

# HANDBOOK

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Welcome to Global Group and thank you for registering with us, we look forward to working with you and offering you a range of assignments and competitive rates. This handbook is designed to give you an idea of what to expect from your time with us. Please read it carefully as it includes a number of guidelines and standards to ensure that your experience, and that of patients in your care, is as positive as possible. You may feel that much of the content of this handbook is information that you already know but we are required to ensure that all of our locums are informed of the standards required of them when working with our Clients.

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## Code of Conduct

Please conduct yourself in a professional manner at all times when working through Global Group, in particular, we ask you to pay special attention to:

- Ensure that the care you give is of the highest standard and also act with consideration for patients and colleagues
- Compliance with professional, legal and ethical requirements (some of which are detailed within this handbook)
- Punctuality
- Wear the appropriate uniform
- Wear your Locum ID Badge
- Fully complete and return your timesheet on time
- Ensure you have read and understood the Health and Safety, Crash Call, Violent Episode and Security Procedure for each placement
- Let us know if a client offers you a permanent role
- Inform us of any training you have undertaken and update your training portfolio and CV
- Inform us of any disciplinary proceedings/ suspensions immediately
- Tell us if you: fall ill, get injured or become pregnant
- Understand and comply with the relevant security measures
- Keep your professional registrations up to date
- Never report for an assignment unless you are medically fit to do so
- Please note that it is your responsibility to inform us of any changes to your personal contact details so that we can ensure that all our files are up to date

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## Roles and Responsibilities on Assignment

Your first day at any new job is always daunting but we are dedicated to making things easy for you.

**Before your assignment, you'll be given the following:**

- Directions to your place of work
- The name of the person to meet
- A precise meeting place and time
- Details of accommodation if applicable

**On arrival you will be given a brief induction that should include:**

- Orientation - How to find your way around
- Explanation and clarification of times (e.g. Lunch breaks)
- Introduction to new colleagues
- Health and Safety overview
- Fire policy and procedure
- Any other relevant policies and procedures

**You should have the following documentation with you on arrival:**

- ID badge (which should be worn at all times whilst on premises)
- Passport or UK photo card driving licence
- Immunisation and serology reports

**Please familiarise yourself with the following Health and Safety information:**

- Health and Safety guidelines
- Fire and Evacuation Policies
- Security Policies
- Environmental and Smoking Policies
- Uniform Policies

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## How You Are Paid

To ensure prompt payment you will need to complete a timesheet each week. Your recruitment consultant will send you a copy of your timesheet with your booking confirmation and reporting instructions. Should you require any additional copies please either photocopy the original or call the office and we will be happy to send electronic versions or paper copies.

### Timesheets

Write the time you started your first assignment in the relevant day's column. If you have taken a lunch break, write the length of time taken in the appropriate box. Then write down the time you finished. Finally, calculate the total number of hours you worked that day less the length taken for lunch. Do this every day you worked in that week. Total up the daily number of hours to give you the week's total. Please note that some hospitals insist that you take a minimum of 20 minutes break for every four hours worked. If this is the case on your assignment then your timesheet should reflect this.

Once you have completed the timesheet, you must get it signed by an authorised member of staff e.g. Team Leader or a senior member of staff. We strongly advise that timesheets are faxed rather than posted in order to ensure prompt payment.

Fax your timesheet to the number found at the top of the page, by 12.00 lunch time on Monday for the previous working week, in order for you to be paid by the Friday. Failure to send the timesheet by the deadline could result in late payments.

### Fax numbers

Doctors on Call 0845 280 6221  
Global Medics 0845 280 6220

### Payment

The process starts on a Monday, by the Payroll Department. On Monday and Tuesday timesheets are processed, on Wednesday the payment is sent by BACS directly into your Bank or Building Society. The BACS system takes three working days to clear so will arrive into your account on the Friday. SMS messages confirming the receipt of your timesheet will be sent on the Monday, if you have not received an SMS by 5:30pm on Monday then please contact your recruitment consultant and arrange to resend. Please note that if you have chosen to be paid via a third party then the payment will reach their account on the Friday and we can not take responsibility for the onward payment of the funds into your own account. In weeks when the Monday is a Public Holiday, then the above timetable is extended by one working day.

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Our systems are fully automated which allows your recruitment consultant to monitor the progress of your timesheets. Should you have a query regarding payment please refer them to your recruitment consultant in the first instance, they will then liaise with the Payroll Department on your behalf.

### Holiday Pay

Most locums are entitled to holiday pay calculated in line with the Working Time Regulations from the first day of their placement. You can discuss your holiday entitlement at any time by contacting either your recruitment consultant or the Payroll Team.

### Accommodation

A few hospitals do offer accommodation and wherever possible we will try and negotiate this for you. If your place of work does not offer accommodation, where possible, we will assist you in finding suitable accommodation locally. Any matters relating to accommodation must be confirmed during confirmation of your assignment.

## Your First Job in the UK

Global Group offers a wide range of opportunities for healthcare professionals from around the world to work in the United Kingdom. If you have trained outside the UK and this is your first working experience, the following is designed to provide you with some essential information.

### National Insurance number

If this is your very first job, you will have been asked to provide Global Group with your National Insurance or NI number. This is a unique reference number the Tax Office gives every UK worker. Obtaining an NI number is relatively quick and easy. In the interim period before you gain a permanent NI number, we will issue you with a temporary one which will be enough to get you working. However you must also apply for a permanent number as soon as possible. The fastest way to do this is to ask our payroll department to request a form on your behalf, which once completed will be processed by the Department of Work and Pensions within two weeks. You will need to supply a copy of your passport (and entry stamp if relevant). Once you receive this number please let your Recruitment Consultant know, as it usually means you could pay less tax.

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## Bank accounts

Prior to travelling to the UK for your first assignment we can assist with the opening of a UK bank account. Please advise us if you require assistance and we shall provide you with a letter of introduction and an application form from the bank (either HSBC or Barclays). We recommend this is done three to four weeks prior to departure so that all the paperwork has been processed and you can collect your bank account details from the relevant branch once you are in the UK.

On the production of your passport, bank statements and utility bills, the bank will open a current account and provide you with a cheque book and cash card (but not a cheque guarantee card). Please remember to give us your bank account details immediately, so that there is no delay with your pay.

# Legislation and How it Affects You

## Data Protection Act 1984

The Data Protection Act is concerned with information about individuals (personal data), which is processed automatically (i.e. computer systems) with those that undertake the processing (data users) and with those individuals to whom the data relates.

## Agency Workers Regulations (AWR)

The Agency Workers Regulations ("AWR") came into force on 1st October 2011. The main purpose of AWR is to provide temporary workers with equal treatment in the terms of basic working and employment conditions, as if they have been employed directly by the employer to do the same job. The rights will apply after a 12 week qualifying period. Following this period (12 weeks) the temporary worker will be entitled to:

### Equal Treatment, including:

- Pay
- Working Hours
- Overtime
- Breaks
- Holidays
- Staff Canteen
- Transport Facilities
- Car Parking
- Child-care Facilities
- Access to Vacancies
- Access to training and collective facilities

The rights are based on those of someone doing a similar job i.e. someone doing the same job or broadly similar work to the employee usually at the same workplace (but may be located elsewhere).

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From the first day of the assignment, the worker is entitled to:

- Access to shared facilities and amenities or services provided by your hirer: For example, access to a canteen or similar facilities, transport services, washroom facilities, common room.
- Information on job vacancies with the hirer: The worker can only see vacancies in the establishment where they are working.

It is important to note that if there are no comparable workers or employees there is no entitlement to equal treatment.

## Care Standards Act

To comply with the Care Standards Act from 1st April 2003, we ensure that all temporary locums have a police check and/or CRB check.

## The Working Time Directive

The European Working Time Directive was implemented in October 1998. The regulations give you certain entitlements: subject to limited expectations, the UK Working Time Regulations require that a worker's average working time must not exceed 48 hours per week. You may accept as few or as many hours per week as you wish, subject to statutory limitations. In case you should wish to work more than an average of 48 hours, you need to inform Global Group in writing, this is possible to do on page five of your application form. If you change your mind, you should give Global Group two weeks notice in writing to end the agreement.

## Safeguarding Children

All Doctors should adhere to the following guidance:

- Children, compliant with 0-18 years of age - Guidance for all Doctors, General Medical Council, October 2007.
- Safeguarding Children and Young People. Roles and Competencies for Healthcare Staff, Royal College of Paediatrics and Child Health, April 2010.

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## Immunisation and Health

We will ensure that all locums undergo health screening and have current immunisations and tests results. We have our own Occupational Health Provider, who will ensure that each locum:

- Is capable of undertaking the duties required of them
- Has an awareness of MRSA contact and the need for screening
- Has immunity in respect of the following diseases: Rubella, Varicella, Hepatitis B, Tuberculosis, Hepatitis C, HIV, Measles, and Mumps
- The health assessments carried out establish that each locum:
  - We will obtain from each locum copies of each of the above immunisations and test results, which combined with your Occupational Health Questionnaire, will be used for assessment in issuing a Certificate of Fitness to Work

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## Training for Working Locums with 'Osmosis'

Osmosis provides a complete computer based training programme with separate modules for each course. The training programme is internet based and can be accessed through a standard web browser with a user ID and password which we will supply you with. Each module is accompanied by a short multiple choice test. The training typically takes 25 minutes to complete. The tests need to be retaken annually to ensure ongoing compliance.

The online courses available for all working locums are:

- Lone Worker Training
- Handling Violence and Aggression
- Information Governance, Data Protection & Caldicott Protocols
- Complaint Handling
- Health and Safety
- COSHH
- RIDDOR
- Infection Control (including MRSA & Clostridium Difficile)
- Fire Safety
- Safeguarding Children & Young People
- Safeguarding Vulnerable Adults

The face to face courses available for all locums are:

- Basic Life Support
- Manual Handling (Loads & People)

Following registration, your Recruitment Consultant will contact to arrange a convenient time for you.



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# Health and Safety at Work

For many healthcare professionals, it is mandatory to receive regular updates for training such as:

- CPR
- Health and Safety including but not limited to COSHH & RIDDOR

It is important that you protect patients and yourself, we can arrange this training for you if required and we provide each Candidate access to online training updates in all of these areas. Without proven training and mandatory training updates, we will be unable to find you work. The Health and Safety Executive publishes Codes of Practice and guidance on the regulations, which provide information on how to implement them in the workplace. All agency staff should be aware of the Health and Safety regulations which affect their workplace and should make themselves familiar with the duties required.

## Moving and handling

All healthcare providers have a responsibility under the Health and Safety at Work Act 1974 and the Manual Handling Operations Regulations 1992 to ensure that:

- All staff are not exposed to risk of injury from manual handling
- A safe and ergonomic environment is provided
- All agency staff are familiar with the policy

## Patient handling

With regard to patient handling, providers of care should have a non-manual lifting policy in place. Where appropriate, in accordance with current requirements, agency staff must attend a lifting and handling course on an annual basis and must be medically fit to handle patients.

## Agency staff responsibilities

- Take reasonable care of their colleagues' safety when lifting and handling patients or equipment
- Use any work equipment provided correctly in accordance with any training provided, or instructions given
- Comply with a no manual lifting policy if this is in accordance with the client's policy

- Inform the client when a work situation presents a serious danger or if there are any shortcomings in the arrangements for manual handling. This applies in particular to the need to report: lack of staff or equipment; injuries and accidents; environmental hazards; illness or disability affecting handling capacity; defects in machinery or equipment

# Record Keeping Requirements

The Caldicott Review was commissioned due to the development of information technology and its capacity to disseminate information about patients/service users both rapidly and extensively.

An essential component of the clinical consultation in the provision of health care is confidentiality. All agency locums have stringent requirements with regard to confidentiality within their duty of care. However, this information given about patients underpins the efficient operation of the NHS, and it is important that confidentiality does not impede upon the protocols of effective patient care. Therefore, the Caldicott Review devised protocols and recommendations which assume the appointment of a Caldicott Guardian who is created to safeguard and govern the uses made of confidential patient information within the NHS organisation. Caldicott guardians are senior health professionals.

All Locums are required to familiarise themselves with the local policy on confidentiality within the establishment/NHS trust where they are working assignments.

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# Accidents at Work

## Action to be taken by you

- Follow the procedure of the workplace
- Obtain any treatment required from your G.P. or Accident & Emergency Department
- Notify us within 24 hours
- Accurately complete your part of the Accident Form (HSE form 2508)

## Action to be taken by you

- Your Recruitment Consultant will complete the rest of the Accident Form
- A record will be kept
- A copy of the completed form must be sent to a senior member of the workplace for their information
- Notification, if appropriate, will be made to the Health and Safety Executive (HSE)

## Notification to the HSE occurs when accidents involve

- A fatality
- A specified serious injury (see "Notifiable injuries" below)
- An absence from work for more than three days
- A dangerous occurrence

## Notifiable injuries

- Fracture of skull, spine or pelvis
- Fracture of any bone in arm, wrist or leg etc
- Amputation of hand, foot, finger, thumb, ankle or toe
- An eye injury, including the loss of sight in one or both eyes
- Injury, including burns arising from electric shock
- Loss of consciousness arising from lack of oxygen
- Decompression sickness
- Acute illness, etc, arising from exposure to a pathogen or infected material
- Any injury which results in the injured person being admitted immediately into hospital for more than 24 hours

For information on your nearest HSE office:  
08702 545 500  
hseinformationservices@natbrit.com  
www.hse.gov.uk

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# Infection Control (Not relevant to all professions)

Infection is a major source of concern for patients, healthcare providers and healthcare workers alike. Application of the principles of infection control is a fundamental part of effective healthcare. Healthcare workers are bound by a Code of Professional Conduct to protect patients and colleagues from the risk of cross infection; they are also accountable through the Health and Safety at Work Act to ensure that the workplace is free from hazards.

## Universal precautions

Contact with patients' blood/body fluids may cause exposure to occupational risk from blood-borne viral infections such as HIV or Hepatitis B. The most likely means of transmission of these viruses to healthcare workers is by direct percutaneous inoculation of infected blood splashing onto broken skin or mucus membrane. For more information on HIV please refer to HSC 1998/226 'Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification'. Since it is impossible to recognise those who are zero-positive to HIV or Hepatitis B, it is recommended that every patient be regarded as a potential hazard. Therefore agency staff should, as a matter of good practice, routinely use barrier methods, which will prevent contamination by blood/body fluids.

**SKIN:** Cuts or abrasions in any area of exposed skin should be covered with a dressing that is waterproof and is an effective viral and bacterial barrier.

**GLOVES:** Wear disposable latex or vinyl gloves and a plastic apron. Spillages should be covered with disposable towels to soak up excess. The spillage should be cleared up with a gloved hand and debris treated as clinical waste. The area should then be cleaned with the appropriate disinfectant for that surface.

**HAND WASHING:** The use of gloves does not preclude the need for thorough hand washing between procedures and patients.

**APRONS:** Disposable aprons may be worn if there is a possibility of splashing by blood/body fluid.

**EYES:** Where there is a danger of flying contaminated debris or blood splashes, eye protection is necessary.

**SHARPS:** Extreme care should be exercised during the use and disposal of sharps. Needles must not be re-sheathed prior to disposal into approved sharp boxes – which should never be overfilled.



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# Code of Practice for Agency Locums within Patients Own Home

- Locums are expected to show courtesy and consideration to the patient, their family and friends at all times. They must co-operate as fully as possible with other agencies or professionals involved in the care of the patient
- Locums must carry out their duties in an unobtrusive manner and must respect the patient's privacy as fully as possible
- The patient should be addressed by their title, e.g. Mr, Mrs, unless otherwise instructed by the patient or their representative
- Locums are not permitted to smoke in the patient's home
- Locums must not use the telephone in a patient's home except in an emergency
- Your identity card must be carried at all times when on duty and must be produced for inspection when required
- Gifts, loans of money or other gratuities must not be accepted from the patient or their relatives
- Locums should maintain a professional appearance whilst on duty
- Locums must work within the guidance of the company policy on confidentiality and must ensure that the privacy and dignity of the client is maintained
- Locums must respect the client's right to choose how their care/service is delivered

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# Dealing With Allegations Of Abuse

Abuse can be viewed in terms of six main categories as follows:

## Physical abuse

This is the physical ill treatment of an adult which may not cause physical signs of injury. This can be identified in several forms e.g. pushing, shaking, pinching, slapping, punching or force feeding. Physical abuse can also occur through withholding of care, of enforced confinement e.g. locking someone in their room and inappropriate restraint. Physical abuse can also include improper administration of drugs or denial of prescribed medication.

## Signs of physical abuse

- Injuries that are not explained satisfactorily
- Person exhibiting untypical self harm
- Unexplained bruising to the face, torso, arms, back, buttocks, or thighs in various stages of healing
- Unexplained burns on unlikely areas i.e. sole of feet, buttocks and palms of hands
- Unexplained or inappropriate fractures at various stages of healing
- Medical problems that go unattended
- The person asks not to be hurt
- Sudden unexplained urinary and faecal incontinence
- Evidence of over or under medication
- The person flinches at physical contact
- The person appears frightened or subdued in the presence of certain people
- Reluctance to undress part of the body or wears clothes that cover all parts of the body, or specific parts of the body
- Unexplained cuts or scratches to the mouth, lips, gums, eyes or external genitalia

## Sexual abuse

This is any form of sexual activity that the person does not want and to which they have not consented, or to which they cannot give informed consent. Any sexual relationship, which takes place between adults where one is in a position of trust i.e. Nurse or Care Workers etc, will be regarded as sexual abuse and includes rape, buggery, incest and situations where the perpetrator touches the abused persons body, (e.g. breast, buttocks, genital area) or coerces the abused person to touch them.

- The person discloses either fully or partly that sexual abuse is occurring or has occurred in the past
- The person had urinary tract infections, vaginal infections or sexually transmitted diseases that are unexplained

- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
- The person appears unusually subdued or withdrawn
- The person exhibits significant change in sexual behaviour
- The person's clothing is torn, stained or bloody
- The person experiences pain, itching or bleeding in the genital/anal area

### Financial abuse

This is the exploitation, inappropriate use or misappropriation of a person's financial resources or property. This includes withdrawing money.

#### Signs of financial abuse

- Lack of money especially on benefits day
- Unexplained withdrawals from their bank account
- Unexplained inability to pay bills
- Power of attorney obtained when the person lacks the capacity to make decisions
- Recent acquaintances expressing sudden interest in the person or their money

### Neglect

This is the deliberate withholding or unintentional failure to provide help or support to enable the person to undergo activities of daily living. Neglect also includes failure to intervene in situations that are dangerous to the person concerned.

#### Signs of neglect

- Person has inadequate heating or lighting
- Person's physical condition appears poor e.g. ulcers, pressure sores, soiled or wet clothing
- The person cannot access appropriate medicines or medical care
- The person is not given appropriate privacy or dignity
- Callers/visitors are refused open access

### Psychological abuse

This may be intentional or unintentional. It may involve the use of indifference, intimidation, hostility, rejection, threats, humiliation, swearing or the use of discriminatory language. Psychological abuse is the denial of a person's human rights to choice, opinion, privacy, dignity and being able to follow one's spiritual or cultural beliefs. It also includes the withholding of information or information not being available in different formats/languages.

#### Signs of psychological abuse

- The person appears anxious or withdrawn in the presence of the alleged abuser
- The person displays passivity, resignation
- The person exhibits low self-esteem

- Untypical changes in behaviour i.e. sleep problems, incontinence
- The person is not allowed access to aids such as hearing aids, glasses, walking frames/sticks etc
- The person's access to personal hygiene and toilet facilities is restricted
- The person is locked in his/her room

### Institutional abuse

This can be defined as abuse or mistreatment by a regime, as well as by individuals, within any building where care is being provided.

#### Signs of institutional abuse

- No opportunity for drinks/snacks
- Lack of flexibility/choice
- Lack of choice over meals
- The person is unkempt and smells
- Over use of communal terms and communal personal toiletries
- Restraint
- Staff members have history of moving jobs
- Missing documentation
- Derogatory remarks overheard
- Entering rooms without knocking
- Inadequate or delayed response to medical care

### Good practice in dealing with disclosures of abuse

1. Stay calm and try not to show shock – BELIEVE THEM
2. LISTEN carefully rather than question directly
3. Be sympathetic
4. Give reassurance – tell them that they did the right thing in informing you, and that you are treating this matter seriously
5. Report the incident immediately to the relevant manager
6. Write down as soon as possible what the person has told you
7. Where appropriate, record on body map any relevant bruises or cuts etc.

### Do not ...

1. Press the person for more details
2. Stop the person who is recalling the events, as they may not tell you again
3. Promise to keep secrets – but explain that the information will be kept confidential and passed to the people who "need to know"
4. Make promises that you cannot keep such as "it won't happen to you again"
5. Contact the alleged abuser
6. Be judgmental e.g. why didn't you try to stop it?
7. Pass the information to other staff members i.e. gossip

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**Contact the police immediately if:  
Institutional abuse**

- A physical or sexual assault has just happened
- Where violence is continuing
- You believe that a crime may have been committed

Look after and reassure the abused person. Protect anything that may appear to be evidence of a crime. Write a record of what happened as soon as possible. If the alleged abuser is a fellow resident/patient ensure Social Services are informed.

## Fraud

### Fraud Awareness

The NHS has a plan to reduce the amount of fraud in the health service and has established the Counter Fraud and Security Management Service. As part of this we have a duty to inform you of what constitutes fraudulent behaviour and any action that should be taken if you are aware of any fraudulent behaviour taking place.

### Fraud

Is defined as any deliberate intent to deprive an employer of money or goods through the falsification of any records or documents (e.g. submission of false invoices, inflated time records or travel claims, the use of orders to obtain goods for personal use).

If you suspect any case of fraud it must be reported and brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on:

0800 028 4060 (within England) or  
0800 015 1628 (within Scotland).

## Additional Information

### Payroll

In accordance with current legislation, Global Group is recognised as the "employer" only in regard to PAYE and class 1 National Insurance contributions. Where appropriate, Global Group will collect National Insurance contributions from both the client and the agency staff member.

### Uniforms

Where required by policies, rules, procedures, or standards the candidate shall wear any special protective clothing or footwear. Global Group will inform you if there is any specific dress code in the establishment to which you are assigned.

### Permanent work

Global Group has a permanent placement service; please do not hesitate to discuss the opportunities available with your recruitment consultant. Should you require permanent work, please speak to your Recruitment Consultant. Should you take up permanent employment as a direct result of a Global Group placement you have a contractual obligation to inform your Recruitment Consultant.

### Client premises

Client premises, facilities and equipment are to be used only in connection with the provision of services and are to be kept clean, tidy and properly secured. All Global Group locums must observe the local security procedures at all times whilst on assignment. The candidate shall be responsible for the safe keeping of any keys and access passes provided whilst on assignment. You must inform Global Group immediately of the loss of any keys or access passes.

### Use of computers

Global Group is conversant with the Data Protection Act 1984 and will comply with all requirements of legislation. Only use a client's computer systems if authorised to do so. Never access data or programmes to which prior authorisation has not been given. Understand and observe the client's computer security instructions and the proper use and protection of any passwords used. Do not load any programme onto any computer via disk, typing, electronic data transfer or any other means. Do not access any other computer, bulletin board or information service (e.g. the Internet) without permission from the client.

Do not download any files or connect any piece of computer equipment to any network or other item of computer equipment except with the prior authorisation of the Client's representative.

### Confidentiality

All agency staff are expected to protect confidential information regarding patients and their colleagues, and to protect the interests of this company. You are required to protect all confidential information concerning patients and clients obtained in the course of professional practice and make disclosures only with consent, where required by the order of a court or where you can justify disclosure in the wider public interest.

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# Appraisals of Healthcare Worker

Appraisals were introduced by the Department of Health to give doctors regular feedback on past performance, their continuing progress and to identify any development needs. The need for a formal appraisal started in 1998 with the introduction of Clinical Governance in the NHS. Clinical Governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will develop. Appraisal is based on the GMC's document 'Good Medical Practice' which describes the principles of good medical practice, standards and competence, and care and conduct expected of doctors in their every day duties.

## These are:

- Good clinical care
- Maintaining good medical practice
- Teaching and training
- Relationships with patients
- Working with colleagues
- Probity
- Health

Appraisals should cover clinical performance, training and education, audit, concerns raised and serious clinical complaints, application of relevant clinical guidelines, relationships with patients and colleagues, teaching and research activities, and personal and organisational effectiveness. Revalidation means that any doctor who wants to remain in practice must present evidence to the GMC that they are competent in their chosen field and have followed the principles of 'Good Medical Practice' outlined above. For doctors in the NHS, appraisals can be used as revalidation evidence. Every five years doctors will be asked to show the GMC that they have been practicing medicine in line with the principles of 'Good Medical Practice', once this has been proven, the GMC will confirm that the doctor's license can continue.

The Department of Health and the GMC agreed that a single set of documentation could be used for appraisals and revalidation. For doctors within managed organisations, five sets of completed annual appraisal forms can be submitted to the GMC as evidence for revalidation. Alternatively, other evidence gathered for the appraisal process could be submitted to the GMC as evidence to support revalidation. Every doctor undergoing appraisal needs to prepare an appraisal folder containing information and evidence which can be updated as necessary, ensuring they are pulling together evidence that already exists.

The doctor and appraiser will agree a written overview of the appraisal, which should include a summary of achievement in the previous year; objectives for the next year; key elements of a personal development plan, actions expected of the organisation, a standard summary of the appraisal and a joint declaration that the appraisal has been carried out properly.

Appraisal is one of two ways to gain revalidation, the second being the independent route. While the appraisal route is available to healthcare workers who work in a managed environment and have the supporting documentation as a result of the annual appraisal system, the independent route requires the health care worker to show they have adopted the standards of 'good working medical practice'.

In addition, there is a requirement for health care workers going down the independent route to show that they are continuing their professional development. Locums who take the independent route are those that work outside a managed environment. It is the responsibility of all our healthcare workers to ensure they are part of an appraisal process and to collect and retain the necessary information.

## Environmental Policy

The responsibility for environmental awareness lies with all of us and through appropriate management systems we will ensure that awareness is integrated into our business activities. We acknowledge our obligations to the environment and are committed to compliance with all appropriate environmental legislation pertinent to our activities.

## Customer Feedback

The purpose of this policy is to ensure that customer feedback, whether positive or negative, can be monitored and reviewed as part of our ISO quality assurance procedures. All feedback is entered onto our feedback forms and recorded in the register; this is then monitored at our quality review meetings to ensure that the appropriate action is taken within acceptable timescales to ensure continual improvement of our business practices and management systems. In addition to this register we also actively seek customer feedback by sending an evaluation form to all clients at the end of each placement.

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# Complaints Procedure

In accordance with the Health Professionals Council (Conduct and Competence Committee) and the General Medical Council (GMC) Fitness to Practice Procedure (FTP), Global Group has a formal procedure for the handling of complaints. Team Leaders/Managers of each Global Group business will handle all verbal and written complaints, reporting to General Managers respectively.

## Complaints raised by a client or patient in respect of an agency locum

When a complaint is received a complaints form is completed and passed immediately to the relevant Global Group business General Manager. The General Manager will consider the complaint and respond to the necessary parties within three days of the complaint being lodged. The locum concerned is to be contacted and informed of the matter.

In all instances the locum is given the right to reply. This should be given in writing within three days and copies supplied to all the relevant parties. The letter will clearly detail the name of the member of staff investigating the complaint. On receipt of written confirmation of the complaint from the Client, Global Group in conjunction with the Client will come to a decision as to the method by which the complaint should be handled. This will include deciding on how an investigation would be conducted, if an investigation were deemed to be necessary. This will depend on the nature of the complaint. Where necessary advice will be taken as to whether the complaint warrants notifying the health care workers governing body. The complainant will receive a reply within 15 days of the complaint being lodged. The reply will detail the result of the investigation and what action will be taken.

If the complaint states that the locum is clinically unsound, or has failed to uphold the 'Code of Professional Conduct' or the 'Fitness to Practice Procedure', they will be immediately removed from that assignment. Should the complaint be of a nature which is more complex and the General Manager cannot come to an agreeable outcome with the involved parties, a Director of Global Group would consider the complaint and work with the parties to come to an agreement. In all cases, the complaint will be recorded on the locums file and the complaints file. Where serious complaints are upheld, the locum's will be taken off the agency register and the appropriate action taken in terms of notifying statutory bodies.

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## Complaints raised by a locum

In the event of a complaint being raised by a locum in respect of a work-based problem or with Global Group, the following will be adhered to:

- In the first instance the locum may contact the relevant business Team Leader/Manager.
- A complaints form will be completed with the locum.
- Advice will be given and depending on the nature of the complaint, a written submission of the complaint may be requested by the Team Leader along with the complaints form already completed.
- A decision will be made in conjunction with the locum as to what the next stage of the complaint is appropriate, for example if an investigation or further action is required.
- In all cases the complaint will be recorded on the Client records file.
- Where serious complaints are upheld, Global Group will take appropriate action in terms of reporting responsibilities.
- In all cases, Global Group and its associated agencies will keep all parties informed at all times.

## Monitoring of complaints

Global Group operates a system of monitoring complaints to identify patterns or trends. The system will operate as follows:

- Each time a written complaint is made about a locum or a client, a record will be made on the complaints form.
- Global Group quality teams check these forms on a regular basis. This will be for the purpose of identifying any trends or patterns that could otherwise be missed.
- Should any trends or patterns be noticed, Global Group will take necessary action, depending on the nature of the problem, to address the issue.

## Timescales for action

- Written complaints will be acknowledged in writing within three days of receipt.
- Details of planned investigations or other appropriate action to be taken will be sent within seven working days.
- The complainant will be kept informed in writing on a regular basis as to the progress of the investigation/action.
- Upon conclusion of the investigation/action a detailed outcome response will be sent.

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### Unsatisfied

In the event that you are unsatisfied with the manner in which a complaint has been handled, Global Group would request that you contact the following:

Julia Carberry  
Global Group  
Ealing Cross,  
85 Uxbridge Road,  
London, W5 5TH

## Equal Opportunities

As an organisation Global Group is committed to equal opportunities and not discriminating on grounds of gender; ethnicity, disability, age, sexual orientation, race, nationality or religious belief by:

- Implementing an Equal Opportunities policy
- Ensuring that the policy is implemented and adhered to
- Ensuring good practice is developed and promoted in all aspects of Global Group business activities
- Complying with all relevant legislation and supporting appropriate codes of practice
- Monitoring the recruitment process and employment decisions
- Ensuring that any grievances are dealt with promptly and appropriately

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## Policy Statement of Sexual/Racial Harassment

Global Group's Equal Opportunities Policy makes a firm commitment to the prevention and removal of discrimination on the basis of sex, marital status, race, religion, creed, colour, nationality, ethnic or national origin, sexual orientation or disability. The Equal Opportunity Implementation Programme states at point 4.3: "Direct racial, sexual or other discrimination and instances of harassment and or abuse will be treated as disciplinary offences". Sexual and racial harassment are forms of unlawful discrimination. They are also forms of improper and inappropriate behaviour which lower morale and by creating a stressful atmosphere interfere with work effectiveness.

It is against the policies of Global Group for any locum to sexually or racially harass another worker, patient or client. Such conduct will not be tolerated and all locums are expected to comply with this policy. Appropriate action for serious offences, and violating this policy, will be taken against any locum working through Global Group: in addition locums will be struck from our register.