1. KEY MESSAGES

- Success depends on effective forward planning and team working from all key stakeholders: Trust staff (HR/OH/postgraduate centre); doctors in training, postgraduate deaneries, the Department of Health, the national database administrators at WYMAS and the contracted system developers at TSSI.

- These protocols distinguish between action required during initial card issue phase ("roll-out") and ongoing card issue for each new intake of trainees ("steady-state"). They also describe the various roles and functions involved.

- Effective smart card data entry will depend on new local ways of working.

- Protocols should be tailored to specific local needs (eg multi-site working).

- Smart card awareness for card-holding doctors requires good advance publicity at all levels.

- Cards can now continue to be used by existing holders when they leave the training grades.

2. Postgraduate medical deaneries (PGDs)

(a) Action required during card issue phase ("roll-out")

2.1 The OHSC scheme continues to roll out across the fourteen English postgraduate deanery areas. Having started in November 2001, roll out is scheduled to end in March 2004, in accordance with the agreed national timetable. Expressions of interest in joining the scheme have been received from the other UK health departments.

2.2 As each deanery “goes live” for card preparation and card issuing, a number of steps are required:

- identify a PGD project team, including staff trained in IT procedures, to ensure NHSNet connectivity is established, which is capable of linking to the national OHSC database and with adequate NHSNet links to local trusts;

- identify all doctors currently in educationally approved training posts or placements (PRHO/SHO/SpR);
produce Smart Cards centrally for SpRs where photos are currently held on database or collected for personal files during the recruitment process;

capture photo-images of additional SpRs, together with SHOs and PRHOs recruited or placed locally by trusts for central card production;

devise an initial database for locally-recruited SHOs and PRHOs, and cross-check this against photo-images captured locally; and maintain this database into “steady-state” as each new intake comes on stream;

oversee the distribution of cards to trusts for completion of initial data entry by HR and OH staff in those Trusts where the necessary software has been installed by the contractors (TSSI) and training of nominated staff completed.

2.3 Some of these processes can take place in parallel and PGDs should identify the timetable and local resources required to complete this task in liaison with the central DoH Project Team.

2.4 During national roll-out some trainees will leave their current postgraduate deanery area to train in areas not yet covered by the OHSC system. In such cases they will need to keep their cards safe and secure until they can be updated later in their new training locations. Other trainees will go “out of programme” (eg maternity leave, research, working overseas), in which case the same arrangement will apply. Those moving from training to NHS career grade posts can now continue to use their existing cards in their new duties.

(b) Ongoing card issue (“Steady state”)

3.1 After all the current doctors in training have received their smart cards, the PGDs will have to consider how to handle staff moving into the management and funding control of that deanery area. They will now have access to the OHSC central database which will help them to identify where cards have previously been produced, and this will help to avoid needless duplication.

3.2 Until OHSC began, postgraduate deaneries generally held central records on SpR grades only, whilst details on locally recruited HO and SHO grades were not normally centralised. The OHSC system provides a means of centralising within each PGD the employment and training details for all medical training grades. OHSC details will be helpful in forging the necessary links with workforce development confederations to improve medical workforce planning and how it relates to the broader NHS planning agenda. However, it does also place a new responsibility on PGDs to work with STC chairmen and trusts in their area:

- to keep their central SpR records up to date
• to introduce new procedures for liaising with trusts at each new intake of trainees at SHO and PRHO level. *(see Annex A for induction “best practice” guidance).*

3.3 The postgraduate deanery will also be responsible for issuing cards where required for new nominated operator card holders within HR and OH units in local trusts. Card wallets for these staff now outline procedures for surrender of cards when they leave the NHS, and staff transferring to similar duties elsewhere may continue to use their existing card at their new location. Newly designated operators will need to submit their National Insurance numbers to the PGDs as their unique system identifier, together with an up-to-date passport-sized photograph.

4. Trust staff: operator card holders (OCHs)

4.1 Trusts are asked to cooperate with TSSI in providing pre-installation information on a pre-printed questionnaire to include local contacts, including IT staff, the siting of OHSC installations and the numbers of staff who will require software training. Any changes to these requirements instigated by the Trust after installation may incur additional local costs, eg re-visits, additional work stations, staff refresher training etc, in consultation with the contractors. Any re-visits occasioned by technical or software problems beyond the trust’s control will be provided free of charge by the contractors.

4.2 All nominated operators of the OHSC system (OCHs) will have the software installed at a convenient workstation/PC and be trained in their respective areas of work. Central helpdesk support will be available, together with web-based training information and a user training manual, which should be shared with or handed on to new OCHs when required. Installations should take into account local procedures for checking existing smart cards at induction sessions.

4.3 Every nominated trust operator holds a smart card, issued from the PGD (see para 3.3), which is activated by using their personally-selected PIN. The card is similar to those issued to doctors in training, bearing a photograph, and is supplied with a plastic wallet and information insert explaining their role and responsibilities. The smart card is strictly non-transferable and should be held securely in the workplace. For security purposes trusts should keep the number of operators to the minimum required to be compatible with normal working practices and to provide for occasional or planned staff absences.

4.4 Trusts should develop local exit protocols for surrender of the smart card if staff leave the trust or change duties. The postgraduate deanery should be notified to cancel that card, and also provided with details of any replacement staff who will require their own OCH card.

4.5 During the initial data take-on stage it will be the usual practice for the PGD to issue cards *in bulk* to trust HR departments. This is where additional personal card holder (PCH) details for the doctors in training
can be entered, eg contract dates - using the pre-set default PINs provided for card issue. Cards can then be passed to OH operators for similar bulk data entry action. The card is then ready to be passed to the doctor, who has the opportunity to update, amend or validate data as required, and to select their personal PIN. All data is covered by the Data Protection Act, and doctors may request a printed version of their personal data on reasonable request. Procedures for data entry will vary depending on whether the trust is single- or multi-site, or where another trust or external unit performs OH clearance under contract or service level agreement. *(See Annex B diagram).*

4.6 The ways in which Occupational Health units and their trust HR departments jointly handle certain aspects of OH clearance have traditionally varied across the service. The Department of Health has now devised and published new, standardised OH working practices, with the agreement of the OH professions’ representatives. *(See Annex C).*

4.7 In line with the pre-employment check provisions of HSC/2002/008, trusts are required to maintain accurate and current data on the individual Smart Cards for their doctors in training and to provide print-outs of that data on reasonable request from those doctors.

4.8 Any technical problems with the OHSC system must be reported as soon as possible to the TSSI support helpdesk. Normally remedial action can be undertaken without a further site visit. Site visits to remedy faults beyond the trust’s direct control will be provided free of charge.

5. **Doctors in training**

5.1 Cards will be issued to every doctor in training currently working in a training post or placement carrying the educational approval of the relevant Postgraduate Deanery. Doctors have a professional responsibility, under each trust’s quality assurance and risk management arrangements, to hold their personal smart card securely and to keep the information on that card accurate and up to date as they progress through their training posts or placements.

5.2 Doctors should co-operate with their trusts in providing a suitable passport-sized photograph on their first training appointment to allow for a card to be prepared and issued.

5.3 Each card is issued in a plastic wallet containing user instructions which cover safe keeping of the card, producing it on reasonable request, and notifying the PGD in the event of loss, theft or damage. On temporarily leaving training, eg for an approved research post or career break, the card holder should keep their card in abeyance until they resume training. Existing card holders can continue to use their card if they take up duties in an NHS career grade or as a locum doctor.
6. **Postgraduate centres**

6.1 Some trusts conduct induction of doctors in training through their postgraduate centre. Trusts may decide to opt for the added flexibility of operating the OHSC within designated postgraduate centres for card distribution or for data entry by HR/OH staff away from their normal work area. In such cases they should discuss the practicalities internally, or with the PGD or the central project installation team.

7. **National systems administration**

7.1 The external contractors (TSSI) will have access to the OHSC system at all levels during roll-out to carry out essential maintenance and other technical tasks. The contractors will:

- identify to the central project team named officers who will perform these tasks

- outline to the central project team circumstances in which contractor access to data held on databases may be required: eg fault finding, database rollback and data corruption correction, other agreed housekeeping needs.

- require a duty of confidentiality from named officers that any personal data obtained or observed in the course of conducting tasks outlined above shall not be passed on to any third party in any circumstance. Cases of doubt should be referred to the central project team for advice.

7.2 The contractors will be required to keep full records of their accesses and their purpose so that in the event of any investigation there is clear evidence that the contractor acted in accordance with the above paragraph.

7.3 From October 2002, central database administration functions are now the responsibility of the host NHS Trust at WYMAS, Wakefield. The nominated database administrator will be covered by the same requirements for confidentiality and access to the system as contracted TSSI operators.

8. **Publicising the Smart Card scheme**

8.1 The central project team will keep all parties informed during the initial roll-out phase regarding the scope and purpose of the project, the timing of system installation and training, and card preparation/distribution exercises. They will provide a central technical helpdesk at the contractors' office in Swindon to respond to specific queries, and a central Departmental contact point (by phone, fax or e-mail) to respond to queries of a more general nature. The DoH Website for OHSC (located at [www.doh.gov.uk/hrinthenhs](http://www.doh.gov.uk/hrinthenhs)) contains standard documents for local use.
8.2 The central project team will also attend relevant conferences, workshops, professional bodies etc to increase and maintain awareness of the OHSC scheme during the roll-out period.

8.3 Trusts will, in turn, be expected to provide suitable local publicity to ensure that doctors in training are aware of the existence of the smart card scheme in that trust. They will advise these doctors where to attend to have their cards issued, updated and validated. Trust induction and exit procedures should be reviewed and amended to reflect the introduction of the scheme and its local application.

9. **User feedback**

9.1 The central project team and its contractors welcome any technical or processing comments you may have. Contact TSSI Support Desk on:
Tel: 01793 747 700
e-mail: support@tssi.co.uk
www.tssi.co.uk/nhs.

9.2 More generalised handling queries should be addressed to
Barbara Levy, OHSC Programme Manager,
NHS Employment Policy Branch
DoH Quarry House, Quarry Hill
Leeds LS2 7UE
Tel 0113 254 5524 or e-mail barbara.levy@doh.gsi.gov.uk

*Department of Health*
*OHSC National Steering Group*
*January 2003*
ANNEX A

GOOD PRACTICE GUIDANCE ON INDUCTION ARRANGEMENTS FOR TRUSTS

1. Contact your Postgraduate Deanery to confirm your local induction arrangements (dates, grades, specialties, and intended photo-capture arrangements – see below).

2. Ensure HR/Med Staffing/PG Centre/doctors’ representatives all know what OHSC is about (check for local publicity/documentation, eg DoH flyers, posters, Q&A briefing etc – see HR Bulletins on DoH website www.doh.gsi.gov.uk).

3. In your induction literature you should ask new trainees to bring their existing smart card to the trust for updating using local HR/OH procedures (see Annex B), OR explain local photo-capture procedures.

4. Arrange a suitable time-slot on induction day to explain how OHSC works in your trust, including any special arrangements for split-site working or where OH units are located elsewhere.

5. If no card is held by the trainee, there are alternative options which should be notified in advance to the PGD card-issuing station:

5.1 Take photos on-site using a locally-supplied digital camera which can be downloaded to a PC (low resolution JPEG quality will suffice). Keep a list of all photos taken with personal details: full name, grade, specialty, GMC number and DOB will be required. Send these photos to the PGD in line with their technical needs.

OR

5.2 Trainees should bring a passport-sized photograph and hand this to a designated trust staff member during the induction process. Allocate a suitable area for collecting photos. Provide a pro-forma on which the trainee can enter their full name, grade, specialty, GMC number and DOB, and clip their photo to that pro forma. Trust staff should check the photo as a true likeness of the trainee where possible. Scan these photographs locally if possible then forward them to the postgraduate deanery by prior agreement with a covering list of details. Otherwise, supply actual photos to the deanery by prior arrangement and with full supporting documentation.

NB: Practical points at induction photo-capture: obtain handouts on OHSC system, and bring spare pens, envelopes or wallets, blank pro-formas and lists sheets, scissors, paper-clips.
Annex B

Deanery issues SMART CARD

Card issued to indiv. doc

Dr visits HR dept

Dr visits OH dept

1. HR load their info and send card to OH for their data loading
2. OH return loaded card to HR
3. HR arrange for card to be handed to doctor for validation and future use.

OH / HR personnel and Dr access system using dual PIN entry and add/amend data

Both depts transfer Data to central database

Dr takes card and departs
1. It is recognised that it is a considerable responsibility putting data on a smart card that will be accepted by other NHS Occupational Health Departments on behalf of their employing trusts. This is especially relevant when dealing with hepatitis status in healthcare workers, including doctors in training, performing exposure prone procedures.


**Hepatitis B and Hepatitis C – use of identified and validated samples**

2. It is important that those commissioning laboratory tests for Hep B and Hep C should ensure that samples tested are from the health care worker in question. Health care workers should not provide their own specimens.

3. The following standards for occupational health data recording have been agreed by the Association of NHS Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurse Advisors (ANHONA) as the two relevant professional bodies:

   - laboratory test results required for clearance for undertaking exposure prone procedures must be derived from an identified, validated sample (IVS). Results should not be recorded in occupational health records, including the doctor’s Occupational Health Smart Card, if not derived from an IVS;

   - an IVS is defined according to the following criteria:
     - the health care worker should show a proof of identity with a photograph – eg trust identity badge, new driver’s photo-licence, photo-credit cards or passport, when the sample is taken;
     - the sample of blood should be taken in the occupational health department;
     - samples should be delivered to the laboratory in the usual manner, not transported by the health care worker;
     - when results are received from the laboratory, check that the sample was sent by the OH department.

   - Laboratory tests should be carried out in accredited laboratories, which are experienced in performing the necessary tests, and which participate in appropriate external quality assurance schemes.

4. In view of these recommendations it may be necessary for individual OH units to do extra checks on some data or repeat results before they are satisfied that the result can safely be entered on to the doctor’s Occupational Health Smart Card at the initial data entry stage. It is vital that trusts feel confident collectively to make good and safe use of these cards – both during the implementation period and beyond - to save time, cost and duplication of effort, to make life easier for the doctors as they
move around NHS training posts, and to provide a secure, accurate and up-to-date record of doctors’ fitness to work with patients in the NHS.

**Rubella and Varicella antibodies**

5. ANHOPS and ANHONA recommend that OH units accept data from a recognised UK or European laboratory or UK Occupational Health Department. The varicella antibody field should only be used to record a laboratory result: a separate field is provided to record a past history of varicella infection (chickenpox or shingles).

**Tuberculosis – check for BCG scars**

6. In accordance with British Thoracic Society guidelines, the TB health check should include personal or family history of TB, symptoms compatible with TB, check for BCG history or scar, and – if skin test is positive (Heaf Grade 2-4) and no evidence of current TB – inform the person of TB risk and symptoms to be aware.

7. The presence of a BCG scar must only be recorded if the scar has been seen by a member of the OH unit. Small scars may be difficult to identify and, if in doubt, an experienced colleague should be asked for further advice. Although a history of BCG vaccination and scar formation is helpful, the presence of a BCG scar must not be recorded on the basis of history alone. The size of the scar is not relevant and need not be recorded.

**Smart Card data entry**

8. OH Units should liaise closely with their trust HR/Medical Staffing colleagues to ensure that initial bulk data entry from existing paper or electronic records is carried out as soon as possible after receiving cards from the issuing postgraduate deanery. The cards should then be passed on speedily to the doctors in training for validation in good time before they move on to new training posts elsewhere. Local trust operating protocols will also need to be devised to handle card updates for staff arriving with an existing smart card received in a previous training post or placement.

Contacts:
- **OHSC operational issues:** barbara.levy@doh.gsi.gov.uk
- **OHSC software/hardware technical issues:** support@tssi.co.uk
  (or phone TSSI on 01793 747700)
- **OH clinical guidance:** from your relevant professional body

ENDS