

Appointment and Employment of Locum Consultants Policy

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Version:	1		
Ratified by:	Local Negotiation Committee		
Ratification Date:	October 2020	Review Date:	October 2022
Consultation	HR Policy Group	Applicable to:	All staff All Sites
Equality, Diversity and Human Right Statement	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
To be read in conjunction with / Associated Documents:	Safe Employment Policy Safe Recruitment and Selection Policy	Information Classification Label	<input type="checkbox"/> Unclassified
Access to Information	To access this document in another language or format please contact the policy author.		

Document Change History (changes from previous issues of policy (if appropriate):

Version number	Page	Changes made with rationale and impact on practice	Date
1		Policy reformatted as per LUHFT template – no content changes.	June 2023

Contents

1. Purpose	3
2. Scope.....	3
3. Policy Content.....	3
3.1 Locum Consultants	3
3.2 Principles for the appointment and employment of Locum Consultants.....	4
3.3 The duration of the engagement of a Locum Consultant	5
3.4 Application for Certificate of Eligibility for Specialist Registration (CESR).....	5
3.5 Agency Workers.....	6
3.6 Hours of Work	6
3.7 Locum Consultant Pay	7
3.8 Induction	7
3.9 Redundancy	7
4. Exceptions	7
5. Training.....	7
6. Monitoring of compliance	7
7. Relevant regulations, standards and references.....	7
8. Equality, diversity and human right statement	8
9. Legal requirements	8
10. Appendices	9
Appendix 1: Equality impact assessment.....	9
Appendix 2: Roles and responsibilities	13

1. Purpose

The purpose of this document is to provide Liverpool University Hospitals NHS Foundation Trust (LUHFT) with guidelines and to set standards for the appointment, assessment, and employment of Locum Consultants in order to safeguard the quality of patient care. This guidance aims to ensure the quality and competence of Locum Consultants and includes the checks to be made prior to and during their engagement with the Trust. This guidance is based on NHS Employers guidance on the appointment and employment of NHS locum doctors to ensure the Trust's practice is consistent with the national position within the NHS.

2. Scope

This guidance applies to Locum Consultants employed directly, those employed through agencies, and those working as Locum Consultants through their own limited company.

A Locum Consultant refers to a doctor who is standing in for an absent consultant, for example, due to long term sickness of the substantive post holder, or who is temporality covering a vacancy in an established consultant position. The principles contained in this guidance may also apply to other short term or fixed term medical contracts.

3. Policy Content

3.1 Locum Consultants

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

Locum consultants may be appointed

- Pending the appointment of a permanent post holder
- Where the permanent holder of that post is unable to carry out their duties by reason of illness or because of other absence, or
- Where the Trust considers for another reason that such an appointment is necessary.

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

Clinical Directors should have a system in place, for example as part of the appraisal process, to identify the career intentions of their consultant workforce. Where it is known that a consultant post is to become vacant, steps to make a substantive appointment should be taken sufficiently early to avoid unnecessary locum appointments. [Insert text]

3.2 Principles for the appointment and employment of Locum Consultants

Locum Consultant appointments should be made with the same care as a substantive appointment. All Locum Consultants appointed should meet the entry criteria for the post. Locum Consultants should not be engaged for employment with the Trust until all necessary employment checks have been conducted satisfactorily.

Locum Consultants must be properly qualified and experienced for the work they will be required to undertake.

Wherever possible, it is considered good practice to appoint Locum Consultants who hold, or have held, posts of Consultant status or who have completed speciality training (or hold accreditation) in the appropriate speciality. There should be careful assessment of the candidates by an appointment committee which includes at least two professional members, one from the speciality concerned.

A suitable individual not on the Specialist Register can be appointed to a locum consultant post subject to Divisional Medical Director sign off and the following conditions:

- when a locum on the specialist register is unavailable
- and the Divisional Medical Director is satisfied that the locum's qualifications and experience are sufficient for them to safely and effectively undertake the role
- and/or when the appointment is part of a GMC approved acting up period as part of higher professional training
- and the locum consultant is supervised and supported by a named substantive consultant in the same speciality.

The Trust will adhere to the NHS Employment Check Standards applicable to the appointment for all NHS staff. The six standards published by NHS Employers are:

1. The **verification of identity** standard sets out the combination of personal identification documents that are acceptable for the verification of identity.
2. The **right to work** checks standard outlines the requirements for NHS organisations to verify prospective employee's legal right to work.
3. The **professional registration and qualification checks** standard ensures that prospective employees are recognised by the appropriate regulatory body, have the right qualifications for the role and check the current licence to practice in the UK. In the case of medical staff, including Locum Consultants, both basic medical degrees and postgraduate qualifications will be checked at, or prior to interview.
4. The **employment history and reference** standard sets out the requirement for seeking references and verifying employment history and or training. The

standard also sets out the minimum requirements for checks of a prospective employee who may have spent time overseas. The references required for Locum Consultants must include one from the doctor's most recent Clinical Lead or Clinical Director, as is the case for substantive Consultants.

5. The **criminal record and barring checks** standard outlines the requirements that NHS organisations must follow when appointing staff to roles that involve contact with vulnerable adults or children.
6. **Occupational health check** standard outlines the mandated occupational health check standards that organisations are required to do prior to the appointment of prospective employees.

If the employment checks are delegated to an agency, the Trust's Temporary Staffing team will ensure that the required checks are in place prior to the Locum Consultant's engagement with the Trust.

The Resourcing team, and Temporary Staffing team where applicable, will check the conditions of stay for individuals holding visas, for example, whether a doctor has a restriction on the type of work they can do or the number of hours they can work. The Resourcing Team with recruiting managers must ensure they do not appoint individuals to a position that may breach such conditions to avoid the risk of penalties being issued against the Trust.

Locum Consultants should not be appointed if they are currently subject to an investigation, or if there are concerns about standards and competence of previous performance as set out in their end of placement report, appraisal documentation, or by an alert letter. Locum consultant candidates who are unwilling to provide their most recent end of placement report or appraisal and revalidation documentation should not be appointed. The Trust should check if the General Medical Council has placed any restrictions on the doctor's practice. [Insert text]

3.3 The duration of the engagement of a Locum Consultant

Doctors on the specialist register will be initially employed for a period not exceeding 6 months with the potential for an extension of up to a maximum of a further 6 months (therefore to a maximum appointment period of 12 months). Such appointments must be reviewed no later than six months after the locum consultant commences in post.

In accordance with the procedures set out on the NHS Appointment of Consultant Regulations 1996, doctors not on the specialist register may only be employed as a locum consultant for an initial period not exceeding six months. Any extension of the period of employment in the same locum consultant post will be for a period not exceeding 6 months, subject to satisfactory performance during the initial period and in consultation with the relevant Royal College.

3.4 Application for Certificate of Eligibility for Specialist Registration (CESR)

Locum Consultants who have not completed a GMC approved programme of training, and who wish to apply for Certificate of Eligibility for Specialist Registration (CESR),

should inform their Clinical Director at the earliest possible opportunity. The Clinical Director will then consider whether the doctor is likely to be able to demonstrate they have knowledge, skills and experience of their specialty to fulfil the requirements for CESR.

If the Trust decides to support the doctor's CESR application, their locum consultant contract will be extended to one year, if required, to allow time to complete the necessary requirements. If the doctor has not met the requirements for CESR after one year but can demonstrate satisfactory progress towards providing the evidence required, the Trust may agree an extension of the locum contract for a maximum of one further year, subject to formal agreement by the Divisional Medical Director.

If at the end of two years as a locum consultant the doctor has not been successful in their CESR application, their locum consultant appointment will be terminated. It may be possible for such doctors to apply for a senior SAS grade position instead. The creation of such posts will be subject to the need of the Trust to meet service requirements and will be advertised for competitive entry through local recruitment processes.

3.5 Agency Workers

Under the Agency Workers Regulations 2010, Locum Consultants engaged via an agency are entitled to equal treatment compared to directly recruited staff having worked in the same role for 12 continuous weeks.

On completion of 12 continuous weeks, Locum Consultants engaged via an agency are entitled to the same pay, holidays, working time, overtime, breaks and rest periods as permanent doctors.

From day one of employment, agency workers are entitled to equal access to collective facilities, access to information regarding permanent employment opportunities and access to training.

3.6 Hours of Work

Doctors are under a professional obligation not to work when their ability or competence may be impaired through working excessive hours. The Trust must ensure that the Working Time Regulations (WTR) with regards to hours of work and breaks are applied to locum doctors, including Locum Consultants.

Recruiting managers should make the restrictions on the Locum Consultant's total hours of work clear and remind them of their professional responsibility to ensure that they do not exceed these hours.

The main features of the WTR are:

- An average of 48 hours working each week measured over a period of 26 weeks unless the individual chooses to opt out of this requirement.
- 11 hours continuous rest in 24 hours
- 24 hours continuous rest in seven days or 48 hours in fourteen 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

3.7 Locum Consultant Pay

Locum Consultants pay should be paid on the appropriate substantive pay scale as found in the NHS Employers national Medical and Dental pay circulars.

3.8 Induction

Locum Consultants must be offered appropriate induction for their role and appropriate supervision including induction into local clinical protocols.

3.9 Redundancy

Where a doctor has two years or more of continuous service without a break of a statutory week, they can be eligible for redundancy payments. This also applies to locums. Recruiting managers will remain mindful of the maximum 12-month contract duration for Locum Consultants.

4. Exceptions

No exceptions.

5. Training

There are no specific training requirements.

6. Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g., audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Annual	Internal Review Commissioned by Workforce Committee	Deputy Chief People Officer	Annual	Workforce	Deputy Chief People Officer

7. Relevant regulations, standards and references

NHS Appointment of Consultant Regulations 1996

[Guidance-on-the-appointment-and-employment- of-locum-doctors.pdf](https://www.nhsemployers.org/guidance-on-the-appointment-and-employment-of-locum-doctors.pdf)
([nhsemployers.org](https://www.nhsemployers.org))

Appointment and Employment of Locum Consultants Policy, Version 2, October 2022

Page 7 of 14

8. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

9. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

10. Appendices

Appendix 1: Equality impact assessment

Title	
Strategy/Policy/Standard Operating Procedure	
Service change (Inc. organisational change/QEP/ Business case/project)	
Completed by	
Date Completed	

Description *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

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Who will be affected *(Staff, patients, visitors, wider community including numbers?)*

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The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
 - If no or minor changes are made to any of the above and an EIA has already been completed, then a further EIA is not required, and the EIA review date should be set at the date for the next policy review;
 - If no or minor changes are made to any of the above and an EIA has NOT previously been completed, then a new EIA is required;
 - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact, you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff

numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

Section 1 – Initial analysis

Equality Group	Any potential impact? Positive, negative or neutral	Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
Age <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
Disability <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
Gender Reassignment <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
Marriage & Civil Partnership <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
Pregnancy & Maternity <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
Race <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
Religion or belief <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
Sex		

<i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women e.g.: same sex accommodation)</i>		
Sexual Orientation <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i>		

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact, you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic, then please continue to section 2.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u>	Y/N
Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?	Y/N
Who and how have you engaged to gather evidence to complete your full analysis? (List)	
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table: all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 – Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

Appendix 2: Roles and responsibilities

Role	Responsibility
<p>Care Group / Specialty Clinical Director and HOOP</p>	<ul style="list-style-type: none"> • Manage their workforce planning effectively so that locum doctor appointments are limited to a maximum of six months initially, with the possibility for extension up to a maximum of 12 months. • Ensure the doctor has the appropriate language skills to practise safely. • Ensure that the locum placement will not cause the doctor to breach Working Time Regulations, or any visa restrictions related to hours worked. • Ensure any serious issues or concerns regarding the locum consultant are reported to the Trust's RO and who will inform the GMC if necessary, or where appropriate, issue an alert notice. • Ensure the appointment is reviewed if the locum consultant is still in post after six months.
<p>Resourcing Team / Temporary Staffing Team (if engaging via an agency)</p>	<ul style="list-style-type: none"> • Check the doctor's identity under the verification of identity checks standard. • Check the doctor's eligibility to work in the UK under the right to work checks standard. • Check the doctor's GMC registration and licence to practise, their basic medical qualifications and their postgraduate qualifications under the professional registration and qualification checks standard. • Ensure any convictions or other relevant information are checked through the criminal record and barring checks standard. • Ensure induction is provided which is appropriate to the post and the length of the appointment. • Check that, where necessary, the doctor holds current membership of a medical defence organisation (this applies equally to doctors working through a limited company). • Ensure the doctor's previous employment and training history are checked under the employment history and reference checks standard. • Retain all employment records for the locum consultant for seven years
<p>Clinical Director</p>	<ul style="list-style-type: none"> • Ensure the locum consultant is participating in the requirements of revalidation and the identity of the doctor's Responsible Officer (RO) is recorded. • Responsible for approving reference as satisfactory • Ensure that all doctors know how to raise concerns at work and are aware of the Raising Concerns Policy (as part of local induction process) • Retain all employment records for the locum

	consultant for seven years
Human Resources	<ul style="list-style-type: none"> • 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 • Ensure any serious issues or concerns regarding the locum consultant are reported to the Trust's RO and who will inform the GMC if necessary, or where appropriate, issue an alert notice.
Medical Staffing Team	<ul style="list-style-type: none"> • Ensure that the locum placement will not cause the doctor to breach Working Time Regulations, or any visa restrictions related to hours worked.
Occupational Health and Wellbeing	<ul style="list-style-type: none"> • Ensure a pre-appointment health check is done under the occupational health checks standard.