

**LOCUM MEDICAL STAFF
EMPLOYMENT POLICY**

1. DECISION TO EMPLOY LOCUM

The first issue is to establish whether a locum should be employed. This particularly applies to locum consultants who present particular risks as they tend to work unsupervised.

Before making a decision to employ a locum, consideration should be given to whether other arrangements could be made to dispense with the need for the locum, e.g. could existing medical staff cover some or all of the duties? (It is recognised that medical staffing is under severe pressure in many areas nevertheless, in terms of risk management it is important that this question is addressed) Extra payments can be made to cover additional work, on-call duties, etc. Such payments can also be made to consultant staff in recognition of extra duties undertaken. Consideration should also be given as to whether some of the duties could be covered by other professional staff, e.g. nurses.

The question of employment of a locum must also be discussed with the service manager and in the case of locum consultants, it should be discussed with the Lead Consultant and/or Medical Director. If a decision is reached that a locum needs to be employed, every attempt should be made to find a locum of **suitable quality**.

2. JOB PLAN/WORK PROGRAMME FOR THE LOCUM APPOINTMENT

It is vital that the job plan/work programme for the proposed locum post be reviewed. While for many posts, especially training grade posts, it is likely that the locum duties will equate with those of the substantive post, for many non-training grade posts, particularly consultants, many duties/much work is unsupervised by other medical staff and is not infrequently performed alone, i.e. without any other staff being present, e.g. outpatient clinics. Therefore, for consultant locums, the job plan should be discussed with the service manager.

Patient safety is paramount and it is strongly suggested that when a locum is unknown to the Trust, the job plan/work programme should be adjusted to minimise medically unsupervised working and lone working, wherever possible. This might entail adjusting the job plan/work programme of other staff to allow this to happen, e.g. increasing the in-patient work to be performed by the locum and reducing the out-patient commitment, with existing staff covering more outpatient work and reducing in-patient work (at least until such time as it is felt that the locum is of adequate quality and has appropriate skills). It is essential that the service manager be involved in such discussions. It should also be borne in mind that locums, particularly at senior level do not have the administrative and managerial commitments that substantive senior staff have and may have more time available to them to be engaged in direct clinical activity than would be the case in the substantive post.

3. THE PLAN TO SUPPORT LOCUM STAFF

After agreeing a suitable job plan/work programme for the locum post and before advertisement and employment, a plan should be made as to how the locum is to be supported. The planning process should involve an appropriate manager(s) and an appropriate senior nurse(s). Involvement of nursing staff is crucial as nurses are often in the best position to observe when medical staff are having difficulties. This is particularly appropriate for senior non-training grade medical staff (i.e. consultant, associate specialist and staff grade appointments). Furthermore, with the development of clinical governance, whistleblowing policies etc., it will be appropriate to have policies which make it clear what action nursing or other staff should take if they perceive medical staff to be having difficulties.

- a) The first step should be to “appoint” a “supervising” consultant from within the service to act as a mentor to the locum. The locum should be informed of the identity of this individual and it should be made clear to the locum this is the person to whom they can turn for help if they are experiencing problems. The other staff with whom the locum appointment will be working should also be made aware of the identity of both the supervising consultant and the senior manager for the service within which the locum will be working. It should be made clear that staff can approach either the supervising consultant or the identified senior manager, if a locum is seen to be having problems.
- b) Next, the supervising consultant, senior manager and senior nurse should formulate a plan to address the induction of the locum which should include a very early meeting with the supervising/mentoring consultant. The names of the senior staff with whom the locum will be working should also be made known to the locum as well as the name of the manager of the service. In the event of a locum experiencing difficulties, (s)he should be told to approach either the supervising consultant or the senior manager of the service.
- c) When planning the induction the opportunity should be taken to arrange a date for an early review meeting with the locum, approximately two weeks after the locum has been in post (this is a suggested time scale - if serious problems emerge an earlier meeting may be appropriate). The review meeting should include the supervising consultant, senior manager and if appropriate, particularly for senior appointments, a senior nurse with whom the locum is working. The purpose of the meeting would be for the locum to identify any problems, difficulties, training needs etc, he or she has been experiencing and also for the mentoring consultant and senior manager to raise with the locum any issues which have been identified by the service. The views of staff working with the locum (particularly nursing staff and medical staff) must be sought prior to this early review meeting. The views should be gathered in a systematic way and it may be useful to consider the use of a standard template when assessing the performance of a locum. (e.g. using the BMA/DOH documentation on (consultant) appraisal).

- d) Issues and problems identified at the meeting should form the basis of an action plan which should include a further review meeting. Depending on the length of the locum appointment, further reviews should be held, possibly at 6-8 weeks, 3 months, 6 months and at least annually thereafter.

It is recommended that a review is held shortly before the locum appointment ends. The BMA/DOH documentation on consultant appraisal could be used as the format for this review.

It is mandatory that long term locums have at least an annual appraisal using the BMA/DOH format. Study leave should be made available to long term locums and should be informed by the action plans emanating from reviews/appraisals.

4. APPOINTMENT

Ideally the locum should be interviewed by the supervising/mentoring consultant but it is recognised that this may not always be possible, particularly in urgent circumstances.

Where locums have previously worked in the Trust and have undertaken their duties competently, a Trust contract should be offered to the locum. Other locum appointments should be made through a contract with the employing locum agency.

The Trust's standard procedures for the employment of staff should be followed as well as those recently formulated in response to the employment of locum medical staff, as recommended in the Audit Commission report "Cover Story".

5. TERMINATION OF LOCUM EMPLOYMENT

At the termination of employment of a locum if there are serious concerns about the performance of the locum, these should be discussed with the supervising consultant and senior manager and a decision made about whether any action needs to be taken about the locum's performance. It may be appropriate to discuss this with the Director of Human Resources or the Medical Director.

Exceptionally where there are or have been severe difficulties it may be necessary to terminate the employment of the locum. This should be discussed with the Service Manager and Director of Human Resources or Medical Director and a decision should be made about whether any further action needs to be taken about the locum's performance and whether the regulatory authorities need to be informed.