The Royal College of Psychiatrists
Guidelines for Good Practice:
Locum Consultants in the NHS

ELIGIBILITY FOR APPOINTMENT

Trusts must be confident that applicants for any Locum appointment are competent to undertake the allocated duties

1. No Doctor should be appointed to a Locum Consultant post who has not been sufficiently trained to assume all the responsibilities expected of a Consultant. This limits those eligible to the following:

   (a) Psychiatrists who are included on the Specialist Register;

   (b) Recently retired Consultants;

   (c) Fully-trained Specialist Registrars or other suitably qualified and experienced Doctors who are not yet ready to commit themselves to a permanent Consultant post, or who would never wish to do so;

   (d) Those trained under other comparable systems recognised by the College (e.g. overseas) but whose training has not necessarily been identical in form and content;

   (e) Specialist Registrars in the final year of training (for whom three months Locum Consultant experience can be recognised towards the requirements for the award of CCT).

2. The criteria of eligibility for appointment to Consultant status produced by the College are respected by employing authorities, supported by a Statutory Instrument and are designed to provide acceptable standards for the safety and care of patients. It is, therefore, not possible to waive them for short-term appointments. A statement of these criteria is sent to all College Representatives on Advisory Appointments Committees.

3. The agreed guidelines should apply to all Locum posts. Where it is anticipated that the Locum arrangement will last for more than three months, a full Advisory Appointments Committee should normally be convened, although discretion can be exercised in certain cases. If the Locum arrangement has already lasted for more than three months, an Advisory Appointments Committee should be convened to decide whether the arrangement should continue.

Locum arrangements should not normally be continued beyond three months unless there are explicit and defined reasons

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Revised 26 November 2002
4. No appointment should be confirmed until the local Consultants or their representatives have personally checked the applicant’s references with his/her former colleagues. This should be a mandatory requirement.

5. If applicants for short-term Locum Consultant posts do not meet the conditions set out under (1) above, then either:

   (a) No appointment should be made;

   (b) An appointment should be made at a grade appropriate to the needs of the service and at an appropriate grade according to the expertise of the applicant. If an appointment is made to a training grade, consideration should be given to the educational needs and Consultant supervision of the trainee. Furthermore, an appropriate supervising Consultant must be identified who will take responsibility for overseeing the educational and clinical needs of the Locum Psychiatrist.

   In no circumstances should a candidate be appointed to a post in which he/she would have to ‘act up’ beyond his/her trained capability. This would at best be inimical to the maintenance of standards and, at worst, could be potentially dangerous to patients. Moreover, such practice would throw an excessive burden of responsibility upon other medical staff in the same and associated specialties.

6. There is a national shortage of suitably qualified Psychiatrists able to carry out Locum Consultant work. It has therefore been agreed that the College will forward to relevant College Regional Advisors the names of those Consultant Psychiatrists who have recently retired and are willing to undertake this type of work on a short-term basis. A notice appears in the *Psychiatric Bulletin* at six monthly intervals inviting retired members, interested in this type of work, to write to the Head of Postgraduate Educational Services.

7. Judgements of the Employment Appeal Tribunal have underlined the importance of careful consideration of Locum appointments. Evidence presented to this Tribunal has shown that some Locums continue to hold their appointments for many years. On other occasions, the appointment may be short and temporary.

   The Tribunal has pointed out that, when a temporary appointment comes to an end, it is the duty of the employing body to consider the position of the employee. What will then be considered appropriate will depend upon the individual circumstances of each case. For example (i) the length of time the employee has been employed; (ii) what was understood at the time of the employee’s appointment; (iii) the circumstances of the employing body, and so forth.

   However, the irreducible minimum requirement is that the employee’s position should be considered, and that he/she should not be treated upon the expiry of this short-term contact of employment as though he/she enjoyed no statutory rights at all.

   Please also see the NHSE publication, *Code of Practice In the Appointment and Employment of HCHS Locum Doctors*, August 1997. This can be downloaded from the Department of Health’s website.

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