THE USE OF LOCUMS – ADVICE FOR EMPLOYERS

1. Use of locum doctors advice

The quality, competence and communications skills of locum doctors, and the checks made upon them before engagement by organisations providing NHS care, is an important concern. Patient safety requires that locum doctors are appropriately trained and qualified for the work they undertake. This paper is intended to summarise the current standards governing the appointment and use of locum doctors. **Ultimately it is the organisation engaging a locum doctor that carries the responsibility for ensuring that doctor is a suitable appointee for the role.**

2. 1997 locum guidance and Code of Practice

A Code of Practice on the use of locum doctors was published by the Department of Health in August 1997 (Appendix 1). The observations, recommendations and requirements it set out remain appropriate for today. The document is at [http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014372.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014372.pdf)

3. Mandatory NHS employment check standards

The mandatory employment check standards (published by NHS Employers) apply to all staff and cover:

- Verification of identity
- Right to work
- Registration and qualifications
- Employment history and references
- Criminal record checks
- Occupational health

These standards apply to all staff in the NHS including locums, volunteers, students, researchers etc. They also apply in primary care and to admissions to the GP performers list held by PCTs (admission to a performers list is necessary, in addition to GMC registration and licensing, to work in NHS general practice in the UK).

Details of each of these standards is available at [http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/Pages/Employment-Check-Standards.aspx](http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/Pages/Employment-Check-Standards.aspx)

The Care Quality Commission, as part of its annual health check and NHS Litigation Authority, as part of its annual risk assessment, will examine that NHS organisations are complying with these standards and requirements and checking that their contractors and locum agencies to do likewise.
4. Communication skills

It is important that organisations using locums and supplying agencies are aware of distinctions between the GMC language testing requirements for the registration and licensing of doctors who trained and qualified in the EEA and those from outside the EEA.

Within the EEA the GMC recognises equivalent medical qualifications and is not expected to test for language competency or communication skills before registering and licensing a doctor for UK practice if they are:

- Nationals of members states of the European Economic Area (EEA) other than the UK
- Swiss nationals who since 1 June 2002 benefit under European law
- UK nationals who are exercising their European Community (EC) rights of free movement within the EEA. Generally speaking this means someone who has worked as a doctor in another EEA member state and is returning to the UK to work.
- UK nationals and non-EEA nationals who are married to EEA nationals who are exercising their EC rights of free movement within the EEA. Generally speaking this means someone accompanying a spouse coming to the UK to work.

For all other International Medical Graduates (IMGs) seeking registration and a licence to practise from the GMC they must evidence a satisfactory standard of English, usually through the International English Language Testing (IELTs) and PLAB tests.

Further information on the GMC’s requirements is at http://www.gmc-uk.org/doctors/index.asp

Details of IELTs and PLAB are at http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp

Organisations engaging locum doctors therefore need to establish for themselves that appointees have appropriate communication and language skills, bearing in mind the different registration and licensing arrangements for EEA and non-EEA doctors. This might be done by testing communication skills at interview or using an assessment process.

5. Hours

Doctors are under a professional obligation not work when their ability or competence is impaired through working excessive hours.

Agencies and employing organisations must ensure that the Working Time Regulations on hours and rest breaks are applied to the locum doctors working for them. To do this they should make enquiries of hours across all employments and assignments.

For doctors in training there is a maximum contractual limit of 56 hours per week across all employments. For further information on this and situations where an ‘opt-out’ from the Regulations may be appropriate for some doctors see http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/FAQs-September2009.aspx
6. Use of locum agencies

Where organisations use locums who are employed or engaged via an agency they must ensure that the agency is satisfying the same level of employment check standard as the NHS.

Agencies that are engaged under the Buying Solutions - Health (formerly NHS Purchasing and Supply Agency, PaSA) framework are contractually obliged to meet these standards in secondary care, and their compliance is audited by the national Buying Solutions – Health team.

Note that this audit and assurance is not available within the primary care sector. Organisations engaging locum GPs will therefore need to seek their own assurances that the necessary employment check standards are met.

Similarly any ‘off framework’ agencies are not covered by this audit, and any organisation using them must make its own arrangements for ensuring compliance.

Details of the agencies operating under the national framework can be found at http://www.buyingsolutions.gov.uk/healthcms/Productsandservices/agencystaffandoutsourcedservices/temporarystaff/medicallocums/

7. Induction

Locum doctors should be offered appropriate induction for their role and appropriate supervision. There is a handbook and suggested mandatory training published by NHS Professionals at: http://www.nhsprofessionals.nhs.uk/flexible/doctors/mandatory-info.aspx

Organisations will also have their own policies and procedures appropriate for their services.

Useful e-learning support programmes for staff new to the organisation are available from the NHS Core Learning Unit. See http://www.corelearningunit.com/index.php?id=2. Examples include health and safety training, equality and diversity awareness, and an introduction to patient safety.

8. Feedback on performance

Locums, and any agency they have been supplied through, must be given feedback on their performance after every assignment. A model report form was included in the 1997 Code of Practice, although agencies may use their own.

Many agencies and locum doctors report that such feedback is not being provided. The provision of feedback will become increasingly important as revalidation of doctors is introduced by the GMC – it will be part of the evidence base a locum doctor will need to revalidate and retain their licence to practise.

In addition, any serious issue or concern where potential risk to patients is identified should be reported to the GMC and, where appropriate, under the alert letters system. http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/DH_4003735

Organisations need to ensure that the appropriate doctor (usually the supervising consultant) completes and returns feedback on a locum doctor’s assignment when it concludes. Longer term locums should be incorporated in appraisal and review processes.
9. Length of locum appointment

Other than for short term cover for unforeseen absences such as sick leave, locum employment should be for limited duration to cover planned absences such as maternity leave or while substantive recruitment takes place or other arrangements are made.

In the case of locum consultants the NHS Appointment of Consultant Regulations require appointments should normally be for not more than 6 months initially, with possibility for extension up to 12 months maximum. Guidance and the regulations are at http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Morestaff/Nationalrecruitmentcampaign/DH_4082973


10. Avoiding locum usage

Careful workforce planning and early recruitment to known vacancies can help avoid the use of locum staff. NHS Employers has published guidance on managing medical vacancies at http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Medical_Education_and_training/Specialty-and-GP-training/Managing-medical-vacancies/Pages/Managing-medical-vacancies.aspx

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