



# Guide to Onboarding for Clinicians

# Introduction

This guide has been created to support you through Doc Abode's online onboarding process at [join.docabode.com](https://join.docabode.com). Providing you have all the relevant information to hand, the initial registration and verification processes should take up to 30 minutes to complete.

**Please note:** if you already work for LCD, you will not be required to go through the whole onboarding process. To bypass this, you will receive an invitation from [onboarding@docabode.com](mailto:onboarding@docabode.com).

**Please use the link in the email rather than the link above.**

## Information & Documents You Will Need

In addition to your personal information, please have digital copies (PDF or Microsoft Office format) of the following documents to hand before you start the process:

- DBS certificate
- GP training certificate
- Indemnity certificate
- Life Support training certificate
- Mental Capacity Act training certificate
- PREVENT training certificate
- Right To Work i.e. scan of passport
- Safeguarding (Adults) training certificate
- Safeguarding (Children) training certificate
- Appraisal
- CV
- Clinical References x 2

## Initial Set Up and Login

When you access the onboarding platform for the first time, you will be required to set up an account. This will enable you to keep track of your progress and return to the process at a later date if required.

If you are visiting the portal for the first time, please read the introduction and select '**Get Started**'. You will then be asked for the following information:

Information	Notes (if applicable)
<b>Full Name</b>	Please enter your Forename and Surname.
<b>Relevant Role(s)</b>	
<b>Gender</b>	We are collecting this information in the event that a patient makes a specific request for a male or female clinician.
<b>Date of Birth</b>	
<b>Address</b>	Please insert your home address, not the address of your practice.
<b>Phone Number</b>	Please insert your mobile number.
<b>Current Practice</b>	This is an optional field and should only be completed if you are currently based at a Practice. If your Practice is not listed, please select unknown. To easily find a practice, type the first three letters into the field and this will filter the list accordingly.
<b>Email Address</b>	This will be the email address you will receive all Doc Abode information. It would be useful to add <b>onboarding@docabode.com</b> to your safe senders list to ensure you receive all relevant notifications.
<b>Password</b>	Minimum 8 characters with at least: <ul style="list-style-type: none"> <li>• 1 uppercase</li> <li>• 1 lowercase</li> <li>• 1 digit</li> </ul>
<b>Opt-in</b>	We would encourage you to opt-in to make sure you keep up to date with all our exciting developments and industry news!

Please note that you will need to contact the Provider with any updates to the above. Once this information has been entered, press the blue 'Register' button at the bottom of the form to proceed.

When the information has been submitted, you will be taken through to the next step. You will also receive two or three emails depending on the information submitted:

- One confirming your registration
- One containing a link to the Provider verification process
- If you have chosen to opt-in to marketing emails from Doc Abode, you will also receive confirmation of this and be asked to confirm your opt-in.

## Provider Verification

We want to start connecting you with NHS patients as soon as possible but before we can do so, your identity and right to work will need to be verified by your local Provider. To begin:

- Select 'View Assignment'
- Select 'Start Assignment'
- Begin entering information and uploading the required documents. After each item has been entered, please ensure you click 'Submit', check the information and then click 'Continue'

At any time during the onboarding process, you can choose to 'Complete Later' – selecting this will save your application in its current state. You can then simply log back in to the portal at a more convenient time to complete your assignment.

The information required as part of this process is as follows:

Information	Notes (if applicable)
<b>GMC Registration Number</b>	There is a check in place to ensure the GMC registration number you have entered is 7 digits.
<b>National Performers List</b>	You must be registered and licenced to complete the Doc Abode onboarding process.
<b>NHS Smartcard</b>	There is a check in place to ensure the NHS Smartcard number you have entered is 12 digits.
<b>Occupational Health Check</b>	<p>As part of the onboarding process, we need to verify your occupational health status which we can do in one of two ways:</p> <ul style="list-style-type: none"> <li>• If you have an existing employer that can verify your occupational health status on your behalf, we can issue an honorary contract with LCD.</li> <li>• If you don't have an existing employer or would prefer them not to be contacted, we will require some additional information from you to verify your occupational health status internally – you will be sent a short questionnaire via email if you select this option.</li> </ul>
<b>DBS Certificate</b>	<p>If you have registered for the DBS Update Service, please upload a document containing your DBS Number and date of birth for online verification.</p> <p>If you have not registered for the DBS Update Service, please upload a digital copy of your DBS certificate which must have been issued within the last three months.</p>

<b>GP Training Certificate</b>	<p>Please upload a digital copy of your certificate of completed GP Training from either:</p> <ul style="list-style-type: none"> <li>• The Postgraduate Medical Education &amp; Training Board (PMETB) or;</li> <li>• Joint Committee on Postgraduate Training for General Practice (JCPTGP).</li> </ul>
<b>Indemnity Certificate</b>	<p>Please upload a copy of your BLS, ILS/ ALS and/or CPR training certificate. Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>Life Support Training</b>	<p>Please upload your Mental Capacity Act (2005) training certificate which must have been issued within the last three years. Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>Mental Capacity Act Training</b>	<p>Please upload your Mental Capacity Act (2005) training certificate <b>which must have been issued within the last three years.</b> Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>PREVENT Training</b>	<p>Please upload your PREVENT training certificate. Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>Right to Work</b>	<p>Please upload proof of your right to work in the UK e.g. a scanned copy of your Passport.</p>
<b>Safeguarding (Adults)</b>	<p>Please upload your Safeguarding (Adults) training certificate <b>which must have been issued within the last three years.</b> Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>Safeguarding (Children)</b>	<p>Please upload your Safeguarding (Children) Level 3 training certificate <b>which must have been issued within the last three years.</b> Once uploaded, you will be asked to enter the date the training was taken and when your certificate expires.</p>
<b>Next Appraisal</b>	<p>Please upload a copy of the final page of your last appraisal <b>which must have been issued within the last three years.</b> Once uploaded, you will be asked to enter the date the appraisal took place and when your next appraisal is due.</p>
<b>CV</b>	<p>Please upload a copy of your most recent curriculum vitae.</p>
<b>Clinical References</b>	<p>Please insert details of two clinical references, one of whom has to be your most recent, or current employer. For each reference, you should provide:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Email address</li> <li>• Contact number</li> </ul> <p>Once you have entered the information, you will be asked to confirm that you have notified your two referees that they will be contacted by the Provider. <b>You must select 'Yes' in order to proceed to the next step.</b></p>

<b>Languages</b>	<p>Please select the language(s) you are able to communicate with patients in - you are able to select more than one.</p> <p><b>You do not need to enter 'English'</b> - it is assumed that all clinicians are able to visit English-speaking patients.</p> <p>Please note that it is not a requirement of Doc Abode or the Provider for you to speak more than one language. If you only speak English, please leave this field blank.</p>
<b>Preferred Specialities</b>	<p>Please select your clinical speciality(ies) that you are particularly interested in carrying out home visits for – you are able to select more than one.</p> <p>Please note that it is not a requirement of Doc Abode or the Provider for you to specify a clinical interest/speciality. You can leave this field blank.</p>
<b>Excluded Specialities</b>	<p>Please select the clinical speciality(ies) that you are not interested in carrying out home visits for - you are able to select more than one.</p> <p>Please note that it is not a requirement of Doc Abode or the Provider for you to specify a speciality exclusion. You can leave this field blank.</p>
<b>Maximum Drive Time</b>	<p>Please enter (in digit format) the maximum number of minutes that you would be willing to travel for to carry out a home visit.</p> <p>Please note that when you are notified of a home visit through the Doc Abode app, we will estimate the travel time based on real-time traffic reports however Doc Abode nor the Provider takes any responsibility for traffic or incidents which may delay your journey.</p>
<b>Bank Account Details</b>	<p>These details are required in order to process payments for the home visits that you make once verified. Please enter:</p> <ul style="list-style-type: none"> <li>• Account holder's name</li> <li>• Account number (must be 8 digits)</li> <li>• Sort code (can be entered with or without dashes)</li> </ul>
<b>Self-declaration</b>	<p>You will be required to confirm that your data can be shared with the relevant staff at Doc Abode and associated service Providers.</p> <p>You will also be required to confirm that the information you have provided is accurate and up-to-date.</p>

Once you have entered all your information, you are ready to submit to the Provider for verification.

**Before submitting**, please review your information/documents to ensure you are satisfied. You can do this by clicking on any item from the **Items** list which appears on the left hand side (or at the top of the page on a tablet/mobile).

Once these documents are submitted your application will go into review status whilst the Provider verifies your details – this process can take up to two weeks.

At this point, you can no longer make changes. You will be notified via email when the status of this submission changes.