

**HUMAN RESOURCES DIRECTORATE
PAY AND EMPLOYMENT UNIT**



Department of
**Health, Social Services
and Public Safety**

An Roinn

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**Chief Executive of each HPSS
organisation¹**

For information:

Director of Human Resources
Director of Medical Services
Director of Public Health
Director of Dental Services
of each body

Dear Colleague

**INTERIM ARRANGEMENTS FOR THE APPRAISAL OF LOCUM DOCTORS IN
HPSS TRUSTS AND BOARDS**

1. Introduction

The purpose of this circular is to provide guidance for HPSS organisations on interim arrangements for the appraisal of locum doctors in HSS Trusts and Boards. It is also to raise awareness of the need for HPSS organisations to facilitate locum doctors in the gathering of evidence for the purposes of future revalidation processes.

2. Review of Medical Revalidation and Links to Appraisal

All registered doctors in the United Kingdom received a letter (4 March 2005) from Sir Graeme Catto, President of the GMC, outlining the current position regarding licensing and revalidation. This letter emphasised that revalidation is one element of a wider quality framework to promote both safety and quality. Although the date for revalidation has been postponed, the GMC envisages that any future revalidation proposals will include a requirement for doctors to present some or all of the evidence from their folders to the GMC. Whilst changes to the evidence-set may occur, the principle of systematic collection of evidence by individual doctors is likely to remain. In light of recommendation 28 in Good Doctors, Safer Patients relating to appraisal, it is noted that its underpinning evidence is likely to contribute to the evidence for revalidation and is integral to the process of Clinical and Social Care Governance.

¹ Health and Social Services Boards, HSS Trusts, the Central Services Agency (CSA) the Health Promotion Agency, the Northern Ireland Medical Physics Agency, the Northern Ireland Guardian Ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing and Midwifery, Northern Ireland Social Care Council, the Northern Ireland Medical and Dental Training Agency and the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority.

Locum doctors should be actively encouraged to keep a logbook of their clinical activities, an account of their involvement in critical incidents and a record of their CPD activities. Evidence to support future revalidation will remain the responsibility of the individual doctor. As a general principle, locum doctors should be actively encouraged to reflect on their practice and career development.

Where opportunities arise, locum doctors should be included in the HPSS organisation's development programmes. During the course of their employment locum doctors should gather evidence, which will contribute to the seven headings contained in *Good Medical Practice*;-

- Good Clinical Care
- Maintaining Good Medical Practice
- Working with Colleagues
- Relations with Patients
- Teaching and Training
- Probity
- Health

3. Framework for Appraisal of Locum Doctors

In general, locum doctors should be appraised by a suitable appraiser, trained and appropriate to their level of employment within the HPSS organisation. For example, a locum consultant should be appraised by a trained appraiser using consultant appraisal documentation (circular HSS (TC8) 11/01 refers). For those locum doctors who are employed in training posts, it should follow the processes for doctors in training where obtained.

The discussion during an appraisal interview is confidential, however, should concerns arise, appraisal should be suspended and the concern addressed as per Maintaining High Standards in the Modern HPSS. All doctors on the GMC register are bound by the principles outlined in the *Duties of a Doctor* and *Good Medical Practice*.

For the purposes of definition of appraisal pathways for locums, the following points are relevant; -

- i. Where a locum doctor is employed for less than one week he/she should be supplied with a suitable reference or 'statement of satisfactory employment'. Any concerns should be reported on an exception basis. Within a Trust this should be to the clinical governance lead and HR Department. For agency supplied locums, the supplying agency.
- ii. Where a locum doctor is employed for periods of more than one week but less than six months and cannot be included in a routine appraisal processes, an end of placement report, which includes a section to show that there are no significant unresolved concerns about the doctor's fitness to practise should be completed.
- iii. If the locum post is for more than 6 months duration, the doctor should be appraised as part of the routine HPSS appraisal processes,

appropriate to the grade concerned. Where this is not possible, the procedure set out in sub-paragraph (ii) above shall apply.

- iv. Where the locum doctor is employed via an agency and appraisal of doctors is part of the services provided by that agency, the HPSS employer should ensure that appropriate standards and quality assurance mechanisms are in place to ensure robust appraisal mechanisms and pre-employment checks.

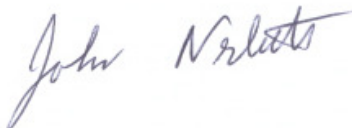
Circular HSS(TC8)2/98, issued in July 1998, introduced a 'Code of Practice in the Appointment and Employment of HCHS Locum Doctors'. The sections of that Code relevant to the supply of a suitable reference or 'statement of satisfactory employment' are reproduced as Annexe A. In addition an example of an "End of Placement report", which maps onto the headings of *Good Medical Practice*, is also included (see Annex B) – this has been adapted from guidance prepared by 'NHS Professionals' and is reproduced with their permission.

4. Conclusion

This circular provides interim guidance on the appraisal of locums, building on existing mechanisms and good employment practice. HPSS employers should promote the inclusion of locum doctors in appraisal processes. Where this is not achievable, locum doctors should be actively encouraged and facilitated in gathering evidence and to participate in continuing professional development relevant to the job for which they are employed. Locum doctors should be issued with an end of placement report. A recent report(s), and where appropriate, evidence of participation in satisfactory appraisal, should form part of the checks prior to employment of a locum doctor.

This guidance will be reviewed in line with developments in appraisal and revalidation at local and national level.

Yours sincerely



JOHN NESBITT
Assistant Director of Human Resources

Extract from:

**CODE OF PRACTICE
IN THE APPOINTMENT AND EMPLOYMENT
OF HOSPITAL AND COMMUNITY HEALTH SERVICE LOCUM DOCTORS**

5 – EMPLOYMENT REFERENCES

1. Locum doctors should sign a statement identifying their most recent locum employer and, wherever possible, should provide a written report from that employer. If it is not practicable to provide a written report, verbal references should be taken from the most recent locum employer or the locum agency (Agencies should have procedures in place to supply such references). This should be followed by a written reference if appropriate.
2. The statement signed by the locum doctor should also give details of any proceedings by the GMC which are pending in his name.
3. A locum who is in a substantive post elsewhere, or has been in such a post within the last two years, should supply a reference from that employer. Current employers of a doctor in a training grade who is undertaking a locum placement elsewhere will wish to ensure that the placement will not cause him to breach the controls on contracted hours set out in the *New Deal on Junior Doctor's Hours*.
4. At the end of the locum episode, the medical staffing officer should ensure that a reference is completed by a senior clinician (for example, consultant or clinical director) or by the medical director. A structured report form (Annex B) is offered as a suggested format. Trusts may wish to adopt their own local report(s) based on either the short or long format. The long format is unlikely to be appropriate for most locums of short duration. Trusts may wish to adopt a different approach to reporting arrangements for different locum grades for example those in locum consultant posts and those in locum training grade posts. The report should be counter-signed 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. It should be the responsibility of the medical director to support the medical staffing officer in ensuring that the referencing system operates smoothly within the hospital.
5. 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) then the locum doctor should if at all possible already be well known to the employer, or have recent, good references secured and examined by a locum agency.

Example of End of Placement Assessment Report

END OF PLACEMENT ASSESSMENT REPORT

This should be completed by a Consultant, usually the clinical director (or equivalent) or supervising consultant in the case of a non-Consultant or training grade doctor. If you are unable to assess the doctor due to limited working knowledge, please refer this form to another clinical colleague to complete the relevant areas. Thank you for your valued contribution.

Name:	
Grade & Specialty	
Hospital	
Period	
Vacancy Number	

On the basis of your observations of this doctor, please use the rating scale below and indicate in the table his/her capabilities in relation to each of the areas listed. If your rating includes "Poor" (Rating 1) or "Unable to Assess", please provide details under each area.

Did you encounter this Locum *personally*? **YES/NO (delete as appropriate)**

Rating Scale

1	-	Poor
2	-	Below Average
3	-	Average
4	-	Above Average
5	-	Good to Excellent

These ratings are to be benchmarked against a doctor of a substantive equivalent grade and specialty.

Areas Assessed	Assessment of Capabilities	
1. Good Clinical Care	Rating	Unable to Assess
• Assessment of the patient's condition based upon history taking, physical examination, recognition of clinical signs and selection of appropriate investigations	<input type="checkbox"/>	<input type="checkbox"/>
• Formulation of an appropriate management plan based on correct interpretation of test results	<input type="checkbox"/>	<input type="checkbox"/>
• Willingness to consult colleagues regarding patient care	<input type="checkbox"/>	<input type="checkbox"/>
• Practical skills including record keeping, operative skills	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintaining Good Medical Practice	Rating	Unable to Assess
• Medical knowledge is up to date	<input type="checkbox"/>	<input type="checkbox"/>
• Uptake of Postgraduate and continuing medical education	<input type="checkbox"/>	<input type="checkbox"/>
• Involvement in clinical governance eg, Clinical Audit, clinical incidents and complaints analyses, guidelines	<input type="checkbox"/>	<input type="checkbox"/>
3. Working Relationships with Colleagues	Rating	Unable to Assess
• effective member of the clinical team	<input type="checkbox"/>	<input type="checkbox"/>
• Time management and Reliability	<input type="checkbox"/>	<input type="checkbox"/>

4. Relationships with Patients

Rating

Unable to
Assess

-
- | | | |
|--|---------------------------------------|--------------------------|
| • Oral and written communication skills including obtaining informed consent | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respects the confidentiality of patient information | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respects and responds appropriately to patients' and families needs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any clinical complaints | YES
(delete as appropriate) | NO |
-

If **YES**, please give details:

5. Teaching and Training

Rating

Unable to
Assess

-
- | | | |
|--|--------------------------|--------------------------|
| • Willingness to contribute to the education of students or colleagues | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
-

6. Probity

-
- | | | |
|---|------------|-----------|
| • Are you aware whether there are any criminal convictions or cautions which may affect the applicant's suitability for a post? | YES | NO |
| • To your knowledge, has he/she has been the subject of any disciplinary proceedings, which were upheld? | YES | NO |
-
- (delete as appropriate)

If **YES** to either question, please give details:

7. Health

- Are you aware if there are any health problems which may put patients at risk? **YES** **NO**
(delete as appropriate)
-

If **YES** to either question, please give details:

.....

.....

If the candidate is subject to RITA assessment and is currently working under a RITA D or E as a result of concerns about performance, please ensure that the concerns have been indicated in the appropriate areas above.

- If a similar post became available within your Trust would you consider re-employing this doctor? **YES** **NO**
(delete as appropriate)

Please indicate the highest appropriate level at which you consider this doctor should work:

Grade: _____ Specialty: _____

Grade: _____ Specialty: _____

Signed: _____

Position _____

Name _____ (BLOCK CAPITALS)

Date _____

NOTE: This report has been adapted from guidance prepared by 'NHS Professionals'. The full text of NHS Professionals guidance on appraisal is available on www.nhsprofessionals.nhs.uk/doctors. In addition there is valuable information on 360 degree feedback.