

<b>MEDICAL LOCUM POLICY</b>	<b>Type: Policy</b>  <b>Register No: 16014</b> <b>Status: Public</b>
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Consulted With	Post/Committee/Group	Date
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## 1. Purpose

- Minimise agency, consultancy and temporary costs ensuring value for money
- Improve monitoring systems
- Ensure patient safety is not compromised.
- Ensure that the health, safety and welfare of service users is not compromised by ensuring appropriate pre-engagement safe-guarding checks (such as DBS, ID checks)
- Ensure that the Trust is in compliance with current employment law and Medical and Dental Terms and Conditions of Service.
- Compliance with price caps for the engagement of any grade of locum doctor (internal/external – including substantive staff extra duties) as instructed by TDA and Monitor.
- Ensure compliance to the European Working Time Directive and New 2016 Junior Doctor Contract.

## 2. Aims

- 2.1 To provide a system to enable the Medical Resource Department and all other departments to follow good practice in the provision of providing locum staff, for long term and short-term cover for all grades of medical staff.

## 3. Scope

- 3.1 These guidelines apply to all departments and all grades of medical staff, both substantive and fixed term contracts whether joining the Trust as a new member of staff or rotating between departments, in providing medical cover.

## 4. Definitions

- 4.1 **Substantive Staff** – staff employed by the Trust with an on-going contract of employment, usually referred to as permanent staff.
- 4.2 **Internal Locum Doctors (Bank locums)** – staff registered to provide work on an ad hoc basis with no obligation for regular locum work (usually substantive posts past and present).
- 4.3 **Agency Medical Locums** – temporary or interim staff provided through an external organisation for an agreed rate, where the contract of employment lies with the providing company rather than the user.
- 4.4 **Medical Resource Department** – The Medical Resource Department are responsible for managing the day to day requirements for locum staff in each department. This responsibility is included in the role of the medical staffing co-ordinators. The Medical Resource team will work to an agreed minimum staffing level in each area. Any shifts over and above the agreed minimum staffing level must have Clinical Director and ADO approval (Appendix 5: Medical Resource Department Escalation procedure).

- 4.5 **Medacs Healthcare – Managed Service** – Medacs Healthcare provides a managed service contract to MEHT. Medacs provide an on-site client relationship manager who will outsource all agency locum requests to all framework agency providers. Medacs and the Medical Resource Department are responsible for ensuring all agency locums have the compliant checks and clearances made to enable them to work a shift.

Medacs are also responsible for the below:

- shift handling
  - Managing rates with agency suppliers to ensure they are in line with national agreed rates and locally agreed rates.
  - Introducing electronic timesheets for Medical Locum Agency Workers
  - Assuming responsibility for processing and invoices for payment of all Medical Locum Agency Workers
  - Day to day relationship management
- 4.6 **Disclosure and Barring Service** (DBS previously CRB) - The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).  
<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

## 5. **Substantive/Fixed Term Staff undertaking extra (bank) duties**

- 5.1 Substantive/Permanent staff wanting to undertake additional hours should contact the Medical Resource Department to ensure they are aware of the process for extra (bank) duties.
- Substantive/permanent staff cannot work an agency shift at MEHT whilst employed by the Trust.
  - All extra duties (bank) must have prior approval by the Clinical Director and Medical Resource Department.

## 6. **Responsibilities of the Medical Resource Department**

6.1 The Medical Resource Department is located in B244 South Wing.

6.2 The Medical Resource Department office hours are

- Monday – Friday 0730-1700.
- The Medical Rota co-ordinator will source locums (internal in the first instance) if the rotas fall below the minimum staffing levels or if requested with approval for capacity reasons.
- The rota coordinator for the below specialties can be contacted on the below extensions:
- A/E/Medical Consultants 4362
- Medicine/ITU 5944
- Burns and Plastics 4913
- Paediatrics/Surgery/Urology/Orthopaedics 6889

- Oncology/Obs & Gynae/ENT/Max Fax/Ophthalmology 6892
- The Medacs Client Relationship officer is located within the Medical Resource Department the opening hours are Monday-Friday 0830-1700 (01245 516709).
- Out of hours requests are covered through Medacs 01756 703000

6.3 The internal locum doctor is responsible for ensuring that the 48 hour opt out form is completed if they wish to undertake additional duties and returned to the Medical Resource Department (this form is normally issued to the doctor with all other pre-employment paperwork). By completing this form, he/she is agreeing they are not working in excess of 56 hours a week over a 26-week reference period (Appendix 1EWTD Opt out form)

6.4 The Medical Resource Department and Medacs are responsible for ensuring that all internal and external locums' recruitment paperwork and relevant pre-employment checks have been completed prior to a locum working a shift. Internal staff will have had these checks completed during their initial recruitment to the Trust. Below are the clearances that must be received:

- Occupational Health (form clearance, to include bloods, EPP clearance ID verified, fitness etc.)
- Copy of Passport (signed/verified by Site Manager during OOH)
- Enhanced DBS disclosure number and issue date. Positive DBS alerts require authorisation from a Medical Staffing Manager or Medical Director or equivalent prior to booking the doctor
- GMC Registration with Licence to Practise or GDC Registration. Any alerts/cautions/notifications require authorisation from a Medical Staffing Manager or Medical Director or equivalent prior to booking the doctor
- Proof of address
- 1 x Photographic Identification Verification Driving licence etc. (signed/verified by Site Manager )
- ID Badge
- Entitlement to work documentation where required (signed/verified)
- References.
- Valid BLS/ALS or ATLS certificate.
- Evidence of last appraisal.

6.5 Occasionally a doctor would like to join the internal bank that may have not worked at the Trust before. In this instance an interview will be required with the support of a Consultant before the candidate commences.

6.6 The Medical Resource department is responsible for processing internal/bank locum timesheets for payment.

6.7 Medacs are responsible for ensuring all agency locum timesheets are processed with the approval signature via their agency for payment.

6.8 The cut off for SERCO payroll for all MEHT employed staff for extra duties is the 5<sup>th</sup> of every month with payment made on the 28<sup>th</sup> of every month. If a time sheet is received by the Medical Resource Department on the 3<sup>rd</sup> or 4<sup>th</sup> of the month there is a possibility it will not be processed to meet the deadline of the 5<sup>th</sup> of the month due

to the high volume of timesheets processed (all timesheets for finance and audit purposes must be logged and scanned copies filed).

- 6.9 All locums (internal and external) are responsible for ensuring they submit their timesheets in a timely manner to ensure prompt payment for the shift/s worked (Appendix 4 – MEHT extra duty claim form).
- 6.10 All internal bank locums and long term agency locums (1 month or longer) will be expected to attend a Trust mandatory Induction and IT training to ensure they are familiar with Trust policies and procedures and have IT access to the relevant IT systems required. The Medical Resource team must monitor locum doctor's compliance checks ensuring they are up to date (examples include safeguarding, manual handling and infection prevention).
- 6.11 A locum usage spread sheet will be maintained by the Medical Resource Department, which will include all locum shift details including costs and will be provided on request for the specialty
- 6.12 The Consultant should confirm that all hours were worked and ensure that a period of rest/breaks is identified as taken within the hours worked **(breaks are not paid to Agency Doctors). Employees are entitled to take an unpaid break of 20 minutes in any shift of more than six hours of working time.**
- 6.13 Inappropriately signed claim forms will be returned to the department and payment will be delayed.
- 6.14 On their first attendance all locums will be ID checked in hours by the Medical Resource Department and OOH by the Clinical Operations Team.
- 6.15 All agency locums on their first shift will receive a locum welcome pack which will include:
  - Induction checklist booklet (Appendix 2).
  - Temporary IT access for the duration of the shift/s.
  - Details on the Trust IT systems for Medical Staff.
  - Early Sepsis recognition tool.
  - Locums are required to fill out a blood transfusion competency form.
  - Temporary ID badge.
- 6.16 For all further shifts the locum will continue to receive temporary IT access and ID badge for their shifts. This will be issued in hours by the Medical Resource Department and OOH by the Clinical operations team.
- 6.17 Agreed rates for locums must be within the TDA capped rates (Appendix 3 TDA/Monitor Agency Capped Rates page 8). Agency rates requested over and above the TDA/Monitor capped rates must have Medical Director approval.
- 6.18 The Medical Resource Team will seek approval to breach the capped rates in advance following discussion with the specialty and a clinical risk to patient safety has been identified if the shift is unfilled.

## **7. Responsibilities of Clinical Leads, Clinical Directors and ADO (Associate Directors of Operations).**

### **7.1**

- Ensure plans are in place to reduce the need for temporary staff i.e. workforce plans with the support of the Medical Resource Department.
- Ensure robust annual leave and absence management systems in place.
- Support the Medical Staffing Co-ordinators to ensure rotas are managed within the defined parameters to maintain patient safety.
- Ensure the appropriate authorisations are in place for all locum/extra duty bookings.
- Temporary staff should only be engaged as a last resort after considering other staffing alternatives.
- Temporary staff should never be used as an on-going staffing solution.
- Service Developments should be appropriately resourced without relying on temporary staffing.

7.2 A nominated consultant within the specialty will be responsible for approving CV's for short and long term agency locums.

7.3 Long term agency locums should also be interviewed by the nominated consultant.

7.4 The departments are advised to keep their current junior doctors contact information within the department to assist in covering short notice gaps.

7.5 The Consultant is responsible for ensuring that any potential internal locum is competent and safe to carry out additional duties when requested/volunteering to work additional hours.

7.6 The Clinical Lead/Director is responsible for validating claim forms for payment for internal locum cover and ensuring all details are correct prior to processing for payment. If these details are not completed, the form will be returned and payment may be delayed.

7.7 The Consultant is responsible for ensuring that all locum doctors receive a departmental induction, regardless of length of contract. The induction form will require completing and returning to Medical Resource Department for audit purposes.

7.8 Adhere to the Trust Policy and Procedures.

7.9 If locum cover cannot be sourced internally or externally the Clinical Director/Clinical Lead is responsible for realigning all available resources to ensure that the department has adequate cover.

## **8. Locum Doctor Responsibilities**

8.1 If a doctor expresses an interest to work additional hours they are responsible for providing their availability to the Medical Rota Co-ordinator for the relevant specialty.

8.2 The locum doctor has a responsibility to ensure that they are competent and safe to carry out additional duties.

- 8.3 Should an internal locum doctor who agrees to work additional hours subsequently feel they are unable to carry out pre-booked additional hours they should inform the Medical Rota Co-ordinator as soon as possible so alternative cover can be sought.
- 8.4 The internal locum doctor is responsible for ensuring that all the details on the Locum claim form for payment are complete, correct and signed by the Consultant prior to sending the form to the Medical Resource Department for payment. If the details are not fully completed payment will be delayed.
- 8.5 Adhere to the Trust Policies and Procedures at all times
- 8.6 Locums can access induction information and the guides to the Trust IT systems on the below link:  
<http://meht-intranet/clinical-pages/doctors-locum-doctors-information-pack/>
- 8.7 All locums are responsible for their own accommodation and travel to and from work. MEHT will not pay for accommodation only in exceptional circumstances such as adverse weather conditions.
- 8.8 All locums are responsible for submitting their timesheets within the appropriate time scales to ensure prompt payment. Any timesheets for internal/extra duties that are submitted 3 months after the duty was worked will not be paid (please see paragraph 6, 6.8 for timescales).
- 8.9 Locum doctors are responsible for ensuring they are up to date with mandatory training and compliance checks. This applies to bank and agency locums.

## **9. Acceptable Reasons for Locums to be booked**

- 9.1 Most rota/working patterns within the Trust are created to include prospective cover for Annual Leave and Study Leave. The Medical Rota Co-ordinator will manage annual and study leave requests so that the minimal level of cover is not compromised. The following requests are deemed acceptable for utilising the locum desk services:
- Compassionate leave
  - Vacancy – (funding available)
  - Maternity/Paternity Leave
  - Exceptional circumstances i.e. national exam (the exam title must be completed on the study leave request form)
  - Interviews
  - Jury Service
  - Periods of increased patient capacity and demand to assist with maintaining patient flow and patient safety (Clinical Director or ADO approval required).
  - Sickness

## **10. Procedures for arranging medical cover during office hours**

- 10.1 Individual specialties are responsible for their doctors' rota on a day-to-day basis and for ensuring that the required level of patient safety and service provision is maintained.



- 10.2 It is the responsibility of a doctor working on a rota to adhere to the duty times as specified within that rota and bring to the attention of the relevant CD/Consultant and Medical Rota Co-ordinator where the ability to do so may be compromised.
- 10.3 There is a joint responsibility between CD /CI and doctors participating on a rota to be aware of how rotas are managed for each specialty.
- 10.4 Unexpected leave (for example sickness) must be managed by the respective specialty. Early reporting of sick leave to the Medical Resource Department will assist in the department managing such gaps on the rota internally. All CDs/Consultants/managers and doctors should be aware of the sickness absence reporting requirements for their specialty.
- 10.5 The department in conjunction with the Medical Rota Co-ordinator must first attempt to cover the shortfall by utilising the remaining junior doctors participating on the rota.
- 10.6 If the department is successful in covering the shift in-house the Medical Rota Co-ordinator will look to source a locum to cover the shift. This will be within the defined parameters for the specialty.
- 10.7 The Medical Rota Co-ordinator will make every attempt to find locum cover and if cover is found, the department will be informed.
- 10.8 It is not always possible or practicable to source external locums and therefore all doctors are requested to be cooperative when asked to either change duties or work additional duties where medical cover falls below what is considered necessary to provide safe patient care.
- 10.9 The Trust has a Service Level Agreement (SLA) with Medacs Healthcare. Agencies not on the agreed framework with Medacs cannot be utilised and departments must not approach agencies directly. All communication with agencies will be done via Medacs and the Medical Resource Department.
- 10.10 The Medical Resource Department will provide a daily handover to the site manager before 1700 of any outstanding shifts, booked locums.
- 10.11 The Medical Resource Department will also ensure packs are made up and IT access's supplied to the Clinical Operations Manager for OOH doctors booked.
- 10.12 If locum cover cannot be sourced internally or externally the CD/CL/Consultant is responsible for realigning all available resources to ensure that the department has adequate cover.

## **11. Procedure for arranging medical cover out of hours (OOH)**

- 11.1 Out of Hours (OOH) refer to the following times when the Medical Staffing department is not operational
  - After 17.00 hours and before 07.30 hours Monday to Friday
  - Saturday and Sunday
  - All public holidays & bank holidays

- 11.2 Doctors up to and including the grade of StR 2 or equivalent are requested to contact the appropriate Registrar/Consultant informing them of a potential shortfall as soon as possible. The Registrar/Consultant can be contacted via switchboard and in turn will inform the Clinical Operations Manager. Registrars should contact the appropriate Consultant on call also.
- 11.3 When a doctor contacts the appropriate Registrar/Consultant OOH and informs them that they are unable to fulfil their duties, the Site Manager should be contacted and the following action should be implemented.
- 11.4 On receiving information that a doctor will not be reporting for duty The Site Manager will explore opportunities in the following priorities:
- Review internal cover conjunction with the Consultant or Registrar on duty.
  - All the medical staffing rotas for the Trust are listed on the Trust Intranet under Clinical Pages and Doctors rosters – the rotas also contain the contact details for the doctors: <http://meht-intranet/clinical-pages/doctors-rosters/>
  - Once the internal cover has been exhausted, the Clinical Operations Manager will contact Medacs out of hours on 07156 703000 who will outsource the shift.
  - Locums must be booked within the TDA capped rates (Appendix 3 TDA/Monitor Agency Capped Rates page 8). Agency rates requested over and above the TDA/Monitor capped rates must have executive on call permission out of hours.
  - Agencies should not be requesting higher rates for doctors OOH. The Medical Resource Department must be notified if this happens.
  - If no alternative cover can be found, the Clinical Operations Manager will contact the appropriate Registrar/Consultant informing them of the need to realign internal services to ensure adequate safe cover (Acting down Policy may need to be followed).
- 11.5 The Clinical Operations Manager will be responsible for ensuring all the required recruitment checks are in place prior to the doctor commencing the duty. If the agency locum booking was made during the OOH period specific employment details will be required (see paragraph 6, 6.4 for pre-employment checks) (Appendix 6 Medical Agency Doctors Compliance Checklist).
- 11.6 If the agency locum booking was made in-hours by Medical Resources an information pack will be made available with the all relevant paperwork that needs to be completed
- 11.7 The Clinical Operations Manager is responsible for adhering to the TDA and Monitor Cap rates ensuring they are not exceeded (Appendix 3 TDA/Monitor Agency Capped Rates page 8).
- 11.8 All OOH agency locum requests require specific requirements to be met i.e. competencies, these must be agreed with by the Consultant on call depending on the specialty requiring the cover. The Consultant on call is responsible for ensuring any locum cover secured meets the required competencies.

- 11.9 The Clinical Operations Managers must ensure a handover is completed and returned to the Medical Resource department daily to ensure accurate records of instances such as sick leave and locum bookings are maintained.
- 11.10 If locum cover cannot be sourced internally or externally the CD/Consultant is responsible for realigning all available resources to ensure that the department has adequate cover.
- 11.11 Locums can access induction information and the guides to the Trust IT systems on the below link:  
<http://meht-intranet/clinical-pages/doctors-locum-doctors-information-pack/>

## **12. Medacs Healthcare**

- 12.1 Agency Medical Locums should be sought directly through Medacs only.
- 12.2 Medacs will outsource shifts to all approved agencies on behalf on the Trust.
- 12.3 All agency locums will be subject to the same pre-employment checks as bank doctors (6.4). Medacs are responsible for ensuring all locums remain compliant during the term of their locum appointment (Appendix 6 Medical Agency Doctors Compliance Checklist).
- 12.4 Medacs have a Client Relationship Manager is based within the Medical Resource Department who will manage all agency bookings:
- Ensuring compliance is adhered too.
  - Rates are maintained at the Trust agreed levels.
  - Rates are within TDA/Monitor national agreed parameters.
  - Adhere to the required standards and policies of the customer as advised in writing by the customer
  - The Medacs Client Relationship officer is within the Medical Resource Department the opening hours are Monday-Friday 0830-1700 (01245 516709).
  - Out of hours requests are covered through Medacs 01756 703000

## **13. Medical Indemnity**

- 13.1 A doctor needs to have insurance or indemnity in place when they start to practise in the UK. The type and level of insurance or indemnity required depends on where a doctor works, whether they are employed or self-employed and the type of work they do.
- 13.2 For doctors employed on a bank locum contract or agency the following medical indemnity conditions apply: Under the terms of the NHS Indemnity scheme which came into operation on 1 January 1990, the Trust will take financial responsibility for the negligent acts of its employees committed in the course of their NHS employment. Where an agreement has been reached with the appropriate medical defence organisation, the Trust will take direct financial responsibility for cases after the commencing date. Medical and dental staff employed by the Trust are not required to subscribe to a medical defence organisation as the Trust indemnity will cover Trust responsibilities.

## **14. Revalidation for Locum Doctors**

- 14.1 All doctors that hold a licence to practise are legally required to revalidate every 5 years and have an annual appraisal based on the GMC's – Good medical practice guide.
- 14.2 Bank locums that have a substantive post in another Trust will be required to provide the name and details of their responsible officer in that organisation for revalidation.
- 14.3 Bank locums that are employed by MEHT direct and only work bank for MEHT will be added to the Trusts appraisal list for revalidation and supported through the process.
- 14.4 Medacs will ensure all agency locums booked in the Trust have an identified responsible officer for revalidation. As part of the agency check list an up to date appraisal dates are mandatory.

## **15. Auditing & Monitoring**

- 15.1 Medacs will carry out regular compliance audits with agencies to ensure they are keeping agency locums compliance details up to date.
- 15.2 The Trust will undertake regular audits of all locum bookings to ensure compliance and rate monitoring is adhered to.
- 15.3 Management information concerning the use of temporary staff will be supplied by the Medacs to the Trust on a monthly basis. The information supplied will be used to monitor individual departmental use of temporary staff.
- 15.4 Clinical Directors and ADO' should review locum/extra duty assignments on an on-going basis. This review should address:
  - The continuing need for the work
  - Whether alternatives have now become available that can be considered
  - The standard of work performance
  - Progress against agreed targets and requirements
  - The expenditure incurred
  - Patient and staff safety.

## **16. Counter Fraud**

- 16.1 Employees alleged to be involved in fraudulent activity may render themselves liable to disciplinary action, including termination of employment.
- 16.2 Employees must be aware that failure to provide a true declaration when asked by the Trust, or the making of a false declaration, could result in an investigation by the Local Counter Fraud Specialist which could lead to disciplinary and/or criminal/civil action.

## **17. Communication and Implementation**

- 17.1 The policy will be available to view on the Trust Intranet under HR policies.
- 17.2 The policy will be sent to all relevant staff and agencies involved in the booking of Medical locums.

- 17.3 The Medical Resource Department will ensure the policy is adhered to at all times.
- 17.4 Medacs will ensure the policy is adhered to at all times also when utilising the use of agency locums.
- 17.5 Clinical Directors and ADO's are responsible for ensuring the individual specialties are adhering to the policy.

## **18. References**

MEHT Trust Working Time Regulations Policy

Employment Rights Act 1996

<http://www.legislation.gov.uk/ukpga/1996/18/contents>

Monitor/TDA Price Cap Proposal

Medical and Dental Terms and Conditions of Service for Medical Staff

GMC Medical Indemnity and Medico Legal Support

[http://www.gmc-uk.org/doctors/information\\_for\\_doctors/insurance\\_and\\_indemnity.asp](http://www.gmc-uk.org/doctors/information_for_doctors/insurance_and_indemnity.asp)

NHS Indemnity – Arrangements for Clinical Negligence claims in the NHS

<http://www.nhs.uk/claims/Documents/NHS%20Indemnity.pdf>

GMC - Revalidation

<http://www.gmc-uk.org/doctors/revalidation/12382.asp>

## **Appendix 1: EWTD Opt out form**



Adobe Acrobat  
Document

## **Appendix 2: Induction Checklist Booklet**



## **Appendix 3: TDA/Monitor Capped Agency Rates (page 8)**



Adobe Acrobat  
Document

## **Appendix 4: MEHT Extra Duty Claim form**



Microsoft Word 97 -  
2003 Document

## **Appendix 5: Medical Resource Department Escalation procedure**



Microsoft Word 97 -  
2003 Document

## **Appendix 6: Medical Agency Doctors Compliance Checklist**



Microsoft Word 97 -  
2003 Document