Royal College of Obstetricians & Gynaecologists

Guidance on the engagement of short-term locums in maternity care

August 2022

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Contents

From August 2022, doctors may commence collating the evidence required to obtain the Certificate of Eligibility.

From February 2023, doctors* undertaking short-term locum placements will be required to have their Certificate of Eligibility. (*Some trainee exemptions apply, see page 6).

Introduction

RCOG has developed this guidance on the engagement of locums in maternity care in collaboration with the NHS. This guidance outlines the roles and responsibilities for healthcare providers, health care organisations and individual doctors undertaking locum positions within the NHS.

For the purposes of this guidance, a '**locum**' refers to a doctor who is either placed by a locum agency or a locum bank in a healthcare provider organisation or directly engages with healthcare organisations for short-term work. For the purposes of this guidance, '**short-term**' refers to placements of two weeks or less.

A locum can also be a doctor in a short-term placement who is an employee of the organisation for a short, fixed term. There may also be doctors in training who work as locums outside their training.

Background

NHS England has produced comprehensive guidance for healthcare providers, locum agencies and individual locum doctors. The RCOG strongly recommends that healthcare organisations engaging locum doctors refer to this practical guidance to support these individuals and ensure they comply with recommended processes such as pre-employment checks and appropriate induction. Pre-employment checks and induction are crucial, even when locums have been employed at very short notice to cover short periods of clinical service.

NHS: Supporting organisations engaging with locums and doctors in short-term placements
NHS: Supporting locums and doctors in short-term placements

There are currently widespread shortages in suitably qualified obstetricians and gynaecologists who can safely undertake the role of senior resident doctor out of hours with indirect supervision from a consultant who is non-resident.

Rota gaps are present in 83% of all obstetric units at any one time (National Maternity and Perinatal Audit 2018-9). Obstetric medical rota gaps are a combination of sickness, maternity leave and gaps in the number of allocated trainees from HEE/NES/NIMDA/NHS Wales training programmes due to out of programme activity. The RCOG is working to develop a tool to quantify safe obstetric staffing levels.

A number of Coroner's Regulation 28 reports have highlighted the need for adequate support and supervision of obstetric locums. These individuals face the challenge of providing excellent clinical

care but without the knowledge of the organisation or familiarity with the staff with whom they will work.

Where possible, healthcare providers encourage the use of internal locums so the service is provided by staff employed by the provider, who are contracted as locums to work additional hours. However, in order to comply with junior doctor contract rules and prevent trainees and SAS/locally employed doctors from working excessive hours, external agency locums are required.

The recruitment of locums is necessary to maintain safe staffing levels. There is a higher risk of variation in care, particularly for short-term locums. Locum doctors, particularly short-term locums, are exposed to highly complex situations within a relatively short space of time. This can occur before they have time to acclimatise to the unit's team members, environment and guidelines. While it is often the case that new team members will meet for the first time on their shifts, the introduction of short-term locums escalates the potential for variation in care because:

- The curriculum and capabilities framework and educational supervision for deanery trainees and longer term locally employed doctors is circumvented
- The usual trust/hospital induction process and unit acclimatisation is circumvented
- Team members have limited information on the locum doctor's ability or level of experience prior to them starting their shift

As such it would not be an uncommon scenario for there to be a novel team with a middle grade lead clinician functioning for the first time within an alien environment. This can create variation in care that will be further exposed if demands on the team escalate. A good unit will have systems, team working and clinical leadership in place to reduce the risk of these problems arising.

There is a need 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. These measures will help to reduce the risk of problems with the quality of care.

Rationale

The responsibilities of the healthcare provider employing a locum are outlined in the NHS guidance.

The NHS guidance is not explicit regarding the employment of locums who are due to undertake short-term placements (one or a small number of shifts) who have never worked within the healthcare provider's service. These short-term locums are offered out of necessity when internal means of cover have failed or doctors who have worked previously in the service are unavailable. On these occasions, locums are often required to work nighttime or weekend shifts where supervision is by indirect, non-resident senior colleagues.

Current systems require locums to provide up-to-date references from previous employers and a CV outlining their skills and employment history in order to match the requirements of the position with the seniority of the doctor.

In longer term locum placements, RCOG/NHS guidance outlines the processes which should be in place to ensure locums meet the required standards before undertaking clinical work, especially out-of-hours with indirect supervision.

RCOG Guidance on the engagement of long-term locums in maternity care in collaboration with NHS England, Scotland and Wales

The **certificate of eligibility for locums** will provide more consistent and robust arrangements for the provision of evidence about a doctor's skills and experience to support the engagement of short-term locums undertaking clinical service with only indirect supervision.

Implementation

- An NHS **certificate of eligibility** for locums in O&G will be a pre-requisite for employment of short-term locums for middle grade rotas (2 weeks or less) from February 2023. A list of doctors with an up-to-date certificate will be published, hosted by the RCOG.
- The framework agencies, through the approved NHS temporary staffing frameworks, will comply with all mandated training requirements.
- Doctors undertaking short-term locum posts will be required to collect the evidence needed for certificate sign off. A run-in time of six months (commencing August 2022) has been agreed to allow current locums, including trainees (undertaking locums in units where they have not previously worked), to complete the certificate sign off before mandatory full implementation from February 2023. A longer-term locum position will enable the doctor to collate the evidence needed to inform the certificate sign off. Doctors in training or those with access to the RCOG training e-portfolio can collate the required evidence using the information in their training e-portfolio to enable them to obtain the certificate and undertake locum placements in other services.
- The electronic Certificate of Eligibility will be hosted on the existing RCOG Training ePortfolio. Locum doctors who are not already registered on the Training ePortfolio platform will need to do so; once they have registered, they will receive a username and password to access the CEL system. Locum doctors who are already registered on the Training ePortfolio can access the CEL system through their existing login.
- Locum doctors may accumulate evidence on the system to demonstrate their progression against the skills in the relevant CEL curriculum. This evidence will take the form of the below:

  Workplace-based assessments will be completed via the ePortfolio platform by a locum doctor and an assessor, using the 'assessment request' functionality.

  Log entries – electronic reflective practice and procedure log forms to be completed by the locum doctor.

  Other evidence – this is a file upload facility which allows other relevant evidence, e.g. course certificates, to be included.

The Locum doctor can link any of the evidence that they have added to the system to one or more specific CEL curriculum skills

- Once the locum doctor has accumulated sufficient evidence and linked this to the CEL curriculum skills, they can issue a 'CEL assessment' request to a nominated CEL assessor. The CEL assessor can then view the evidence.

  If the evidence is deemed sufficient, they can approve the CEL assessment request – this will result in certificate generation.

  If the evidence is deemed insufficient, they can reject the CEL assessment request – it will then be possible for the locum doctor to generate and link further evidence as required.

- 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.

- Units employing short-term locums should have a named consultant to support the clinician. This could be the on-call consultant, clinical lead, rota lead or college tutor depending on circumstances and length of the locum attachment.

- Appropriate assessors in O&G should support locum doctors by undertaking workplace-based assessments in the relevant clinical areas, completing multisource feedback and facilitating access to the relevant educational opportunities as needed.

Doctors in O&G Training programmes (holding a national training number)

O&G trainees will require a certificate when they undertake short term locum placements in the following locations:

- Outside of their deanery/HEE Local Office
- In a trust (within their deanery/HEE Local Office) where they have not previously worked as a ST3-7

In gathering evidence to obtain a certificate of eligibility, trainees may include relevant evidence from their existing RCOG Training ePortfolio profile. Note: Trainees are not routinely required to gather proof of ongoing competence for certain practical procedures, in this case, sign off at the corresponding level, outcome 1 or 2 at ARCP may be used to support certificate of eligibility sign off.

NHS certificate of eligibility for locums

Junior registrar (ST3-5)

Evidence of the following will be required before a doctor can be employed as an obstetrician and gynaecologist in a short-term locum with indirect supervision in a unit with a single tier of middle grade or on the junior tier (ST3-5) of a two-tier middle grade.

The following sign off should be undertaken by an individual with appropriate experience within an NHS setting.

Certificate contents (junior registrar ST3-5)

Mandatory Clinical skills	**Evidence required for sign off** **Must be within past 2 years**	**Sign off by** **Must be within past 2 years**
Surgical management of miscarriage	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Transabdominal ultrasound examination of fetal heart and fetal presentation in late pregnancy	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor or ultrasonographer/HCP who provides NHS training
Perineal repair (episiotomy/ first or second degree tear)	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor or senior midwife
Non rotational instrumental delivery (Forceps and or ventouse)	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Manual removal of placenta	1 summative OSAT confirming competence	NHS Consultant/Post CCT holder or senior SAS doctor
Emergency caesarean section (**excluding complex CS** e.g. CS at full dilatation, BMI>40, multiple previous CS, preterm CS, previous complex abdominal surgery)	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Training and Education	**Evidence required for sign off**	**Sign off by**
CTG training within the past year	Attendance or completion of approved CTG training course e.g. NHS e-learning, (eLFH CTG training) K2	Certificate of completion
Multidisciplinary maternity training within the past 2 years	Attendance or completion of approved MD training course e.g. PROMPT	Certificate of completion

Professional/Communication skills	**Evidence required for sign off**	**Sign off by**
Ability to prioritise care of women in a maternity unit out of hours	NOTSS or TO2 or Structured feedback from previous placement	NHS Consultant/Post CCT holder or senior SAS doctor
Ability to delegate and escalate appropriately to the Multidisciplinary team	NOTSS or TO2 or Structured feedback from previous placement	NHS Consultant/Post CCT holder or senior SAS doctor
Feedback on performance from previous placements including multidisciplinary team	Structured feedback from previous placements This must include the feedback from the most recent placement and at least one other Educational supervisor report for a doctor in training	NHS Consultant

Senior registrar (ST6 & 7)

Evidence of the following will be required before a doctor can be employed as an obstetrician and gynaecologist in a short-term locum with indirect supervision on the senior tier of a two tier middle grade rota where they are supervising a junior registrar.

The following sign off should be undertaken by an individual with appropriate experience within an NHS setting.

Certificate contents senior registrar ST6&7

Mandatory Clinical skills	**Evidence required for sign Must be within past 2 years off**	**Sign off by Must be within past 2 years**
Surgical management of miscarriage	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Transabdominal ultrasound examination of early pregnancy	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor or ultrasonographer/HCP who provides NHS training
Transabdominal ultrasound examination of late pregnancy	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor or ultrasonographer/HCP who provides NHS training
Perineal repair including third degree tear	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor or senior midwife
Rotational instrumental delivery	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Laparoscopic management of ectopic pregnancy	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Emergency caesarean section (**Including examples of complex CS** such as CS at full dilatation, BMI>40, multiple previous CS, preterm CS, previous abdominal surgery)	2 summative OSATS confirming competence from two different individuals	NHS Consultant/Post CCT holder or senior SAS doctor
Training and Education	**Evidence required for sign off**	**Sign off by**
CTG training within the past year	Attendance or completion of approved CTG training course e.g. NHS e-learning, (eLFH CTG training) K2	Certificate of completion
Multidisciplinary maternity training within the past 2 years	Attendance or completion of approved MD training course e.g. PROMPT	Certificate of completion

Professional /Communication skills	Evidence required for sign off	Sign off by
Ability to prioritise care of women in a maternity unit out of hours	NOTSS or TO2 or Structured feedback from previous placement	NHS Consultant/Post CCT holder or senior SAS doctor
Ability to delegate and escalate appropriately to the Multidisciplinary team	NOTSS or TO2 or Structured feedback from previous placement	NHS Consultant/Post CCT holder or senior SAS doctor
Feedback on performance from previous placements including multidisciplinary team	Structured feedback from previous placements This must include the feedback from the most recent placement and at least one other	NHS Consultant

A summary sign off sheet can be used for clinical and educational skills, but the supporting evidence must be provided if requested. For trainees with no educational supervisor's report, MDT feedback from previous employers must be provided in full.

The following responsibilities for healthcare providers will still be required even with the extra assurance of the **certificate of eligibility** for locums.

Healthcare Provider Responsibilities

A healthcare provider that engages the locum doctor is responsible for (at the point of placement):

- Verifying that GMC registration and licence to practise, HPAN, identity, language, health clearance and other checks have taken place, or undertaking these if this cannot be verified. Ensuring that they are aware if any doctors placed with them have GMC conditions or undertakings on their registration and that whether they will be able to work within these restrictions.
- Accurately representing to the locum doctor and locum agency (where relevant) which skills and competencies are required for the position.
- Providing suitable induction to the locum doctor, to 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).
- Completing the required end of placement/exit report and peer/colleague feedback for the doctor.
- 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).

- Agreeing 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.
- Including quality elements within the service level agreement (if applicable) with the locum agency to facilitate the above.

- An NHS Certificate of Eligibility for locums in O&G does not itself guarantee the performance of the doctor awarded the Certificate. As outlined in this guidance, it is the responsibility of the Healthcare Provider to ensure the proper verification, induction and monitoring of the locum doctor and their performance. RCOG shall not be liable for or held responsible for any failure by any Locum Doctor in their performance, or lack of performance, in their clinical practice at any time.

- In certain exceptional circumstances (for example, the suspension or erasure of a doctor by the GMC) RCOG may remove a doctor's Certificate of Eligibility for locums and in that event will advise the doctor with the reasoning for that.

Requirements for healthcare providers engaging short-term locums in maternity services who undertake the role of senior resident doctor out-of-hours

RCOG and the NHS have agreed that all maternity providers should have agreed policies and standard operating procedures for the employment of short-term locum medical staff, which include a process for monitoring compliance and effectiveness.
To include:

- Ensuring that the locum doctor's CV is reviewed by an appropriately qualified clinician consultant (or equivalent). The lead clinician should pay particular attention to the skills and experience of the doctor.
- Confirming appropriate pre-employment checks have been completed.
- Confirmation that the locum has an up-to-date NHS **certificate of eligibility** with particular reference to feedback from previous employers.
- Confirmation that locum doctors who have obtained CCT/CESR/CESRCP and are on the GMC specialist register have current NHS experience (via CV) and have provided, as a minimum references from previous jobs and structured feedback from their last two employers.
- Arranging appropriate departmental induction with a senior member of staff (preferably a consultant) on the commencement day.
- Cascading the appointed locum's CV to consultants doing non-resident on call with the locum doctor in a timely manner.
- A named consultant to support the locum (this could be the clinical lead or on-call consultant depending on circumstances and length of the locum attachment).
- Ensure the locum doctor is given access to IT systems signposting to guidelines and training to be completed on the day of commencement.
- Feedback on performance to both the locum doctor and to the employing agency.

Clinical Supervision

Appropriate clinical supervision and support is at the heart of safe care for women, babies and their families. In all units, policies for appropriate supervision and escalation should be in place and clearly understood by all staff, not just locum doctors.

Units must agree under what circumstances a consultant must be informed about activity within their unit and where consultant presence is mandatory. An example of this from a unit with two-tier middle grade rota is shown in Appendix 1.

Monitoring of compliance and effectiveness

The RCOG recommends that units monitor compliance with this guidance.

The following is a simple tool that can be adapted for local use and retained as evidence of a robust process of assessment for all locum appointments. This could be completed by the lead consultant with support from a medical administrator.

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		

Appendix 1: Trigger list from a two tier unit (example from RCOG Roles and Responsibilities of a Consultant)

Situations in which the consultant MUST ATTEND
GENERAL
In the event of high levels of activity, e.g., a second theatre being opened, unit closure due to high levels of activity requiring obstetrician input
Any return to theatre for obstetrics or gynaecology
Team debrief requested
If requested to do so
OBSTETRICS
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary
Caesarean birth for major placenta praevia / abnormally invasive placenta
Caesarean birth for women with a BMI >50
Caesarean birth <28/40
Premature twins (<30/40)
4th degree perineal tear repair
Unexpected intrapartum stillbirth
Eclampsia
Maternal collapse e.g septic shock, massive abruption
PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated
GYNAECOLOGY
Any laparotomy

Situations in which the consultant must ATTEND unless the most senior doctor present has documented evidence as being signed off as competent. In these situations, the senior doctor and the consultant should decide in advance if the consultant should be INFORMED prior to the senior doctor undertaking the procedure.
GENERAL
Any patient in obstetrics OR gynaecology with an EBL >1.5litres and ongoing bleeding*
OBSTETRICS
Trial of instrumental birth
Vaginal twin birth
Caesarean birth at full dilatation
Caesarean birth for women with a BMI >40
Caesarean birth for transverse lie
Caesarean birth at <32/40
Vaginal breech birth
3rd degree perineal tear repair
GYNAECOLOGY
Diagnostic laparoscopy
Laparoscopic management of ectopic pregnancy

**This includes women in early pregnancy. Consultants should be informed earlier than 1.5 litres if the woman is haemodynamically unstable, has a low body weight, has a low starting haemoglobin, if there is a rapid rate of bleeding or if there are other complexities regarding her care. Should the consultant choose not to attend in person, there should be a full discussion regarding resuscitation of the patient and ongoing management. This should be documented along with the reasons why the consultant has not attended.*

The above lists are not exhaustive and therefore it is recommended that prior to any shift, there should be a discussion between the consultant and the on-call team regarding any scenarios where the consultant would wish to be informed, even if their attendance may not be immediately required. These scenarios may vary according to the level of experience of the most senior doctor present.