[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-blue/)

# RAP Form

Long Term Junior Doctors or Consultant/SAS Agency Locum Request Process and Form (including any extensions to bookings)

Panel meet on a weekly basis to review all requests for agency doctors covering longer than one month at Junior Doctor level or any time period for Consultant and SAS grade locums. The Panel will also review the previous week’s bookings, looking at when they were requested and assessing the bookings to ensure they were essential - action to be taken to prevent future inappropriate bookings and to improve lead times for requests (increasing chance of finding NHS locums).

The Criteria for assessing the request for Consultant and SAS grade agency locums is as follows:

* Impact on patient safety and risk if not covered
* Impact on flow (admissions/ discharges)
* Impact on workforce and morale

Locum requests will not be approved without confirmation of an attempt to recruit via the normal process. Confirmed as complete by Medical Staffing Yes / No

The below form should be used in conjunction with the normal locum request form and returned to Medical Staffing before 1600 on a Friday for inclusion on the following week’s panel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1 – Authorisation**  To be completed by the line manager **NB Separate out each role if more than one on form** | | | |
| **Job Title** |  | **Grade** |  |
| **Department**  **(including cost centre and position code)** |  | **WTE** |  |
| **Line Manager** |  | **Location** |  |
| **Dates and duty type** | Extension Yes/NO  Start date ……………….. End date ………….  Shift details…………………………………………………e.g. 10PAs 9-5  weekdays only  Core hours only 0700-1900 Mon – Fri YES/NO please circle  With on calls (requires exec approval) / or unsociable hours YES/NO please circle | | |
| **Reason for** | **□** New post **□** Replacement **□** covering sickness | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Request** | □ covering vacant post □ covering restricted duties Other please state ………………………………. | | | | | |
| **Part 2 – Budget /pay** | | | | | | |
| **Current budget YTD** |  | | | **Actual spend YTD** | |  |
| **Budget WTE** |  | | | **Contracted WTE** | |  |
| **Approximate cost** | *E.g.* ***Consultant*** *£120 per hour* | | |  | |  |
|  | *£19,200 per month (based on 10PA per week)* | | |
|  | ***Registrar*** *£65/ £75-£80 for ED per hr* | | |
|  | ***ST 1/2*** *£45 per hr* | | |
| **Has the cost been factored into the out turn** | | | | **YES NO** | | |
| **Financial Business Partner signature** | | | |  | | |
| Consequences of not approving this post  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  ……………………………………………………………………………………………………… | | | | | | |
| **Risk register YES** | | | **NO Risk number** | |  | |
| **Signature of requesting manager** | |  | | | | |
| **Name** | |  | | | | |
| **AMD/CGD**  **signature** | |  | | | | |
| **Date** | |  | | | | |
| **RAP panel outcome** | | | **Approved Yes/No** | | **Review note** | |
| **Signature** | |  | | | | |
| **Name** | |  | | | | |
| **Date** | |  | | | | |