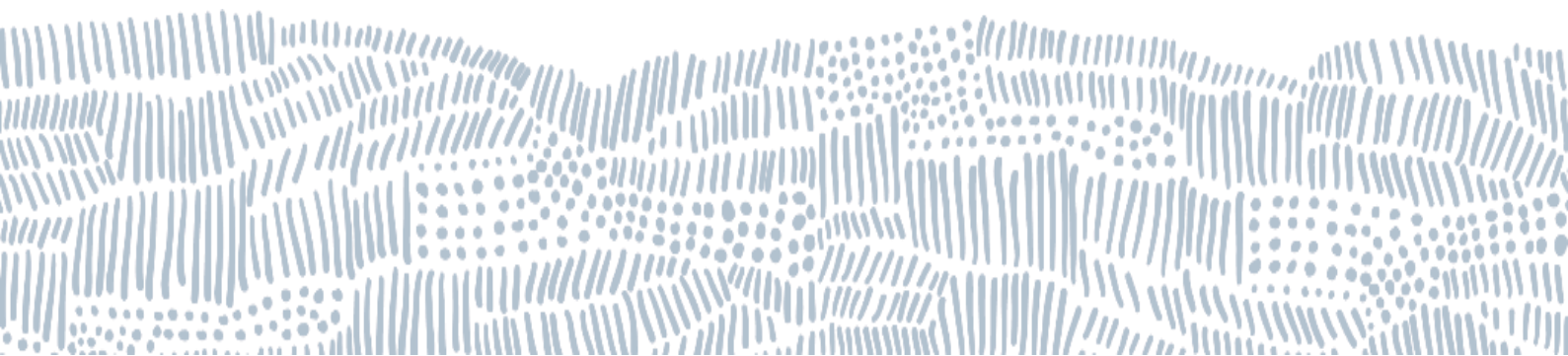


NEW PRACTITIONER INDUCTION KIT

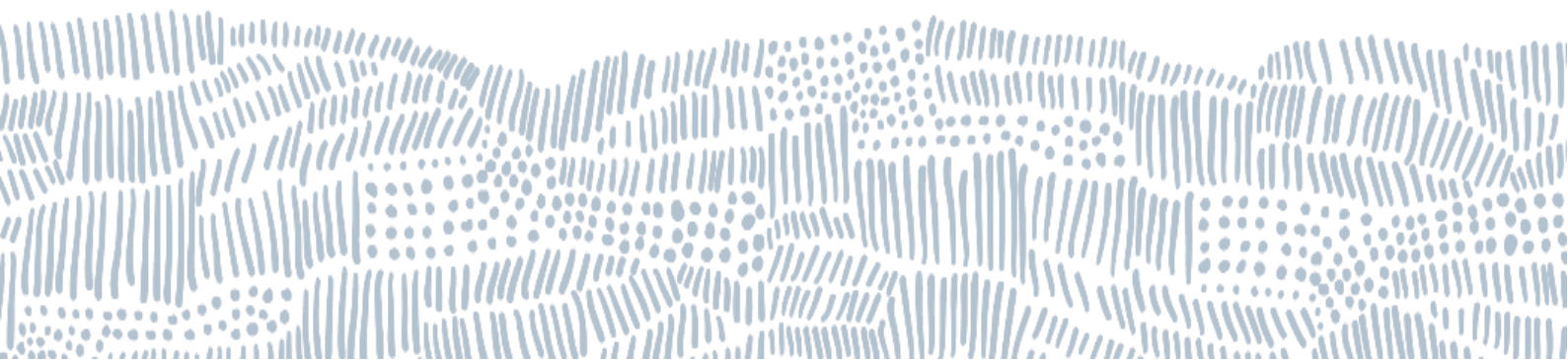
2020



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New doctor details
– Practice human resources record



New doctor details – Practice human resources record

| | | | |
|-------------------|--|------------------|--|
| Name | | | |
| DOB | | Country of Birth | |
| Address | | | |
| Suburb | | Postcode | |
| Phone (H) | | Mobile | |
| Email | | | |
| Languages Spoken | | | |
| Next of Kin | | | |
| Next of Kin Phone | | Relationship | |
| Emergency Contact | | | |
| Emergency Phone | | Relationship | |

Payroll and human resources details

| | | | | |
|----------------------------------|----------------|----------------|---------------------------------|----------------|
| Bank Account Name | | | | |
| BSB | | Account Number | | |
| Employment/ Service Agreement | Start Date: | | End Date: | |
| Position Description | Date Provided: | | File Location: | |
| Tax file number | | | | |
| Superannuation | Number: | | Fund Name: | |
| Super Choice Form | Date Provided: | | Fair Work Information Statement | Date Provided: |
| Business Name | | | | |
| Australian Business Number (ABN) | | | | |

Registration and compliance details

| Item | Details | Copy Received | Date |
|--|-----------------------|---------------|------|
| Provider Number (location specific) | | | |
| Prescriber Number | | | |
| Medical Board of Australia AHPRA www.ahpra.gov.au | Number: | | |
| | Date of Renewal: | | |
| Obtain HPI-I Number from AHPRA | Number : 8003 6_----- | | |
| AMA Membership Number | Number: | | |
| | Date of Renewal: | | |

| Item | Details | | Copy Received | Date |
|--|---------------------|--|---------------|------|
| RACGP/ ACCRM Number | Number: | | | |
| RACGP/ ACCRM Number Medical Indemnity Cover | Date of Renewal: | | | |
| | Number: | | | |
| Medical Indemnity Cover QI & CPD - A minimum of 130 points is required for the 2020- 2022 triennium | Date of Renewal: | | | |
| | QI / CPD Number: | | | |
| Category 1 Activity (A): | | | | |
| Category 1 Activity (B): | | | | |
| Quality Improvement Activity: | | | | |
| CPR / Emergency Training: | | | | |
| Other Activities: | | | | |

| | |
|--|--|
| Special Interests | |
| Exclusions to Scope of Practice | |

Nominated working sessions:

| Day | Morning Session | Lunch Break | Afternoon Session |
|-----------|-----------------|-------------|-------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Signage/ business card/stamp details (may not be provided for short term contracts):

| | | | |
|--------------------------------|--|--|--|
| Preferred Display Name: | | | |
| Qualifications | | | |

Any further comments:

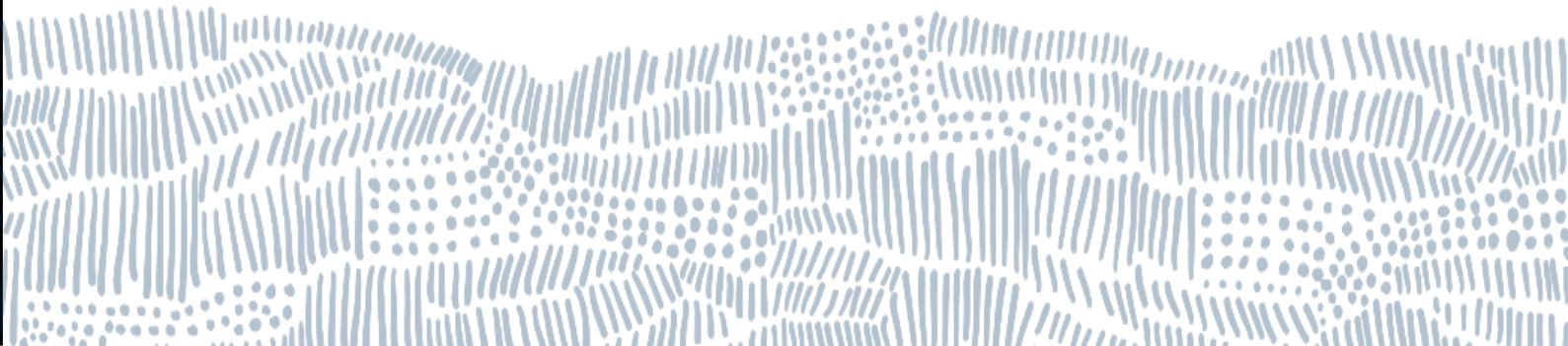
Forms to be completed



Forms to be completed

| Item | Actioned | Date | Details / Comments |
|--|----------|------|--------------------|
| <u>Provider Number Application and / or Prescriber – HW019</u> | | | |
| <u>Additional Location Provider Number</u> | | | |
| <u>Register for Online Claiming (for GPs who have not used online claiming before) – HW027</u> | | | |
| <u>Revoke and Renew Form (if lost or has an outdated PKI) – HW003</u> | | | |
| <u>Application for Recognition as a GP (RACGP Fellowship) – HW075</u> | | | |
| <u>Application for Recognition as a GP of the Aust College of Rural & Remote Medicine – HW076</u> | | | |
| <u>Application for Vocational Registration for GP Form - HW060</u> | | | |
| <u>PIP / PNIP Individual GP / Nurse Practitioner Details Form - IP003</u> | | | |
| <u>PIP / SIP – Banking Details Form – IP011</u> | | | |
| <u>PIP / SIP - Amend Bank Details Form – IP011</u> | | | |
| <u>PIP / PNIP - Change of Practice Details Form – IP005</u> | | | |
| <u>PIP – Procedural GP Payment Form – IP004</u> | | | |
| <u>Bank account details for Online Claiming - HW05</u> | | | |
| <u>Notification of ABN and reference identification for tax treatment purposes and recipient created tax invoice agreement - HW055</u> | | | |
| <u>PIP eHealth Incentive - Are You Meeting Your Requirements</u> | | | |
| <u>STS Update Form</u> | | | |
| <u>PRODA Registration</u> | | | |
| <u>e-Health HPOS link this provider to your organisation on the Health Providers Directory (HPOS)</u> (Must have PRODA or Individual PKI for HPOS and be on the register before you can add them to your organisation.) | | | |
| <u>Australian Digital Health Agency</u> | | | |
| <u>My Health Record Healthcare Providers</u> | | | |
| <u>Prescription Shopping Information Service registration Form - PB131</u> | | | |
| <u>Register National Bowel Cancer Screening Program</u> | | | |
| <u>DVA EFT Payments</u> | | | |
| <u>National Prescribing Service (NPS) (register for online activities)</u> | | | |
| <u>Request for Pay Group Link Form - HW078</u> | | | |
| <u>Translation Service Code Registration</u> | | | |
| <u>WorkCover - Register as a new Provider</u> | | | |

Pre-orientation checklist



Pre-orientation checklist

| Item | Actioned | Date | Details |
|---|----------|------|---------|
| Administration | | | |
| After hours – advise of arrangement for after-hours | | | |
| Advise Medical Deputising Service and Central Queensland, Wide Bay, Sunshine Coast PHN of additional GP | | | |
| Notify security company and supply access (keys and codes) | | | |
| Phone numbers entered into speed dial on phone system | | | |
| Update receptions information sheets with new providers details (contact, provider, prescriber, allergies etc.) | | | |
| Update Headers and / or footers on Practice stationery, door / signage | | | |
| Business Cards | | | |
| Door Signage | | | |
| Doctor Stamp | | | |
| Update website (bio, about us, services) | | | |
| Advertising – Public notices | | | |
| Computers | | | |
| User name, password and permissions for clinical software program | | | |
| User name, password and permissions for management software program/s | | | |
| Set up sessions and appointment times in appointment book | | | |
| Notify software provider of new user | | | |
| Install Secure Messaging ready to send electronic referrals to MNHHS | | | |
| Set up preferred Dr Templates (e.g. Ref letter and Med cert) | | | |
| Notify SMD provider (e.g. Medical Objects) of the additional provider/s | | | |
| Ask Practice IT provider to set up remote login and email address and access to the practices computer network | | | |
| Pathology (notified) | | | |
| QML | | | |
| Sullivan & Nicolaides | | | |
| Other | | | |
| Radiology (notified) | | | |
| Insert preferred Radiology | | | |
| | | | |
| | | | |
| | | | |

Orientation and training tasks to be completed



Orientation and training tasks to be completed

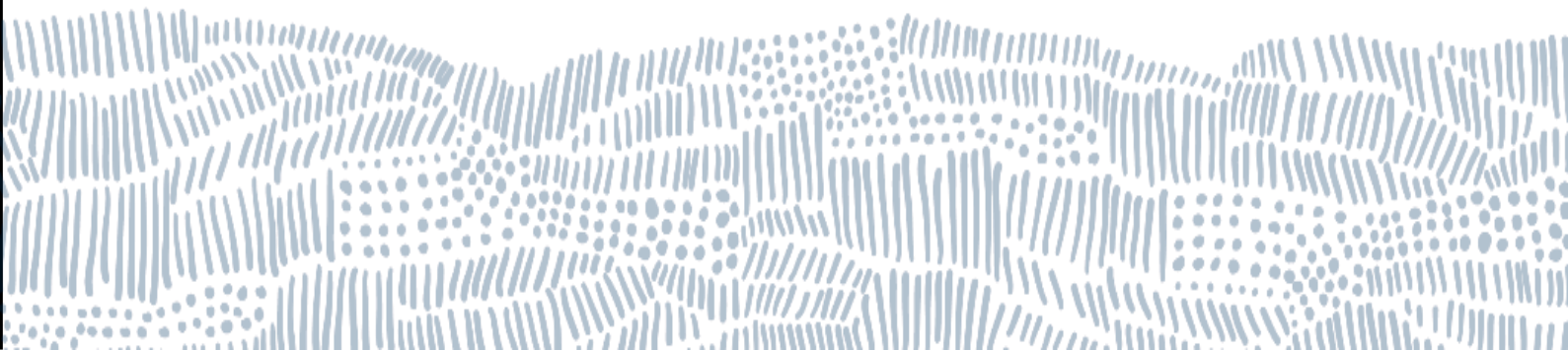
| Item | Actioned | Date | Details |
|---|----------|------|---------|
| Practice | | | |
| Introduce to other GP's and staff | | | |
| Tour of practice and medical equipment | | | |
| Rosters | | | |
| Induction Training Checklist | | | |
| Dr preferences form to be completed | | | |
| MBS online & billing procedures | | | |
| List of common item numbers | | | |
| Policy & Procedure manual | | | |
| Clinical | | | |
| Training in clinical and management software programs | | | |
| Clinical guidelines (recalls and Reminder and eHealth practice policy) | | | |
| Oxygen – primary care sidebar | | | |
| RACGP standards | | | |
| Pathology and x-ray facilities and procedures | | | |
| Local hospitals | | | |
| My Health Record training including uploads & access | | | |
| Train how to use Secure Messaging and send electronic referrals to relevant Hospital & Health Service | | | |
| Referrals | | | |
| How to use the internal messaging | | | |
| Doctors preferences (see under practice) | | | |
| ECG | | | |
| Spirometry | | | |
| Doctors bag orders/prescription paper and pads | | | |
| Safe, key and protocols for S8 drugs | | | |

Any further comments: _____

Signature: _____ Date: _____

Our Primary Health Care Officers are available to provide direct support to general practices and allied health practices across the region, please visit the [PHN Primary Health Care support page](#) for your local Primary Health Care Officer.

New doctor/contractor - welcome letter



New doctor/contractor welcome letter

Dear Dr _____,

Welcome to our practice. Please complete the details below and return to one of the administration staff as soon as possible.

We have a _____ pay cycle that will be paid by direct deposit into your bank account. The next pay cycle is _____.

A vaccination checklist has been printed out and Dr _____ will go through this with you in your orientation.

Your engagement with us is on a contract / permanent basis. Please see attached contract for more information.

You will need to complete the attached New Doctor Details – Practice Human Resources Record and return it to the Practice Manager one week prior to your start date.

Also attached is your position description.

| | | | |
|-------------------------|--|---------------------------|--|
| Practice Manager | | Practice Principal | |
| Mobile | | Mobile | |
| Email | | Email | |

Superannuation (Not applicable for Contractors):

If you have a superannuation fund that you would like contributions made to, please fill out the **Standard Choice Form** nominating your chosen superannuation fund and your account details. If you do not have a superannuation fund of choice, we will contribute to the fund we use which is _____.

Please sign below to acknowledge that you have been given a **Standard Choice Form**.

Signature: _____ Date: _____

Fair Work Australia (Not applicable for Contractors):

You have been provided with a [Fair Work Information Statement](#). Please sign below to acknowledge that you have been given this document.

Signature: _____ Date: _____

QI/ Continuous Quality Improvement:

A minimum of 130 points is required for the 2020–22 triennium and must include:

- Two CPD Accredited Activities (formerly known as Category 1 activities)
- One basic life support (BLS) / Cardiopulmonary Resuscitation (CPR) course.

Recording of your CPD points is through the RACGP [MyCPD Dashboard](#).

The link to the Handbook is located at [RACGP CPD Program Handbook](#). Please sign below to acknowledge that you have read this document.

Signature: _____ Date: _____

We trust you will enjoy your time with us. If you have any further questions or concerns please contact me any time.

Kind Regards,

Name:

Title:

Policy review - induction checklist



Policy review - induction checklist

| About our practice | ✓ | Initials | Date |
|---|---|----------|------|
| • the background of our practice – history | | | |
| • the practice profile – number of GPs, special interests, patient demographic | | | |
| • services provided by our practice | | | |
| • operating hours of our practice | | | |
| Practice administration | | | |
| • an introduction to the front desk | | | |
| • how we handle incoming and outgoing correspondence | | | |
| • details about the practice consultation fees | | | |
| • how we communicate requests and actions | | | |
| • information about billing arrangements | | | |
| • the arrangements for home and other visits | | | |
| • the arrangements for care outside of normal opening hours | | | |
| • instructions on the use of business equipment | | | |
| • instructions on the use of medical equipment | | | |
| Telephone procedures | | | |
| • how to place callers on hold | | | |
| • when to transfer telephone calls | | | |
| • how we receive, return and document patient phone calls | | | |
| • a definition of an 'urgent situation' | | | |
| • how to document messages and actions taken | | | |
| Appointment management | | | |
| • information about the appointment system | | | |
| • how we determine the urgency of patient health care needs | | | |
| • how we accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health care needs | | | |
| • how we determine the most appropriate length and time of consultation at the point of booking | | | |
| • the types of appointments available at our practice | | | |
| • the process for handling new patients of our practice | | | |
| • how we offer patients the opportunity to request their preferred GP and other clinical staff | | | |
| • how we book appointments | | | |
| • how we handle patients who attend for their scheduled appointment | | | |
| • the process for handling did-not-attend and cancelled appointments | | | |
| • how we identify and care for patients in distress | | | |
| Triage and medical emergencies | ✓ | Initials | Date |
| • how we determine the level of urgency of patient health care needs | | | |
| • how we handle a medical emergency – on the phone or in person and with or without a GP in attendance | | | |

| | | | |
|---|--|--|--|
| Patient management | | | |
| • the importance of respecting patient rights | | | |
| • the importance of treating patients with courtesy and respect | | | |
| • how we handle patient requests for repeat prescriptions and referrals | | | |
| • how we handle incoming and outgoing pathology | | | |
| • how we handle difficult or angry patients | | | |
| • how to access services to help communicate with patients who speak a language other than that of the GPs and/or those with a disability | | | |
| • information about local health, disability and community services | | | |
| • how we provide important information to patients and the email policy | | | |
| Patient health records and confidentiality | | | |
| • the importance of privacy, confidentiality and security of patient health information – including verbal, written and electronic information | | | |
| • the process for handling results, reports and clinical correspondence | | | |
| • information about the practice recall and reminder system | | | |
| • the practice policy on retention of records and archiving | | | |
| • the process for transferring patient health records | | | |
| • the practice security policy for prescription pads and computer generated prescription paper, letterhead, medical certificates, medications, patient health records and related patient health information including accounts | | | |
| Computer administration | | | |
| • information about privacy, confidentiality and security issues | | | |
| • allocating the appropriate passwords and permissions | | | |
| • how to lock the computer and activate screensavers | | | |
| • our email policy | | | |
| • our website policy | | | |
| • computer security procedures – firewall, disaster recovery procedures | | | |
| • how we scan documents and digital images (if applicable) | | | |
| • procedures for anti-virus management | | | |
| • procedures for backing-up electronic information | | | |
| • procedures for transferring patient health information over a public network – encryption | | | |

| Human resource management | ✓ | Initials | Date |
|--|---|----------|------|
| • staff code of conduct | | | |
| • staff requirements for continuing professional development | | | |
| • our practice policy on equal opportunity and sexual harassment | | | |
| • the frequency and procedure for doctors meetings | | | |
| • what to do in the event of an incident or injury | | | |
| • our practice policy on lifting heavy objects | | | |
| • our practice policy on smoking, drugs and alcohol in our practice | | | |
| • how to handle violent situations in the workplace | | | |
| • ways to maintain staff health and wellbeing | | | |
| • how to handle non-medical emergencies – fire, bomb threats | | | |
| Infection control | | | |
| • information about the principles of infection control | | | |
| • the management of sharps injury | | | |
| • the management of blood and body fluid spills | | | |
| • information about hand washing and hand hygiene | | | |
| • information about the practice cleaning schedule | | | |
| • how to ensure instruments are sterile at point of use | | | |
| • our procedure for cleaning and sterilising instruments | | | |
| • our procedure for safe storage and disposal of clinical waste | | | |
| • our procedure for handling, sorting, laundering and storing linen | | | |
| • information about implementing standard and additional precautions | | | |
| • information about how to prevent disease in the workplace by serology and immunisation | | | |
| • requesting current immunisation status of all staff and immunisation appropriate to their duties arranged if consented | | | |
| • our procedure on handling and using chemicals | | | |
| • our procedure for safe handling of pathology specimens | | | |
| Treatment room | | | |
| • the process for using and maintaining practice equipment | | | |
| • the process for storing, ordering, documenting and disposing of controlled and restricted drugs - nurse | | | |
| • the process for storing, ordering, documenting and disposing of schedule 4 drugs and pharmaceutical samples | | | |
| • the process for checking, rotating and resupplying perishable medical supplies | | | |

| Cold-chain management | ✓ | Initials | Date |
|---|----------|-----------------|-------------|
| • the process for receiving and transporting vaccines | | | |
| • information about the importance of managing the cold-chain | | | |
| • how to manage the cold-chain in relation to own role | | | |
| • the name of the staff member responsible for managing the cold-chain | | | |
| • the actions to take in the event of a cold-chain breach in relation to own role | | | |
| Continuous quality improvement | | | |
| • information about practice accreditation and what that means | | | |
| • the name of the staff member responsible for patient feedback | | | |
| • the name of the staff member responsible for investigation and resolution of complaints | | | |
| • the name of the staff member responsible for leading clinical improvements | | | |

**Central Queensland, Wide Bay, Sunshine Coast -
services and supports**



Central Queensland, Wide Bay, Sunshine Coast PHN – Services and Supports

| |
|--|
| Education and professional development |
| PHN Education and Training |
| Practice support |
| Primary Health Care Officers |
| Practice Managers |
| Practice Nurses |
| Practice support programs / Health provider resources and referrals |
| Aged Care |
| Aboriginal and Torres Strait Islander Health |
| After Hours |
| Benchmarking (CAT Plus) |
| Cancer Screening |
| Chronic Disease Management |
| Digital Health |
| Educational Resources |
| HealthPathways |
| - Central Queensland |
| - Wide Bay |
| - Sunshine Coast |
| Immunisation |
| - MBS Guides |
| - MBS online |
| - Mental Health Services |
| - My Health For Life |
| - My Health Record |
| National Disability Insurance Scheme (NDIS) |
| Pain Management |
| Palliative Care |
| Practice Incentive Program |
| Prescription Shopping Information Service |
| Referral Templates and Forms |
| Sexual Health |
| Publications and news |
| GP Matters Newsletter |
| Find us on Facebook |

Acknowledgements

Central Queensland, Wide Bay, Sunshine Coast PHN wishes to acknowledge the following organisations in development of this resource General Practice Gold Coast and Brisbane North PHN.