WOMEN'S HEALTH AND PAEDIATRICS

MATERNITY UNIT

Standard Operating Procedure (SOP) Engagement of Locum Medical Staff in Obstetrics and Gynaecology

Amendments			
Version	**Date**	**Comments**	**Approved by**
1	November 2023	New Policy	Maternity Governance Group

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Ratified by: Perinatal Guidelines Group

Date ratified: **November 2023**

Next review date: **November 2026,** or if legislation, national guidance or lessons learnt indicate an earlier review

Target audience: All health professionals and operational management within the maternity and gynaecology services

Comments on this document to: Maternity Governance Group

This SOP should also be used in conjunction with:

Trust Emergency Cover (Acting Down) Policy

Sickness and absence policy

Roles and responsibilities of the Consultant in Obs and Gynae

Medical staffing escalation Policy

Maternity Escalation Policy

RCOG guidance on the engagement of short-term locums in maternity care 2022

RCOG guidance on the engagement of long-term locums in maternity care in collaboration with NHS England, Scotland and Wales (June 2021)

Contents

1.0 Medical Workforce in Obs and Gynae

The levels of medical staffing to provide adequate cover for the Maternity unit and Gynaecology – acute service and in patients, are detailed in the medical staffing escalation policy.

Should staffing levels fall below the establishment detailed the operational team, service lead and out of hours the Consultant on call and CNSP will attempt to arrange cover. This may involve use of locum / agency staff, adjusting trainee doctors shift patterns, redistributing other daytime activity or cancelling elective activity. The Trust 'acting down' as a Consultant policy may need to be followed.

If levels of cover are felt to be unsafe the escalation protocol should be followed to manage clinical activity and ensure patient safety utilising the agreed OPEL status framework.

For the purposes of this guidance, a 'locum' refers to a doctor who is either placed by a locum agency or a locum bank for short-term work. For the purposes of this guidance, 'short-term' refers to placements of two weeks or less and 'long-term' to placements of longer than two weeks.

Gaps in the rota may also be covered internally as additional work by doctors who are currently employed by the Trust. This does not fall under this SOP and is covered by existing medical workforce policies and the educational and clinical supervision that is already in place for their employment.

2.0 Engagement of short term locums in O+G

2.1 Operational process for booking a short-term locum

- Where possible internal locums should be used.
- Trust approved framework agencies should be used.
- Up to date CV and references should be received and should indicate that the doctor has the experience required prior to appointment.
- The operational team will confirm that appropriate pre-employment checks have been completed.
- Prior to employment, the Service lead/ Cons lead for rota management or in their absence the Consultant of the Week or On call consultant (out of hours), will review the CV and confirm that the locum / agency doctor appears to have the competencies and capabilities required for the role. They should pay particular attention to the skills and experience of the doctor.
- The approving Consultant will confirm this in email to the operational team who will retain this email within the locum doctors file.
- If at all possible an agency doctor who is not familiar with the unit will be allocated day-time shifts prior to commencing night duties.
- Where an agency doctor is not familiar with the unit or has not worked in the unit within the previous 12 months the shift will be booked to start at least 30 minutes prior to clinical handover to allow for completion of the locum induction checklist

- The operational team will cascade the appointed locum's CV to consultants doing non-resident on call with the locum doctor in a timely manner.
- The operational team will contact the locum doctor prior to the shift and email:
    - Details of the shift and the named supervising Consultant
    - The 'O+G Locum Doctor Induction pack which includes the trigger list for calling the on call consultant and a link to the current Trust guidelines
- Out of hours where the locum has been booked at short notice the on call Consultant will be responsible for ensuring the locum doctor has the induction pack (saved in the T drive – X)

2.2 Additional requirements for the middle grade rota (ST3 and above) - RCOG Certificate of Eligibility (CEL)

- For middle grade locums of less than 2 weeks an up to date Certificate of Eligibility for short-term Locums (RCOG) is required prior to appointment.
- The certificate identifies that a doctor has completed a series of competencies expected to work in a short-term locum post with indirect supervision at either a junior registrar level (ST3- 5) or a senior registrar level (ST6-7).
- The registry for the CEL can be found on the RCOG at RCOG Locum Certificate search | RCOG Training
- The operational team will confirm the CEL and retain a record of this within the locum doctors file.
- Locum doctors working at ST3 and above require appropriate evidence of emergency obstetric skills and fetal monitoring training within the last 12 months, if there is a current CEL this will cover this.
- 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.
- Doctors in training with a current national training number in the region who have previously worked in the unit as an ST3-7 are not required to hold a CEL

2.3 Induction and on-boarding process

- The locum doctor will be allocated a named supervising consultant, this will usually be the on call consultant. If the placement is for longer than a few shifts in the two weeks this may be the Service lead or College Tutor
- The operational team will contact the locum doctor prior to the shift and email:
    - Details of the shift and the named supervising Consultant
    - The 'O+G Locum Doctor Induction pack which includes
        - Trigger list for calling the on call consultant and how to contact them
        - Digital handbook
        - Link to all the current maternity guidelines
        - 'How to' guidance for IT systems including Badger Net and CERNER
- Out of hours where the locum has been booked at short notice the on call Consultant will be responsible for ensuring the locum doctor has the induction pack (saved in the T drive – X)

- The locum doctor will have a departmental induction with a senior member of staff (preferably a consultant) on the commencement day.
- Departmental induction will enable them to carry out the work they are being engaged to do (including appropriate IT system login/access, building/departmental access and the process for escalating concerns).
- The locum doctor will be given access to IT systems and given hands on support by the wider clinical MDT

2.4 Feedback on performance

The operational team will seek feedback from the named supervising Consultant and share this with the locum doctor and agency as requested.

2.5 Process for managing concerns

If clinical concerns are raised these will be escalated to the Service lead, Labour Ward Lead or College tutor. A Datix may need to be completed. The concerns will be explored and any feedback for learning will be shared with the locum doctor and their agency.

If any significant information of note arises in relation to the doctor's practice during their placement the approach advised by the RCOG will be followed. The service lead or College Tutor will notify the doctor and locum agency, where relevant (and/or the doctor's named educational supervisor and responsible officer if the agency is not the doctor's designated body). They will 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. The NHS Just Culture framework and all relevant Trust policies will be followed.

2.6 Monitoring of compliance and effectiveness

The RCOG recommends that units monitor compliance with this guidance. The following is a simple audit tool that can be completed and retained as evidence of a robust process of assessment for all locum appointments. This should be completed by the operational team with support from the service lead.

Compliance	Completed Y/N	Date
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		

3.0 Engagement of long term locums in O+G

Long term locums within the department are not common as the preferred approach is to recruit to vacant posts with the support of medical workforce. As such, placements of longer than two weeks through an agency or bank are not common. In these circumstances the department would follow guidance outlined by the RCOG / NHS England in 'RCOG guidance on the engagement of long-term locums in maternity care in collaboration with NHS England, Scotland and Wales (June 2021)'.

Prior to starting:

- Confirming appropriate pre-employment checks completed
- Accurately representing to the locum doctor and locum agency (where relevant) which skills and competencies are required in the position for which the doctor is being engaged
- Review of the locum doctor's CV by an appropriately qualified O&G consultant (or equivalent). The lead clinician should pay particular attention to the skills and experience of the doctor
- Note a CEL is NOT required for a long term locum placement

On commencement and during the post:

- Discussion between the locum doctor and the lead clinician about clinical capabilities on appointment or prior to starting employment
- A named consultant to support the locum (this could be the clinical lead, rota lead or college tutor depending on the circumstances and length of the locum attachment)
- Departmental induction with a senior member of staff (preferably a consultant)
    - Access to all IT systems, guidelines and training
    - Buildings/departmental access – swipe cards
    - Process for escalating concerns and Consultant trigger list

- Arrangement of supernumerary or directly supervised clinical duties enabling assessment of skills prior to undertaking clinical duties with indirect supervision, especially out-of-hours.
- The approach suggested by the RCOG will be followed including structured work place based assessments and review of expected clinical capabilities in the core curriculum before making an active decision to allow clinical duties with indirect supervision. This would normally be completed by the named supervising consultant together with wider input from the multi-professional team and agreed with the individual doctor.
- Integrating the doctor into their governance structure in a manner appropriate to the nature and duration of the placement

Feedback and appraisal:

- Completing the required end of placement/exit report and peer/colleague feedback for the doctor
- Supporting the doctor's appraisal preparation
- Agreeing 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 (in light of the nature and duration of the doctor's placement), to the standard of the 'Medical Appraisal Guide' (NHS England 2014), along with 'Guidance on supporting information for appraisal and revalidation' (GMC 2018).
- Notifying the doctor and locum agency (where relevant) if any significant information of note arises in relation to the doctor's practice during their placement (and/or the doctor's responsible officer if the agency is not the doctor's designated body)ration of the placement