



Creation of an ‘On-Boarding Pack’ for Locum Doctors

Dr Deborah Obeng-Tuudah (ST6 O&G), Dr Madeeha Hina (GP ST1) , Mr Michael Magro (Consultant O&G)
Barking, Havering and Redbridge University Hospital NHS Trust



Introduction

Many NHS hospitals are dependent on short term locum doctors, due to staff shortages, which can impact on patient safety. ‘External’ locums are often required at short notice to fill these gaps.

For external locums, it can be challenging to work in a new environment as it takes extra time to be acquainted with new IT systems, knowledge of the hospital’s processes and local guidelines. Also, locum doctors relative lack of team awareness may impede their request for support and escalation in emergency cases.

Locum doctors’ involvement in several incidents in our Trust, highlighted these issues and identified some supervising consultant’s unawareness of their competencies.

Our project ‘On-Boarding Pack’ started in 2021 and aimed to support locum doctors. It’s importance is reflected by the RCOG publication of Certificate of Eligibility for Short Term Locums in Feb 2023.

Design / Methods

We identified key processes and information that a new doctor needed and used these to create a concise pocket-size document.

The ‘Onboarding pack’ created both as a physical pocket-size and a softcopy document sent to locums via email in advance, has been used for all external locums since its implementation in late 2021.

Results

Key information shared were:

- 1) Emergency phone numbers and escalation pathway, including how and when to involve the supervising consultant.
- 2) Easy-to-follow flow charts of how to document on Trust systems (Care-flow in Gynaecology and paperless K2 systems in Obstetrics), admission and discharge pathways and accessing hospital guidelines were demonstrated.
- 3) How to obtain IT logins and identification badges including stepwise directions to the temporary staff offices.
- 4) A list of core competencies for SHO and Registrar levels to guide initial discussion between consultants and the locum doctor, who then must provide supporting evidence of their competencies prior to performing those procedures unsupervised.

TEMPORARY BADGE AND LOGIN DETAILS

Daytime hours 07:30 to 19:00

- Go to Trust Temps (IMT Data centre) situated on ground floor green zone

Direction:

- Come through main entrance and head towards X-ray (Radiology) on ground floor.
- Turn left towards “Orange Zone” and follow signs for “Green Exit”. At some point, you will notice the green stamps on the floor. Follow it to the double doors exiting the building.
- Once out of this double door, turn immediate left to the Trust Temps office / IMT Data centre.
- Press bell for attention. Collect ID badge and temporary log in details.

After hours 19:00 to 07:30

- Go to Bed and Site office (Situated within Major Incident Command and Control Centre)
- Contact Site Manager on dect 6341

Direction:

- Come through main entrance and head towards X-ray (Radiology) on ground floor.
- Turn right towards “Blue Zone” and follow signs for “Blue lifts”.
- At the “Blue lifts” turn right and the Command and Control Centre is situated a few doors on your right (near Neuro ICU / A&E Resus).
- Go through first double door and knock on second double door for attention. Collect ID badge and temporary log in details

Access Guidelines

Open hospital intranet and follow instructions below

1. Use search button to search for a particular guideline (However, guideline of interest may not be generated this way)

2. Alternate and direct method is to go directly to Maternity / Gynaecology guideline section

a) Select “Guidelines, Procedures and protocols” under Quick links on right side of intranet

b) Under Guidelines, Protocols and SOPs, expand the Clinical guidelines options by pressing of “+” sign next to it.

c) Expands Women and Child health guidelines by pressing of “+” again

d) Now press on Maternity / Gynaecology guidelines itself (not the “+” sign) to generate a list of guidelines under each section. Scroll downwards to review.

e) For maternity proformas / SOPs, press on “+” sign next to maternity guidelines

Assigning and discharging patient in Gynae Triage

Enter your Login details and find CareFlow EPR on Desktop

Click Emergency care on Left bar

Select View Department in drop down options and Click Downward arrow at filters

Select Gynaecology ED current Patients

Then select the patient you want to see and right click to assign yourself to selected patient by clicking “see patient”

Click on “Add seen activity” and Close without adding clinical notes

Start seeing the patient

IMPORTANT CONTACT NUMBERS

OBSTETRIC		GYNAECOLOGY	
Consultant on call	6702 / Switchboard if off site	Consultant on call	Personal DECTs (list on ward) or switchboard
LW Coordinator	6536	Gynae Registrar	6703
LW Registrar	6301	Gynae Registrar	6303
LW SHO	6302	Sunrise B Ward	3781
Triage Registrar	6246	CEPOD Co-ordinator	6856
Anaesthetic Consultant	6538	Theatre Co-ordinator	6327
Anaesthetic Registrar	6842	CEPOD Anaesthetist	6469
Maternity HDU	3490 / 3491		
Antenatal Ward	2486	Other	
Postnatal Ward	2485 / 2483	Trust Temp	8200
Coral Ward	2443 / 4927	Site Manager	6341

CEPOD booking: Fill CEPOD form at main theatre reception and inform CEPOD coordinator and anaesthetist.



Documentation on K2MS Athena

Document intrapartum procedures such as caesarean section, instrumental delivery and perineal repairs on K2MS Athena found on desktop of most computers on labour ward.

(i) Select “Post-delivery” icon and login to see list of patients on LW. Select right patient and confirm with log in details again. This will take you to the first page showing patient demographics with “WOMAN” and “BABY” icons on the top panel.

(ii) To document caesarean section, select “C-Section” icon underneath delivery on left hand side panel. Click on “Caesarean section” on screen generated and fill out procedural questionnaire.

(iii) For instrumental delivery documentation, click on “BABY” icon on top panel. Choose type of instrumental delivery on left panel and fill out procedural questionnaire generated. Note that this aspect is only generated if the midwifery team filled out the instrumental delivery initial information (e.g. instrument application time, number of pulls etc) at time of delivery.

(iv) Ensure to press “Finish” and save documentation by signing with login details again as prompted

Assigning and discharging patient in Gynae Triage

Enter your Login details and find CareFlow on Desktop

Click Emergency care on Left bar

Select View Department in drop down options, and Click Downward arrow

Select Gynaecology ED current Patients

Then select the patient you want to see and right click to assign yourself to selected patient

Add seen activity and Close without adding clinical notes

Start seeing the patient

Things to Know and Do

1) Inform & Escalate to Consultant on-call

- You must inform the Senior Registrar present and also the on-call consultant when taking a patient to theatre for caesarean section, trial of instrumental delivery, 3rd and 4th degree tear, preterm birth <32 weeks, Multiple birth delivery e.g. Twins (vaginal or caesarean), obstetric emergencies, opening of second theatre for emergency use, return to theatre for any purpose, laparoscopic management of ectopic pregnancy, collapsed or critically unwell patient. This list is not exhaustive. Escalate if any concerns and also utilise support from other O+G registrars, LWC and MW in charge.

2) Blood transfusion

- During daylight hours, contact blood transfusion nurse practitioner on ext 2816/6230/6953 to get a Blood transfusion barcode. During out of hours, contact blood transfusion ext 6445. You will need this to enable you take G+S samples as the bottle/form must be labelled using this barcode by the person who took the sample. Do not take G+S if you do not have this.

3) Intrapartum documentation on K2

- We use K2 systems for intrapartum documentation. Antenatal and postnatal documental are in paper notes.
- Get login access from LW co-ordinator or contact Lola, Fetal monitoring lead midwife (ext 6536/3449 email: oyinlola.enifeni@nhs.net) during daytime working hours.
- On K2 monitors in the room, document :
 - Ward rounds by selecting “Action”, “Patient Care”, then “Ward round”
 - Vaginal examination by selecting “Action”, “Progress”, then “Vaginal exam”
 - Syntocinon prescription by selecting “Action”, then “Syntocinon prescription”. Remember to also prescribe it in the paper drug chart.
- Other review documentation can be written as free text. “Free text” icon is on top right of CTG screen.

Add/Remove/Review eHandover for Gynae Ward

eHandover (Review PT)

- Write “eHandover” in search bar & Enter your login details in emis health page
- Select “InPatient List” in Top bar, Then click on site and select QH and click speciality to select Gynae and click Search on extreme left that will display gynae in-patient list
- If you want to add more jobs for handover then click on Hospital number of patient that will open up patient’s details , then click on Clinical at top bar to add or remove the jobs

Adding Patient to the list

- Go to the main Emis health page and select ‘Admission List’ from the top bar that will open up the New patient box
- Write Hospital number in and click on search PAS, that will bring all the patient details
- Check patient’s Demographics and click on speciality/Diagnosis to enter ‘Gynae as a speciality’ and to write diagnosis
- Then click on Clinical to enter presenting complains and jobs to be done on patient’s admission in the ward,
- Lastly select ED response Times as emergency or walk-in centre and Select SAVE to save patient on handover list.

Discharge patient

- Select the patient and details will open up
- Select Planned Discharge Date and Time on first page of Demographics and select Save that will discharge the patient from system.



Discharging a patient in Gynae Triage

Right click on patient’s name and select “Discharge”

Select “OK” in notifications ‘you are about to discharge a patient’. Fill out all the highlighted areas on subsequent form and save to go to next page

Select 1st bar of activities on left bar that will open up multiple things on left bar :

- 1) Select investigations eg bedside tests such as urine dip and move to right bar by selecting it
- 2) Similarly , select medications and move applicable choices to right bar
- 3) Then select Diagnosis and enter find diagnosis (eg ectopic pregnancy)
- 4) Lastly click third bar in lower tab to and right click will show ‘Add’, which allows to free text notes for GP
- 5) Click close when finished. This will discharge the patient from gynae triage.



Things to Know and Do

4) Upon arrival, please introduce yourself to consultant on-call. This may mean you might need to call them via switchboard if they are off site.

5) Please sign below to confirm your competencies (i.e. you have documented evidence as per RCOG requirements for independent practice on 3 different occasions)

OBSTETRICS	Competent? Please circle as appropriate
Caesarean section	Yes / No
Basic and intermediate levels	Yes / No
Non-rotational Instrumental delivery (Kiwi / Forceps)	Yes / No
Rotational kiwi delivery	Yes / No
2 nd degree perineal tear / episiotomy repair	Yes / No
3 rd degree tear repair	Yes / No
4 th degree tear repair	Yes / No
GYNAECOLOGY	
Surgical Management of miscarriage/ERPC	Yes / No
Laparoscopic management of ectopic pregnancy	Yes / No
Incision and drainage of Bartholin’s cyst and/or insertion of Word catheter	Yes / No

Locum employee (Full name):

Signature and date:

On-call Consultant: Evidence of above competencies seen? Yes / No

Full name, Signature and date:

Conclusions

The onboarding pack was piloted on new locum doctors and reviewed by O&G consultants and the labour ward forum before final approval.

It was found to be excellent for obtaining quick information, speeding up the initial process of starting work by ensuring the locum knew how to collect ID badges and access the IT systems. It has facilitated a quick orientation to our processes and supported effective task completion.

Additionally, it has enabled the consultants to provide an appropriate level of supervision to the locums by assessing their competencies prior to working in the department and ensuring patient safety. Some comments received are below.

“Innovative project that has helped orientate new doctors and make patient safety better”

“The ‘how to’ guides were very helpful for someone who has never worked here before”

References

1. Morgan B. NHS staffing shortages - Why do politicians struggle to give the NHS the staff it needs?. An independent report commissioned by The King’s Fund and Engage Britain. November 2022. Accessed 9th Feb 2023. URL: https://www.kingsfund.org.uk/sites/default/files/2022-11/NHS_staffing_shortages_final_web%20%282%29.pdf
2. Royal College of Obstetricians and Gynaecology. Guidance on the engagement of short-term locums in maternity care. August 2022. URL: <https://www.rcog.org.uk/media/tyrb4dfr/rcog-guidance-on-engagement-of-short-term-locums-in-maternity-care-august-2022.pdf>