



THE LDA NEWSLETTER THE VOICE OF LOCUMS

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NHS PROFESSIONALS— LOCUMS BEWARE OF HYPOCRISY AND DOUBLE STANDARDS

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LDA is a Trade Union

When LDA urged the DOH to set up a “locum authority” to support doctors outside substantive NHS posts, we did not mean convert an existing locum bank to this body. Trent locum bank we have reports of, used to prefer indigenous doctors for posts and offered only the left-over unattractive

locum posts to ethnic minority doctors.
LDA expects a body responsible for appraisal and support to be independent and impartial, not a compelling employer—that seeks to monopolise the market and fix and keep locum pay-rates low.

workers are to be paid less but NHSP charges the hospitals a whopping fee, thereby making little difference to trust hospital locum costs.

Danger one: NHSP has a contract packed with unfair terms, one of which is that you will not work for any other employer but them. They of

Hypocrisy one: The

**DO NOT MISS
LDA'S FIRST CONFERENCE IN MANCHESTER ON
SATURDAY 27 NOVEMBER 2004.
IMPORTANT ISSUES WILL BE DISCUSSED.
EARLY BIRDS WILL GET A DISCOUNT -see leaflet for details**

JOIN LDA'S EMAIL GROUP IF YOU HAVE NOT ALREADY DONE SO—email us at lda@blueyonder.co.uk
LDA has an email forum for updates, consultations, discussions, debates, and exchange of info and views. Email addresses are anonymised for protection

HELP US TO HELP YOU _ BEST WAYS TO CONTACT US FOR HELP (CUT AND KEEP THIS FOR REFERENCE)

LDA is run by locum doctors for locum doctors. Officers have their own hospital jobs to do, and provide all services to LDA pro bono. LDA is non-profit-making and for a nominal subscription of £15 or 20 , cannot employ staff or external services. We want to offer you the best service we can, so please help us by following these simple guidelines:

1. LDA telephone line is usually open from 10 am to 5.30 pm from Monday-Friday and 10 am-2pm Saturdays. These hours may vary. Occasionally the line may be open at other times also.
2. Routine calls and queries will only be taken during the normal working hours.
3. ONLY urgent calls will be taken at other times.
4. Help and advice IS ONLY FOR MEMBERS.
5. Do not send text messages as far as possible. These will not be replied.
6. Email is very useful but do not email urgent queries as emails are not necessarily read or replied promptly.
7. APPOINTMENT SYSTEM FOR CALLERS:
Quick calls are welcome at any time during the normal working day but as we are also busy operating on patients etc and cannot always have time to talk to you, PLEASE CO-OPERATE with the following system.
8. If your call is not quick or you want to discuss a problem, we try our best to accommodate you. If your call cannot be taken immediately, YOU WILL BE GIVEN A MUTUAL APPOINTMENT TO RING BACK.
9. PLEASE BE PUNCTUAL and ring at the appointed time. If you agree to ring at 5 pm, 5.20 pm will be given to another person and if you ring at 5.15 instead of 5, you will be too late to complete your discussion.
10. Please do not argue unnecessarily or insist on talking when we are unable to, as the call will be terminated and this may offend.
11. We return emails but not most telephone calls. Members have to call us.

Thank you for your co-operation.

TIPS FOR LOCUMS (The locum coffee that perks you up)

* WORRIED ABOUT APPRAISAL AND REVALIDATION???

Let LDA's coffee wake you up !!!

ENJOY TODAY'S COFFEE CUP

- ⇒ Get a folder and collect material about all your work activities and learning/teaching activities. Include a CV, thank you letters from patients, course certificates, complaint letters, clinical governance material etc.
- ⇒ Download a consultant appraisal form from the DOH website if you are a locum consultant. The GMC has sent forms to everyone that can be used as templates for gathering info.
- ⇒ COME TO LDA'S CONFERENCE. Appraisal and revalidation are two of the issues.

.NHS PROFESSIONALS

Contd. From page 1

course do not guarantee to give you work so you will either be stuck as a 21st Century slave to be used on their terms and rates, or be destroyed by long-term unemployment since you cannot work for other employers or agencies without breaching your contract with them.

It may be argued that in return for an appraisal and revalidation, locums should sacrifice some salary, but substantive doctors of both senior and junior grades have had salary rises in excess of £30,000 a year with free appraisals. If locums are to be paid less or made to pay for an appraisal it would be discriminatory—LOCUMISM.

Hypocrisy two: NHSP have not consulted the locums themselves about their issues. This is a violation of the constitutional rights of locums to be consulted like all other British citizens. NHSP have no locum input into their activities nor do they sincerely desire any.

LDA was approached twice by NHSP. Miss Shehnaz Somjee had a meeting with them in London at their new offices. All they could offer was a glass of water!! Shehnaz was shown a powerpoint presentation but refused any form of paper material about NHSP. What did they have to hide? What credibility should an

Organisation deserve ?

if it wants others to accept its spoken word on vital career and employment issues, but expects others to sign unfair written contracts for itself.

NHSP were invited to negotiate terms and conditions with LDA as the other agencies do. They said nothing but did not seem interested. All they sought from LDA was a collective “slave round-up”.

We assure our members this will not happen.

On 3 June 2004 *Hospital Doctor* published the comments of Dr Umesh Prabhu, a director of NHSP. Dr Prabhu’s inappropriate comments indicate his meagre knowledge and inadequate understanding of locums. Does he know that LDA was one of the organisations that lead the way in Revalidation? The folder was our idea. We showed the rest of the profession the best way forward. The Appraisal which is BMA’s idea will prove a flop ultimately. Sadly Dr Prabhu has compromised his ability to fairly assess or appraise locums, given his biased, and preconceived negative notions about them.

Hypocrisy three: Dr Prabhu enlists all the sufferings of locums. Some of these are true and warrant much higher pay-rates to compensate. Curiously his NHSP wants to cut pay for the locum sufferers with “lonely life” and “isolation”. This is nothing but a double standard. Where it suits NHSP their officers will become self-styled spokespersons for locums. Where it does not, they do not liaise fairly with those who do speak for all the locum doctors.

If NHSP wants to work with locums it will have to be fair, treat locums as valued professionals, and come to the table with LDA, with openness and transparency—two things it sadly lacks. First of all it badly needs to pass its own appraisal and revalidation.

The UK government dragged this country into a war to protect the human rights of Iraqis. The same government’s “Special Health Authority” NHS Professionals is violating the human rights of locums. Isn’t that yet another double standard ???



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