Dorset County Hospital NHS Foundation Trust

CLINICAL ATTACHMENT POLICY

Policy Title	**Clinical Attachment Policy**		
Policy Number		**Policy Version Number**	**3**
Applicable to	International doctors wishing to undertake a Clinical Attachment at Dorset County Hospital.		
Aim of the Policy	A policy for when clinical attaches observe the role of doctors and other health care professionals at Dorset County Hospital.		
Next Review Due Date	15th May 2028		
Author/ Reviewer	Tracy Rose, Medical Education Manager		
Policy Sponsor	Dr Paul Murray, Director of Medical Education		
Expert Group	Medical Resourcing Operations Group		
Date Approved	15th May 2025		
Primary Specialty	Workforce		
Secondary Specialties	Education		

Document Management			
Previous Policy Number	N/A	Previous Version Number	N/A
Changes Requested/ Dictated by: N/A			Year:
Description of Changes Since Last Version: N/A			

Content

Section		Page
1.	Introduction	**3**
2.	Aim and Objectives of the Policy	**3**
3.	Who the Policy is for?	**3**
4.	Definitions, Legislation, Policies, Guidelines and References	**3**
5.	Equality Impact and Compliance Assessment	**4**
6.	Data Protection Impact Assessment	**4**
7.	Stakeholders and Consultation	**4**
8.	Roles and Responsibilities	**4**
9.	Dissemination	**6**
10.	Training and Implementation	**7**
11.	Monitoring and Reviewing Arrangements	**7**
12.	Policy Approval	**7**
Appendix A	Equality Impact and Compliance Assessment *(mandatory)*	**8**
Appendix B	Data Protection Impact Assessment (DPIA) Screening Questionnaire	**10**

1. Introduction

1.1.1 A Clinical Attachment is a 4 week, unpaid, work placement for international doctors wanting to observe the role of doctors and other health care professionals within the NHS. They will be attached to a particular department and supported by a named Supervising Consultant.

2. Aim and Objectives of the Policy

2.1 The aim of this policy is to ensure that its recruitment and selection processes are carried out consistently and fairly. It states the Trust's expectations in relation to the role and conduct of the Clinical Attaché as well as those supporting them.

2.2 To ensure safety of patients is always paramount.

3. Who is the Policy for

4.1 This policy applies to all Clinical Attachment applicants of the Trust, Workforce Resourcing Department, Medical Education Department and Clinical Supervisors.

4. Definitions, Legislation, Policies, Guidelines and References

4.1 Explanations of the terms used in the policy.

4.1.1 **Clinical Attachment:** Allows International doctors to gain an overview of medical processes and systems in the NHS, by observing a Consultant in a relevant speciality at work. During the attachment, they are not given any responsibility and are not able to make clinical decisions or give clinical advice.

4.1.2 A Clinical Attachment may run for a maximum of 4 weeks and can be taken in any chosen specialty providing there is a Consultant within the specialty who has agreed to supervise the attachment. Consultants are not obliged to take on a clinical attachment and do so out of goodwill.

A Clinical Attachment may take place across two specialties consecutively, providing that;

(i) There is a Consultant within each specialty who has agreed to supervise the attachment(s)

(ii) The total length of time of the attachment(s) does not exceed 4 weeks

(iii) If there is a request to extend the attachment beyond 4 weeks, the Clinical Attaché will need to request a new attachment and will be charged a new placement fee

4.1.3 **Clinical Attaché:** is the international doctor undertaking the placement. A Clinical Attaché is not supposed to practice medicine during their attachments; instead, they are there to observe clinical practice**.**

4.1.4 **Clinical Supervisor**: the personal/educational supervision that a Clinical Attaché receives from their designated supervisor.

5.1 **Guidelines**

5.2 This policy links to the Trust recruitment policy Recruitment Policy

6. Equality Impact Assessment

All new employees appointed to the Trust as a Clinical Attaché are treated equally, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, gender and sexual orientation.

7. Data Protection Impact Assessment

Please see Data Protection Impact Assessment (DPIA) Screening Questionnaire (Ref 1751) in Appendix A.

8. Stakeholders and Consultation

8.1 Head of Workforce Resourcing, Medical Director, Director of Medical Education and the Head of Education Learning and Development.

9. Roles and Responsibilities

9.1 **Clinical Attachment Process**

A doctor requesting a Clinical Attachment will do so through accessing the Microsoft Form on the Clinical Attachment page of the DCHFT website. The Medical Education Manager will contact the specialty's Consultants. Each Consultant may only facilitate one attachment at a time. The Medical Education Department will send the doctor a copy of the Clinical Attachment Policy.

9.2 A Consultant who agrees to facilitate an attachment will then confirm this to the Medical Education Manager, who will inform the Workforce Resourcing Department via email, providing the following details;

(i) The name of the attaché
(ii) The contact details of the attaché
(iii) The length and dates of the attachment
(iv) Copy of the CV
(v) DOB
(vi) Specialty
(vii) Name of the Supervising Consultant

Due to operational pressures, the Medical Education Team are unable to offer Clinical Attachments in the months of July and August.

9.3 The Medical Education Manager will log the details of the Clinical Attachment on the internal spreadsheet.

9.4 The Workforce Resourcing Department will contact the doctor to obtain the following:

- Two references from their last employer in their home country or University or character reference if none other available
- A copy of their Medical Degree
- A copy of their original Passport with evidence of the right to remain in the UK for the duration of the attachment (see section 9.16)
- Evidence of an IELTS certificate at level 7.5 or OET Grade B (if not GMC registered)
- Evidence of having completed the PLAB 1 and PLAB 2 exam
- Police clearance certificates must be provided for any country (excluding the UK) in which they have resided in for 12 months or more (whether continuously or in total) in the last 10 years, while aged 18 or over.

9.5 The Clinical Attaché will bring their original documentation to the Medical Education Department during the first day of their Clinical Attachment. The Medical Education Team will scan the documents and email them to Medical Recruitment.

9.6 Medical Recruitment will require the Clinical Attaché to complete the self-declaration form for DBS and Occupational Health

9.7 Once all documentation has been vetted and approved the Workforce Resourcing Department will contact Medical Education Department to agree a start date with the Clinical Attaché.

9.8 The Workforce Resourcing Department will issue an honorary contract to the Clinical Attaché, on behalf of the Trust. The Clinical Attaché will sign the honorary contract and then return it to the Workforce Resourcing Department, who will take a copy of the contract for the Clinical Attachment file. The Clinical Attachment may now commence.

9.9 Responsibilities of the Supervising Consultant

9.10 The Supervising Doctor is liable for the actions of the Clinical Attaché, as the Attaché has no indemnity. The Supervising Consultant will ensure that the Clinical Attaché does not undertake any activity which is not permitted.

9.11 The Supervising Consultant will inform the Clinical Attaché of the requirement for a patient's prior informed consent and the right to decline to be observed.

9.12 The Supervising Consultant will ensure that the Clinical Attaché does not continue to observe past the end date of the Clinical Attachment.

9.13 It is permitted for the Supervising Consultant to arrange for the Attaché to spend time with other healthcare professionals as part of the attachment, but it is the Consultant's responsibility to ensure that the professionals are aware of the limitations of the Attaché's honorary contract. There should always be a

specific DCH employee who is responsible for the Attaché in any session when they are present in the Trust, and this must be highlighted to the Attaché. If the consultant is going to be absent for a period of time during the attachment, they should alert the Education Centre as to who will be supervising in their absence.

9.14 Responsibilities of the Clinical Attaché

9.15 The Clinical Attaché must comply with the Trust's policies and procedures, particularly regarding patient confidentiality and Dignity in Care.

9.16 The Clinical Attaché must hold the right to remain in the UK for the duration of the attachment. (NB – Clinical Attachments do not need to hold the right to work in the UK as they are in an observatory role only and not undertaking paid work).

9.17 Registration with the GMC is preferable, but not essential for a Clinical Attachment.

9.18 Permitted Activity of a Clinical Attaché

9.19 Clinical Attachés have observer status only, similar to that of a medical student.

9.20 Clinical Attachés must work under the supervision of their Supervising Consultant, or a registered professional member of the multidisciplinary team.

9.21 Clinical Attachés are permitted to:

(i) Take a medical history

(ii) Perform a clinical examination under their Supervising Consultant or a member of the Consultant's team.

9.22 Clinical Attachés are not permitted to:

(i) Perform intimate examinations on patients

(ii) Perform catheterisation of male or female patients.

(iii) Request investigations

(iv) Prescribe any treatment or administer any medication

9.23 Accommodation

9.24 The Trust has a very limited supply of accommodation, which currently operates on a waiting list system. Therefore, it cannot be guaranteed that accommodation will be available. Where accommodation is available, a charge will be payable. Clinical Attachés who require accommodation should

contact the Accommodation Team (accommodation@dchft.nhs.uk) for availability. The Trust holds single occupancy accommodation only and is unable to accommodate the family members of Clinical Attachés.

9.25 Placement Fee

9.26 The Trust charge £500 for a Clinical Attachment, which is non-refundable. The Medical Education Manager will provide instructions on how to pay this prior to the commencement of the placement. For anyone securing a post within 12 months after their attachment, they will be reimbursed 50 % of their Clinical Attachment fee.

9.27 Further Information

9.28 This guidance has been produced in accordance with BMA guidance. For further information on Clinical Attachments, please visit Clinical attachments

10. Dissemination

This approved policy will be uploaded to the Trust Policies and Clinical Guidance database and published via the Trust StaffNet.

11. Training and Implementation

No training is required in regards to this policy. However, should any further guidance or support be required then the Director of Medical Education or Supervising Consultant can be contacted in the first instance.

12. Monitoring and Reviewing Arrangements

To be reviewed every three years, unless agreed otherwise, in accordance with the Policy for the Management of Policies and Guidance (Ref 1126).

13. Policy Approval

The policy will be approved in accordance with the Policy for the Management of Policies and Guidance (Ref 1126) and Procedure for the Development of Policies (Ref 1909).

Appendix A

EQUALITY IMPACT AND COMPLIANCE ASSESSMENT

1. General	
Title of document	Clinical Attachment Policy
Purpose of document	The aim of this policy is to ensure that its recruitment and selection processes are carried out consistently and fairly. It states the Trust's expectations in relation to the role and conduct of the Clinical Attaché as well as those supporting them.
Intended scope	All staff involved in Clinical Attachments

2. Consultation	
Which groups/associations/bodies or individuals were consulted in the formulation of this document?	Head of Workforce resourcing, Director of Medical Education and the Head of Education Learning and Development
What was the impact of any feedback on the document?	This policy is reviewed and updated according to any feedback received from consultation.
Who was involved in the approval of the final document?	Medical Education Group, Head of Workforce Resourcing, Director of Medical Education.
Any other comments to record?	

3. Equality Impact Assessment	
Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	All new employees appointed to the Trust as a Clinical Attaché are treated equally, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, gender and sexual orientation.
What measures are proposed to address any inequity?	Any Clinical Attachés' with additional learning needs will be reviewed on an individual basis and offered support tailored to their need.
Can the document be made available in alternative format or in translation?	In accordance with the Policy for the Management of Policies and Guidance (Ref 1126) and Policy for the Development of Policies (Ref 1909).

4. Compliance Assessment	
Does the document comply with relevant employment legislation? **Please specify.**	This document complies with the Employment Rights Act 1996 and Equality Act 2010.

5. Document assessed by:	
Name	x
Post Title/ Position	
Date	

Appendix B

Data Protection Impact Assessment (DPIA) Screening Questionnaire

Project/Policy/Procedure Title: Clinical Attachment Policy

Project Lead: Tracy Rose Date: 21.04.25

Question		Yes	No	Unsure	Comments
1	Are privacy-intrusive[1] technologies being used?		x		
2	Are new and untested technologies being used?		x		
3	Are the purposes of data processing unclear?		x		
4	What is the lawful basis for processing data?			x	
5	Are new or substantially different identification authentication requirements needed?		x		
6	Will there be a significant amount of new data about each person, or a significant change in the current data-holdings?		x		
7	Will there be new data about a significant number of people?		x		
8	Will there be a new link of personal data with another data-holding?		x		
9	Are the data collection procedures new, changed, unclear or intrusive?		x		
10	Will there be a new or changed data quality process?		x		
11	Will there be new or changed data security arrangements?		x		

[1] Intrusion can come in the form of collection of excessive personal information, disclosure of personal information without consent and misuse of such information. It can include the collection of information through surveillance or monitoring of how people act in public or private spaces and through the monitoring of communications whether by post, phone or online and extends to monitoring the records of senders and recipients as well as the content of messages.

12	Are there new or changed data access or disclosure arrangements?		x		
13	Are there new or changed data retention arrangements?		x		
14	Has any external data sharing been identified on the departments data flow map?		x		
15	Is the personal data likely to raise privacy concerns with the individuals? e.g. health records, criminal records		x		
16	Is there any use of highly sensitive or biometric data? e.g. protected characteristics or finger print recognition		x		
17	Will personal data be disclosed to organisations or people who have not previously had access to the data?		x		
18	Will data collection and processing result in automated decision making which will have a significant impact on the individuals concerned?		x		
19	Will individuals be compelled to provide information about themselves?		x		
20	Is there a contract or data sharing agreement in place with all third parties?		N/a		

If you have answered 'Yes' or 'Unsure' to any of the above, please consult with the Information Governance and Data Protection Officer. You may need to complete the full DPIA.

If all answers are 'No' or the Information Governance and Data Protection Officer has been consulted and approves, this Screening Questionnaire can be signed off by the Project Lead and responsible Information Asset Owner.

Name	**Job Title**	**Date**