Worcestershire Acute Hospitals NHS Trust

Clinical Supervision of Locum and Temporary Medical Staff in Obstetrics and Gynaecology

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

There is potentially a risk of variation in care provided by locums, particularly those that are employed on a short term basis. It is important to standardise the level of supervision and support for locum clinicians, a need to ensure their skillset is a good fit for the service at recruitment and a need to establish the lines of support, performance evaluation and pastoral care, to reflect that which in-house clinicians receive. This should be in place before clinicians start to work independently and in addition it is vital that all doctors have appropriate pre-employment checks and inductions to the Trust.

This policy will promote patient safety and provide evidence for clinical governance. It can also help to provide evidence for all doctors in support of their appraisal and revalidation.

This guideline is for use by the following staff groups:

Obstetric Staffing Leads and Locum Obstetric Staff

Lead Clinician(s)

Approved by *Maternity Governance Meeting* on:	17th November 2023
Approved by Medicines Safety Committee on:	N/A
Review Date: This is the most current document and should be used until a revised version is in place	17th November 2026

Key amendments to this guideline

Date	Amendment	Approved by:
November 2019	New Document	Maternity Governance
November 2023	Reviewed	Maternity Governance

Introduction

With increased medical vacancies across all levels we are becoming increasingly reliant on both long term and short term locums. While at the junior or SHO level temporary staff and locums are less common, this policy should be extended to all medical staff working cross county within the Directorate of Obstetrics and Gynaecology at WAHNHST.

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Scope of this document

This policy applies to all temporary and locum doctors working within the Directorate of Obstetrics and Gynaecology at WAHNHST across all levels and is in keeping with RCOG guidance published in 2022. It outlines the roles and responsibilities for WAHNHST and the doctors undertaking locum positions within the Trust.

Definitions

Middle Grade: A doctor on the middle grade rota, working as resident 2nd on call. This grade includes clinical fellows, specialty trainees, trust doctors, specialty doctors, staff grades and associate specialists.

Junior SHO grade: A doctor on the junior or SHO grade rota working as resident 1st on call. Most doctors at this level are GP specialty trainees or first or second year career grade trainees but this grade also includes second and first year Foundation Doctors.

Temporary staff: Staff members who are employed on a temporary basis either utilising a zero hours contract or an employment agency.

Locum: Refers to a doctor who is placed by a locum agency or a locum bank into the trust or directly engages with the Trust for work.
A locum can also be a doctor in a short-term placement who is an employee of the organisation for a short, fixed term. They may also be doctors in training who work as locums outside their training.

Educational / Clinical Supervisor: An Educational Supervisor or Clinical Supervisor is a named individual who is responsible for supporting, guiding and monitoring the progress of a named trainee/locum doctor for a specified period of time.

Short-term Locums

For the purpose of this document, and in keeping with the RCOG guidance, a short term locum placement refers to a period of 2 weeks or less.

Ideally rota gaps should be filled with internal staff first. If this is not possible the rota co-ordinator, in collaboration with the Clinical Directors, should contact locum agencies or locum banks.

Employment Eligibility

From February 2023 all short term locums, working on the middle grade rota, must have a valid NHS Certificate of Eligibility for Locums (CEL)**.** This includes O&G trainees undertaking short term locum placements outside of their deanery/HEE local office or in a Trust (within their deanery or HEE office) where they have not previously worked as a ST3-7. This information is held on the RCOG training portfolio website.

Locum doctors who have obtained CCT/CESR/CESRCP and are on the GMC specialist register can be employed in a middle grade locum post without a certificate of eligibility if they have current NHS experience (within the past six months) and they have not been out of clinical practice for more than two months such that a more supported return to work package would be necessary (verified via CV). They must provide, as a minimum, references from previous jobs and structured feedback from their last two employers.

The Clinical Directors should review all pre-employment paperwork, including the CV and CEL (paying particular attention to feedback from previous employers), to ensure that the locum has the appropriate skills and competencies to work at the desired level with appropriate GMC registration and a valid license to practice. They should also ensure that HPAN, identity, language, health clearance and other checks have been completed.
If there are GMC conditions in place it is the responsibility of the Clinical Directors to ensure that they are able to work within their restrictions.

Please see RCOG Document 'Guidance on the engagement of short-term locums in maternity care' for more information about requirements to achieve a CEL
Guidance on the engagement of short-term locums in maternity care (rcog.org.uk)

Employer responsibilities and Clinical Supervision

Once they have been appointed all locums should have a named consultant supervisor for support and in addition should have educational opportunities and assessors who are happy to undertake work based placed assessments.

The RCOG College Tutor (or Clinical Directors in the absence of the RCOG Tutor) will allocate a consultant supervisor for all short-term locum doctors who will be responsible for meeting with the locum during their first week and ideally on their first day.
The named supervisor will often be a consultant that the temporary or locum doctor will work with during their first few days. The RCOG Tutor will try to allocate temporary doctors fairly across the consultant body in recognition that there is no additional SPA allowance for this consultant supervisor role.

Supervisors should ensure:

- The locum doctor is aware of their responsibilities and the skills and competencies required to fill the rota gap.
- That a suitable induction has been provided, including setting up the locum on IT and other systems required to do their work on the commencement day, with a senior member of medical staff and ideally a consultant.
- They have been signposted to clinical guidelines and training which needs to be completed on their first day and are in addition informed about the processes for escalation.
- They complete an end of placement report and colleague feedback.
- The doctor and locum agency (if applicable) is identified of any issues that arise during the placement (+/- the doctor's responsible officer if this is not the locum agency).
- They agree with the locum agency or NHS England local team (where relevant) whether any necessary investigation is carried out in the organisation, or whether referral to the GMC is appropriate
- They include quality elements within the service level agreement (if applicable) with the locum agency to facilitate the above.

For those locums that are providing resident on call cover out-of-hours supervisors should also ensure that:

- Their CV is circulated to the consultants who are providing non-resident on call cover
- There is clear instruction given on when to call the consultant about activity within the unit and when consultant presence is mandatory in line with the RCOG guidance.

The Supervisor should ensure the checklist in Appendix 1 is completed for all locums and sent to the doctor and the Directorate Support Officer to be filed in their individual case record and on the shared M Drive.

Long-term Locums

For the purpose of this document a long-term locum refers to a period of work that is greater than 2 weeks.

Unlike short term locums, doctors undertaking locum work in the same Trust for a period of more than 2 weeks do not require a Certificate of Eligibility for Locums (CEL) and the placement allows time and opportunity for the doctor to meet the criteria and skills required to obtain a CEL.

Ideally rota gaps should be filled with internal staff first. If this is not possible the rota co-ordinator, in collaboration with the Clinical Directors, should contact locum agencies or locum banks.

The Clinical Directors should review all pre-employment paperwork, including the CV (paying particular attention to feedback from previous employers), to ensure that the locum has the appropriate skills and competencies to work at the desired level with appropriate GMC registration and a valid license to practice. They should also ensure that HPAN, identity, language, health clearance and other checks have been completed.
If there are GMC conditions in place it is the responsibility of the Clinical Directors to ensure that they are able to work within their restrictions.

Employer responsibilities and clinical supervision

Once they have been appointed all long term locums should have a named consultant for support and in addition should have educational opportunities and assessors who are happy to undertake work based placed assessments.

At the point of commencement, the Supervisor should ensure:

- The locum doctor is aware of their responsibilities and the skills and competencies required to fill the rota gap.
- That a suitable induction has been provided, including setting up the locum on IT and other systems required to do their work on the commencement day, with a senior member of medical staff and ideally a consultant.
- They have been signposted to clinical guidelines and training which needs to be completed on their first day and are aware of processes for escalation.
- They complete an end of placement report and colleague feedback.
- They integrate the doctor into their governance structure in a manner appropriate to the nature and duration of the placement.
- They support the doctor's appraisal preparation.
- Agree with the doctor and at the discretion of the doctor's responsible officer to provide annual appraisal for the doctor if appropriate to do so.
- The doctor and locum agency (if applicable) is identified of any issues that arise during the placement (+/- the doctor's responsible officer if this is not the locum agency).
- They agree with the locum agency or NHS England local team (where relevant) whether any necessary investigation is carried out in the organisation, or whether referral to the GMC is appropriate.
- They include quality elements within the service level agreement (if applicable) with the locum agency to facilitate the above.

For locums that are providing resident on call cover out of hours with indirect supervision supervisors should also ensure that:

- There is an arrangement of supernumerary or directly supervised clinical duties enabling assessment of skills prior to undertaking clinical duties with indirect supervision, especially out-of-hours. These assessments can take the form of OSATs, NOTTS etc and will also assist the locum in achieving the CEL which should be supported by the department.
- There is review of suitability for the post based on multidisciplinary feedback and in particular the locum's capability to provide cover out of hours under indirect supervision. The timescale of this will vary depending upon the individual.
- There is feedback to the locum doctor and to the employing agency regarding the locum's performance.
- Their CV is circulated to consultants who are providing non-resident on call cover.
- There is clear instruction given on when to call the consultant about activity within the unit and when consultant presence is mandatory in line with the RCOG guidance.

For locums that are providing resident on call cover out of hours with direct supervision supervisors should also ensure that:

- ST3/4 trainees are paired with senior trainees (ST6/7 or senior clinical fellows).
- There is review of suitability to provide cover out of hours under indirect supervision based on multidisciplinary feedback. This decision, once reached, should be documented and the

locum informed. Clear instruction should be given on when to call the consultant about activity and when consultant presence is mandatory in line with the RCPG guidance.

Locums that have previously worked in the department and are competent can commence work without the supervision outlined above.

Locums that are not deemed suitable for the post after a period of supervision should be given feedback (and feedback also given to the agency if applicable) and a period of notice given.

The Supervisor should ensure the checklist in Appendix 2 is completed for all long term locums and sent to the doctor and the Directorate Support Officer to be filed in their individual case record and on the shared M Drive.

The documents in Appendix 3-6 can be used for the initial induction meeting and to monitor progress throughout the placements.

Raising concerns about short and long term locum medical staff

Any concerns to be raised must be discussed with the temporary doctor, recorded on the attached Raising Concerns Form (Appendix 5) and communicated to the Clinical Directors and Directorate Support Officer as soon as practically possible. The locum doctor must reflect on any incidents either on their portfolio/appraisal or in face to face meetings with their supervisor.

If any significant event or complaint is brought to a meeting such as a round table meeting, the temporary doctor must be invited to attend. This should be co-ordinated by the Governance Lead for Obstetrics or Gynaecology and Directorate Support Officer with the help of Human Resources at WAHNHS

If applicable the locum agency should also be informed and an agreement arranged about whether any necessary investigation is carried out within the organisation, or whether referral to the GMC is appropriate.

Compliance	Completed Y/N	Date Completed
Locum doctor CV reviewed by consultant lead prior to appointment		
Up to date NHS certificate of eligibility for locums completed and verified or NHS experience/suitable references/structured feedback for locum doctors on the specialist register		
Departmental induction by consultant or senior clinician on commencement date including specific advice on when to call for senior/consultant support or presence		
Named consultant supervisor to support locum	Name:	
Access to all IT systems and guidelines and training completed on commencement date		
Feedback to locum doctor and agency on performance		

Appendix 1. Checklist for Short Term Locum Appointment

Appendix 2. Checklist for Long-Term Locum Appointment

Compliance	Completed Y/N	Date Completed
Locum doctor CV reviewed by consultant lead prior to appointment		
Discussion with locum doctor re clinical capabilities by consultant lead prior to starting or on appointment		
Departmental induction by consultant on commencement date		
Access to all IT systems and guidelines and training completed on commencement date		
Named consultant supervisor to support locum	**Name:**	
Supernumerary clinical duties undertaken with appropriate direct supervision		
Review of suitability for post and OOH working based on MDT feedback		
Feedback to locum doctor and agency on performance		

Appendix 3. Induction Meeting Form

Meeting Date:

Doctors Name:

Supervisors Name:

Supervisors Contact Details:

Date of Start of Appointment:

Intended Employment End Date:

Last Revalidation Date:

Responsible Officer for Revalidation:

Last Appraisal Date:

Last Progress Meeting Date:

1. Knowledge, Skills and Performance:

(Includes clinical competencies, qualifications, strengths and weaknesses)

2. Safety and Quality:
(Includes complaints, incidents, significant events and audit)

3. Communication, Partnership and Team work:
(Includes attitudes, attributes, relationships with patients, families, medical staff)

4. Maintaining Trust:
(Includes patient respect and dignity, honesty and probity)**pendix 4. Review of Progress Meeting Form**

Meeting Date:

Doctors Name:

Supervisors Name:

Supervisors Contact Details:

Date of Start of Appointment:

Intended Employment End Date:

Last Revalidation Date:

Responsible Officer:

Last Appraisal Date:

Last Progress Meeting Date:

1. Knowledge, Skills and Performance:
(Includes clinical competencies, qualifications, strengths and weaknesses)

2. Safety and Quality:
(Includes complaints, incidents, significant events and audit)

3. Communication, Partnership and Team work:

(Includes attitudes, attributes, relationships with patients, families, medical staff)

4. Maintaining Trust:

(Includes patient respect and dignity, honesty and probity)

Appendix 5. Record of concerns/comments on staff performance

Name of Staff Member: Designation in WAHT: Time Period Report is Related to:			
GMP domains	Yes (Please explain below with specific examples)	None	Cannot Comment
1.Knowledge, Skills & Performance			
2.Safety & Quality			
3.Communication, Partnership & Team work			
4.Maintaining trust (Includes respect, dignity of patients, honesty, probity)			
Report Completed	Date:		
Name: Signature: Date:			

Appendix 6. Case Based Discussion Following an Incident (To be filed in record and copy sent to Governance Manager)

Patient details –

Title of incident –

Web incident number web –

Date of discussion –

Person investigating –

Case discussed with –

ISSUES DISCUSSED	ACTIONS

Arrangements for sharing the learning points: