**MEDICAL CHECK SCHEDULE TOOL (MCST)**

***Explanation document***

*The scope of this document is to provide information about medical check tool.*

# Summary

Fiat Services Kragujevac needs a new tool for scheduling and tracking the medical checks for FAS employees. The tool will have certain data exchange with the PA and TM systems. The new tool will be used by the FAS Medical Department (MD), BC supervisors and HR SSC.

The medical checks to be performed will depend on the occupational risks of each employee. The risks may or may not be dependent on the employee’s position in PA, i.e. each position can have a fixed set of risks or each employee will be assigned a set number of risks.

Each risk has the associated medical checks which should be performed at a pre-defined period (rotation). The standard schedule of medical checks per employee will be calculated by the tool and updated / confirmed by the MD. The MD should be able to schedule medical checks only during the shift of the employee.

The MD has to schedule the medical checks for the following month by the 21st day of the current month.

The MD should have the following visibility:

1. Employees for whom the medical checks have to be performed but are not yet scheduled;
2. Employees who have had scheduled medical checks in the past but who did not have them (e.g. the employee did not come to the medical check);
3. Employees for whom the medical checks have been scheduled and performed.

Medical check on DEMAND, of supervisor or WCDR, and doctor will be alerted, and make schedule.

visibility:

CEO and medical department have read only to system.

WCDR see organization units (not other related to CC)

SUPERVISOR see just his UTE.

After a medical check has been scheduled, a coupon will be created in a pre-defined format. The coupons for the BC medical checks will be printed out and distributed by the supervisors. Supervisors will receive e-mails reminding them that there are coupons for printing and distribution. WC will receive their coupons by e-mail (and WCDR will be in carbon copy).

The MD will validate the completion of each medical check in the new tool. The MD should also confirm whether the employee is within the norm for the respective medical check. In case the medical check establishes that the employee is below the norm for a certain risk, that risk should be flagged. Supervisors should have access to the medical check results. The tool should allow the MD / supervisors to make various reports.

# PA impact

In PA system will be following libraries (registers):

* list of all positions
  + description
  + code

Each employee will have position assigned, and according to assigned position default set of risk will be assigned to employee (MCST).

Information:

* list of all risks
  + description
  + code
  + interval between successive medical checks
* relation position <-> risk(s)

should be in MCST (not in PA). This way, it is more simple, and less resources are needed. If it is in both systems (PA and MCST), then information need to be sent back to PA (continuous synchronization between PA and MSCT).

PA system need to send MCST information:

* position for each employee

Libraries:

* list of all position

should be synchronized between PA and MCST .

# TM Impact

There is no changes in TM. Only time schema data will be retrieved from TM system.

# Open points:

* Do risks depend on the employee’s position in the PA?

NO. It is personal category.

* Do we need to maintain the risks or any other information processed by the new tool in the PA (does some information need to be synchronized between medical check scheduling tool (***MCST***) in direction MSCT -> PA)?

NO, Just MCST

* FS to provide the format / content of the coupon;
* How will the medical check time be shown in the TM – wage type 012 (Regular Work) or wage type 0075 (Periodical Medical Check-up)? If wage type 0075 is to be used, will there be clock-in / clock-out when the employee leaves the work place to go to a medical check-up or will a given interval be automatically be assigned on the basis of the booking made in the tool?

Proposal is to use that wage type and this data to be tracked by clock in/out (employee will clock in/out when going to/back from MD).

It will be mandatory to clock in/Out

* What will the business process be in case the check-up established additional risks for the employee?
* Define the reports that the new tool should generate.

**????**

* Data privacy protection: what kind of data should the supervisors have access to?

no privacy protection

* What will the process be in case the supervisor changes the shift of the employee after the scheduling of the medical check?

NO. When it is scheduled once there will no additional check if shift is changed. It will be in responsibility of supervisor.

* Does tool need to provide functionality to support more than one doctor?

YES. On cupon will be data on cupon. Users login.

* Are intervals periods for appointments are predefined (e.g. it is possible to schedule appointment on every 30 min: 09:00; 09:30;10:00;10:30) or are free so doctor will enter start time and expected end time? Or only start time is needed? FREE