

The Appointment and Employment of Locum Doctors (including Assessment of Appointments) (MD6)

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Directorate:	Workforce and Organisational Development		
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Medical Workforce		March 2021	
Links or overlaps with other policies:			
Junior Doctor Locum Policy			
Recruitment and Selection Policy			
Trust Doctor Local Terms and Conditions of Service			

Amendment History

Issue	Date	Reason for Change	Authorised
1	Feb 2017	Review Date and New Policy Template	JLNC
2	March 2019	Reviewed and amended	JLNC
3	March 2021	General Review reflects introduction of medical bank and role of Temporary staffing	Medical Workforce

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)	The Appointment and Employment of Locum Doctors (MD6)	Version and Date	V3 March 2021
Policy Author	Medical Workforce		
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the policy encourage individualised and person-centered care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
The purpose of this document is to provide guidelines and set standards for the appointment and assessment of NHS locum doctors in order to safeguard the quality of patient care.			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.d.sdhct@nhs.net. **This form should be published with the policy and a signed copy sent to your relevant organisation.**

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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1. Policy Statement

- 1.1 The purpose of this document is to provide guidelines and set standards for the appointment and assessment of NHS Locum doctors in order to safeguard the quality of patient care.
- 1.2 Torbay and South Devon NHS Foundation Trust (The Trust) bases this policy on the guidance on the appointment and employment of NHS locum doctors (NHS Employers August 2013). It consolidates existing rules, including those set out in the 1997 Department of Health *Code of Practice in the appointment and employment of hospital and community staff (HCHS) locum*.

2 Introduction

- 2.1 The Trust Recognises that Locum doctors make a valuable contribution and are needed to provide important continuity of services when posts are vacant or when permanent staff are absent.
- 2.2 The quality, competence and communications skills of locum doctors, and the checks made upon them before engagement are an important concern. Ensuring patient safety requires that all doctors, including locum doctors, are appropriately trained and qualified for the work they undertake.

3 Scope

- 3.1 This policy applies to locums engaged directly, those engaged through an agency as locums and those through the Medical Bank.
- 3.2 Where appointing Trainee locum doctors' references should also be made to the Junior Doctor Locum Policy.

4 Equality and Diversity Statement

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Definition of a Locum

- 5.1 A doctor in locum tenens is one who is standing in for an absent doctor, or temporarily covering a vacancy, in an established post or position.

6 The Appropriate use of Locums

- 6.1 Where possible the appointment of a locum should be a temporary measure of limited duration. Locum doctors should not be appointed where there is no substantive post to be covered.
- 6.2 Authorisation for the use of Locum cover can only be given by the following individuals.
- ♦ Associate Medical Director
 - ♦ System Medical Director
 - ♦ Associate Director
 - ♦ On Call Trust Executive
 - ♦ On-call or Night Manager

See Appendix 1 for process

7 Criteria for appointment to Locum Grades

- 7.1 Locum doctors should be suitably qualified for the work required of them. The pay of a locum doctor may sometimes exceed the national pay rate for the grade in which he/she is engaged. However, the work expected of and the responsibilities allocated to the locum doctor should not exceed the doctor's training and competencies.

Career Grade Locums

7.1.1 Consultants

The Trust should bear in mind that a doctor appointed as a locum consultant will work without supervision and with full clinical autonomy. Great care should therefore be exercised in making these appointments.

Locum Consultants should have full registration, with a licence to practise from the General Medical Council/General Dental Council, (GMC/GDC) and hold a relevant Certificate of Completion Training (CCT) or equivalent, and are required to be on the Specialist Register (this may be reviewed in certain circumstances.)

Exceptionally, Specialist Registrars within six months of the award of the CCT may 'act up'. Associate Specialists within the Department can act up at the discretion of the Clinical Lead concerned.

7.1.2 **Speciality Doctors**

Locum Specialty Doctors should have full registration with a licence to practise and at least 3 years' full time or equivalent hospital service at ST or higher grade, including adequate experience in the relevant speciality.

Training Grade Locums

7.1.3 **Specialty Registrars (ST3-5 equivalent)**

Doctors applying for appointment to a Locum Registrar post must demonstrate qualifications and experience to a level allowing them to provide a service to patients of a quality comparable to a substantive ST3-5 in that placement.

Locum Registrars should have full registration and at least 12 months experience in the relevant speciality.

All Trust Locum Doctors and Fellows at ST3 and above will be automatically placed on the 4th Node point of the pay scales.

If the locum appointment is for a minimum 3-month period and the employing department can confirm that the doctor has the skills and competencies to work at the 5th Node point (equivalent to training grade ST6+) and is working at this level, which should be established over a period of 3 months from the start date, the salary will increase accordingly (and back pay will be paid accordingly).

This is in line with the Trust Doctor Local Terms and Conditions of Service

Specialty Registrars (ST6-8 equivalent)

Doctors applying for appointment to a Locum Registrar post must demonstrate qualifications and experience to a level allowing them to provide a service to patients of a quality comparable to a substantive ST6-8 in that placement.

7.1.4 **Specialty Registrars (ST1/2s and GPST1/2 equivalent), Core Trainees (CT) equivalent and Foundation Year 2 Doctors (F2 equivalent)**

Locum STs and F2s should have full registration with a licence to practise from the GMC and at least 6 months' postgraduate experience in the relevant or associated speciality.

7.1.5 **Foundation Year 1 Doctors (F1 equivalent)**

Doctors covering for Foundation Year 1 doctors should have full or provisional registration with a licence to practise and at least 6 months experience in a recognised medical or surgical speciality.

8 Terms of Registration

- 8.1 All doctors' GMC/GDC registration certificates must be provided with their CV. The certificate must be checked to ensure there are no conditions attached to it. These can be checked via the GMC/GDC websites www.gmc-uk.org. Or telephone GMC on 0161 923 6602 or GDC on 020 7167600.
- 8.2 **Licence to Practise:** All doctors are required by law to be registered with a licence to practise. This applies to all doctors whether they practise full-time, part-time, as a locum, privately or in the NHS, or whether they are employed or self-employed. To check the licence to practise, use the above website.
- 8.3 **Full Registration:** Doctors need full registration for unsupervised medical practice in the NHS or private practice in the UK.
- 8.4 **Provisional Registration:** Provisional registration only allows practice in approved Foundation Year 1 posts.
- 8.5 **Specialist Registration:** This requires all doctors taking up consultant posts in a medical or surgical specialty in the NHS (other than as locum consultants) to be on the GMCs specialist register. It is not possible to hold specialist registration without also holding full registration.
- 8.6 **GP Registration:** All doctors working in general practice in the health service in the UK (other than doctors in training such as GP registrars) must be on the GP register.

9 NHS Employment Check Standards

- 9.1 Locum appointments should be made with the same care as for a substantive appointment. The NHS Employment Check Standards outline the six employment checks that employers must carry out for the appointment and ongoing employment of all NHS staff in England.

10 Responsibilities in the Event of a Doctor being Unavailable at Short Notice

During Normal working hours

- 10.1 It is the initial responsibility of the Speciality to arrange cover from within the Speciality itself. Additional hours payments will be due to staff undertaking additional shifts and the Additional hours Claim Forms can be located on the Medical Workforce website.
- 10.2 If the Speciality are unable to find cover then Temporary staffing should be contacted. They will then contact the appropriate agencies through the Medical bank.

Outside Normal Working Hours

- 10.4 It is the responsibility of the On-call Manager or Night Manager to endeavour to arrange locum cover. Where no locum cover can be found the On-call Consultant should be contacted.
- 10.5 Any locum agency paperwork should be forwarded to the Temporary Staffing team

11 Checking Identity

- 11.1 It is essential that when a locum doctor reports for duty his/her identity be checked preferably by means of documentation, which bears a photograph, e.g. passport or driving licence.

12 Induction

- 12.1 Agency and Locum staff require a summary local induction at the start of the first shift worked in each booked episode in an area.
- 12.2 A Local Induction checklist will need to be completed by the manager who has requested the locum/agency staff. They will need to identify and authorise a responsible person to complete the induction with the Agency/Locum staff member at the start of their first shift in any booked episode of work.
- 12.3 Local induction of temporary staff should be carried out by an appropriate person on behalf of the recruiting manager. This “appropriate person” will usually be the most senior person on duty at the time, but may be any permanent member of staff nominated by the manager.
- 12.4 If a member of agency staff/locum works in the same area for more than two weeks they need to attend the Corporate Induction which needs to be booked by the recruiting manager via the Education Department. The recruiting manager must review the training needs on an ongoing basis and book necessary training.
- 12.5 Managers inducting agency/locum staff must refer staff to the agency The HIVE on the Trust Intranet site. The information provided on these pages covers the Trust Mandatory training requirements. It is a mandatory requirement for agency/locum staff to read the information provided on these pages.

13 Payment

- 13.1 Once a potential internal/non-agency locum has been found, the Manager responsible for finding the locum will have to agree an hourly rate. Appropriate rates of pay for each grade are on ICON:
<https://icon.torbayandsouthdevon.nhs.uk/areas/temporary-staffing/Pages/agency-bookings.aspx>

14 Trust Payment Process

Agency Locums

- 14.1 The senior member of staff for a shift, should sign all agency timesheets where appropriate.
- 14.2 Electronic Timesheets should be signed off at the end of a period of employment by a Clinical service leads or associate director for the ISU. These are completed through the Tempre system, once authorised they go to finance for processing and payment.
- 13.5 Rest breaks should be shown on the locum time sheet.

14 Supervision of Locum Appointments

- 14.1 It is recognised that many locums are well known to Torbay and South Devon NHS Foundation Trust, having worked for the Trust previously. In these circumstances a pragmatic approach to the supervision of locums, based on the established professional relationship that exists between grades is adopted.
- 14.2 It is expected that a professional understanding between medical staff roles and responsibilities should be adopted and agreed ensuring the locum appointment is supervised appropriately.
- 14.3 Whilst it is accepted that supervision will usually be undertaken in accordance with the arrangements for the shift, a senior member of medical staff should be identified as providing/being responsible for supervision.
- 14.4 It is expected that senior nursing staff should have an involvement in the induction/support and performance review of the locum. However, nursing staff are not qualified to give a complete view on the clinical competence of the locum. Therefore, it is still the responsibility of the senior medical staff to ensure adequate supervision is in place.

15 Performance Review

- 15.1 Torbay and South Devon NHS Foundation Trust has a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients.
- 15.2 The Trust has therefore implemented the NHS Code of Practice with regard to Supervision and Performance Review as outlined below.
- 15.3 Any Locum Consultants or SAS Doctors in post for three months or more should have a formal appraisal as per Torbay and South Devon NHS Foundation Trust appraisal process.
- 15.5 Any concerns raised should be raised immediately with the Locum and feedback to the Agency and GMC if considered a significant concern. This should be recorded on File and fed back to the Medical Workforce team to retain as a record.

- 15.6 The record should be countersigned by the locum doctor, who may add written comments if desired. The locum doctor should retain a copy of this report for use as a future reference.
- 15.7 If exceptionally, it will not be possible to assess and reference the doctor (because the appointment is very short and no senior staff will be present), the locum doctor should, if at all possible, already be well known to the Trust, or have recent good references secured and examined.
- 15.8 If the work of a locum doctor is found to be unsatisfactory a full structured assessment form should be completed regardless of the length of the appointment.
- 15.9 Where a consultant or senior doctor has indicated unsatisfactory performance they will be asked to indicate what action they wish to be taken.
- 15.11 All reports identifying shortcomings in the locum's performance will be copied to the GMC following consultation with the consultant/senior doctor and Medical Director.
- 15.13 In line with the Code of Practice, all reports should be returned to the Medical Workforce Department for inclusion of the locum's personal file and will be retained for a minimum of 5 years.

16 Training and Awareness

- 16.1 Advice and support will be provided by the Medical Workforce team to support staff and managers in their understanding of this policy. Any queries regarding this policy should be directed to:

sdhct.medicalhr@nhs.net

17 References

- 17.1 *The terms and conditions of service for NHS doctors and dentists in training 2016.*
- 17.2 Junior Doctor Locum Policy MD14

18 Monitoring, Audit and Review Procedures

- 18.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

Appendix 1 Appointment of Locum Doctors Process

