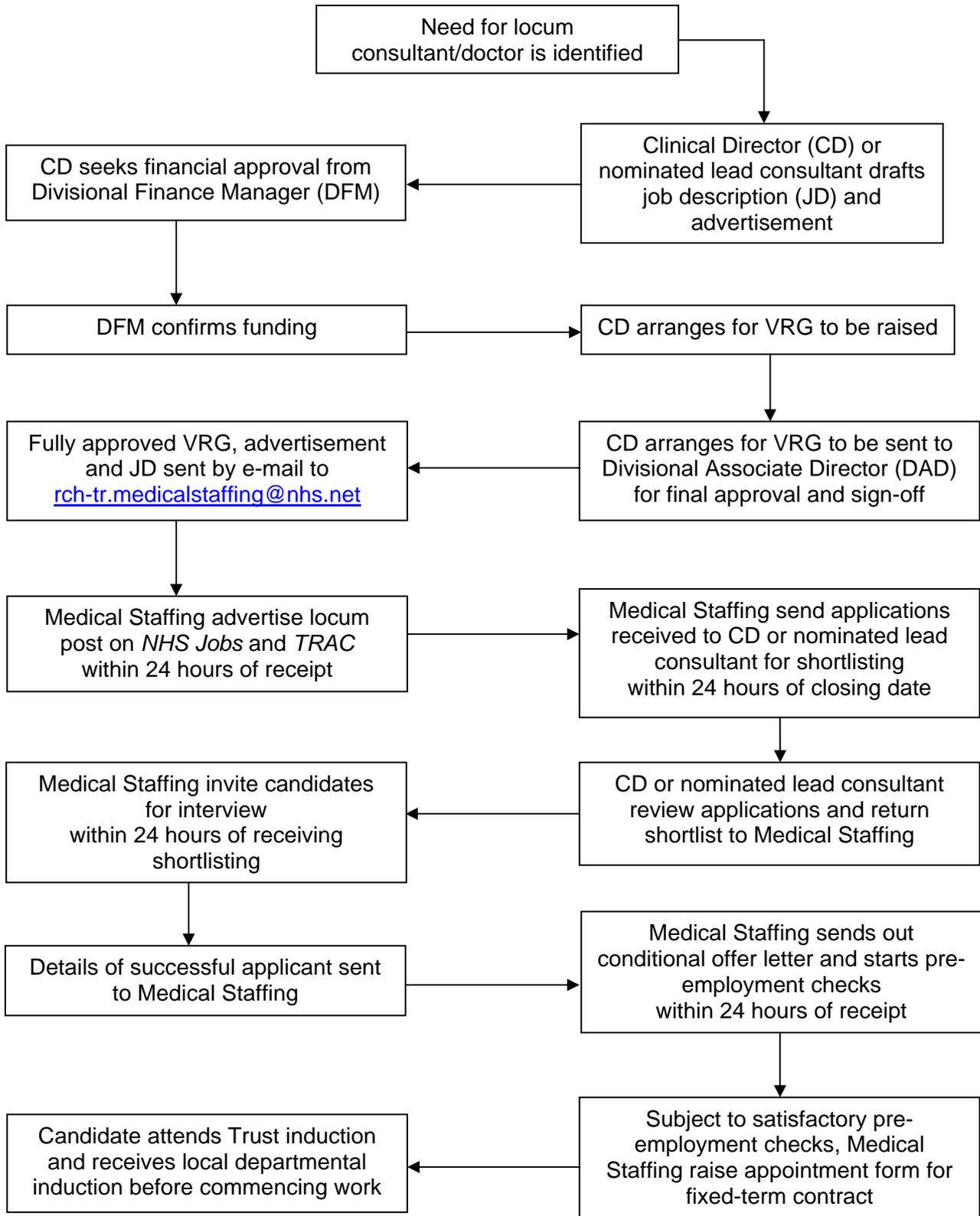


# **Appointment of Locum Consultants and Doctors Policy**

**V3.0**

**May 2019**

## Summary.



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### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

1.1. The Royal Cornwall Hospitals NHS Trust (the Trust) acknowledges that locum consultants/doctors and dentists (hereafter referred to as doctors) are an important asset in maintaining continuity of service.

1.2. Nevertheless, a robust process is required to ensure their quality, competence and communication skills. Pre-engagement checks are important in ensuring they are appropriately trained and qualified for the work they undertake and that they understand the requirements of patient safety before providing care.

1.3. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy/Procedure

2.1. The purpose of this document is to safeguard the quality of patient care by providing guidance and setting standards for the appointment and assessment of NHS locum consultants/doctors employed by the Trust.

2.2. This document does not cover terms and conditions of employment for locum consultants/doctors which are set out in the relevant medical contracts.

## 3. Scope

3.1. This policy applies to locum consultants/doctors in fixed term posts and on zero-hour locum contracts.

3.2. It does not apply to consultants/doctors engaged by *KernowMedic* for which separate conditions apply.

## 4. Definitions / Glossary

- *Certificate of completion of specialist training (CCST)/Certificate of specialist training (CST)* - confirms a doctor has completed an approved UK training programme and is eligible for entry onto the Specialist/GP Register.
- *Doctor in locum tenens* - normally one who is standing in for an absent doctor or temporarily covering a vacancy in an established post.
- *TRAC* - an on-line application management system that covers the entire recruitment process from advertising through to interview, offer and pre-employment checks.
- *DBS* - Disclosure and Barring Service.

## 5. Ownership and Responsibilities

### 5.1. Role of the Medical Director

The Medical Director is responsible for:

- the implementation of this policy

- performing the duties of *Responsible Officer* for the Trust in respect of this policy
- where applicable, the premature termination of locum contracts.

## **5.2. Role of Clinical Directors**

Clinical directors (or nominated lead consultants) are responsible for:

- identifying the need to employ a locum consultant/doctor
- drafting a job description and advertisement
- liaising with their Care Group Finance Manager and General Manager with regard to funding and financial approval
- liaising with the Medical Staffing Department in respect of arrangements for shortlisting, interview and appointment of the successful candidate
- ensuring arrangements for successful applicants to receive induction into local clinical protocols are in place
- ensuring the locum consultant/doctor has a designated clinical supervisor within their own specialty.

## **5.3. Role of the Medical Staffing Department**

The Medical Staffing Department is responsible for:

- advertising the locum consultant/doctor post on *NHS Jobs* and *TRAC*
- undertaking pre-employment checks in line with the *NHS Employment Check Standards* (see section 6.2) and relevant Trust policies
- completing and collating appropriate recruitment documentation culminating in the creation of a personal file
- raising an appointment form and ensuring the pay rate is correctly identified in accordance with Medical and Dental pay circulars
- ensuring personal files are maintained in accordance with the principles of *DPA 2018* and the Trust's *Personal file management policy and procedure*.

## **5.4. Role of locum consultants/doctors**

All locum consultants/doctors are responsible for:

- accurately completing and returning all pre-employment check documentation
- producing documentation as requested by Medical Staffing
- advising the Trust of any GMC proceedings pending
- ensuring their compliance with the Working Time Regulations
- attending /participating in all induction procedures particularly those relating to local clinical protocols
- ensuring they work within their professional guidelines.

## 6. Standards and Practice

### 6.1. Principles

6.1.1. Locum consultants/doctors are normally only employed where there is a substantive post to be covered. However, on occasion, they may be appointed to provide cover for temporary vacancies, eg: during a period of service re-organisation or a time of extreme service pressures.

6.1.2. Locum consultants/doctors will not normally be appointed for an initial period of more than six months.

6.1.3. No locum will be appointed for, or have extensions to their contract to amount to, over one year unless sanctioned by the Medical Director.

### 6.2. Pre-employment checks

6.2.1. Pre-employment checks are important to ensure locum consultants/doctors are appropriately trained and qualified for the work they undertake and that they understand the requirements of patient safety before they provide care to the Trust's patients.

6.2.2. Locum doctors should not be engaged for employment until all the necessary employment checks have been conducted satisfactorily. This provision applies equally to locums who are already well known to the Trust, for example, through having recently been permanent members of staff. Particular care should be taken when relying on word of mouth recommendations from other doctors.

6.2.3. The *NHS Employment Check Standards* outline the six employment checks that must be carried out by the Trust as part of the recruitment process. These checks will be performed by Medical Staffing prior to appointment. Copies of all relevant documentation will be made and placed on the individual's personal file.

- **Identity**

The locum consultant/doctor will be asked to provide original documents containing their photograph (eg passport or UK photo-card driving licence).

In addition, they will be asked to provide documents that confirm their address and residency (eg bank statement, utility bill).

For further details, please refer to the Trust's *Right to Work in the UK Policy (Prevention of Illegal Working)*, a copy of which is available from the HR folder on the Trust's document library.

- **Right to work**

It is a criminal offence to knowingly employ an illegal worker and, in order for the Trust to be excused from liability for a civil penalty, the locum consultant/doctor will be asked to provide original documentation, confirming their right to work in the UK, at the point of recruitment (and at specified intervals during on-going employment if they have limited leave to remain in the UK).

For further details, please refer to the Trust's *Right to Work in the UK Policy (Prevention of Illegal Working)*, a copy of which is available from the HR folder on the Trust's document library.

- **Professional registration and qualification**

The Trust cannot allow an individual to practice in their profession under any circumstances without ensuring they are currently registered.

Medical Staffing will, therefore, check the locum consultant/doctor's registration and licence to practice status against the GMC/GDC website prior to interview and again prior to appointment. They will also check that the locum consultant/doctor is not the subject of a current investigation or whether any concerns exist about standards or competence of previous performance.

For further details, please refer to the Trust's *Professional Registration Policy*, a copy of which is available from the HR folder on the Trust's document library.

- **Employment history and references**

The locum consultant/doctor will be asked to provide an up to date curriculum vitae (CV) and at least two employment references to verify their employment history and/or training in the NHS.

One of the references must be provided by their current Responsible Officer and the other by their immediate supervisor/specialty lead consultant in their previous post.

The locum/consultant doctor will also be asked to provide original certificates confirming their medical qualifications.

- **Criminal record**

The Trust will require confirmation that the appropriate level of DBS check has been undertaken before the locum consultant/doctor commences their duties.

Where this cannot be confirmed, Medical Staffing will apply for an enhanced certificate in line with the Disclosure and Barring Service (DBS) Policy, a copy of which is available from the HR folder on the Trust's document library.

- **Occupational health**

The locum consultant/doctor will be required to provide a satisfactory health check declaration (including exposure prone procedures and vaccination history).

### **6.3. Induction**

6.3.1. It is vital that locum consultants/doctors are fully aware of their duties and responsibilities. Their clinical director (or nominated lead consultant) should ensure that arrangements are in place for them to receive induction into local clinical protocols and essential information relating to patient care.

6.3.2. Long-term locums (up to six months) should also attend the Trust induction.

#### **6.4. Pay rates**

6.4.1. Locum tenens pay rates are set out in Medical and Dental pay circulars.

6.4.2. Locum consultants/doctors employed for a longer term (of up to six months) should be paid on the appropriate substantive pay scale for the grade that they are covering.

#### **6.5. Working time regulations**

6.5.1. The Trust accepts that, in certain circumstances, excessive working hours can lead to poor performance (due to tiredness) and, more importantly, staff members may suffer a detriment to their health.

6.5.2. The *Working Time Regulations* on hours and rest breaks apply to locum consultants/doctors as well as their substantive colleagues and they have a professional responsibility not to breach those restrictions.

6.5.3. Further details of the *Regulations* and information relating to their implementation can be found in the *Working Time Regulations Policy*, a copy of which is available from the HR folder on the Trust's document library.

#### **6.6. Supervision**

It is imperative that all locums are supervised within their own specialty. The relevant Clinical Lead/Speciality are responsible for ensuring these arrangements are in place including appropriate induction and orientation and ongoing contact for support.

#### **6.7. Revalidation**

6.7.1. Medical revalidation is a system for regularly checking and assuring patients and colleagues that every UK doctor is up to date and fit to practice not only on initial registration and licensing but regularly throughout their careers.

6.7.2. At the end of the locum consultant/doctor's appointment, a report on their performance can be provided by their supervising clinician or Medical Director. This will form part of the evidence that they need to provide in support of their revalidation.

6.7.3. In his role as Responsible Officer, the Medical Director must ensure arrangements are in place for longer-term locum consultants/doctors to be included in the Trust's processes for appraisal, objective setting, job planning and review.

#### **6.8. Professional practice concerns**

6.8.1. The Trust is committed to providing high quality healthcare and has a duty to protect its patients from harm.

6.8.2. If a locum's performance gives rise to any concerns, the matter should be immediately reported to their line manager. A decision will then be made as to what action may be required in line with *Maintaining High Professional Standards in the Modern NHS*, a copy of which is available from the Trust's document library.

6.8.3. Premature termination of locum contracts is the responsibility of the Medical Director or their designated deputy.

## **6.9. Acting up**

6.9.1. Acting up to a higher grade within a unit or rotational training scheme is permissible in certain circumstances. For example, a specialist registrar judged to be within six months of the award of a *CCST/CST* could act up as a locum consultant.

6.9.2. Acting up must be supported by the trainee's supervisor or college advisor. The doctor must be sufficiently experienced to carry out the duties of the locum appointment and appropriate supervision arrangements should be made.

## **6.10. Moving across**

Doctors within a unit or rotational training scheme may move across to provide locum cover in another specialty in which they have previous experience subject to the agreement of the Clinical Director for the Specialty and Medical Director.

## **Consultants only**

### **6.11. Consultants who have left or retired**

6.11.1. Recently retired consultants in the same discipline and of previous good standing in the Trust, as evidenced by an appraisal in the last 12 months, may be employed as locums without the full appointment procedure.

6.11.2. They will be subject to GMC revalidation procedures and should therefore maintain participation in an appropriate continuous professional development (CPD) scheme.

## **7. Dissemination and Implementation**

7.1. Following ratification, a copy of the policy will be stored electronically in the Human Resources/Medical Staffing section of the Trust's document library on the internet/intranet site.

7.2. A clear communication will be sent to managers, including clinical directors and lead consultants to make them aware that the policy has been issued and that they are responsible for cascading the information to their staff members, including staff members who do not have regular access to email.

## 8. Monitoring compliance and effectiveness

Element to be monitored	All aspects of employment checks.
Lead	Ann Livermore, Medical Staffing Advisor.
Tool	ESR report to identify any missing employment checks.
Frequency	Monthly – the first Tuesday of each month.
Reporting arrangements	Report will be interrogated, updated and sent to Deputy Director of HR and OD on the first Tuesday of each month.
Acting on recommendations and Lead(s)	Any gaps in employment checks will be chased and updated immediately.
Change in practice and lessons to be shared	The policy will be amended in line with any changes to employment law, checks or procedures.

## 9. Updating and Review

The policy will be reviewed after three years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health), Trust Board decision or request from Staff-Side or management.

## 10. Equality and Diversity

10.1. The Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Appointment of Locum Consultants and Doctors Policy V3.0		
<b>Date Issued/Approved:</b>	May 2019		
<b>Date Valid From:</b>	May 2019		
<b>Date Valid To:</b>	May 2022		
<b>Directorate / Department responsible (author/owner):</b>	Ann Livermore, Medical Staffing Advisor		
<b>Contact details:</b>	01872 252674		
<b>Brief summary of contents</b>	Guidance on the process and procedures for appointing locum consultants/doctors and ensuring they have the right qualifications and appropriate skills, knowledge and experience to provide patient care.		
<b>Suggested Keywords:</b>	Locum doctor, fixed term contract		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Policy:</b>	Medical Director		
<b>Date revised:</b>	May 2019		
<b>This document replaces (exact title of previous version):</b>	Appointment of locum consultants V2.0		
<b>Approval route (names of committees)/consultation:</b>	JLNC, Policy Review Group (PRG)		
<b>Divisional Manager confirming approval processes</b>	Interim Deputy Director of People and Organisational Development		
<b>Signature of JLNC Chair Jonathan Lord</b>	{Original Copy Signed}		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Human Resources/Medical Staffing		
<b>Links to key external standards</b>			
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>▪ Disclosure and Barring Policy</li> <li>▪ Maintaining High Professional Standards</li> <li>▪ Management of Corporate and Local Induction</li> </ul>		

	<ul style="list-style-type: none"> <li>▪ Personal File Management Policy and Procedure</li> <li>▪ Professional Registration Policy</li> <li>▪ Right to Work in the UK Policy</li> <li>▪ Working Time Regulations Policy</li> </ul>
<b>Training Need Identified?</b>	No

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
June 2006	V1.0	Initial Issue	Dr Rob Pitcher
June 2010	V2.0	Full policy review	Dr Paul Upton, Medical Director
May 2019	V3.0	Full review of policy: <ul style="list-style-type: none"> <li>▪ re-named to include reference to locum doctors</li> <li>▪ re-formatted in line with current Trust template</li> <li>▪ removal of appendices as no longer relevant</li> <li>▪ Appendix 1: inclusion of list of related documents.</li> </ul>	Ann Livermore Medical Staffing Advisor/ Human Resources Policy Team

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

<i>Name of the strategy / policy /proposal / service function to be assessed</i>						
<b>Appointment of Locum Consultants and Doctors Policy V3.0</b>						
<b>Directorate and service area:</b> Human Resources/Medical Staffing			<b>Is this a new or existing Policy?</b> Existing			
<b>Name of individual completing assessment:</b> Ann Livermore			<b>Telephone:</b> 01872 25(2674)			
1. <i>Policy Aim*</i>  <i>Who is the strategy / policy / proposal / service function aimed at?</i>		To provide guidance on the process and procedures for appointing locum consultants and doctors.				
2. <i>Policy Objectives*</i>		To safeguard the quality of patient care.				
3. <i>Policy – intended Outcomes*</i>		To ensure locum consultants/doctors have the right qualifications and appropriate skills, knowledge and experience to provide patient care.				
4. *How will you measure the outcome?		See section 8, ' <i>Monitoring compliance and effectiveness</i> '				
5. Who is intended to benefit from the <i>policy</i> ?		Patients, Trust colleagues				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). Please identify the groups who have been consulted about this procedure.		<b>Please record specific names of groups</b> <ul style="list-style-type: none"> <li>▪ JLNC</li> <li>▪ Policy Review Group</li> </ul>				
What was the outcome of the consultation?		No concerns identified.				

7. The Impact				
Please complete the following table.				
Are there concerns that the policy <b>could</b> have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		✓		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		✓		
<b>Race / Ethnic communities /groups</b>		✓		
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		Consideration, wherever possible, will be given to making any reasonable adjustments that may be required to accommodate applicants considered disabled under the Equality Act 2010 (as amended).
<b>Religion / other beliefs</b>		✓		
<b>Marriage and Civil partnership</b>		✓		
<b>Pregnancy and maternity</b>		✓		
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		✓		
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked "Yes" in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>				
8. Please indicate if a full equality analysis is recommended.			<b>Yes</b>	<b>No</b> ✓
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.				
No issues of concern were identified.				

Date of completion and submission	April 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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A summary of the results will be published on the Trust's web site.