Clinical Team Induction

This is a template that you can amend for your practice, as needed.

# Documentation required

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|  | Practice staff details form |
|  | Signed Individual Employment Agreement |
|  | Police vet, and Safety Check |
|  | Tax Code Declaration IR 330 |
|  | KiwiSaver Deduction Form KS2 |
|  | KiwiSaver Opt-out Form KS10 |

# Overview of the practice

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| --- | --- |
|  | Introduction to colleagues at the practice including managers and key people |
|  | Overview of the practice, services offered, and communication lines |
|  | Tour of the practice |
|  | Computer use and access, including login details and PMS username and password |
|  | Provide with alarm codes, keys, swipe cards etc. |
|  | Treatment room equipment, and emergency equipment |

# Organisation terms and conditions

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|  | Code of Conduct |
|  | Bullying, Discrimination, and Harassment |
|  | Health and Safety, including:   * Evacuation procedures * Waste Management |
|  | Signed Health and Safety Induction Checklist |
|  | Internet, Email, and Phone Use |
|  | Leave, including procedure for calling in sick |
|  | Dress code |

# Core practice policies

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|  | Assisted Dying |
|  | Child Protection |
|  | Complaints |
|  | Confidentiality, including signing confidentiality agreement(s) |
|  | Equity overview, including:   * Achieving Equity at Our Practice * Cultural Safety * Māori Health Equity * Te Tiriti o Waitangi |
|  | Patient Rights, including:   * Code of Health and Disability Services training as per the Foundation Standard * Informed Consent * Open Disclosure * Support People, Chaperones, and Observers |
|  | Privacy, including:   * Complete privacy training as per the Foundation Standard * Safeguarding Patient Information Privacy |
|  | Staff and Family Enrolment |

# Policies relevant to your role

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| --- | --- |
|  | Use of HealthPathways, including:   * login details * checking clinical decisions against evidence-based local guidance. |
|  | Cold Chain |
|  | Informed Consent |
|  | Infection Prevention and Control (IPC), including Cleaning, Disinfecting, and Sterilising |
|  | Prescriptions, all polices in this section: Controlled Drug Prescriptions, Drug Misuse, Medicine Reconciliation, Repeat Prescriptions, Standing Orders (if used). |
|  | Results and Clinical Correspondence |
|  | Screening and Recall |
|  | Standing Orders |

# Sign acceptance

|  |  |
| --- | --- |
| **Induction completed by:** | **Role:** |
| **Signed:** | **Date:** |
| I have read and understood the core practice policies and will act in accordance with these during my employment at | |
| **Employee:** | |
| **Signed:** | **Date:** |