

Locum Regulation Briefing note

1. Background

Doctors in both primary and secondary care who locum or work within health organisations for short-term placements can face some specific challenges. They often do not have easy access to systems or structures in place to support their continuing professional development, appraisal, revalidation, and governance.

In his [review](#) of revalidation in 2017, Sir Keith Pearson made a number of recommendations including that the GMC should work with health departments and responsible officers to address weaknesses in information sharing in respect of doctors who move between designated bodies; and that the Departments of Health, in consultation with the GMC, should review the Responsible Officer regulations with a view to establishing a prescribed connection to a designated body for all doctors who need a licence to practise in the UK. They should also review the criteria for prescribed connections for locums on short-term placements.

As part of the *Taking Revalidation Forward Programme* of work undertaken by the GMC in response to Sir Keith's recommendations, a workstream was set up to strengthen assurance where doctors work in multiple locations - with the following objectives:

- To establish UK wide principles to govern the sharing of information needed for a revalidation decision.
- Clarify which locum agencies have designated body status
- Reinforce and promote the revalidation responsibilities of designated bodies in respect of doctors working in multiple settings.

2. Progress to date

a. UK wide principles to govern the sharing of information needed for a revalidation decision have been established

New information sharing principles were drafted and approved by the GMC's Revalidation Oversight Group (ROG) and published in April. The Academy sits on ROG and drafts of the principles were shared with College and Faculty revalidation leads. The Principles define what information should be shared about doctors, when, how and with whom.

<https://www.gmc-uk.org/information-sharing-principles>

As part of next steps. The GMC's revalidation team are exploring the possibilities for capturing feedback from ROs and others on how the principles are working in practice and the potential to create an online tool.

b. Provide clearer advice about which locum agencies have designated body status

The GMC's website now includes a checklist summarising the responsibilities of designated bodies in relation to revalidation. This includes reference to supporting doctors with systems and information.

c. Review the RO regulations to ensure only organisations with robust governance arrangements are able to oversee doctors' revalidation

Like all other doctors, the designated body to which a locum doctor connects is specified by the Responsible Officer Regulations (RO Regulations). The current RO Regulations state in relation to locums:

-GP locums in England have a prescribed connection to NHS England (while those in Wales, Scotland and Northern Ireland connect to the local health board).

-The prescribed connection for secondary care locums depends on which agency they work for and where they are based in the UK. Not all locum agencies are deemed to be designated bodies, and, in addition, the RO Regulations specify that if the locum works for more than one agency which is a designated body, then their connection is to the agency for which they did most work over the preceding 12 months. Where locums are directly employed (for example on long term placements or maternity cover) they would have a connection with the employer.

As part of the *Taking Revalidation Forward Programme*, the Department of Health is currently reviewing the RO Regulations. The DH has consulted with major stakeholders to discuss a number of areas where the RO Regulations could be improved, including clarifying which locum agencies can act as a designated body, with a view to reducing the number of agencies and improving the quality of their appraisal and revalidation processes.

The DH will launch its formal consultation on the RO Regulations in 2019.

d. Strengthen quality assurance of appraisal for doctors without connections

The GMC identified priority areas for improvement based on an external review undertaken by HEE Wessex and these will be taken forward as part of the GMC's business planning for 2019.

e. Implement changes to improve clinical governance and support of medical locums – NHSE

NHSE are working with CQC to update their guide to inspection teams to include criteria to consider when inspecting organisations that engage with locums and doctors in short-term placements. NHSE are a project sponsor for a national NHSE project looking at developing consistent staff identification systems for all doctors in England.

Guidance to support both locums and doctors in short term placements was published in October 2018. 'Supporting locums and doctors in short-term placements: A practical guide for doctors in these roles', along with the accompanying guidance 'Supporting organisations engaging with locums and doctors in short-term placements: A practical guide for healthcare providers, locum agencies and revalidation management services', highlights ways that doctors working in this way may be supported to enhance their work experience and provide safe provision of healthcare as a valuable part of the workforce.

This guidance is directed towards locum doctors, doctors in short-term placements, medical directors, responsible officers, those with governance responsibility for doctors' practice (in a place where the doctor is working), appraisal leads and human resources personnel engaging with doctors who locum or work within health organisations for short-term placements.

NHSE are in the process of developing an audit tool for organisations that appoint and employ locums and have been running a series of learning set sessions for locum agency ROs and management teams in conjunction with FMLM.

f. NHS Employers

NHS Employers were due to issue updated guidance on the appointment and employment of NHS locums doctors in 2018, but owing to other priorities, this will now be completed in early 2019.

g. Publication of revised 'Effective Clinical Governance for the medical profession' Handbook

This work formed part of a separate workstream within the Taking Revalidation Forward programme but is of relevance to locums. In November 2018, the GMC published a revised handbook for organisations that employ, contract or oversee the practice of doctors in the UK: [Effective clinical governance for the medical profession](#).

The revised handbook more clearly outlines the role that boards, and governing bodies should play in ensuring effective clinical governance is in place for doctors and their revalidation. It provides clearer advice about clinical governance processes that underpin the responsible officer function and revalidation for doctors including annual appraisal, managing concerns about doctors and pre-employment checks.

The guidance also includes a checklist which can support organisations to review the clinical governance systems they have in place and identify areas for further development.