

Criteria for Employing Long-term Locum Doctors in Obstetrics & Gynaecology Standard Operating Procedure

Reference no.: UHDB/Operational/03:24/O26

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1. Introduction

The purpose of this SOP is to ensure that all Obstetrics and Gynaecology long-term meet the Royal College of Obstetricians and Gynaecologists criteria of appointment.

The RCOG has developed guidance on the engagement of locums in maternity care in collaboration with the NHS. The guidance outlines roles and responsibilities for healthcare providers, healthcare organisations and individual doctors undertaking locum positions within the NHS. It has been approved by NHS England, Wales and Scotland. For the purposes of this guidance, a locum refers to a doctor who:

- Is placed by a locum agency or a locum bank to work in a healthcare organisation
- Directly engages with healthcare organisations for short-term work.
- Is a doctor in training who undertakes locums outside their training

In this guidance a long-term locum is one where the placement is for longer than two weeks duration.

The full RCOG document can be found here:

[Guidance on the engagement of long-term locums in maternity care](#)

2. Description of Procedural Steps

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2.1	If long-term external locum doctors are recruited to, at the point of placement it will be necessary for the appointing staff member to: <ul style="list-style-type: none"> • Verifying that GMC registration and licence to practise, HPAN, identity, language, health clearance and other checks have taken place, or undertaking these if this cannot be verified

	<ul style="list-style-type: none"> • Ensuring that it is aware if any doctors placed with them have GMC conditions or undertakings on their registration and that they will be able to work within these restrictions • Accurately representing to the locum doctor and locum agency (where relevant) which skills and competencies are required in the position for which the doctor is being engaged • Providing suitable induction to the doctor to enable them to carry out the work they are being engaged to do (including appropriate IT system login/access, buildings/departmental access and the process for escalating concerns) • Completing the required end of placement/exit report and peer/colleague feedback for the doctor • Integrating the doctor into their governance structure in a manner appropriate to the nature and duration of the placement • Supporting the doctor's appraisal preparation • Agreeing with the doctor and at the discretion of the doctor's responsible officer to provide annual appraisal for the doctor if appropriate to do so (in light of the nature and duration of the doctor's placement), to the standard of the 'Medical Appraisal Guide' (NHS England 2014), along with 'Guidance on supporting information for appraisal and revalidation' (GMC 2018). NHS England GPs' appraisals are organised through NHS England local teams • Notifying the doctor and locum agency (where relevant) if any significant information of note arises in relation to the doctor's practice during their placement (and/or the doctor's responsible officer if the agency is not the doctor's designated body) • Agreeing with the locum agency or NHS England local team (where relevant) whether any necessary investigation is carried out in the organisation • Including quality elements within the service level agreement (if applicable) with the locum agency to facilitate the above 2.
2.2	<p>If long-term external locum doctors are recruited to undertake the role of senior resident doctor out of hours, it will be necessary for the appointing staff member to:</p> <ul style="list-style-type: none"> • Ensuring that the locum doctor's Curriculum Vitae is reviewed by an appropriately qualified O&G consultant (or equivalent). The lead clinician should pay particular attention to the skills and experience of the doctor • Checking that appropriate pre-employment checks have been completed • Discussion between the locum doctor and the lead clinician about clinical capabilities on appointment or prior to starting employment • Arrangement of appropriate departmental induction with a senior member of staff (preferably a consultant) on the commencement day • Access to all IT systems, guidelines and training completed on commencement day • A named consultant to support the locum (this could be the clinical lead, rota lead or college tutor depending on the circumstances and length of the locum attachment) • Arrangement of supernumerary or directly supervised clinical duties enabling assessment of skills prior to undertaking clinical duties with indirect supervision, especially out-of-hours • Review of suitability for the post based on multidisciplinary feedback • Feedback to the locum doctor and to the employing agency regarding the locum's performance
2.3	<p>If a locum doctor is to be employed on the senior tier of a middle grade rota or on a single tier middle grade rota, where the consultant is non-resident out-of-hours, the performance of the locum doctor should be reviewed and assessed prior to allowing them to work out-of-hours. This may be undertaken by assigning them to work in a supernumerary capacity alongside a consultant on the wards and in theatre. Educational tools (OSATs, NOTSS) are available to aid assessment if required and would also assist the locum in obtaining the evidence to gain a Certificate of Eligibility for Locums. It would be appropriate for more challenging caesarean</p>

	<p>sections and instrumental deliveries to be assessed as well as management plans on labour ward or the antenatal and postnatal ward. Balancing the requirements of the out-of-hours gynaecology service should also be considered as part of the wider professional judgement of the doctor. These activities could be undertaken out-of-hours provided there is direct consultant supervision. It should be noted that the clinical capabilities outlined in the core curriculum can help support consultants making these judgements.</p> <p>There should be an active decision made that the locum doctor is suitable to undertake indirectly supervised shifts, based upon multidisciplinary feedback. This should be fed back to the individual doctor and documented. The timescales to reach this decision will vary dependent on the skills and experience of the locum doctor.</p> <p>As part of this sign off, the locum doctor should be given clear instructions about clinical scenarios when a consultant should be informed and when it would be mandatory to call a consultant in from home. This should include the clinical scenarios detailed in Appendix 1 and any other situations identified by the unit.</p>																														
2.4	<p>Completion of the below tool is recommended to be completed and retained as evidence of a robust assessment process for all locum appointments (printable version Appendix A):</p> <table border="1" data-bbox="316 920 1449 1644"> <thead> <tr> <th>Compliance</th> <th>Completed Y/N</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Locum doctor CV reviewed by consultant lead prior to appointment</td> <td></td> <td></td> </tr> <tr> <td>Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment</td> <td></td> <td></td> </tr> <tr> <td>Departmental induction by consultant on commencement date</td> <td></td> <td></td> </tr> <tr> <td>Access to all IT systems and guideline and training completed on commencement date</td> <td></td> <td></td> </tr> <tr> <td>Security access to be organised to ensure access is possible to all required areas of work.</td> <td></td> <td></td> </tr> <tr> <td>Named consultant supervisor to support locum</td> <td>Name:</td> <td></td> </tr> <tr> <td>Supernumerary clinical duties undertaken with appropriate direct supervision</td> <td></td> <td></td> </tr> <tr> <td>Review of suitability for post and OOH working based on MDT feedback</td> <td></td> <td></td> </tr> <tr> <td>Feedback to locum doctor and agency on performance</td> <td></td> <td></td> </tr> </tbody> </table>	Compliance	Completed Y/N	Date	Locum doctor CV reviewed by consultant lead prior to appointment			Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment			Departmental induction by consultant on commencement date			Access to all IT systems and guideline and training completed on commencement date			Security access to be organised to ensure access is possible to all required areas of work.			Named consultant supervisor to support locum	Name:		Supernumerary clinical duties undertaken with appropriate direct supervision			Review of suitability for post and OOH working based on MDT feedback			Feedback to locum doctor and agency on performance		
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2.5	<p>Process for raising concerns during the recruitment process. If a concern is noted during the recruitment process either as a conduct or capability issue, This is escalated from the ACD to the CD after verification of the information and the disengagement of the Locum will be at the discretion of the Clinical Director. The reason will be provided by the Clinical Director and this would be fed back via the recruitment team</p>																														

3. **Monitoring Compliance and Effectiveness**

As per Maternity Incentive Scheme recommendation a 6 monthly audit should be completed yearly and reported through divisional governance.

4. **References**

RCOG 2022 - [Guidance on the engagement of Long- term locums in maternity care](#)

Clinical Supervision Form

Compliance	Completed Y/N	Date
Locum doctor CV reviewed by consultant lead prior to appointment		
Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment		
Departmental induction by consultant on commencement date		
Access to all IT systems and guideline and training completed on commencement date		
Security access to be organised to ensure access is possible to all required areas of work.		
Named consultant supervisor to support locum	Name:	
Supernumerary clinical duties undertaken with appropriate direct supervision		
Review of suitability for post and OOH working based on MDT feedback		
Feedback to locum doctor and agency on performance		

Documentation Control

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	1	Feb 2024	Raymund Deveraj - Consultant Obstetrician / CD (QHB)	New
Intended Recipients: All staff with responsibility for caring for women in the Postnatal period				
Training and Dissemination: Cascaded through lead midwives/doctors / Published on Intranet NHS mail circulation / Article in BU newsletter				
To be read in conjunction with:				
Consultation with:	Obstetricians			
Business Unit Sign off:	04/03/2024: Maternity Guidelines Group: Miss A Joshi – Chair 11/03/2024: Maternity Governance Group - Mr R Deveraj			
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