  | *Take a copy of the visa* |  |
| Proof of address 1 | Driving licence – original must be produced | *Take a copy of the licence* |  |
| Proof of address 2 | Utility bill – original must be produced | *Take a copy of the bill* |  |
| Clinical reference 1 | Name and address of referee  | *Obtain a reference from the practice / individual* |  |
| Clinical reference 2 | As above | *As above – one reference must be from most recent or current employer* |  |
| Occupational Health | Check current immunisation status and Hepatitis status | *Take a copy of immunisation record and Hepatitis status* |  |
| Revalidation | Revalidation takes place every five years | *Record date of last revalidation* |  |
| Appraisal | Appraisal is undertaken annually | *Record date of last appraisal and name of appraiser* |  |
| Training  | Copies of any mandatory training completed | *Take a copy of each certificate* |  |

## Annex B – Agreed terms and conditions

[Place on practice headed paper]

**Locum:** [Insert name]

|  |  |
| --- | --- |
| Length of session |  |
| Number of patient contacts |  |
| Type of patient contacts |  |
| Home visits |  |
| Admin |  |
| Rate of pay |  |
| Payment  |  |
| Additional agreements |  |

Signed

………………………… …………………

Locum Date

………………………… …………………

Practice Manager Date

1. [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19](http://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/19) [↑](#footnote-ref-1)
2. [www.cqc.org.uk/guidance-providers/gps/nigels-surgery-58-practice-induction-packs](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-58-practice-induction-packs) [↑](#footnote-ref-2)
3. <http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-50-gp-locums> [↑](#footnote-ref-3)
4. [www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed) [↑](#footnote-ref-4)
5. [www.england.nhs.uk/commissioning/armed-forces/](https://www.england.nhs.uk/commissioning/armed-forces/) [↑](#footnote-ref-5)
6. [Locum A Form (2018 version)](https://www.nhsbsa.nhs.uk/sites/default/files/2018-05/GP%20Locum%20A-20180529-%28V18%29.pdf) [↑](#footnote-ref-6)
7. [www.england.nhs.uk - Supporting locum agencies and providers.pdf](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=2ahUKEwiv7OqzmuHgAhWIsRQKHX_6DaQQFjAEegQIBRAC&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2018%2F10%2Fsupporting_locum_agencies_and_providers.pdf&usg=AOvVaw1Iv-24fOt8B1X9cUZ-7rvV) [↑](#footnote-ref-7)
8. [Data security and protection toolkit](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit) [↑](#footnote-ref-8)
9. [NHS(E) Confidentiality Policy](https://www.england.nhs.uk/wp-content/uploads/2016/12/confidentiality-policy-v3-1.pdf) [↑](#footnote-ref-9)
10. [A Manual for Caldicott Guardians](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/581213/cgmanual.pdf) [↑](#footnote-ref-10)
11. [Access to Health Records Act 1990http://www.legislation.gov.uk/ukpga/1990/23/section/3?view=plain](http://www.legislation.gov.uk/ukpga/1990/23/section/3?view=plain) [↑](#footnote-ref-11)
12. [General Data Protection Regulation](https://gdpr-info.eu/) [↑](#footnote-ref-12)
13. [Consent to Treatment](http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx) [↑](#footnote-ref-13)
14. [Reference guide to consent for examination or treatment](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf) [↑](#footnote-ref-14)
15. [www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines) [↑](#footnote-ref-15)
16. [Safeguarding People CQC Definition](http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people) [↑](#footnote-ref-16)
17. [www.england.nhs.uk/ourwork/safeguarding/](https://www.england.nhs.uk/ourwork/safeguarding/) [↑](#footnote-ref-17)
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