



Locum Doctor Handbook

“At Med-Co we will provide a warm, friendly and dedicated service, taking great care to understand and satisfy the needs of our clients and practitioners”

Revised¹ June 2009

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1 – Company Information

1.1 – Introduction

Welcome to Med-Co Europe. We are an NHS approved national supplier for Locum GPs and also hold contracts for the provision of specialised locums to HM Prisons and MOD bases UK wide.

By choosing Med-Co to organise your locum sessions, you will gain access to not only a wide and varied choice of assignments at highly competitive pay rates, but you can also be assured that our systems, support and standards meet the most stringent criteria encountered in recruitment today.

This handbook outlines Med-Co's policies and procedures in relation to our dealings with you, and also tells you about the standards we expect from our doctors when working on client's premises. If there are any points on which further explanation is required please contact a member of the management team.

1.2 - History and Values of Med-Co

Established in February 1998, Med-Co has grown by reputation to its current status as a specialist recruiter of General Practitioners in the UK and overseas. In 2005 the company was awarded Wales Hot 100 status by Cardiff University Business Faculty and today, is the preferred choice of local practices, PCTs, LHBs, prisons and military bases.

Managing Director Cathy Wheel sums up the Med-Co philosophy:

"We deal with professionals who have the skills and dedication to save a human life. The least we can do is apply our skills and dedication to support them."

Med-Co – Head Office Contact Details:

*Med-Co Europe Ltd
The Cambrian Complex
Ystrad Road
Fforestfach
Swansea
SA5 4HJ*

Office Hours: 9am – 5pm Monday – Friday
Duty Recruitment Consultant On-Call: 8am – 10pm - 7 days a week

Tel: 01792 580580
Fax: 01792 580590
e-mail info@med-co.com
Website www.med-co.com

Our Core Values

A friendly service	Courtesy and decency towards our colleagues, our clients and our practitioners
A dedicated service	We keep our promises We maintain our standards We do what we say we will do
Satisfying others' needs	Listening Understanding Delivering

The Med-Co family (1.3)

Ian Rees
Chairman

Cathy Wheel
Managing Director

Paul Allen
Business Development Director

Alistair Burian
Financial Controller

Danielle Williams
Office Manager

Phil Hill
Senior Recruitment
Consultant, HM Prisons

Robert Fulford
Lead Recruitment Consultant,
Out OfHours

Cheryl Templeton
Recruitment Consultant,
General Practice

Neil Gregory
Accounts

Michelle Richards
Compliance Officer

Laura wheel
Accounts



Office Hours:

Mon-Fri: 9am-5pm

Sat and Sun: Closed

www.med-co.com
info@med-co.com

Contact Details:

Office: 01792 580580

Fax: 01792 580590

We are contactable at all times as we operate an out of hours telephone service. When calling the office out of hours, please hold the line and navigate your way through the telephone menu.

1.4 Med-Co: where the individual makes a difference

At Med-Co we want you to feel part of a close, supportive team. We pride ourselves upon the individual working relationships we have both with our doctors and also with our clients. By dealing with people as individuals, we get to know them, and when we know someone, we can better communicate with them and relate more effectively to their needs.

At Med-Co, you will normally deal with the same named consultants; we'd like you to get to know them – you can find their pictures on our website at www.med-co.com so you can put a face to the name on the phone.

2 – General Terms and Conditions of Business

2.1 Payment & Timesheets

All Locum Doctors will be paid weekly, in arrears upon submission of a properly completed and authorised time sheet. Only the official Med-Co time sheet must be used (see appx for copy) and it can only be authorised by the person designated by the practice at which you are placed – this will normally be the Practice Manager or Senior Partner.

Errors, crossings out, incomplete entries or other irregularities may mean that we cannot process your time sheet in time to meet the pay window. It is your responsibility to make sure the time sheet is correctly filled in and arrives on time at Med-Co.

Payment will be made in arrears, by credit transfer, and in £GBP directly into your bank accounts on the Friday following authorisation.

Exceptionally, we may be able to arrange payment in other currencies but the charges associated with arranging this, together with fluctuations in exchange rates, will be at your responsibility and cost. If you need to arrange this type of transaction, please contact us in good time.

2.2 Employment Status

All locum GPs are classified as Self-Employed and must undertake to register with HMRC in this classification and in doing so, accept responsibility for the payment of all related taxes and insurance contributions, and all other statutory and regulatory obligations relating to this status.

2.3 - Holidays

Basic Entitlement

Your basic holiday entitlement is aligned to UK statutory requirements. Unless these statutory requirements change, or unless agreed otherwise in writing by a Director of Med-Co Europe Ltd, Self-employed locums shall not be entitled to paid leave from the Company.

2.4- Absence

At times, even the most punctual, forward thinking of people can get caught in a motorway gridlock, or fall foul of an unexpected event. If this happens to you, please_notify_us as soon as possible so that we can assess the situation and take appropriate action. Whenever possible, please tell us the reason for absence and your likely date of return to duty. As per our standard Terms & Conditions of Employment, you are not paid for any time not regarded as working time.

2.5 Statutory Sick Pay

The Company will pay Statutory Sick Pay (SSP) only if employees qualify for it under the prevailing legislation. At the time of formulation of this Handbook, the payment of SSP did not extend to locum doctors classed as self-employed.

2.6 Working Hours

Current European guidance (supported by the BMA) recommends that you should not normally work, on average, in excess of 48 hours a week. Many locums choose to sign the WTD Opt Out Agreement to allow them to undertake additional hours up to a maximum of 60 per week and provided this is not done to excess or habitually, we see no cause for immediate concern. We must however alert you to the dangers of working excessive hours and their possible contribution to stress, fatigue and loss of effectiveness. We must also remind you that your medical defence insurance must be adequate to cover the hours that you undertake.

3. Our Expectations Whilst You Are On Assignment

3.1 General Conduct

The role of a locum is often a difficult one – You are often a stranger in the practice and unknown to both colleagues and patients, yet there is frequently an expectation that you can simply “step-in” and take over from where the previous post-holder left off. In most cases, practices will anticipate that you may not be familiar with the location of equipment, reception, admin and computer systems, and will make allowances accordingly.

Working on other people’s premises and under their rules can sometimes be demanding. It’s a fine line that needs to be walked, where you need to be respectful of other peoples working methods and preferences but where occasionally, you may need to be firm or demanding. As a doctor, your interpersonal skills should be finely tuned and well-developed but if in doubt the best general guidance we can give is to reverse the situation in your mind and ask “*What would be my reaction if this were my practice? – How would I expect the locum to behave or be treated?*”

3.2 Roles & Responsibilities

As a locum, you are under the day-to-day control of the surgery’s Practice Manager / Senior Partner and you should (within the limits of the assignment that has been described to you by Med-Co) take your instruction and guidance from them. Similarly, any queries and issues about local procedures etc should be discussed with them in the first instance. Should you be unable to agree on any matter, then you should contact your linked Recruitment Consultant.

3.3 Timekeeping and Attendance

Please ensure you arrive on time and ready to start work. If this is a new or unfamiliar practice please allow sufficient time for travel and to settle in. In some locations, like prisons and MoD bases, it can take some considerable time to clear security and find your way to the medical centre.

Breaks for lunch and refreshment are as agreed with the Practice Manager. Unless you are designated as On-Call during these periods, this time is unpaid.

If you feel you may be late for any reason, please telephone us so that we can advise the practice. **We operate a Duty Recruitment Consultant service outside of office hours and you can contact us between 8am –10pm 7 days a week on the normal office number 01792 580580**

3.4 Additional Hours

Whilst most practices adopt a practical attitude to over-runs or extra hours, you must ensure that you have the permission of the person who will sign your time sheet before you claim for these. If you feel there is likely to be a significant over-run (that you wish to claim for) you must clear this

before undertaking the extra hours. Failure to do this may mean that the hours will not be “signed-off” by the practice, and we will not be able to pay you for them.

3.5 Record Keeping and Administration

As a locum, it is particularly important that your records are clear and accurate, as you may not be there to ask if there is a query or they cannot be easily read. We would ask that you pay particular attention to the usability of any notes or records.

Whilst the variety of practice computer systems is settling down now, please take time to familiarise yourself with read and action codes. If in doubt or if the system is unfamiliar, please seek local guidance.

If you have not used their particular practice computer system for some time, please let us know as most surgeries will be happy for you to arrive early so you can re-familiarise yourself with its operation, so that you can start on-time and be up to speed for your first patient.

3.6 Home Visits & Lone Working

As a GP you will not be a stranger to home visits but as a locum you may not be familiar with the area and any hot spots or problem locations. Before setting out, if possible, take advice from local practice staff and consider any precautions you may need to take.

We similarly suggest that you make an individual assessment of the need for a chaperone to protect yourself. Your medical insurance company, the BMA and GMC all provide appropriate guidance and good practice guidelines on this matter.

3.7 Health & Safety

At Med-Co, Health & Safety is taken seriously. At the end of this handbook, you will find a list of the Acts and guidelines that are applicable to your work as a locum doctor - this list is not exhaustive and should be used in conjunction with the HSAW policy and statements that must be in force in each practice in which you work.

You are reminded of your personal duty of care and your responsibility for both yourself and others.

Med-Co Europe Ltd has a training pack available that covers not only Health & Safety At Work matters but also contains valuable information, guidelines and good practice associated with working as a locum GP through Med-Co.

3.8 Ethical & Professional Issues

Ethical disagreements are rare but your first responsibility is for the care of your patient. Should any issues ever arise, you should try to resolve them locally. If you cannot reach agreement, Med-Co retains the services of a senior GP who acts as our Clinical Advisor and who may be able to offer opinion or act as arbitrator if it is appropriate to do so.

If the matter cannot be resolved, or should you feel the issue is sufficiently important, you should contact the GMC / BMA and /or your insurers, without delay. Under these circumstances, you should advise Med-Co immediately, giving outline details (unless prevented by ethical constraints).

3.9 Allegations of Abuse

Regardless of whether this is clinical or personal, and regardless of whether you are the subject of abuse or the alleged perpetrator, this is an extremely serious matter and should be reported immediately to the local practice Manager and to Med-Co Europe Ltd.

For clinical issues, you should contact your medical insurance society without delay.

Whatever the circumstances, we recommend that you keep detailed notes, made as soon as possible after the event occurs.

3.10 - Change of Personal Details & Circumstances

Locum doctors must inform their nominated Recruitment Consultant of any changes to their personal details, including address bank account and the name and telephone number of a person to contact in an emergency.

In particular, should you be the subject of any complaint, investigation or disciplinary action by the GMC, a PCT or surgery, you must inform us and provide details so that we may assess whether this may effect your suitability for work. This notification also extends to any actual or pending criminal proceedings that may need to be taken into account (including the loss of your driving licence).

Med-Co Europe Ltd is registered under the Data Protection Act and will maintain its responsibilities towards confidentiality.

3.11 - Smoking, Alcohol & Substance Abuse

Med-Co operates a no-smoking policy in its own workplace. As a locum GP, you are not allowed to smoke whilst on duty and should you wish to smoke during breaks, you should ensure that you familiarise yourself with the individual smoking policy of the surgery or location at which you are working. Smokers may take designated "smoking breaks" through negotiation with the Practice Manager or Senior Partner at your place of work, but these are regarded as non-working periods and will not attract payment.

At Med-Co, many of us enjoy a drink from time to time – but we draw a very clear line between work and play. Med-Co strongly discourages the consumption of alcohol prior to the commencement of duty and we request that you abstain during any rest or meal breaks whilst on longer-term assignments. Not only does the consumption of alcohol impair judgment and co-ordination, the smallest amount is generally very easily noticed on the breath, which is unacceptable to most patients.

Incapacity, impairment, reduced function, or improper or inappropriate behaviour whilst on duty, that is connected in any way to the consumption of alcohol or substance abuse (whether this was consumed whilst on duty or previously) will be viewed as a serious disciplinary offence and will result in termination of the assignment. Furthermore, it is Company policy that all such instances will be reported to the GMC's Professional Conduct Committee for impartial investigation.

3.12 - Personal Appearance

Doctors are required to dress in a presentable manner wearing clothing appropriate for a professional environment.

If you are in doubt as to the dress code at a new practice, please seek guidance from the Practice Manager.

3.13- Sickness and Returning to Work

You are reminded of your professional and personal responsibility to consider the condition of your own health when accepting or attending a locum assignment. In particular, if you are returning to work after a bout of self-certificated sickness you should ask yourself whether you are completely fit and well, and whether you are capable of performing your duties in full. You should also consider whether working whilst ill (perhaps for example, with a heavy cold) may affect or place at risk your colleagues or patients.

In particular, you should seek advice (if necessary from our Occupational Health advisor) if your condition includes vomiting, diarrhoea, or an unexplained rash.

Med-Co Europe Ltd reserves the right to ask you at any time, to submit to a medical examination should this be deemed necessary by either our Clinical Director or our nominated Occupational Health Advisor. Refusal to accept this, may lead to possible suspension or cancellation of assignment (without compensation).

Medicals prior to commencement of work - At times, our client may ask you to undergo a medical examination prior to the commencement of any shift. Should this happen, we will advise you of the circumstances and reason for the examination. Should you either decline to take the medical, or fail it, it is possible that you may not be allowed to continue work until such time as you can prove that it is safe for you to do so.

3.14 Occupational Health

As a GP yourself, you will of course be acutely aware of the need to not only look after your health both for your own sake and that of those around you, but you will also be aware that as a healthcare professional, you are required to comply with the specific standards laid down by the Department of Health and the NHS.

When you register, we ask you to fill in a form that provides information about your health and your vaccination / immunity status; should any aspect of this declaration change, you are reminded that you must inform us in writing immediately and you must also comply with any instructions that may come into effect in relation to your change of status. In particular (but not exclusively) we would remind you of the NHS guidance on Exposure Prone Procedures and working whilst immunocompromised. Should you need confidential professional advice on any occupational health matter, we can arrange this for you.

3.15 – Higher Level Compliance Checks

As a preferred supplier to certain government departments and major private sector clients, we are able to offer a range of vacancies that are not available to non-contracted agencies but in order to comply with their specifications, we need you to conform to certain levels of checking and verification that are more stringent than those that some other agencies request.

In particular, we will ask to see originals of all your certificates, passport, insurance documents etc, plus we require fresh and exclusive CRB Checks and Occupational Health clearances (with a higher level of immunity or vaccination status). You may also be required to have face-to-face interviews and to submit to specialist security vetting and / or a medical should the particular assignment require it.

We recognise that some doctors may not wish to comply with these higher requirements and we therefore classify our GPs in two ways – REC Compliant and Higher Level Compliant – and this can affect the types of assignment we are able to offer you as follows

Higher Level Compliant Doctors can work on any assignment that they are suitable for, including those offered to doctors conforming to the standard REC level of compliance.

REC Compliant Doctors may not work on Higher Level assignments but can work on all others.

Should you register as REC Compliant, you can apply to upgrade to Higher Level Compliance at any time, by contacting us and providing the required documentation.

3.16 – MRSA and Hospital Acquired Infections

Although normally associated with hospitals, some of our assignments are conducted in residential settings and it is therefore responsible to remind you of the need to be aware of these virulent infections and the precautions that you must take to avoid their spread. Whilst the risks may be comparatively small in community general practice, those working in prison medicine, where in-patient facilities may take those on early discharge from hospital, may need to be particularly aware.

Up to date guidance on MRSA and other similar infections can be found on the Department of Health's website (www.dh.gov.uk) under the heading "A Simple Guide to MRSA". Please ensure

you are aware of the latest guidance on this subject and the need for screening and infection control appropriate to the circumstances of your clinical practice.

3.17- Prescribing

Please ensure that you make yourself aware of the practices' prescribing policy, paying particular attention to their directions regarding the use of generics and those medications, which may be subject to local prohibition or restriction. In particular, you may find that prisons and military bases have very different prescribing guidelines to those customarily in use within community general practice.

3.18 Out of Hours; National Quality Standards

For those GPs working in OOH settings, we have been asked to remind you of the national standards which your team and colleagues will strive to attain. This is a strong team work environment where co-operation, adherence to locally set procedures and proven systems, can make a significant difference to everyone associated with using, delivering and funding this service.

For your use, the National Quality Requirements are summarised in table form below and a hyperlink is also attached for reference:

<u>NATIONAL QUALITY REQUIREMENTS</u>	
<u>Call Volumes</u>	<u>Target</u>
Reporting on NQRs for PCT	100%
% call information to practices by 8AM	100%
Special patient notes available	100%
Clinical audit of patient contacts	100%
Patient experience audited	100%
Complaints handling	100%
Matching capacity to demand & contingency	100%
% calls rang not engaged	100%
% calls abandoned	>5%
% answered in 60 seconds	100%
% calls passed to 999 within 3 minutes	100%
% calls triaged within 20 mins (urgent)	100%
% calls triaged within 60 mins (routine)	100%
% walk-ins passed to 999 in 3 minutes	100%
% walk-ins triage complete within 20 mins	100%
% walk-ins triage complete within 60 mins	100%
GP cons available at all times & places	100%
% emergencies consulted within 1 hour	100%
% urgents consulted within 2 hours	100%
% routines consulted within 6 hours	100%
% emergencies visited within 1 hour	100%
% urgents visited within 2 hours	100%
% routines visited within 6 hours	100%
Patient communication - special needs met	100%

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_073808.pdf

(Link to the full National Standard document)

3.19 Out Of Hours and Other Specialist Environments– Call Recording

Please be aware that most OOH organisations, many prisons and some other high security environments may have a requirement that all calls are recorded. You will always be made aware of this before starting work, and the capture of this information should be subject to high-security protocols and its use covered under the Data Protection Regulations

4. Continuing Professional Development, Appraisal & Training

4.1 Appraisal

All locum GPs should have already made arrangements to be appraised each year, in line with GMC requirements. The doctor who carries out your appraisal will normally be provided and paid for by the PCT on who's Medical Performers List you are registered. Although the process of appraisal is confidential, we will require details of your nominated appraiser and the date of your annual review, so that we can maintain a record of your currency on this vital requirement.

You are reminded that your appraiser will need to see evidence of your CPD activities and we suggest that you maintain a portfolio for this purpose.

If for any reason, you do not have a nominated appraiser, Med-Co Europe Ltd can provide one for you but you will be responsible for the cost both in time and fees, connected with your appraisal.

4.2 CPD

Most CPD courses and conferences are provided through your practice or PCT and we recognise that it may therefore be more difficult for a career locum who is not linked to any particular practice or PCT, to gain access to these opportunities. We urge that you maintain a detailed record of all the development activities you undertake, from professional reading and attendance at conferences through to observing or assisting in new procedures or undertaking formal study. With the advent of re-validation, the maintenance of a CPD portfolio is a mandatory requirement for all doctors. The GMC & BMA can provide guidance on suitable recording formats.

4.3 Training provided by Med-Co Europe Ltd

Med-Co provides free of charge, a series of short guidance notes and modules on a range of required topics, for those GPs who meet the additional conditions for Higher Level Compliance. These will be issued shortly after all your documents and checks have been cleared. REC compliant GPs may also be able to obtain these documents – please contact us to discuss your requirements.

4.4 Training for GPs Working in HM Prisons

We have produced a professional level DVD and reading list, in conjunction with HM Prison Service & a PCT, that will help you prepare for your first assignment in this challenging environment. Contact us if you would like a free copy.

4.5 Clinical governance and the management of unsatisfactory performance

Clinical governance is defined as:

'A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.'

This definition has led to numerous interpretations as to what clinical governance actually is. Is clinical governance all about clinical audit and risk management, or is it about involving patients in the decision making process? What's clear is that clinical governance is easily misunderstood. Invariably, it can mean different things to different people.

At Med-Co, we have developed a practical framework that will help us and our GPs continually assess their performance and work towards keeping their skills well-honed and up to date.

Rather than have our own rigid system, we have allowed considerable flexibility to enable our requirements to be met by the majority of CPD and assessment activities currently in use within PCTs/ LHBs and our other client groups.

Our policy is founded upon these main corner stones.

Initial Assessment

Before being accepted onto our register you will be asked to provide copies of your training certificate, GMC Registration, Professional Indemnity Insurance, and entry onto a PCT / LHB Medical Performer's List. We will also ask you to complete an Occupational Health Declaration. In addition we require a copy of your passport, including any Immigration conditions and restrictions.

You will be asked to provide the details of two clinical referees, one of which should be your current or immediate past employer. We will write to take up references, before you can start work with us.

Ongoing Quality Reporting

After every assignment, we will send a structured evaluation sheet to the practice. This asks them to rate your performance in a number of key areas. A copy of this can be found at appendix 8.7.

Should an unsatisfactory (box 1 or 2) mark be given in any area we will contact the practice for further details before discussing the issue with you. Should the comment be related to a clinical matter, we will refer the case to our retained clinical advisor (a senior and practicing GP and PCT registered appraiser) for further discussion. He will contact you direct and agree an appropriate outcome.

Should we be unable to agree a satisfactory outcome, we may refer the matter either to your nominated appraiser, the PCT/ LHB in the assignment surgery area, the PCT/LHB on whose Medical Performers List you appear, or the GMC, in accordance with the recommendation of our clinical advisor.

Annual Appraisal and CPD (See also 4.1 & 4.2.above)

We will contact you shortly before your annual appraisal to remind you that it is due and to check that you have made arrangements for this to be undertaken. When the appraisal has been conducted we require your permission to contact your appraiser to confirm that it has taken place and that there were no matters arising that might restrict or effect your capability to practice safely and efficiently. Should confidential issues arise, we will ask our clinical advisor to contact your appraiser direct – he will then advise us as to an appropriate course of action if one is required, without breaching your right to privacy and confidentiality.

As you are aware, the BMA and GMC recommend that you maintain a portfolio of any CPD activity you have undertaken during the year. Whilst we do not normally need to see this, we may ask our clinical advisor to confirm that developmental or remedial activities have been undertaken where this impacts upon the work or duties you undertake through Med-Co.

Support and Development

Our clinical adviser is available to offer an opinion on any professional or clinical matter.

Whilst we do not normally provide direct CPD input, we do have an NHS compliant training resource that provides a basic appreciation refresher on a number of key topics and areas of legislation that they require you to have been trained in. This is issued automatically to all GPs going for Higher Level registration status and issued upon request to REC status doctors.

Managing Unsatisfactory Performance.

Annual appraisal and effective CPD activities should ensure that poor performance and serious clinical errors or conduct are a very rare occurrence. We have already outlined above, the steps we will take should a serious problem be brought to our attention or a less serious issue become more frequent, but these are measures that will be used only after careful consideration and appropriate professional advice.

A Med-Co we prefer to work with you to help ensure that a minor concern does not turn into an issue or a problem. Should a concern arise, we will offer whatever help we can and wherever possible, will try to keep you working provided this does not compromise patient safety or our obligations to our clients. It is our policy to inform our client of any restrictions or conditions that may be placed upon you by the GMC, PCT/LHB etc.

5 - Complaint & Disciplinary Procedure

For the majority of people, Disciplinary and Grievance policies are procedures that they will never need to use. They are however a necessary, good practice requirement of any organisation, and are there to ensure fairness and protection for both the company and its staff and locums.

There may at times be instances where we receive a negative comment or complaint from a colleague, patient, practice or one of our own employees; when this happens, we will follow the procedure laid out below:

- The complainant will be contacted by a member of Med-Co's Senior Management Team who will ask them for more detail about the incident or issue that is causing them concern.
- Sometimes these issues are a matter of misunderstanding or are simple difficulties that can be solved by explanation or by a service revision or negotiation. Where there is no implied fault or error, the matter will be deemed to have been resolved and no further action taken or negative record kept.
- Where upon initial discussion, it is felt that the matter requires further action or investigation, the complainant will be asked to initially put the details in writing. They will at this time be advised that it is Med-Co's policy to either copy or (if deemed more appropriate) summarise the main facts and issues to other involved parties.
- Those involved in the subject of the complaint or issue will be contacted (preferably and whenever possible, in writing) and asked for their comment and/ or explanation.
- The facts will be reviewed by one of Med-Co's senior managers.
- Where possible and appropriate a solution will be found through discussion and agreement.
- Where necessary, Med-Co will seek opinion from its nominated Clinical Director (an experienced and currently practicing senior GP)
- Should it not be possible to find a solution, or if the preliminary investigation reveals that it would be inappropriate for the matter to be dealt with by Med-Co, the matter will be referred back to the complainant or referred to the appropriate authority (e.g. GMC / EOC / police etc) as may be required.
- Should the seriousness of the complaint warrant it, Med-Co may withdraw the doctor from the assignment.
- Where it can be proven and has been agreed that any work or service provided is substandard, ineffective or otherwise lacking, missing or inaccurately accounted or claimed for, Med-Co reserves the right to withhold payment for such work either in its entirety or in proportion to any compensation or reduction of payment agreed with the complainant.
- Where the capacity and responsibility to make a decision rests entirely with Med-Co, a right of appeal to the Managing Director exists; any such appeal must be made in writing and within 21 days of the original decision. The MD's decision shall be final.
- Should a dispute or complaint remain unresolved or you feel that the handling of the procedure has not been satisfactory, you may (if appropriate to its jurisdiction) refer the

matter to the Recruitment & Employment Confederation (REC) through its complaints procedure, details of which are given towards the end of this handbook.

6 - Grievance Procedure

We care about our locum doctors and it's important that you feel comfortable and happy with the service we provide to you. It's part of Management responsibility to listen to opinions and points of view on any subject related to working conditions and practices. We're confident that you will adopt a positive attitude in trying to work with us to build a better organisation. Any queries on the grievance procedure should be raised with a member of the Senior Management Team.

General Principles

Through the grievance procedure, employees have the opportunity to seek redress of any grievance relating to their employment. It is part of management responsibility to listen to opinions and points of view on any subject related to working conditions and procedures. It is hoped that employees will on all occasions adopt a positive attitude in trying to build a better organisation.

The objective of the grievance procedure is to prevent problems escalating, so the procedure is designed to operate swiftly. Whilst a grievance is in progress, there should be no interference in day to day working arrangements.

Procedure

The general provision of the grievance procedure is that all grievances should be submitted formally, in writing, at the appropriate stage as outlined below.

There are three stages in the grievance procedure:

Stage 1. If a locum doctor wishes to raise an issue they will in the first instance, do so with their nominated Recruitment Consultant or the Recruitment Team Supervisor who will attempt to resolve the issue within an agreed timescale (not more than five working days).

Stage 2. If the issue is not resolved, the matter will be referred to a designated senior manager who will attempt to resolve it within five working days.

Stage 3. If the problem is still not resolved the complainant may raise it with the Managing Director, who will convene a meeting and make a decision, which will be final, within five working days.

7 - Equal Opportunities and Harassment

Med-Co is absolutely committed to equality of opportunity and will not stand by while either a member of our staff or one of our locum doctors, is abused, bullied or harassed in any way. This hasn't arisen in the past and we hope it won't be a problem in the future, but any complaints will be taken very seriously indeed and should be reported immediately to the Managing Director. Copies of our Equal Opportunities Policy and our Harassment Policy are attached in the appendix. We also adhere to the ACAS guidelines for preventing and handling bullying and harassment. Discrimination on the grounds of race, religion, sex, age, sexual preference or disability will not be tolerated.

In Conclusion

Thanks for taking the time to read this Locum Handbook, which should be used as a reference guide during any assignments arranged through Med-Co Europe. Once again, we hope and believe that you will enjoy working with us and achieve success for yourself and the company.

Although there may appear to be a lot of rules and conditions, most of them are based upon common sense or the standards and good practice that most people would want to see applied to their working day and to their relationship with ourselves.

If you have any queries or would like further explanation on any point, please contact us – We'll always be pleased to talk to you.

8. Appendices

8.1 Med-Co Europe Equal Opportunities Policy

1 Introduction

- 1.i Med-Co Europe will actively work towards offering equality of opportunity to all employees, clients and candidates regardless of age, race, disability, gender, sexual orientation, marital status, nationality, religious or political belief.
- 1.ii All staff should be aware that they have a legal and moral duty to play their part in this.
- 1.iii Positive steps will be taken to ensure no unlawful discrimination occurs.
- 1.iv A clear statement of Med-Co Europe's commitment to equal opportunities will be display

2 Selection, for Assignments and Opportunities

- 2.i Recruitment for all positions within Med-Co Europe will be carried out in accordance with Equal Opportunities Practice.
- 2.ii Interviewers will interview and select fairly and without bias.
- 2.iii Recruitment and selection will be in accordance with Equal Opportunities issues.

3. Med-Co Europe Environment

- 3.i The environment will be one in which all staff and visitors feel comfortable, regardless of age, race, disability, gender, sexual orientation, marital status, nationality, religious or political belief.
- 3.ii All staff and visitors will receive a positive welcome from the first point of contact.
- 3.iii All support and services to staff, clients and candidates will be non- discriminatory in terms of age, race, disability, gender, sexual orientation, marital status, nationality, religious or political belief.

2 Marketing and Publicity

- 4.i All marketing and publicity material will be scrutinised for discrimination against age, race, disability, gender, sexual orientation, marital status, nationality, religious or political belief.

8.2 Med-Co Europe Harassment Policy

What is Harassment?

Harassment is any form of repeated and unwanted behaviour within the workplace which the employee (or locum) finds intimidating, offensive or distressing and is linked to a person's ethnic origin, race, gender, disability, marital status, sexual orientation or religion. Any behaviour that is offensive to one person can be deemed as harassment, even though that may not have been the intention of the other person.

Responsibilities

It is everyone's responsibility to ensure that their actions do not contribute in any way to incidents of harassment.

Med-Co considers harassment to amount to misconduct, which will be dealt with under the company's Disciplinary Policy and Procedure and could lead to summary dismissal (or termination of the assignment, or withdrawal of our locum from the client) and may result in referral to the appropriate authority or investigative body, dependant on the magnitude of the offence.

Procedure for Complaints

Complaints of harassment will be dealt with in a confidential, efficient and fair manner, through the Grievance Procedure. Any incidents of harassment observed by others should be reported to Med-Co's Management Team as soon as possible.

Complaints of harassment may be of a sensitive nature and Med-Co recognises that you may not want to raise the matter formally. Should you wish to approach the matter informally initially, a subsequent formal complaint will not be viewed any less seriously. Complaints can be dealt with either formally or informally.

Informal Procedure

If you feel that you are being harassed then you should advise the harasser that the behaviour is unwanted and offensive. Notes and diary entries of all occurrences of harassment should be kept in as much detail as possible. If the behaviour does not cease you should approach Med-Co's Management Team, who will counsel on further action.

Formal Procedure

The complainant must make a written complaint, in accordance with the Grievance Procedure, including as much detail as possible on:

- The name of the harasser
- What has occurred
- When and where it occurred
- The frequency of incidents
- The name(s) of any witness(es)
- Any steps taken to stop the harassment

The matter will then be dealt with as a formal grievance and where it is felt that the grievance is credible, action will be taken according to the Disciplinary Policy and Procedure.

Fictitious and Unfounded Allegations

If an investigation finds the claims to be fictitious and the allegations have been brought in order to cause harm or detriment to the alleged offender this may in itself constitute grounds for disciplinary action in line with the company's Disciplinary Policy and Procedure.

A complaint lodged by any employee or locum doctor under the policy will not prejudice current or future career prospects unless the complaint proves to be unfounded and malicious. Retaliation against anyone for raising a complaint under this policy could constitute unlawful victimisation and is a disciplinary offence.

8.3 Med-Co Europe – General Fire Action Notice

The action notes outlined below serve as a general reminder of the principles to be followed in the event of a fire – they do not replace or over-ride any instructions that may be in force at the premises or practice where you undertake your locum placement.

IT IS YOUR PERSONAL RESPONSIBILITY TO FAMILIARISE YOURSELF WITH LOCAL FIRE INSTRUCTIONS ON THE FIRST DAY OF EACH NEW ASSIGNMENT

IF YOU DISCOVER A FIRE

- Immediately operate the nearest alarm ***only if you have time to do so without taking personal risks.***
- Call the Fire Brigade ***only if you have time to do so without taking personal risks.***
- Attempt to put out the fire with the appliances provided ***only if you are able to do so without taking personal risks.***

IF YOU HEAR THE FIRE ALARM

- The alarm sounding must be taken as a signal to evacuate the building immediately.
- Shut all doors.
- Don't stop to collect personal belongings.
- The designated Fire Warden will do everything possible to ensure that no one is left in the building
- Proceed to your assembly point where the senior person present will take a roll call.

DO NOT RE-ENTER THE BUILDING UNTIL TOLD BY THE FIRE OFFICER ATTENDING THAT IT IS SAFE TO DO SO

8.4 Med-Co Europe Ltd and its Membership of the Recruitment & Employment Confederation

Med-Co Europe Ltd is a member of the employment industry trade association the Recruitment & Employment Confederation (the REC) and in addition, belongs to its specialist medical division. More information on the REC can be found on their website at www.rec.uk.com

We abide by their professional code of conduct, code of practice and will abide by their complaints procedure. The code of practice is outlined below but full details can be found on their website.

8.4.1 THE REC CODE OF PRACTICE

The REC Code of Good Recruitment Practice has been created in consultation with industry stakeholders to ensure that all members of the REC conduct their business ethically and to the highest standards and to promote good practice within REC membership. The Code is binding on all individual and corporate members of the REC and their subsidiary/associate companies. A breach of the Code will be dealt with under the Complaints and Disciplinary procedures of the REC.

General

Members will ensure that all staff are aware of and comply with the provisions of the 1973 Employment Agencies Act, related Regulations, other relevant legislation and statutory codes including provisions relating to equal opportunities and equal pay, taxation, health and safety, data protection, trade union membership, immigration, rehabilitation of offenders, telecommunications privacy and working time.

A copy of the 1973 Employment Agencies Act and other relevant legislation is kept at the offices of Med-Co (Europe) Limited. Employees are informed of this and are encouraged to read, understand and refer to it on a regular basis

Members will have regard to any REC guidance on ethical, commercial or statutory issues in the operation of their businesses. Failure to do so will be taken into account in any disciplinary proceedings or arbitration.

The provisions of the Code and other relevant Codes must be brought to the attention of staff and form part of their induction and training.

Where a provision in this Code is less stringent than that of the Code of a specialist division to which a member belongs, the relevant provision of that Code will apply.

Please refer to the REC's specific Medical Division requirements

Corporate members will ensure that staff are informed and trained to carry out their duties effectively, and that they seek to improve continually the performance of their staff by continuing development of their knowledge and skills.

Individual members will make every effort to avail themselves of appropriate training and development opportunities.

Members will deal with and represent themselves to candidates, temporary workers and clients fairly, openly, honestly and courteously at all times.

Members will establish and operate in accordance with their own internal written complaints procedure, which should aim to effect swift and appropriate resolution of complaints. This procedure should be clearly communicated to all staff and must be followed when dealing with complaints brought against the member.

Members will advise clients of any potential conflicts of interest before attempting to fill a vacancy. Members will not target client companies for search purposes within 12 months of last providing services to that company.

Members will develop a positive policy towards and take necessary steps to promote equal opportunities in employment. In particular they will comply with the requirements of the REC Best Practice Code on equal opportunities

Any selection tests used, including psychometric and personality questionnaires should be relevant, properly validated and where appropriate conducted by trained or licensed personnel.

Members will submit or transmit details of candidates, temporary or contract workers only in respect of registered vacancies or fields of potential interest.

The express agreement of clients must be obtained before a vacancy is displayed on any website. The express agreement of candidates or temporary or contract workers must be obtained before a CV or any personal details which might identify the candidate, are displayed on any website. No personal details or details which might identify the candidate, such as name of current employer or information which might identify the current employer should be displayed in any open website. Such information may be displayed in password protected parts of a site, provided candidates are advised that clients will have access to such information. If current employers might have such access the candidate must be warned.

Members may not extract CVs from websites for display or submission to clients without the express agreement of the subject of the CV.

Clear agreement should be reached with candidates or temporary and contract workers and clients about any expenses payable for attending interview or for any other purpose. Information on any expenses payable should be given in writing before interview or commencement of an assignment, where possible.

Complaints raised with the REC against members by clients, candidates and temporary workers and other parties will be dealt with under the REC complaints and disciplinary procedures.

Advertisements

Members' advertisements must be accurate. All descriptions, claims and comparisons must be capable of substantiation. All specific vacancies advertised must be available at the time of going to press, or being put on display. Filled vacancies must be removed from display as soon as reasonably practicable.

Members' duties to client firms when providing temporary or contract staff services

On initial contact with a client members will provide clear and accurate information about the services they may provide.

Members will provide clear and fair written terms of business to the client as soon as possible after receipt of a request to supply a temporary worker to a client.

Members will document accurately, contemporaneously and appropriately all stages of the recruitment process, including the results of interviews, tests and references.

Members will endeavour to take up references as appropriate on temporary or contract workers before providing them on assignment to clients. If for exceptional reasons, referees have not been contacted, the client must be informed.

Members will treat information about candidates and temporary workers confidentially. Disclosure of information or data identifying a candidate either explicitly or implicitly must be restricted to those involved in the recruitment process. Clients will be encouraged to treat information on candidates confidentially at all times.

When providing permanent recruitment services

On initial contact with a client, members will provide clear and accurate information about the services they may provide.

Members will send fair and clear terms of business to the client as soon as possible after registering a vacancy.

Members will reach a clear understanding with clients on the procedure to be adopted for submitting a candidate's details to the client.

Members will inform the client where the member has not carried out a face-to-face interview prior to the client interviewing the candidate.

Members will document accurately, contemporaneously and appropriately all stages of the recruitment process, including the results of interviews, tests and references.

Members will not deliberately attempt to induce any candidate to leave his or her employment with a view to placing the candidate elsewhere where the member has previously received a fee for placing the candidate with that client, unless the client agrees to that approach.

Members' duties to temporary and contract staff

On initial contact with a potential temporary or contract worker, members will provide clear and accurate information about the services they may provide.

Members will transmit to temporary or contract workers as accurately and promptly as possible all relevant information provided to them by clients, including information relating to health and safety matters.

Members will pay temporary staff promptly and efficiently and as specified in the members' contract with temporary or contract workers. In the event of any unavoidable delay in payment, the

temporary or contract worker should be informed immediately of the reason for the delay, steps to be taken to resolve late payment, and likely timescale for resolution of the reason for late payment. Members will inform temporary or contract workers that if the client engages them direct during or within an agreed period after the end of the assignment, the client may either be charged a fee or the period of the assignment may be extended before the temporary or contract worker can take up work direct without charge to the client.

Members will provide the information requested for references for individual temporary workers unless they can objectively justify their decision for refusing to give such information in any particular case.

Members' duties to candidates for permanent vacancies

On initial contact with a candidate, members will provide clear and accurate information about the services they may provide.

Members will agree with candidates the procedure for submitting their details to clients. Members will not disclose a candidate's identity and/or identifiable employment details to a client without first obtaining the candidate's permission unless the candidate has agreed in advance that the member may do otherwise.

Members will treat information about candidates confidentially except for the purpose of filling a vacancy and will encourage clients to do likewise.

Where possible, members will keep candidates informed of the progress of their application.

Members must state clearly to candidates at what stage references will be taken up and how they will be used, and make clear to candidates that they will not approach a current employer without the candidate's permission. Information obtained through a reference must be treated as confidential to the recruitment process.

Complaints and Disciplinary Procedures

The REC takes seriously its role to continuously improve standards within the staffing industry. It also takes seriously complaints against REC corporate or individual members. A copy of the [REC's Complaints and Disciplinary Procedure](#) is available from the REC at 36/38 Mortimer Street, London, W1W 7RG or from our website.

Under this procedure, following full investigation, the Ethics and Disciplinary Committee of REC has the right to acquit, suspend, reprimand or expel a member and to publish its decision.

The REC Complaints and Disciplinary Procedure exists to deal with complaints involving allegations of a breach of the REC Code of Practice and will not be used to decide disputes of a legal nature. A dispute resolution scheme is available to parties to a legal dispute involving an REC member provided that both parties agree to take part in the scheme. The parties will be offered the option of using the dispute resolution scheme as soon as the matter is identified as a legal dispute.

[1] Individual REC members are individuals in membership

[2] Corporate REC members are recruitment firms in membership

[3] Specialist Divisions are divisions within REC Corporate membership established for recruitment firms operating in specific or specialist areas of the job market

[4] Candidates are individuals using a recruitment firm's assistance to find employment under a contract direct with an employer

[5] Temporary or contract workers have a contract with and are engaged by a recruitment firm and are assigned to work for clients of the recruitment firm

[6] Clients are companies, firms, sole traders or individuals using a recruitment firm's services to supply or recruit temporary/contract workers or candidates

[7] REC corporate membership criteria require that corporate members operate their own internal complaints procedures

[8] Display includes notices in windows or recruitment firm branches, entries on websites and billboard and poster advertising

[9] Permanent recruitment services means the services provided by a recruitment firm to find a candidate employment under a contract direct with an employer

8.4.2 REC Medical Division Code of Practice

TERMS

'Agency' - an employment agency and/or employment business as defined by the Employment Agencies Act 1973

'REC' - shall mean the Recruitment and Employment Confederation

'The Client' - shall mean the user of the Locum doctor's services

Only medical agencies carrying on business with this Code will be approved for membership of the REC Medical Division

A breach of this Code by any member shall be dealt with by REC as a disciplinary matter under its rules.

All agencies must comply with the Regulations imposed under the Employment Agencies Act 1973.

In recruiting doctors the agency shall ensure that:

a. Each doctor is registered with the General Medical Council and that he/she is required to declare any pending proceedings by the GMC against him/her at the time in the future. The agency should check that the doctor has not been suspended, or is only permitted to practice under prescribed conditions.

b. Doctors are recommended to join a medical defence organisation.

c. Every effort has been made to obtain the work assessment form from the doctor's most recent assignment. Doctors who refuse to supply a copy of their most recent work assessment report should not be supplied to an assignment.

d. Each doctor's professional references are satisfactory and current. (I.e. at least one reference must be from the most recent employer).

e. Each doctor is required to complete a comprehensive health screening questionnaire and provide an up to date Hepatitis B Certificate from a recognised UK Laboratory.

f. The terms of the doctor's relationship to the agency are given to the doctor in full and in writing before the doctor is offered a booking by the agency.

g. Doctors are made aware that they are not exempt from the provisions of the Rehabilitation of Offenders Act, and that they are required to disclose all criminal convictions (and cautions). Doctors should also be required to consent to a criminal record check, which should be carried out where appropriate. Doctors should also be required to inform the agency if they are arrested or convicted or cautioned in relation to any criminal offence.

h. The remuneration paid to the doctor by the agency is calculated on an hourly basis, is determined in accordance with the agency's current scale of payments and is paid in full and on a regular basis without regard to whether the agency has been paid by the Client.

i. The checks are made to ensure eligibility for doctors to work in the UK.

When placing doctors with a Client the Agency shall ensure that:

a. The doctor has the requisite qualifications, experience and training for the work he/she is to undertake, and that the needs of the doctors and of the client are taken properly into account.

b. The terms and conditions under which a doctor is supplied are given in advance to the client in full and in writing.

c. Employing authorities are furnished with the following information:

- The doctor's full name as in the medical register.

- Registrable and additional registrable (higher) qualifications.

- GMC registration status (which shall be confirmed at the time of submission) and where applicable details of any defence membership will be given.

- Names and addresses of references (with a copy of the references to be made available on request).

- Confirmation of Hepatitis B and if required ionising radiation certificate status.

- Doctors are only to be supplied to general practices and private hospital bookings if they have current defence cover.

d. Copies of the items mentioned in paragraph 5 part c, should be readily available for inspection by the client.

e. Every reasonable opportunity exists for a representative of the employing authority (usually a member of the senior medical staff) to interview doctor.

f. Where possible, the desirability of maintaining continuity (in the interests of patient care) is given priority when assigning doctors.

g. That all Locum doctors can provide proof of identification e.g. passport, driving licence, or identity badge with photo, if required by the client.

If a complaint is made by a client about a doctor's conduct or about the agency's services, the agency will request that the client will provide them with written details, and access to files, if necessary, so that the matter can be investigated under the REC recommended complaints procedure.

Agencies are required to verify a doctors availability and willingness to carry out a booking before giving his or her name to a hospital.

All agency staff should have training for the placement of Locum doctors, appropriate to their role in the organisation.

8.5 Health & Safety – A list of Regulations and Good Practice

We suggest that you familiarise yourself with the following information and legislation.

The following are all to be found on the Health & Safety Executive (HSE) website at www.hse.gov.uk

- **Health & Safety At Work Act 1974**
- **Manual Handling Operations Regulations 1992**
- **COSHH - Control Of Substances Hazardous to Health Regulations 1988**
- **RIDDOR – Reporting of Injuries, Diseases, & Dangerous Occurrences Regs 95**
- **Lifting Operations & Lifting Equipment Regulations 1998**
- **Provision & Use of Work Equipment Regulations 1998**

In addition, we recommend that you look at the excellent NHS Plus website www.nhsplus.nhs.uk where you can find concise information on the following:

- **Occupational Health**
- **Manual Handling**
- **Infection Control**
- **Violence at Work**
- **Needlestick Injuries**
- **Handling Blood**
- **Latex Allergy**

The following, although not strictly Health & Safety, are also very relevant to the work of the locum doctor:

- **Working Time Regulations**
www.dti.gov.uk/er/work_time_regs/wtr0.htm
www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/WorkingDifferently/Eur
- **The Caldicott Protocols**
www.publications.doh.gov.uk/ipu/confiden/guard/guidance.pdf
www.publications.doh.gov.uk/ipu/confide/implement/calcon3.htm

8.6 Hepatitis C status & Exposure Prone Procedures

The day-to-day work of most GPs working in community based general practice does not involve carrying out procedures that are considered to be exposure prone. For this reason most GPs are unlikely to need current vaccination or immunity for Hep C.

With the advent of formal Special Interests that may include Exposure Prone Procedures (EPP), such as Minor Surgery there will be a need to consider your individual Hep C status. To help you we have printed below, the guidance flowchart from the NHS, together with relevant extracts from their instructions. It is of paramount importance that you consider these guidance notes and act appropriately.

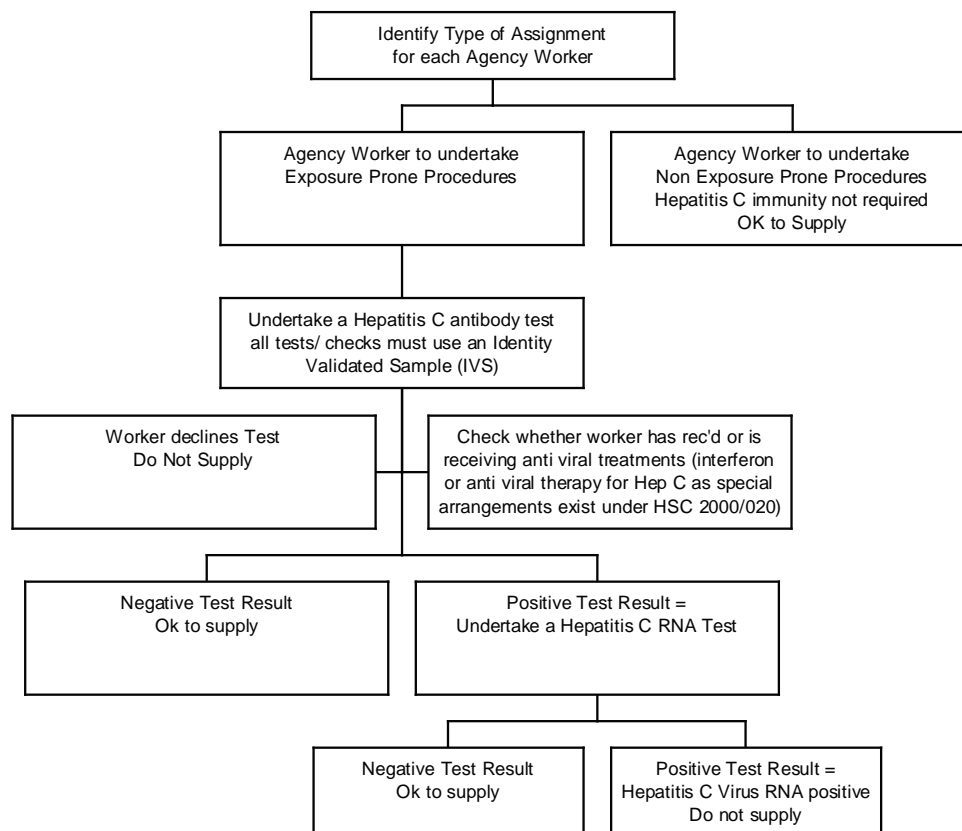
We strongly advise that if you are not sure of your Hep C status that you do not undertake any procedures that you believe may be exposure prone.

EXPOSURE PRONE PROCEDURES - NHS GUIDANCE

Guidance: HSC 2002/010 Hepatitis C – Infected Healthcare Workers (issued August 2002) available at www.doh.gov.uk/hepatitisc

Immunity Required: Workers undertaking Exposure Prone Procedures (inc. Midwives) are required to not be Hepatitis C positive.

Hepatitis C Immunity



General Practice - Exposure prone procedures are rare in General Practice. Possible areas where they may be encountered are minor surgery, obstetrics and trauma situations. See relevant sections for procedures.

Minor Surgery - In the context of GP minor surgery and elsewhere: excision of lipomata and sebaceous cysts should not be performed by an EPP restricted HCW. Any more complex procedures that are occasionally performed in GPs' surgeries by doctors with appropriate experience, such as herniorrhaphy, are exposure prone also.

Obstetrics/ Midwifery - See midwifery. Obstetricians may also perform other surgical procedures, many of which will be obviously exposure prone according to the criteria.

Midwifery - Simple vaginal delivery and the use of scissors to make an episiotomy cut are not exposure prone. Infiltration of local anaesthetic prior to episiotomy, suturing of an episiotomy and attaching sharp scalp electrodes to baby's head are considered exposure prone.

Resuscitation - Unless an equally competent colleague who is allowed to perform exposure prone procedures is present, EPP restricted HCWs should provide immediate life saving mouth to mouth resuscitation if they are competent so to do; potential benefit to the patient greatly outweighs the small risk of BBV transmission in these circumstances.

APPENDIX 8.7 – Locum Assessment Form (Clinical Governance)

MED-CO (EUROPE) LTD CLIENT / DOCTOR REVIEW FORM

Client		Date	
Organisation		Doctor	

I would be grateful for your comments and assessment of their character and performance in the following key areas. (Please tick the relevant box)

	Excellent	Above Average	Average	Below Average	Unacceptable
Clinical Skills					
Administration					
Judgment & Patient Management					
Practical Skills					
Knowledge					
Clinical					
Computer Literacy					
Attitude					
Reliability					
Time Keeping					
Relationships					
Colleagues / Patients					
Communication Skills					
Personal Qualities					
Appearance					
Manners					

Would you recommend this doctor to other Surgeries?	Y	N
Would you use this doctor again?	Y	N
Do you intend to use Med-Co the next time you are recruiting?	Y	N
Do you have any provisional dates for future requirements?	Y	N
May we use your comments on our website or other promotional literature?	Y	N
Would you like to be kept informed of Med-Co training and promotional events?	Y	N
Any comments?		
Signed		
Print Name		
Position		

