Sample orientation checklist for GP registrars

Use and adapt this orientation checklist for your registrar when they commence with your practice.

|  |  |
| --- | --- |
| **Practice organisation** | **Completed: Tick** |
| History of practice and general structure | [ ]  |
| Organisational Chart | [ ]  |
| Introduction to all staff and their roles | [ ]  |
| Who to ask for help  | [ ]  |
| Staff roster – who’s working what days | [ ]  |
| Contact protocol for after hours issues  | [ ]  |
| Practice information sheet | [ ]  |
| Practice and procedures manual | [ ]  |
| Practice facilities | [ ]  |
| Passwords, keys, security codes | [ ]  |
| Lunchroom facilities, toilets | [ ]  |
| Local services, café’s, where to buy lunch | [ ]  |
| Car parking arrangements | [ ]  |
| Fire/emergency procedure, use of duress buttons | [ ]  |
| Clinical/Admin meeting schedule | [ ]  |
| Pastoral care meeting schedule | [ ]  |
| **Working conditions** | **Completed: Tick** |
| Working hours, breaks, roster changes, room allocation | [ ]  |
| Method and timing of salary payment | [ ]  |
| Policy and procedure for leave arrangements | [ ]  |
| Registrar teaching - dedicated time blocked off | [ ]  |
| Policy on grievance procedures | [ ]  |
| Bullying and harassment policy | [ ]  |
| Doctor’s trays - correspondence | [ ]  |
| Reporting incidents and adverse events | [ ]  |
| **Safety and privacy information** | **Completed: Tick** |
| General safety rules and OH&S guide/manual | [ ]  |
| Overview of medical and non-medical emergency procedures | [ ]  |
| Blood and body fluid precautions | [ ]  |
| Procedure for needle stick injury | [ ]  |
| Zero tolerance violence and aggression policy | [ ]  |
| Practice isolation policy for managing possible infectious patients | [ ]  |

|  |  |
| --- | --- |
| **Use of practice equipment and systems** | **Completed: Tick** |
| Telephone, internal numbers | [ ]  |
| Fax, photocopiers and scanner | [ ]  |
| Appointment system and booking procedures - preferences | [ ]  |
| Requests for reports, w/comp telephone advice (how to bill) | [ ]  |
| Procedure for ~~X-rays~~ radiology/pathology and follow-up | [ ]  |
| Medicare item numbers and billing protocols | [ ]  |
| Phone messages and practice communication methods | [ ]  |
| My Health Record and uploading Shared Health Summaries | [ ]  |
| After hours care for patients | [ ]  |
| **Principal/Practice Manager** | **Completed: Tick** |
| Overview of practice philosophy, type of patients and areas of special interest care, etc. | [ ]  |
| Patient record systems and procedures | [ ]  |
| Cultural safety, diversity and inclusion processes | [ ]  |
| Privacy notifiable data breach | [ ]  |
| Australian Open Disclosure Framework | [ ]  |
| Mandatory reporting | [ ]  |
| Dealing with patient feedback | [ ]  |
| Computer - medical software program | [ ]  |
| Prescription requests policy and procedure | [ ]  |
| Accreditation process and responsibilities | [ ]  |
| Local networks and professional support | [ ]  |
| Referral pathways | [ ]  |
| PHN Health Pathways | [ ]  |
| Reference books/resources/online | [ ]  |
| Learning plan | [ ]  |
| Methods of teaching, importance of 2 way and multisource feedback and consideration of cultural elements for learning | [ ]  |
| Immunisation status | [ ]  |
| Overview of practice philosophy, type of patients and areas of special interest care, etc. | [ ]  |

|  |  |
| --- | --- |
| **Nurses** | **Completed: Tick** |
| Tour treatment room | [ ]  |
| Oxygen and emergency trolley equipment including defib, adrenaline | [ ]  |
| Management of anaphylaxis | [ ]  |
| Correct use of PPE | [ ]  |
| Brief on steriliser/log book | [ ]  |
| Equipment use - INR, Liquid nitrogen | [ ]  |
| Equipment use - Spirometer, ECG,  | [ ]  |
| Ultrasound | [ ]  |
| Pathology results protocol | [ ]  |
| Recall of clinically significant results | [ ]  |
| General recall and reminder systems | [ ]  |
| Pap result entry | [ ]  |
| RN scope of practice | [ ]  |
| RN appointments | [ ]  |
| Vaccinations, batch number records | [ ]  |
| Cold chain including cold chain breach reporting | [ ]  |
| Contaminated wastes, sharps disposal | [ ]  |
| Infection control/spills kit | [ ]  |
| Stock of rooms | [ ]  |
| Request procedure for specific medical supplies | [ ]  |
| Drug cupboard - documentation required | [ ]  |

Registrar signature:\_ Date: / /

Principal signature: Date: / /