

Recruitment and implementation of students in response to Covid-19

The current situation with Covid-19 is already putting significant pressures on the NHS. General practice is changing its operating models to cope with existing demand, but current modelling would suggest the workload pressure will increase dramatically over the forthcoming weeks and months. This will be compounded by staff sickness/self-isolation.

This resource acts as a guide to practices considering supplementing their workforce (e.g. use of medical students) in response to Covid-19. This document offers guidance, examples and best practice to suit the needs of your local circumstances.

Updated - 9 April 2020

We'd like to extend our appreciation to GP Heads of Teaching colleagues and their teams across the UK, for developing key sections of this resource and allowing for it to be made available via the RCGP's Covid-19 resource hub.

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"Our practice is looking to gain the support of medical students in response to Covid-19."

Have you been contacted by your local medical school?

Each medical school is responsible for their own medical students. Each school is therefore responsible for developing their own process for which medical students will be able to 1) express their interest/support; 2) seek approval from their parent medical school; 3) be matched with a local trust and/or practice.

In the first instance, medical schools are likely to contact their network of practices to assess local demand, many of which are teaching practices that already have strong links with the medical school and their primary care department. If you have received contact with your medical school, you're in the strongest position and we'd advise you to follow the guidance and instruction provided by your local school.

If you haven't been contacted, it is likely that your local medical school is taking a different approach and we'd recommend that you contact one of the following organisations if you wish to take on medical students at your practice during this time:

- Local medical school(s)
- Relevant Primary Care Network, Health Board, Cluster or equivalent
- Relevant Training Hub.

If your geographical location means that you don't have a medical school within a reasonable distance of your practice, we'd recommend you contacting your local PCN, Health Board, Cluster, Training Hub or equivalent in the first instance. Though medical students are advised to seek opportunities local to their medical school, there are opportunities for them to offer support local to their home address.

Statement of expectation

Key sections of this guidance have been provided by Medical Schools Council

In the current public health crisis, medical students are keen to help their colleagues working in the NHS. The NHS is in the best position to decide what it needs locally, and medical schools will do all they can to support this. The following statement of expectation, developed by the Medical Schools Council with input from Health Education England and the General Medical Council, contains guidelines for NHS organisations, medical schools and medical students relating to medical student volunteering. In this document we refer to medical students in roles that utilise their knowledge and skills above and beyond those that may be offered by non-medical student volunteers. A practice would be expected to consider whether the role offered should be carried out on a voluntary basis or whether remuneration should be provided. It is recommended that practices liaise directly with a student's parent medical school to discuss and agree any appropriate detail.

- Medical students' first responsibility is to their continuing education. They must not jeopardise their readiness to qualify in the future by taking on too many additional responsibilities.
- Volunteer medical students in structured part-time work which uses their clinical experience must be placed in structured clinical roles, should be paid and must receive written terms and conditions.

- NHS employers should be supportive to these student volunteers and must not permit them to undertake tasks beyond their competence.
- NHS employers must ensure that these students have appropriate induction, training and supervision in their volunteer role, including training in the use of Personal Protective Equipment (PPE) where necessary.
- Medical schools will endeavour to maintain lists of all students volunteering in the NHS and will develop support systems and networks for them.
- Medical Schools should write to their students to explain that if they wish to take paid roles as volunteers that utilise their knowledge and skills above and beyond those that may be offered by non-medical student volunteers, they need:
 - o The endorsement of their medical school
 - To follow the guidance below
 - To keep in contact with their medical school so that support can be provided
 - To ensure that they keep up to date with online learning requirements.

Broad principles

Provided by Medical Schools Council

Indemnity/Insurance:

• Students volunteering for/with NHS organisations will be covered by Crown Indemnity. They must not work beyond their competence.

Who can volunteer?

- Volunteering is optional and will not negatively affect students who do not wish to take part.
- Student volunteers should be placed based on competencies i.e. non-clinical years students should not be put in clinical environments.
- Students should be able to leave volunteering roles should they wish.

Terminology:

• There should be clear terminology that defines a medical student volunteer and differentiates them from other professionals such as HCAs or recently graduated doctors.

Approval from parent medical school:

• All student volunteers must first request permission and approval from their parent medical school. No GP practice should accept a student volunteer who does not have evidence of approval.

Location:

- In the first instance, students who wish to volunteer should be encouraged to assist one of their local medical school trusts or GP practices as they may have more experience in these environments.
- Although it is <u>strongly preferred</u> that students volunteer close to their medical school (as this makes organisation and support much easier) students should also be able to volunteer at local trusts or GP practices near their non-term time address so long as approval is first granted by their parent medical school. In this situation we suggest that the student contacts the nearest medical school, so they can, if possible, provide a level of support.

Hours and working patterns:

- Student volunteer hours should be restricted to a maximum per week and per day. Student volunteer night shifts should be avoided.
- Students should negotiate their hours of volunteering bearing in mind their principle responsibility towards their continuing education.
- National rules around rest periods and breaks should be made clear to volunteers.
- All volunteering roles should be time limited, with the length made clear in advance.

Induction and training:

- Students must have an appropriate formal induction by the trust and/or practice and be informed about the person to whom they will be reporting and who is providing supervision. Details should be provided of how to contact these people.
- Medical schools should work with trusts and/or GP practices to help them provide training materials where possible.

Risk assessments:

- Trusts and GP practices should complete a general risk assessment that has been shared with their local medical schools in advance.
- As far as possible in a healthcare environment, students should not be put at clinical risk.
- Students should be provided, where appropriate to local policy, with PPE and full training in its use. A sample risk assessment document is appended for information. Medical Schools are welcome to adjust it for their own local needs.

Student wellbeing:

- Medical schools should keep lists of student volunteers and their locations.
- Students should be aware of key contacts who are responsible for their wellbeing this includes within trusts, GP practices and medical schools.
- Shifts must be recorded as with any trust employee and there should be clear instructions on arrangements for self-isolation/sickness absence.
- There should be a clear process for raising concerns, with identified key contacts.
- Students should be included in daily briefings where possible to ensure they feel a part of the team. Where possible, a separate briefing for volunteers should also be held.
- Where possible, students should not continuously change roles and departments. If this is required, then they should be provided with adequate support such as setting up volunteers with 'buddies'.
- Medical students volunteering in the NHS should try to ensure that they have food and other domestic supplies at home and someone to talk to after their shift in the NHS.

Communication:

• There must be a contact system between trusts, GP practices and medical schools to discuss the use of student volunteers in their organisation.

Roles and responsibilities:

• Students should never be asked to undertake any activity beyond their level of competence. This should be made clear to all volunteers and they should be able to seek senior guidance should anything be unclear (further guidance below).

FAQs for practices

What can a student volunteer do I general practice?

All students can undertake any reception task. Later year students can triage letters and results, call or text patients (once reviewed by doctors) for medication reviews, with results, and for check-ups. They can check isolated or vulnerable patients and carers by phone and signpost to local support services. After screening, and always with necessary PPE, final year students can undertake patient observations and phlebotomy with a similar range to a HCA. Refer to our guidance below.

What indemnity do I have for student undertaking these roles?

The NHS indemnity scheme - Clinical Negligence Scheme for General Practice (CNSGP) - will cover the student volunteer role (see supervision below).

How many hours can a student volunteer for a week?

This will depend on the practice's needs and student's availability. Please note, students are still following a study timetable with online learning requirements and scheduled holidays.

What supervision do we need to provide?

You need to provide a practice induction (stress safety and confidentiality), and ensure onsite clinical supervision including feedback and where appropriate debriefing and reflective opportunities (further guidance below).

Do I have to provide PPE for students?

Yes, if a student encounters a patient who is at risk of Covid-19 infection.

What training should the practice provide?

You will need to train students in accordance to your local ways of working including important systems, policies and procedures. Refer to our suggested induction below.

How do I make an agreement with a student volunteer?

Depending on the role and remuneration agreed, please consider using our example offer of employment or volunteer agreement below.

Should I offer to pay my student volunteer expenses?

If your student is offering their time voluntarily, we recommend that you offer appropriate support to ensure they can cover any shortfalls i.e. travel and lunch.

What checks can the local medical school confirm their students have had?

All students should have Disclosure and Barring Scheme (DBS) clearance and most students will have a full Occupational Heath (OH) clearance but please discuss this with your local school before any student starts in practice.

Can a student who is registered, or whose family is registered with the practice volunteer?

Generally, this is not recommended, but if there are no other volunteers in the locality you will need to provide additional training and limit patient record access where necessary. Professional expectations re. confidentiality and information governance should be reiterated and that all usual safeguards for patients apply and must not be overlooked or compromised.

How does volunteering affect students' ongoing medical education?

Students are still enrolled with their degree course, studying medicine and carrying out learning online. It is important that they are able to continue studying alongside any voluntary or employment activity. We recommend that students should keep a record of their experience and reflect upon what they experience throughout.

For further information and access to recently developed educational resources regarding undergraduate general practice head to <u>www.rcgp.org.uk/undergraduate</u>.

Potential workforce and roles

The following table lays out the potential groups that may be suitable and the roles that they could carry out in general practice, an example job description for a 'Clinical Student Assistant' can be found below.

Workforce	Roles	Detail	
	Clinical		
Medical students (Y4-5)	Medical AssistantHealth Care Assistant	 They have greater clinical experience To be deployed alongside GPs Require clinical supervision 	
Medical students (Y1-3) Nursing students Paramedic students PA students	 Reception Dispensing Assistant Health Care Assistant Medical Secretarial Data Admin Clerk 	 Less clinical supervision Deployed and supervised by both nurse and admin teams 	
	Para-clinical		
Students in: Social work Occupational therapy Speech therapy	 Reception Dispensing Assistant Health Care Assistant Medical Secretarial Data Admin Clerk 	 Less clinical supervision Deployed and supervised by both nurse and admin teams 	
	Non-clinical		
Customer service roles Community volunteers Teachers Teaching Assistants	ReceptionHealth Care AssistantData Admin Clerk	 No clinical experience but have people and communication skills Non-clinical supervision 	

Example job description

Thanks to colleagues at Swansea University for the original draft of this job description.

Job Title: Clinical Student Assistant Reports to: XXX Hours: XXX

Job summary

Working under the direct supervision of XXX and strictly in accordance with specific practice guidelines and protocols, the clinical student assistant will assist the clinical team in the provision and delivery of prescribed programmes of patient care.

Selection of duties and responsibilities, depending on site of work:

- General call handling queries and script management to cover for staff who are in self-isolation or off sick (on the job training).
- Administrative tasks such as scanning letters and summarising medical records to free up trained staff to focus on other key areas where staff are off.
- If requested by practice/team lead keeping in touch with over-70s who are in selfisolation and lonely over telephone.
- Coordinating needs for over-70s with local volunteering groups.
- ECG recording if trained and signed-off appropriately.
- Phlebotomy services for urgent non-Covid-19 patients if has competency/sign-off.
- Assisting in non-Covid-19 services run in the community
- Immunisation clinics if has competency/sign-off.
- Spirometry if has competency/sign-off.
- Chaperoning duties.
- Processing and management of laboratory samples requested by GPs/nurses.
- Assisting in the assessment and surveillance of patients' health and wellbeing.
- Undertaking specific clinical activities for named patients that have been delegated and taught specifically in relation to that individual.
- Helping to raise awareness of health and wellbeing and how it can be promoted.
- Assisting with the collection and collation of data.

Confidentiality:

- When seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and act appropriately.
- In the performance of the duties outlined in this job description, the post-holder may have access to confidential information relating to patients and their carers, practice staff and other healthcare workers. They may also have access to information relating to the practice as a business organisation. All such information from any source is to be regarded as strictly confidential.
- Information relating to patients, carers, colleagues, other healthcare workers or the business of the practice may only be divulged to authorised persons in accordance with the practice policies and procedures relating to confidentiality and the protection of personal and sensitive data.

Contribution to the implementation of services:

The post-holder will apply practice policies, standards and guidance and discuss with other members of the team how the policies, standards and guidelines will affect own work.

Health and safety:

- Using personal security systems within the workplace according to practice guidelines.
- Awareness of national standards of infection control and cleanliness and regulatory/ contractual/professional requirements, and good practice guidelines.
- Involvement in the correct and safe management of the specimens' process, including collection, labelling, handling, use of correct and clean containers, storage and transport arrangements, under supervision.
- Making effective use of training to update knowledge and skills and initiate and manage the training of others across the full range of infection control and patient processes.
- Safe management of sharps procedures including training, use, storage and disposal.
- Actively identifying, reporting, and correction of health and safety hazards and infection hazards immediately when recognised.
- Keeping own work areas and general/patient areas generally clean, sterile, identifying issues and hazards/risks in relation to other work areas within the business, and assuming responsibility in the maintenance of general standards of cleanliness across the business in consultation (where appropriate) with other sector managers.
- Demonstrate due regard for safeguarding and promoting the welfare of children.

Equality and diversity:

The post-holder will support the equality, diversity and rights of patients, carers and colleagues, to include:

- Acting in a way that recognises the importance of people's rights, interpreting them in a way that is consistent with practice procedures and policies, and current legislation.
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues.
- Behaving in a manner that is welcoming to and of the individual, is non-judgmental and respects their circumstances, feelings priorities and rights.

Personal and professional development:

The post-holder will participate in any training programme implemented by the practice as part of this employment. Taking responsibility for own development, learning and performance throughout.

Quality:

The post-holder will strive to maintain quality within the practice, and will:

- Alert other team members to issues of quality and risk.
- Assess own performance and take accountability for own actions, either directly or under supervision.
- Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance.
- Work effectively with individuals in other agencies to meet patients' needs.
- Effectively manage own time, workload and resources.

Communication:

The post-holder should recognise the importance of effective communication within the team and will strive to:

- Communicate effectively with other team members.
- Communicate effectively with patients and carers.
- Recognise people's needs for alternative methods of communication and respond accordingly.

Training and supervision

Each practice will have a slightly different structure. These workers will need to be supervised and to receive rapid training. A training plan would need to be produced, and this would need to be adapted by each practice to meet their local requirements. An example can be found below.

It is recommended that each worker has a supervisor. The supervisor would oversee their training and offer support whilst working. A competency framework could be created as a source of reference for the workers when in post, refer to the appendix to see an example.

Suggested practice induction

Use this overview to provide an informative induction to any new starter.

Here's what to include in an initial meeting or briefing with your new starters:

- An overview of your practice and the context/environment in which it's situated
- Offer a detailed explanation of staff structures and roles, highlighting any key individuals they'll likely work with or encounter in their role
- Appoint and introduce your new starter(s) with a supervisor or mentor
- Provide any demonstrations the new starters might need
- Set aside time for the new starters to ask questions
- Share relevant files, either in digital or print format, so that new starters can read them later if they want to.

Practice policies and procedures

Highlight the most important things new starters need to know and address their questions:

- Describe your workplace rules e.g. hours, breaks, use of lockers and accessibility, etc.
- Describe the process they will need to follow if unwell or unable to work
- Explain your requirements for remote work, if relevant
- Explain your performance review process, if relevant
- Ask new starters to review and sign any non-disclosure or confidentiality agreements
- Provide an FAQ document on the most popular practice policies or procedures.

Role-specific training

Explain team structure and roles, establish expectations for success and set new starters up with useful tools and resources to aid the delivery of their role:

- Describe the new starters' tasks, i.e. a typical day at work
- Present job-specific tools that the new starters will use
- Provide a list of helpful resources to find answers to frequently asked questions
- Display and explain reports that track any relevant measures or KPIs
- Present key aims and objectives related to the new starters' position and team
- Schedule regular catch-ups between the new starters and their supervisors/mentors
- Where necessary, schedule time for new starter to meet the rest of the team
- Explain the roles of different team members and how they will work with them.

IT setup and training

If IT equipment is required, you should ensure all systems are up and running. It is also important to ensure new starters are aware of relevant data privacy and system security:

- Make sure new starters have access to necessary tools to use equipment/software
- Check that new starters have necessary access, permissions and accounts, e.g. email
- Ensure all new starters understand and sign relevant data privacy agreements.

Student wellbeing

Advice is changing rapidly as the Covid-19 situation unfolds, and although there is still lots of uncertainty, there is plenty we can do to support medical students working in general practice. We recognise that our medical student community is dispersed across the UK, some will have remained close to their parent medical schools, others will have headed home to be with family and friends. Many might be feeling scared; many of us are, it's completely natural response to this situation.

We want to make sure that all students are safe and ensure that all those offering their time and skills to general practice, are thanked accordingly and are adequately supported and signposted to tools to look after themselves.

A few things you can signpost to, created by Mind as part of their 'Taking care of you' resources.



Additional resources:

- How to manage our anxiety about Covid-19 from 'You are not a Frog'
- Emotional and psychological wellbeing regarding Covid-19
- Confidential 24/7 helpline for students and doctors from the BMA
- Practitioner Health
- Unlimited access to Unmind for anyone with an nhs.net email address
- Visit our 'wellbeing section' as part of the RCGP Covid-19 resource hub.

Appendix A | Example volunteer agreement

Name of host practice/organisation:	
Name of student:	

The host practice/organisation

Many thanks for volunteering with us. We shall do the best we can to make your volunteering experience rewarding, positive and supportive.

This agreement describes what you can expect from us and the standards of personal and professional conduct we expect from you.

Your role as a volunteer starts with a one-week trial period starting [insert date].

The practice will do our best to:

- Provide an induction to the organisation, other volunteers, your volunteering role and to provide the training you need to meet the responsibilities of this role.
- Explain the standards we expect for our services and to encourage and support you to achieve and maintain them.
- Explain the policies relating to health and safety, equality and diversity, confidentiality and the raising concerns processes.
- Provide a named person who will supervise clinical work, answers questions, meet with you regularly to discuss your volunteering and any successes or problems.
- Do our best to help you develop your volunteering role with us.
- Reimburse any reasonable 'out of pocket' expenses incurred by you during your work, this will include food whilst volunteering and travel to a maximum of £X/day.
- Provide a safe and healthy environment in which you can work.
- Provide adequate insurance cover for volunteers whilst undertaking voluntary work approved and authorised by us.
- Ensure that all volunteers are dealt with in accordance with our equal opportunities policy.
- Try to resolve fairly any problems, grievances and difficulties you may have while you volunteer with us (following our HR procedures). Professionalism concerns may be escalated to your medical school.

The volunteer

I agree to do my best to:

- Help the organisation fulfil its aims and objectives.
- Perform my volunteering role to the best of my ability.
- Follow the organisation's procedures and standards, including health and safety and equal opportunities, in relation to its staff, volunteers and service users.
- Work within my level of competence.
- Maintain the confidential information of the organisation and the service users.
- Meet time commitments and standards agreed to and to give reasonable notice so other arrangements can be made when this is not possible.
- Agree that any work I produce as a volunteer will be owned by the organisation.
- Contact appropriate student support services at parent for additional support or advice.
- Follow to the best of my ability the GMC guidance '<u>Achieving Good Medical</u> <u>Practice</u>'.

This agreement is in honour only and is not intended to be legally binding. There is no intention of an employment relationship.

Signed:

Date: (for the organisation)

Signed:

Date: (for volunteer)

Thanks to colleagues at QMUL and UCL for the original draft of this agreement.

Appendix B | Example offer of employment

25 March 2020

PRIVATE & CONFIDENTIAL Name Address

Dear Colleague,

Offer of casual employment

Following a recent email where you offered your services to the practice during this unprecedented time and your discussion with Dr X, I am pleased to write and offer you casual employment with us at XXX Practice.

This casual contract is in place for you to support multiple teams in which you have transferable knowledge, skills and experience. Following your conversation with Dr X, the areas in which we feel you can be of added value are:

- Dispensing at X surgery which may include deliveries
- Assisting our GPs and nurses to assess patient with clinical observations and tests such as bloods, ECGs, blood pressure, etc.
- Wellbeing calls to at risk and vulnerable patients
- Secretariat support

With the help of key members of the practice team and Dr Y, we will produce a suitable rota for you to assist in each of these areas. Support and training will be provided as required in each area of work.

I can confirm that:

- Your pay scale will be fixed at **£xx.xx** per hour
- Your working hours will be agreed daily or weekly with the individual Managers but will not exceed **9 hours per day** or **38 hours per week**.
- This casual employment will begin on **DD.MM.2020** for an initial three-month period, therefore terminating on **DD.MM.2020**. We will review this again at this point and offer further extensions if required.

I would be grateful if you could return your written letter of acceptance as soon as possible. We would like to welcome you to XX practice and thank you for your offer of support during such a busy time.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

HR Manager

Appendix C | Example student risk assessment

To be completed by student and then returned to parent medical school. If you are unsure about your answers to any of the questions, please leave blank and you can discuss with a member of staff at your medical school.

Student name:				
Date:				
Host		Description	of volunteer du	tion
Name of host practice/organisation	:	Description	of volunteer du	lies
Traine of host practice, organisation	•			
1. General control measures		Action necessary?		Action completed?
Do you feel you have adequate information about the volunteer activity you have been asked to undertake?	Yes/No			
Do you have any specific training requirements (e.g. manual handling, safeguarding, PPE training)? If yes, please give details.	Yes/No Details:			
Have you received confirmation of a named supervisor/mentor? If yes, please include their name and email address.	Yes/No Name: Email:			
I confirm that I have read the Public Health England Covid-19 Guidance below (link <u>here</u>).	Yes/No			
I understand that I should not undertake any activity that is not appropriate to my level of training and will contact if I have any concerns about this.	Yes/No			
I confirm that if I have any concerns or require support during my volunteering I know whom I should contact (pcphmeded@ucl.c.uj	Yes/No			
2. Risk assessment and further specific actions necessary	Risk profile	High/ Medium/ Low Risk	Action necessary?	Action completed?
Will you be directly exposed to patients with COVID-19?	Yes/No			
Do you have any underlying health concerns?	Yes/No			
Are you in regular contact with others who are vulnerable or have underlying health concerns?	Yes/No			
Do you have dependents and/or caring responsibilities to consider?	Yes/No			

If you have answered 'Yes' to any of	the questions	above, please	include details h	iere:
Have you considered the impact of an isolation period on yourself and/or your family/housemates?	Yes/No			
3. Conclusions (to be completed by member of staff at parent medical school)				
Are the risks tolerable such that the volunteering can be approved?	Yes/No			
Action:				
Signed:				
Date:				

Thanks to colleagues at Cardiff University for the original draft of this assessment.

Appendix D | Example competency framework

Secretariat skills	Date observed	Staff member
Information governance - personal information is accessed appropriately for legitimate reasons, and is dealt with legally, securely, efficiently and effectively. Only access patient records if you need to do so for your job.		
Understand the principles - acts and guidelines of standards in relation to your role.		
Confidentiality agreement - adhering to what you've signed up to. Consequences of unauthorised disclosure of confidential information.		
Availability of practice policies - appropriate access		
Smartcard security - appropriate access		
Waste paper disposal - understanding of policies		
Use of SystmOne: Viewing data Adding data Moving/editing data Process to update patient demographics Appropriate use of Task List - creating and action Appropriate use of Notifications - creating and action Workflow list Messaging Patient print outs as requested Create Word templates Address Book		
 Appointments and prescriptions: Viewing appointment list Search/make an appointment Cancel/delete an appointment Search for patient medication Issue a repeat prescription 		
 Lexacom dictation: Select dictation to type/completing to remove from list Aborting dictation and returning it to typing pool Reclaiming files Speed and volume adjustment 		

 Referrals: Coding and creating the referral in SystmOne RSS system Referral process Monitoring electronic referrals - ensure none outstanding have been missed and processed within timescales Manual referrals where appropriate Some knowledge and understanding of local healthcare systems and specialities, to assist patient referral enquiries 	
 Other administration incl. letters: Surgical procedures Buddying system - continuity for checking lab results, incoming documentation when GPs on leave Filing paper records Filing electronic non-patient documentation (personal/shared drive) Minutes of meetings Create and update working protocols Internet access - searches and set up favourites 	
 Scanning and electronically filed documents: View a document in SystmOne Scan a document and file to patient record Remove/delete documents from patient record where appropriate 	
 NHSMail: Read and send email/with attachments Save emails/archive Delete emails 	
Use of equipment: Phones Photocopier Fax Shredding/confidential waste Panic Alarm Laminator Stationery supplies Franking machine	
Summarising: • Extract relevant information • Add to patient record • Correct read coding	