

# **The Appointment and Employment of Locum Doctors (including Assessment of Appointments) (MD6)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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1		Feb 2017	Review date and New Policy Template	

## Rapid Equality Impact Assessment

<b>Policy Title (and number)</b>	The Appointment and Employment of Locum Doctors				
<b>Policy Author</b>	HR Directorate				
<b>Version and Date (of EIA)</b>	Version 1 April 2017				
<b>Associated documents (if applicable)</b>					
<b>RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?</b>					
• Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Advance equality of opportunity between people from different groups					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Foster good relations between people from different groups					Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.</b>					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy affect service delivery or business processes?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?</b>					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
N/A					
<b>RESEARCH AND CONSULTATION</b>					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
Provide guidance on the appointment and employment of locums					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
LNC					
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
<b>Action</b>				<b>Person responsible</b>	<b>Completion date</b>
<b>AUTHORISATION</b>					
<b>Name of person completing the form</b>	HR Manager				

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## **1 Policy Statement**

- 1.1 The aim of this procedure is to assist all those involved in the appointment and employment of locum doctors. Torbay and South Devon NHS Foundation Trust bases this policy on the Code of Practice issued by the National Health Service Executive in August 1997 and the recommendations of a study undertaken in November 1999 by external auditors into the appointment and employment of locum doctors.
- 1.2 All those involved in the appointment and employment of locum doctors must adhere to this policy. It is the Trust who has ultimate responsibility for pre-employment checks, whether or not the locum doctor has been supplied by an agency.

## **2 Introduction**

- 2.1 Torbay and South Devon NHS Foundation Trust has a duty to ensure that all doctors and dentists who work for the Trust are appropriately registered and qualified, and have provided full and honest information about their employment and any disciplinary history.
- 2.2 Locum doctors are an important asset to the NHS, make a valuable contribution to it and are needed to provide important continuity of services when posts are vacant or when permanent staff are absent.

## **3 Scope**

- 3.1 This policy applies to all Locum Medical staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.
- 3.2 Where appointing Trainee Locum doctors reference should also be made to the Junior Doctor Locum Policy.

## **4 Equality and Diversity Statement**

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## 5 Roles and Responsibilities

- 5.1 Senior Managers should ensure that the use of locums is never a matter of routine, but only if justified in the light of service need.
- 5.2 Senior Clinicians/Senior Managers have responsibility for determining how service requirements are to be met if a locum of sufficient quality cannot be appointed.

## 6 The Appropriate Use of Locums

- 6.1 Appointment of a locum should be a temporary measure of limited duration. A vacant post should not be filled over a substantial period of time by means of a series of short-term locum appointments. Locum doctors should not be appointed where there is no substantive post to be covered.
- 6.2 Authorisation for the use of Locum cover can only be given by the following individuals:
- ◆ Clinical Director
  - ◆ Medical Director
  - ◆ Divisional General Manager/Deputy
  - ◆ On-call or Night Manager

Without authorisation from the above a locum will not be found.

## 7 Criteria for Appointment to Locum Grades

- 7.1 Locum doctors should be suitably qualified for the work required of them. The pay of a locum doctor may sometimes exceed the national pay rate for the grade in which he/she is employed. However, the work expected of and the responsibilities allocated to the locum doctor should not exceed the doctor's training and competencies.

### Career Grade Locums

#### 7.1.1 Consultants

The Trust should bear in mind that a doctor appointed as a locum consultant will work without supervision and with full clinical autonomy. Great care should therefore be exercised in making these appointments.

Locum consultants should have full registration, with a licence to practise from the General Medical Council/General Dental Council, (GMC/GDC) and hold a relevant Certificate of Completion Training (CCT) or equivalent, and are required to be on the Specialist Register (this may be reviewed in certain circumstances).

Exceptionally, Specialist Registrars within six months of the award of the CCT may 'act up'. Associate Specialists within the Department can act up at the discretion of the Clinical Director concerned.

#### 7.1.2 Speciality Doctors

Locum Specialty Doctors should have full registration with a licence to practise and at least 3 years' full time or equivalent hospital service at ST or higher grade, including adequate experience in the relevant specialty.

### **Training Grade Locums**

#### **7.1.3 Specialist Registrars (SpRs)**

Doctors applying for appointment to a Locum Registrar post must demonstrate qualifications and experience to a level allowing them to provide a service to patients of a quality comparable to a substantive SpR in that placement.

Locum Registrars should have full registration and at least 12 months experience in the relevant specialty.

#### **7.1.4 Specialty Registrars (STs and GPSTs), Core Trainees (CTs) and Foundation Year 2 Doctors**

Locum STs and F2s should have full registration with a licence to practise from the GMC and at least 6 months' postgraduate experience in the relevant or associated specialty.

#### **7.1.5 Foundation Year 1 Doctors**

Doctors covering for Foundation Year 1 doctors should have full or provisional registration with a licence to practise and at least 6 months experience in a recognised medical or surgical specialty.

## **8 Terms of Registration**

- 8.1 All doctors' GMC/GDC registration certificates must be provided with their CV. The certificate must be checked to ensure there are no conditions attached to it. These can be checked via the GMC/GDC websites at [www.gmcit-infra.org/rd/reg/](http://www.gmcit-infra.org/rd/reg/) or [www.gmc-uk.org](http://www.gmc-uk.org). Or telephone GMC on 0845-3573456 or GDC on 020 7887 3800.
- 8.2 **Licence to Practise:** All doctors are required by law to be registered with a licence to practise. This applies to all doctors whether they practise full-time, part-time, as a locum, privately or in the NHS, or whether they are employed or self-employed. To check the licence to practise use the above website.
- 8.3 **Full Registration:** Doctors need full registration for unsupervised medical practice in the NHS or private practice in the UK.
- 8.4 **Provisional Registration:** Provisional registration only allows practice in approved Foundation Year 1 posts.
- 8.5 **Specialist Registration:** This requires all doctors taking up consultant posts in a medical or surgical specialty in the NHS (other than as locum consultants) to be on the GMCs specialist register. It is not possible to hold specialist registration without also holding full registration.

- 8.6 **GP Registration:** All doctors working in general practice in the health service in the UK (other than doctors in training such as GP registrars) must be on the GP register. It is not possible to hold GP registration without also holding full registration.

## 9 Alert Letters

- 9.1 An alert letter is the way in which all NHS bodies are made aware of a doctor or other registered health professional whose performance or conduct could place staff or patients at serious risk. Alert letters are intended to reduce the risk of inappropriate employment in any capacity. Medical HR hold the relevant database of all doctors who have had alert letters against them.

## 10 Responsibilities in the Event of a Doctor being Unavailable at Short Notice

### During Normal Working Hours

- 10.1 It is the initial responsibility of the Directorate to arrange cover from within the Directorate itself. Extra Duty payments will be due to staff undertaking additional shifts and the Extra Duty Claim Forms can be requested from the Medical HR Department.
- 10.2 If the Directorate are unable to find cover then the Medical HR Department should be contacted.
- 10.3 Medical HR will contact locum PPSA registered agencies.

### Outside Normal Working Hours

- 10.4 It is the responsibility of the On-call Manager or Night Manager to endeavour to arrange locum cover. (See Appendix 4). Where no locum cover can be found the On-call Consultant should be contacted.
- 10.5 Any locum agency paperwork should be forwarded to Medical HR.

## 11 Standards and Conditions for Appointment and Employment of Locums

- 11.1 Locum appointments should be made with the same care as for a substantive appointment. All locum doctors should meet the criteria for the post to which they are to be appointed (see section 10).
- 11.2 All locum doctors must be properly qualified and experienced for the work they are required to undertake. This should include an understanding and experience of the legal context for medical practice appropriate to the post.
- 11.3 Each clinical area should have core clinical competencies that they would expect the locum to provide.



11.4 The following documentation must be obtained from the individual before employment can commence:

- ◆ Work history i.e. CV
- ◆ Two medical references
- ◆ A copy of the individual's GMC/GDC certificate
- ◆ Occupational Health Clearance with a copy of their validated Hep B certificate
- ◆ Profile of clinical competencies
- ◆ Copy of DBS if less than 3 years old
- ◆ Two forms of identification (i.e. passport and driving licence)
- ◆ Two copies of evidence for current address (i.e. utility bill and bank statement)

### **Medical References**

11.5 The Locum doctor should provide at least two references – one must be from the last substantive post held and one from the last locum post held.

11.6 Current employers of a doctor in a training grade who is undertaking a locum placement elsewhere must ensure that the placement will not cause a breach in the controls on hours set out in the terms and conditions of service for NHS doctors and dentists in training July 2016.

11.7 References should provide detailed information on the competence of Consultants.

11.8 Doctors providing references must ensure that they do so accurately and truthfully, in line with their professional duty of care.

### **Health Declarations**

11.9 Before a doctor's first locum appointment or when first registering with a locum agency, the doctor should undergo a formal health assessment. Locum doctors should have validated documentary evidence of this health assessment.

11.10 All agencies in the Peninsula Purchasing and Supply Alliance (PPSA) should comply with PPSA rules regarding Occupational Health checks. South Devon Healthcare's Occupational Health Department have stated that "there is no need to send immunisation history of future locum doctors that the Trust uses, providing they come from accredited PPSA medical recruitment agencies. The locum supplied should be 'fit for purpose' in accordance with Department of Health regulations."

11.11 All Locum agencies should provide validated documentary evidence of the immunisations and tests that they have had, along with the results and dates.

11.12 At the start of each locum appointment, the doctor should sign a declaration that he/she feels well, has the mental and physical capacity to undertake the work; believes that he/she does not have any medical or physical infirmity which may pose a risk to patients or other staff; is not taking or awaiting medical treatment; believes that he/she is not carrying any infection which could pose a risk to patients; and signs a declaration to say that by doing this locum he/she will not breach the controls on hours set out in the terms

and conditions of service for NHS doctors and dentists in training July 2016 (**Appendix 1**).

### **General Medical Council / General Dental Council Certificates**

- 11.13 Checks should be made to ensure the locum doctor is registered with a licence to practise from the GMC (see section 9.1 for contact details). Checks to be made with the GDC for registration of Dentists.
- 11.14 Check that no GMC proceedings concerning the doctor are pending or that the doctor has not been suspended, or is able to practice under prescribed conditions (see section 10).

### **Checking Identity**

- 11.15 It is essential that when a locum doctor reports for duty his/her identity be checked preferably by means of documentation, which bears a photograph, e.g. passport or driving licence.
- 11.16 During normal working hours identity checking will be carried out by the Medical HR Department.

### **Induction**

- 11.17 Agency and Locum staff require a summary local induction at the start of the first shift worked in each booked episode in an area.
- 11.18 A Local Induction checklist (**Appendix 3**) will be sent to the manager who has requested the locum/agency staff. They will need to identify and authorise a responsible person to complete the induction with the Agency/Locum staff member at the start of their first shift in any booked episode of work.
- 11.19 Local induction of temporary staff should be carried out by an appropriate person on behalf of the recruiting manager. This “appropriate person” will usually be the most senior person on duty at the time, but may be any permanent member of staff nominated by the manager.
- 11.20 The appropriate person should complete the summary local induction checklist (**Appendix 3**) sign as indicated and return it immediately to Medical HR.
- 11.21 If a member of agency staff/locum works in the same area for more than two weeks they need to attend the Corporate Induction which needs to be booked by the recruiting manager via the Education Department. The recruiting manager must review the training needs on an ongoing basis and book necessary training.
- 11.22 Managers inducting agency/locum staff must refer staff to the agency staff/locum worker Induction pages on the Trust Intranet site. The information provided on these pages covers the Trust Mandatory training requirements. It is a mandatory requirement for agency/locum staff to read the information provided on these pages.

## 12 Payment

### Rates for Internal/Non-Agency Locums

- 12.1 Once a potential internal/non-agency locum has been found, the Manager responsible for finding the locum will have to agree an hourly rate. Appropriate rates of pay for each grade are on **Appendix 6**.

### Peninsula Purchasing and Supply Alliance (PPSA)

- 12.2 The Trust uses PPSA to source locums. The alliance has a list of 26 locum agencies and any of these may be contacted to find locums.

## 13 Trust Payment Process

### Agency Locums

- 13.1 The senior member of staff for a shift, should sign all agency timesheets where appropriate.
- 13.2 Timesheets should be signed off at the end of a period of employment by a Clinical Director or a Divisional General Manager/Deputy and a copy retained until the invoice is received and the original signed copy to be given back to the locum.
- 13.3 Invoices will be sent to the Directorates. The Divisional General Manager/Deputy will have the responsibility for checking the invoice, matching it to the timesheet and giving authorisation for payment. These should then be sent to the Finance Department for payment.
- 13.4 Where hours on timesheets do not equal the hours shown on the corresponding invoices, an explanation must be documented on the paperwork and authorisation for payment given. The invoice will not be paid without an explanation regarding the differential.
- 13.5 Rest breaks should be shown on the locum time sheet.

### Internal/Non Agency Locums

- 13.6 Internal locums should complete an Extra Duty Claim Form, a copy of which can be obtained from the Medical HR Department and once completed and authorised should be forwarded to the Medical HR Department.
- 13.7 Non Agency locums (i.e. those outside of Torbay and South Devon NHS Foundation Trust) will need to complete a Staff Appointment Form in the Medical HR Department, so that payment can be made.

## 14 Supervision of Locum Appointments

- 14.1 It is recognised that many locums are well known to Torbay and South Devon NHS Foundation Trust, having worked for the Trust previously. In these circumstances a pragmatic approach to the supervision of locums, based on the established professional relationship that exists between grades is adopted.

- 14.2 It is expected that a professional understanding between medical staff of roles and responsibilities should be adopted and agreed ensuring the locum appointment is supervised appropriately.
- 14.3 Whilst it is accepted that supervision will usually be undertaken in accordance with the arrangements for the shift, a senior member of medical staff should be identified as providing/being responsible for supervision.
- 14.4 It is expected that senior nursing staff should have an involvement in the induction/support and performance review of the locum. However, nursing staff are not qualified to give a complete view on the clinical competence of the locum. Therefore, it is still the responsibility of the senior medical staff to ensure adequate supervision is in place.

## 15 Performance Review

- 15.1 Torbay and South Devon NHS Foundation Trust has a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients.
- 15.2 The Trust has therefore implemented the NHS Code of Practice with regard to Supervision and Performance Review as outlined below.
- 15.3 Any Locum Consultants or SAS Doctors in post for three months should have a formal appraisal as per Torbay and South Devon NHS Foundation Trust appraisal process.
- 15.4 Medical HR will inform the Medical Director of any locum who has been in post for three months and the Medical Director will arrange appraisal through the appropriate Clinical Director.
- 15.5 At the end of each locum appointment, a structured report form (**Appendix 5**) should be completed by a senior clinician responsible for the supervision of the locum doctor. In the case of a locum consultant, the report should be completed by the Clinical Director or by a doctor acceptable to that Director.
- 15.6 The report should be countersigned by the locum doctor, who may add written comments if desired. The locum doctor should retain a copy of this report for use as a future reference.
- 15.7 If exceptionally, it will not be possible to assess and reference the doctor (because the appointment is very short and no senior staff will be present), the locum doctor should, if at all possible, already be well known to the Trust, or have recent good references secured and examined.
- 15.8 The report should be returned to the Medical HR Department for inclusion on the locum's personal file.
- 15.9 If the work of a locum doctor is found to be unsatisfactory a full structured assessment form should be completed regardless of the length of the appointment.

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- 15.10 Where a consultant or senior doctor has indicated unsatisfactory performance they will be asked to indicate what action they wish to be taken.
- 15.11 Under the NHS Code of Practice, if the locum has been engaged through an agency, the Medical HR Department must always send a copy of the report to the agency. For doctors currently in training, postgraduate deans should receive copies of any report where significant shortcomings are identified.
- 15.12 All reports identifying shortcomings in the locum's performance will be copied to the GMC following consultation with the consultant/senior doctor and Clinical Director.
- 15.13 In line with the Code of Practice, all reports should be returned to the Medical HR Department for inclusion of the locum's personal file and will be retained for a minimum of 5 years.

**16 Training and Awareness**

- 16.1 Advice and support will be provided by the Medical HR team to support staff and managers in adhering to this policy and their understanding of dealing with the Appointment of Locum Doctors.
- 16.2 The Medical HR team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

**17 References**

- 17.1 *The terms and conditions of service for NHS doctors and dentists in training July 2016.*
- 17.2 Junior Doctor Locum Policy
- 17.3 Recruitment and Selection Policy

**18 Contact Details**

- 18.1 Any queries regarding this policy should be directed to the Medical HR team of the Directorate of Workforce and Organisational Development.
- HR Helpline – 01803 655754 (ext. 55754)
  - HR department – 01803 654506

**19 Monitoring, Audit and Review Procedures**

- 19.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

## 20 Appendix 1 Declaration

### IN CONFIDENCE

#### I DECLARE THAT:

1. By doing this locum I will not breach the control on hours set out in the terms and conditions of service for NHS doctors and dentists in training July 2016.
2. I have the mental and physical capacity to undertake the work required of me as a Locum doctor at Torbay and South Devon NHS Foundation Trust.
3. I believe that I do not have any medical or physical condition, which may pose a risk to patients or other staff.
4. I believe I am not carrying any infection which could pose a risk to patients.
5. I understand my responsibility (set out in (“Duties of a Doctor; Guidance from the General Medical Council”) to have all the necessary tests if I think I have or am carrying a serious communicable condition, and to act on the advice of a suitably qualified colleague about necessary treatment and/or modifications to my clinical practice. I also understand that I must take and follow advice from a Consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition of illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in CAPITALS: \_\_\_\_\_

GMC/ GDC Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Once completed and signed this form must be forwarded to the  
Medical Education Department, Horizon Centre, Torbay Hospital, Torquay, Devon TQ2 7AA.**

## 21. Appendix 2 EMPLOYMENT DECLARATION FORM A

The position you have applied for has been identified as exempt under the Rehabilitation of Offenders Act 1974 (as amended) and is eligible for a criminal records check. The level of check (standard or enhanced and/or barred list checks) is determined by the roles and responsibilities of the position being applied for. Before you can be considered for appointment with **Torbay and South Devon NHS Foundation Trust** we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration form. If you require further information, please contact *Medical HR/Medical Education*. All enquiries will be treated in strict confidence.

**Torbay and South Devon NHS Foundation Trust** aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish to, to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

**Please ensure that you read the ‘Guidance Notes for Applicants’ that accompanied your application form (available on NHS Jobs as part of the advert for this position) carefully before completing this declaration form.** They provide you with further and more detailed information about how your application will be processed, the persons to whom it will be disclosed and the checks that will be done to verify the information provided.

**Please answer *all* of the following questions.** If you answer ‘yes’ to any of the questions, please provide full details in the space indicated. Please also use the space provided to give any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempt from the Rehabilitation of Offenders Act 1974 (as amended). This means that you must declare all criminal convictions, including those that would otherwise be considered ‘spent’. Information will be verified by obtaining a DBS check as appropriate to the role.

Answering ‘yes’ to any of the questions below will not necessarily prevent your appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances.

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**The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974 (as amended). This means that you must declare ALL criminal convictions and cautions, including those that would otherwise be considered ‘spent’. This includes:**

- **Prison sentences**
- **Dismissal from Her Majesty’s service**
- **Detention in youth custody / young offender detention**
- **Disciplinary proceedings**
- **Fines (but not parking offences)**

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- **Probation order or community order**
- **Absolute / Conditional discharge**
- **Binding over (including Cautions), care order, supervision order and reception order**
- **Disqualifications**

**1. Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?**

Note: You do not need to tell us about parking offences.

NO

YES If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

**2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?**

NO

YES If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future. You do not need to tell us if you are charged with a parking offence.

**3. Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you?**

NO

YES If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS

**4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment?**

NO

YES If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body. Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of



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\_\_\_\_\_ Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body

**5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you?**

NO

YES If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you

**6. Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?**

NO

YES If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned

**7. Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?**

NO

YES If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned

**8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?**

NO

YES If **YES**, please include details.

**9. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?**

NO

YES If **YES**, please include details.

If you have answered "yes" to **any** of the questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

#### DECLARATION

**Important:** The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence and any barring decisions made against the Children's or Adults Lists under the terms of the Safeguarding Vulnerable Adults Act (2006), (as amended by the Protection of Freedoms Act 2012).

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, **Torbay and South Devon NHS Foundation Trust** will not retain this declaration form any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I have read the '*Guidance Notes for Applicants*' that accompanied my application form, and I consent to the information provided in this declaration form being used by **Torbay and South Devon NHS Foundation Trust** for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.

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I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

**Please sign and date this form and return to**

**Medical Education Dept, 1<sup>st</sup> Floor, Horizon Centre, Torbay Hospital, Lawes Bridge, Torquay, Devon TQ2 7AA**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (in block capitals): \_\_\_\_\_

*If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact **Medical HR/Medical Education 01803 656673 / 656665.***

***All enquiries will be treated in strict confidence.***

## 23 Appendix 3 LOCAL INDUCTION CHECKLIST (AGENCY / LOCUM STAFF)

Agency / Locum staff details	
Name	
Assignment number / Booking reference	
Post / Grade	
Ward / Department / Division	
Responsible Manager / Supervisor	
Start Date	

This checklist is to ensure that all aspects of local induction are covered in a timely and effective manner. As each item is discussed it must be initialled by the person providing the information, and by the agency or locum staff member, once both are satisfied that the information has been adequately covered. If any item does not apply to the post it should be marked N/A.

**The following must be completed and signed off by Line Manager (or appropriate person acting on their behalf) prior to commencing duties:**

EMPLOYMENT DOCUMENTATION CHECKS	Authorised local signatory only to initial		Date
Confirm the following have been received and reviewed centrally: <ul style="list-style-type: none"> <li>References</li> <li>Proof of registration</li> <li>DBS checks (where appropriate)</li> <li>Record / proof of qualifications</li> </ul>			
Confirm an emergency contact telephone number			
Identity Check (on ward/department)			
THE WARD/DEPARTMENT	Authorised local signatory	Agency / Locum staff	Date
Orientation to the ward/department and any areas within the organisation relevant to post.			
Security Pass, Key, name badge, access codes etc			
Car parking, Catering and washroom facilities			
The specific duties and responsibilities of the post.			
Confirm hours of work and shift patterns if applicable.			
“On Call” and bleep arrangements.			
Risk Management arrangements: <ul style="list-style-type: none"> <li>Accessing policies, procedures &amp; protocols</li> <li>Local systems of work / procedures</li> <li>Risk assessments (including COSHH &amp; subjects detailed below)</li> <li>Security (including violence &amp; aggression)</li> <li>Waste disposal (including sharps)</li> <li>Display screen equipment requirements</li> </ul>			
Incident reporting procedures: <ul style="list-style-type: none"> <li>Location of Incident forms</li> </ul>			

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<ul style="list-style-type: none"> <li>▪ Completing the forms</li> <li>▪ Reporting arrangements</li> </ul>			
<p>Resuscitation procedures:</p> <ul style="list-style-type: none"> <li>▪ Equipment</li> <li>▪ Procedures</li> <li>▪ Crash trolley location</li> <li>▪ Emergency telephone numbers</li> </ul>			
<p>Fire safety procedures and assembly points:</p> <ul style="list-style-type: none"> <li>▪ Fire exits</li> <li>▪ Equipment</li> <li>▪ Alarms</li> <li>▪ Emergency telephone numbers</li> <li>▪ Evacuation procedures</li> </ul>			
<p>Moving &amp; handling procedures:</p> <ul style="list-style-type: none"> <li>▪ Equipment</li> <li>▪ Local procedures</li> </ul>			
<p>Medicines safety procedures:</p> <ul style="list-style-type: none"> <li>▪ Pharmacy and local protocols / standard operating procedures</li> <li>▪ Prescription</li> <li>▪ Administration</li> <li>▪ Medications common to area</li> </ul>			
<p>Infection control procedures:</p> <ul style="list-style-type: none"> <li>▪ Hand hygiene procedures</li> <li>▪ Infection status of clinical setting</li> </ul>			
<p>Other Clinical procedures if appropriate:</p> <ul style="list-style-type: none"> <li>▪ Diagnostic requests (e.g. bloods, x-ray)</li> <li>▪ Falls risk assessments</li> <li>▪ Use of medical devices as required</li> <li>▪ Other clinical tasks as appropriate (list below)</li> </ul>			
<p>Agency/Locum worker Intranet pages read (Trust Mandatory training requirements):</p> <ul style="list-style-type: none"> <li>• Fire</li> <li>• MMH</li> <li>• Infection Control / Hand washing</li> <li>• Child Protection</li> <li>• Equality &amp; Diversity</li> <li>• Information Governance</li> </ul>			
<p>Any additional local information essential to the ward/department (list below)</p>			

Agency / Locum staff members name.....

Staff Signature.....Date.....

Managers name.....

Signature.....Date.....

**Once completed and signed this form must be forwarded to the Medical HR Department, Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, Devon TQ2 7AA**

## 24. Appendix 4 PROCESS CHECK LIST FOR ON-CALL/NIGHT MANAGER

Specialty: \_\_\_\_\_ Name of Doctor Covered: \_\_\_\_\_

Grade: \_\_\_\_\_ Period of Cover: \_\_\_\_\_

Agreement by Consultant/Senior On-Call Manager to find locum: YES / NO

Name of Consultant/Senior On-Call Manager: \_\_\_\_\_

CV CHECKLIST	YES	NO	COMMENTS
CV received from Agency and approved by Consultant/ Senior On-Call Manager			
GMC/GDC Registration and expiry date checked			Number:
Validated Hepatitis B Certificate (UK accredited Lab) received. If in doubt check result with on-call Consultant			
Two medical references received			
Immigration status received (if applicable)			
Criminal Records Bureau Check received			
Clinical competencies applicable for post checked			

LOCUM BOOKING	YES	NO	COMMENTS
Agency telephoned to confirm booking			Agency Name:
Checked with agency if they are aware of any pending GMC/GDC investigations			
Name of Locum Doctor:			

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LOCUM PAPERWORK	YES	NO	COMMENTS
Health Declaration and statement of Criminal Convictions/Fitness to Practice form completed			
Induction checklist completed			
Assessment form to be completed by Consultant/Senior On-Call Manager			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Directorate: \_\_\_\_\_

Name in CAPITALS: \_\_\_\_\_ Ext: No: \_\_\_\_\_

**Once completed and signed this form and all completed paperwork must be forwarded to the Medical HR Department, Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, Devon TQ2 7AA**

## 25. Appendix 5 NOTES ON COMPLETION OF THE ASSESSMENT MATRIX

Tick only one box in each row of the matrix. These guidelines may help in assessing the performance of the locum doctor. To be graded average or above average the locum's performance must be consistent with that of doctors in substantive appointments at the grade. Reports showing serious shortcomings in the locum doctor's performance should be copied to the GMC.

	Above Average	Average	Below Average	Unacceptable
<b>CLINICAL SKILLS</b>				
<b>1. History taking</b>	Precise, perceptive comprehensive, well documented	Usually complete, orderly & systematic	Often incomplete/ inaccurate and/or poorly recorded	Frequently incomplete inaccurate and poorly recorded
<b>2. Physical Examination</b>	Thorough, accurate. Recognises & elicits physical signs	Usually elicits correct signs. Recognises most significant findings.	Lacks basic skills and misses some signs. May misconstrue signs	Lacks basic skills. Frequently misses signs and/or misinterprets them.
<b>3. Investigations and diagnosis</b>	Investigations almost always appropriate in relation to differential diagnosis  Excellent at interpretation. Excellent diagnostician  Excellent clinical memory	Investigations usually appropriate.  Good knowledge on interpreting tests relevant to the specialty  Competent clinician. Good knowledge with orderly logical approach to differential diagnosis	Investigations may be inappropriate, and are frequently unnecessary expensive  Unable to interpret some tests  May fail to interpret symptoms and signs correctly	Investigations inappropriate or incomplete  Fails to interpret tests correctly  Often fails to interpret symptoms and signs correctly
<b>4. Judgement and patient management</b>	Excellent clinician who is aware of his/her Limits  Excellent ward and/or outpatient management	Reliable and Conscientious	Sometimes unreliable and uninterested  May fail to grasp significance of findings or take appropriate action  May under or over react to emergencies  May fail to notice complications and/or act appropriate  May fail to recognise limitations and to seek advice when needed	Often unreliable and Uninterested  Fails to grasp significance of findings or take appropriate action  Often under or over reacts to emergencies  Fails to notice complications and/or act appropriately  Fails to recognise limitations and seek advice when needed
<b>5. Practical Skills</b>	Shows outstanding practical ability	Competent	Clumsy or rough	Clumsy or rough



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			Can have difficulty in even the simplest procedure	Often has difficulty in even the simplest procedure
--	--	--	--	---

	Above Average	Average	Below Average	Unacceptable
<b>KNOWLEDGE</b>				
<b>6. Basic Science</b>	Comprehensive and up to date knowledge and understanding of the basic science of the specialty  Widely read	Adequate and up to date fund of knowledge  Relates this satisfactory to patient care	Reasonable though perhaps dates knowledge  Not always applied appropriately	Uninterested  Does not read the literature  Fails to apply basic science knowledge to clinical problems
<b>7. Clinical</b>	Comprehensive and up to date knowledge and excellent application  Widely read	Satisfactory knowledge for dealing with common disorders  May fail to 'spot the rarity' but learns from experience	Lacks appropriate knowledge or ability to apply it  May fail to learn from experience	Lacks basic and/or essential knowledge  Unable to learn from experience
<b>ATTITUDES</b>				
<b>8. Reliability</b>	Highly dependable and conscientious	Dependable  Does not need reminding  Conscientious in patient care	Occasionally Unreliable  Forgets to do things (possibly to the detriment of patients)	Frequently unreliable  Likely to fail to do things (possibly to the detriment of patients)
<b>9. Leadership and initiative</b>	Excellent team leaders with great ability to motivate others  Shows initiative  Always takes responsibility	Competent but lacks inspiration  Gives clear instructions  Usually shows initiative and takes responsibility	Needs pushing and may fail to show initiative	Very limited  Gives confusing instructions  No initiative
<b>10. Administration</b>	Well prepared and organised  Adapts to the hospital's management policies	Well prepared and organised  Conscientious  Can be left confidently to deal with routine administration	Often behind or neglects routine administration	Cannot be bothered or slapdash
<b>11. Time keeping</b>	Punctual and reliable	Usually on time	Often late to the unit	Frequently late to

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	Will always contact the unit to warn of a problem	Usually contacts the unit to warn of a problem	and to clinics May not warn of a problem	the unit and to clinics Often fails to warn of a problem
<b>RELATIONSHIPS</b>				
<b>12. Colleagues</b>	Willing to accommodate the working methods of the clinical team  Able to defuse problems in the team  An excellent colleague who fits in well	Good rapport  Trusted  Easy to work with  Able to fit in with existing team	Fails to fit in with seniors, peers or juniors	Uninterested  Does not try to fit in with colleagues and may even undermine them

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unacceptable</b>
<b>13. Patients</b>	Inspires confidence  Establishes excellent rapport  Patient delighted to be looked after by him/her	Sound caring attitude  Can allay patients fears  Takes time  Trusted by the patient	Does not put people at their ease  Lacks empathy	Does not mean well  Rude  Patients do not want him/her as their doctor  Increases patient Anxieties
<b>14. Other Staff</b>	Inspires loyalty and enthusiasm	Sound and professional, yet approachable  Treats others with respect and is respected in return	Careless of others  May generate rather than solve problems	Rude and arrogant  Likely to cause problems
<b>15. Communication Skills</b>	Excellent communicator  Easily establishes rapport with patients  Encourages and enhances mutual understanding	Good communication skills  Listens well and explains well, in appropriate language  Gives clear instructions	Poor command of local language  Inarticulate and confusing; easily misunderstood  Does not listen or understand  Confuses patients with unnecessary technical terms	Very poor command of local language  Unintelligible inarticulate  Minimal explanatory skills  Fails to listen or understand  Can appear indifferent and/or patronising
<b>PERSONAL QUALITIES</b>				

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<b>16. Appearance</b>	Smart, appropriately dressed  Good personal hygiene	Tidy, appropriate dress  Normal personal hygiene	Untidy or inappropriate dress	Often scruffy  Generally poor personal hygiene
<b>17. Integrity</b>	Excellent	Good	Just acceptable	Suspect honesty or morals
<b>18. Manners</b>	Always considerate and polite	Generally good	Thoughtless	Rude and/or arrogant

## 26. Appendix 6: ASSESSMENT OF LOCUM MEDICAL/DENTAL APPOINTMENTS

### LOCUMS OF ONE WEEK OR LONGER

To be completed by the consultant or other senior doctor responsible for the supervision of the locum doctor. In the case of a locum consultant, the report should be completed by the Clinical Director or by a doctor acceptable to that Director.

DOCTORS NAME: \_\_\_\_\_

GRADE (*This post*): \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

GMC/GDC NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Please tick the appropriate boxes	Above Average	Average	Below Average	Unacceptable
<b>CLINICAL SKILLS</b>				
1. History taking				
2. Physical examination				
3. Investigations and diagnosis				
4. Judgement and patient management				
5. Practical skills				
<b>KNOWLEDGE</b>				
6. Basic science				
7. Clinical				
<b>ATTITUDES</b>				
8. Reliability				
9. Leadership and initiative				
10. Administration				
11. Time keeping				
<b>PESONAL QUALITIES</b>				
12. Colleagues				
13. Patients				
14. Other staff				
15. Communication skills				
<b>RELATIONSHIPS</b>				
16. Appearance				
17. Integrity				
18. Manners				

**DOES THIS DOCTOR HAVE ANY TRAINING NEEDS THAT YOU HAVE IDENTIFIED?**

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**COMMENTS BY REPORTING DOCTOR**

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Would you employ this doctor again?  YES  NO

If **NO** what action would you wish to be taken:

Inform Postgraduate Dean (in the case of Junior Doctors)  YES  NO

Inform Medical Director (to send 'alert' letter)  YES  NO

Inform Agency  YES  NO

NAME OF REPORTING DOCTOR:  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an unsatisfactory report the following section needs to be completed:

**STATEMENT BY LOCUM DOCTOR**

I have seen the above assessment report and I agree/disagree\* with its contents. I have also seen the guidance notes on the completion of the assessment report. (\* delete as appropriate)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name in CAPITALS:  
\_\_\_\_\_

**STATEMENT BY LOCUM DOCTOR (if desired)**

Once completed and signed this form must be forwarded to the Medical HR Department, Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, Devon TQ2 7AA

**27. Appendix 7 ASSESSMENT OF LOCUM MEDICAL/DENTAL APPOINTMENTS**

**LOCUMS OF LESS THAN ONE WEEK**

To be completed by the consultant or other senior doctor responsible for the supervision of the locum doctor. In the case of a locum consultant, the report should be completed by the Clinical Director or by a doctor acceptable to that Director.

DOCTORS NAME: \_\_\_\_\_

GRADE (*This post*): \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

GMC/GDC NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**THE DOCTOR’S PERFORMANCE IN THIS LOCUM POST HAS BEEN:**

- GOOD
- AVERAGE
- POOR
- UNSATISFACTORY \*

\* In the event of unsatisfactory work by a locum doctor, please complete the full structured assessment form.

**WOULD YOU EMPLOY THIS DOCTOR AS A LOCUM IN THE HOSPITAL AGAIN?**

- YES
- NO

**DOES THIS DOCTOR HAVE ANY TRAINING NEEDS THAT YOU HAVE IDENTIFIED?**

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**COMMENTS BY REPORTING DOCTOR**

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Would you employ this doctor again?  YES  NO

If **NO** what action would you wish to be taken:

Inform Postgraduate Dean  
 (in the case of Junior Doctors)  YES  NO

Inform Medical Director  
 (to send 'alert' letter)  YES  NO

Inform Agency  YES  NO

**NAME OF REPORTING DOCTOR:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an unsatisfactory report the following section needs to be completed:

**STATEMENT BY LOCUM DOCTOR**

I have seen the above assessment report and I agree/disagree\* with its contents. I have also seen the guidance notes on the completion of the assessment report. (\* delete as appropriate)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name in CAPITALS: \_\_\_\_\_

**STATEMENT BY LOCUM DOCTOR** (if desired)

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Once completed and signed this form must be forwarded to the  
 Medical HR Department, Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, Devon TQ2 7AA

**28. Appendix 8 Internal Locum rate for Trainees**

To cover a full shift rota the following rates will apply:

F1s = £25 per hour

F2s = £35 per hour

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ST1/2 and CT1/2 (including ST3s in Paeds dependent upon which rota they participate in) = £40 per hour

ST3 and above £50 per hour

To cover a non-resident on-call rota the rates will be as follows:

SHO/SpR Max Facs = £35 per hour

STs/SpRs Ophthalmology = £32 per hour

T&O SpRs = £39 per hour

ENT SpRs = £35 per hour