

## ASSESSMENT OF LOCUM APPOINTMENTS

The form must be completed for all locum appointments and within 4 days of the locum start date with a further assessment completed at the end of the locum booking.

Only one assessment is necessasary if the locum booking is under 4 days

For training grade and SAS doctors the form should be completed by the supervising consultant

For consultant locums the form should be completed by the Lead Clinician

The completed form must be returned to Medical Personnel. Unsatisfactory assessments will be copied to the Medical Director.

Failure to complete this assessment form within the time scales stated will be reported to the

Doctor's name : \_\_\_\_\_ GMC No. : \_\_\_\_\_ Speciality : \_\_\_\_\_ Period of appointment : From : \_\_\_\_\_ To : \_\_\_\_\_ Agency name and agency contact:

		r	r	<del>,                          </del> i
Please tick appropriate boxes	Above	Average	Below	Not
p	average		average	acceptable
Clinical skills		1		
History taking				
2. Examination				
3. Investigations and diagnosis				
4. Judgement / patient management				
5. Practical skills				
Knowledge				
1. Basic science				
2. Clinical				
Attitudes	1			
1. Reliability				
2. Leadership and initiative				
3. Administration				
4. Time keeping				
Relationships				
1. Colleagues				
2. Patients				
3. Other staff				
4. Communication skills				
Personal qualities				
1. Appearance				
2. Integrity				
3. Manners				

AUTHOR: DAWN FENNA – HUMAN RESOURCE MANAGER – MEDICAL DATE OF NEXT REVIEW: APRIL 2014

VERSION: 2.1



## **ASSESSMENT OF LOCUM APPOINTMENTS**

Does this doctor have any training	needs ? Yes 🔲 No 📋
Needs identified by reporting doctor	or:
W. H	The sectority To all each O May III. No III
	locum in this Trust again? Yes  No
Other comments by reporting doctor	or:
Name of Consultant Completing Fo	orm (CAPITALS)
Signed :	Date :
CTATEMENT DV I COUM DOCT	DB
STATEMENT BY LOCUM DOCTO	JR
I have seen the above assessmen	t report and agree / disagree with its contents.
If you disagree with its contents yo	u should tell the medical director
Signed :	. Name in CAPITALS :
Date :	Locum Agency Details:
Comments by locum doctor (if any	):
Copy: locum doctor	
Locum agency	
File (medical personnel)	

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