Clinical Team Induction

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

# Documentation required

|  |  |
| --- | --- |
| [ ]  | 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

|  |  |
| --- | --- |
| [ ]  | 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

|  |  |
| --- | --- |
| [ ]  | 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

|  |  |
| --- | --- |
| [ ]  | 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

|  |  |
| --- | --- |
| [ ]  | 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:** |