Medical Receptionist Induction

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

# Documentation required

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| --- | --- |
|  | Practice staff details form |
|  | Police vet, and Safety Check |
|  | Signed Individual Employment Agreement |
|  | 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. |

# 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 |

# Policies relevant to your role

|  |  |
| --- | --- |
|  | Appointments, including:   * Phone screening * Monitoring the waiting area * Identifying emergency signs and symptoms |
|  | Enrolment |
|  | Triage procedure, including:   * Monitoring waiting patients * What to do if a patient is in distress |
|  | Results and Clinical Correspondence |

# 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:** |