



The Royal College of Emergency Medicine

Patron: HRH Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

Tel +44 (0)20 7404 1999
Fax +44 (0)20 7067 1267
www.rcem.ac.uk

Recommended Requirements for Locum Consultant Posts in Emergency Medicine

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Introduction

The College holds the strong view that doctors applying for locum Consultant posts in Emergency Medicine (EM) with responsibility for direct supervision of clinical staff at a more junior level should meet the requirements outlined below under 'Essential Requirements'.

The College acknowledges that while it may not always be possible to recruit doctors that meet all desirable requirements, particularly when a locum may be required at short notice, those with clinical responsibility for the Emergency Department (ED) must ensure that systems and processes are in place to minimise any risk to patients and ensure that all essential requirements are met for such appointments.

Further clinical skills, academic, management and leadership skills will also be required and should be specified clearly by the employing Trust and in general be of a standard that is equivalent to those specified for substantive appointments to such posts with a clear explanation as to where and why such may differ.

Essential Requirements

1. Eligible for full UK GMC Registration and a Licence to Practise
2. Entry on the GMC Specialist Register in EM or within 6 months of attaining such (from the date of interview) via CCT or CESR or international equivalent and GMC registered
3. FRCEM or equivalent RCEM recognised postgraduate qualification in EM
4. In date current provider status in ALS, ATLS, APLS or other recognised, equivalent courses

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5. Extensive experience in all aspects of EM with:
 - a) At least 7 years' full-time postgraduate training (or equivalent gained on a part-time or flexible basis), at least 5 years of which will be in a specialty training programme or a substantive service appointment in EM
 - b) At least 4 years' full-time experience working in a Consultant-led ED (or equivalent gained on a part-time or flexible), including at least 2 years' experience of supervising staff and acting in the role of Senior Decision Maker in EM

OR

Demonstrable, equivalent experience and competencies – equivalent to an ST6 EM trainee in good standing, including experience of supervising staff and acting as a Senior Decision Maker in EM

NB: non-UK trained doctors MUST be on the GMC Register in Emergency Medicine.

Desirable

1. In date current instructor status in one or more of ALS, ATLS, APLS or other recognised, equivalent courses
2. Competency in RCEM core level ultrasound competencies.
3. Evidence of a sub-specialty area of expertise relevant to EM

Locum Consultant Appointments

Annex D of [The National Health Service \(Appointment of Consultants\) Regulations Good Practice Guidance](#) (Department of Health, January 2005) states the following regarding Locum Consultant appointments:

Locum appointments are exempt (from the AAC Process) provided the employment is for an initial period not exceeding six months and any extension for a maximum period of a further six months is subject to a satisfactory review by the Trust and to consultation with the relevant College.

It is important that Trusts have satisfactory procedures in place to ensure that locum consultants are of adequate standard. There should always be assessment of the candidates by an 'appointments' committee, including at least two professional members, one in the specialty concerned. Where a locum is to be appointed at short notice and is not already known to the Trust, he or she should be seen by at least one of the hospital consultants before he or she is engaged. It is important that references are obtained for all locum appointments, irrespective of the short-term nature of the post.

Wherever possible, Trusts should try to appoint as locum doctors or dentists who hold, or have held, posts of consultant status, or else who have completed specialist training.

Full guidance (including a checklist of responsibilities) is available on the NHS Employers website at

<http://www.nhsemployers.org/~media/Employers/Publications/Guidance-on-the-appointment-and-employment-of-locum-doctors.pdf>.

Further details about a Consultant's role can be found in [RCEM Workforce Recommendations 2018: Consultant Staffing in Emergency Departments in the UK](#) (September 2018).

It is the responsibility of the healthcare provider that engages a locum Consultant to:

- Verify that GMC registration and licence to practise, Health Professionals Alert Notices, identity, language, health clearance and other checks have taken place, or undertake if these cannot be verified
- Ensure that it is aware if any doctors placed with them who have GMC conditions or undertakings on their registration and that they will be able to work within these restrictions
- Accurately represent which skills and competencies are required in the position for which the doctor is being engaged

It is also the provider's responsibility to provide a suitable induction to the locum Consultant, integrate them into their governance structure in a manner appropriate to the nature and duration of their placement and make the appropriate notifications should any significant information of note arise in relation to the locum Consultant's practice during their placement. Full guidance (England only) can be found here https://www.england.nhs.uk/wp-content/uploads/2018/10/supporting_locum_agencies_and_providers.pdf.

Lastly, it is the responsibility of the provider to support the appraisal preparation for any locum Consultant in EM. This includes providing appropriate access to systems including patient data outside working shifts to allow locum Consultants to complete work for their appraisal portfolio.

Locum Consultants should also be informed of opportunities to access educational sessions. However, attendance at meetings, educational events or other multidisciplinary team events during a placement will need to be balanced with the provision of care for which locum Consultants are being engaged. Organisations should ensure that locum Consultants, regardless of duration of placement, have access to essential policies and resources provided to support standards of clinical practice. Appropriate professional contact between peers should also be encouraged and where possible facilitated. This is particularly important in EM where shift working is commonplace and where contact with peers can be difficult to maintain unless active steps are taken by employers to facilitate this. Full guidance (England only) can be found here https://www.england.nhs.uk/wp-content/uploads/2018/10/supporting_locums_doctors.pdf.

We would strongly suggest that, in trusts where individuals who do not comply with this guidance are employed in the role of Locum Consultant in Emergency Medicine, the posts should be reviewed by the Clinical Director, Medical Director and Human Resources Lead. Consideration should be given to the title and grading of the posts so as to reflect the fact that the RCEM requirements have not been met.

The RCEM workforce strategy supports and promotes the development of alternative training routes in Emergency Medicine such as the CESR pathways. This enables the development of doctors who aspire to meet the criteria for appointment as a locum or substantive Consultant in Emergency Medicine whilst expanding the senior workforce in a safe and quality-assured manner.