



Northamptonshire Healthcare
NHS Foundation Trust

**LOCUM DOCTORS PROCEDURE
HRP028**

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1. Why we need this Procedure?

The purpose of this procedure is to provide a framework for the requesting, approval and payment of Locum medical and dental staff within the Trust.

2. What is this procedure trying to do?

The procedure ensures that appropriate controls are in place for the requesting and approval of Locum Doctors. The procedure ensures that only appropriately authorised individuals are able to approve Locum bookings. In addition, the procedure ensures that Locums are sourced in a cost effective manner either through prioritization of internal candidates or if not available then via CPP Framework agencies.

3. Which stakeholders have been involved in the creation of this Procedure?

Medical HR, HR, Medical Managers

4. Definitions

Internal Locum – A Doctor directly employed by NHFT or a bank worker contracted to NHFT providing short term/ad hoc cover arrangements.

External Locum - A Doctor sourced via an agency providing short term/ad hoc cover arrangements.

5. Responsibilities and Accountabilities

Director of HR & OD	Lead Director for this procedure.
Medical HR	Responsible for administering the Locum Booking process. Responsible for ensuring external locums receive and sign for a copy of the Locum handbook. Ensure that the pre-appointment checklist is completed and that we are assured that the employment check standards have been met.
Deputy Director	Approving requests for Locum doctor raised by the CD/DMD
Clinical Director/Deputy Medical Director	Responsible for assessing the need for a Locum doctor and submitting a signed booking request form. Responsible for ensuring that Locum Doctors have appropriate skills, qualifications and experience to fulfill the role appointed to.
Doctor	Responsible for adhering to the requirements within this procedure.

6. Procedure Detail

6.1 Requesting a Locum Doctor for routine out of hours on call cover

Medical HR have delegated authority to cover all out of hours gaps on the various out of hours on call rotas. This authority extends to securing cover within agreed payment thresholds e.g. internal locum rate or agreed locum cap rates.

Medical HR will seek to fill gaps internally as a first resort. Only if the internal process has proved unsuccessful will agency cover be sought. In the event that Medical HR are unable to secure agency cover they will advise the second (SAS) and third (Consultants) on call Doctors that they will be required to step down to the 1st on call and 2nd on call respectively.

6.2 Requesting a Locum Doctor

A flow chart of the process for requesting and booking a Locum Doctor is shown in Appendix 2. All requests for a locum doctor must be entered on a Request for a Locum Doctor Form (**Appendix 3**) and sent to the Medical HR Department. Vacant posts must be discussed with the relevant Clinical Director/Deputy Medical Director/Medical Director (CD/DPD/MD). If the vacancy is due to study or annual leave, then the Medical Leave Procedure must be adhered to.

The request form is submitted by the CD/DMD/MD. The form has to be signed by the requesting CD/DMD. Once received by Medical HR, the request form is forwarded to the Deputy Director for approval. Once approved the booking request is progressed.

6.3 Internal Locums

Internal locums will be sought where possible.

The rates payable are as follows:

Specialist Registrars (StRs)	Hourly rate of basic salary
9.00 a.m. to 5.00 p.m.	
Out of hours	£25.00 per hour
SAS Doctors	£32.50 per hour
Consultants	£37.50 per hour

Internal locums will be sent a Retrospective Claim Form (**Appendix 4**), which is to be completed and returned to the Medical HR Department. Payment will be made through Payroll.

6.4 External Locums

All external locums must be obtained from the contracted employment agencies that are on the CPP Framework. The Trust has signed up to, and will therefore adhere to the regional framework agreement in terms of sourcing locums.

The agencies should be provided with the necessary information, i.e. grade, dates and times etc. The Contract Agencies provide the following information for each proposed locum doctor:

- A copy of the doctor's CV including two current and appropriate referee reports;
- A copy of the doctor's GMC Registration/Licence to Practise and annual renewal document;
- Health Clearance. Hepatitis B status of the proposed doctor. (The titre reading must be checked to ensure that it is greater than 100 miu/ml and current). If the reading is under 100, or out of date, Occupational Health and/or the duty Consultant must be consulted prior to the doctor commencing. If neither is available, the locum doctor should not be assigned.
- DBS check details
- Identity, i.e., passport, birth certificate, driving licence
- Right to Work details
- The doctor(s) CV(s) and paperwork should be forwarded to the relevant (CD/DMD/MD), as appropriate, either by fax, email or hand delivery.
- If hand delivering, a copy should be taken prior to delivery.
- Medical HR will check all paperwork is compliant to ensure that appropriate pre-appointment checks are in place and that the NHS Employment Check Standards have been met.
- The CD/DMD/MD will check the CV/references and confirm to Medical HR that the candidate is suitable.
- Confirmation of the suitability of a candidate is made to Medical HR via email to ensure there is a record of decision making.

6.5 External Locum Rates

External Locums will be sourced in line with the prevailing NHSI agency cap rates/regional framework agreement. Shifts will initially be sourced at April cap rates. If we are unable to source at April pay caps and it is identified that there is a clear and evidenced patient need / risk, then consideration will be given to offering higher rates.

Rates that fall within/are at the February/April cap rates can be approved the Deputy Medical Director and Deputy Operations Director. Escalation above these rates will

require the approval of the Chief Operating Officer, or other executive director in absence of the COO.

6.6 External Booking Process

Medical HR will confirm the booking request to the agency by telephone and then confirm this via email. The agency must email/fax back a confirmation sheet. This form is to be signed by the requesting Clinical Director /Deputy Medical Director or Medical Director. The Locum Confirmation Details Form will be filed with the doctor's paperwork in the Locum file.

Medical HR will complete Locum Pre-Appointment Checklist (**Appendix 5**).

The relevant Locum Doctor's Handbook will be given to Locum Doctor on appointment. The Handbook contains important Trust information and a list of relevant Policies and Procedures. The Locum Doctor will sign the Handbook Confirmation Form (**Appendix 6**) stating that he/she has received Handbook.

6.7 Locum Assessment and Feedback

For agency doctors, a Locum Doctor Assessment Form (**Appendix 7**) is issued at regular intervals throughout the placement, to the relevant lead Clinician supervising the Locum Doctor. In cases where a Locum Consultant is booked via an agency then the Clinical Director will be issued the assessment form to complete. The assessment forms should be completed and returned to Medical HR as soon as possible after date of issue.

If a Locum Doctor Assessment Form is returned alleging unsatisfactory service, the Medical HR Team will inform the Senior HRBP – Medical HR and Corporate Services and the Medical Director who will then decide with the guidance of the Human Resource Director whether further action is necessary.

In normal circumstances, the responsible CD/DMD/MD should speak to the locum in question and notify them of concerns.

The Medical HR Team on instruction of the Senior HRBP – Medical HR and Corporate Services will input any concerns on the Locum database. This way the information is stored, if deemed appropriate and can be checked before confirming future bookings with agencies.

6.8 Documentation Storage

A copy of Locum Assessment Form(s) will be filed in the Assessment of Locum Doctors file. The original paperwork will be filed by Medical HR with all relevant paperwork in the Locum Doctor's file.

CVs that are no longer required will be shredded.

All associated paperwork to be kept for a minimum of 7 (seven) years or for 18 (eighteen) years in the case of child involvement.

6.9 Payments

All timesheets for Agency Locum Doctors are to be signed off by the supervising consultant prior to sending to Medical HR. Invoices will not be paid without the supporting signature.

6.10 Travel and Accommodation

The Trust will pay one return journey and no accommodation fees.

7. TRAINING

7.1 Mandatory Training

There is no mandatory training associated with this procedure.

7.2. Specific Training not Covered by Mandatory Training

There is no specific training associated with this procedure.

8 How this Procedure will be monitored for compliance and effectiveness

The table below outlines the Trust's monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
A random selection of Locum personnel files will be reviewed to ensure that all pre appointment checklists have been completed, to ensure compliance with this procedure	Reports and audits	Medical HR Team Leader	Annually	Director of Human Resources	Medical HR Team Leader
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

9 Reference Guide

There are no references or bibliography associated with this document.

10 Equality Considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Procedure changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Sex
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Procedure and the equality assessment is detailed in Appendix 1.

Document control details

Author:	Caroline Marshall
Approved by and date:	Workforce transformation Committee 17 th September 2018
Responsible committee:	Workforce transformation Committee
Any other linked Policies:	<i>HR035 – Procedure for the Recruitment of and Selection of Medical Staff</i> <i>HR037 – Managers Guide to Recruiting Medical Staff</i>
Procedure number:	HRP028
Version control:	Version 3 – 17th September 2018

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2	19/07/2017	22/09/2017	19/07/2020	
3	17/09/2018	19/09/2018	17/09/2021	Updated to reflect new paperwork used and to include a flowchart.

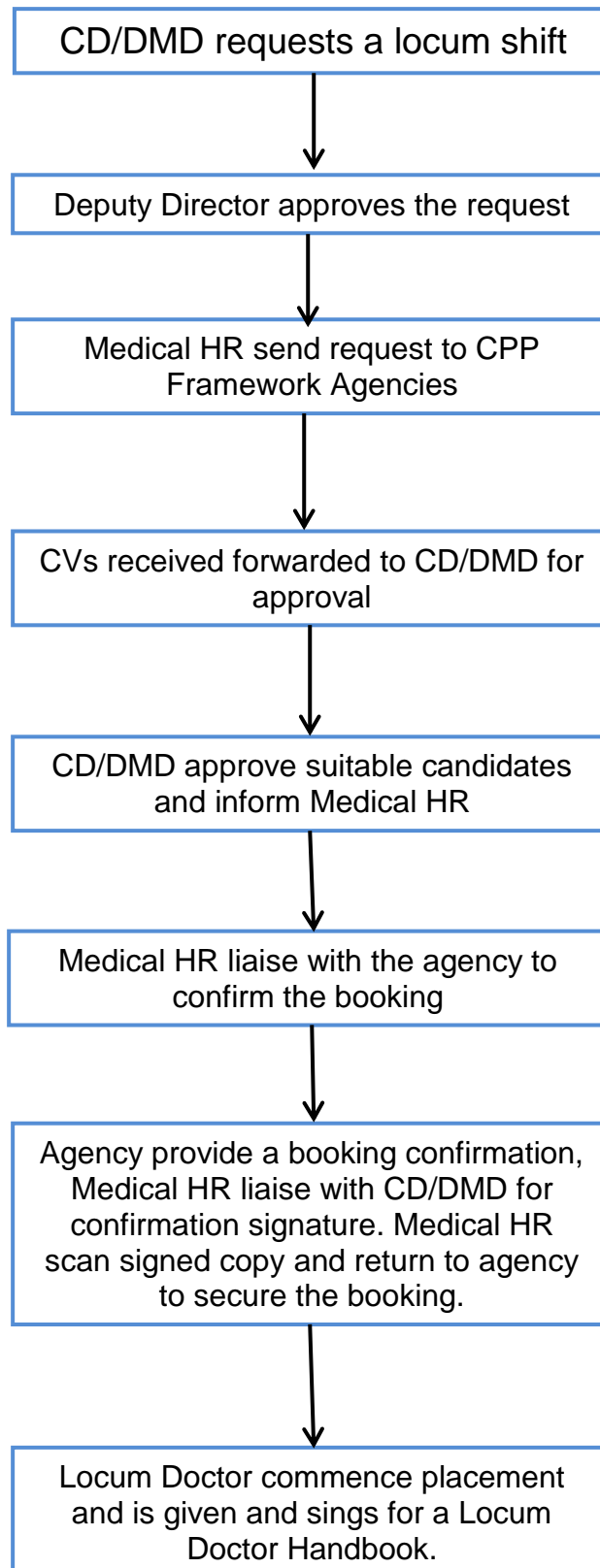
APPENDIX 1 – EQUALITY ANALYSIS REPORT

Equality Analysis Report									
Name of function:	Locum Doctors Procedure								
Date:	14 th February 2018								
Assessing officers:	C. Marshall								
Description of procedure including the aims and objectives of proposed: (service review/redesign, strategy, procedure, project, programme, budget, or work being undertaken):									
<p>The purpose of this procedure is to provide a framework for the requesting, approval and payment of Locum medical and dental staff within the Trust.</p>									
Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups. Include details consultation and engagement with protected groups.									
<p>Evidence base:</p> <ul style="list-style-type: none"> ▪ NHFT Equality Information Report 2016 ▪ Northampton County Council :Northamptonshire Results: 2011 Census Data Summary 									
	Corby	Daventry	East Northants	Kettering	Northampton	South Northants	Wellingborough	Northants	England
2001	53,400	72,100	76,600	82,200	194,200	79,400	72,500	630,400	49,449,700
2011	61,100	77,700	86,800	93,500	212,100	85,200	75,400	691,900	53,012,500
% rise	14.4%	7.8%	13.3%	13.7%	9.2%	7.3%	4.0%	9.8%	7.2%
<ul style="list-style-type: none"> ▪ Ethnicity: 85.7% (White) and 14.3% (BME)- 1.75% (dual heritage); 4.01% (Asian); 2.5%(Black including British, African and Caribbean) ; 0.85 % (Chinese) ; 6.05 % (white other EEA, polish, Gypsy & Traveller) ▪ Gender: 49.6% males; 50.4% females (including 1% transgender) ▪ Disabled people: 19% (including 3.5 % < aged under 18) ▪ Faith communities: 71% Christian; 29% minority faith: (includes Hindu, Muslim, Sikh, atheists, non-belief) ▪ Sexual orientation (gay, lesbian or bisexual): 5 - 7% (Stonewall estimate) 									
Service Information: provide any relevant service data or information to inform the Equality Analysis including service user feedback, external consultation and engagements or research.									

Equality Analysis Report	
Name of function:	Locum Doctors Procedure
Date:	14 th February 2018
Protected Groups (Equality Act 2010)	<p>STAGE 3: Consider the effect of our actions on people in terms of their protected status?</p> <p>The law requires us to take active steps to consider the need to:</p> <ul style="list-style-type: none"> ▪ Eliminate unlawful discrimination, harassment and victimisation. ▪ Advance equality of opportunity ▪ Foster good relations with people with and with protected characteristic <p>Identify the specific adverse impacts that may occur due to this procedure, project or strategy on different groups of people. Provide an explanation for your given response.</p>
Age	<p>This procedure takes into account and follows equality legislation. In compliance with the Equality Act 2010 this procedure will be applied equally to all members of staff and will not allow a person's age to be used to their detriment to ensure that no member of staff will be treated less fairly based on their age.</p>
Disability	<p>Physical Disability: All venues used for meetings will be accessible to people with restricted mobility, those with limited ability to travel to locations across the county. Provision of hearing loops and other supportive aids will be provided as necessary.</p> <p>Non Physical Disability: Capacity will be considered throughout the application of this procedure.</p>
Gender (male, female and transsexual, inclu. Pregnancy and maternity)	<p>In compliance with the Equality Act 2010, all issues relating to gender, (e.g. health related pregnancy issues and maternity needs, childcare arrangements, school day timings) will be considered throughout the application of this procedure to ensure it is applied fairly and equally to all staff.</p>
Gender reassignment	<p>Discrimination or disclosure of sensitive information: In compliance with the Equality Act 2010, all issues relating to gender reassignment will be considered throughout the application of this procedure, to ensure that confidential/sensitive information is treated appropriately. No discrimination or stereotyping will be allowed to impact on the fair and equal treatment of all staff.</p> <p>Transgender staff should be treated as being of the gender that they</p>

Equality Analysis Report			
Name of function:		Locum Doctors Procedure	
Date:		14 th February 2018	
		currently identify with not their legal sex, if different from when they started employment with the Trust.	
Sexual Orientation (incl. Marriage & civil partnerships)		Discrimination or disclosure of sensitive information: In compliance with the Equality Act 2010, all issues relating to sexual orientation will be considered throughout the application of this procedure, to ensure that confidential/sensitive information is treated appropriately. No discrimination or stereotyping will be allowed to impact on the fair and equal treatment of all staff.	
Race		This procedure takes into account and follows equality legislation. In compliance with the Equality Act 2010 this procedure will be applied equally to all members of staff and will not allow a person's race to impact on the fair and equal application of the procedure.	
Religion or Belief (including non belief)		<p>This procedure takes into account and follows equality legislation. Managers must not discriminate against any religion or belief, or make any presumed stereotypes, for example assuming that certain religions will not work Sunday shifts. Important religious activities and dietary requirements, individual religious beliefs and activities will be respected.</p> <p>In compliance with the Equality Act 2010, all issues relating to religion or belief (including non-belief) will be considered throughout the application of this procedure to ensure it is applied fairly and equally to all staff.</p>	
Equality Analysis outcome: Having considered the potential or actual effect of your project, procedure etc, what changes will take place?			
This procedure is already in use. No action identified as required.			
Action Plan			
Issue to be addressed	Action	Who	Date to be completed
Ratification – a completed copy of the Equality Analysis form must be sent to Equality and Inclusion Officer to be approved.			
Approving Officers			
Date of completion:			

Appendix 2 - Locum Booking Process flow



APPENDIX 3 – REQUEST FOR LOCUM DOCTOR

REQUEST FOR A LOCUM DOCTOR

Please can you arrange locum cover for the following:

POST TO BE COVERED	
NAME OF DOCTOR IN POST	
REASON FOR VACANCY	
PERIOD OF VACANCY	
ANY SPECIAL REQUIREMENTS	
ON CALL REQUIREMENTS	
NAME OF CD/ DMD / MD REQUESTING LOCUM	
SIGNATURE	
DATE OF REQUEST	
NAME OF DEPUTY DIRECTOR AGREEING LOCUM PROVISION	
SIGNATURE	
DATE OF AUTHORISATION	

Please Note: This request should be sent by email or faxed to **Medical HR**
Department

Email: Laura.Dunsby@nhft.nhs.uk

Fax no: 01604 682601

APPENDIX 4 – Retrospective Claim for Payment on a Locum Basis

Retrospective Claim for Payment on a Locum Basis

PLEASE COMPLETE IN BLACK INK USING CAPITAL LETTERS

PCP9

Assignment No.		Name	
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Grade/Band		Month/Year Claim is for	
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Directorate	Base
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Date	Rota covered	Start time in 24hr	Finish time in 24 hr	Person covered	Reason for cover	Hours claimed	Cash amount due	Duty Consultant for Night
Total								

Timesheet (claimant):

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by Northamptonshire Healthcare NHS Foundation Trust Counter Fraud Specialist and NHS Counter Fraud Authority, for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name.....Signed.....Dated.....

Timesheet (authoriser):

I am an authorised signatory for my ward/department. I am signing below to confirm that both the staff member's grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by Northamptonshire Healthcare NHS Foundation Trust Counter Fraud Specialist and NHS Counter Fraud Authority, for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud I agree that the service provided as above is accurate and chargeable.

Name.....Signed.....Dated.....

FOR NHFT Medical HR Department use only

Processed by Name & post title	Date
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Tel: No. and Email address	
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No correction fluid must be used. Questionable timesheets must be brought to the attention of the Northamptonshire Healthcare NHS Foundation Trust Counter Fraud Specialist and NHS Counter Fraud Authority.

APPENDIX 5 – Medical HR Locum Agency Pre-Appointment Checklist

Specialty	Name of Locum
Grade	Period of Cover

Locum Name & Agency:			
	Yes	No	Comments
Consultants agreement to appointment			
Complete form of Health Declaration and Statement of Criminal Conviction/fitness to practice.			
Health Clearance/immunizations, e.g. Hep B, B BCG, etc			
GMC Registration / Licence to Practice & expiry date (certificate & fax confirmation, qualifications checked etc.			
Check locum database for no previous unsatisfactory report			
HPAN Alert Check			
Section 12 Approval			
WTR/New Deal declaration			
Criminal Records Bureau Check			
References relevant to speciality/same speciality (within the last 2 years)			
Authenticity of References received – checked			
If references not relevant to speciality, are there any mitigating factors to enable employment?			
Identity, i.e. Passport, birth certificate, driving licence, Membership of medical defence organization			
Permit Free status checked (for non-EU Doctors)			
Accommodation required/arranged			
Induction pack issued			
Assessment form to be completed	Sent Received		
Assessment form to be completed	Sent Received		
Assessment form to be completed	Sent Received		

APPENDIX 6 – Locum Doctors Handbook Confirmation

This is to confirm that I have received the Locum Doctor's Handbook for
Northamptonshire Healthcare Foundation NHS Trust.

NAME	
GRADE	
SPECIALTY	
SIGNATURE	
DATE	

APPENDIX 7 – Assessment of Locum Doctor of One Week or Longer

**NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST
ASSESSMENT OF LOCUM APPOINTMENTS OF ONE WEEK OR LONGER**

Doctor's Name	
GMC No.	
Grade (this post)	
Specialty	
Unit	
Period	

<i>Please tick the appropriate boxes:</i>	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNACCEPTABLE
CLINICAL SKILLS				
1. History Taking				
2. Physical Examination				
3. Investigations and Diagnosis				
4. Judgment and Patient Management				
5. Practical Skill				
KNOWLEDGE				
6. Basic Science				
7. Clinical				
ATTITUDES				
8. Reliability				
9. Leadership and Initiative				
10. Administration				
11. Time Keeping				
RELATIONSHIPS				
12 a) Colleagues				
12 b) Patients				
12 c) Other Staff				
12 d) Communication Skills				
13. Appearance				
14. Integrity				
15. Manners				

Does this Doctor have any training needs that you have identified?

.....

Comments by Reporting Doctor:

NAME OF REPORTING DOCTOR:

.....

Signed **Date**

STATEMENT BY LOCUM DOCTOR

I have seen the above Assessment Report and agree/disagree with its contents.
 I have also seen the Guidance Notes on the completion of the Assessment Report.*

Signed

Name in CAPITALS

Statement by Locum Doctor (if desired)

**Please delete as appropriate*

Please Note; This assessment form should be sent by email or faxed to:
Medical HR Dept
Email: Laura.Dunsby@nhft.nhs.uk
Fax No: 01604 682601

NOTES ON COMPLETION OF THE ASSESSMENT MATRIX

Tick only one box in each row of the matrix. These guidelines may help in assessing the performance of the Locum Doctor. To be graded *average* or *above average* the Locum's performance must be consistent with that of doctors in substantive appointments at the grade. Reports showing serious shortcomings in the Locum Doctor's performance should be copied to the GMC.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNACCEPTABLE
CLINICAL SKILLS				
1. History Taking	Precise, perceptive, comprehensive, well documented	Usually complete, orderly and systematic.	Often incomplete/ inaccurate and/or poorly recorded	Frequently incomplete, inaccurate and poorly recorded
2. Physical Examination	Thorough, accurate, recognises and elicits physical signs	Usually elicits correct signs. Recognises most significant findings	Lacks basic skills and misses some signs. May misconstrue signs	Lacks basic skills. Frequently misses signs and/or misinterprets them
3. Investigations and Diagnosis	Investigations almost always appropriate in relation to differential diagnosis. Excellent at interpretation. Excellent diagnostician. Excellent clinical memory.	Investigations usually appropriate. Good knowledge on interpreting tests relevant to the specialty. Competent clinician. Good knowledge with orderly logical approach to differential diagnosis.	Investigations may be inappropriate and are frequently unnecessarily expensive. Unable to interpret some tests. May fail to interpret symptoms and signs correctly.	Investigations inappropriate or incomplete. Fails to interpret tests correctly. Often fails to interpret symptoms and signs correctly.
4. Judgment and Patient Management	Excellent clinician who is aware of his/her limits. Excellent ward and/or outpatient management.	Reliable and conscientious. Competent under pressure. Seeks advice appropriately. Good awareness for complications.	Sometimes unreliable and uninterested. May fail to grasp significance of findings or take appropriate action. May under or over react to emergencies. May fail to notice complications and/or act appropriately. May fail to recognise limitations and to seek advice when needed.	Often unreliable and uninterested. Fails to grasp significance of findings or take appropriate action. Often under or over reacts to emergencies. Fails to notice complications and/or act appropriately. Fails to recognise limitations and seek advice when needed.
5. Practical Skill	Shows outstanding practical ability.	Competent.	Clumsy or rough. Can have difficulty in even the simplest procedures.	Clumsy and rough. Often has difficulty in even the simplest procedures
KNOWLEDGE				
6. Basic Science	Comprehensive and up to date knowledge and understanding of the basic science of the specialty. Widely read.	Adequate and up to date fund of knowledge. Relates this satisfactorily to patient care.	Reasonable though perhaps dated knowledge. Not always applied appropriately.	Uninterested. Does not read the literature. Fails to apply basic science knowledge to clinical problems.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNACCEPTABLE
7. Clinical	Comprehensive and up to date knowledge and excellent application. Widely Read	Satisfactory knowledge for dealing with common disorders. May fail to "spot the rarity" but learns from experience.	Lacks appropriate knowledge or ability to apply it. May fail to learn from experience.	Lacks basic and/or essential knowledge. Unable to learn from experience.
ATTITUDES				
8. Reliability	Highly dependable and conscientious.	Dependable. Does not need reminding. Conscientious in patient care.	Occasionally unreliable. Forgets to do things (possibly to the detriment of patients).	Frequently unreliable. Likely to fail to do things (possible to the detriment of patients).
9. Leadership and Initiative	Excellent team leader with great ability to motivate others. Shows initiative. Always takes responsibility.	Competent but lacks inspiration. Gives clear instructions. Usually shows initiative and takes responsibility.	Needs pushing and may fail to show initiative.	Very limited. Gives confusing instructions. No initiative.
10. Administration	Well prepared and organised. Adapts to the hospital's management policies.	Well prepared and organised. Conscientious. Can be left confidently to deal with routine admin.	Often behind or neglects routine admin.	Cannot be bothered or slapdash.
11. Time Keeping	Punctual and reliable. Will always contact the unit to warn of a problem.	Usually on time. Usually contacts the unit to warn of a problem.	Often late to the unit and to clinics. May not warn of a problem.	Frequently late to the unit and to clinics. Often fails to warn of a problem.
RELATIONSHIPS				
12 a) Colleagues	Willing to accommodate the working methods of the clinical team. Able to defuse problems in the team. An excellent colleague who fits in well.	Good rapport. Trusted. Easy to work with. Able to fit in with existing team.	Fails to fit in with seniors, peers or juniors.	Uninterested. Does not try to fit in with colleagues and may even undermine them.
12 b) Patients	Inspires confidence. Establishes excellent rapport. Patients delighted to be looked after by him/her.	Sound, caring attitude. Can allay patient fears. Takes time. Trusted by the patient.	Does not put people at their ease. Lacks empathy.	Does not mean well. Rude. Patients do not want him/her as their doctor. Increases patient anxieties.
12 c) Other Staff	Inspires loyalty and enthusiasm.	Sound and professional, yet approachable. Treats others with respect and is respected in return.	Careless of others. May generate rather than solve problems.	Rude and arrogant. Likely to cause problems.
12 d) Communication Skills	Excellent communicator. Easily establishes rapport with patients. Encourages and enhances mutual understanding.	Good communication skills. Listens well and explains well, in appropriate language. Gives clear instruction.	Poor command of local language. Inarticulate and confusing; easily misunderstood. Does not listen or understand. Confuses patients with unnecessary technical terms.	Very poor command of local language. Unintelligible, inarticulate. Minimal explanatory skills. Fails to listen or understand. Can appear indifferent and/or patronising.
PERSONAL QUALITIES				
13. Appearance	Smart, appropriately dressed. Good personal hygiene.	Tidy, appropriate dress. Normal personal hygiene.	Untidy or inappropriate dress.	Often scruffy. Generally poor personal hygiene.
14. Integrity	Excellent	Good	Just acceptable	Suspect honesty or morals
15. Manners	Always considerate and polite.	Generally good. Considerate.	Thoughtless, sometimes rude.	Rude and/or arrogant.

