REDEEMERS HEALTH VILLAGE

Human Resources Department

LOCUM & STAFF POLICY

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Date Approved:	—		

Relevant Standards

- Labour Act of Nigeria (Cap L1 LFN 2004)
- Medical and Dental Council of Nigeria (MDCN) — Locum Practice Guidelines
- Nursing and Midwifery Council of Nigeria (NMCN) Code of Conduct
- Pharmacists Council of Nigeria (PCN) Practice Standards
- Nigeria Data Protection Act (NDPA) 2023
- RHV Background Check Policy (HR-POL-001)
- RHV Health and Safety Policy (HR-POL-013)
- RHV Disciplinary Action Policy (HR-POL-003)
- RHV Code of Professional Conduct (HR-POL-023)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	April 28, 2026	New Policy — Board Submission	CHRO
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1. Purpose

Locum staff are a significant and necessary part of RHV's workforce model. They provide essential capacity during periods of planned leave, sudden vacancy, high patient volume, or specialist need. However, the temporary and variable nature of their engagement creates specific risks to patient safety, clinical quality, regulatory compliance, institutional data, and financial accountability that an unstructured approach cannot adequately manage.

This policy establishes a comprehensive governance framework for the engagement, vetting, deployment, supervision, and management of all locum and staff at RHV. It ensures that every temporary clinical or non-clinical worker deployed at RHV meets the same standards of competence, professionalism, and conduct as our permanent workforce and that RHV meets its full legal and regulatory obligations in respect of their engagement.

2. Scope

This policy applies to all temporary workers deployed at RHV through any of the following arrangements:

- Locum professionals engaged directly by RHV (i.e., individual clinicians or specialists contracted by RHV without an intermediary)
- Bank staff — RHV's own internal pool of pre-vetted temporary workers who are called upon to fill shifts as needed
- Specialist consultants or visiting clinicians engaged on a sessional or short-term basis

This policy applies to clinical and non-clinical temporary workers, though additional requirements apply specifically to clinical locums and workers given the direct patient safety implications of their deployment.

3. Guiding Principles

- Patient Safety First: No locum worker is deployed in a patient-facing role unless they have been fully vetted, are appropriately qualified, hold current professional registration, and have received adequate site orientation. Patient safety is never compromised for operational convenience.
- Equivalence of Standards: Locum staff are held to the same standards of conduct, professional practice, and institutional compliance as permanent RHV employees. Temporary status does not reduce standards.
- Authorised Channels Only: No locum worker may be engaged at RHV without prior authorisation from HR. Departments may not independently source or deploy temporary workers outside this policy.
- Financial Accountability: All locum expenditure is authorised, tracked, and reported.
- Preference for the Internal Bank: Where suitably qualified bank staff are available, they are always preferred over external workers. The RHV Staff Bank is maintained and actively developed as a cost-effective and quality-assured alternative to .

4. Approved Agencies and Sourcing

4.1 Approved List

RHV maintains an Approved Register, administered by HR in conjunction with Finance. Locum staff are approved based on: their demonstrated compliance with applicable Nigerian labour law; the quality of their own vetting and credentialing processes; their fee structure and transparency; their track record with RHV or comparable institutions; and their willingness to operate under RHV's terms and conditions, including data protection requirements.

4.2 Agreements

Before any may supply staff to RHV, a formal Supply Agreement must be signed by both parties. The agreement must include: the schedule of fees and payment terms; the 's obligations in respect of worker

vetting and credentialing; indemnity and insurance arrangements; data protection obligations under the NDPA 2023; and the right of RHV to refuse or remove any worker at any time without cause.

4.3 Direct Locum Engagement

Where RHV engages a locum professional directly (without an intermediary), HR must issue a formal Locum Engagement Contract for every engagement, regardless of duration. No verbal or informal arrangements are permitted. The contract must specify: the scope of duties; the engagement period; the rate of pay; professional registration requirements; and the locum's obligations under RHV's policies.

5. Pre-Deployment Vetting — Clinical Staff

All clinical locum workers regardless of the duration of their engagement must have completed all of the following checks before beginning any patient-facing duties at RHV. This is a non-negotiable requirement. No exceptions are permitted on grounds of urgency.

5.1 Professional Registration

Current, valid registration with the relevant Nigerian professional regulatory body is mandatory for all clinical roles. HR verifies registration status directly with the regulatory body — not merely on the basis of documents presented by the worker or their . Regulatory bodies to be verified include (but are not limited to): MDCN (doctors); NMCN (nurses and midwives); PCN (pharmacists); MLSCN (medical laboratory scientists); RRBN (radiographers); and PTMBN (physiotherapists and related). Registration must be valid for the entire period of engagement. Lapse of registration during an engagement must be reported immediately and results in immediate stand-down.

5.2 Identity Verification

Government-issued photo identification must be verified in person by HR before the first deployment. HR retains a copy of the verified document.

5.3 Clinical Credentials and Experience

Copies of all relevant clinical qualifications, postgraduate certifications, and specialist training must be obtained and verified. The engaging Head of Department must confirm that the locum's qualifications and experience are appropriate for the specific duties they will perform at RHV.

5.4 Criminal Record Check

A criminal record check is required for all clinical locums and workers before their first deployment at RHV, in accordance with the RHV Background Check Policy (HR-POL-001).

5.5 Medical Clearance

A basic health declaration confirming fitness to work and up-to-date immunisation status (including Hepatitis B, Tuberculosis, and any other role-specific requirements) is mandatory for all patient-facing temporary workers.

5.6 Reference Check

At least one professional reference must be verified for all clinical locums before their first deployment. For staff, the is required to confirm in writing that references have been obtained and are satisfactory.

5.7 Vetting Documentation

For locum workers, the must provide HR with a signed Vetting Declaration confirming that items 5.1 through 5.6 above have been completed and are satisfactory, before deployment. RHV reserves the right to conduct independent verification of any item at any time. Where an 's vetting declaration is found to be inaccurate or incomplete, the will be removed from the Approved Register immediately.

6. Pre-Deployment Vetting — Non-Clinical Staff

Non-clinical staff (e.g., administrative, security, cleaning, catering, logistics) require the following before deployment:

- Identity verification (government-issued photo ID)
- Reference check (at least one)
- Basic health declaration
- For roles involving access to patient areas, records, or financial systems: a criminal record check is also required

7. Site Orientation and Induction

Every locum worker must complete a structured RHV site orientation before beginning any duties. Orientation is mandatory regardless of whether the worker has previously worked at RHV and regardless of the urgency of the deployment need. Orientation must be completed on or before the first working day. The orientation covers:

- RHV's mission, values, and Code of Professional Conduct (HR-POL-023)
- Patient confidentiality and data protection obligations (HR-POL-024)
- Health and safety procedures, including fire evacuation routes and emergency protocols (HR-POL-013)
- Infection prevention and control requirements relevant to the deployment area
- RHV's Social Media and Digital Communication Policy (HR-POL-031)
- Uniform and ID badge requirements (HR-POL-012)
- Who to contact in case of clinical concern, emergency, or complaint

Orientation is delivered by the relevant Head of Department or a designated departmental supervisor. The locum or worker signs an Orientation Acknowledgement Form, which is retained by HR. Online pre-reading materials may supplement but not replace this in-person orientation.

8. Supervision and Clinical Oversight

- All clinical locum and workers must be allocated a named clinical supervisor for each shift. The supervisor is responsible for ensuring the locum understands the scope of their duties and the limits of their authority at RHV.
- Locums must not perform any procedure, prescribe any medication, or make any clinical decision beyond the competencies verified during the vetting process and the scope defined in their engagement.
- Locums must escalate any clinical uncertainty to their named supervisor immediately. There must never be a scenario where a locum is managing a complex patient situation without the ability to escalate to a permanent RHV clinician.
- Heads of Department are responsible for ensuring that locum-to-supervisor ratios are safe and that the deployment of locums does not create an unacceptable clinical risk in any shift or ward configuration.
- Locums may not act as the sole senior clinician on a ward, unit, or shift unless explicitly authorised in writing by the Head of Department and the CHRO, following a documented risk assessment.

9. Conduct and Policy Compliance

All locum and staff are required to adhere to RHV's policies and professional standards in exactly the same manner as permanent employees. This includes, without limitation:

- Code of Professional Conduct (HR-POL-023)
- Data Protection & Privacy Policy (HR-POL-024)
- Health and Safety Policy (HR-POL-013)
- Uniform and Dress Code Policy (HR-POL-012)
- Social Media and Digital Communication Policy (HR-POL-031)

- Conflict of Interest Policy (HR-POL-009)
- Anti-Corruption and Anti-Bribery Policy (HR-POL-022)

Where a locum or worker's conduct falls below the required standard, the Head of Department must immediately notify HR. RHV may remove the worker from duties immediately and request their replacement. RHV will report the matter to the supplying (for staff) and — where the conduct constitutes a professional breach — to the relevant regulatory body.

10. Timekeeping, Invoicing, and Payment

- All locum and workers must sign in and sign out using RHV's official timekeeping system at the start and end of every shift. Unofficial or paper timesheets are not accepted as the basis for payment.
- Timesheets are verified and signed off by the supervising Head of Department or shift supervisor at the end of each week. Disputed timesheets are referred to HR for resolution before payment is authorised.
- invoices are processed by Finance on receipt of a verified timesheet. Payment terms are as stipulated in the Supply Agreement. No payment will be made for shifts that have not been properly authorised and verified.
- For directly engaged locums, HR prepares a payment schedule based on verified timesheets, submitted to Finance for processing within five (5) working days of the end of each payment period.
- HR maintains a Locum and Spend Register, updated monthly. The register is reviewed by the CHRO and COO quarterly. spend above budget requires CHRO and CEO approval before commitment.

11. Removal and Non-Return

RHV may remove a locum or worker from duty and decline to re-engage them at any time, without cause and without financial liability beyond hours already worked, in any of the following circumstances:

- A conduct, competence, or patient safety concern is identified
- A discrepancy is identified in the worker's credentials, registration, or vetting documentation
- The worker fails to comply with any RHV policy following a verbal reminder
- Operational requirements change and the worker's deployment is no longer needed

Where a worker is removed on safety or conduct grounds, HR notifies the relevant immediately and places the worker on RHV's Non-Return Register. HR will consider whether a report to the relevant professional regulatory body is warranted. Removal from RHV premises is carried out calmly and professionally by the Head of Department and, where necessary, security personnel.

12. Staff Bank — RHV Internal Temporary Workforce

RHV maintains an internal Staff Bank of pre-vetted temporary workers comprising former employees, retired staff, and qualified professionals seeking flexible working who are available to fill shifts on a casual basis. The Staff Bank is administered by HR and offers significant advantages over external : lower cost, pre-verified competence, familiarity with RHV's systems and culture, and faster deployment. All Staff Bank members must maintain current professional registration (where applicable), undergo annual competency updates, and comply fully with this policy. HR actively recruits to the Staff Bank to reduce external dependency. Staff Bank workers are offered first preference for available locum shifts before workers are contacted.

13. Roles and Responsibilities

HR Department

Maintains the Approved Register and Locum Engagement Contracts; administers the vetting process; delivers and records orientation; maintains the Spend Register and Non-Return Register; reports locum spend to the CHRO and COO; manages the Staff Bank.

Heads of Department

Submit requests for locum cover through the authorised HR process only; provide adequate supervision; monitor conduct and competence; report any concern immediately to HR; verify timesheets.

Finance Department

Processes invoices against verified timesheets; monitors spend against budget; alerts HR and CHRO to unusual or escalating spend patterns.

Clinical Governance

Reviews clinical locum deployment from a patient safety perspective; ensures supervision ratios are adequate; reviews incidents involving locum staff.

14. Monitoring and Review

HR produces a quarterly Locum and Workforce Report covering: total locum hours by department; spend versus budget; incidents or concerns involving locum staff; Staff Bank utilisation rate; and compliance with pre-deployment vetting requirements. The report is reviewed by the CHRO, COO, and annually — the Board. This policy is reviewed annually by the CHRO.