

An Organisation-Wide Policy for Temporary Medical Staffing

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Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

Contents

	Page number	
1	Rationale	5
2	Scope	5
3	Temporary Medical Staffing Policy	6
	3.1 Minimising the Demand for temporary medical staff	7
	3.2 Flowchart for Temporary Medical Staff	12
	3.3 Authorising additional duty cover or Engaging Agency Medical Locums	13
	3.4 Working Time Regulations	13
	3.5 Trust Locum Rates	13
	3.6 Booking Agency Medical Staff	13
	3.7 Booking Process for Agency Locums	15
	3.8 When a Locum Starts Work	16
	3.9 Complaints	16
	3.10 Directly Employed Locum Consultants	16
	3.11 Locum Doctor Performance	17
4	Responsibilities	18
5	Compliance monitoring arrangements	19
6	Training to ensure compliance with this policy	21
7	References and associated documents	21
	7.1 Associated Documents	22
8	Glossary / explanation of terms used in this document	22
9	Document Control	23

Appendices

Appendix 1	Summary of Recruitment and Employment Checks for Locum Doctors	24
Appendix 2	Authorisation & Booking Form For Extra Duties /Bank and Agency Locum Doctors	27
Appendix 3	List of Authorised Signatories When Requesting Locum Agency	29
Appendix 4	Medical Staff Extra Duty Payments & Medical Bank Rates of Pay	30
Appendix 5	Agency Locums Doctors CV Checklist only	31

Appendix 6	Assessment of Locum Appointments	32
Appendix 7	Equality Analysis (EqA)	34

1 Rationale

The Trust acknowledges that from time to time, departments may experience staffing difficulties and in order to maintain service provision, may need to secure temporary medical staffing. Due consideration should be given to viable alternative options before temporary staff are engaged. It is essential that Managers minimise the use of high cost temporary staff. Further, the Trust recognises that for enhanced service user experience and continuity of care it is preferable to use current Trust employees, who bring the added benefit of local experience.

'Temporary medical staffing' refers to the engagement of Trust bank workers, employed locums and agency locums i.e. staff through current contracts with approved recruitment agencies, or through specialist recruitment agencies for any given period.

2 Scope

The purpose of this policy is to ensure that all relevant staff have guidance on the actions required to address medical staffing shortages in their area and where additional resources are required that appropriate recruitment and booking procedures are followed which minimizes risk and any additional costs to the trust.

It clarifies roles and responsibilities for booking temporary staff and establishes a line of clear responsibility for management of temporary medical staff and accountability for budget control.

This policy provides clear information and procedures for the engagement and use of temporary staff at the Trust in that it:-

- a) outlines the trust's approach to using temporary medical staff in order to meet the needs of patients and the service.
- b) ensures that the use of temporary medical staff is appropriately authorised at a senior management and clinical level.
- c) improves monitoring systems within the organisation.
- d) minimizes agency costs thereby ensuring cost effective use of resources and value for money in terms of the appropriate level of staff/skills required to deliver the service.
- e) protects patients by ensuring that NHS Employers¹ recruitment checks are carried out when using locum doctors.
- f) establishes a system that helps to engage temporary staff when needed at consistent rates of pay set by the Trust;
- g) defines who is responsible at each stage of the booking/recruitment process.

Specific Trust and Divisional initiatives (eg new service developments, waiting list initiatives) may require arrangements outside of this policy in respect of engaging additional capacity and payment. Such arrangements will, however, follow the

general principles outlined within this policy to assure the quality and the value for money of cover engaged.

3 Temporary Medical Staffing Policy

Prospective or internal cover	Contractual arrangement for existing employees to cover for absence in rota's. No additional payments are made as this is already built into the employees contract.
Extra Duties	Current employees of the Trust who have registered to work additional hours (subject to EWTD ² constraints) as the service requires through the Trust's Temporary Staffing Bureau (TSB).
Medical Bank Staff	<p>Workers who have registered to work in the Trust as the service requires through the Trust's Temporary Staffing Bureau (TSB).</p> <p>Appropriate checks carried out by the Medical Staffing Department and bookings and payment arranged through the TSB (bookings by the Clinical Site Manager out of hours).</p> <p>NB even if the doctor is known to the Trust's Consultants or other medical staff, however urgent the need for a doctor, all appointment checks must be completed before they can commence work. Details should be submitted in advance to medical staffing so that appointment checks can be carried out and the doctor included on the Medical Staff Bank.</p>
Agency Locum Staff	Individuals supplied to the Trust by recruitment agencies. All employment checks and payments for completed work are carried out via the Agency and the individual remains an employee of the Agency, not the Trust.

¹ Legal and mandatory checks employers must carry out for the appointment and on-going employment of all individuals in the NHS www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards

² European Working Time Directive – maximum hours that can legally be worked unless the individual has signed an agreement to 'opt out'.

Approved Agency Framework Agency	Agencies in the national NHS contract, whose appointment procedures are externally audited. Details of contracted/approved suppliers can be found at www.buyingsolutions.gov.uk/healthcms or obtained from the trust's Procurement and Contracts Department.
Non approved Agency Non Framework Agency	Any agency other than those listed. Trust staff requesting and booking the locum are responsible for ensuring that all necessary appointment checks are properly undertaken.
Employed Locum	Worker not on the payroll currently. The Trust's Medical Staffing Department is responsible for ensuring that all required appointment checks are undertaken. Worker will be employed directly by the Trust - not via an agency.
Short term locum	Booking for less than a month.
Long term locum	Booking or employment for a month or more. National guidance is that Consultant locum appointments should be for no more than 6 months - exceptionally extended to a maximum of 1 year.
Locum Appointment for Training (LAT)	Deanery approved appointment to allow the postholder training credit whilst filling a vacant training post for between 3 months and 1 year.
Locum Appointment for Service (LAS)	Appointments to fill short-term vacancies (i.e. less than three months) in training posts, without training credit.

3.1 Minimising the Demand for temporary medical staff

The Trust aims to minimize the use of short-term locums, particularly from agencies, due to associated risks, uncertain supply, and additional costs. Agency Locum appointments should never be considered as a routine or long-term solution. Nonetheless the Trust recognizes the important contribution of locum doctors in sustaining short-term cover.

Each department has an obligation to take into account planned absence such as annual leave, as well as a certain amount of unexpected leave such as sickness, compassionate leave, carers' leave, study leave etc. Temporary medical staff should only be engaged as a last resort after considering other staffing alternatives and should never be used as a permanent staffing solution.

Temporary/Agency' staff should not be automatically booked to cover annual leave, short-term sickness leave or study leave. The leave should be managed to ensure adequate cover from existing staff. Temporary medical staff use will be minimised by:

- a) Robust individual and team/specialty job planning processes which regularly revise staffing allocations and rotas in the light of expected workload and number of trainees.
- b) Revising out of hours cover - Hospital 24/7 arrangements, cross cover, and sharing of tasks with non-medical staff.
- c) Retaining staff. Non-training doctors of all grades provide continuity and long term commitment. Each department should actively give opportunities to resolve job satisfaction concerns well before they lead to premature departures, to avoid the need for locum cover.
- d) Reducing recruitment delays. The speed of each stage of recruitment is a major factor determining the extent of locum use. Early planning for retirements and or staff leaving, proactive redrafting of job descriptions and availability of interview panellists will cut down delays. Consultant recruitment is best initiated at least 9 months ahead of a vacancy.
- e) Publicising rotas early, avoiding leave when a doctor is on nights or weekends, and swapping extended days with colleagues when on leave.
- f) Co-ordinating annual and study leave effectively, especially at critical times, e.g. key examination dates and rotation changeovers. Each department should provide written guidance on how much notice needs to be given, how many doctors can be on leave at the same time, and how leave is recorded.
- g) Active management of sickness absence and consistent application of the Trust's policy.
- h) Prospectively covering holidays and study leave, and using internal cover when necessary for other absences, whilst keeping within working hours regulations.
- i) Developing the medical staff bank, at both Trust and Department level, to minimise the use of agency staff when internal cover is inadequate.
- j) Continually seeking longer-term solutions to vacancies filled by locums.

Other alternative methods of filling staffing needs include:

- Secondments
- Short fixed-term contracts to cover longer absences such as maternity leave.
- Job share or role splitting
- Utilisation of staff from other areas within the Department/Trust on a temporary basis.
- Employing staff on annualized hours contracts to provide cover in peak times.
- Consider if the work can be reallocated or delayed.
- Re-working procedures to save time and staffing needs.

- Use of Medical Bank.

The most cost effective methods for providing adequate cover must be considered as a priority.

Sources of cover	
Doctors already employed by the Department	All middle grade and training rotas have been designed to include prospective cover for annual and study leave and so these should be covered by avoiding leave in weeks with significant out of hours duties and swapping duties. These hours of work have been taken into account when designing the rota and determining pay level.
Internal cover	For absences other than annual and study leave, out of hours cover can be provided by doctors already employed working extra duties. Care must be taken not to exceed the legal limits on working hours. The 48 hour average week can be extended <i>on a voluntary basis</i> providing the doctor concerned signs the Trust's Working Time Directive opt out form. Trainees should not exceed an average of 56 hours per week. Time off in lieu can enable this – or alternatively the time may be paid, if authorised, at Trust rates. There are maximum shift / duty lengths that must not be exceeded – whatever the total working hours.
Doctors already employed by the Trust – cross cover	Cross cover may be appropriate. Some Trusts now operate combined surgical and medical out of hours cover at more junior grades and many run a cross specialty Hospital at Night team at middle grade. There is an opportunity to develop this further at East Surrey Hospital.

<p>Doctors previously employed by the Trust – bank staff</p>	<p>Have the advantage that they know working practices and the department knows their abilities. All appointment checks must be completed before they can work. Details should be given to the Medical Staffing department to update the checks and add these doctors to the “bank” so that they can then be engaged at short notice.</p>
<p>Directly recruited locums put on Trust payroll</p>	<p>All appointment checks must be completed. Details should be submitted in advance so that Medical Staffing can carry out recruitment checks. Communication skills must be up to standard -further advice on assessing this will be made available. Induction, initial supervision and on-going monitoring must be provided.</p>
<p>Overseas recruitment</p>	<p>The Trust may support initiatives to recruit staff from overseas from time to time, but these are unlikely to add to the supply of short-term locums. All employment checks must be carried, and communication skills must be up to standard – including doctors from within the Europe Economic Area even though they may already have registration rights under European Law.</p>

<p>Agencies that are NHS approved by the Government Procurement Service³ (sometimes called 'Framework Agencies').</p>	<p>The agency is responsible for carrying out checks, will confirm these, and will have been inspected and approved to ensure their procedures are satisfactory. However the Trust and Lead Clinicians have ultimate responsibility for all doctors employed and ensuring these checks are completed.</p>
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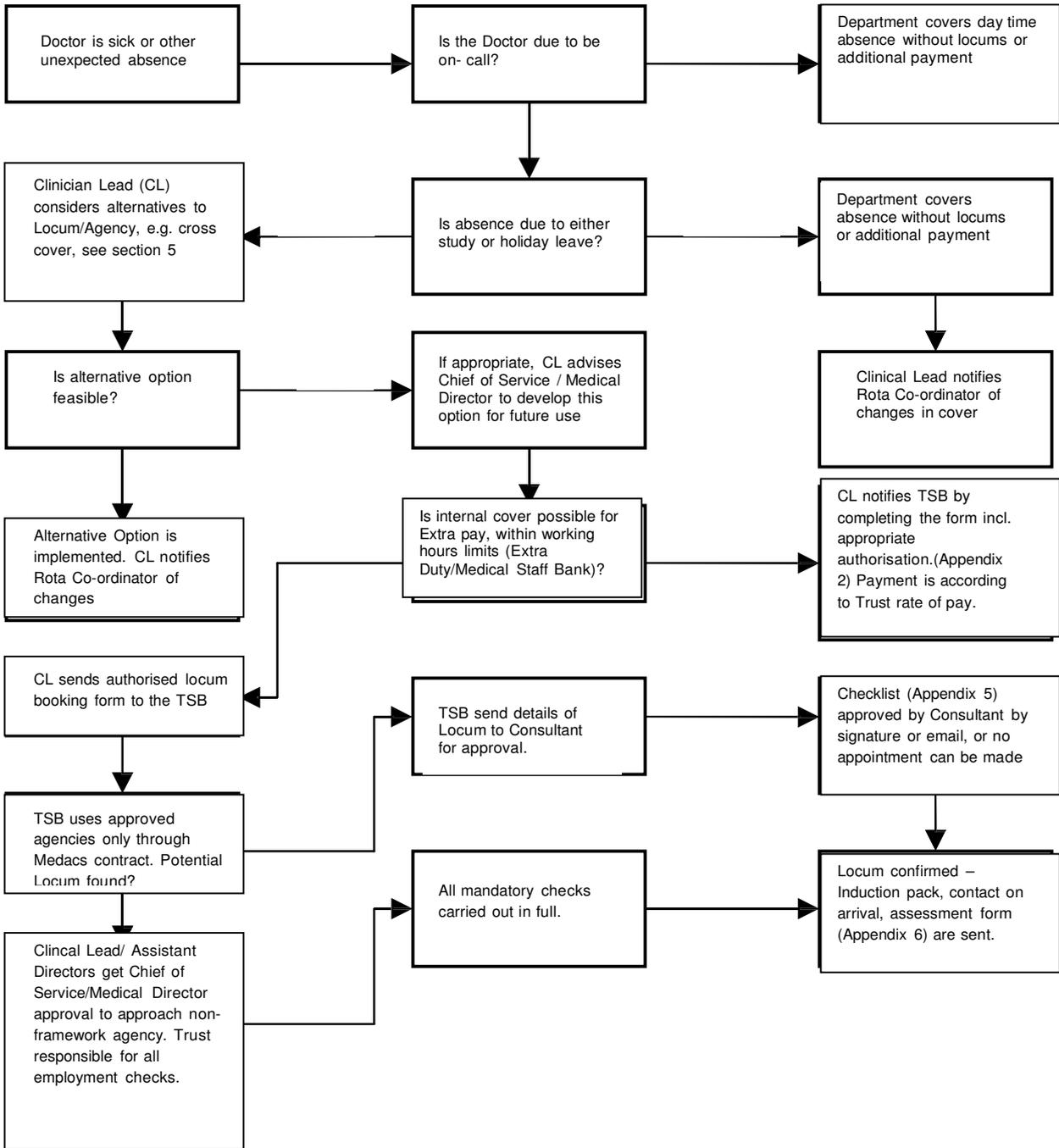
³ The Government Procurement Service - the national procurement partner for all UK public services. They provide a framework for approved and inspected medical staff agencies. Until recently called Buying Solutions and previously known as Purchasing and Supplies Authority (PASA) approved agencies

<p>Agencies that are not approved by the Government Procurement Service (sometimes called 'Non Framework Agencies').</p>	<p>The use of these agencies should be avoided as the quality of the doctors and the checks undertaken by the agencies will not have undertaken the same level of scrutiny as those on the Government Procurement Service (GPS). Where all other avenues have been exhausted and it is essential that locum cover is provided agreement to use agencies outside of GPS must be given by the Chief of Service or Medical Director. The Trust, and any Consultant making appointment on the Trust's behalf, is responsible for making sure all appointment procedures have been undertaken – to the same extent as when employing a doctor directly (see Appendix 1). The Trust will monitor the use of such agencies and consider whether it is feasible to ensure inspection to national Government Procurement Service standard by the Trust prior to contracting with them</p>
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It should be noted that “like for like” staffing is not always possible with agency staff due to the premium costs associated. Therefore managers should consider using agency staff at a lower banding or for fewer hours than the vacancy they wish to cover in order to remain within budget.

The flowchart at 3.2 on the next page should be used to check that alternatives have been considered before decisions are made to book temporary medical staff cover (bank or agency).

3.2 Flowchart for Temporary Medical Staff



*Exception agreed for Theatres to cover Anaesthetist sickness, study and annual leave
 *Exception agreed for Paediatrics to cover daytime absence to prevent CAU closure
 *Exception agreed for Emergency Department to cover gaps in shift rota

3.3 Authorising additional duty cover or Engaging Agency Medical Locums

If the decision is taken to request a member of staff undertake additional duties or to request cover from an agency, bookings can only be made in accordance with the trust's guidelines and procedures, i.e. booking request / form must be completed and authorised by designated signatories - see list of Authorised Signatories at Appendix 3).

Only authorised signatories should sign booking forms and timesheets for all Temporary Medical Staff.

It is essential that all temporary staff at the trust receive an induction/undertake the Trust's induction programme that is appropriate to their role and planned length of engagement. This should include orientation, information about local policies and procedures, introductions to relevant colleagues etc.

3.4 Working Time Regulations

All staff are required by the working time regulations to take a minimum 20 minutes unpaid break for every 6 hours worked allowing for a period of rest from work related activities. NB timesheets must not be signed off without the deduction of at least a 20 minute unpaid break.

Staff will be limited to work no more than an average of 48 hours per week over a 17 week period in compliance with the European Working Time Directives. Any requests to work above the 48-hour limit must be authorised by the line manager and HR team for an agreed period of time (e.g. flu pandemic, heatwave).

3.5 Trust Locum Rates

Fees for internal cover and for locums employed by the Trust will be set for each financial year. Current rates are shown in Appendix 4.

The Trust will set fees to attract internal cover, providing total hours worked by such doctors remains safe and legal, and subject to careful control by each Lead Clinician and Assistant Director in authorising such cover. This will be demonstrated by comparing monthly vacancy and locum use against a realistic target for minimising dependence on locums in each specialty.

3.6 Booking Agency Medical Staff

Services will ensure continuity of service provision by appropriate rota management and good recruitment and retention practices, however it is recognised that there will be occasions when agency cover is unavoidable. In these circumstances the quality of temporary medical staff cover must be assured and to this end the Trust will make full use of the NHS agreements under the Government Procurement Service⁴ framework in order to secure the quality of

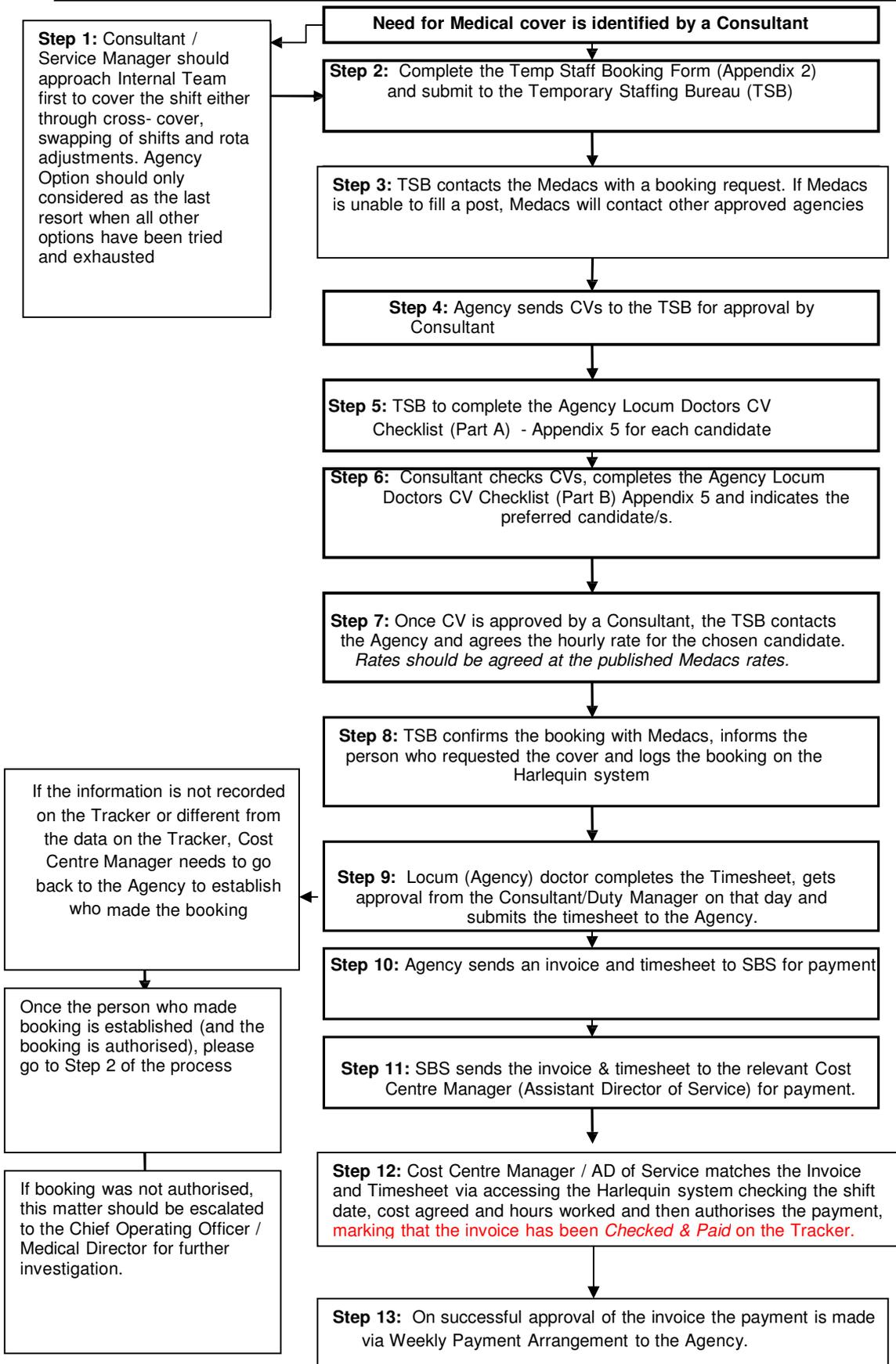
locum cover and best value contracts.

The flowchart at 3.7 on the next page describes the process for booking agency temporary medical staff.

⁴ Government Procurement Service - the national procurement partner for all UK public services. They provide a framework for approved and inspected medical staff agencies. Until recently called Buying Solutions and formerly known as Purchasing and Supplies Authority so sometimes referred to a PASA approved agencies.

3.7

Booking Process for Agency Locums



3.8 When a Locum Starts Work

All locums will have a planned mandatory induction, to include data forwarded wherever possible in advance and will have the appropriate supervision for their role. Before starting work the locum will be advised where and to whom to report on arrival; given key departmental guidance; and provided with induction material and identification badge. Documents will include :-

- arrangement for an initial and future clinical handovers,
- advice about supervision and support,
- confirmation that performance will be evaluated and feedback given if requested.

The locum doctor should provide original certificates and documentation for the Trust to see and confirm i.e. details of their registration, medical qualifications, work permits if applicable, and their most recent locum/employer references/assessments. If the locum doctor is arriving outside the hours of the Temporary Staffing Bureau (Monday – Friday 09:00 to 19:00; Sat & Sun 08:00 to 12:00) appropriate documents still need to be checked by the Clinical Site Manager on duty before the doctor starts work.

3.9 Complaints

It is important that complaints about temporary medical staff are dealt with in a timely way and in line with Trust and professional body procedures. Any complaint about an agency worker, however, must be referred to the agency concerned and the Trust will co-operate and provide necessary information to enable the agency to deal with the matter appropriately. See also section 5.9 **Locum Doctor Performance** on page 16.

3.10 Directly Employed Locum Consultants

All consultants should cover colleagues for short-term absence, to ensure continuity of service. There will be times when colleagues are expected to provide cover at short notice as part of their existing contract.

The process for appointing locum Consultants is particularly critical given their seniority and responsibility for directing clinical care. All directly employed locum Consultant appointments will require Medical Director's approval and the same Specialist experience/qualifications will normally be required as for a permanent Consultant post, including specialist registration.

Locum Consultants will only be allowed to provide teaching and training where the Clinical Lead is satisfied that the doctor is able to deliver teaching and training to the standards expected by the Trust.

Where a doctor is likely to be off work for longer than a month or where there is a longer- term vacancy, a business case must be jointly submitted by the Chief of

Service and Assistant Director of Clinical Services and approved by the Trust's Management Board.

If approved the department will make immediate arrangements with the Medical Staffing Department to recruit a directly employed locum.

Locum doctor appointments must be made with the same care as for a substantive appointments following legislative and best practice requirements contained in the Trust's Recruitment and Selection Policy.

Mandatory NHS employment checks apply to *all* medical staff, including locums, agency staff, volunteers, students, and researchers. For further details see Appendix 1 and seek advice from the Medical Education/Staffing Manager. The policy is to record all checks for temporary staff on the Electronic Staff Record (ESR).

3.11 Locum Doctor Performance

All locum medical staff must be monitored or supervised, particularly when newly appointed, to ensure standards of performance are being maintained.

Action must be taken if there are concerns about performance, conduct or health of a locum doctor. The concerns of medical, nursing or other staff must be brought to the attention of the Lead Clinician and acted on in line with Trust policy. This may range from a discussion and support to termination of the assignment and follow up beyond the Trust. Advice should be sought from Medical Staffing or HR Business Partner.

A report on performance must be completed by the supervising Consultant at the end of each appointment. This will be used to guide future locum cover, provide for the individual doctor's appraisal and development needs, and if necessary to inform reporting of concerns to relevant external bodies. A template for assessment of locums is included as Appendix 6. The report must be returned to the Medical Education/Staffing Manager who will retain it for the period specified in Trusts Records Management Policy & Lifecycle Management Strategy a period of five years or, in conjunction with the Clinical Director or supervising Consultant, will ensure appropriate bodies are notified via the Medical Director.

4 Responsibilities

Trust Management Board	Authorising this policy
Medical Director	Executive Lead
Medical Director, Chiefs of Service, Lead Clinicians and Director of HR	Ensuring this policy is implemented
Medical Education/Staffing Manager	Reviewing and updating this policy
Consultants on call and as designated	Requesting locum doctors
Lead Clinician, or out of hours On Call Consultant/ on call Manager	Authorising internal (Bank) booking
Lead Clinician or out of hours On Call	Authorising locum from approved agency
Chiefs of Service or Medical Director	Authorising locum from non-approved agency
Lead Clinician	Authorising a directly employed locum
Medical Director	Authorising a directly employed Consultant locum
Medical Staffing Department	Undertaking recruitment checks for all direct locums and notifying Temporary Staffing Bureau of current and
Temporary Staffing Bureau	Maintaining list of staff willing to work through the Medical Staff Bank
Clinical Site Manager / Manager on-call	Booking agency locums – out of hours
Lead Clinician or Consultant	Authorising locum time sheets
Assistant Director of Service	Approving time sheets and processing for payment
Shared Business Services	Ensuring timely payment on receipt of invoices and timesheets

Finance Department	Providing monthly report of agency spend
Temporary Staffing Bureau	Providing weekly and monthly usage report for Medical Bank and agency staff

5 Compliance Monitoring arrangements

This policy has the approval of the Medical Director and Director of HR and the ratification of the Trust Management Board.

The responsibility for monitoring the effectiveness of the policy is that of the Divisional Management teams, the Medical Education/Staffing Manager and the Temporary Staffing Bureau Manager.

It is the responsibility of each Lead Clinician, Chief of Service and Assistant Director of Service to ensure this policy is applied in his or her division(s) and to inform all appropriate staff.

The Medical Staffing Department is responsible for recruitment and must ensure all appointing staff are aware of and apply this policy.

Any member of staff has a duty to report any failure to adhere to this policy to the Chiefs of Service, Assistant Director of Service and Medical Education/Staffing Manager immediately this becomes known. This is to minimise the potential risk to patients should appropriate appointment procedures not be followed.

Failure to carry out appointment checks is a serious breach of standards and discipline. This duty to report extends to all staff involved in recruitment and not just the relevant medical staff. Any such failures will result in immediate consideration of whether a doctor can continue to practice, and a report to the Medical Director and Director of HR.

The data provided to each specialty to monitor will indicate the extent of:

- Temporary Medical Staffing hours used compared to absences and vacancies;
- Completion of appointment checklists for agency locums and signed authorisation;
- Completion and submission of Booking Requests/ Forms to the TSB;
- Completion and submission of timesheets;
- Completion of locums' performance report;
- Use of agencies other than those listed on the NHS contract;
- Identification through invoices of any short term locum employed that has

- not been notified to the Temporary Staffing Bureau (TSB);
- Temporary medical staffing costs incurred by division and specialty.

The process of booking temporary staffing and the reasons for requesting temporary staffing cover will be monitored through audit by the appropriate divisional leads, Human Resources Business Partners and the Medical Education/Staffing Manager. Information will be fed back to the Divisional Management teams, Medical Staffing department and Medical Director.

All issues identified will need to be addressed by the Divisional teams within dedicated timescales and will be communicated along with resolutions and outcomes to the Management Board - Performance, Department Managers, Service Managers and other relevant staff to ensure learning is achieved. The Management Board will continuously review outcomes during monthly performance meetings through the trust's cost improvement/efficiency savings/transformation programmes.

Feedback on locum employment standards will be sought periodically from medical staff of all grades, including locums in post. Some of these processes will be inspected at this Trust by external organisations such as the Care Quality Commission and the NHS Litigation Authority.

Once approved this policy will be:-

- posted on the dedicated Policies and Procedures page of the Intranet
- notified to all staff on the next available E-Bulletin

Implementation will however be supported by the monitoring arrangements specified in section 11 below.

This policy will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents; the standard length of time for review is three years.

However, changes within the organisation affecting this process, together with any changes in legislation or the requirements of external regulators /accreditation organisations may prompt the need for revision before the 3 year natural expiry date.

The policy will be held in the Trust database, known as the library and archived in line with the arrangements in the Organisation wide Policy for the Management and Development of Procedural Documents.

Working copies will be available on request from the Policy Co-coordinator by contacting the dedicated mailbox trustpolicies@sash.nhs.uk

6 Training to ensure compliance with this policy

Drafts of this policy have been reviewed by a number of Senior Medical and Managerial Staff, the Local Negotiating Committee and the Equality Impact Assessment lead. Its implementation requires particular attention during the first twelve months, with clear concise procedures developed with the recruiting and medical staff.

7 References and associated documents

References

Publication	Details
National Framework Agreement for the Supply of Medical Locums (excluding locum GPs) National Contract for the NHS	Framework Agreement CM/AMN/07/4820 www.buyingsolutions.gov.uk/healthcms/productsandservices/agencystaffandoutsourcedservices
The Use of Locums – Advice for Employers. Summarises the current standards governing the appointment and use of locum doctors.	NHS Employers 11/06/12 http://www.nhsemployers.org/Aboutus/Publications/Documents/Guidance-on-the-appointment-and-employment-of-locum-doctors.pdf
NHS Employment Check Standards Legal and mandatory checks employers must carry out for the appointment and on-going employment of all individuals in the NHS. Checks cover 6 areas <ul style="list-style-type: none"> • Verification of Identity • Right to Work • Employment history and references • Occupational Health • Criminal record checks • Professional Registration and Qualifications 	NHS Employers 20/10/10 www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards

9 Document Control

Consultation record

Relevant service	Speciality, Sponsor or User Group name	Individual's name	Job title	Date consulted	Date feedback received
Pharmacy					
Radiology					
Cancer Services					
etc					

Change History

Version	Date	Author/ Lead	Job title	Details of Change
1	Sept 2011	Janet Miller	Deputy Director of Human Resources	New Policy
1.1	Aug 2012	Janet Miller	Deputy Director of Human Resources	Amendments to section 12 and Appendix 3 (approved at Strategy Management Board 08/08/2012)

Appendix 1 SUMMARY OF RECRUITMENT AND EMPLOYMENT CHECKS FOR LOCUM DOCTORS

For a full version or further information about these requirements please contact Medical Staffing or visit <http://www.nhsemployers.nhs.uk>

Verification of Identity at birth⁵ and biographical data using: 2 forms of photographic personal ID and 1 document confirming their address; or 1 form of photographic personal ID and 2 documents confirming their address. Acceptable documents include passport, photo card driving licence, national ID card (but not organisational ID card). How to check authenticity and details of other acceptable documents are included in NHS employers' guidance.

Right to Work All prospective applicants have to have the appropriate right to work documents, and these must be validated, copied and stored in line with the Data Protection Act. A failure to complete this process can lead to a £10,000 civil penalty per illegal worker.

Registration and Qualifications General Medical Council registration, Licence to Practice and any required specialist registration must be checked. Qualifications and their documentation must be reconciled with the application, and the equivalence of overseas qualifications assessed. Check that, if necessary, the doctor has current membership of a medical defence organisation.

Employment History and references Check at least 3 years (preferably 5) of previous employment and/or training covering at least 2 employers one of which is the current or most recent. Obtain references in writing to ensure source is certain and genuine. Seek employee's agreement before approaching current employer. Explore gaps in employment and equivalence of documentation/experience in health services overseas. All employment histories or CVs must be approved by a senior clinician, usually a Consultant.

Criminal record checks These must be done in line with the Trust's written procedure. It is mandatory for every registered body to have a written security policy covering handling and safekeeping of disclosure information.

Occupational Health A health questionnaire is needed, and an occupational health interview or referral if appropriate, plus specific checks such as up-to-date immunisation certificate / Hepatitis status.

⁵ Gender Reassignment Certificate is recognised for those who have affirmed a permanent change of gender.

Communication skills Trusts engaging locums must ensure⁶ that all doctors - including those from the EEA - have appropriate communication and language skills and should test communication skills at interview or using an assessment process. For Agency locums this would be undertaken by the Agency however the Trust must satisfy itself of the adequacy of the test/assessment. The GMC recognises equivalent medical qualifications within the European Economic Area (EEA) and does *not* test language skills before granting UK licence to practice to a doctor from the EEA, or Swiss nationals, or non-EEA nationals who are married to EEA nationals. Other International Medical Graduates (IMGs) seeking a UK licence to practice must provide the GMC with evidence of a satisfactory standard of English.

Employment Alerts Other Trusts and national bodies may on occasions share concerns about a clinician's performance. The Medical Staffing Department maintains a file of current alerts, which should be considered when making appointments.

Training Ensure that educational approval has been secured in advance if the locum posting is to be offered with training recognition e.g. as a Locum Appointment for Training (LAT).

Working hours Agencies and the Trust, as employers, must ensure that the working time regulations on hours and rest breaks are applied to locum doctors – by making this clear to appointees who work for several employers.

The European Working Time Directive makes it illegal to require an employee to work more than an average of 48 hours per week and limits shift lengths to 13 hours (excluding non-resident on call time). An employee can opt out of the 48-hour average

– but this must be voluntary and the shift length limits still apply. For doctors in training there is a maximum contractual limit of 56 hours per week across all employments even if they chose to 'opt out' of the Working Time Directive. Locums should not work in a way that might endanger their standard of medical care and judgement, e.g. seeking to work both days and nights at different locations. For further information and 'opt out' from the Regulations see www.nhsemployers.org.

Induction Provide appropriate induction material, some of which is mandatory, as early as possible and certainly before commencing work.

Locum Agencies The Trust must ensure that locums engaged via an agency have had the same level of NHS employment checks. Approved Agencies are contractually obliged to meet these standards and are inspected by the Government Procurement Service.

⁶ The Use of Locums - Advice for Employers
<http://www.nhsemployers.org/Aboutus/Publications/Documents/Guidance-on-the-appointment-and-employment-of-locum-doctors.pdf>

The Trust is obliged to ensure that any non-approved agency to be used will meet required standards, including this policy. The ultimate responsibility for conducting checks on locum doctors rests with the Trust, and its Consultants and recruiting staff. If any checks are delegated to an agency, there must be a clear contractual and documented understanding between the two parties. Agencies may not always have received up to date employment alerts and so it is good practice for the Trust to check and follow up any shortfall with an agency.

Appendix 2

AUTHORISATION & BOOKING FORM FOR Extra Duties/Bank and Agency Locum Doctors							
Reason for booking	Vacancy (<i>state post</i>)						
	Sickness		Maternity Leave				
	Compassionate Leave		Special Leave				
	Other (<i>please specify</i>)						
Name of doctor to be covered				Cost Code:			
Grade of the doctor required (<i>Circle as appropriate</i>)		*FY1	FY2	ST1	ST2	ST3+/SpR	
		Specialty Doctor		Staff Grade		Associate Specialist	
		Consultant					
<i>*Cover will only be provided for FY1s if another member of the same team is away or there is another vacancy in the same team</i>							
Speciality/Department					Site (<i>circle</i>)	ESH / Crawley	
Dates & Times cover required (<i>minimum 20mins unpaid break to be deducted for every 6 hours</i>)			Date	Start time	Finish time	hours	
Reporting instructions for Extra duty staff/Agency to report to:				<i>include contact name, extension, bleep, location</i>			
EXTRA DUTY/INTERNAL COVER							
Can the shift be covered internally				Yes – provide name below, sign and pass for authorisation		No – move to next section	

Name of doctor covering the shift(s) Please inform rota co-ordinator	
<i>I confirm that cover for this shift is absolutely necessary</i>	Print Name:
	Signature
Contact telephone number	bleep
AGENCY LOCUM REQUEST	
<i>I confirm that no cover could be found internally and that cover for this shift is absolutely necessary</i>	Print Name:
	Signature:
Name of Consultant approving CV's	
Contact number and email for CV's to be sent	
AUTHORISATION <i>(please note that both signatures are required)</i>	
Assistant Director of Clinical Services (or Service Manager)	Signature:
	Print Name:
	Date:
Chief of Service (or Clinical Lead)	Signature
	Print Name:
	Date:
Request will be actioned by the TSB (ext1842) only when all fields above are fully completed	
Name of Doctor booked (to be entered by TSB)	

Appendix 3

LIST OF AUTHORISED SIGNATORIES WHEN REQUESTING LOCUM AGENCY DOCTOR AND EXTRA DUTY SHIFTS (AS AT AUGUST 2012)

- Signatories should sign and write names clearly
- Two signatories (one clinical and one managerial) within the relevant division must be provided to authorise any booking
- On-call managers should sign and state that they were on-call manager at time of authorisation

Clinical		Managerial	
Clinical Leads	Chiefs of Service	Assistant Directors	Service Managers
Mr Adrian Ball (Cancer, Breast, Head & Neck)	Dr Barbara Bray (Surgery)	Hamish Wallis	Christina Brown Andrea Francis Gavin Hurley Jamie McFeters
Mr John Brookes (ENT)			
Mr John Grabham (General Surgery, Digestive Diseases, Vascular)			
Mr Luke Herbert (Ophthalmology)			
Dr Alison Newlyn (Dentistry)			
Mr Michael Swinn (Urology)			
Mr George Tselentakis (Trauma & Orthopaedics)			
Dr Phil Williams (Anaesthetics)			
Dr Nandu Gandhi (Cardiology)	Dr Virach Phongsathorn (Medicine)	Angela Stevenson	Natasha Hare Paula Tooms
Dr Ben Mearns (Acute and Elderly Medicine)			
Dr Warren Shattles (General Medicine)			
Dr Julian Webb (Emergency)			
Dr Catherine Greenaway (Paediatrics)	Dr Debbie Pullen (WACH)	Bill Kilvington	Cynthia Quainoo
Miss Zara Nadine (Obs & Gynae)			
Dr Jane Weston (Pathology)	Dr Bruce Stewart (CSS)	Caroline Francis- Goulds	Jackie Brown Trevor Garcia David Heller Andrew Millard Mike Rayment
Dr Jerry Vive (Radiology)			

Appendix 4

MEDICAL STAFF EXTRA DUTY PAYMENTS & MEDICAL BANK RATES OF PAY

2011/2012

Grade of Cover	Rates (per hour)
FY1	£25
FY2, ST1, ST2	£35
ST3 - ST7, SPR	£42
Speciality Dr/Staff Grade	£42
Associate Specialist	£45
Consultant - On Call	Overnight Weekday - £50 p/h 24-hour Weekend - £1000
Consultant - Acting Down	Policy to be circulated

Appendix 5 Agency Locums Doctors CV Checklist only

PART A – to be completed by the Temporary Staffing Bureau (TSB)

Agency Name: _____

Government Procurement Service(formerly known as Pasa) Approved / Non Approved:

Name of Doctor: _____ Inclusive Hourly Rate: _____

Enhanced CRB Checked: Poca Pova i.e. Paeds, A&E etc.

Copy of email from the Agency confirming status of the CRB:

References in date (within 1 year): Licence to Practice :

GMC Registration: GMC Website Checked and copy printed :

Passport / Visa:

**Name of Resourcing Officer /
Clinical Site Manager (for Out of Hours):** _____

PART B – must be checked and signed off by the Consultant

Government Procurement Service(formerly known as Pasa) Approved: / Non Approved Agency:

CV checked: Hep B Level:

References x 2 checked: Experiences checked:

Agreed hourly rate:

Consultant's Name: _____

Consultant's Signature: _____ **Date:** _____

Or Attach the email from the consultant giving the approval

Please note it is the Department's responsibility where the Locum will be working to carry out "Local Induction".

Appendix 6 ASSESSMENT OF LOCUM APPOINTMENTS

TO BE COMPLETED BY THE SUPERVISING/BOOKING CONSULTANT ON COMPLETION OF THE ASSIGNMENT

Details of Locum Appointment	
Doctor's Name	
GMC Number	
Grade	
Speciality	
Location	
Dates of Post	

Please tick the appropriate boxes	Above Average	Average	Below Average	Unacceptable
Clinical Skills				
History Taking				
Physical Examination				
Investigation and Diagnosis				
Judgement and Patient Management				
Practical Skill				
Administration				
Knowledge				
Basic Science				
Clinical				
Relationships				
Colleagues				
Patients				
Other Staff				
Communication Skills				

Please tick the appropriate boxes	Above Average	Average	Below Average	Unacceptable
Personal Qualities				
Leadership and Initiative				
Time Keeping				
Reliability				
Professional Appearance				
Integrity				
Manners				
Attitude				

Further Information		
Does the Doctor have any training needs that you have identified?	Yes	No
Further Comments:		
Please note: This information will be shared with the Doctor concerned, if appropriate		

For Completion by Reporting Doctor	
Signed	
Name in block capitals	
Position	
Date	

All Doctors will be required to provide evidence for revalidation. Like other Doctors working in clinical practice, Locum Doctors need to have access to Appraisal and Professional Development in order to maintain good medical practice. For them, Appraisal is the key to identifying and meeting development needs and to achieving successful revalidation. This document is confidential and will be used as part of the Doctor's Appraisal process. All information submitted is protected under the Data Protection Act.

Please return this form to: Temporary Staffing Bureau

Appendix 7 Equality Analysis (EqA)

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty.

Name of the policy / function / service development being assessed	Temporary Medical Staffing Policy	
Date last reviewed or created & version number	Final version reviewed September 11	
Briefly describe its aims and objectives:	To provide procedures for booking and assuring the quality of temporary medical staff used.	
Directorate lead	Janet Miller	
Target audience (including staff or patients affected)	Clinicians and managers involved with the requesting, booking and authorising of temporary medical staff cover.	
Screening completed by (please include everyone's name)	Organisation	Date

Equality Group (Or protected characteristic):	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Age			No		
Disability			Yes Low		
Gender reassignment			Yes Low		
Marriage & Civil partnership			No		
Pregnancy & maternity			No		
Race			No		
Religion & Belief			No		
Sex			No		
Sexual orientation			No		
Carers					