Trust Policy and Procedure

Policy Name  APPOINTMENT OF LOCUM MEDICAL STAFF

For use in: All areas of the Trust
For use by: All Consultants/Senior Trust Managers/Locums
For use for: Appointment of Locum Medical Staff
Document owner: Executive Director of Workforce & Communications and Executive Medical Director
Status: Agreed

Purpose of this document

To give clear guidance on the criteria for booking medical locums, the correct procedures to follow for approval of locum bookings and information on induction and payment of locums.

A copy of this policy will be given to all locum doctors.

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1. **Principles for Medical Locums at the West Suffolk NHS Foundation Trust**

(a) All doctors are expected to deputise for absent colleagues in the equivalent grade as far as is reasonably practicable even if, on occasions, this requires working on a different site. Locum cover will not automatically be approved for any doctor.

(b) For Consultant, Specialty and Associate Specialist (SAS) doctors, it is expected where reasonably practical, that short-term, unpredictable absences of up to one week will not be covered by locums, and colleagues will be expected to cover without additional remuneration or time off in lieu.

(c) External agency locums will only be used in exceptional circumstances. When deputising is not practicable, the doctor is responsible for bringing this to the attention of the relevant Service Manager. The Trust will be responsible for making suitable arrangements including the appointment of a locum if required and if available.

(d) Assessment of the need for a locum will include the following considerations:
   - Number of medical staff absent
   - The possibility of rescheduling leave to avoid the locum requirement
   - Current budgetary status

(e) Locum cover will be considered to cover maternity, paternity, parental and long-term sick leave. Annual leave, study leave and professional leave will not be covered unless there are exceptional circumstances.

(f) For Consultants and SAS doctors, where a locum is agreed, only Direct Clinical Care Programmed Activities will be covered. For example, for a basic 10 PA week, only 8.5 DCC will be covered.

(g) Consultants will not normally be expected to ‘act down’ in respect of on-call rotas, or to be resident on call if covering for absent colleagues unless this is a requirement in the relevant specialty. In cases where ‘acting down’ is being considered, please see “Acting Down Arrangements for Senior Medical Staff PP129”.

(h) Where locum cover is agreed and is covered internally the remuneration schedule attached at Appendix 1 will be applied. Consultants and SAS doctors have an option to either be paid or given time off in lieu, subject to the needs of the service and agreement from the relevant Clinical Lead/Clinical Director and Service/Deputy General/General Manager.

(i) Work carried out during normal duty hours will receive no additional remuneration or compensation. Extra payment will only be agreed where it is clearly demonstrated that extra hours have been worked.

(j) For Consultants and SAS doctors, in cases where internal cover is provided over a longer period of time, for example, for maternity leave, the Trust will expect a temporary adjustment of programmed activities and/or on call supplement subject to the usual management agreements.
(k) In certain circumstances it is appropriate that an associate specialist may ‘act up’ to cover long-term consultant absence. In this case, the individual may be remunerated at the relevant point of the locum consultant pay scale.

The above sets out the principles regarding the provision of cover, whether internally or by employed locums. These principles may not cover every situation or case; it is important when making a decision regarding locum cover, therefore, that every case is treated on its merits.

2. **Locum Specification and Approval Process**

(a) There are clear Department of Health guidelines relating to the recruitment and employment of locums, which include criteria for employment.

(b) Medical staff locums must be fully registered with the General Medical Council and should have the relevant qualifications and experience to fulfil the role as a full independent practitioner.

(c) The Lead Clinician and/or Clinical Director should satisfy themselves that a medical staff locum has the required knowledge, skills, attributes, and experience necessary to discharge all the responsibilities required. Any limitations on activity should be explicit (for example, undertaking private practice, undertaking specific procedures, etc.). Any specialist skills required should be explicit in the advertisement/request for the locum. Agency locum consultants/SAS doctors are not normally required to take part in SPA time or in teaching or training activities whilst in post, unless this is specifically negotiated and approved by the relevant educational tutor and management. NHS locum consultants/SAS doctors (over three months’ tenure) would normally be required to take part in SPA time or in teaching or training activities whilst in post and would require approval by the relevant educational tutor and management.

(d) References must be sought and reviewed before appointment to ensure that the individual is suitably trained and skilled. References must be recent and at least one should be from the most recent substantive employer.

(e) Locums employed directly by the Trust will be employed on terms and conditions set out in the national Terms and Conditions for the relevant grade.

(f) The need for a locum must be agreed by the relevant General Manager or nominated deputy.

(g) The request for locum cover must be authorised by the General Manager or nominated deputy and should be forwarded to the Medical Staffing Department as soon as possible. Where the situation in the Trust may require a change to the authorising manager, this will be agreed by the Executive Directors.

(h) In an emergency, the General Manager or deputy should be informed to authorise locum cover and Medical Staffing should be contacted by the Service/General Manager to request emergency cover. Outside 0830-1700 Monday to Friday, the authorised Out of Hours Manager should be contacted.
(i) The cost of locum cover will be met from the specialty budget within the relevant clinical directorate.

(j) If there is a disagreement relating to the need for locum cover, the individual may raise a grievance under the Trust’s Grievance Procedure, PP035.

(k) Where it is possible to predict the need for long-term (3 months+) locum cover (for example to cover maternity leave) and a locum is required, the vacancy management process must be followed.

3. **Access to IT Clinical Systems for Locums**

For all Locums attending the WSH the following applies:

- **For locums working in A&E:** Report to the A&E Department where information will be left in the tray by the whiteboard. This will include log-in details, a user guide and computer access form. The username and password will allow the Locum to log-on to the e-Learning via the Intranet to complete the e-learning. On completion of the learning, the system will generate a temporary username and password to the systems they require for their shift.

- **For Locums working on any Ward:** They will report to switchboard where the information will be left in the tray next to the other relevant information they need to collect. This will provide log-in details, a user guide and computer access form. The username and password will allow the Locum to log-on to the e-Learning via the Intranet to complete e-learning. On completion of the e-learning the system will generate a temporary username and password to the systems they require for their shift.

- **For any locum working regularly at West Suffolk Hospital it is suggested that the locum obtains a permanent unique username and password from the IT Department. They can do this by completing the computer access form and returning it to:** IT Department, WSH.

- **If a locum returns and did not complete the e-Learning and/or did not return the computer access form, then they will be issued with e-learning details again, and will have to complete e-Learning again.**

- **Any locum who does not complete their e-Learning within 48 hours of starting their locum shift will not be paid unless operationally prevented from doing so.**

- **When a locum has been issued with their own unique ID, they need to keep this safe. If the password expires they need to contact the IT helpdesk on Ext. 7777 or email:** IT.Helpdesk@wsh.nhs.uk

4. **Induction of Locums**

(a) Any medical locum employed for more than four weeks and less than 6 months will require a period of induction on arrival, to enable him/her to work effectively. The Clinical Director and Lead Clinician should arrange this. Where a locum is employed
for 6 months or more, Trust induction will be arranged to take place by the HR Department.

(b) All locums will be given a copy of this policy prior to or at induction.

(c) Locum placements of less than four weeks will be given a written induction document and handbook by Medical Staffing, and will have a meeting with the Lead Clinician or nominated deputy on arrival, to explain the duties of the post. This meeting will be arranged by the Department.


Rest Breaks

(b) The Trust expects all staff, including locums, to take daily rest breaks which should be up to one hour for Consultant/SAS doctors and 30 minutes for all other medical staff where possible. This information must be included in the department’s Locum induction with a copy of the letter at Appendix 5 and is specified in the handbook.

It is accepted that on some occasions, due to clinical emergencies/demands a locum may not get a full break and in exceptional circumstances may be required to miss a break. On these occasions, if the locum wishes to claim payment for a meal break, authorisation must be obtained from the Service Manager by completing the authorisation form at Appendix 4.

Therefore, all time sheets that claim a paid meal break must be accompanied with the authorisation form signed by the relevant Service Manager before payment is actioned.

In cases where a time sheet is received that shows a meal has not been taken, but no authorisation form is attached, then the relevant break payment will be deducted from the shift.

Please note this does not apply to non-resident on-call shifts.

5. Locum Assessment and Feedback Procedures

(a) For agency doctors, following the end of the locum period a feedback form is issued to the relevant Lead Clinician, who may pass it on to a more suitable colleague for completion. Feedback forms must be completed and returned to Medical Staffing as soon as possible.

(b) If serious concerns are raised about the performance of any locum and/or patient/staff safety at any point during or after their period of work at the Trust, the relevant Clinical Director, or Medical Director, must be informed immediately and the appropriate policies and procedures followed. Advice must be sought from the Executive Director of Workforce and Communications or deputy. (See also Appendix 1 – Issue of Alert Letters; and Policy Document – Disciplinary Framework for Doctors and Dentists, PP019)

6. Appraisal
(a) After 6 months in post it is expected that Locums (whether employed by NHS or Agency) undergo an appraisal. An appraisal should take place between 6 and no later than 12 months in post.

(b) The department is expected to organise this locally with the Executive Medical Director’s Appraisal Administrator on Ext 3824 for consultant/SAS doctors. For all other grades of medical locum, the department is expected to organise this locally using the normal appraisal arrangements suitable to the grade.

7. Issue of Alert Letters

(a) If a problem arises during a locum’s period of work at the Trust, and it is felt that this poses a significant risk of harm to patients, staff, or the public, then the issue of an Alert Letter should be considered - Appendix 2 gives details of the process.

(b) In the case of an agency locum, booked through agency, then that organisation will be informed of the problem in writing by the Executive Medical Director.

8. Payment of Placement Fees for Agency Locums *(This is dependent on the Agency’s Terms and Conditions)*

(a) On occasions, a locum doctor may apply for, and be appointed to, a comparable substantive post within the Trust.

(b) Since the Conduct of Employment Agencies and Employment Businesses Regulations 2003 took effect on 6 July 2004, placement fees are not payable where:

- the locum takes up employment more than 14 weeks after the start of the assignment, or more than eight weeks after the end of an assignment, whichever is the later. [For this purpose, separate assignments will be treated as part of a continuous assignment, unless the locum does no work for the Trust for a continuous period of six weeks or more. In such cases, a new 14 week period will start to run at the beginning of the first assignment after the end of the six week period.]

- four weeks written notice is given to the agency when an agency worker is recruited, prior to the commencement of the permanent employment. If the agency is able to offer the locum on terms no less favourable for the full duration of the four weeks’ notice, then the Trust must accept that offer of locum work for all four weeks.

*See Appendix 3 for Placement Fee Flow Chart*

(c) There are some important points to note:

- It must be the same locum who is offered by the agency for the notice period and the locum must be willing and able to fulfil the offer, otherwise the agency is not making a valid offer. They cannot offer an alternative worker.
The terms offered for the notice period must be no less favourable than previously offered in terms of post and hours offered.

Review and Monitoring

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<th>HR and Communications</th>
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<tr>
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<td>TNC (M&amp;D)</td>
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<td>Policy Number PP(14)006</td>
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<td>Equality Assessed:</td>
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<td>Implementation:</td>
<td>Policy will be checked by HR manager and Medical Director every 2 years. Distribution to all managers. Published on the intranet</td>
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<td>Monitoring:</td>
<td>Implementation, compliance, and effectiveness of policy will be monitored by TNC (M&amp;D). 100% of requests received in the HR Directorate will be handled in line with the policy and will be recorded by the Bookings Co-ordinator.</td>
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| Other relevant policies/documents and references: | PP104 – Personalised Annual Leave Policy  
PP129 – Acting Down Arrangements for Senior Medical Staff  
PP035 – Grievance Procedure  
PP237 – Policy for the Issue of Alert Letters  
PP019 - Disciplinary Framework for Doctors and Dentists,  
Advice issued by NHS PASA on the payment on placement fees |
APPENDIX 1

REMUNERATION SCHEDULE

These figures are based on commercial prices and differentials:

Consultants

In most circumstances where internal cover has been arranged and this has been worked in premium time, time off in lieu should be granted. In exceptional circumstances, the remuneration schedule held by Medical Staffing and agreed by the relevant management team will be applied.

Associate Specialists and Specialty Doctors

In most circumstances where internal cover has been arranged and this has been worked in premium time, time off in lieu should be granted. In exceptional circumstances, the remuneration agreed by the relevant manager will be applied.

Junior Grades

Current hourly rates as at May 2016

<table>
<thead>
<tr>
<th>Grade</th>
<th>Hourly Rate</th>
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<tbody>
<tr>
<td>Medicine/ED SpR/ST3+</td>
<td>£60 per hour</td>
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<tr>
<td>All other SpR/ST3+</td>
<td>£50 per hour</td>
</tr>
<tr>
<td>ST1-2/CT1-2/F2 (SHO)</td>
<td>£36 per hour</td>
</tr>
<tr>
<td>F1</td>
<td>£28 per hour</td>
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ISSUE OF ALERT LETTERS

NHS England wrote to Trust Medical Directors and Area Team Medical Directors in April 2013 as the Healthcare Professionals Alert Notices Directions 2006 lapsed on 31 March 2013. From 1 April 2013, the Secretary of State directed the NHS Litigation Authority (NHSLA) to operate the HPAN system, including considering and issuing Alert Notices. NHS organisations who wish to request the issue of an Alert Notice should notify the National Clinical Assessment Service (NCAS), an operating division of the NHSLA. Notifications should be sent to:

Medical Practitioners: Professor Pauline McAvoy, Interim Medical Director and Associate Director of Assessment
National Clinical Assessment Service
Skipton House
80 London Road
London SE1 6LH

hpans@ncas.nhs.uk
020 7972 2999

NCAS will determine whether to issue an Alert Notice. The Alert Notice will then go to healthcare organisations in England and to the Chief Medical Officers of Wales, Scotland and Northern Ireland. Healthcare organisations proposing to appoint a healthcare professional may wish to check against any current Alert Notices and, where appropriate, contact the originating healthcare organisation for further details.

Alert Notices issued by SHAs before the end of March 2013 will remain in force and will be reviewed by NCAS at periodic intervals.

NCAS has developed a web-based platform which will enable NHS organisations to upload information directly about healthcare professionals who they consider could pose a significant risk to patients, and to interrogate the database before making new appointments. NCAS have been asked to bring this system into operation as soon as is practicable.

Further details can be found at:
http://www.ncas.nhs.uk/ and
and in the NCAS HPAN Protocol:

130422_HPAN_Protocol_Final[1].pdf
Framework Agreement
Placement Fee Flow Chart
Conduct of Employment Agencies and Employment Businesses Regulations 2003

Is the transfer to employment with the Authority, and was the worker provided to the Authority by the Contractor?

No - not subject to the 2003 Regulations

Yes - Subject to the 2003 Regulations

Is the transfer to take place within 14 weeks of the beginning of the worker’s first assignment, or if later, eight weeks from the end of any assignment? (See also 6 weeks ruling)

No - no placement fee payable by the Authority

Yes - Has the Authority provided the Contractor with 4 weeks written notice?

Yes - Has the Contractor made, or been able to make, a written offer for the supply of that agency worker for a continuous 4 week period?

No - Placement Fees chargeable (refer to pricing schedules)

Yes - Did the Trust accept the 4 weeks continuous supply?

No - No placement fee chargeable

Yes - No placement fee chargeable

No - Placement fee chargeable

In part (i.e. for less than 4 continuous weeks) - placement fee chargeable (refer to pricing schedules)
APPENDIX 4

Locum Doctors - Daily Rest/Lunch Break Authorisation Form

This form should be completed by locum doctors when they have not been able to take their meal breaks and it should then be signed by the Service Manager to verify the claim. The Trust will not pay for any missed meals breaks that have not been authorised by the Service Manager. These payments will be reviewed by Medical Staffing and the Service Manager as necessary.

Name of Locum:

Specialty :

Reason for Missed/Shortened Break

Please indicate below the reason for missing your break together with sufficient details to allow your Service Manager to determine if the missed break was unavoidable.

- Clinic Over-ran – please give brief details

- Theatre List Over-ran – please give brief details

- Called back to ward for clinical emergency – please give brief details

- Some other reason – please give brief details

Service Manager Signature...........................................................................................................

Date..............................................................................................................................................
Dear Doctor

Locums Bookings and Daily Rest Breaks/Meal Breaks

This is to confirm that in accordance with Health and Safety Regulations the Trust expects all staff, including locums, to take daily rest breaks which should be up to one hour where possible. Therefore, all locum bookings for day shifts Monday to Sunday will exclude paid meals breaks – for example a booking that is 0900 hours to 1700 hours will attract a payment for 7 hours with the expectation that you will take a daily rest break.

Consultants, Associate Specialists and Specialty Doctors are expected to take a 1 hour break. All other grades a half hour break.

It is accepted that on some occasions, due to clinical emergencies/demands you may not get a full break and in exceptional circumstances you may be required to miss your break. On these occasions if you wish to claim payment for a meal break you must obtain authorisation from your Service Manager or Out of Hours Manager by completing the attached authorisation form.

Therefore, all time sheets that claim a paid meal break must be accompanied with the signed authorisation form before payment is actioned.

In cases where we receive a time sheet that shows a meal has not been taken, but no authorisation form is attached, then the trust will deduct the relevant payment from the shift.

Please note this does not apply to non-resident on-call shifts.

Yours sincerely

Jan Bloomfield
Executive Director of Workforce & Communications
**APPENDIX 6**

**FLOW CHART FOR STANDARD BOOKING OF LOCUM MEDICAL STAFF**

1. **SM/CD/CL** identifies staffing issue and checks whether other doctor or changes to booked leave can cover the gap.

2. No internal cover available – **SM** makes email request for locum to **Executive Director** and **MS** including name of doctor to be covered, dates, hours and reason. This will only include DCC hours for:

   - On receipt of **ED’s** authorisation, **MS** will offer locum to in-house doctors (where available) in the first instance and then to Framework Agencies as per the Service Level Agreement.

   - **MS** check the hourly rate is within agreed rates on CVs received and then sends CVs to relevant **consultant**.

   - **Consultant** advises **MS** which doctor to book; **MS** advises agency and requests written confirmation.

   - **MS** checks the correct hourly rate is on written confirmation, signs, submits order on powergate and returns to agency once order has been approved by **SM** on powergate and advises **consultant & SM** that doctor has been booked. All locum bookings are recorded on a Tracking Sheet throughout the process which is available on the ‘O’ drive to view.

   - The **locum** completes the relevant duties and records hours worked on a timesheet. The timesheet is signed by **MS** to confirm hours worked.

   - The agency sends invoice, **MS** checks and logs invoice/timesheet on invoice tracking sheet and receipts on powergate and sends any anomalies to **SM** or **SM** for authorisation. Any queries re rate/hours/breaks/reason for locum will be noted on a sheet attached to the invoice for the **SM** or **SM** to complete and return to **MS**.

   - **MS** passes authorised invoices/timesheets to **Finance/payroll** for payment, unauthorised/inaccurate invoices passed to agency by **MS** for amendment, unauthorised internal timesheets passed to **SM** for action.

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**Key**

Source: HR & Communications  
Status: Agreed  
Issue date: May 2016  
Review date: May 2018  
Document reference PP(16)006