

Guidance on the appointment and employment of NHS locum doctors

August 2013

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1. Purpose of this document

The purpose of this document is to provide guidelines and set standards for the appointment and assessment of NHS locum doctors in order to safeguard the quality of patient care. This guidance applies to locums employed directly, those employed through an agency and those working as locums through their own limited company.

This document does not cover terms and conditions of employment for locum doctors; these are set out in the relevant [medical contracts](#).

2. Definition of a locum

A doctor in locum tenens is one who is standing in for an absent doctor, or temporarily covering a vacancy, in an established post or position. The principles in this guidance also apply to other short-term or fixed-term medical contracts.

3. Principles for appointment and employment of locum doctors

- Long-term locum doctor appointments should be made with the same care as a substantive appointment. All locum doctors should meet the entry criteria for the post.
- Locum doctors must be properly qualified and experienced for the work they will be required to undertake, including having satisfactory communication skills, including English language. This should also include an understanding and experience of the legal context for medical practice appropriate to the post.
- Locum doctors should not be appointed if they are currently the subject of an investigation or if there are concerns about standards or competence of previous performance (as set out in their end of placement report or appraisal documentation or by an alert letter). If they are unwilling to provide their most recent report, or if they have not engaged with appraisal or revalidation, employers should check if the General Medical Council has placed any [restrictions on the doctor's practice](#).
- Locum doctors should not be engaged for employment until all the necessary employment checks have been conducted satisfactorily, either by the trust or by a locum agency that subscribes to this guidance and applies its requirements. This provision applies equally to locums who are already well known to the employer, for example, through having recently been permanent members of staff. Care should be taken when relying on word-of-mouth recommendations from other doctors.
- Locum service should not normally be recognised for training purposes, except when a Locum Appointment for Training (LAT) post is appropriate. Where educational approval is given for training in a locum post, this should always be secured prospectively and never retrospectively. Educational approval should not be sought for appointments of less than three months' duration in a single post.

4. Introduction

This guidance sets out guidelines on the appointment and employment of NHS locum doctors. It consolidates existing rules, including those set out in the 1997 Department of Health [Code of Practice in the appointment and employment of hospital and community staff \(HCHS\) locum doctors](#). The quality, competence and communications skills of locum doctors, and the checks made upon them before engagement by organisations providing NHS care, are an important concern. Ensuring patient safety requires that all doctors, including locum doctors, are appropriately trained and qualified for the work they undertake. This guidance is intended to summarise the current standards governing the appointment and use of locum doctors. All employers of locum appointments,

whether made directly or through NHS or private locum agencies or limited companies, should comply with this guidance.

Employers should subscribe to this guidance because they have the ultimate responsibility for ensuring that a locum doctor is a suitable appointee for the role, whether or not the locum doctor has been supplied by an agency or limited company.

Employers may wish to only use locum agencies that subscribe to this guidance. Clinical commissioning groups should include in contracts with providers a requirement for assurance that any locum doctor appointments will comply with this guidance. Wherever possible, employers should also contract solely with locum agencies who subscribe to a negotiated framework agreement that is audited on an ongoing basis. For more information on these agreements see Section 7 'Framework agreements'.

The Department of Health has commissioned a project to review the quality assurance arrangements for secondary care locum doctors. The project will gather evidence and information to provide a better understanding of the issues associated with this group of doctors and evaluate the options for strengthening assurance and governance arrangements.

In view of this, the guidance in this document is subject to change when the report and recommendations are published towards the end of 2013.

5. Use and duration of locum appointments

Reducing the cost of locum appointments

Locum doctors are an important asset to the NHS and make a valuable contribution to healthcare. However, the appointment of a locum doctor should be a temporary measure of limited duration for unforeseen absences such as sick leave. Planned absences, such as maternity leave, can often be covered more effectively by better use of the substantive workforce and ensuring that work patterns are more effectively aligned to the needs of patients.

Careful workforce planning and early recruitment to known vacancies can help avoid the use of locum staff. Employers should consider the relative cost-effectiveness of engaging permanent and locum staff. Ideally, there should be sufficient substantive posts within the unit to meet foreseen service demands, including planned absences.

Employers will wish to have in place a system to identify the career intentions of their medical staff. Where it is known that a post is to become vacant, steps to make a substantive appointment should be taken sufficiently early to avoid unnecessary locum appointments.

NHS Employers has produced [tools, resources and good practice guides](#) to help employers reduce agency spend. In addition, the document [Managing gaps in medical staff cover – an operational framework for employers](#) is designed to assist employers in making appropriate arrangements to ensure adequate medical cover where there are medical vacancies.

Locum consultant appointments

[The NHS Appointment of Consultant Regulations 1996](#) (Statutory Instrument no 1996/701) set out the rules for appointing consultant doctors. They do not apply to locum consultants appointed for an initial period of less than six months, or where the appointment is extended for a further six months. Once a single appointment extends to more than 12 months the procedures set out in the Regulations apply and a doctor can only be employed as a locum consultant if they are entered on the specialist register with the GMC.

The Regulations require locum appointments to be reviewed no later than six months in post.

Although locum consultant appointments are not initially subject to the full procedure set out in the Regulations, it is considered good practice to appoint, wherever possible, locum consultants who hold, or have held, posts of consultant status, or else who have completed specialty training (or who hold accreditation) in the appropriate specialty. Where possible there should be careful assessment of the candidates by an appointments committee with at least two professional members, one from the specialty concerned.

Locum doctor appointments for other grades

Although the NHS Appointment of Consultant Regulations only apply to consultants, it is good practice to appoint locum specialty doctors, associate specialists and junior doctors (excluding LAT appointments) for an initial period of six months only, or where the appointment is extended for a further six months. The argument against employing locums for a long period is that 12 months should be sufficient time for an employer to advertise and interview for the permanent post that the locum practitioner would be free to apply for (subject to meeting the entry criteria).

Locum doctors in training grades

The [guide to postgraduate specialty training](#), known as the 'Gold Guide', provides advice on using locums in training grade vacancies at paragraphs 5.32 to 5.43. Locum Appointments for Training (LATs) offer training through the placement, whereas Locum Appointments for Service (LASs) are solely for service purposes.

LATs must be appointed through a national competitive process using the national person specification. A specialty representative nominated by the Local Education and Training Board must be a member of the appointment panel.

LAT doctors must have:

- appropriate clinical supervision
- a named educational supervisor
- appropriate and regular assessment of clinical performance
- a structured report at the end of their appointment
- registration with the appropriate Royal College/Faculty
- registration and a licence to practise with the General Medical Council (GMC).

Health Education England now tightly controls the availability of LAT posts to encourage trainees to take up substantive training posts.

LAS doctors may be appointed by employers in consultation with the Deanery or Local Education and Training Board. Since LAS appointments are for service delivery and will not usually enable appointees to be assessed for competences required by an approved specialty CCT curriculum, employers may use local person specifications.

Doctors undertaking a LAS must have appropriate clinical supervision but do not require an educational supervisor, since they will not normally be able to gain recognised and documented relevant specialty training competences through the appointment. Provisionally registered doctors cannot be appointed to LAS posts. This is because the GMC grants provisional registration for the purposes of completing an acceptable programme for provisionally registered doctors only – i.e. Foundation Year 1.

The Gold Guide also sets out that trainees awarded a National Training Number (NTN) should not undertake locum activities that compromise their training.

6. NHS Employment Check Standards

The [NHS Employment Check Standards](#) outline the employment checks that employers must carry out for the appointment and ongoing employment of all NHS staff in England. The six standards are published by NHS Employers:

1. The [verification of identity checks standard](#) outlines the requirements to verify the identity of all prospective NHS employees. The standard sets out the combinations of personal identification documents that are acceptable for verification of identity. The standard also gives advice on how to check documentation for authenticity.
2. The [right to work checks standard](#) outlines the requirements for NHS organisations to verify a prospective employee's legal right to work in the UK. Employers and commissioners risk breaking the law if they fail to check the entitlement to work in the UK of any prospective employees before they start work. The standard provides information about the points-based immigration system and sets out the documents that employers must see to verify an applicant's right to work.
3. The [professional registration and qualification checks standard](#) ensures that a prospective employee is recognised by the appropriate regulatory body, has the right qualifications to do the job and, in the case of doctors, has a current licence to practise in the UK. Employers can check a doctor's registration status online at www.gmc-uk.org. As doctors are regulated by the GMC, it should not be necessary to verify primary medical qualifications or specialist qualifications separately. The standard outlines what employers should ask for when checking registration with the GMC.
4. The [employment history and reference checks standard](#) outlines the requirements for seeking references and verifying employment history and/or training in the NHS. The standard sets out the minimum requirements for checks and what to do if a prospective employee has spent time overseas or if an employer has doubts about the authenticity of information.
5. The [criminal record and barring checks standard](#) outlines the requirements that NHS organisations must follow when appointing staff into positions that involve contact with children and/or adults.
6. The [occupational health checks standard](#) outlines the mandated occupational health checks NHS organisations are required to carry out before the appointment of prospective employees.

These standards apply to all staff in the NHS, including locum doctors. The standards also apply in primary care and to admissions to the GP performers list held by NHS England (admission to a performers list is necessary, in addition to GMC registration and licensing, to perform primary medical services in the UK).

NHS providers must give evidence of their compliance with these six standards as part of the Care Quality Commission's annual regulatory framework. When employing or engaging locum doctors via an agency, organisations must provide evidence to the Care Quality Commission that the agency is satisfying the same level of employment check standard for each individual doctor as an NHS organisation would apply. Ultimate responsibility for the competence of locum doctors rests with the employer. If the employment checks are delegated to an agency, there must be a clear understanding between the two parties so that no checks are overlooked for any individual doctor. For details of what employing organisations should specify in the agency contract agreement around employment checks, see NHS Employers' guide [How to: understand employment checks for agency staff](#).

Visa holders

Employers should check the conditions of stay for individuals holding visas. If a person has a restriction on the type of work they can do and/or, the amount of hours they can work, then employers should make sure that they do not appoint them in breach of these work conditions to avoid the risk of a civil penalty.

7. Framework agreements

Several negotiated framework agreements exist, which aim to maximise the value for money obtained through the procurement and supply of goods and services. Temporary staffing agencies that are engaged under framework agreements to supply locum doctors to the NHS are contractually obliged to meet the NHS Employment Check Standards, and their compliance is audited on an ongoing basis. However, employers must still gain their own assurance that all agencies engaged under framework agreements have carried out all of the appropriate registration, language and employment checks. 'Off framework' agencies are not covered by this audit and any organisation using them must make its own arrangements for ensuring compliance.

When using locum doctors, NHS bodies should engage with their local counter-fraud specialists to prevent fraud in relation to invoices and timesheets and to ensure that contract prices are transparent and agreed.

8. Tax assurance of off-payroll workers

Sir David Nicholson's letter of 20 August 2012, Gateway reference 17993, introduced measures the Treasury now requires employers to take where workers are engaged off-payroll for continuous engagements of more than six months and for a daily rate of at least £220 or £58,200 per annum. These measures apply to locum doctors, including those supplied by agencies, where these criteria are met. Where the contract with the agency is via a Government Procurement Service agreement, clauses will be included allowing employers to seek assurance with regard to the income tax and national insurance obligations of the worker. In all other cases, relevant contractual provisions should be included as set out in the letter.

9. Language and communication skills

Employers and the GMC play different roles in language and communication testing. It is the responsibility of employing organisations to ensure that prospective employees have the right level of language and communication skills to perform a particular role. It is the responsibility of the GMC to assess the suitability of individual doctors in order for them to become eligible to practise within the medical profession.

Role of the employer

Organisations engaging locum doctors need to establish for themselves that appointees have appropriate communication and language skills, bearing in mind the level of communication skills required for the specific role. Assessing the suitability of language skills can be done using a range of evidence as part of the recruitment process. A doctor's language ability may be self evident by way of an interview, or through evidence of previous periods of work in the UK. Where there are doubts about a doctor's language ability further assessments may be made through the use of tests. Such tests should only be used where necessary to determine a doctor's language competence and should not be undertaken on a systematic basis.

Employers should also be aware of the different registration and licensing arrangements for EEA and international medical graduates, as set out below.

Role of the GMC

The GMC assesses the suitability of individual doctors in order for them to become eligible to practise within the medical profession. As a result of Directive 2005/36/EC on the recognition of professional qualifications, there are differences in the language controls applied by the GMC, when registering and licensing doctors who are nationals of the European Economic Area (EEA) and registering doctors who are international medical graduates.

Within the EEA, doctors are entitled to registration with the GMC, providing they meet the minimum recognised standard provided in the Directive. The regulator cannot currently assess the level of language competency or communication skills before registering a doctor for UK practice if they are:

- nationals of member states of the EEA
- 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 provide evidence of a satisfactory standard of English, usually through the [International English Language Testing System \(IELTs\) and Professional and Linguistic Assessments Board \(PLAB\) tests](#).

For more information see our pages on the [mobility of health professionals across Europe](#).

Role of the responsible officer

In April 2013, new regulations came into force establishing language competency testing as part of the responsible officer's (RO) role. ROs are required to assure themselves that the doctors they are responsible for, have the appropriate level of language competency to enable them to practice safely.

GP performers list

All international and EEA doctors wishing to practise as a GP in the UK must also be able to provide evidence that they have adequate written and oral communication skills before they can be admitted to the performers list held by NHS England (admission to the performers list is necessary, in addition to GMC registration and licensing, to work in general practice in the UK).

For more details on language competency see our guidance document [Language competency: good practice guidance for employers](#). This guidance outlines the responsibility for NHS organisations to seek assurances that any individual involved in the delivery of NHS services has the required level of linguistic skills to enable them to undertake their role effectively, and to assure the delivery of safe care to patients.

10. Hours

Working Time Regulations

Doctors are under a professional obligation not to 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 clear to potential locum doctors the restrictions on hours of work and convey to the doctor that it is their professional responsibility as a locum doctor to ensure that they do not breach those restrictions.

The main features of the regulations are:

- an average of 48 hours working time each week, measured over a reference period of 26 weeks for doctors, unless an individual chooses to 'opt out' of this requirement
- 11 hours continuous rest in 24 hours

- 24 hours continuous rest in seven days or 48 hrs in 14 days
- a 20 minute break if the work period is over six hours long
- 5.6 weeks' annual leave, pro-rata for part-time staff
- for night workers, an average of no more than eight hours' work in 24 over the reference period.

Some doctors may well have a number of locum contracts that collectively take them above the 48 hour limit, which would apply to a single employment contract. This is a clinical governance matter and employers should be aware of the extent to which other commitments may potentially affect a locum doctor's ability to fulfil their role safely and effectively.

New Deal contract on junior doctors' hours

Employers must also comply with the provisions of the terms and conditions of service for doctors in training – the 'New Deal contract' – on junior doctors' hours for any doctors currently working in training grades who seek to undertake locum work.

The New Deal was introduced in 1991 to improve the working lives of doctors in training and has been incorporated into junior doctors' [terms and conditions of service](#). The current contract, known as the "New Deal contract", introduced in 2000 restricts trainee doctors' average hours of work to a maximum of 56 hours per week, largely superseded by the 48 hour requirement of the Working Time Regulations as above, and details hours and rest restrictions under the four different work patterns:

- On-call: Maximum continuous duty period of 32 hours, 56 at weekends. Average duty hours per week should not exceed 72 hours and average hours of actual work per week should not exceed 56. Rest requirement: eight hours of rest in total, 12 per weekend day, of which five should be continuous between 10pm and 8am.
- Full shift: Maximum continuous duty period of 14 hours. Average hours per week should not exceed 56. On a full shift, doctors are expected to be working throughout. The only rest requirement is natural breaks of 30 minutes' uninterrupted rest after every four hours on average.
- 24-hour partial shift: Maximum continuous duty period of 24 hours. Average duty hours per week should not exceed 64 hours. Rest requirement: one half of the out-of-hours duty period, of which four hours should be continuous between 10pm and 8am.
- Partial shift: Maximum duty period of 16 hours. Average duty hours per week should not exceed 64. Rest requirement: one quarter of the out-of-hours duty period.

On all working patterns, doctors are entitled to natural breaks after every four hours on average. Doctors in the training grades, on contracts that incorporate the national terms and conditions of service, receive a pay banding supplement that relates to the number of hours they work and the frequency of out-of-hours availability.

11. Pay

Locum tenens pay rates are set out in the [Medical and Dental pay circulars](#). Longer-term, up to six months, locums should be paid on the appropriate substantive pay scale for the grade they are covering.

12. Disclosure of concerns about colleagues' professional practice

In February 2012, the GMC published [guidance on raising concerns](#), which sets out a doctor's responsibilities around raising concerns about colleagues. These include the duty to protect patients from risk of harm posed by another colleague's conduct, performance or health. These responsibilities apply equally to locums.

Concerns about colleagues are best handled locally and early. NHS Employers has published the document [Staying on course – supporting doctors in difficulty through early and effective action](#). This document highlights the importance of early intervention when concerns first arise about an individual doctor.

NHS Employers has also published [advice and guidance](#) to support the development of policies and procedures around raising concerns at work. This includes a staff communication toolkit and guidance on how to implement and review whistleblowing arrangements.

13. Induction

Locum doctors must be offered appropriate induction for their role and appropriate supervision, including induction into local clinical protocols. The Skills for Health [Core Skills Training Framework](#) standardises the interpretation of statutory and mandatory training across the health sector. Organisations will also have their own induction 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. Examples include health and safety training, equality and diversity awareness, and an introduction to patient safety. Locums may need an NHS email address to access these.

14. Revalidation

[Medical revalidation](#) is a system for regularly checking and assuring patients and colleagues that every UK doctor is up to date and fit to practise, not only on initial registration and licensing but regularly throughout their careers.

Since November 2009 all doctors who wish to practise medicine in the UK, including locum doctors, have been required to hold a GMC licence to practise. Revalidation started on 3 December 2012 and the GMC expects to revalidate the majority of licensed doctors by March 2016.

Revalidation is based on regular evaluation of all practising doctors (using a structured annual appraisal) against agreed professional standards in the workplace. The GMC takes a decision, normally every five years, as to whether a doctor's licence to practise should be renewed. The revalidation process requires evidence of patient and colleague feedback to be brought to appraisal discussions.

Doctors revalidate by having regular appraisals that are based on the core guidance for the medical profession, [Good medical practice](#), and by collecting supporting information from their day-to-day work to discuss at appraisal. The supporting information that all doctors, including locum doctors, will need to collect is set out in the GMC's guidance [Supporting information for revalidation](#).

Designated bodies are the organisations recognised as employing or contracting with medical practitioners, and as such are designated under the Medical Profession (Responsible Officers) Regulations 2010 (Statutory Instrument 2010/2841). Designated bodies have to nominate or appoint a responsible officer (RO) to carry out statutory functions.

It is good practice for organisations using locums to ensure they know the identity of the locum's RO prior to engaging the locum doctor. The RO's identity, and that the doctor is engaging with the requirements of revalidation, should be established during the employment checks. Locum doctors who work for, or directly contract with, an NHS organisation are likely to have an RO through this organisation and will need to liaise with that RO to organise their annual appraisal. Locum agencies that are part of a negotiated framework agreement for the supply of locum doctors are required to appoint an RO who must provide annual appraisals for the locum doctors who are connected with them. Doctors engaged through all other locum agencies, who have no other connection as set out in the Regulations, will be appraised by an RO at the Local Area Team at NHS England. The GMC has produced an [online tool](#) to help doctors find the type of organisation that is their designated body.

A 'suitable person' can make revalidation recommendations for doctors who cannot make a connection to a designated body. The GMC has issued [guidance](#) on this.

Supported by the outcomes from a doctor's appraisals, the RO will make a recommendation to the GMC that the doctor is up to date and fit to practise, and should be revalidated. This will normally happen every five years. After the GMC has received the recommendation, it will carry out a series of checks to ensure there are no other concerns about that doctor. If there aren't any such concerns, the GMC will revalidate the doctor. This will mean that the doctor can continue to hold their licence to practise. In order for locum doctors to revalidate, appropriate evidence from the employer must be provided to the locum doctor and the RO. Employers should provide a report on each locum doctor episode to the locum doctor's RO.

15. Feedback on performance

Employing organisations need to ensure that the appropriate doctor (usually the supervising consultant) completes and returns feedback on a locum doctor's appointment when this appointment is concluded. The provision of feedback will be increasingly important, as it will be part of the evidence base that a locum doctor will need to provide for their annual appraisal as part of the revalidation process. If the locum doctor has been engaged through an agency, the employer must always send a copy of the report to the agency. For doctors currently in training, whether or not the locum appointment is a training post, postgraduate deans should receive copies of any report where significant shortcomings are identified. LAT doctors must receive a structured report at the end of their appointment. Employers should retain all reports for seven years. Where feedback is sent to a third party, it is good practice to ensure that a copy is also provided to the locum doctor.

In addition, employing organisations should report any serious issue or concern to the GMC and, where appropriate, use the [alert notice system](#).

The GMC publication *Good medical practice* says:

"If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken."

Extract from *Good medical practice, guidance for doctors*, 2013

Longer-term appointment locum doctors should be incorporated into employing organisation's appraisal, objective setting, job planning and review processes.

16. Redundancy

Where a doctor has two years or more continuously employed service with one (or several) NHS employers, without a break of a 'statutory week', they can be eligible for redundancy payments. This applies equally to locums and is set out in the relevant terms and conditions for each grade. For more information about qualification for redundancy payments see [NHS redundancy arrangements 2012](#).

17. Fixed-term employees regulations

Employing doctors on fixed-term contracts has implications under employment law. Under the [Fixed Term Employees \(Prevention of Less Favourable Treatment\) Regulations 2002](#), any employee who has been employed continuously on a series of successive fixed-term contracts for four or more years, excluding any period before 10 July 2002, will usually be classed in law as a permanent

employee. The only exemptions to this are when employment on a further fixed-term contract is objectively justified to achieve a legitimate aim, for example a genuine business aim that can be objectively justified, and is also a necessary and an appropriate way to achieve that aim, or the period of four years has been lengthened under a collective or workplace agreement.

Under the Regulations, locum doctors on fixed-term contracts are entitled to receive no less favourable treatment than doctors in permanent posts. Employers will therefore need to consider the doctor's position with regard to aspects such as annual or study leave, and access to training.


18. Agency Workers Regulations 2010

Under the [Agency Workers Regulations](#), locum doctors who are appointed through agencies are entitled to 'equal treatment' compared to directly recruited staff after being employed in the same role with the same hirer for 12 continuous weeks. After 12 weeks they are entitled to the same pay, holidays, working time, overtime, breaks and rest periods as comparable to permanent doctors.

From day one, agency workers are entitled to:

- equal access to collective facilities (for example, canteen, childcare facilities and transport services)
- access to information about permanent employment opportunities and access to training.

Under the Regulations, 'pay' does not include all pay-related rights. For example, it does not include occupational social security schemes, sick pay, pensions or financial participation schemes. This is not an exhaustive list of excluded pay matters.

19. Checklist of responsibilities	
<p>Employers should:</p> <ol style="list-style-type: none"> 1. ensure that any agencies they use subscribe to this guidance and, where possible, have signed up to a negotiated framework agreement that is audited on an ongoing basis 2. manage their workforce planning effectively so that locum doctor appointments are limited to a maximum of six months initially, with possibility for extension up to 12 months maximum 3. ensure the doctor's identity is checked under the verification of identity checks standard 4. ensure the doctor's eligibility to work in the UK is checked under the right to work checks standard 5. ensure the doctor's GMC registration, licence to practise and medical qualifications are checked by following the professional registration and qualification checks standard 6. ensure the doctor's previous employment and training history are checked under the employment history and reference checks standard 7. ensure any convictions or other relevant information are checked through the criminal record and barring checks standard 8. ensure a pre-appointment health check is done under the occupational health checks standard 9. ensure that educational approval for the appointment is secured in advance if the locum posting is to be recognised for training purposes 10. ensure the doctor has the appropriate language skills to practise safely 11. ensure the doctor has the appropriate communications skills 12. ensure that the locum placement will not cause the doctor to breach the Working Time Regulations or any visa requirements about hours 13. ensure that the locum placement will not cause the doctor in a training grade to breach the controls on hours set out in the New Deal on junior doctors' hours 14. ensure that all doctors know how to raise concerns at work 15. provide induction for the locum doctor, appropriate to the post and the length of the appointment 16. ensure the locum doctor is participating in the requirements of revalidation and the identity of the doctor's RO is recorded 17. ensure that a structured report form is completed by the appropriate doctor 18. send a copy of the report to the agency for any agency locums 19. send a copy of the report to the RO, which in the case of doctors in training, will be the Postgraduate Medical Dean 20. report any serious issues or concerns to the GMC and, where appropriate, under the alert notice system 21. retain all reports for seven years 22. comply with relevant legislation including the Fixed-Term Employees Regulations 2002, the Agency Workers Regulations 2010, the Data Protection Act 1998, the Safeguarding Vulnerable Groups Act 2006 and the Equality Act 2010 23. check that, where necessary, the doctor holds current membership of a medical defence organisation (this applies equally to doctors working through a limited company) 24. review the appointment if, exceptionally, the locum doctor is still in post after six months. 	

Checklist of responsibilities <i>continued</i>	
<p>Clinical commissioning groups in England, health boards in Scotland, Wales and Northern Ireland may wish to:</p> <ol style="list-style-type: none"> 1. consider the extent of locum usage by providers, and processes for locum doctor appointments, when setting local quality standards and monitoring requirements in contracts with providers 2. tell providers of any problems of which they become aware arising from locum usage, so that they can take appropriate action. 	✓

Checklist of responsibilities <i>continued</i>	
<p>Both NHS and independent employment agencies should:</p> <ol style="list-style-type: none"> 1. meet the standards set out in this guidance 2. comply with the Employment Agencies Act 1973 and the Conduct of Employment Agencies and Employment Businesses Regulations 2003 and the Agency Workers Regulations 2010 3. ensure that, on first registering with the agency, all doctors are checked under the six employment checks standards 4. undertake the six employment checks where the agency is acting on the employer's behalf. There must be a clear understanding and agreement between the two parties so that no checks are overlooked 5. secure copies of assessment reports on locum doctors they have placed, retaining these for as long as good business practice dictates 6. consider whether a doctor who has been the subject of poor reports should remain on the agency's books and/or should be referred to the GMC in line with the fitness to practise guidance 7. where questions arise about a series of reports from one unit (whether concerning the same or several different doctors), take the matter up with the senior management of that unit. 	✓

<p>Checklist of responsibilities <i>continued</i></p>	
<p>Locum doctors should:</p> <ol style="list-style-type: none"> 1. produce their original identity documents and educational certificates for the employer or locum agency to see to confirm the details of their identity, registration, medical qualifications and membership of a medical defence organisation where necessary, and produce work permits where applicable 2. provide their most recent reference of employment and sign a statement that the most recent employer is correctly identified. The statement should also disclose any GMC proceedings that are pending. Where the doctor is also in substantive employment, a reference from the substantive employer should also be provided. If a locum doctor is due to arrive outside normal working hours, the doctor should hand these references to the person who receives him or her, for transmission to the relevant clinical director the following day 3. ensure that any locum work undertaken does not entail exceeding the Working Time Regulation limits on contracted hours or actual hours of work set out in the Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002 4. provide dated documentary evidence of their health assessment and of the immunisations and tests that they have had e. complete a Health Declaration and Statement of Criminal Convictions at the start of each locum appointment episode 5. co-operate with the medical staffing officer and the senior clinician reporting on him or her to ensure that the end of placement report is completed in a timely manner 6. countersign the completed report at the end of the locum appointment, making written comments if desired 7. if he or she disagrees with the contents of a report, contact the medical director 8. carry out their responsibilities under Good Medical Practice and the supplementary guidance on raising concerns. 	<p>✓</p>

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients. We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

www.nhsemployers.org
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