

Ad Hoc Locum Doctors and Dentists Policy

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Date implemented (made live for use)	15/01/2020	Next Review Date	29/11/2022
Status	LIVE		
Target Audience-	All Doctors, Divisional Managers, Payroll, HR/Medical Workforce and all individuals involved in the booking or management of locum doctors.		
Special Cases	There are no special cases		
Accountable Director	Director of Human Resources		
Author/originator – Any Comments on this document should be addressed to the author	Head of Medical Workforce		
Division and Department	Corporate – Human Resources (HR)		
Implementation Lead	Head of Medical Workforce		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Regulatory Position	Working Time Directive (Ref 3), Terms and Conditions of service for applicable doctor grades.		
Review period. This document will be fully reviewed every 3 years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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1 Introduction & Purpose

1.1 Introduction & Purpose

The purpose of this Policy is to reduce the locum usage, standardise the employment of locums and clarify the procedures for requesting and booking locums.

A locum is defined as a doctor or dentist working in a temporary capacity to provide cover for an absent member of the permanent medical or dental staff or to address short term changes within service delivery. Due to the ad hoc nature of this work, the payment will be on an hourly or programmed activity basis and there will be no substantive contract of employment.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

AMD	Associate Medical Director
CL	Clinical Lead
CV	Curriculum Vitae
DBS	Disclosure Barring Service (formerly called CRB)
DCOO	Deputy Chief Operations Officer
DD	Divisional Director
DDD	Deputy Divisional Director
ED	Emergency Department
EPMA	Electronic Prescribing Medicine Administration
EWTD	European Working Time Directive
GMC	General Medical Council
HOS	Head of Service
HR	Human Resources
HTE	Health Trust Europe
ID	Identification
IR1	Incident Reporting system
JNR DR	Junior Doctor
MSG	Medical Staffing Group
MW	Medical Workforce
NCAS	National Clinical Assessment Service
NHS	National Health Service
NHSI	NHS Improvement
Occ Health	Occupational Health
PAS	D&O
RAP	Recruitment Authorisation Panel
RTT	Referral to Treatment Time
SAS	Specialty Doctors, Associate Specialists & Staff Grades
SpDr	Specialty Doctor
TCS	Terms and Conditions of Service
WTE	Whole Time Equivalent
YTD	Year to date

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2 Main Document Requirements

2.1 Recruitment of Locums

Great Western Hospitals NHS Foundation Trust (the Trust) recognises that excessive and unnecessary reliance on locums is ineffective in terms of increased costs, risk and reduced quality of patient care. The use of locums will be minimised by adequate workforce planning to ensure the right numbers of appropriate qualified staff are available. Each Division will also ensure adequate arrangements are in place for effective planning of annual and study leave to minimise reliance on locums.

When a vacancy occurs, steps will be taken to make a substantive appointment sufficiently early to avoid unnecessary locum appointments. Long term locums will be avoided where possible.

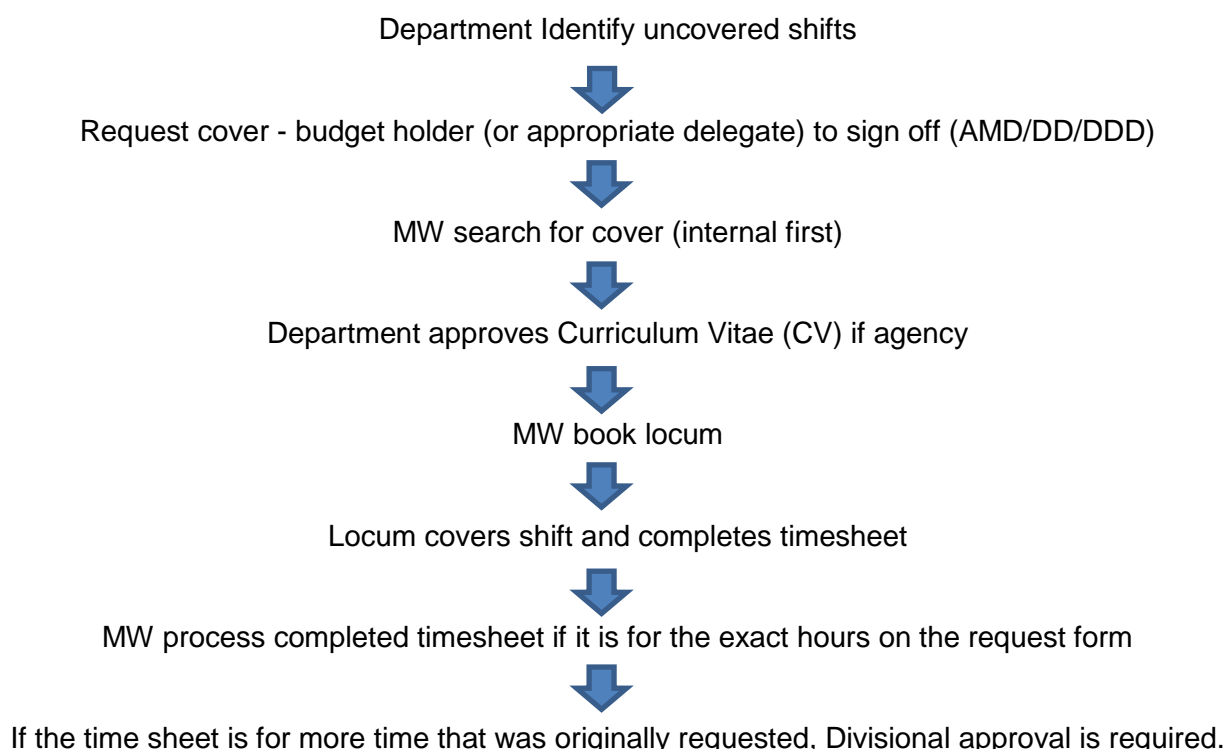
Where locums are required for doctors that are on sick leave, the Divisional Management Team and Medical Workforce (MW) will liaise with Occupational Health to anticipate the likely duration of the leave to enable locum cover to be managed effectively.

The use of locums will not be considered a matter of routine and will always need to be justified in the light of service need with reference to quality assurance, standards and risk management and the provisions of the Terms and Conditions of Service. To ensure this is monitored **Appendix B - Locum Request Form**, will be completed to request a locum. Note this form is not required where the "Exceptions Rule" is used (see section 3.2).

MW is responsible for booking all agency locums in hours and On-call/Site Managers are responsible out of hours. **Departments should not liaise directly with locum agencies.**

The Associate Medical Director (AMD)/Divisional Directors (DD) Deputy Divisional Director (DDD) and Clinical Lead's (CL) for each Division will be responsible for determining how service requirements can be met if a locum of sufficient quality cannot be appointed.

Procedure



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Locum paid via agency or GWH as appropriate

2.2 Exceptions Rule

Getting approval for locums can often take a lot of time, sometimes where shift cover is urgent this can cause problems with finding cover. The Exceptions Rule prevents these issues. The rule is that any out of hours emergency cover shifts that occur due to a long standing vacancy or sickness do not require formal approval and can be covered immediately. E.g. if there was a Medical Registrar vacancy and they are on the on call rota due to be working a long day 0900-2100, 1700-2100 would be classed as emergency hours and cover could be found for this without prior approval.

2.3 Non Resident Consultant on Call Cover

Covering non-resident Consultant on calls with agency locums is extremely expensive. Prior to booking an agency locum to cover a non-resident on call shift, Executive approval must be given. Locum Request Form for non-resident on call form in **Appendix C** must be completed and signed by a member of the Executive committee prior in advance of booking, along with **Appendix D** the medical Recruitment Authorisation Panel (**RAP**) form, see section 2.4.

2.4 Consultant and long Term Agency Worker Approval

A consultant agency worker is the most expensive agency doctor; approval must be obtained for any agency consultant request and for a request for any agency doctor that is going to be for four weeks or more. The approval must be from the Medical Recruitment Authorisation Panel (RAP). Membership of this panel is the Medical Director (MD), Director of Finance (DOF), Deputy Chief Operating Officer (DCOO) and MW representative. The RAP form is enclosed as **Appendix D**. The outcome of this panel is reported to Medical Staff Group (MSG) on a monthly basis.

2.5 NHS Locums

The Trust will seek to book NHS locums before an agency worker. Locum doctor appointments will be made following the same process as a substantive appointment, and will be line with the Employment checks policy.

All junior doctors on the 2016 Junior Doctors Terms & Conditions must comply with schedule 3, paragraph 43 by offer additional hours of work exclusively to the NHS staff bank. The doctor can carry out additional activity over and above the standard commitment set out in the doctors work schedule up to a maximum average of 48 hrs per week.

2.6 Internal Locum Bank

When a locum requirement is identified the first step on receipt of approval/Exceptions Rule, is to send the shifts to the Internal Locum Bank. Doctors registered with the internal locum bank and all substantive employees with the required competencies will get the first opportunity to work the locum shifts if they are deemed suitable by the recruiting clinician.

Locums must be qualified and experienced for the work they are required to undertake, this will be assessed using their CV and documents supplied for pre-employment checks.

Payment will be in line with the rates shown in **Appendix E** and paid weekly. No timesheets over three months old will be paid.

2.7 Agency Locums

Where external locums are required, the Trust will only use agencies on a approved framework by NHS Improvement.

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Requirements will be outsourced to agencies; Medical Workforce will ensure compliance with national pre-employment check guidance prior to a booking being made.

All locum CV's must be approved by a local Consultant within the department that the locum will be working in.

All agency workers must take a 20 minute unpaid break for every six hours worked.

2.7.1 NHS Improvement (NHSI) Rules

Where applicable any NHSI rules will be followed, which include maximum hourly rates. If the rates need to be breached then a Break Glass form must be completed with no exception. This form should be saved with the booking confirmations. The form is enclosed as **Appendix F**.

2.8 Induction

Locum doctors should be offered an appropriate induction for their role and appropriate supervision.

All locum doctors will be given a "Guide for Locums", when commencing work at the Trust. This includes a Locum Induction checklist and important Trust information, including reference to relevant Policies and Procedures, Locums are required to hand in the signature signed and completed page confirming that they have received and read the information before they can start work in the Trust.

The "guide for locums" is regularly updated and is therefore not enclosed as an appendix to this document.

2.9 Appraisal

All doctors have to be appraised annually. The General Medical Council (GMC) requires doctors to have been appraised as part of revalidation.

The Trust's Medical and Dental Revalidation Appraisal Policy (1) outlines the appraisal process in place to support all locum doctors' professional and career development and to assist revalidation. If a NHS locum doctor is undertaking the majority of their work at the Trust, they should have an appraisal from one of the Trusts named appraisers.

2.10 Monitoring Performance of Locums

A senior clinician will be required to complete an assessment form for each locum. A copy of the form will be held in Medical Workforce in the locum personal file. The assessment form is enclosed as **Appendix G**. The locum will also be given the opportunity to make further representations if they wish, especially if a referral to National Clinical Assessment Service (NCAS) is contemplated.

If the locum was employed through an agency, a copy of the Locum Assessment Form will be forwarded to the agency for their records.

Assessment forms which raise serious concerns about performance will be referred to the Associate Medical Director and Medical Director. If necessary, advice will be sought from NCAS where appropriate. For doctors in training, a copy of any reports showing shortcomings should also be sent to the Postgraduate Dean. Protection of patients will be the first consideration.

2.11 Out of Hours Arrangements

The On Call Manager is responsible for booking locums out of hours, in liaison with the Site Management team. They will comply with all the procedures outlined in **Appendix B**. Booked doctor's CV and all documentation in relation to the booking will be forwarded to Medical Workforce for filing.

2.12 Monitoring and Evaluation

Information regarding trends and analysis is reported regularly to MSG including names, length of appointment, specialty and cost.

Medical Workforce will monitor the reasons locum requests are made on a monthly basis.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring audit method	Monitoring responsibility (individual /group /committee)	Frequency of monitoring	Reporting arrangements (committee / group the monitoring results is presented to)	What action will be taken if gaps are identified?
Minimising locum expenditure	Locum expenditure calculated and monitored	Medical Workforce Team	12 times a year	Medical Staffing Group (MSG) and Trust Board	Action Plan will be developed, agreed and followed up
Appropriate locum usage	Report of locum usage reviewed	Medical Workforce Team	12 times a year	MSG	Recommendations will be agreed
All Locum doctors and dentists employed must complete, sign and return the induction form to the Medical Workforce Team via the Carillion Help Desk before the first shift	An audit – (a random sample of locum doctors and dentists files is reviewed for compliance of induction form, follow up and/or logged and notified as not allowed to work)	Medical Workforce	2 times a year	Medical Workforce	Where completion of the induction form is less than 100%, Medical Workforce will chase them up via the doctor/dentist agency. The audit results will be reported annually to the Medical Staffing Group. Where themed gaps are identified following the audit results, these will be actioned and followed up by the Medical Workforce Team

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4 Duties and Responsibilities of Individuals and Groups

4.1 Clinical Leads & Local Consultants

Clinical Leads & Local Consultants will:

- Be responsible for identifying vacant shifts and ensuring all steps to cover the shift without the use of a temporary worker.
- Complete the locum request paperwork as appropriate
- Approve the bank worker and agency workers CVs
- Ensure appraisals are completed for locum doctors who majority of their work is carried out at GWH.
- Be responsible for ensuring that a locum assessment form is completed for each new agency worker.

4.2 Budget Holders (AMD/DD/DDD)

Budget holders (AMD/DD/DDD) will be responsible for approval of locum requests, timesheets as required and breaches in capped rates for agency workers. Responsible for completing the request form for consultant and long term agency workers.

4.3 Heads of Service

Heads of Service will be responsible for checking and approving timesheets as required and if applicable approve short-term locum bookings where delegated responsibility had been given by DD.

4.4 Medical Workforce

Medical Workforce will:

- Be responsible for ensuring compliance of pre-employment checks for all NHS locum doctors and ensure that the agencies follow the same checks.
- Be responsible for the booking of all locums, including the approval of timesheets and invoices that are within the approved parameters.
- Be responsible for providing spend and usage reports to MSG on a monthly basis.

4.5 On call/Site Manager

The on call/Site manager will be responsible for the booking of locums out of hours, from 1700 Monday – Friday and from 1700 Friday – 0900 Monday.

4.6 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

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4.7 Target Audience – As indicated on the Cover Page of this Document

The target audience had the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5 Review Date, Arrangements and Other Document Details

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Medical and Dental Revalidation Appraisal Policy	T:\Trust-wide Documents
2	Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Version 1, 6 July 2016	www.nhsemployers.org

5.3 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Medical Staff Group	29.11.19
Joint Local Negotiation Committee	06.12.19

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Ad Hoc Locum Doctors and Dentists Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy sets out the process and management guidance for the use of Ad Hoc Locum doctors within The Great Western Hospitals NHS Foundation Trust.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No

Signed by the manager undertaking the assessment	Danny Little
Date completed	24 th December 2019
Job Title	Head of Medical Workforce

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Appendix B - Locum Request Form

Approval is not required for any out of hour's shifts that are the result of sickness, vacancies or approved emergency leave. **Consultant requests are on the RAP form and follow a different process.**

Please complete both sections and email to Medical Workforce.

Details of locum cover required

Name (doctor being covered)		Grade (delete)	SpD / Reg (StR 3+ Level) / SHO (StR 1/2 or F2 Level) / F1		
Specialty					
Reason for cover (delete)	Sickness / Maternity Leave / Paternity Leave / Emergency Leave / Vacancy / Other (please specify).....				
DATES & DUTY TIMES (if booking as per rota, please specify and provide rota)					
Dates	Start time	Finish time	Dates	Start time	Finish time

Options considered to cover the post

Please indicate the action taken against each of the following to confirm which actions have been considered. Please state why these options are not viable if they are not possible.

Options considered	Yes/no	Reasons
Re-arrange rota		
Alternative internal e.g. re arrange staff from other departments		
Using other grades of doctors to cover the gaps		
Temporary increase of part time colleagues hours to cover the gap		

Who will review CVs	
Reporting instructions	

Authorised by – budget holders only (include name and role)		Authorisation signature (e-sig / typed name accepted when emailed)	
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Date			
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Estimated costs				
Grade	Hourly Rate		Weekly Rate (40Hrs)	
	Bank	Agency (Inc VAT)	Bank	Agency (Inc VAT)
F1	£25	£40	£1,000	£1,584
F2	£35	£67	£1,400	£2,688
ST1/2	£40	£72	£1,600	£2,880
Reg	£50	£82	£2,000	£3,264
SpDr	£60	£84	£2,400	£3,360
Consultant	Ad Hoc	£116	Ad Hoc	£4,656

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Appendix C – Locum Request Form for Non-resident on Call

This approval form is for agency consultant and SAS doctors undertaking out of hour on call work from home, e.g. 5pm – 9am.

Please complete and return to Medical Workforce.

Details of locum cover required

Name (agency doctor undertaking the work)		Grade (delete)	Consultant Specialty doctor		
Specialty					
Reason for cover (delete)	Sickness / Maternity Leave / Paternity Leave / Emergency Leave / Vacancy / Other (please specify).....				
Reason why internal colleagues can not cover					
DATES & DUTY TIMES					
Dates	Start time	Finish time	Dates	Start time	Finish time

Hourly cost for agency doctor	
Clinical lead requesting cover	

Executive approval	
Date	

Appendix D - RAP Form

Long Term Junior Doctors or Consultant/SAS Agency Locum Request Process and Form (including any extensions to bookings)

Panel meet on a weekly basis (times change weekly – contact Medical Workforce for details) to review all requests for agency doctors covering longer than one month at Junior Doctor level or any time period for Consultant and SAS grade locums. The Panel will also review the previous week's bookings, looking at when they were requested and assessing the bookings to ensure they were essential - action to be taken to prevent future inappropriate bookings and to improve lead times for requests (increasing chance of finding bank locums).

The Criteria for assessing the request for Consultant and SAS grade agency locums is as follows:

- Impact on flow across the Trust that may affect the 4 hour ED target
- Escalation
- Cancer Targets
- RTT
- Impact on Diagnostics

Locum requests will not be approved without confirmation of an attempt to recruit via the normal process. Confirmed as complete by Medical Workforce Yes / No

The below form should be used in conjunction with the normal locum request form and returned to Medical Workforce before 1600 on a Friday for inclusion on the following week's panel.

Part 1 – Authorisation			
To be completed by the line manager NB Separate out each role if more than one on form			
Job Title		Grade	
Department (including cost centre and position code)		WTE	
Line Manager		Location	
Dates and duty type	Extension Yes/NO Start date End date Shift details.....e.g. 10PAs 9-5 weekdays only Core hours only 0700-1900 Mon – Fri YES/NO please circle With on calls (requires exec approval) / or unsociable hours YES/NO please circle		
Reason for	<input type="checkbox"/> New post <input type="checkbox"/> Replacement <input type="checkbox"/> covering sickness		

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Request	<input type="checkbox"/> covering vacant post <input type="checkbox"/> covering restricted duties Other please state		
Part 2 – Budget /pay			
Current budget YTD		Actual spend YTD	
Budget WTE		Contracted WTE	
Approximate cost	<i>E.g. Consultant £120 per hour £19,200 per month (based on 10PA per week) Registrar £65/ £75-£80 for ED per hr SHO £45 per hr</i>		
Has the cost been factored into the out turn		YES	NO
Financial Business Partner signature			
Consequences of not approving this post 			
Risk register YES NO Risk number			
Signature requesting manager	of		
Name			
AMD/DD signature			
Date			
RAP panel outcome Approved Yes/No Review note			
Signature			
Name			
Date			

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Appendix E - Internal Locum Bank Rates

These will be made when covering a colleague of the same grade.

Grade	Rate
F1	£25 per hour
F2	£35 per hour
Specialty Registrar 1&2 level	£40 per hour
Specialty Registrar 3+ level, Specialty Doctors and Associate Specialists	£50 per hour when working full shift onsite. For covering non-resident on-calls reimbursement rates will be agreed in advance by the AMD/GM

There are currently no set rates for Consultants working internally, rates should be agreed on an individual basis prior to the shift, these rates must be agreed by the appropriate budget holder.

Appendix F - Break Glass Form

Agency Rate Cap “Break Glass” Form

This form should be used to approve locum booking at a rate above the caps (table below). These should be used only after all possible alternative strategies have been explored and only used for patient safety reasons. This should only be authorised on exceptional safety grounds.

Grade	Core	Unsocial
F1	£20.17	£24.38
F2	£25.02	£30.23
ST 1/2	£28.37	£34.28
Reg	£35.37	£42.74
SpDr/Staff Grade	£51.48	£68.64
Associate Spec	£63.72	£84.96
Consultant	£75.34	£100.46

Core hours are 0700-1900 Mon-Fri, all outside of this are unsocial

Form to be completed by Medical Workforce, DD or AMD to authorise via email.

Details of locum cover required

Name (doctor being covered)		Grade (delete)			
Specialty					
Reason for cover (delete)	<i>Sickness / Maternity Leave / Paternity Leave / Emergency Leave / Vacancy / Other (please specify).....</i>				
DATES & DUTY TIMES (if booking as per rota, please specify and provide rota)					
Dates	Start time	Finish time	Dates	Start time	Finish time

Reasons for using the “Break Glass”	
Hourly rate being approved	

Authorised by – AMD or DD only (include name and role)		Authorisation signature (e-sig / typed name accepted when emailed)	
Date			

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Appendix G – Locum Assessment Form

DOCTOR'S NAME	
GMC NO	
GRADE (this post)	
SPECIALTY	
HOSPITAL	
PERIOD	

<i>Please tick the appropriate boxes:</i>	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNACCEPTABLE
1. History Taking				
2. Physical Examination				
3. Investigations and Diagnosis				
4. Judgment and Patient Management				
5. Practical Skill				
6. Communication				
7. Basic Science				
8. Clinical				
9. Reliability				
10. Leadership and Initiative				
11. Administration				
12. Time Keeping				

ATTITUDES

Does this Doctor have any training needs that you have identified?

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Comments by Reporting Doctor:

Name of reporting doctor (in capitals):

Signed Date

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.*

Signed Date

Name of locum (in capitals):

Statement by Locum Doctor (if desired)

**Please delete as appropriate*

**This assessment form should be forwarded to the Medical Workforce Team, Commonhead
Offices, GWH**

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