

The Newcastle upon Tyne Hospitals NHS Trust

Medical Staffing Procedure

Clinical Access

Effective: January 2006 **Reviewed:** April 2010 **Review Date:** January 2012

1.0 Aims of the Policy

The aim of the policy is to identify the processes in place to facilitate all applications for clinical attachments including;

- Clinical Observership
- Clinical Access

Irrespective of the reason for the attachment (to gain experience, attend a training course etc) the following process must be followed.

All requests for clinical access or clinical observership must be submitted to the Medical Staffing Department, at least 2 months prior to the date that attachment is to commence.

This policy does not cover the following groups, although information has been provided to identify the correct procedures to be followed.

Work Placements

Work Experience Policy

Student Electives

Student Elective Procedure

Non-Medical

Contact Personnel Department

Nursing Attachments

**Contact Practice Placements
Facilitator Via Patient Services**

Research Governance

Research Governance Policy

2.0 Clinical Attachments

A Clinical attachment is a period of time when a doctor/dentist is attached to a clinical unit, with a named consultant to gain an appreciation of the nature of clinical practice. This should include learning about the legal, ethical and cultural context of medical practice as outlined in the GMC's booklet 'Duties of a Doctor'.

Clinical attachments should be structured with objectives and learning outcomes agreed at the beginning of the attachment with the named consultant and the attachee. This responsibility will at all times lie with the named consultant and the appropriate Clinical Director. In addition clinical attachments offer the Trust the ability:

- to provide clinical access to overseas doctors/students
- to assist with the Professional Linguistics Board examinations (PLAB)
- to assist doctors/dentists to gain employment through acquiring relevant experience in the NHS.
- to allow overseas doctors/dentists the opportunity to gain a UK reference
- to facilitate courses for doctors/dentists not employed within the Trust where access to patients is required.
- to enable clinicians to visit the Trust in order to provide and/or gain experience of certain procedures.

2.1 Length and number of Attachments.

Clinical attachments will vary in duration depending upon the reason for the attachment. It is expected that the majority of attachments will be for a maximum period of 6 months duration. Only in exceptional circumstances will an attachment be for a period greater than this.

All requests to extend the period of the attachment must be resubmitted for formal approval. Extensions will only be agreed in exceptional circumstances and should be submitted one month in advance of the agreed termination date.

In order to ensure the quality of the attachment there should be no more than one long (defined as 3 months) term attachment to any named consultant in the same period of time.

Within each Directorate there will be an agreed number of attachments taking place at any one time. The Clinical Director will be responsible for identifying an appropriate quota and managing this within the Directorate. Information relating to the agreed quote must be notified to Medical Staffing.

Except in exceptional circumstances each applicant is only eligible for one clinical attachment within the Trust in any twelve-month period.

3.0 Clinical Access/Observer Status

There are distinct differences between Clinical Access and Clinical Observer Status. The following aims to identify those differences and clearly identify the requirements and restrictions of each.

3.1 Observer Status

Observer status can be granted to applicants who do not have professional registration or who will be undertaking those duties that do not warrant full clinical access.

- No matter how experienced the individual may be, observer status confers responsibilities **no greater** than those of a medical or dental student. Therefore such individuals should be working under the direct supervision of the supervising consultant or a deputy at all times. Specifically doctors/dentists with observer status are not permitted to prescribe drugs or initiate other forms of treatment.
- Any actions must be at all times be checked by the supervising consultant or nominated deputy.
- The individual must at all times remain the responsibility of a named supervising consultant.

3.2 Clinical Access

Clinical Access defines the arrangement whereby, subject to the conditions set out within the policy, suitably qualified doctors who do not hold an appointment with the Trust may be granted access to specified hospitals or hospital departments, for the purposes of gaining postgraduate experience or engaging in some other form of sponsored or agreed clinical activity in medicine or dentistry.

The conditions of clinical access are identified below;

- Doctors seeking clinical access must be appropriately registered with the General Medical Council or General Dental Council.
- Clinical access implies the authority to participate in patient care, **at all times** under the supervision of a named member of the consultant staff. All the attachee's activities during the placement remain the responsibility of the named Consultant. An individual with clinical access does not have consultant responsibility for the care of patients.
- The arrangement does not confer the right to admit or treat private patients on the Trust premises.

- The permitted activities and access to facilities are those appropriate to the experience and training as defined and limited by the named consultant responsible for supervision of the attachment.
- The granting of clinical access does not confer on the recipient any other privileges or entitlements, unless given in writing.
- The Trust will provide indemnity in respect of clinical activity in the same way as for an employee of the Trust.

4.0 Procedure for requesting clinical access or observer status

All requests for Clinical Access must be submitted to a named consultant.

No more than one attachee will be granted clinical access or clinical observer status with a supervising consultant at any one time.

The appropriate Clinical Director must be notified of the request for Clinical Access or Observer Status by the supervising consultant and must counter sign the application form before the documentation is returned to the Medical Staffing department.

4.1 The Role of Medical Staffing

Upon receipt of an initiating request, the supervising consultant must inform Medical Staffing. The Medical Staffing Department will then be responsible for forwarding the application form and all documentation in respect of required clearances. All correspondence must go through the Medical Staffing Department to avoid delays.

Once complete, the application form must be returned to the Medical Staffing Department together with a copy of the applicants Curriculum Vitae. The Medical Staffing Department will then seek approval from the site –specific Medical Director or deputy and commence the necessary employment checks as outlined below;

Upon receipt of a completed application form the Medical Staffing Department will:

- confirm professional registration. All applicants for clinical access will be required to produce evidence of their qualifications and registration with a professional body.
- seek Occupational Health Clearance
- seek CRB verification (*where appropriate*)
- confirm immigration status

Please note that it is not the role of the Medical Staffing Department to arrange accommodation for the duration of an attachment. This responsibility will at all times lie with the individual.

It is a requirement that all staff groups with access to patients must undergo a Criminal Records Check. The cost of this application must be paid by the applicant prior to the application being made. The application will be processed via Medical Staffing.

4.2 Authorisation of the attachment

When the employment checks have been verified the application form along with the applicant's CV will be forwarded to the site Medical Director, or a nominated deputy who will be asked to authorise the period of clinical access or observership.

It is only upon completion of this process and health clearance has been confirmed that the Assistant Medical Staffing Officer responsible will write to the candidate to confirm when they are able to commence their attachment. The start date and termination date will be notified to the candidate. The documentation will be copied to the supervising consultant and the appropriate Clinical Director.

4.3 Documentation maintained by the Medical Staffing Department

For each attachment the following documentation will be maintained within Medical Staffing;

- the original application form together with applicants CV
- proof of GMC/GDC registration
- appropriate documentation confirming Health Clearance
- a copy of the letter confirming the attachment and the period of the attachment
- a copy of all correspondence sent to the applicant or the supervising consultant
- confirmation of immigration status. All applicants will be required to produce their passport documents prior to commencement in order verify immigration status.
- A passport photograph, signed confidentiality disclosure form and emergency contact details.

4.4 Immigration Restrictions

The Medical Staffing Department will at all times ensure an applicant has leave to remain in the UK and that their passport contains the following endorsement 'Clinical/Dental Attachment' and 'no recourse to public funds'. If the passport includes an endorsement advising no work may be undertaken, clinical access will not be granted. Any attachment will subject to this

requirement and where necessary the period of the attachment will be unilaterally reduced to comply.

4.5 Associated Documentation

At the end of the attachment, all documentation will be maintained for one year within the Medical Staffing Department office and then sent to datatron.

In addition to the above the medical staffing department will maintain a database of all clinical attachments.

5.0 Commencing the Attachment

On the first day of the attachment the applicant will be asked to report to the Medical Staffing Department where they will be;

- provided with an ID authorisation form (detailing the start and end date of the approved attachment)
- asked to read and sign the Trusts confidentiality disclosure form
- asked to provide emergency contact details.
- provided with a copy of the junior doctor's handbook

6.0 Induction

Where possible the applicant will be invited to attend the Trust Medical Staff Induction programme

Each attachee will be provided with a copy of the junior doctors handbook and will be party to the trust induction processes.

Departmental induction will be the responsibility of the named consultant, who will follow the Trusts induction checklist (Appendix 1). The supervising consultant will be responsible for ensuring that the attachee is made aware of clinical policies on the Trust intranet and provide all guidelines appropriate to clinical care.

7.0 Terminating the attachment

Throughout the process the Medical Staffing will maintain a database.

All requests to extend the period of the attachment must be resubmitted for formal approval. Extensions will only be agreed in exceptional circumstances and should be submitted one month in advance of the agreed termination date.

If a request is made to extend the period of the attachment, the request and original documentation will be forwarded to the Medical Director or nominated deputy for authorisation. A period of attachment may only be extended with the agreement of the Medical Director or nominated deputy. A period of extension will only be authorised in exceptional circumstances

If the attachment is to end it will be the responsibility of the supervising consultant to ensure the I.D badge is returned to Medical Staffing.

Following the end of the placement the Medical Staffing department will automatically cancel the I.D badge. The date of cancellation will be recorded on the database.

8.0 Evaluation of a placement

At the end of each placement the supervising consultant will be responsible for providing feed back to the attachee.

The supervising consultant will then be asked to complete an individual evaluation form to be returned to the Medical Staffing Department.

When the attachment is complete an evaluation form will be forwarded to the attachee. When this is returned a copy will be forwarded to the supervising consultant and the Medical Director or nominated deputy.

The original will be maintained by the Medical Staffing Department.

Appendix 1

Department Induction What should be covered?

There are some issues which will affect all staff, irrespective of department and some which are specific to individual units (this is particularly true for those specialties where junior doctors may have little or no prior experience e.g. anaesthetics, obstetrics etc). Induction is therefore required at both Trust and Departmental level. To make this exercise as efficient as possible it is important to avoid unnecessary duplication. The following outlines those topics that will be covered by Trust induction and those which should be covered at Departmental level, although the list is not meant to be exhaustive.

Trust induction

Trust overview	Rota responsibilities
Health & safety	Leave arrangements
Fire	Registering with Medical Staffing
Security	Occupational Health Screening
Lifting & handling	
Needlestick injuries	
Resuscitation	
Infection control	
Hand washing	
Consent	
Prescribing	
Bleep/DECT phone system	
IT (incl. Issue of individual log-ins)	
Access to PACS and lab results	
Bereavement	
Death certification	
Cremation forms	
Coroner's Office	

Risk management
Good note keeping
Critical incident reporting
Education
Education centres
Study leave
Educational-supervision arrangements
Where to go for help/support
Doctors Mess
Feedback on education in Trust
Personnel
Dress and conduct

Departmental induction

Department overview

Ward organisation and key personnel

Departmental timetable & doctors' duties

Departmental leave arrangements

Key contact (e.g. phoning in sick)

On-call rota and how to contact senior member of team

Department/unit clinical protocols

antibiotics, thromboprophylaxis, etc

Discharge summaries and letter dictation

Management of emergency admissions and 'boarders'

Departmental consent issues

Departmental risk management arrangements

Department policy on death certification