

This handbook provides important information for all Merco registered locums.

INTRODUCTION

By this stage you will have completed the registration process. This means we should have your CV, application form and all other supporting documentation. This means you are almost ready for work. Congratulations! We now have just a few points to cover before we find your first placement. The following information is designed to make your relationship with Merco as seamless and as profitable as possible. If at any time you have any questions or need further clarification on any of the points contained within, including information on our training and development policies and procedures, please do not hesitate to contact us straight away on 0208 947 3077, we will be happy to put your mind at rest.

YOUR AVAILABILITY

It is important that we know when you are available for locum work and in which particular location, if any. With this information we can speak to our clients and inform them of whom we have available and when. By giving us your availability and keeping it regularly updated you significantly increase your chances of confirming a locum position.

You may give us your availability by phone, fax or email. We recommend that when possible you can, you phone us with your availability as this allows us to give you details of any suitable locum positions that are currently available.

You may call us on 0208 947 3077,

Fax us on 0203 060 3929

and email us on info@merco.co.uk 24 hours a day, 7 days a week

It is just as important to make us aware as soon as possible if there are any changes to your availability. As we have locum positions arriving every day it is imperative that we have your correct availability as to ensure we do not give our clients the wrong information.

EXPECTATIONS...

- **Complaints & Grievances** - We hope the service you have received from us so far has been exemplary. If not, please let us know! Whilst we appreciate your role & value your skills, we must have a mutual understanding of what is expected from you. Whilst you can rely on us being here for you all day, every day, we need to be absolutely certain that whilst you are working with our clients, you abide by their rules and do all you can to minimize the risk of complaints & grievances. Should you be involved in such a situation, we must make you aware that in accordance with our disciplinary guidelines, a full investigation will take place. This may be in addition to action taken directly by the client. Should you wish to lodge a complaint or grievance against a client or Merco, then our full complaints procedure will be available to you. Please rest assured that all issues will be fully investigated.
- **Confidentiality** - Almost all information regarding patients & any concerned parties is to be treated with the strictest of confidence. Do not disclose any patient information to anyone not directly involved in their care.
- **Drugs** - Please make sure you are aware of local policies, particularly with controlled drugs.

- Patient Care - Your written records must be clear and legible and be in black ink. As these reports can have legal standing, any errors or amendments must be clearly marked in red ink and any amendments must be signed by you. Avoid using any form of correction fluid.
- You and Merco - You have an obligation to inform us if a client of ours offers you employment on any basis. The client has accepted our terms of business & has agreed to use your services in a locum capacity. By offering you employment & indeed by your acceptance of such offer of employment, you will be breaching the terms & conditions of your contract with Merco.
- Training requirements - You are expected to keep up to date with your training. Merco can help you to find suitable sources of training.

TIMESHEETS

All Candidates are required to complete an original Merco timesheet for every locum duty/shift that is carried out.

These will be provided to you by Merco. Timesheets are required to reach us by midnight on Tuesday of every week. This timesheet would detail the duties carried out by you in the previous week. You will be paid that same week into your designated bank account. All submitted timesheets must have your details, name of client, your signature and date. Each timesheet must be authorised by the client by means of signature and organizational stamp (if they have one). Please call us on 0208 947 3077 to request a copy of the timesheet.

Please fax your timesheets to 0203 060 3929 & post a copy to:

Merco, 1st Floor St George's House, 3-5 Pepys Road, Raynes Park, SW20 8NJ

IDENTIFICATION

Please carry your Merco photo identification badge and another form of photo ID (eg passport, drivers licence) with you at all times when you are performing locum duties for Merco. Our clients have the right to turn you away from any given locum shift if you do not have your Merco photo identification badge and photo ID with you for inspection. If you do not have your Merco photo identity badge yet please call us immediately.

UNIFORMS

Whilst Merco does not provide its own uniform we recommend that you wear attire suitable to the environment you are to work in. Casual clothing should not be worn whilst working at any client unless you have specifically been told it is appropriate by either Merco or the client.

TRAVEL EXPENSES

As a general rule Merco does not pay any travel allowances. There are two exceptions to this rule. 1) If you are working in a community setting and are required to travel between patients/clients then a travel payment may be made if the client has agreed this. 2) As per service user cancellation procedures.

CANCELLATIONS

- By the client

We understand, by the very nature of the healthcare industry, that changes may occur at very short notice. We would expect the client to inform us within reasonable time of such a cancellation. If we are able to stop you before you leave your residence on your way to work, then we will accept the clients' cancellation and secure other work for you ASAP. If, however, you have already begun travelling to the client then Merco will endeavour to claim a small fee for your travelling expenses from the client. This is not guaranteed and will depend on the client acceptance of the cancellation fee. Your consultant will advise you on this in the unlikely event that a shift is cancelled.

- By Merco

In the unlikely event that Merco needs to cancel one of your shifts please rest assured that we will endeavour to find you another replacement shift as soon as possible.

- By you, including sickness & absence

It is important that you realize that our clients will have chosen you over many others and that, should you cancel a shift, you will be jeopardizing the health and care of the client and their patients. We do understand that you may need to cancel a shift if an emergency were to occur but we do insist that you give us at least 24 hours notice prior to the shift starting. You may be required to detail, in writing, the circumstances surrounding your cancellation.

HEALTH AND SAFETY

- Health and safety at work

We ensure the health & safety of all our Locum Candidates & clients and promote the standards as stipulated in the Health and Safety Work Act (1974). We would expect that whilst any of our Locum Candidates are performing duties for a client that steps are taken to ensure your safety. This would include ensuring working environments are safe, hygienic & that you are not subject to threatening, abusive or assaultive behaviour. If you feel that your health and safety is being compromised in any way please call us immediately. There are steps that you must take to ensure the reasonable care and health and safety of those that are affected by your acts/omissions:

1. Co-operate with the client and follow safe working techniques;
2. Follow instructions when using any equipment;
3. Report obvious dangers/shortcomings to the client;
4. Take extra caution when handling hazardous substances;
5. Be familiar with local fire procedures;
6. Be familiar with local emergency/cardiac procedures;
7. Be aware of the risk of the spread of infections and take measures to prevent further infection;
8. Discard gloves and aprons as per the clients procedures and cover cuts or scratches on your person with waterproof dressings and renew whenever necessary.

If you are involved in any incidents or accidents whilst performing locum duties for a client then this should be reported immediately to the client and to Merco. The client may ask you to confirm in writing the details relating to the incident/accident. Merco will also ask you to provide a written account of the particular surrounding the incident/accident.

- Personal safety

When you are working, please remember to tell a friend or family member where you are going, which client you are working for and what time to expect you home. Leave a contact number. Carry some sort of personal alarm. If driving, park close to the client in a well lit area. Lock your car and do not keep valuables in sight. Please remember to have your mobile phone switched off when you are working.

PROFFESIONAL INDEMNITY

Merco recommends that all Locum Candidates should have appropriate insurance cover.

We are happy to obtain details of suitable schemes for you.

CRIMINAL DISCLOSURES

We must make you aware that it is an offence not to disclose any information relating to previous or pending criminal convictions. Merco takes security very seriously and as such we insist that all of our Locum Candidates complete an Enhanced Disclosure with the Criminal Records Bureau (CRB). If you haven't done this then please call us immediately. You will not be placed with any clients until we receive your disclosure from the CRB. Please contact your consultant or the compliance team if you have any queries regarding this.

CONTACTING US

Merco operates 24 hours a day, 365 days a year. You can call us anytime on 0208 947 3077 or email us on info@merco.co.uk or fax us on 0203 060 3929.

ANNUAL LEAVE

All Candidates qualify for annual leave. You cannot take payment in lieu of holiday. Any unused annual leave cannot be carried over to the next leave year. You may not take unearned leave. All requests for leave and calculations regarding your holiday can be requested from our HR Department on 0208 947 3077.

THANK YOU

We appreciate your commitment and value your trust. Merco aims to offer you the best locum positions for the best pay. We look forward to a long and happy relationship with you. Should you need to contact us for any reason, please rest assured that you will be treated fairly and your issue dealt with promptly. We are accredited by the Recruitment and Employment Confederation for your peace of mind.

Thank you for choosing Merco.

STAFF HANDBOOK

All Candidates working in NHS Trusts are required to have knowledge in all areas of mandatory information. Please check your understanding of each of the key areas listed below. Should you require training on any of these issues, please do not hesitate to contact Merco, who will be able to facilitate this training:

1. COSHH
2. RIDDOR (Reporting Of Injuries, Diseases And Dangerous Occurrences Regulations 1995)
3. Infection Control
4. Risk Incident Reporting
5. Training and Complaints Handling
6. Handling of Violence and Aggression
7. Fire Procedures
8. Fire Safety
9. Lifting & Handling
10. Manual Handling
11. Lone Worker Training
12. Ionising Radiation
13. Health & Safety
14. Data Protection Act 1998
15. Clinical Governance
16. Working Time Directive
17. Immigration Regulations
18. GMC Registration and Regulation
19. Caldicott
20. Miscellaneous
21. Complaints
22. AWR
23. Appraisal & Revalidation

1. COSHH

COSHH stands for the Control of Substances Hazardous to Health Regulations 2002.

Using hazardous substances can put people's health at risk. COSHH requires employers to control exposures to hazardous substances to protect both employees and others who may be exposed from work activities.

Hazardous substances are anything that can harm your health when you work with them if they are not properly controlled eg. by using adequate ventilation. They are found in nearly all work places eg. factories, shops, mines, farms and offices. They can include:

- substances used directly in work activities eg. glues, paints, cleaning agents
- substances generated during work activities eg. fumes from soldering and welding
- naturally occurring substances eg. grain dust, blood, bacteria

For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, household washing up liquid doesn't have a warning label but bleach does - so COSHH applies to bleach but not washing up liquid when used at work.

Remember that asbestos and lead are covered by separate laws.

In the interest of health and safety, it is your responsibility to adhere to local trust policies and procedures.

Further guidance can be found on the Health & Safety Executive web site at <http://www.hse.gov.uk/coshh/index.htm>.

Leaflets giving guidance on hazardous chemicals, labeling, transportation, packaging and COSHH can also be found on the Health & Safety Executive web site at <http://www.hse.gov.uk/pubns/chindex.htm>.

2. Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations 1995

RIDDOR '95 means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, which came into force on 1 April 1996.

RIDDOR '95 requires the reporting of work-related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents.

Reporting accidents and ill health at work is a legal requirement. The information enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. The enforcing authorities can then help and advise you on preventive action to reduce injury, ill health and accidental loss - much of which is uninsurable.

In the interest of health and safety, it is your responsibility to adhere to local trust policies and procedures.

Further guidance can be found on the RIDDOR web site at <http://www.riddor.gov.uk/>

3. Infection Control

Infection control measures are an important issue in your place of work. Every hospital will provide guidance on where wipes are stored and local procedures to be followed.

Below is a brief list of actions that will help control infection in your hospital.

- Wash your hands before and after all procedures and dry them thoroughly.
- Follow the hand washing procedure using hand wash gel. Ask a supervisor for gel if none is available.
- Wash your hands thoroughly with soap and water when your hands are visibly dirty.
- Cover any cuts or bruises you may have with a waterproof dressing that have the potential to come in contact with other people.
- Use appropriate rubber gloves if you suspect you will come in contact with blood, body fluids or open wounds. Dispose of the used gloves appropriately.

- Use an appropriate apron, facial mask and/or eye goggles should you suspect blood or bodily fluids may splash on you, immediately clearing any splashes. Dispose of these apron items appropriately.
- Clear up any spillages promptly and ask a supervisor to clarify the local procedures.
- Dispose of needles and other sharps appropriately and ask a supervisor to clarify the local procedures.
- If an incident occurs resulting in an injured person receiving open wounds, losing bodily fluids or blood, this should be reported immediately to a supervisor and complete an incident report.

Always observe local trust policies and procedure on infection control.

Further guidance can be found at:

[The Department of Health - Healthcare associated infection Hand Hygiene Liaison Group](#)
[Infection Control Nurses Association](#)

4. Risk Incident Reporting

It is a requirement that Locum Candidates be aware of Risk Management Policies and be able to report incidents in line with the trusts Health and Safety Policy.

Hazard means anything that can cause harm (e.g. chemicals, electricity, equipment).

Risk is the chance, high or low, that someone will be harmed by the hazard.

- Look for hazards
- Decide who might be harmed and how
- Evaluate the risk and decide any steps can be safely taken to eliminate or reduce the risk of harm
- Report the incident to your supervisor or designated health and safety officer
- Follow up and check that action has been taken to eliminate or reduce the risk, if this has not take place, report again to your supervisor or designated health and safety officer.

Further guidance on Risk Management can be found on the Health and Safety Executive at <http://www.hse.gov.uk/risk/index.htm>.

5. Training and Complaints Handling

In order to develop and maintain high standards within the NHS, five principles of good complaints handling for service improvement are specified by the Department of Health. These are:

- Creating professional relationships
- Searching for the truth
- Communicating the truth
- Managing complaints handling

- Facilitating learning from complaints

If you encounter any complaints, these should be referred to the complaints manager at the trust. If a complaints manager is not available, you should find an appropriate member of staff who has had the correct complaints handling training.

Each trust will have local policies for complaints handling which should be obtained from your supervisor.

Further information can be found at the Department of Health's web site in the section [NHS complaints procedure](#).

6. Handling of Violence and Aggression

Violence, threats and abuse to staff are unacceptable. This includes sexual and racial harassment, and threats to family and property. Violence and abuse are NOT part of the job. Managing violence, threats and abuse is the responsibility of both the employer and employee. Organisations, managers, employees and service users working together provide the best means to safer practice. Every trust should have a local policy that clearly sets out a code of practice that fits your job and where you work. A procedure should also be in place detailing what to do when an incident occurs or what to do if you think there is a risk. If you have any concerns about the possibility of violence or aggression you should speak to your supervisor straight away. They will be able to advise and assist you with any concerns. All staff are reminded that they have a legal obligation under the Health and Safety at Work Act 1974 to take reasonable care of both their own safety and others who may be affected by their acts or omissions at work. Further information and guidance can be found at the [Violence Taskforce web site](#) from the Department of Health. The NHS also provides information and guidance on their [Zero Tolerance web site](#).

7. Fire Procedures

Detailed local fire procedures are displayed in all areas of a hospital and must be followed at all times. It is the duty of all staff to familiarise themselves with the local fire procedures that exist within their area of work.

If you discover a fire, activate the fire alarm immediately. It will bring immediate assistance from within the hospital as well as helping to summon the Fire Brigade. If the alarm sounds you must check with a permanent member of staff as to what action needs to be taken.

8. Fire Safety

Statutory Requirements

- [The Fire Precautions Act 1971](#)
- [Fire Precautions \(Workplace\) Regulations 1997](#)
- [Building Regulations 1991](#)
- [The Building Act 1984](#) (including the Building Regulations Act 1991)
- Housing Act 1985

- [Management of Health and Safety at Work Regulations 1999](#)
- [Disabled Discrimination Act](#)

Non-Statutory Requirements

The Secretary of State for Health requires all NHS Trusts to take effective precautions against fire in premises for which they are responsible. The Department of Health Policy together with specialised technical guidance, which is specific to Health Service premises, and produced by the Department of Health is contained in the Fire code documents. In this way the adequacy of fire precautionary arrangements in existing premises can be assessed against established standards. Similarly, those standards are applied to proposals for new build, refurbishment schemes, or where a property may undergo a change of use. Overall progress is monitored on behalf of the NHS Executive by Controls Assurance Standards.

9. Lifting and Handling

It is your responsibility, under current legislation, to take reasonable care for your own safety and that of colleagues or patients, while handling people or loads. It is also your responsibility to use all equipment in accordance with training and instructions received and to comply with existing policies on handling. You should not lift loads above the safe level you have been trained to lift.

Risks you should be aware of:

- Lifting patients
- Working in an awkward, unstable or crouched position
- Lifting loads at arms length
- Lifting with a starting (or finishing) position near the floor, or overhead or at arms length
- Lifting an uneven load with the weight mainly on one side
- Handling an uncooperative or falling patient

You should consider the risks involved in any manual handling exercise; you should also follow the basic handling rules in every case:

- Prolonged loading of the spine should be avoided
- Always lift within the area of stability dictated by foot position and never risk a handling movement when off balance
- Any heavy work done with the spine rotated or laterally flexed is dangerous
- Loads for lifting should always be held close to the body
- Never lift in front of the knees or to one side of them: lift between the knees
- The vertical 'dead lift' must be avoided
- Seek assistance if you cannot move the load safely
- If you are a pregnant employee report any concerns you have and seek assistance

- Use appropriate moving and handling, or lifting aids and report any shortfalls or defects to the appropriate manager.

The following web sites offer further guidance and advice on lifting and handling along side other health issues.

[NHS - Back in work](#)

[NHS Plus - Manual handling](#)

[Health & Safety Executive](#)

10. Manual Handling

Merco has a 'minimal lifting policy' with no lifting principals embodied within it. You should not lift loads above the safe level you have been trained to lift.

It is your responsibility, under current legislation, to take reasonable care for your own safety and that of colleagues or patients, while handling people or loads. It is also your responsibility to use all equipment in accordance with training and instructions received and to comply with existing policies on handling.

Risks you should be aware of

- Lifting patients
- Working in an awkward, unstable or crouched position, including bending forward, sideways or twisting the body
- Lifting loads at arms length
- Lifting with a starting (or finishing) position near the floor, or overhead or at arms length
- Lifting an uneven load with the weight mainly on one side
- Handling an uncooperative or falling patient (a careful assessment made in advance can minimise risks)

You should consider the risks involved in any manual handling exercise; you should also follow the basic handling rules in every case.

- Prolonged loading of the spine should be avoided. Those who are inescapably exposed to prolonged spinal loading may require time for recovery
- Always lift within the area of stability dictated by foot position and never risk a handling movement when off balance
- Any heavy work done with the spine rotated or laterally flexed is dangerous
- Loads for lifting should always be held close to the body
- Never lift in front of the knees or to one side to them: lift between the knees
- The vertical 'dead lift' must be avoided
- Seek assistance if you cannot move the load safely
- If you are a pregnant employee report any concerns you have and seek assistance

Use appropriate moving and handling, or lifting aids and report any shortfalls or defects to the appropriate manager.

11. Lone Worker Training

If a situation arises where you are required to work on your own with a member of the public, try and follow the suggestions below;

- Always carry a means of contact, i.e. mobile phone or pager and let someone know where you are going, how long you will be, how you are getting there and getting back, a means of contact.
- If you are in a building on your own, use the door lock to ensure no one could enter the premises without your knowledge. Make security staff aware you are in the premises.
- If you will be working in a trust where no other member of staff would be situated let someone know where you are and what you are doing, how long you are going to be on your own and try to carry a means of contact i.e. mobile phone. Consider pre planning an incoming mobile call to check you are alright.

Before beginning your post check the hospital procedures.

12. Ionising Radiation

Ionising radiation occurs as either electromagnetic rays (such as X-rays and gamma rays) or particles (such as alpha and beta particles). It occurs naturally (e.g. from the radioactive decay of natural radioactive substances such as radon gas and its decay products) but can also be produced artificially. People can be exposed externally, to radiation from a radioactive material or a generator such as an X-ray set, or internally, by inhaling or ingesting radioactive substances. Wounds that become contaminated by radioactive material can also cause radioactive exposure.

If you are required to conduct a medical X-ray, or request an X-ray, you should have received specific training in radiation protection (This is a legal requirement).

You will need to produce evidence of the appropriate certificate.

Please check with a Trust representative if you have any questions about ionizing radiation.

Further guidance can be found on the Health & Safety Executives web site at

<http://www.hse.gov.uk/radiation/ionising/index.htm>.

The Ionising Radiations Regulations 1999 can be found on Her Majesty's Stationary Office (HMSO) at

<http://www.legislation.hmsso.gov.uk/si/si1999/19993232.htm>.

13. Health and Safety

Every trust should make Health & Safety information available to you including its policies, procedures, safe systems of work and risk assessments. You should familiarise yourself with these documents so that you have a good understanding of them.

It is your legal responsibility to report any concerns you have about Health and Safety to a senior member of staff/Health and Safety Co-ordinator immediately, even if you are there for a single shift. Health and Safety is everyone's responsibility and your co-operation is a legal requirement.

14. Data Protection Act 1998

The following is a guide for all health care professionals; this act allows a patient to see the contents of his/her medical record.

Below is a summary where all patients/representatives are given access to all relevant health information. However there are a few circumstances where it may not be appropriate.

- Any patient record should be compiled with the assumption that a patient may see the contents
- Within the act there is no provision that prohibits informal voluntary arrangements to allow patients access to their records
- Provisions within the act that refer to the formal access of records, a patient should be given the informal access arrangements literature

A Definition of records relating to the physical or mental well being of a patient, who could be identified from the information in the file which has been made by or on behalf of a health professional in connection with the care of the patient. This includes independent clinical/departmental files as well as the central medical record.

The holder of the record is the individual with whose care the record in connection has been made.

The patient is the individual with whose care the record in connection has been made.

The health professional is a Registered Medical Practitioner, Dentist, Optician, Pharmaceutical Chemist, Nurse, Midwife or Health Visitor, Chiropodist, Dietician, Occupational Therapist, Orthoptist, Physiotherapist, Clinical Psychologist, Child Psychotherapist, Speech Therapist, NHS Art or Music Therapist and Scientists who are Head of Departments.

The following have the right of access: the patient; if a patient is unable to access the information themselves they must give an authorised person the right of access by a written letter with their signature, or any person appointed by the court to manage the affairs of a patient. If the patient has died, the patient's immediate next of kin or any person having a claim arising from the death.

There are a few exceptions where the applicant is entitled to inspect or to be supplied with a copy of the whole record or an extract of the record. Under the terms of the Health Professionals Act, with two exceptions cannot withhold their consent to access the record. The exceptions to this are as follows: -

1. Where in the opinion of the Health Professional, giving access would disclose information likely to cause serious harm to the physical and mental well being of the patient or any other individual.
2. Where giving access would in the opinion of the Health Professional disclose information relating to or provided by an individual other than the patient who could be identified from the information.

Access however, can be given where the individual who could be identified has consented to the disclosure. The rule does not apply if the individual who could be identified is a Health Professional involved in the care of the patient.

NB. The right of access is granted to a patient or a person authorised in writing by the patient. The holder of the record may deny an applicant's request for access when the Health Professional has

formed the view that the patient authorising the access has not understood the meaning of the authorisation.

In addition, patients who are children (i.e. persons under 16 years of age) who, in the view of the appropriate Health Professional, are capable of understanding what the application is about, may prevent a person having parental responsibility from having access to the record. Where, in the view of the Health Professional, the child patient is not capable of understanding the nature of the application the holder of the record is entitled to deny access if it were not felt to be in the child's best interest.

Where the patient has died, the Act enables such a patient before death to request that a note be included in the record that he/she does not wish access to be given on an application.

If a record contains terminology that is not understood by the patient, the Health Professional concerned must give an explanation. Although a lay administrator may supervise inspection of records that individual may not comment on or discuss the contents.

In the event that an applicant requires an explanation the lay administrator will contact the Health Professional. If he/she is not available the administrator will seek an appointment with the Health Professional for the patient.

If the applicant has a correction for his/her records he/she can ask for any inaccuracies in the record to be corrected. The Health Professional/Lay Administrator should either make the necessary correction or make a note in the relevant part of the record that is alleged to be inaccurate.

There are statutory time limits to process the request.

If the individual has previous notes that are older than 40 days the holder has 40 days from receipt to process the request.

If the individual is a new patient or previous notes are less than 40 days old there is 40 days from receipt to process the request.

For written applications there is a 14-day period during which time we must request any proof of credentials or identity. The time limit restarts from the date of receipt of further information.

NB. All time limits are calendar days not working days.

Charges can be made under the terms of the Act. The Trust is entitled to collect a fee not exceeding £10.00 for access to a record where the patient has not been seen within 40 days. In addition we are entitled to levy a charge for photocopies of notes supplied on request, based on a current tariff of 23pence per sheet, with a maximum charge of £50.00.

Applicants have the right to apply to the High Court or County Court if the holder of the record appears to have failed to comply with the Act.

15. Clinical Governance

Clinical Governance is about quality. It is the term we use to describe the things we do to help Trusts provide a quality service to our patients that is continually checked and improved upon. It is clinical Governance that helps us to make the Trust's visions and values an everyday reality. Whatever your job, as an employee of the Trust, you have everything to do with Clinical Governance. As we are all employed for the benefit of patients, Clinical Governance is and must be everyone's business. The

Department of Health gives guidance for clinical governance on its web site at <http://www.doh.gov.uk/clinicalgovernance/>

16. Working Time Directive

The European Working Time Directive (EWTD) currently applies to all health and social care staff. (See Health Service Circular 1998/204 'Working Time Regulations - Implementation in the NHS'). Staff are only exempt from regulations if they sign a voluntary waiver.

The extension of the EWTD to doctors in training in August 2004 presented a major challenge to the service. Historically doctors in training have worked long hours and provided much of the out of hours medical cover. Considerable progress has been made in reducing hours through the 'New Deal' but the EWTD will impose more stringent requirements:

- It is a legal requirement.
- There are more stringent rest requirements.
- There will be phased reduction in maximum hours worked by doctors in training from 58 in 2004 to 48 in 2009.
- The SiMAP judgement of the European Court of Justice means that if doctors are on call and required to be on hospital premises they are deemed to be working.

The Department of Health gives guidance on it's web site at <http://www.doh.gov.uk/workingtime>

17. Immigration Regulations

Overseas Candidates coming to the UK must satisfy UK immigration requirements. These are handled entirely separately from registration matters, and the granting of a particular type of registration has no influence on a Candidate's immigration status. The following information is intended as a general guide only and should not be used as the sole source of information.

European Economic Area (EEA) and Swiss nationals

Candidates who are citizens of the EEA and Switzerland can enter the UK freely and work here without any restrictions.

Candidates with specific entry rights

Doctors from beyond the EEA may have rights to live and work in the UK, eg. as the spouse of an EEA national, because they have commonwealth ancestry rights, as the spouse of a work permit holder etc. Doctors who think that they may have such rights should seek advice from the Home Office or the British representative overseas.

Non-EEA doctors

Doctors who do not have any rights to live and work in the UK must satisfy immigration requirements appropriate to their reasons for coming to the UK. Please note that the various immigration processes can take time and doctors must factor this in when they are applying for posts.

Non-EEA doctors who are graduates of UK medical schools

Overseas doctors who are graduates of UK medical schools must satisfy immigration requirements if

they wish to continue training in the UK. They are allowed to complete their pre-registration year without reducing their entitlements to further training.

Doctors taking the PLAB test

Doctors entering Britain to sit the PLAB test (see section 3.2.4.2) may do so on a visitor's visa. This does not entitle them to work here. Overseas nationals (ie non-EEA) may be admitted as visitors to the UK for a period of six months to take the PLAB test, and extensions may be granted by the Home Office to resit. On passing the PLAB test, doctors may apply to the Home Office for permission to switch to permit-free postgraduate training status for the purpose of undertaking hospital-based or community health service postgraduate training or to a work permit/the Highly Skilled Migrant Programme for non-training posts.

Postgraduate doctors and trainee general practitioners

Doctors wishing to do educationally approved postgraduate training as a doctor or trainee GP in a UK hospital or community health service must have permit-free postgraduate training status, which means that they are allowed to work without a work permit. In order to qualify for this, the doctor must show that he/she has GMC registration and intends to work in a training post within the NHS. Doctors may have a maximum of four years permit free entitlement for their basic specialist training with their postgraduate dean's support. Permit free periods are granted in blocks of up to three years for higher specialist training, with the possibility of extensions in blocks of up to three years as required, so long as the postgraduate dean is supportive.

Working as a staff grade, associate specialist or consultant

Doctors wishing to take up non-training (career) posts in UK hospitals will need a work permit. Employers must apply for the permit from Work Permits UK. A usual requirement is that no suitably qualified EEA national is available to do the job, although the process is simplified if the post is considered a shortage occupation. A work permit is specific to a particular post, and if a doctor moves to another job before the work permit expires, he or she will need a new permit. After four years on a work permit a doctor can apply for indefinite leave to remain (permanent residency) in the UK. Since April 2004, the work permit application process has gained an additional stage. After the employer has successfully applied for a work permit, the doctor must submit an application for limited leave to remain. This is the permission an individual needs to stay in the UK and is granted in line with their Immigration Employment Document (IED) – in this case, a work permit.

Working as a GP principal

Doctors who have completed GP training in the UK, or overseas qualified GPs whose qualifications have been assessed by the JCPTGP and who have been granted a certificate of completion of equivalent experience are allowed to work as GP principals. As part of the government recruitment drive, overseas doctors are able to apply for the Highly Skilled Migrant programme. The Highly Skilled Migrant programme is a points-based assessment of skills and achievements, and successful applicants are initially given 12 months permission to work in the appropriate field, without being tied to a particular employer. At the end of 12 months, the applicant can seek a further three years under the programme, and then apply for indefinite leave to remain (permanent residency). At the current time, GPs who have full registration with the GMC, and a vocational training certificate issued by the UK or another EEA member state, or a certificate of acquired right issued by the UK or another EEA member state: or a certificate of equivalent experience issued by the JCPTGP are considered priority applications and given an additional 50 points.

Working as a salaried/locum GP

Salaried and locum GP posts require work permits. Please note that, as work permits are specific to

one job and one employer, every locum position will require a new permit. We have been told that most locum agencies will not accept overseas doctors subject to the immigration rules because of these difficulties.

Settled status

Overseas Candidates who have lived in the UK for some time may be eligible to apply for settled status. For example, 10 years of continuous residence or four years of working on a work permit may be accepted as grounds for granting settled status. Detailed information can be obtained from the Home Office.

18. GMC Registration and Regulation

Registration for Doctors

You need to be registered with the GMC if you wish to practise medicine in the UK.

The type of work that requires you to be registered includes:

- working in the National Health Service (NHS)
- prescribing drugs, the sale of which is restricted by law
- signing medical certificates required for statutory purposes (death certificates, etc.)

If you wish to work in private practice in the UK you will also need to register with the GMC because the major private health hospitals and insurers only recognise registered doctors. Patients trust doctors with their lives and well-being. They need to have confidence that doctors are competent in their field and abide by high ethical standards. The GMC's duty is to protect this public interest. By keeping up-to-date registers of qualified doctors, we aim to ensure that all registered doctors maintain a standard of service which the public and the medical profession expect of them.

Who can register

The process for gaining registration generally depends on the country where you obtained your primary medical qualification and your nationality.

There are four main groups for the purposes of registration. The registration processes are different for each group: Doctors qualifying from a UK medical school are eligible for provisional and full registration. Doctors qualifying in another EEA Member State or Switzerland and who are nationals of an EEA Member State (or non-EEA nationals with European Community (EC) rights) are eligible for full registration. They are also eligible to apply for provisional registration if their medical education includes a period of postgraduate clinical training (sometimes referred to as internship training). This also applies to Swiss nationals who have qualified in another EEA Member State. Doctors qualifying in the following countries: Australia, Hong Kong, Malaysia (if the degrees awarded by the University of Malaya are granted on or before 31 December 1989), New Zealand, Singapore, South Africa and the West Indies may be eligible for provisional and full registration. Doctors who qualify in other countries not listed above may be eligible for limited and full registration. These include non-EEA nationals who do not benefit under EC law who have qualified in another EEA Member State. EEA nationals (and non-EEA nationals with EC rights) who qualify in non EEA countries or Switzerland may be eligible for provisional or full registration.

Full registration

You need full registration for unsupervised medical practice in the NHS or private practice in the UK. You may also need specialist registration if you wish to take up a substantive or honorary consultant post (other than a locum consultant post) within the NHS.

Specialist registration

The GMC also maintains the specialist register. Since 1 January 1997 it has been a legal requirement that, in order to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS a doctor must be included in the specialist register. The only exceptions are doctors who held a consultant post (other than a locum consultant post) in oral and maxillo-facial surgery in the NHS immediately before 1 January 1997. It is not possible to hold specialist registration without also holding full, limited or temporary registration. Although not a legal requirement, generally speaking, doctors wishing to work unsupervised in private practice in the UK will also need to hold specialist registration. This is because the major private health providers and insurance companies only recognise doctors whose names are included in the specialist register.

Temporary full registration

In certain cases, doctors may be granted temporary full registration if they are coming to the UK to provide specialist medical services for a short period for example to demonstrate a specialist procedure. Call our helpline for further information about temporary full registration if you are an overseas qualified doctor or if you are an EEA national (or non-EEA national with EC rights) who has qualified in an EEA Member State.

English Language Testing

All overseas qualified doctors with the exception of EEA and Swiss nationals (other than the UK) or those with EC rights are required to obtain satisfactory scores in the International English Language Testing System (IELTS) test.

Working as a general practitioner in the UK

If you wish to work as a general practitioner (GP) in the UK - either as a principal, locum, deputy or assistant - you must be eligible to work in that capacity and hold full registration with the GMC.

Medical insurance organisations

In the performance of all your professional duties, you should abide by the principles of good medical practice set out in Duties of a doctor. Even so, you may become the subject of a complaint or an allegation of negligence during the course of your professional employment. The protection that comes from employment in the NHS is by no means sufficient to cover all situations in which you may find yourself. There are professional organisations which undertake to protect, support and safeguard the character and interests of registered medical and dental practitioners in the United Kingdom, and elsewhere. Members receive advice and assistance on legal, ethical and other problems arising from the practice of their profession, including problems that may arise with the GMC itself as the result of allegations of failure to abide by the principles of good medical practice as set out in Duties of a doctor. Members may also receive indemnity for damages and costs arising from judicial decisions or settlements out of court and in medico-legal cases undertaken on their behalf, notably accusations of professional negligence.

19. Caldicott for the protection and use of Patient Information

You should have a clear understanding of the use and protection of patient information. A full copy of the recommendations made in the Caldicott Report (publication in 1996 of "The Protection and Use of Patient Information" by the Department of Health), can be obtained from Merco.

Everyone in the NHS has the responsibility to use personal data in a secure and confidential way. Personal data includes information about any living individual who can be identified, such as patients, health professionals, other staff, and suppliers. The information may be held in manual or electronic form, and so includes, for example, the contents of filing cabinets, medical records, videos, x-rays, and computer records. Much of this policy relates to patient-identifiable information (which may be clinical or only administrative details) and how it can be used for legitimate purposes, whilst maintaining appropriate levels of confidentiality. The policy sets out the over-arching guidance and principles that flow from the Data Protection Act 1998, the Caldicott recommendations, and the raft of other related legislation and central guidance. It applies to all the NHS organisations in the health authority area, and to the sharing of information with non-NHS organisations. Key maxims for all staff to follow are that:

- Patients should be fully informed about how their information may be used.
- There are strict conditions under which personal data may be disclosed.
- In particular, certain disclosures are not allowed without express consent.
- Individuals have the right to see what information is held about them, and to have any errors corrected.
- Personal data should be kept secure and confidential at all times.
- Personal information should be anonymised wherever and whenever possible.
- The legitimate use, disclosure or sharing of personal data does not constitute a breach of confidentiality. Sharing between organisations can take place with appropriate safeguards.
- Sometimes a judgement has to be made about the balance between the duty of confidence and disclosure in the public interest. Any such disclosure must be justified.
- Most of the requirements are common-sense precautions such as not divulging computer passwords, keeping manual records secure, and guarding against people seeking information by deception (for example, over the telephone) - all of which will be detailed in local policies, procedures and guidance.
- If anyone is in doubt, they should refer to this and other policies and procedures, and if still in doubt ask their line manager.

All staff should be aware of their responsibilities, and aware that a breach of security or infringement of confidentiality could lead to disciplinary action and even prosecution. The important principles are as follows:

Principle 1 - Justify the purpose. Every proposed use or transfer of patient-identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2 - Don't use patient-identifiable information unless it is absolutely necessary. Patient identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary patient-identifiable information. Where use of patient-identifiable information is considered to be essential, the inclusion of each item of information should be considered and justified so that the minimum amount of identifiable information is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to patient-identifiable information should be on a strict need-to-know basis. Only those individuals who need to access patient-identifiable information should have access to it, and they should only have access to the information items that they need to see. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.

Principle 5 - Everyone with access to patient-identifiable information should be aware of their responsibilities. Action should be taken to ensure that those handling patient-identifiable information - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Understand and comply with the law. Every use of patient-identifiable information must be lawful. Someone in each organisation handling patient information should be responsible for ensuring that the organisation complies with legal requirements.

20. Miscellaneous

Code of Practice for Domiciliary Care

Domiciliary care, is health care provided in the patient's home by yourself. You should abide by all principles in the following documents:

- Regulator: [The Commission for Social Care Inspection \(CSCI\)](#)
- [The Care Standards Act 2000](#)
- [The Domiciliary Care Agency Regulations 2002](#)

Dealing with Allegations of Abuse

If an allegation is made against someone in a hospital or place of work, you must ensure that everyone involved gets a proper response. This involves making sure that two separate procedures are followed:

- the reporting procedure in respect of the patient;
- the procedure for dealing with the doctor;

Merco have agreed procedures to address situations where allegations of abuse are made against a doctor. Wherever this happens, you have a dual responsibility in respect of both the patient and the doctor.

These guidelines are offered to assist you in having due regard for the rights and interests of the patient on the one hand and those of the person against whom the allegation is made on the other hand. You should, as a matter of urgency, take any necessary protective measures to ensure that no patient is exposed to unnecessary risk. In general, it is recommended that the same person should not have responsibility for dealing with both the reporting issues and the contractual issues. It is

preferable to separate these issues and manage them independently. Doctors may be subjected to erroneous or malicious allegations. Therefore, any allegation of abuse should be dealt with sensitively and support. Should you require a full policy on this matter, please contact the Operations Director at Merco.

21. Complaints

We hope the service you have received from Merco has been exemplary. If not, please let us know as soon as possible.

Whilst we appreciate your role and value your skills it is imperative we have a mutual understanding of what is expected from you as our candidate. Whilst you can rely on us being here for you all day, everyday, we need to be absolutely certain that whilst you are working with our clients, you abide by their rules and do all you can to minimize the risk of complaints & grievances.

Should you be involved in such a situation, we must make you aware that in accordance with our disciplinary guidelines, a full investigation will take place. This may be in addition to action taken directly by the client.

In turn, should you wish to lodge a complaint or grievance against a client of Merco's; Merco itself or one of our members of staff, then our full complaints procedure will be available to you. Please rest assured that all issues will be fully investigated to their conclusion.

Stage one:

You should log your complaint, in writing, as close as possible to the time of the event concerned to:

Miss Lidia Szymczak, HR Administrator, lidia.szymczak@merco.co.uk
Merco, 1st Floor St George's House, 3-5 Pepys Road, Raynes Park, London, SW20 8NJ.

Stage two:

We will acknowledge your complaint within 2 days of receipt and we will respond to your complaint and aim to resolve fully within 10 days.

Stage three:

If a suitable solution has not been met in this timeframe then we may request additional investigation by a relevant professional or Government organisation. These may be, but not limited to, the GMC, the NHS, the Police or the Home Office.

Merco's appointed Medical Adviser will be available for an investigation if there is a need; or; if there is an investigation leading on from claims of professional misconduct or malpractice on the part of the supplied medical locum.

For further clarification on any of the above issues, please get in touch with Merco on [0208 947 3077](tel:02089473077) or by e-mail at info@merco.co.uk

22. AWR

Agency Worker Regulations came into force on 1st October 2011 and have been designed to give agency workers the entitlement to the same basic employment and working conditions as if they had been recruited directly, if and when they complete a qualifying period of 12 weeks in the same job.

From 1st October 2011, in addition to statutory protections agency workers will be entitled to access to the same facilities (canteen, child care, transport services, prayer room, etc) and job vacancy information. These are known as Day 1 rights.

After completing the 12 week qualifying period you can expect equal treatment for pay and basic working conditions (annual leave, rest periods, etc), however, as the working pattern of agency workers can be irregular, the Agency Worker Regulations provide for a number of situations whereby breaks in assignments will not prevent the completion of the 12 week qualifying period. Moving to a new assignment will reset the “clock” to the beginning of a new 12 week qualifying period, however, in other circumstances the “clock” may be paused and continue when the agency worker returns.

Reasons for resetting the 12 week qualifying period to zero include: The agency worker begins a new assignment; the agency worker is with the same hirer but in a different role or if you continue to do the same role but there has been a gap of more than 6 weeks.

Reasons for pausing the 12 week qualifying period include: An agency worker takes a break for any reason but where the break is less than 6 calendar weeks; an agency worker sustains sickness or an injury which makes them incapable of work for up to 28 weeks; they take entitled leave; they are called for jury service; there is planned shutdown of the workplace (e.g. Christmas) or a break caused by industrial action.

Further, there are breaks where the 12 week qualifying continues – these include pregnancy, childbirth or maternity which take place during pregnancy and up to 26 weeks after childbirth and any breaks as a result of maternity leave, adoption leave or paternity leave.

If you would like to discuss any issue relating to AWR please contact Linda Roets or Lidia Szymczak in Merco’s HR department on 0208 947 3077 or at hr@merco.co.uk

23. Appraisal & Revalidation

GMC registered Doctors and NMC registered Nurses must be appraised and revalidated in order to remain registered professionally and maintain the ability to work.

For Doctors, our Responsible Officer is Dr Alastair Baker from MAAR Gateway. For Nurses, we have engaged with a number of Registered Nurses to act as Confirmers.

More information about appraisals and Revalidation can be found here:

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

NMC - <http://revalidation.nmc.org.uk/>

If you would like more information about our Revalidation Support Package you should send an email to revalidation@merco.co.uk – we will contact you to discuss the options available and if so, provide you with the necessary details.

You may find it useful to review the frequently asked questions about Revalidation:

REVALIDATION: Frequently Asked Questions	
Doctors	
	I'm a locum with Merco, how can I start the Revalidation process?
	Start the process by sending an e-mail to revalidation@merco.co.uk
	What should I be doing now to help with my revalidation?
	You should be keeping a record of all of your work including dates, details of where you worked and any feedback or references you may have been provided. You should also keep a record of any incidents or complaints and send them to Merco, even if these incidents or complaints arose when you weren't working through Merco (Revalidation considers all your work, not just work through a particular agency or employer). This evidence is referred to as 'Supporting Information'.
	What should I do if don't have any supporting information?
	Given that Revalidation is fairly new and given that it will affect different Doctors at different times over the next few years, it is likely that you will not have 5 years' worth of supporting information available. However, going forwards, you should be collecting suitable supporting information to demonstrate your engagement with Revalidation. If you are unsure of what supporting information you should be collecting, please contact us at revalidation@merco.co.uk or speak to Afifa Sardar, Compliance Manager, on 0208 947 3077.
	Do I have to be part of revalidation?
	In short yes, if you want to continue to work in the UK. Failure to begin the Revalidation process will ultimately be deemed by the GMC as 'non-engagement' and this will affect your GMC registration and possibly your ability to work as a Doctor in the UK. For more information about Revalidation please contact Afifa Sardar, Compliance Manager on 0208 947 3077 or at Afifa.Sardar@merco.co.uk
Nurses	
	Where can I find my revalidation date?
	If you do not know your NMC renewal date this be the first thing you will need to find out. You will need access to your online NMC account to find your NMC Renewal date, which will also be your revalidation date. If you have not already created an account please do so as a

	priority. This can be done via https://online.nmc-uk.org/Account/Login
	When can I submit my application?
	60 days prior to your revalidation date, your NMC will notify you that you are due to submit for revalidation. During this 60 day period you will need to log into your application via NMC Online and address each of the requirements. Once you have obtained all of the requirements for your revalidation, including your confirmation, you will need to submit your application to the NMC by logging into your NMC online account. This should be submitted a minimum of 30 days before your renewal date.
	What are the requirements for revalidation?
	<ul style="list-style-type: none"> • 450 practice hours or 900 if revalidating as both a nurse and midwife • 35 hours CPD including 20 hours participatory learning • Five pieces of practice related feedback • Five written reflective accounts • Reflective discussion • Health and character declaration • Professional indemnity arrangements • Confirmation