

Orientation guidance and frequently asked questions

Sept 2021 intake





Purpose

This document is designed to provide information to support Programme Managers and Trainees to plan an effective orientation experience into the NHS and the wider health and care system.

Aims of orientation

The aim of orientation is to give trainees a broad overview of the health service to help them consider how patients experience the NHS and the wider health and care system.

Gaining a sense of the complexity of the NHS and the organisations which make up the service is a key learning point for new trainees.

An experiential approach, allowing trainee to shadow teams and learn through observation and experience, is a very effective way to achieve this.

Orientation is not an introduction to your trainee's specific role nor is it specific to their specialism.

You may wish to join up with other managers in your system to create a single plan, as this would support a varied range of activities. Trainees can be useful paired up and even host other trainees in their placement. Feedback from trainees on this approach has been positive.

Orientation should aim to introduce trainees to:

- The patient journey and the experience of interacting with patient and families.
- A systems approach, visiting a variety of partner organisations
- The nature and pattern of the health service delivery, including the 24 day.

Wherever possible, trainees should directly experience the provision of health and care services and participate. The learning can also be through observation and shadowing; meetings can have value but should be offered sparingly.

See:

Appendix A - Services for orientation experiences

Appendix B - Checklist for the Programme Manager

Appendix C – Orientation FAQ's for managers

Covid-19 Pandemic

For Sept 2021 trainees, the impact of the pandemic may mean that there are caveats around certain areas of work. Trainees do understand that plans may need to change according to operational priority and it may be that certain elements can delivered later in the placement.

Managers and trainees should work together to explore what services are available for orientation experiences within the usual orientation timeframe.

It is best practice to consider a mini orientation as trainees transition to their next placement, so you may be able to schedule some experiences for later in the year.

As you would expect, all plans must abide by national and local guidance at the time, and trainees must be made aware of the guidance and expectation on them to follow it.

Duration and Timing of Orientation

The orientation period is 20 working days exclusive of any education dates or any other scheme dates. Trainees start date on GMTS is 6th Sept 2021. Both the 6th and 7th of September will be required for the Welcome Event.

Details of specialism inductions for trainees, as well as briefings for managers will follow soon. Any other education dates that fall within Sept will be confirmed as soon as possible to enable orientation planning to take these into account.

DBS Checks

Please be advised that all trainees complete a DBS as part of the NHS recruitment checks prior to commencing on the scheme. It is anticipated that all DBS clearances will therefore be received prior to trainees starting. If, however there are any delays to any clearances being received for reasons out of our control, we will advise you of this.


Thank you

GMTS and NHS Leadership Academy would like to thank colleagues and managers for your continued support in welcoming new talent to the NHS.

Content of Orientation

In designing the content of the orientation consider how to:

- Promote the best introduction to and understanding of, the NHS and the wider health and care system
- Follow the patient journey/partner organisations/macro/micro issues
- Split time between different organisations in your health community so that trainees get as full exposure as possible to the range of services and activities that the NHS and the wider health and care system provides.
 - NHS Trusts
 - Primary Care Services
 - Mental Health
 - Clinical commissioning groups
 - Commissioning Support Units
 - Ambulance Service
 - Social care
- Other partner organisations - public, private and voluntary
- Involve the trainee/s in service delivery and contributing where possible, rather than passively absorbing information.
- Provide trainees with the opportunity to meet and have exposure to senior managers
- Ensure knowledge of Personal and Patient Safety
- Encourage trainees to source a suitable mentor
- Build in time for reflection so that trainees can complete a blog or

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- learning diary and share experiences with trainee colleagues
 - Provide opportunities for trainees to evidence their experiences

Feedback from Orientation

The trainee is required to feed back their orientation experiences to their host organisation. This can be achieved in a number of ways, for example:

- Feedback to their trainee colleagues in a presentation forum to which Programme Managers will be invited
- Feedback through a local/organisation newsletter
- One to one feedback with Programme Manager during onboarding meetings
- As part of the first Performance Development Review
- Presentation to the Board
- Presentation to the regional steering group



APPENDIX A: SUGGESTED SERVICES FOR ORIENTATION EXPERIENCES

Services in primary care/ community to include:

- GP practice (including GP, practice nurse, practice receptionist, etc.)
- Elderly care with social services
- Community therapy services (physiotherapy, psychotherapy, occupational therapy, health visiting, speech therapy, podiatry)
- Learning disabilities
- District nurses, Health Visitors, School Nurses, CPNs
- Palliative care services / hospices
- Community mental health services
- Homeless teams
- Voluntary sector organisation and/or a Social Enterprise Council
- Social Prescribing

Services in secondary and tertiary care in an acute setting

- Clinical Specialties: Time with different specialties as well as an opportunity to work as a health care assistant and time with a junior doctor.
- Clinical support services: Allied Health Professional's (AHPs) focusing on their role in providing integrated clinical services. Could include occupational therapy, physiotherapy, podiatry, dietetics, pharmacy, radiography, pathology, theatres and medical physics
- Ambulance service: both out on the road and at central control.
- Hospital support services: including catering, portering, domestics, security, switchboard, medical records, hospital estates and supplies, IT.
- Central services: an opportunity to understand the role of the central functions and services, including finance, corporate communications/marketing, staff development, contracting and IT.
- Exposure to a managed clinical network.
- Some time spent seeing the service over the full 24-hour period, e.g. a night shift in A&E and a shift shadowing a junior doctor

Services in Mental Health

- Adult Mental Health, Mental Health Services for Older People (Organic and Functional Wards), Child and Young Peoples Mental Health
- Learning Disability areas
- Forensic Mental Health and Learning Disability areas gaining an insight in the treatment and care in specialist services
- Substance Misuse - visiting community centres or rehabilitation wards
- Spending time with Community Mental Health Teams and Integrated Teams where they carry out joint working with Social Services

Services that impact on the health of the population

Covering aspects of healthcare which do not seek to treat individuals but who have a significant influence on the health of the general population. This could include public health, Royal Colleges, and cancer networks.

Other experiences

- Shadowing the executive tier, i.e. non-executives and directors



APPENDIX B: CHECKLIST FOR PROGRAMME MANAGERS

✓	ACTION – Have you...
	...informed departments, areas and individuals in advance about the trainee and their start date with the organisation?
	...made arrangements for the trainee to have access to a computer and communication equipment before they arrive e.g. e-mail, telephone?
	...considered a trainee's previous NHS experience and knowledge when planning orientation content?
	...booked the trainee, in the early stages, onto appropriate in-house training programmes, as required of the Scheme, the post or the trainee's PDP? e.g. health and safety, disciplinary and grievance procedure, and manual handling
	...arranged personally to provide, in the first week, an overview of your organisation as a whole, and other NHS organisations in the local health economy? e.g. it's place in the patch; it's objectives - strategic plans; structure - information on directorates and how this feeds up to board level; organisation chart; current issues or developments in the trust and area (new board members, large capital projects etc.).
	...arranged to hold regular meetings with the trainee, once a week initially, to actively encourage the trainee to reflect on experiences during this period?
	...asked the trainee to prepare a one page 'pen portrait' about themselves' and circulated this to departments and organisations prior to their orientation visit?
	...helped the trainee prepare a framework for interviewing and questioning those they meet during their orientation, referring to personal and scheme objectives?
	...scheduled the trainee to meet or shadow the Chief Executive, Chair and Directors? (Ensure that this happens later on in orientation - a new trainee is unlikely to make the best of this time early on, having not had sufficient experience to formulate appropriate opinions and questions).
	...worked with the Placement Manager to make the arrangements for transition into post?
	...arranged to attend the first performance review with the trainee and the Placement Manager?
discussed and arranged with the trainee the method that they will use to provide feedback on their orientation experience.



APPENDIX C: ORIENTATION FAQS FOR MANAGERS

Trainees will complete their Orientation and be ready and eager to start their placements. We hope the Orientation guidelines and the manager training will help you to prepare an exciting and full orientation plan which your trainee will remember for the rest of their NHS careers. We know from experience that this is a great foundation, not only for their training but their futures as leaders in healthcare.

We have compiled a list of Q & As to support delivery of an effective Orientation Programme.

When things don't go quite as planned!

Q) I have arranged a full and comprehensive orientation plan for my trainee but what I have arranged keeps getting cancelled at the last minute or the trainee turns up and no one appears to be expecting him/her.

A) Ensure that the trainee either phones or emails to confirm the appointment a day or so in advance. It helps if they send a pen portrait and a short explanation about the scheme and why they are coming.

Sometimes things are cancelled due to emergencies. If you can, have a few things in reserve. Have something for the trainee to do back at "base". It is good to give the trainee a small project related to the orientation and if things are cancelled, they can come back to base and/or spend some time on the project.

We ask that trainees give a presentation at the end of their orientation e.g. to the trust board or at a departmental meeting. Any "down" time can be used to start preparing for that presentation.

Q) I am getting unfavorable feedback on my trainee. He/she is not making a good impression with those he/she meets during orientation.

A) This is unusual but not unheard of. Trainees are sometimes nervous and unsure of themselves and despite our best efforts unclear of the purpose of the orientation. Collect as much information as you can about the kinds of impression the trainee is making and offer constructive feedback on how to improve. Helping the trainee to focus on the purpose of the orientation is also helpful in these circumstances.

It may be helpful to discuss the trainee's assessment centre feedback and see if any direction can be gleaned from that. (*The trainee will have been sent their feedback directly to them*). When the Orientation is completed it is the Programme Manager's responsibility to support the trainee as they write their first Personal Development Plan.



Q) I have a finance trainee and am surprised at that the orientation period is interrupted by so much time away for study and examinations

A) All organisational Leads and Programme Managers as well as Trainees will be informed about study days (finance and all other study days that fell within the orientation period), as soon as we receive them from our education providers. Occasionally our providers needed to make some alterations and we are aware that changes within trusts meant that information was not always cascaded effectively. However, we do our best to keep our managers informed. Unfortunately, it is the nature of the finance scheme that the education programme is demanding and starts early.

Q) My trainee appears to have booked leave during the orientation period.

A) We have asked trainees to avoid booking leave during this period, but some trainees had booked holidays before they knew they had been offered a place on the scheme. In these cases, we need to be flexible and extend the orientation period around the planned leave. However, the trainee should have informed you of the holiday when they came to you visit you over the summer so that you could plan effectively. Just a reminder that trainees are not allowed to book leave during scheme education events or change education dates to fit in with leave. This applies even when “surprise” holidays are booked that clash with education dates.

General Questions

Q) I have always allowed trainees to organise a good deal of their own orientation. I think it's good for them to do this. It promotes a spirit of independence and helps them to get to know people in the trust as they have to make first contact. The guidelines imply that I now have to arrange the whole 20 days, why is this?

A) For the same reasons as above - The 20 days orientation leaves much less room for flexibility and a considerable amount of time can be wasted as the trainee finds their feet and settles in and makes contact with unfamiliar people. That is not to say that the trainee cannot make some of their own arrangements if some of the prearranged dates are cancelled or something falls through. Trainees tend to favour the flexibility and being able to plan part of their orientation but there should still be some meetings/sessions pre-arranged to give it some structure.

Q) My trainee is an “in service” candidate and neither of us sees the need for an orientation. Can we skip this and go straight in to work?

A) No. We regard the orientation as a crucial element of the graduate training scheme which is designed to give them the broadest possible overview of the health and social care system. This is a unique experience and one to be savoured and enjoyed. It is vital to support the first Elizabeth Garret Anderson (EGA) assignment which is the demonstration of an understanding of the patient journey. However, it is possible to tailor the orientation to meet the trainees needs and you can discuss this when the trainee comes for a visit.



Winding Down

Q) My trainee is itching to start their “proper job” and feels they have learned enough about the wider NHS and we have so much work to do in the department. Can we cut the orientation short and move on?

A) See above. A well organised and planned orientation should keep the trainee energised and engaged for 20 days. Remember it is the foundation for a lifetime career and will be of immediate benefit for their first academic assignment. It is disappointing if someone recruited for their potential as future leaders cannot see the short and long-term benefits of an opportunity designed to see health and social care through the eyes of care givers, patients and a range of partner organisations and to begin to see the patterns of health service delivery and the issues arising.

Q) Trainees are encouraged to feedback their orientation experience. What is the purpose of this and who should this feedback be made to and how?

A) The purpose of the feedback is many and varied! We always like to raise the profile of the scheme and the trainees within trusts. It is a way of the trainees paying back too. They can showcase the services provided in the health community to groups – often sharing information that isn’t widely known. Trainees often have access to new, developing or unusual services that others know little about but would be very interested to know of. How the feedback is provided is also many and varied and need not be confined to just one way per trainee!

Here are some suggestions:

- Trainees can write an article for a trust or departmental newsletter or website. Contact your PR manager for advice if you need some – they are usually a mine of information.
- Presentation to the Trust Board – sounds daunting but it’s great experience for the trainee and boards love to know that they are supporting the scheme and trainees and always take a long-term interest in trainees thereafter
- Presentation to Chief Execs/ HR Directors meeting. Why not do a combination presentation if there are several trainees in the trust or in the area and there is a Chief Execs/ HR Directors meeting being held at the right time?
- Departmental meeting. Weekly or monthly departmental meetings – sharing what the trainees have learned about the local health community. This is a great way of introducing trainee/s to colleagues where they will start to feel part of the team.



Version Control

Orientation Guidance Document and FAQ's combined and refreshed.

V1 Updated 9th December 2020 by BW and NY

V2 Updated 3rd June 2021 by TC and KB