FRAMEWORK FOR INDUCTION

This document outlines a suggested framework for a balanced and comprehensive induction into the specialty of occupational medicine. The framework is based on the 2018 National School of Occupational Health (NSOH) survey of trainers who had a median level of experience of 10 years. Please note this framework will go through a process of continual improvement informed by feedback from trainees and supervisors.

The following caveats apply:

1. An induction is based on introducing your newest member to your established team/work environment.

2. They are likely to have had variable medical experiences before coming to your organisation e.g. some may have worked in primary care with established wide medical knowledge and outpatient type clinical experience; others maybe only be 5 years out of medical school having been in rotating clinical hospital posts, or have come from a technical speciality i.e. surgery.

3. Occupational medical practice maybe very new to them, and the time spent in the first few months acclimatising them to your systems, procedures, policies and organisation culture is likely to benefit your training relationship and their confidence as they increasingly run their own clinics. This will provide a good basis for future pastoral care, career counselling, advisory support and trainer-trainee trust throughout the training programme.

4. It is important that trainees are clearly advised at the beginning that they can seek support outside of the training relationship the following ways:

NHS trainees	<u>Employee issues</u> • Head of OH department • HR director • Freedom to speak up guardian • Director of medical education <u>Education concerns</u> • OM TPD • RSA • Head of school of medicine within local HEE regional office, • National TPD • Head of school NSOH or equivalent bodies
Industrial trainees	• Medical director of organisation • CEO/Chairman of the OH company • Regional OM TPD • RSA • National TPD • Head of school NSOH or equivalent bodies

5. The standard in-house OH induction is likely to be up to 4 weeks of no solo patient contact decision-making activity. If a trainee is moving part way through a training programme, e.g. IDT or transferring between different employers, this could be as short as 1-2 weeks depending on their clinical capability, clinical confidence and experience working with the specific clientele.

6. There may be a separate employer-specific induction that needs to be attended as well.

AREAS TO COVER WITHIN THE INDUCTION PROGRAMME

- Signed learning agreement of expectations of the training relationship.
- Their duties as trainee.
- Supervision arrangements during clinics and outside of service delivery roles.
- Reassuring yourself that your Educational Supervisor/Clinical Supervisor is GMC accredited to train.
- How to access support, both clinical and personal, from senior colleagues
- How to access clinical or medical guidelines and workplace policies that they are expected to follow.
- How to access clinical and learning resources including national webinars deliver to all trainees set by the National School of occupational health or other educational resources.
- Advice on regional and national networking opportunities.
- Observing OH physician delivering occupation health activity e.g. outpatient clinic, workplace visits.
- Observing OH nurse, psychologist, physiotherapist, technician delivering occupation health activity e.g. outpatient clinic, workplace visits.
- Observing administrative and business colleagues in their roles.
- Agreeing a Personal Development Plan (PDP) for learning.
- Registering with the Faculty Occupational Medicine and obtaining access to the ePortfolio.
- Introducing yourself to the occupational medicine Google mail group
- Access to external support including pastoral care

AN EXAMPLE OF AN OUTLINE PROGRAMME

a) Prior to actually starting with the training organisation, the new trainee may wish to introduce themself to the trainers.

b) Some pre-reading may be helpful e.g. ABC in occupational medicine, occupational handbook occupational medicine, perusal of the HSE/PHP website link to work in health, registering for e-learning i.e. https://www.e-lfh.org.uk/programmes/health-and-work-in-undergraduate-medical-education/

c) Day one: complete corporate induction and 0H induction including personal employment file details, car parking, access to library, access to databases , confirming who is your allocated Educational Supervisor and Clinical Supervisor etc.

d) First week: introduction to the team e.g. other doctors, senior nurses, administrators, physiotherapist, health and safety, psychologist, EAP etc. Observe nursing colleagues delivering their clinics and nursing activities. Discuss a list of enhanced reading literature e.g. ethics guidance, occupational health law, fitness for work - medical aspects, employment and occupation health legal guidance i.e. Diana Kloss and/or Lewis Thornbury.

e) Weeks 2 to 3: depending on the level of previous experience, sit and observe other physicians in the department, deliver a basic clinic with a trainer observing focusing on basic MSK, return to work post-op, arrange on ward referral to physiotherapists/ psychologists/workplace counsellors, but no mental health cases.

f) From week 3 to 4: depending on the level of previous experience and clinical confidence, deliver a solo clinic on basic cases as indicated in point E but with double the time of standard assessments. All cases to be discussed with the trainer with an agreed occupational management plan before the final decisions/reports are released.

g) Weeks 5 to 8: depending on progress with clinical decisions, possible introduction of standard mental health cases with normal clinical time initially with approximately 75% of standard number of cases compared to experienced registrars, with the plan being by week 12 onwards equivalent number of cases and time duration. Random cases selected for discussion by trainer or cases selected by trainee.