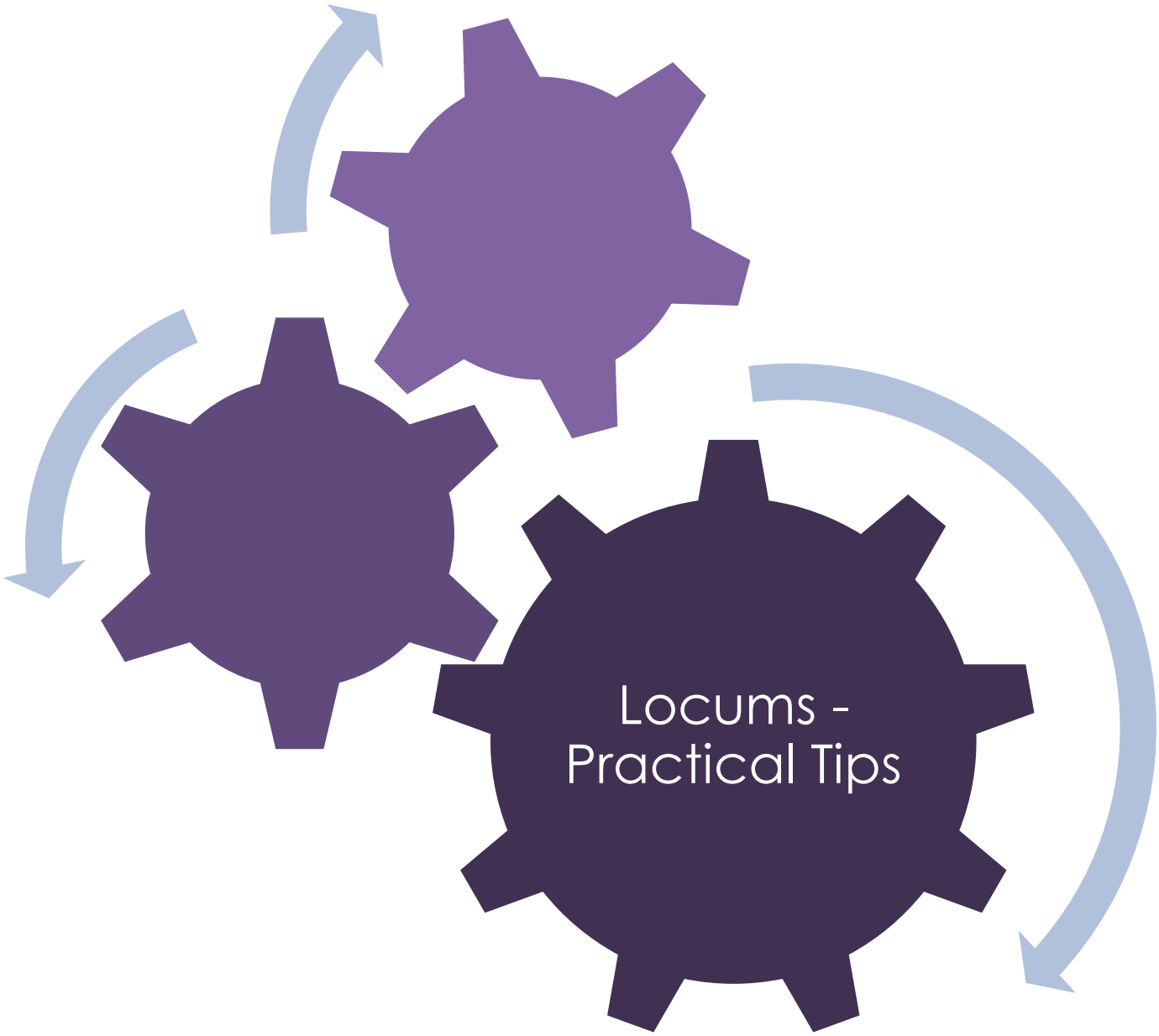
The College of Emergency Medicine



Safe Efficient Effective Care

Service Design and Delivery

Locum Management

Locum doctors are a valuable part of the Emergency Medicine workforce. This document provides some suggestions on how an Emergency Department can ensure that locums work safely and effectively. This benefits the ED they are working in, and the locum themselves.

Organisation

Establish who is responsible for locum management. Many departments already have a clerical 'rota team' but clinicians should also be part of this team. The team should have input from both Consultant and Middle Grade clinicians. It is a core part of management training for EM doctors. The team, with senior clinician input, should have overall responsibility for staffing the ED, and locum management forms part of this

- Most Departments will plan rotas over 6-12 week cycles or longer. This allows staff to better organise their work / life commitments
- Shop floor staffing on any individual day may be a combination of several separate senior/ junior doctor and ENP rotas.
- Produce daily duty rosters well in advance. This helps identify absolute clinician deficit or skill mix issues and allows the department to source appropriate locums in an early and planned way.
- Duty rosters and contact lists should ideally be visible on a shared system so they can be accessed from all parts of the Department.
- Having lists of contact details of clinicians working permanent, rotational and 'regular' locums in the Department is useful but this must be securely password protected, with access given to senior ED Clinicians and Managers.
- The rota team should vet the CVs of locums offered to them against the department's needs for any given shift. For example: do you need someone who can manage the shop floor and supervise juniors, or someone to work in Minors. They should ensure that the experience of the locum matches the need.
- Offering 'runs' of shifts may be more attractive to secure the best locums. Regular locums will work most effectively as they will know how a department operates, and will be known by the other members of the multidisciplinary workforce.
- Have a "What to do if a doctor doesn't show up" aide memoire for your department; who to contact to report no show/sickness; who to contact to

get a locum; your own Medical Staffing; contact numbers of trusted agencies and lists of own staff as advised above. Don't reinvent the wheel every time this occurs, this information should be sent out, as an email, to the weekend on-call team every Friday…. or they should know where to find it

Before a Locum Starts

- Have set criteria for CV review and define minimum criteria, much like short listing for permanent posts. Include life support courses, previous EM and other experience (and where). Where possible, ensure references are from their permanent post and are recent / up-to-date and relevant to the shift they are filling.

- Where possible have a single clinician reviewing all locum CVs to ensure a consistent approach.

- Review pre-arrival information sent out by HR: it is usually not ED specific.

- Send an induction document prior to the locum starting (see HEFT example on the website). This can be provided to the locum agencies you use, with the expectation that it is given to all locums who will work in your department.

- Include a brief introduction of how the ED works; a guide to who does what; important contacts etc.. It may be easier to adapt the information from your established staff induction, but keep the document short enough so that it is not ignored.

- Guidelines should go with the Induction document. Consider allowing access to your intranet site or send an electronic copy. At HEFT there is an app available for Apple and Android devices at no cost (EMAPP- available via iTunes).

New locum – First shift

- Where possible do not start new locums on nights / out-of-hours. This may not be possible at all times. If this not possible, ensure there is someone able to give a local induction. This will ensure the locum can work effectively and safely.

- Local induction. Allow extra time for this on the first shift. Consider asking locum to start earlier than you need them. Ensure there is documented evidence that the induction has taken place. Send evidence to the rota team to keep on file.

- Computer systems – In addition to showing how the system works passwords must be provided where needed. Regular locums may be registered as users with their own passwords. IT requirements will vary from trust to trust- One option for "one off" locums is to use generic locum codes for specific shifts e.g. Loc 1, Loc 2. By combining the codes with your locum records it identifies the user.

- Make the locum aware of what is expected of them. Introduce them to the team they will be working with

- First shift feedback form. Ask for this from various grades of staff, but include the senior nurse in charge too (see example). This can be used for all locums in ED at any time. It can provide useful feedback for the locum as evidence for appraisal.

On-going tasks

- Keep a central record of locums and feedback.

- Have a feedback system for all staff to comment on performance. This should go to the responsible clinician in the rota team.

- Periodic review of locum performance, including a notes review. It is also useful to review the case mix seen and productivity. Issues should be fed back to the rota team / responsible clinician. This can form evidence for the locum to use as part of the appraisal and revalidation process.

- Establish a system for complaints / incidents and compliment feedback to the locum.

- Consider allowing access to your teaching program (in their own time +/- fee). This may encourage loyalty and is a win-win for both the locum and the department. Again this can be used by the locum for appraisal purposes.

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