$FOI~8334-Q2 \text{ - Locum Agency providers} - Please~can~you~advise~which~locum~agencies~you~use~to~fill~the~following~areas.}$ 

	Agencies Name
Cardiology	ID Medical
Dermatology	ID Medical
Gastroenterology	ID Medical
Haematology	ID Medical
Oncology	ID Medical
Respiratory	ID Medical
Radiology	ID Medical
ENT	ID Medical
Ophthalmology	ID Medical