



Foundation Programme Handbook

Salisbury NHS

Foundation

Trust Hospital (SFTH)

**Welcome**

We pride ourselves at Salisbury Foundation Trust Hospital (SFTH) on being both a friendly and high quality place to work and learn. We hope you enjoy your time with us during your formative time as a newly qualified doctor.

Although in the post graduate medical training hierarchy you are at the very first stages – we encourage you, and all other members of your team, to act in an appropriately professional and responsible adult manner to each other.

We strongly suggest you ‘read’ (note this is not the same as ‘learn’) this handbook when you first start – so at least you know what it contains and where to look for information as and when you need it.

Dr Georgina Morris

Foundation Programme Director (FPD)

[Georginamorris1@nhs.net](mailto:Georginamorris1@nhs.net)

PA to FPD Helen Clemow

**Current Reps – 2020/21**

* F1 H@NT representative – TBC
* F2 H@NT representative – Dylan Green and Neil Marshall
* F1 Year representative – TBC
* F2 Year representative – Nicholas Hicks
* F1 BMA representative – TBC
* F2 BMA representative – TBC
* Mess President – Nicholas Hicks

Please e-mail

Georgina Morris if any of the information in the handbook is incorrect / no longer up to date or if you have any suggested additions / inclusions.

The Handbook is also available on Microguide.

Updated: June 2021

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**Support**

Most of you will require some level of support at different times during your programme – this is normal, and is available from a wide range of sources including:

* Clinical and Educational Supervisors
* Foundation Programme Director (FPD) – Dr Georgina Morris
* Director of Medical Education (DME) – Dr Emma Halliwell
* Guardian for Safe Working – Juliet Barker
* Freedom to Speak Up Representative – Elizabeth Swift
* ‘The Deanery’ with access to the highly regarded Professional Support and Well-being Unit. <https://wessex.hee.nhs.uk/wellbeing-and-support/psw/>
* Chaplaincy via switchboard
* GMC – 0161 923 6602
* MDU – 0800 716 376 or MPS 0845 605 4000
* Pamela Kirkham – Staff Counsellor. Extension 5639 email [pamela.kirkham@nhs.net](mailto:pamela.kirkham@nhs.net)
* BMA – 0300 123 1233UK Foundation Programme [Curriculum - UK Foundation Programme](https://foundationprogramme.nhs.uk/curriculum/)
* HEE - Masterclass: Maximising Resilience/Stress Management.  Follow this [link](https://wessex.hee.nhs.uk/learning-and-development/courses/med-den-trainees/lead-manage-personal-dev/) to our courses booking page.
* Occupational Health / Clinical Psychology / Your own GP

**Clinical Supervision and Escalation**

* The most important factor during your Foundation Programme (FP) is not your training and education (although that is obviously important), but patient care and safety. To that end appropriate clinical supervision is paramount.
* Some Key Learning Points & Recommendations from previous trusts Clinical Reviews & Serious Incident Inquiries include:
  + Daily senior meeting with F1’s to discuss patients and to formally review the unstable / complicated patients and document review.
  + Consultant / Senior Trainees should always ensure they are contactable and that juniors and nursing staff know how to contact them. For unwell patients if, after your initial primary survey and instigation of any immediate treatments required, you have significant concerns, or for patients that do not respond to your treatments within the hour, then you should immediately inform the SpR and/or Consultant. This is in line with the Trust’s Escalation Process and is taught on the Acute Illness Management (AIM) course at the beginning of F1.
  + It is perfectly acceptable for F1 and F2 doctors to undertake ward rounds and complete daily patient reviews by themselves, but they should always know who to contact for advice and senior clinicians should be easily contactable. There should also be a direct meeting between the Foundation Doctors and a senior member of their team on a daily basis to discuss all the inpatients and to formally assess and advise on the complicated or unstable patients. Unstable patients should also be put on the Hospital at Night team list to ensure that they are suitably and proactively followed up outside of normal working hours.
  + On occasion, it may be necessary for senior clinicians to give initial advice over the telephone or away from the patient’s bedside, but all unstable patients should then have a subsequent timely senior review. These reviews are also an excellent training opportunity for the junior doctors.
  + There are widespread time and resource pressures throughout the NHS, including to your ‘seniors’ at SFTH. Also, as you progress throughout your foundation years, you will be taking more autonomous decisions. However if you feel the general principles as outlined above are not being met, or you have other concerns about your level of clinical supervision, then you have a professional duty to inform the named Consultant responsible for your patients, and your Clinical Supervisor (who may be the same person). If you still have ongoing concerns after this, please let your Educational Supervisor and Foundation Programme Director know.

**Sessional Supervisor**

* Supervises you for your current shift.
* This may be your ‘named Clinical Supervisor,’ however it may be another Consultant or senior trainee (you should always have a Consultant available if necessary).

**Clinical Supervisor (CS)**

* Supervises you for your current 4/12 placement.
* If you have problems identifying who this is at the beginning of a placement please immediately let your Educational Supervisor know.

**Educational Supervisor (ES)**

* Supervises you for your entire programme.
* You will normally have the same ES throughout your 2 year programme.
* If you pass through the speciality your ES is from they will often also be your CS for that 4/12. It is however entirely possible you go through your 2 years without ever directly working with your ES; this is not a problem as your ES will always liaise closely with each CS.

**Supervisor Meetings**

* It is **your** responsibility to organise these meetings, not the supervisors.
* Arrange an appointment ASAP; please aim to meet with your CS and then your ES within the first 2 weeks of starting a rotation.
* Prior to ARCP you need to have your ES End of Placement report for jobs 1 & 2, along with your ES ‘End of Year Report’ during Job 3. (See ‘ARCP’ and ‘Timeline’ for more info).
* During your third job you need to have your CS end-placement review completed prior to meeting with your ES for your ‘End of Year’ report.

**Note:** You should still have your End of Placement CS and ES meetings after ARCP – they are still a useful educational tool for you.

**Resources – Using & Managing**

You will be aware that our Trust has some significant financial / resource issues at present (as has most of the NHS). See GMC guidance ‘Leadership and Management of all Doctors (2012), the section on ‘Planning, Using & Managing Resources’ - <https://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp>

* *All doctors*
* *79 – Whatever your role or level in your organisation, whether you are a junior, non-training grade or other doctor, you should be willing to demonstrate leadership in managing and using resources effectively. This means that you should be prepared to contribute to discussions and decisions about; allocating resources and setting priorities in any organisation in which you work…*
* *80 – You should have enough understanding of how finances are allocated and managed in the services in which you work to help with your role in committing resources for the benefit of patients.*
* *81 – To minimise waste, improve services and promote the effective use of resources, you should take financial responsibility for delivering your service at a level appropriate to your role…*

Things you can do to help with this include:

* Think before you test – check with seniors how often tests are needed and how the results will be reviewed and acted upon particularly OOH. Most Consultants want fewer tests than historically have been requested by their trainees, not more.
* Think before you prescribe – check whether patients have medications at home, or whether they would prefer to buy over the counter rather than wait for TTO’s.
* Document all comorbidities each admission; hypertension, diabetes, obesity etc. For medical admissions there is a tick-box list on the clerking proforma. This helps with both clinical care, but also funding for this care.
* Alert seniors or managers to opportunities to reduce waste and improve efficiency – the Save 7 campaign is a good way to do this.

**Communication**

**E-Mail**

* We will use your Trust email for all communications.
* We will also use your home email if you wish us to, as long as the content of the email can, for confidentiality reasons, be sent outside of the Trust’s secure system.
* At this early stage of your career you will need to get used to filtering large volumes of emails, some of which will not necessarily apply to you. You may want to use some filters on Outlook.
* It is useful for us if you use your ‘Out of Office’ when away from the Trust for significant periods.

**Social Media**

* Be really careful using ‘social media’ (Facebook / Twitter / WhatsApp etc.) and be very aware of confidentiality / professionalism etc.
* Please read GMC guidance on this:

<https://www.gmc-uk.org/guidance/ethical_guidance/30173.asp>

<https://www.gmc-uk.org/Doctors__use_of_social_media.pdf_51448306.pdf>

* Please also read the Trust’s Social Media policy <http://intranet/website/staff/policies/businessandprovisionofservices/social+media+policy+and+guidance.asp>
* You must protect the privacy and confidentiality of patients and staff.
* You must not post recognisable pictures of staff at work or information that identifies their place of work without their explicit, fully-informed consent.
* A breach of this policy may be dealt with under the Trust’s Disciplinary Policy and, in serious cases, may be treated as gross misconduct leading to dismissal i.e. THIS IS REALLY SERIOUS STUFF. Your FPD is concerned about how easily some of you could get into trouble here.
* Think very hard before using social media to voice how you are coping professionally, concerns about time pressures, tiredness on the wards, discussing any clinical mistakes you are aware of, in fact any information about yourself or colleagues even if they have given their consent.
* The Wessex Foundation School have a Twitter account and a Facebook page:

Twitter: @Wessex\_FSchool <https://twitter.com/Wessex_FSchool>

Facebook: [www.facebook.com/WessexFoundationSchool](http://www.facebook.com/WessexFoundationSchool)

**Phones**

* Do not use your phones for calls, texting or social media when in the clinical environment. Have any ring tones turned off.
* Currently the Trust does not issue staff with smart phones/devices for ‘near patient medical informatics.’ It is reasonable then to use your own (see warning re. Apps below).
* Consider using break times in any coffee/rest areas you have to talk to other members of your medical and allied healthcare professional team (as opposed to using your phone). You may be pleasantly surprised.

**Apps**

* There are a large number of medical apps in use to support diagnosis and treatment. They range from relatively simple calculators to sophisticated treatment algorithms.
* Please note that apps which support diagnosis and treatment are classed as medical devices and as such should carry a CE mark – see the attached guidance.
* RCP – Using apps in clinical practice – important things that you need to know about apps and CE marking:

<https://www.rcplondon.ac.uk/guidelines-policy/using-apps-clinical-practice-guidance>

* If you are using an app please:
* Ensure you have the latest most up-to-date version.
* Check whether it has a CE mark which will assure you of the quality and reliability of the app. Look for this in the ‘about this app’ section or in the app’s description in the online store.
* If you app does not have a CE mark you use it at your own risk.
* BNF app – once loaded can be used offline <https://bnf.nice.org.uk/>

**Patient Notes**

* There have been several incidents where some trainees have left patient notes in the Education Centre, next to the PCs in the lift lobby area and also in Springs Restaurant. Please remember that none of these areas are secure. Please do not leave confidential or sensitive paperwork unattended.
* Do not leave SFTH with patient information (including on paper or digital ‘to do lists’)

**Salary / Pay Slips**

* The official message from Finance is that pay day is the last working day of the month (however sometimes the monies are in the bank the day before).
* Payslips are posted electronically onto your Electronic Staff Record.
* You are able to access online payslips, when made available, at a time to suit you.

**Exception Reporting**

**What is Exception Reporting?**

A process for highlighting variations from an agreed contract to ensure that training can be safeguarded and workloads kept manageable to protect doctors and patients. Not only does it allow you to be paid for your overtime, but it paints a picture of the workforce actually required to do the job. This information is crucial for future workforce planning and not a reflection on you or your team's ability to do the job. Please complete them!

It applies to anyone employed under the new 2016 contract.

**What and when should you report?**

Variation from your agreed work schedule, including:

* Differences in total hours worked
* Breaks not taken
* Educational or training opportunities missed (e.g. weekly teaching)
* Lack of support available

You should submit a report ASAP and within a maximum of 14 days (7 days for payment).If you are filling in an immediate safety concern report, you must inform your consultant (or the on call consultant) at the time that there is a problem. The report should be filled in within 48h.

**What is a work schedule?**

This sets out work commitments and training outcomes for each job. It should include your salary and working hours, including the nodal points for claiming money on overtime.

**How to Exception Report**

1. Log into [Allocate System](https://www.healthmedics.allocatehealthsuite.com/Core/?ReturnUrl=/exceptionreporting/) and complete Exception Report request online
2. Discuss with Clinical Supervisor and agree on time off in lieu (TOIL) vs. Payment. They will need to log in & sign off the request.
3. If you agree, log in and approve decision online. If you disagree then further action will need to be taken. (See BMA [Exception report flow chart: work schedule review](https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/contracts/junior%20doctor%20contract/work-schedule-review-flow-chart.pdf?la=en))
4. If you have agreed on compensation payment for working overtime then you will need to complete an additional payment form.

N.B. You must make it clear on your exception report which hours you were expected to work (according to work schedule) and what you did work, thus exactly how many additional hours were worked. E.g. worked 0900-1830. Schedule 0900-1700. 1.5h overtime.

You must also make it clear if the overtime hours put you at risk of working > 72 hours in 7 days and, if so, contact your clinical supervisor ASAP so you can take urgent time back so you don't breach 72h. If there are any problems with this please get in touch with the guardian of safe working.

You must not undertake locum work that will put you over 72h in a week.

**Fines**

The GOSW will calculate whether any breaches have occurred leading to a financial penalty (see page 32 of TCS 2016). If so, a portion of the fine will go to you and the rest will go to the Guardian to be spent on something that will improve the working life of junior doctors (junior doctors get to choose!)

**Get Involved: Junior Doctors Forum**

Every four months there is the opportunity for all junior doctors to meet with the Guardian of Safe Working and Director of Medical Education.

It is important to try to attend these forums. They are a chance to discuss issues with working lives and they are where decisions about fund allocations from fines and various other pots are spent. Without your input we can't change things for the better.

**Guardian of Safe Working (GOSW)**

Responsible for overseeing compliance with the 2016 contract. You can approach the GOSW with any issues, queries or concerns relating to exception reporting.

The current GOSW at SFTH is Dr Juliet Barker, she is a consultant anaesthetist and is happy to chat in person, by email, on the phone, however suits whenever suits.

Useful Links and contact details:

* GOSW: Dr Juliet Barker, [juliet.barker@nhs.net](mailto:juliet.barker@nhs.net)
* [NHS Employers, Terms and Conditions of Service 2016](http://nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Terms%20and%20Conditions%20of%20Service%20NHS%20Doctors%20and%20Dentists%20in%20Training%20England%20July%202016.pdf)
* [BMA guidance on Exception Reporting](https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016/exception-reporting)

**Rotations**

Click on the link to the Appendices

Swapping **Rotations** – It has been agreed at Deanery Level that unless exceptional circumstances there will be no swaps of individual jobs between rotations, nor entire F1 & F2 years between rotations out with the F2 swap application period which occurs in January each year.

**Working nights before a Community Placement Rotations / Emergency Medicine**

If you are moving to Psychiatry, Primary Care or Emergency Medicine please ensure that you are **not** working the night before the changeover of your new rotation in your previous speciality.

You will have to attend a fixed induction with all the other new starters on your first day (in ED two days) of your new placement and will therefore be unable to work the previous night. Please let your rota co-ordinator know as far as possible in advance.

**Hospital at Night Team (H@NT)**

* See H@NT handbook on Microguide.
* F2’s doing the H@NT role will attend the H@N course in August.

**Cross cover / Redeployment by doctors in training**

* During exceptional circumstances of extreme service pressures you may be asked to redeploy to other areas.
* HEE has issued specific guidance on this which the Trust will follow if required.
* This includes ensuring that you have adequate sessional supervision for the job you redeploy to, and that there are plans to cover the work that you would have been doing.
* <https://hee.nhs.uk/our-work/doctors-training>

**‘Community’ Posts**

* We currently have GP, Psychiatry, Palliative Care, Sexual Health and Public Health posts.
* All community posts return to SFTH for Mandatory Teaching. Please ensure you are freed up in time to be parked (+/- buying lunch etc.) to arrive in the Education Centre by 13:00. If you are having trouble with this please let the FPD know.
* Some of the Community Posts will have a ‘return to base on-call’ (RTBOC) element to SFTH covering the acute specialities that have had to relinquish post to create the community posts, and providing an essential OOHs service commitment. The RTBOC is either rotaed in Medicine or Hospital at Night (H@NT). In these cases you should have both a named CS for your community post AND an informal supervisor for the RTBOC element. The RTBOC point of contact for Medicine is Dr Khalid Shamel. You should also receive adequate inductions for both roles (see Induction section).

**How to claim travel reimbursement for Community Placements**

* If you are on a placement away from your base hospital you are entitled to claim travel reimbursement for the distance travelled between the hospital and your placement base.
* Miles are calculated using the AA route planner.
* The Trust has implemented an electronic expenses system and all travel and expense claims, you must self-register for Easy Expenses. Follow link <https://salisbury.easy.giltbyte.com/user/login/>
* Money is paid back in your wages (but not taxed).

**Return to Base On-Call (RTBOC) Guidelines**

Some community / psychiatry placements may have an element of returning to SFTH for Out of Hours on-call. One of the benefits (as far as most are concerned) of this is ensuring these posts can be banded.

For RTBOC Wessex Foundation School has agreed that the following conditions must be met:

* There should be adequate inductions at both the community / psychiatry placement and the hospital where the out of hours are to be done.
* Hospital induction must not interfere with the community / psychiatry induction.
* There must be robust clinical supervision for the out of hours component of the job – this does not necessarily require a named clinical supervisor.
* Out of hours work should not significantly interfere with the main placement.
* The working hours must be EWTR compliant for the duration of the post.
* The community / psychiatry placement must have notice of the out of hours commitment expected well in advance of the post starting.
* Short notice use of a doctor to cover rota gaps is not acceptable.

**GP**

**General Practice (GP) in Foundation Year 2 (F2) Resources**

<http://www.wessexdeanery.nhs.uk/foundation_school/f2_in_general_practice/gp_in_f2_resources.aspx>

Including Foundation Programme in General Practice Handbook:

[Foundation Year 2 - Working across Wessex (hee.nhs.uk)](https://wessex.hee.nhs.uk/foundation/f2/)

* Please notify your defence organisation with dates of your GP placement.
* The Deanery, BMA & GMC all recommend additional cover be taken out, due to some limitations of crown indemnity provided by SFTH.
* Crown indemnity only covers clinical negligence claims. Additional cover is recommended for disciplinary issues or referrals to GMC – although any of these are very, very unlikely to happen. Just make sure you are covered.

**Consent & Marking**

As Foundation Doctors it has been agreed that you should not be consenting and marking for surgical procedures. All Consultants from surgical specialities know this, and hopefully the more senior trainees should also. If asked to consent or mark then reply with a polite but firm “no, sorry,” but do let the clinical lead for that speciality, your clinical supervisor and the FPD know. Thank you.

**Private Practice**

* Foundation Trainees should not be seeing, or performing admin, for private patients on the Clarendon Suite or elsewhere within the Trust.
* The exception to this would be for a 2222 / acutely unwell patient whilst awaiting that patients named Consultant to arrive.

**Annual Leave**

* Work with your rota co-ordinators to book your annual leave as far in advance as possible.
* You cannot carry over leave between rotations. Each rotation is allocated a set amount pro rota from your total leave.
* It has to be taken and cannot be paid in lieu if you do not take it.
* As long as you request early enough in advance your teams can’t deny you your full amount of annual leave for a rotation, even if there are other ongoing staffing issues.

**Hours of Work**

* As a professional there will be times when you have to stay past your rostered hours of working.
* You should not routinely and predictably be working longer than your rostered hours.
* If you do have concerns about your hours of work please raise this initially with your clinical service lead for your current job.
* You are encouraged to engage with the BMA (your trade union) – see NICE Workplace health:

<https://www.nice.org.uk/guidance/ng13> = “Encourage employees to engage with trade unions, professional bodies and employee organisations whenever possible.”

* <https://www.bma.org.uk/advice/career/applying-for-training/changeover>
* Ensure you use ‘Exception Reporting’ forms which you have been informed about at your induction from Medical Staffing and that you should use appropriately PRN.

**Night Shifts**

* The following is a good resource for helping prep for night shifts:

<https://www.rcplondon.ac.uk/education-practice/advice/how-survive-your-first-night-shift>

* A short sleep is usually beneficial to your cognitive function doing a night shift.
* You do have the mess you can go to with sofas BUT accepted this is a distance away from where you work.  There are two recliners for your use in the Quiet Room on the Amesbury/Chilmark corridor, but please ensure that you leave this area tidy by 7am as it is used by patients during the day. In addition there is the Junior Doctors’ Kitchen in the Education Centre which you can use for a (non-sleeping) break, make yourself a drink etc.

**Locums as F1**

* As an F1 you can only do locums / extra / fill gaps within the Foundation Programme that you’re in, and not in other Trusts.
* This is GMC guidance – your Provisional Registration is dependent upon working within an Approved Practice Setting i.e. SFTH.

**Absence / Sick Leave**

* Maximum permitted absence from training, other than annual leave, during both F1 & F2 years is 4 weeks /20 days.
* Please record any absences in your e-portfolio (HORUS), and also on your ‘Form R’.
* If you are sick and unable to work please inform your clinical team ASAP.
* Please also see Trust policy on sick leave: <http://intranet/website/staff/hr/managementofattendance/attendancemanagementpolicy/sicknesspolicywithappendices.pdf>

**Rotation / Job Handover Document**

* There is a handover document with information supplied by previous incumbents of each of the jobs in the rotation that the FP year reps will ensure is kept up to date and distribute to each incoming cohort.
* Verbal handovers over a ‘social’ at the end of every 4/12 have also proved very useful to people give people a good idea of what to expect from new jobs.
* It has been agreed at Deanery Level that unless exceptional circumstances there will be no swaps of individual jobs between rotations or entire F1 & F2 years between rotations, out with the formal F2 swap application period in January.

**F1 Shadowing Week**

* This is in the last week of July.
* Current F1’s please try not to take any Annual Leave / Study Leave or Tasters during this time if at all possible.

**Trust Induction**

* See Intranet: [http://intranet/website/staff/policies/humanresources/medicalpersonnel/medicalstaffinductionpolicy.asp](http://intranet/website/staff/policies/humanresources/medicalpersonnel/medicalstaffinductionpolicy.asp%20)

**Departmental Induction**

* At the start of each new post you should receive a department specific induction.
* This is essential to ensure patient safety in your new role. You should only work under direct supervision until you have had your local induction.
* See appendix - Record of Departmental Induction for Medical Staff (all grades)

* The checklist includes:
* Expectations of post
* Limitations of role
* Departmental policies / procedures discussed
* Drugs and medication regimes common to clinical area discussed
* Training needs for specialist equipment discussed
* If you feel you have not covered all on the checklist please can you raise this with your CS. If you have ongoing concerns then please inform your ES and FPD.
* In some departments you may also have in-trays for any paper communications – you should be told where these are during your department inductions.

**Trust MandatoryTraining**

* As part of your professional responsibilities please complete your mandatory training modules as per the MLE.
* You cannot receive Study Leave until you have done so.
* We recognise that this mandatory training is time consuming but it is a requirement for every employee of the Trust. You may have half day ‘time off in lieu’ (TOIL) upon completing your MLE modules **(at the latest within two months of joining the Trust)** as some compensation.

F1’s please can you agree with your rota co-ordinator when you are going to take the half day off (which can be anytime during the year), please can you also let the Foundation Programme Administrator know the planned date and when you have actually taken the time off.

F2’s joining the Trust need to apply via Intrepid.

* See – Welcome Letter you received from the DME prior to starting here – which includes:

Prior to joining us in the Trust we require you to undertake some mandatory training. All modules can be accessed via our Managed Learning Environment (MLE), details of which are here and in the enclosed leaflet. The MLE can be accessed from outside the hospital via Internet Explorer (please note, we advise you not to use Apple devices, because certain modules are not compatible). The address is <http://www.mle.salisbury.nhs.uk>

*Log in using your surname, which is based on the* ***initial of your first name, followed by your surname and date of birth e.g. jbloggs01041985****. When you first access the MLE the password is* ***elearning****. Please change this to something more memorable on accessing the system.*

*There are 10 topic areas for completion – listed under ‘Learning Plan’. These are:*

* ***Junior Doctor’s Induction Programme v 2017***
* ***Blood Transfusion*** *(not on MLE, via LearnPro – link on homepage)*
* ***Certifying Death***
* ***Equality & Diversity***
* ***Fire Safety***
* ***Infection Prevention & Control***
* ***Moving & Handling***
* ***Safeguarding Children Level 2***
* ***Safeguarding Adults Level 2***

*Note: Use the forward navigation arrow after each module and at the end of your assessment otherwise your score will not be registered. The system allows us to track your learning.*

*You are exempt for the first year of employment from completing the mandatory IG training providing you have completed the Acceptable Use of Information as part of your IT training induction.*

*If you have any MLE enquiries, please contact Shannon Mahoney, the MLE administrator on 01722 336262 ext. 5828 or email* [*sft.mlehelpdesk@nhs.net*](mailto:sft.mlehelpdesk@nhs.net)

**Teaching Programmes**

* F1 teaching sessions are held every Wednesday at 13:00
* F2 teaching sessions are held every Tuesday at 13:00
* Most sessions are for one hour.
* 6 times each year (i.e. twice per 4/12 block) the sessions are for 4 hours (13:00 – 17:00)

Your clinical teams and rota co-ordinators are made aware of these sessions well in advance, and have been asked, and are expected to provide, adequate shop floor cover. On these sessions you are not expected to return to your wards (as long as not rostered for a later finishing shift).

* Teaching sessions are **mandatory** when not on annual leave, study leave, nights or rostered days off. **You need to show evidence that you have attended 60 hours of teaching during the year for your ARCP – a minimum of 30 hours of this has to come from this mandatory teaching programme.**
* You are still required to attend your weekly teaching sessions even when on on-call days. Your teams are aware of this and should have arranged cover.
* All departments’ clinical and educational leads are aware of the above and are expected to allow you to attend. This is not negotiable, and they must do this in order for them to retain their foundation trainees.
* As all teaching sessions start at 13:00 please arrive just before this. Please work on the professional skill of good time keeping. It is good for your education to attend the entire session, and shows professional courtesy to the speaker.
* Please ensure you sign the register at the Education Centre reception when you arrive, you will not be allowed to sign in as a full session attendance from 13:10.
* Community placements should free you up allowing you time to attend your teaching session and time to return to base.
* Please remind your team (both Medical and Nursing) of your teaching session at the beginning of your shift on the teaching day.
* Please attempt to resolve locally if any problems arise with any of the above, but if you are not able to do so please let the Foundation Programme Director know ASAP – thanks. You provide a valuable service for Salisbury Foundation Trust and most of the funding comes from the Deanery. You **must** attend your weekly teaching.
* You may bring food and drink with you.
* All teaching sessions are bleep free so please hand your bleep in at the Education Centre reception when signing the register. The Education Centre staff have been given the following text to read out to anyone who bleeps you:

*The F1 / F2 is in protected teaching time which is bleep free.*

*These sessions are held on a weekly basis, the clinical team leaders and rota co-ordinators should be aware of them.*

*The trainee doctors have also been asked to remind the clinical and nursing teams they usually work with at the beginning of the day. This should have helped the ward staff plan the workload and ensure they know in advance who to contact in an emergency if required during teaching. If the F1 / F2 did not remind you this morning please can you politely remind them to do so in future when you next see them.*

*If urgent or an emergency – please bleep the ‘SHO’, ‘Registrar’ or Consultant form the patients clinical team. If you are unable to get through to any of them then please bleep back and the F1 will be called out of teaching. If this is required then please can you complete a Datix Incident Form, sending the main part to the patient’s named Consultant and copy to DrGeorgina Morris.*

*If not urgent – please contact another member of the team, or bleep back at least half an hour after the teaching session is due to finish at 14:00.*

*(If asked to take a message) – Sorry, we have been asked by the Foundation Programme Director not to provide a messaging service, please contact another team member of the clinical team or bleep the F1 / F2 half an hour after teaching.*

**Extra teaching sessions**

* These are organised within departments or by other people within the Trust keen to deliver extra teaching with regards to their own speciality, beyond that covered in the Foundation teaching programme.
* This is laudable and to be encouraged.
* If able to attend these sessions do record them on your HORUS portfolio as they count towards your overall 60 hours of teaching attendance for your ARCP.
* If within the normal working day and not organised by your current department, please ask permission from your shift and clinical supervisors to attend, and ensure that you can be contacted PRN whilst you are at these sessions.

**Healthcare Improvement Programme (HImP)**

* SFTH’s well established HImP programme which runs for a calendar year spanning F1 & F2.
* Now a curriculum requirement for F2’s to ‘Manage, analyse and present at least one quality improvement project and use the results to improve patient care’ – see FP curriculum.

**ILS (Immediate Life Support)**

* Valid ILS is required to complete ARCP in F1 year.
* Note this is only valid for a year, so if you have not completed ALS (see below) by ARCP in F1 your medical school ILS will probably be out of date and you will have needed to do another ILS.

**ALS (Advanced Life Support)**

* Completion of ALS is required to pass your F2 ARCP.
* At SFTH we believe it is better for you and patients to do this in F1 year (also see Study Leave – below)
* A place will be booked for you by the speciality department co-ordinators. As they have limited spaces on each session it could be in any one of your three rotations. These dates cannot be changed except in exceptional circumstances.
* Once completed upload your certificates onto HORUS.

**Study Leave (SL)**

|  |  |
| --- | --- |
| **Trainee** | **Days** |
| Foundation year 1 | 0 days (up to 5 days for ‘tasters’) |
| Foundation year 2 | 12 days (+ 2 days for ALS and 1 H@NT) |
| All other trainees | 15 days (up to 30 days as above) |

* F1’s are not entitled to SL. At SFTH, in order to allow you to do ALS during this year as opposed to later during F1, and also do some tasters earlier, we allow you to take up to 5 days from your F2 entitlement.
* F2s (and all other doctors in approved training posts) are entitled to SL.
  + Your job contract for trainees allows for 30 days SL per year whilst at SFTH. Your teaching programme counts for half of the study leave. 2 of the remaining 15 days are used for ALS and 1 for H@NT course (obligatory for all new H@NT doctors - all F2s and STs in Medicine and Surgery), the rest may be used for ‘external’ purposes.
* SL is for exams, educational courses, conferences, teaching, research, visiting other specialities (see – ‘tasters’) and private study (up to 5 days at a time).
* SL falls into two categories:
  + To achieve curriculum outcomes
  + Discretionary or career enhancing activity and courses that add value to the individual or support the wider system
* SL does not cover:
  + Exam courses though it does cover exams (UKFPO ruling).
  + Interviews or ARCPs
* Funding has recently changed:
  + No individual ‘cap/allowance’, but overall budget hasn’t changed and certainly not a free for all
  + All expenses for courses that align to curriculum will be paid in full
  + More scrutiny to approve, and hence fund, discretionary courses
* In reality this means that for F2s the courses likely to be approved are:
  + Curriculum outcomes
    - Only ALS required for Foundation Programme
  + Discretionary courses covering generic skills or one ‘career enhancing course’, for example:
    - Teaching courses e.g. Tomorrow’s Teachers
    - Communication courses
    - QI courses
    - APLS – if want to do paediatrics
    - Basic surgical skills – if you want to be a surgeon
* Priority is given to educational courses provided within Wessex.
* All SL must be approved by your ES and documented on your learning agreement.
* Educational approval of SL, and its funding, comes from the Director of Medical Education (DME) – Dr Emma Halliwell - in collaboration with the FPD, and taking into account service needs within the Trust.
* Mandatory training on MLE needs to be up to date and learning agreements completed before the DME will authorise any SL.
* To book SL you need to record the course details via the Intrepid system. The Deanery will issue passwords and log-on details for F2s in August.
* Blue expenses forms (available from the Education Centre) should be completed as soon as possible after the leave (within 2 months). Make sure you remember to include receipts / certificate of attendance.
* For ALS during F1 year you do not need to do the above – we will assign you places, liaise with those organising and sort the funding.
* Once all the documentation has been completed the DME will sign off your claim form and then claim will be processed for payment via payroll / your pay slip. Study reimbursements are not taxed.
* Record SL on HORUS for review at ARCP.
* The Medical Education Department keeps a database of all SL.

**E-Portfolio – HORUS**

* Foundation e-portfolio is held on HORUS - <https://horus.hee.nhs.uk/login>
* For information and support HORUS have a very good support website - <https://supporthorus.hee.nhs.uk/>
* The purpose of the Foundation Programme is, not only to make you into good doctors, but also to enable you to prove to your peers, GMC and patients that you are appropriately competent.
* The completion of e-portfolio is sometimes seen as ‘pen-pushing’, however it is essential.
* Get used to e-portfolios now, as it’s virtually guaranteed that after Foundation Years the e-portfolio elements for future training programmes you are on will be even more onerous. Get into the habit now of keeping it up to date and accept that this will be the medical training world that you will ‘grow up’ in.

**Supervised Learning Events (SLE’s)**

* See link for Supervised Learning Events – Frequently Asked Questions – <http://www.foundationprogramme.nhs.uk/content/curriculum>
* See link on how to complete SLE’s on HORUS

<https://supporthorus.hee.nhs.uk/pdf-user-guides/foundation-doctors/creating-sle-forms/>

* Ask in advance if you can do a SLE (they usually have extra elements on top of basic supervision) – it is completely reasonable for those you ask retrospective to say no.
* Send an electronic form ASAP after the SLE with any specific learning points you feel you may have had.
* There may be times when service commitments mean it is too busy to do them.
* Please get your SLE’s done early and try to spread your assessments out throughout the year…. a sudden rush of requests towards the ARCP deadline may not be achievable.

**Team Assessment Behaviour (TAB)**

* TABs are one of the best educational tools for feeding back to both you and your ES.
* See link for guidance on TABs <http://www.foundationprogramme.nhs.uk/document/tab-guidance-doctors>
* See link on how to complete a TAB on HORUS

<https://supporthorus.hee.nhs.uk/faqs/team-assessment-of-behaviour-tab/what-is-team-assessment-of-behaviour-tab/>

* Your TAB is usually completed during your first placement. You have 45 days to complete your TAB after sending out your first request.
* You must have a **minimum** of 10 responses, these **must** include:
* At least 2 doctors (including your designated clinical supervisor). These cannot include other foundation doctors.
* At least 2 nurses (band 5 or senior)
* 2 or more allied health professionals (i.e. physiotherapists, pharmacists, OT’s)
* 2 or more others (i.e. ward clerks, post-grad administrators)
* If you do not receive your minimum responses or the right mix of replies (as above) you will have to repeat your whole TAB in your next placement.
* You are encouraged to request pharmacy feedback. A ward based clinical pharmacist can usually provide some really useful feedback.
* Usually you will not have to repeat these unless there are specific concerns.
* You might have to remind your ES to ‘release’ your TAB to you. For instructions please click on link: <https://supporthorus.hee.nhs.uk/faqs/team-assessment-of-behaviour-tab/how-are-tab-results-displayed-in-horus/>

**Core Procedures**

* As from August 2021 there is no longer a mandatory sign off of Core Procedures required on Horus. However, if you do not feel confident and/or haven’t performed any procedure for a while, please ask a more experienced practitioner to supervise you.
* There are 15 core procedures:
* Venepuncture
* IV Cannulation
* Prepare and administer IV medication, injections and fluids
* Arterial puncture in an adult
* Blood culture (peripheral)
* IV infusion including the prescription of fluids
* IV infusion of blood and blood products
* Injection of local anaesthetic to skin
* Subcutaneous injection
* Intramuscular injection
* Perform and interpret an ECG
* Perform and interpret peak flow
* Urethral catheterisation (male)
* Urethral catheterisation (female)
* Airway care including simple adjuncts

**Reflective Practice**

* The General Medical Council make it clear in Good Medical Practice that reflection is the key to effective continuing professional development, and is a skill that must be developed and practiced by all doctors. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development> and <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development/examples-of-reflection>
* You are expected to make reflective entries in your e-portfolio, which is an essential part of the process of training, and will be reviewed at your ARCP. However **such entries should not contain patient identifiable information**, consistent with the principles of information governance. If you have any concerns about how to reflect on a specific incident, you are encouraged to discuss with your educational supervisor.

**SCRIPT**

* SCRIPT is a series of e-learning modules on safe prescribing.
* F1 doctors have access to SCRIPT provided routinely by the Deanery.
* F2 doctors do not have access to SCRIPT provided routinely but PRN if specific learning needs are identified.

**Prescribing Safety Assessment**

* The PSA is mandatory as an exit criterion from UK medical schools.
* If you have not passed the PSA you will be asked to re-sit it and undergo relevant SCRIPT modules as soon as you start working at SFTH.
* If you have passed the PSA you are encouraged to do SCRIPT modules as self-directed learning, but they are currently not mandatory.

**Wessex Foundation School ARCP Timeline – 2019**



**Annual Review of Clinical Progress (ARCP)**

* ARCP is a ‘summative process’ i.e. pass/fail.
* See ‘Guide to the Foundation Annual Review of Competence Progression (ARCP) Process’

<http://www.foundationprogramme.nhs.uk/content/resource-bank>

* It would be very unusual to outright ‘fail’ ARCP, and if this were likely you will have been given plenty of warnings about ‘issues’ from your ES and FPD.
* In early June each year there is a Foundation School deadline (see timeline) – all e-portfolios / evidence to be ‘submitted’ to Trust FP offices. No further additions to e-portfolio after this date.
* It does need lots of work on your part to get this right – we will try to give you reminders BUT it is your responsibility to ensure all the information required is available.
* If you are having specific problems with completing your e-portfolio please let your ES, FPD and PA to the FPD know early.
* At the ARCP the panel sit and go through the evidence in your e-portfolio. Your ARCP cannot be signed off without the evidence. You do not attend the ARCP meeting; there is no chance for you to explain why the evidence is not there; there is no negotiation on minimal requirements.
* Obviously once you have successfully completed your ARCP you are still obliged to continue all the good practices you have demonstrated up until then during the year, including engaging with Educational and Training activities. The Deanery have advised us that if there are any issues post ARCP (which there won’t be) then Trusts deal with this through internal procedures (disciplinary / fitness to practice etc.) and then cascade to your next job (if you have one) or the GMC as necessary.

**FACD Certificates**

* Foundation Achievement of Competence Document will be needed to progress in your careers after your Foundation years.
* These are not printed. All F1 and F2 certificates are now generated and stored on the HORUS e-portfolio and trainees can access and print them whenever they need to.
* In case you need to access your certificate before its released contact the Foundation Programme Administrator.

**GMC Full Registration**

* Achieved on completion of F1 year.
* Training within Health Education England Wessex, you are now required to connect to a ‘designated’ body by updating details on your GMC online account (GMC connect).
* Your designated body is the organisation that will help you with appraisal and revalidation.
* Please log into your GMC connect account and enter the following details into the ‘My Revalidation’ section.
* Responsible Officer = Dr Paul Sadler, Postgraduate Dean for HEE Wessex
* Designated body = HEE Wessex
* Designated body e-mail address = [HEWRevalidation@wessex.hee.nhs.uk](mailto:HEWRevalidation@wessex.hee.nhs.uk)
* If you haven’t updated your connection three months after the reminder is sent, you will get a formal notice from the GMC that they are considering whether to remove your licence to practice.
* More information about revalidation can be found on the GMC website:

<https://www.gmc-uk.org/doctors/revalidation.asp>

* There is also a page with more information for doctors in training here:

<https://www.gmc-uk.org/doctors/revalidation/12383.asp>

**Academic Post**

* The FP at SFTH has one academic post it recruits to.
* The ES for Academic posts is Dr Richard Smith
* The Academic post is now based in Medical Education and overseen by Dr Georgina Morris (FPD) and Dr Annabel Harris (Undergraduate Associate Clinical Sub Dean). Make sure you contact them within 1 month of your arrival in F1 year to start planning your placement.
* You are encouraged to give a short 10 minute presentation about your projects / research later in your F2 year at the end of both F1 and F2 teaching sessions.

**Interviews**

* SNFTH must free you up to attend career interviews.
* You should not be expected to work the night before or the night of your interview.
* It is your responsibility to liaise ASAP with your department so they can ensure appropriate cover is arranged, giving those who arrange the rota as much warning as possible.
* It is not your responsibility however to arrange this cover.
* Work closely with those who organise the rotas, and your other trainees, to try to organise internal cover if at all possible.
* Study leave is not available for interviews (see Study Leave section)
* Annual leave or other time off agreed with the department must be used.
* There is an interviews skills session early in your F2 year. There are also some good (and bad) external courses which may be a useful investment for you to consider.
* Practising with colleagues, friends and family is also very useful.
* Being a good clinician does not always correlate strongly with interviewing well. Practising and preparing (e.g. question spotting – mapped against the person spec) will nearly always improve your performance.

**Careers**

* During your F1 year we will start to explore future career options with you.
* Initial point of contact if wanting careers advice is your ES.
* Our DME (Dr Emma Halliwell) is our hospital’s career lead and runs a Career Development Session in the teaching programme. Dr Haliwell and the FPD are both happy for you to approach them as well as your ES.
* 4 Stage approach:
* Self-assessment
* Career exploration
* Decision making (including making ‘Plan B’s)
* Plan implementation
* Useful websites include:
* [www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)
* [www.windmillsonline.co.uk](http://www.windmillsonline.co.uk)
* <http://careers.bmj.com/careers/hospital-medical-healthcare-doctors-jobs.html>
* <http://www.wessexdeanery.nhs.uk/specialty_schools/specialty_schools.aspx> - gives you the competition ratios – useful for ‘Plan B’
* <https://www.healthcareers.nhs.uk/>
* **Start thinking about this stuff early.**

**Tasters**

* You are encouraged to seek taster experiences to help career planning and development, in order to develop insight into the work of the speciality and promote careers reflection.
* Initial point of contact for advice in the planning of taster experiences is your ES. However, if necessary please approach the FPD.
* Study leave can be used for this (see section on Study Leave).

**Titles**

* At the beginning of your jobs ask in an adult fashion what the other members of your team want you to call them; both away from and in front of patients – i.e. Dr. / Mr. etc..
* When introducing yourself to patients for the first time always use your Title / First Name / Surname / Grade & Speciality (if you feel appropriate you can always change to first name only as your doctor patient relationship develops).

**Dress**

* The Trust has a ‘Bare Below the Elbow’ and Uniform Policy and Workwear Guidance

<http://intranet/website/staff/policies/businessandprovisionofservices/bare+below+the+elbow+and+uniform+policy+and+workwear+guidance.asp>

* Essentially dress professionally, no wrist watches or bracelets, and plain rings only (no ‘big rocks’ if you have them). Ties should not be worn ‘when involved in patient care’ i.e. being a doctor. Apart from the possible infection risk, also a security risk (don’t get strangled).
* If wearing Trust scrubs **do not** wear them off site – you risk disciplinary action in doing so.
* White coats are not to be worn as they are an infection control risk (unless you wash them daily).
* You must have your ID badge on easy display at all times.

**Breaks**

<https://www.nhsemployers.org/case-studies-and-resources/2018/03/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3>

* You must receive:
* At least one 30 minute paid break for a shift rostered to last more than 5 hours.
* A second 30 minute paid break for a shift rostered to last more than 9 hours.
* These breaks above can be taken flexibly during the shift, and should be evenly spaced where possible.
* These would normally be taken separately but may if necessary be combined into one longer break. Where the breaks are combined in to one break this must be taken as near as possible to the middle of the shift.
* No break should be taken within an hour of the shift commencing or held over to be taken at the end of the shift.

**Handover**

* Effective handover of care of patients is essential for patient safety (see GMC – Good Medical Practice – Working with colleagues) <https://www.gmc-uk.org/guidance/ethical_guidance/11811.asp>
* Before the end of your shift, please ensure you have handed over any patients you need to.
* SFTH use the SBAR format (Situation, Background, Assessment, Recommendation).
* Handover both verbally and written in the notes.
* Try to ensure there is a plan for the patient prior to handover (you may need to discuss with the supervising ‘senior’ prior to handover). This should ideally include any ceiling of treatments and DNAR decisions (after appropriate discussion with patient / family etc.)
* Ensure both the nursing staff and patient / relatives are aware of any plans, and the name of the doctor handed-over to.
* Surgical F1 at the 08:00hrs H@NT handover meeting should not **usually** pick up the on-call Senior trainee bleep. Except for exceptional circumstances the on-call Surgical Consultant should be present, and responsible for picking up the bleep at this meeting.

The Surgical Directorate have stated that the F1s should NOT hold the bleep, and the outgoing ‘H@NT Junior Trainee’ should contact the Consultant directly if they have not turned up for the handover meeting. If the Consultant has been up all night the H@NT team are usually aware and can make a sensible alternative arrangement (i.e. bleep another Senior Trainee).

It maybe that the incoming Surgical Consultant needs to infrequently personally contact the F1 and ask to hold the bleep for a short period of time e.g. if they are running late, or they have been up all night and late in. In which case any bleeps should be answered and immediately directed to contact the Consultant personally on their mobile, and the F1 should try to handover the bleep to another senior member of the surgical team once they are on the ward.

**Mess**

* The Mess President is currently Nicholas Hicks.

**Deanery / HEW**  (Health Education Wessex)

* <http://www.wessexdeanery.nhs.uk/foundation_school/foundation_school.aspx>

**F1 & F2 Trust Representatives**

* <http://www.wessexdeanery.nhs.uk/foundation_school/trainee_reps.aspx>
* A formal Deanery defined role – good for the Trust, FP, and the reps CV.
* Volunteer yourself at the start of your F1 year.
* F1s who have remained at the Trust for F2 have the opportunity to remain in the role and become F2 rep for the Trust. If they wish to stand down with our thanks for their F1 year then no problem and we will ask for another volunteer.
* If you are interested in applying for the role, please complete the application form and submit to the FPD.
* Once we have the names of all new F1 Trust reps, Mike Masding or Stephen Taylor (Heads of Foundation School) will select one to become Foundation School F1 Rep and one to be Deputy FS rep.

**Curriculum**

The Foundation Curriculum has been updated for August 2021

Please look at the resources available at the link below:

[Curriculum - UK Foundation Programme](https://foundationprogramme.nhs.uk/curriculum/)

* We suggest you look at these at the beginning of each year, at the start of each placement and then prior to ARCP’s.
* Please ask your CS, ES or FPD if you have any queries

**Parking**

* See Trust Car Parking Policy:

<http://intranet/website/staff/policies/businessandprovisionofservices/operational+policy+car+parking.asp>

Note section: Out of hours parking for staff and residents.

* To enhance security, staff working late or overnight shifts, and residents on site, may use the Pay & Display car parks, between 19:30 – 08:30.

Extra capacity at times of high demand for staff parking – ‘When there is a high demand placed on staff car parking, the Facilities HQ will open other areas for staff to park in. These areas will be sign posted accordingly.’

* Currently when starting an ‘atypical’ shift there may still be times when there are no staff parking spaces easily located and no clear signage apparent.
* Wiltshire Council has previously informed the Trust that it may not have planning permission for any more staff car parking places. The Trust challenges this when the opportunity arises i.e. when planning permission for other projects is being sought.
* Consider if you can use ‘green’ travel alternatives – Walk / Cycle / Public Transport / Car Share (accepting that these are sometimes less viable on late shifts and some of you have a significant commute). Cycle to work schemes are available and there is a free commuter level of membership (Travel membership) at Odstock Health & Fitness which provides free access to the changing and showering facilities for staff who walk, run and cycle to work.
* You need to start your clinical shifts on time.
* If after a drive around the main staff car parks (Car park 9 and 10) there are no spaces apparent, and you do not see security/parking staff to question nor any signage apparent then Facilities suggest you contact Facilities HQ on 01722 336262 ext. 5607 who will seek advice form the Security Staff who are on site and will be able to direct you to escalation areas. It does reach a point however on very busy days (which Facilities HQ will advise you on) when these areas are also full and the only advice that we can give is to park in areas where you can (i.e. not patient visitor bays or disabled bays) as long as they are safe and you are not causing an obstruction.

If all this fails and you are going to be late for your clinical shift your FPD suggests you:

* Park in a patient car park (not Car Park 8 = Pay on Foot). Try to avoid this if at all possible as this takes the spaces away from patients which has an effect on clinic / appointment times etc. However if you are not there to care for the patients the risk is higher.
* Put a note on your dashboard that no staff car parking could be found, nor parking attendant or signage, any advice given by facilities already, your name and the time you arrived, along with a contact number or bleep. If you pay daily also put a ticket in your window.
* If Facilities HQ is open (08:00 – 16:00 Mon – Fri – not open Bank Holidays or weekends) then also phone them (ext. 5607) to let them know as soon as you get a chance once you have started your clinical shift.

The above section is not Trust parking policy BUT your FPD believes it would not be reasonable for you to be ticketed in these circumstances, and would suggest appealing would be a sensible option if ticketed.

It should be pointed out that:

* Parking at other Trusts is often worse than Salisbury.
* You are not the only staffing group affected.
* You should obviously be polite and courteous to security staff at all times – no matter how frustrating parking may be for you. Security do an excellent job trying to help utilise all the available spaces, and have no control over total number of spaces.
* Most importantly remember – DO NOT BE LATE FOR YOUR CLINICAL SHIFTS.

**The Cathedral**

* A few facts you may want to remember seeing as you are probably stuck with us for at least 2 years (and may come up at Christmas quizzes)
* Tallest medieval spire in Europe – 123 metres
* Britain’s finest 13th century Cathedral
* World’s best preserved Magna Carta (AD 1215) and Europe’s oldest working clock (AD 1386).
* Salisbury Cathedral was built in just 38 years (AD 1220 – 1258) and is a magnificent example of Early English Gothic architecture.
* P.S. You might want to point out to any of your colleagues in Winchester that they don’t even have a spire on theirs and it is only 43 metres tall…!

# Appendix

# Record of Departmental Induction for Medical Staff (all grades)

Please sign off when each aspect has been covered by your induction programme. This document should be used by both the new starter and their supervisor. For further information please refer to the Medical Staff Induction Policy.

|  |  |
| --- | --- |
| **Name** |  |
| **Grade** |  |
| **Specialty** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Content** | **New Starter’sSignature** | **Supervisor’s**  **Signature** | **Date** |
| Trust Induction attended |  |  |  |
| Role |  |  |  |
| Expectations of post (discussed role and job description) |  |  |  |
| Limitations of role |  |  |  |
| Awareness of name of Clinical & Educational Supervisors & requirement to meet within 2-4 weeks. |  |  |  |
| Self-development time |  |  |  |
| Time keeping / Rota / On call arrangements |  |  |  |
| Annual Leave / Study Leave / Sickness |  |  |  |
| **Orientation to department/ ward/ clinical areas** |  |  |  |
| Who’s who in the department |  |  |  |
| Department layout |  |  |  |
| Sources of help, advice and supervision, in and out of hours, in the department and externally |  |  |  |
| Local Policies and Procedures Specific to the Speciality (please specify) |  |  |  |
| Departmental policies / procedures discussed |  |  |  |
| Drugs and medication regimes common to clinical area discussed |  |  |  |
| Training needs for specialist equipment discussed |  |  |  |

If this is your first post at your current training grade at Salisbury NHS Foundation Trust, please continue:

|  |  |  |  |
| --- | --- | --- | --- |
| **Content** | **New Starter’s**  **Signature** | **Supervisor’s**  **Signature** | **Date** |
| Bleep system & resuscitation procedures |  |  |  |
| How to use the bleep system  6 – bleep number – ward number |  |  |  |
| Emergency call – cardiac arrest / fire |  |  |  |
| Basic life support training  (book with the resus officers ext 2694, if not already attended) |  |  |  |
| **Trust Policies and Procedures (working knowledge of how to access and utilise)** |  |  |  |
| Required MLE modules |  |  |  |
| Resuscitation Policy (including DNAR) - Microguide |  |  |  |
| Medicines Policy - Microguide |  |  |  |
| Sharps safety and Needlestick injury - Microguide |  |  |  |
| Incident Reporting |  |  |  |
| **COVID specific information** |  |  |  |
| Fit testing |  |  |  |
| Lateral flow testing kit |  |  |  |
| Donning and doffing of PPE |  |  |  |
| COVID staff website - Intranet |  |  |  |
| COVID emergency response plan - Intranet |  |  |  |

***It is the responsibility of the Clinical Lead to ensure that local induction takes place prior to the trainee working unsupervised. A copy of the completed checklist should be given to the trainee and a separate copy sent to Medical Personnel where it will be retained in the personal file of that trainee.***