

## Locum Consultant Appointment SOP

| Issue Date    | Review Date               | Version |
|---------------|---------------------------|---------|
| November 2016 | Extended to December 2021 | 7.4     |

### Purpose

The purpose of this document is to explain the process and responsibilities for the recruitment of Locum Consultants.

### Who should read this document?

All Managers involved in the recruitment of Consultants. To be read conjunction with the Recruitment and Selection Policy and the Safe Recruitment Standard Operating Procedure.

### Accountabilities

|                            |   |
|----------------------------|---|
| <b>Production</b>          | Medical Workforce Manager                         |
| <b>Review and approval</b> | Medical Staff Panel                               |
| <b>Ratification</b>        | Director of People                                |
| <b>Dissemination</b>       | Medical Workforce Manager                         |
| <b>Compliance</b>          | Medical Workforce Manager and Recruiting Managers |

### Links to other policies and procedures

Recruitment and Selection Policy  
 Criminal Records Disclosure – SOP  
 Safe Recruitment – SOP  
 Locum Consultant Recruitment Form

### Version History

|            |                |   |
|------------|----------------|---|
| <b>5.1</b> | Jan 2006       | LNC – updated into new policy and procedure format. Updated in line with Locum Code of Practice issued August 1997 and new Trust management structure |
| <b>5.2</b> | August 2009    | Reformatted, EIA, Dissemination & Checklist included  |
| <b>5.3</b> | August 2012    | Amended in line with new SOP format   |
| <b>6</b>   | September 2012 | Review at MSP   |
| <b>7</b>   | November 2016  | Amended in line with revised Recruitment of Substantive Consultants Standard Operating Procedure/Recruitment Form                                     |
| <b>7.1</b> | October 2019   | Extended to February 2020 by Lisa White   |
| <b>7.2</b> | August 2020    | Extended to April 2021 by Medical Staff Panel   |
| <b>7.3</b> | June 2021      | Extended to September 2021  |
| <b>7.4</b> | September 2021 | Extended to December 2021   |

*PHNT is committed to creating a fully inclusive and accessible service.*

*Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.*

*We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.*

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Whilst Service Lines should endeavour to proactively workforce plan to recruit to substantive Consultant posts, it is recognised that on occasion there is the requirement for short term backfill to provide cover whilst awaiting a substantive post holder to start employment. Short term cover may encompass the following reasons: maternity leave, sabbatical leave, long term sickness or to provide additional short term capacity.

### **Regulatory and legal background**

This procedure complies with the NHS Executive Letter EL(97)48, the NHSE Locum Code of Practice 1997, HSC 2000/019 and the CHI report – Employing locum consultants – matters arising from the employment of Dr Elwood (2001), Assuring the Quality of Medical Practice January 2001 and the National Health Service (Appointment of Consultants) Good Practice Guidance Regulations Jan 2005.

Locum consultants should be adequately experienced to undertake unsupervised clinical practice, i.e. have held a substantive NHS consultant post or equivalent honorary post in a relevant specialty for at least one year, have been awarded a CCST/ CCT or have had equivalent experience overseas.

### **Key Duties**

Responsibilities:

The Service Line is responsible for preparing the Recruitment of Substantive Consultants paperwork which includes a job description, and person specification, on call requirement and indicative job plan.

1. The Service Line is responsible for preparing the Recruitment of Substantive Consultants paperwork which includes a job description, and person specification, on call requirement and indicative job plan.
2. The job plan should identify 8.5 Direct Patient Care Sessions and 1.5 Supporting Activities per week in accordance with the Job Plan Guidance.
3. Once the Service Line has completed the job description, person specification, on call requirement and job plan, then financial approval must then be sought through a business case which is submitted to the Executive Review Panel (ERP). Once an ERP number has been allocated, the recruitment paperwork should then be forwarded to the Medical Workforce Team.
4. The Medical Workforce Team will seek the authorisation of the Medical Director and the Chief Executive or the Chief Operating Officer. Only once all of the authorisations have been given will the post be advertised.
- 5.
6. The maximum length of initial appointment 6 months, extendable for six months with, Medical Director and Trust Financial approval. No extension is

permitted after 12 months service, unless agreed by the Director of People and the Medical Director.

7. The shortlist must be completed by appropriate Service Line consultants, noting that the applicants must have GMC Specialist Registration with a License to Practise or GDC equivalent.
8. Interviews will be arranged by the Medical Workforce team to include nominated consultant(s) from relevant Specialty, the Service Line Clinical Director and the Service Line Manager. .
8. Professional references are to be requested, one of which should be from the Service Line Clinical Director, or person of equivalent standing, at the last place of employment . At interview, explanations should be sought in relation to any gaps in employment and recorded on the interview outcome form.
9. No appointments will be made unless the above procedure has been implemented.

### **Monitoring and assurance**

The Medical Workforce Business Manager will undertake an audit on a sample of recruitment files bi-monthly to assure compliance with this SOP. The results will be reported to the Director of People. The Medical Workforce Manager will develop any necessary Action Plans as a result of the monitoring, if required.

## **2 Key Elements**

### **Exceptions (extract from the Locum Code of Practice)**

The above criteria may be waived only in the following circumstances:

#### **Acting Up**

Acting up to a higher grade within a unit or rotational training scheme is permissible in certain circumstances. For example, a specialist registrar judged to be within 6 months of the award of a CCST/CCT could act up as a locum consultant. Acting up must be supported by the trainee's supervisor or college advisor. The doctor must be sufficiently experienced to carry out the duties of the locum appointment and appropriate supervision arrangements should be made.

#### **Moving Across**

Doctors may move across within a unit or rotational training scheme to provide locum cover in another specialty in which they have previous experience.

#### **During the locum period**

Locum doctors, should, wherever possible, be subject to the same system of clinical audit and performance monitoring as their permanent colleagues. Locum doctors must be covered by clinical governance systems applicable to permanent doctors. There should be routine checking of locum consultants' work, by an identified clinical

supervisor, who should also act as a mentor and early notification to the Medical Director when errors or a pattern of poor practice are identified, or if the quality of work falls below that expected of a consultant.

Locum consultants should participate in departmental clinical meetings where they can discuss their work with consultant colleagues.

Locum consultants should participate in continuing professional development including appraisal and continuing medical education, appropriate to their work (associated costs to be funded from Service Line budgets).

### **3 Document Ratification Process**

The design and process of review and revision of this procedure will comply with the Trust's formal policy on policy and procedural documents.

The review period for this document is set as three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures.

This document will be approved by the Medical Staff Panel and ratified by the Director of People.

Non-significant amendments to this document may be made, under delegated authority from the Director of People, by the nominated author. These must be ratified by the Director of People and should be reported, retrospectively, to the Medical Staff Panel and HR & OD Committee

Significant reviews and revisions to this document will include consultation members of the Medical Staff Panel.

#### **Dissemination and implementation**

Following approval and ratification, this document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.