



nasgp

National
Association of
Sessional GPs

Thriving as a GP locum

Thriving as a GP locum

NASGP's guide to starting out, and thriving, as a GP locum

A new episode in your career is just about to begin.

The National Association of Sessional GPs was founded in 1997 by GP locums who all recognised the professional isolation of working independently in different practices, often in conditions that they we had not anticipated during the protected years of our training and partnerships.

Back then, GP locums weren't even allowed to contribute to the NHS pension scheme, so that was first on our list.

So here we've put together everything any GP needs to know about stepping into the exciting world of working as a GP locum. And we do really mean that. It can

be a real thrill to explore new geographical areas, working in lots of different premises, helping out struggling practices, seeing thousands of different patients, giving your personal slant on their care, tweaking or reinforcing their existing management where necessary.

You'll see that throughout, as well as explaining how to do all this yourself, we also refer to [LocumDeck, our online locum management platform](#), that is packed with tools that take away a lot of the technical hurdles of being a GP locum, and replace it with really useful features to make sure you're in full control of your very own locum practise.

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Assemble your paperwork

Store paper and electronic copies of all your relevant documents ready for practices to easily access.

Here's our checklist **based on CQC's guidance to practices.**

CQC advice	Evidenced by:
Proof of being a GP	GMC number for online check of GMC GP Register .
Medical indemnity	A copy of your indemnity certificate.
GMC registration	GMC number for online check of GMC GP Register .
Performers List	Online check of Performers List .
Proof of identity including a recent photograph	NHS smartcard or driving licence or passport, NHS smartcard or driving licence or passport, or use a service like Yoti .
Satisfactory evidence of conduct in previous employment concerned with the provision of health or social care; or children or vulnerable adults	At least one recent (within last year) reference.
Satisfactory documentary evidence of any relevant qualification	Relevant certificates if you carry out special roles or special interests. GMC registration status is evidence of your primary medical and GP training.
A full employment history together with a satisfactory written explanation of any gaps in employment	Your CV.
Such other information as is required under any enactment to be kept by the registered person in relation to such persons employed	DBS check – NASGP advice is that for temporary self-employed locums evidence of being on a Performers List will usually suffice (see separate CQC advice).

Disclosure and Barring Service (DBS) checks



During your training as a GP registrar, or working as a salaried GP or GP partner, you will have joined a Performers List, and so will have obtained a DBS check and certificate. There are varying opinions as to whether and how often this should be updated. New applicants to the Performers List are required to sign up for the [Disclosure and Barring Service \(DBS\) Update Service](#). If you're already on the Performers List, there's an argument to say that the NHS are giving assurances that they have done the necessary checks and you are a person of good standing. But sometimes practices and LMCs have other ideas, so be aware that there may be local differences.

Occupational health





It's a good idea to record everything you've got in terms of hepatitis B status, rubella immunity and TB status as appropriate. These jabs are not specifically mentioned by CQC in their recommended checks for practices, but occasionally they are asked for.

For trainees: these things should happen automatically

GETTING YOUR CERTIFICATE OF COMPLETION OF TRAINING (CCT)

-  You can apply for this as you near the end of your training. It certifies that you have completed GMC approved training in the UK and that you are eligible to join the GMC's GP Register – all needed for you to be included on a Performers List and to work as a fully-fledged GP.
-  [You should get an email invitation from the GMC to apply for this online through your GMC online account.](#)
-  You have a maximum of 12 months from your expected date of completion of training to apply for your CCT.

APPLYING FOR ENTRY TO JOIN THE GP REGISTER WITH A CCT

-  This can happen in synchrony with the application for your CCT. If you are eligible for entry onto the GP Register with a CCT, the RCGP will notify the GMC of your completion date during your final year.
-  Around four months before the end of your training, you should then get an email from the GMC inviting you to apply.
-  When the RCGP is happy that you've completed training, the GMC are notified and you will be added to the GP Register.
-  [Read more about the process and timings.](#)

Ensure the Performers List is updated with your details

You will have joined the medical Performers List earlier in your career, before you began working in practices. Once you are qualified, the Performers List becomes the basis of your NHS Appraisal team, headed by a Responsible Officer (RO).

England



The National Performers List for England is now managed online by Primary Care Support England (PCSE). So you will need to [register for a PCSE Online account](#). You can then update your Performers List with a [change of status](#) to GP locum or, if you're newly qualified, your Performer type from GP registrar to GP Performer, from within your account.

This submits a change request to PCSE which may take some time to filter through to actually updating the Performers List.

Updating the Performers List not only puts you on the map with your local NHS Appraisal team and Responsible officer (RO), but also updates your NHS pension account so you can start paying contributions for your locum income.

Changing region?

For GP locums with no practice-based commitments, your [NHS Area Team will be based on the postcode](#) of the address you have registered with the GMC – usually your home address.

Can I work whilst awaiting confirmation of my change of status to a GP locum?

The responsibility for deciding you're safe to work rests with the Responsible Officer of your Area Team, not with the administrators of the Performers List. So, if you're already a practising GP on the National Performers List, a change in status should not affect your ability to work as this is just an administrative process.

For GP registrars, you're already on the Performers List as you complete training, so you can continue working while the administrative step of

updating the Performers List is carried out and the GMC GP register will reflect that you have achieved your CCT and are licensed to practice on the GP Register. **There is this advice regarding starting work on the PCSE website** (August 2020) as follows:

“GP registrars who have newly qualified can work as they are on the performers list and will be showing on the performers list website. The individual can show they are qualified by producing their certificate of completed training (CCT) This is also reflected on the GMC register which any employer can check if they so wish.

- *GP Trainees legally cease to be trainees when the GP registrar achieves their CCT and the GMC register is updated.*
- *NHS England policy requires GP Trainees to provide evidence that they have completed their training and to complete a change in status form, enabling PCSE to update their status on the performers list. If the GP registrar has evidenced this, they have fulfilled their obligations under the regulations and NHS England policy.*
- *The change in status on the Performers List itself does not require NHS England Medical Director (MD)/Responsible Officer (RO) approval as this is a routine administrative process.*
- *During this period of time, and in the event that an enquiry regarding their status is received from either the recently qualified trainee or an organisation wishing to use their service, MDs or their delegated officers should assure themselves that the trainee has completed their training by either checking the GMC register, and or liaising with HEE if they are a GP registrar. If the MD or their delegated officer can assure themselves via this route, there should be no reason why the trainee should not be permitted to practise independently whilst the administrative change in status is undertaken.”*

Top tip for trainees

Inform PCSE of your **change in Performer Type** as soon as you have your CCT and the GMC Register has been updated. You can start booking work as practices can follow the above advice about checking the GMC Register, or even checking with Health Education England. If you want to contribute to the NHS pension scheme, then start invoicing practices with accompanying Locum Form A pension forms. You can pension work within 10 weeks of carrying it out. And from the current information on timescales, this should be long enough for your pension record to be updated.

Wales



Contact the [Wales Medical Performers List for guidance](#) on updating your status.

Scotland



Since 1 June 2016 there has been a [Scotland-wide, standardised application process](#), however your inclusion and status on the performers list will still be managed by [your relevant local health board](#).

Northern Ireland



Contact the [NI Performers list](#) for more information. See also [NIMDTA's 'General practice – life after training'](#).

Update your medical indemnity cover

Let your defence organisation know that you are now working as a GP locum, and the average number of sessions per week you intend to work.

If you're a member of one of NASGP's GP Locum Chambers, you may qualify for a discount on your annual MPS subscription.

Don't pay too much


LocumDeck includes a session counter, so that at the end of your indemnity year, you can let your provider know exactly how many sessions you worked so that they can refund you if you didn't work as many as intended, or pay extra if you worked more than intended.

LocumDeck will also soon have a facility to notify you if you're about to work more sessions than you'd intended and thus potentially reduce the chances of paying a higher rate!


We also work very closely with the Medical Protection Society to produce [regularly updated advice on how to avoid the many performance pitfalls that GP locums are often exposed to](#).

Tax, national insurance and accountancy



Register as self-employed with HM Revenue and Customs (HMRC); [you can do this online](#), or an accountant can do this for you.

-  This sets you up for filing self-assessment tax returns and paying Class 2 National Insurance (NI) contributions.



Save for tax as you go along.

-  As a rule of thumb, if you're a lower rate tax payer, you'll end up paying around 30% of your gross earnings on tax and Class 4 National Insurance.

Consider using a specialist medical accountant early on.

-  They understand what expenses are claimable, the intricacies of the NHS pension system, and can advise you on how much tax to be saving for.
-  We work very closely with specialist medical accountants [Honey Barrett](#). Ask them for a fixed fee – to include phone calls – so that you can approach them when necessary without wondering what it will cost.

Record-keeping for your tax return.

-  To keep on the right side of HMRC, you need to be accurately recording your earnings and expenses. Failure to keep adequate records can result in a fine.
-  Have a system for filing all your earnings, expenses. Keep a mileage log and monitor the percentage business use of any equipment (e.g. phones, IT equipment) that you may be claiming as a business expense.

Bookkeeper

LocumDeck's Bookkeeper was developed in association with [medical specialist accountants, Honey Barrett](#). It automatically logs your locum earnings, pension contributions and mileage, and allows you to manually add other expenses.

Liz Densley has produced an [excellent article on registering as self-employed](#).

Get your gear together

You've probably already invested in a bag, otoscope, ophthalmoscope, and stethoscope. But if you're just used to working in one practice, you'll find that provision of equipment in practices does vary. Your kit may also depend on where and what type of work you'll be doing e.g. practice-based, out-of-hours or home visits.

Work calendar






Paper or electronic, this is going to become your constant companion and it needs to be robust enough to accurately record your bookings and guide you to your work placements. NASGP's LocumDeck includes a bespoke locum calendar with a suite of sophisticated tools to keep you in full control of your terms, conditions, rates and bookings.

Satnav or smartphone mapping app

If there's good 4G or even 5G around, then a smartphone with Google Maps is more than good enough, but if practice visits ever take you somewhere more rural, then a proper satnav will be worth its weight in gold. It automatically stores all its maps onboard, allowing you to plug in a new route from the middle of nowhere and it will know exactly where to take you. And you can get funny voices for satnavs too, just not Donald Trump.







Basic kit

These items are probably the sort of things you wouldn't want to share, or other GPs may not be so keen on sharing.









-  Stethoscope.
-  Ophthalmoscope.
-  Otoscope.
-  Digital thermometer.
-  Pulse oximeter – both adult and paediatric.

Useful items that are often missing from consulting rooms

These items are fairly cheap, light and small, so carrying them around in your bag is quite easy.

-  Urinary pregnancy testing kits.
-  Peak flow meter and disposable mouthpieces.
-  Tape measure.
-  Tendon hammer.
-  Tuning fork.
-  Blue light and fluorescein.

Other essentials if doing home visits






-  Alcohol hand gel.
-  Your own gloves.
-  Lubricating jelly – sachets, not tubes, are de rigueur.
-  Urinalysis dipsticks.
-  Blood glucose monitor.
-  Tongue depressors.
-  Sphygmomanometer – [British Hypertension Society](#) has a list of monitors validated for clinical use. Find a friendly practice who can get this calibrated for you when theirs are checked. Get a large cuff too.
-  Specimen bottles and swabs.

Drug bag




The idea of carrying medications is to be able to manage medical emergencies, if you are best placed to do so. What you decide to carry for in-hours work is dependent on many factors: where you are working; how far you are from acute hospitals and pharmacies; the conditions you are likely to encounter, and whether you are doing home visits or remaining in the practice.

At one extreme, if you work in urban settings within 30 minutes of acute hospitals and do not carry out home visits, you may decide to carry very few, or even no medications, and rely on the practice's emergency medication supply. At the other, you may be a walking pharmacy if you are a visiting GP in an isolated rural area.

So there is no prescriptive, mandatory list of medications, but here are some helpful references:













-  [Guidance on emergency drugs in GP practices from the CQC](#)
-  [Summary, drugs for the GP bag \(2015\) from GP-Update](#)
-  [Guidance on drugs for the doctor's bag: adults \(2015\)](#)
-  [Guidance on drugs for the doctor's bag: children \(2005\)](#)
-  [Good professional reference from patient.info](#)

Coping with medical emergencies in a GP practice.

-  Make it a standard part of your induction, that you know, and are preferably shown, where the practice's emergency drugs, oxygen and defibrillator are kept. It may not happen often, but the day you forget will be the day you need it.
-  Also ensure that you know how to summon emergency medical help from practice staff and clinicians.
-  NASGP produces a free online locum induction pack in the form of [Standardised Practice Information Portal, Spip](#). With Spip, practices have no excuse not to ensure that you can hit the ground running in terms of having access to all necessary policies, procedures, contacts and guidelines that are specific to that practice.

Your own core supply of medications

Consider having your own core supply of medications and a quick reference dose sheet, including paediatric doses, to manage those medical emergencies where minutes matter. Here are some suggestions; it's by no means comprehensive and should be seen in the context of the advice given in 'Drug for the doctor's bag'.

-  Anaphylaxis – rising incidence, and they can arrest within 10-15 min of an insect bite trigger:
 -  Adrenaline 1 in 1000 (1mg/ml).
 -  Needles long enough to reach muscle: blue (25mm long) for most ages; green (38mm long) for larger people. Stretch the skin – don't bunch – when injecting.
 -  Make sure oxygen is also on its way.
 -  Do not use EpiPen – inadequate dose of 0.3mg and the needle is too short.
-  Hypoglycaemia:
 -  Glucogel, dextrogel etc.
 -  Glucagon if unable to take oral glucose.
-  Meningitis or sepsis with rash:
 -  Benzylpenicillin or Cefotaxime.
 -  Water for injection.
-  GTN spray and Aspirin.

See how to [get hold of medicines and keep them up to date](#).



LocumDeck

LocumDeck is the best way to secure work and manage work – while keeping you in control.

Created by NASGP in collaboration with practices, it makes the booking process easier for you and the practices you work with. We understand GP locums' needs. We know you want to work on your own terms and have everything coordinated. LocumDeck is the essential tool for running your business efficiently and safely, the way you want to.

www.nasgp.org.uk/LocumDeck

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Finding work, and helping practices find you

There are many routes to finding work, each with their pros and cons. In the current climate, there is no shortage of work, and you will probably find that once you make it known you are available, by whatever route, you will be inundated with enquiries. It can be tempting, when faced with an empty calendar and/or an empty bank account, to accept everything on a first-come, first served basis. Our advice here is simple. Don't!






Before you start accepting work, ask yourself some important questions: Why am I locuming? What are my plans, and what do I want to get out of GP locuming? What's most important to me?

The answers to these questions will help you determine the best route for you to find and book work, and running through that decision should be a consideration that not all doctors are good at – the concept of looking after yourself.

Looking after yourself

Support

It's difficult to work sustainably in the medical profession without support. And GP locuming can be one of the most isolated corners of the profession, as the day job can often involve little or no supportive contact with other GPs. If you're new to locuming, be aware of this pitfall. If you're new to an area or don't have a pre-existing network of informal and formal support, consider how you can access this

-  Find out if there is a **locum chamber** you could work with.
-  If not, check with the NASGP **if there is a local GP locum group**.
-  If you'd like to start one up, contact the NASGP and we'll help you.
-  Get on the mailing list of the your local medical education centre and the comms list of your primary care organisation (CCG or Health Board).
-  Some LMCs have developed excellent networks for their locums, whereas some provide no support at all.

Autonomy

Another prerequisite for a sustainable career is having the ability to use your own professional judgement to determine your safe working boundaries, in proportion to the clinical responsibility you are carrying as a GP. Having a sense of control over designing your workload and setting your terms and conditions can be an important part of safeguarding yourself.

LocumDeck

LocumDeck includes a personal GP locum T&Cs generator created specifically for NASGP.




Choices of channels for arranging work

Locum agencies for short-term locuming but beware Trojan horses







After some initial checking of your credentials, agencies and online booking platforms can be great at speedily getting you work. Some cover wide geographical areas, so long as you don't mind travelling. They usually deal with the negotiations of terms and conditions with the practice, sharing all your important ID and qualification documents with them, so that you're presented with a "fait accompli" that you can choose to accept or decline, although some locum agencies have a reputation for being quite pushy, so do ask around for recommendations.

To get paid, there can be some paperwork for you in sending in a timesheet, and the agency then invoices the practice, take their service fee and then pass on your pay. This arrangement means you cannot pension this pay in the NHS scheme, since the practice is paying the agency and not you, but you can of course pension this work into a private scheme. Some online GP locum booking platforms ensure you are paid directly, allowing you to pension your pay if you worked in an eligible practice.

Support

-  Does the agency insist on its practices ensuring you're equipped with all necessary practice-specific information in the form of a locum pack?
-  What does the agency do in terms of your ongoing CPD and appraisal needs?
-  Will the agency ensure you're notified of all significant events and complaints, and will they help you work through them?

About your professional autonomy

-  Who's in control of your working conditions and are you comfortable that this matches the degree of responsibility you have?
-  Another way of looking at this is to ask, or search, for the priorities of the agency or online platform.
-  The locum market is potentially worth billions of pounds and there are many outfits seeking to 'exploit the locum space'.
-  So consider who are they run by? How are they funded? Who do they see as their primary customer? What are their values – profit, or long-term sustainability of general practice?
-  Particular questions to ask of locum agencies and online platforms:
 -  Who is setting your terms and conditions? Who is defining the safe boundaries around your work while you are left taking the clinical responsibility?

- How are your pay rates determined and negotiated? Some of these organisations are very practice-facing, seeing the practices as their primary customers and GP locums as the product. So they don't exist to represent you and get you a fair deal. They have even been known to suggest to practices what they should be paying you.
- Ask what happens if you are placed in a practice and want to work there again in the future; one of the great features of locuming being the chance to find practices where you might like to work more permanently. Check whether they have **'Trojan horse' exclusivity clauses in their terms and conditions** imposing restrictions on your future relationship with the practice. These can be costly and could scupper your chance of getting that job you wanted.
- Ask about their cancellation policies, as another commonly reported problem to NASGP is less than adequate recompense if a practice cancels your work at short notice.

Long-term independent GP locuming in a specific area

Getting known as a freelance GP locum

- Sign up to NASGP's LocumDeck and start adding practices. We'll automatically let local practices know you're using LocumDeck, where they can contact you from there, view your CV and all other paperwork. You can even choose individual practices to publicise your availability and conditions under which you will locum for them, and then they can book you on this basis.
- Use the service finder function on your local primary care organisation website (CCGs in England, regional health board in Scotland and Wales) to find the practices within your work radius;
- Send a one-page CV to all local practices with a short covering letter. Include which clinical IT systems you are able to work on, your availability and contact details.
- Inform the LMC office that you are available for work.
- Make yourself known at postgraduate meetings and to the centre manager – they are often asked if they know of any new freelance GP locums;
- If generating your own paper invoices and confirmations, get some headed notepaper, preferably something slightly noticeable and use it for everything. For emails, develop a logo or an email signature.
- Print some business cards that will help you to be remembered.
- Create a mission statement and add it to your LocumDeck credentials page; it adds to the professional image and will make you stand out (if it's a good one).

If you're in it for the longer-term, then you may find life is nicer if you build direct relationships with practices in your travel radius. Maybe we're softies, but one of the high points of locuming is revisiting practices at times of need

over the years and being welcomed back as a trusted colleague. This network of mutual support benefits you, the practice and patients.

It's harder work at the outset getting known to practices if you completely manage all the bookings and practice relationships yourself. It may take time to build up your own locum practise, and will mean you have to develop systems for managing your own bookings and invoicing, but it can be more sustainable for the longer term. You will have more control and autonomy in setting your own safe working boundaries, and pay rates.

Practices will be relieved not to have to pay hefty agency fees, and this approach is especially valuable if you are searching for a practice-based post at some point, as you are entirely independent and not beholden to any restrictive clauses. There really is no better way to 'interview' a practice than having worked there.

LocumDeck

LocumDeck was designed by NASGP precisely to allow you to easily operate as an autonomous professional, determining your own safe working boundaries whilst allowing you to be undaunted by the administrative aspects of booking, invoicing and pensioning.

Locum chambers for independence with support of a collective of like-minded GPs

If support – both informal camaraderie, and formal support for CPD and appraisals – is important to you, and you feel isolated from GP colleagues, or perhaps if you're new to an area or have a portfolio career which separates you from day to day contact with colleagues, then a GP locum chamber may be a great option. They often take care of all the booking and invoicing processes too.



NASGP came up with **concept of locum chambers back in 2002**. Since then, several chambers have sprung up in different areas.



Chambers members report very high levels of satisfaction with the chambers model.



As well as offering a 'concierge service' in managing your bookings and invoicing, chambers also major on educational, peer and appraisal support for their GP members.

A chamber is usually funded by its GP members pooling a small percentage of their locum fees, so expect their priority to be supporting their GP members through thick and thin. Although they can be expensive, with some chambers charging some of their members up to 20% of all their work booked through the chambers, members often report a high level of

satisfaction with their chambers and some cite it as the only reason they're still working as a GP.

Since January 2020, NASGP has been setting up and running brand new GP locum chambers, powered by our own LocumDeck platform, with locums now paying less than 5% of their income.

Agreeing terms and booking process

If you're working through an agency or some of the online platforms or a locum chamber, a lot of this may be taken out of your hands. What follows is mainly for freelance GP locums.

Clearly agreed terms of work, communicated in writing, is one of the key steps to ensuring a safe locum session. There is huge variability in how different practices and locums work, so being precise and specific about what you are expecting to do is very important. Here are some pointers on developing your own booking process.

Finding out about the practice and the circumstances of the booking

First, work out whether you are familiar with their clinical IT system. If not, is the IT system a deal breaker or are you willing to have a pre-session induction? Are the practice willing to offer this?

Next try and establish why the practice needs GP locum cover. It's good to know for several reasons; there is a big difference between a practice seeking cover for study leave and a struggling practice having to backfill a GP who may have been suffering with months of stress and burnout before taking long-term sick leave. More caution may be needed in the latter case and it's good to know what has been communicated to patients.

Defining work

Generally, a locum session can be defined by **time** or **workload**. After deciding this, you then have to be clear about the **type of work** you are prepared to undertake.

Time-based

Working by the clock can work, especially if timing is very important to you, and if a practice is happy for you to plough through as much work as you can within the given time limits. But you will need to have a clear understanding that this is a time-based agreement and it is imperative you leave at the agreed end time and it is agreed there will be handover arrangements for any outstanding work, patients waiting to be seen etc.

The downside is if you have a run of high demand, time consuming problems which leaves outstanding work, it can be difficult to walk away, especially when faced with over-stretched practice staff who may not be aware of the nature of your agreed terms. Your options then are to exercise your assertiveness skills and refer to your agreement, or stay and risk being late for your next commitment, and decide whether to charge more, perhaps making a note to adjust your terms the next time you work at that practice if this is likely to be a systemic, recurrent problem.

Workload-based

The workload-based approach involves agreeing to have a pre-defined set of duties (e.g. maximum number of patient contacts) and can have the advantage that both GP locum and the practice have a clear boundary. Of course, it can backfire and overrun if you have a run of unusually high patient demand e.g. multiple acutely unwell patients requiring the lengthy process of hospital admission.

Agreeing the type of work

Being specific is key.

Core work

Generally speaking, most core GP locum work consists of seeing a predefined number of patients in timed appointment slots within a surgery, and/or a predefined number of visits, and then dealing with the paperwork of organising investigations and referrals relating to those patients.

Consider whether it is important to you to clarify whether you will be working alone or whether other clinicians will be present and available for support during your locum work.

There are three trends to watch for that may impact on what a practice 'assumes' you are willing to do as core work.



Phone or video consultations or phone triage is becoming more widespread; it requires a certain skillset, and in particular its outcome can be dependent on you having an existing familiarity with that patient. It also requires you having enough knowledge of practice resources and processes so that you can confidently signpost care.

- Ask if phone work is involved and be specific, in your written confirmation, as to whether you are willing to do this and whether you need induction.



Triaged surgeries, where patients are screened, and those with seemingly simple acute problems are diverted to an allied health professional, leaving the GPs with complex cases shoehorned into normal length GP appointments, are on the increase. These are often demanding sessions that overrun.

- Find out if your locum session will be a triaged surgery. Your options are to specify longer appointment times, see fewer patients or charge more for these high demand sessions, either upfront, or be clear that you will be charging extra time if you are substantially delayed.



Supervising non-GP colleagues who are seeing the supposedly acute problems. There are rising numbers of nurses and paramedics taking on extended roles in general practice. It's not always clear who's who and what their skills or qualifications are if you are not familiar with a practice. So this is an area of risk to consider.

- Ask if you are expected to supervise non-GP colleagues e.g. sign acute prescriptions for them or check their management plans. You are effectively taking on the clinical responsibility for that patient, so if you agree to do this, you will need protected time and a proper introduction to the competencies and experience of the non-GP colleagues you'll be working with.

- Be clear in writing if you are not happy to do this or what your conditions are for providing this service to the practice.

LocumDeck

LocumDeck's settings include the ability for you to define whether you'll accept sessions that involve supervising other health professionals.

Other extra work

It's vital that you begin each session with a set of shared expectations between you and the practice, otherwise expect to see a combination of one or more of the following to be added to your list of duties. Use LocumDeck's inbuilt T&C generator to specify what you feel comfortable doing during that given time, otherwise you could run late for your next session, or just plain burn out.













- **Extra patient contact:**
 - Seeing extra patients.
 - Dealing with telephone contacts with patients outside of the agreed surgery.
- **Extra non-contact patient management tasks:**
 - Signing repeat prescriptions.
 - Dealing with clinical letters.
 - Dealing with results.
- **On call duties:**
 - Clarifying times, whether on call in addition to a fully booked routine surgery or emergency appointments only.
 - Considering whether you'd like to know which other clinicians will be available during on call sessions

Any special enhanced services

- If you have a special skill, offering this to the practice may benefit the practice and your CPD e.g. minor surgery, fitting contraceptive implants and IUDs.





How to set your pay rates


Determining pay rates can get people in a fluster; some feel discomfort discussing money and GP locum pay rates. In fact, any self-employed person's pay can be a source of resentment from employed staff or partners who may not fully appreciate that your headline pay rate has to fund the following obligations:

-  Your employee pension contribution.
-  Income tax and national insurance liability.
-  Your professional running costs, which are substantial and include:
 -  Medical indemnity insurance.
 -  GMC registration fee.
 -  Other professional subscriptions.
 -  CPD and appraisal costs – GP locums, unlike practice-based GPs, do not get funded study leave and no longer get reimbursement for appraisal.
 -  Debts incurred in becoming a doctor.
-  Paying your own leave:
 -  Annual, study, and sickness cover.
-  Financial protection:
 -  If you are working completely freelance, strongly consider income protection. It costs because the clever actuaries who risk assess and design these products know there is a reasonable chance it will be needed.

The competition law and free market rules around this are that you **must not discuss the prices you're going to charge practices with other locums**. It is illegal for separate locums working as multiple undertakings to collude together to set pay rates.

Other factors that may affect your rates

-  Anticipated workload
-  On call
-  Last minute urgent booking
-  Anti-social hours

A woman with long dark hair, wearing a blue denim shirt and white trousers, is sitting on the mast of a sailboat. She is barefoot and looking out at the ocean. The mast is wrapped in blue insulation. The background is a clear blue sky and a calm blue sea.

This is Dr Mia Henfield
as she confirms nine
four-hour, 12-patient
sessions (two visits) and
three two-hour sessions
(12 patients, no visits).

LocumDeck

LocumDeck is the best way to secure work and manage work – while keeping you in control.

Created by NASGP in collaboration with practices, it makes the booking process easier for you and the practices you work with. We understand GP locums' needs. We know you want to work on your own terms and have everything coordinated. LocumDeck is the essential tool for running your business efficiently and safely, the way you want to.

www.nasgp.org.uk/locumdeck

nasgp

National
Association of
Sessional GPs

Bringing this all together



T&Cs

- Armed with the above guidance, develop your own checklist of what type of work you are prepared to do in each setting. You'll probably find that there are some common 'boiler plate' red lines that you would apply to any booking e.g. requiring a secure, unique IT system log in, wanting to be paid on time, your cancellation policy, and minimum consultation length. Use these as the basis for developing your Terms and Conditions which are displayed to all practices making a booking.



Developing your own booking process

- The other items on your checklist – like whether you want to work on a time-based or workload-based approach, whether you are prepared to carry out triaged surgeries etc – may end up varying between practices depending on their requirements and your experiences of working there.
- You'll eventually start to build up your own mental database of session types and work quirks for each practice.
- Think about developing your own booking checklist, and have a routine of specifying for every booking what's been agreed and putting this in writing so there is an audit trail of agreed work alongside your Terms and Conditions.
- This is mainly a matter of safety and quality, but also provides some evidence that you are acting as a self-employed person, and may help settle any disputes.

How to actually make and manage your own bookings

Reactive approach



Enquiry phase

- Have your chosen work calendar and communication device constantly to hand to receive incoming calls, emails or notifications about work.
- When you have a breather between seeing patients, picking up kids, doing your other portfolio role etc – you can check the booking enquiry or job post and see whether it suits you.



Screening phase

- See if the job is suitable for you by running through your booking checklist and applying your own safe working boundary filters.
- Are you available for some or all of the dates and times?
- What do you know about the practice? Do you want to work there? Are you up-to-speed with their IT system?
- Do you need more information about the cover they require?
- Are you clear on the maximum number of patient contacts, on call status; will other GPs be available, are visits expected, triaged surgery, phone work, supervising non-GP colleagues, 'extra' paperwork?
- Or do you want to specify your own boundaries around the duties and work expected?



Negotiation phase

- There may follow some to-ing and fro-ing of communications while you try and nail down the circumstances and the terms and pay for this job.



Confirmation phase

- Put the final agreement in writing and share it with practice, along with your 'boilerplate' T&Cs e.g. covering things like your cancellation policy.

Proactive approach




With the Proactive approach, instead of actively searching for work and reacting to booking enquiries, you publicise your availability and wait for the practices to come to you. There are different degrees of this.

At its most basic level, you can share your general availability with certain chosen practices, saving you both time by reducing unnecessary enquiries for periods when you are unavailable.

The potential downside is that it can be difficult to keep your availability continually updated, requiring a suitable platform and discipline on your part. Both parties could possibly then lose faith in the system and go back to the old habits of the reactive approach to booking. And you still need to work through the **Screening** and **Negotiation** phases.

Taking the Proactive approach to the maximum, some GP locums allow practices to go straight to **Confirmation phase**. They do this with the help of online platforms like LocumDeck, or a single booking portal provided by a locum chamber, which accurately show their real-time availability and defines the sessions they are prepared to offer, allowing the practice to move straight to making a booking if they accept the terms determined by the locum or the chamber. In LocumDeck, we call this facility **Instant Book**.

From the GP locum perspective, this can be a transformative way of working, allowing you to:

-  Use your professional judgement in setting your safe working boundaries, or abiding by those set by your chamber. (In LocumDeck, you are able to be as detailed as you like in tailoring the sessions you are prepared to do for each individual practice.)
-  Completely bypass the **Enquiry**, **Screening** and **Negotiation** phases of Reactive booking, which can be time-consuming and introduce errors.
-  Proactively plan your work-life balance in advance, rather than having to make rushed decisions 'on the go' reacting to booking enquiries or job posts.

Practices get the great prize of being able to quickly book GP locums – a task that can otherwise take hours, incur high agency costs and often lead to no booking or booking errors.

LocumDeck









You can use **LocumDeck** to make Proactive or Reactive bookings. In both cases, you can customise your own T&Cs and working conditions for each individual practice. There's a smart, clear confirmation system to confirm Reactive bookings. Or there's the Instant Book facility if you want to move to Proactive way of managing your work-life balance. You can use a mixture of both.

On the day of your GP locum session

The deal you make with a practice when they book you is that you will arrive with the most precious and valuable asset in primary care – that's you, and your knowledge and skill as a GP.

The practice's side of the deal, if they want to enable you to perform at your best, is that they should provide you with access to basic, reasonable levels of equipment and information about practice processes so that you can run a safe and efficient surgery.

It is amazing how the cumulative effect of seemingly small omissions – starting late because you couldn't find a parking space, the missing computer log in, no soap in the consulting room, not knowing how to organise a chest x-ray, not understanding the repeat prescribing system – can become major obstacles, which waste time and increase the chances of error and lapses in care.

-  Check the practice's parking facilities before you arrive.
-  Make it part of your T&Cs that they have a computer log in arrangements ready for when you arrive.
-  Direct them to a copy of **NASGP's Pre-arrival Checklist**.
-  Insist on a practice induction pack – we think **NASGP's Standardised Practice Information Portal (Spip)** is easily the most comprehensive and easiest to update resource out there.
-  Arrange to have a brief induction tour of the building for when you arrive, and identify a member of staff who can be your point of contact for any queries
 -  This allows you to check out the basic facilities – locks on doors, loos, where to get a drink – but also a quick hello with key members of staff on duty.
 -  Some practices offer this automatically, and this is usually a very good marker that this is a well-sorted practice, worth working in again
 -  For those that don't offer this, gently encouraging them to show you around and pointing out how helpful this is may help the practice develop this tour in future.

LocumDeck

At the NASGP, being GP locums ourselves, we've thought a lot about the daily sources of preventable waste and risk we come across in our locum work and this led us to develop **Standardised Practice Information Portal (Spip)**, our free online tool for practices to add essential information about how their practice works and interacts with other services. It includes **LocumPack**, a distillation of the most commonly-needed or safety-critical items. Practices just need to sign up with NASGP and they'll also get free access to LocumDeck.

LocumDeck

Spip is not, repeat not, just a read-only instruction manual or list of locally generated guidelines. It is a live, interactive system – if something is missing, some information was inaccurate or a service did not respond adequately, you have the chance to feed this back instantly to the practice manager via Spip.

Getting pay and pension

NASGP was instrumental in obtaining access to the NHS pension scheme (NHSPS) for freelance GP locums and it is a great prize. But crikey – its mechanisms and ways can confuse the best of us. We developed LocumDeck to simplify and automate it as much as possible. Since your pension is linked to your pay, we've bundled the two together in this section.

Update your pension record with your new locum status

This is linked to [updating the Performers List](#).

What, you may ask, does the Performers List have to do with your pension record?

The Performers List is an NHS assurance to the public that you are of good standing and up to date with training. Your Area Team or Health Board branch of the performers list is responsible for providing your appraisal, and is headed by a Responsible Officer (RO) who decides whether you're fit to work and makes recommendations to the GMC about your revalidation.

But the administrative side of the Performers List overlaps with your pension administration. In England & Wales, though the employer contribution is paid by the practice direct to the GP locum, your Area Team or Health Board will still need to be informed of your GP locum status so they can detach your pension record from any practice where you may have previously been.

In Scotland and Northern Ireland, your employer contribution for your pension is paid by the organisation whose Performers List you are on. working.

Generating invoices and pension forms

To get paid you need to generate and send invoices. If you're pensioning your locum income in the NHS pension scheme (NHSPS), you'll need to send an accompanying GP Locum A pension form for the practice to complete, certifying that you were paid for doing eligible NHS work.

In England & Wales, your invoice and GP Locum A pension form will need to include a charge to the practice for the employer contribution to your pension.

You're also going to need a system for keeping track of when you're paid. And, if you're pensioning your locum earnings in the NHSPS, you're going to need to set aside some time at the end of every month to assemble all your pension forms, work out what pension contribution you need to pay, and send your payment and paperwork to your relevant pension administrator. Building a routine is key.

Invoices

Invoices are important legal documents as they are the record of the payment trail needed by both you and the practice for your respective accounts and tax records.



Legally they **must include certain information**:

- A unique identification number.
- Your name, address and contact information.
- The name and address of the customer you're invoicing.
- A clear description of what you're charging for.
- Any expenses you are claiming (e.g. travel costs).
- The dates of work.
- The date of the invoice.
- The amount(s) being charge.
- The total amount owed.



Other important invoice information

- Your preferred payment method.
- Payment due date.
- Payment reference to help you track that payment has gone into your bank account.
- Employer's contribution.

Generating Locum A pension forms

There are links to up to date forms and factsheets on NASGP's [NHS Pension page](#).

LocumDeck

Invoicing and pensioning is very important, but can be boring and prone to error. NASGP gets so many enquiries from locums getting bogged down with this administrative task. LocumDeck has been designed to do all of this for you automatically. You just add the work details to your calendar and everything pops into place – an invoice and pension form in just one click.

Sending invoices and GP Locum Form A



When?

- No set rules on when to send invoices, but for the convenience of both yourself and practices, many people run invoices at the end of the month. Some locums invoice on a weekly or two-weekly basis.
- Practices may have different systems for dealing with invoices e.g. prefer to settle up at the end of the month.
- Other than the health of your bank balance, the major deadline to be aware of is you are not allowed to pension work that was carried out more than 10 weeks ago into the NHS Pension Scheme.



How?

- Invoices and pension forms can be sent on paper or electronically.

Tracking payments and completed GP Locum Form As



Think how you're going to record invoices and pension forms going out and reconcile this with payments coming in.


- As well as chasing up missing payments, you must keep adequate records for your accounts and tax return.
- Recording the date you are paid is also important for paying your NHS pension contributions, as these are based on date you were paid, not the date of the work.

To pay your NHS pension contribution





This is about completing a GP Locum Form B pension form which is a monthly record of all the pensionable pay you received during that month, along with the accompanying evidence of your completed GP Locum A forms. You plug all of the dates of work and amounts from the relevant GP Locum Form A into the GP Locum Form B. This gives you the total amount of pension you need to pay.

In England & Wales, this will include the employer contribution that you claimed from the practice. You must pay this into your pension – it is illegal to hold onto it.



When should I generate a GP Locum B form?

-  Get into the routine of doing this near the end of a calendar month. An exception would be if you've received a late payment which will breach the 'cannot pension work carried out more than 10 weeks ago' rule.

Other key information you will need to complete your GP Locum B form

-  In England & Wales, you'll need your SD number. SD stands for Superannuation Division, and your number is your unique NHS pension scheme membership number. It can be found on some payslips, letters from pension agency or your Total Rewards Statement. Phone the NHS pension helpline on 0300 330 1346 if you still can't find it.
-  For everyone, which tier of the employee contribution you are on
 -  This depends on **which NHS pension scheme you're on**.
 -  Superannuation income tiers for the different UK nations and links to factsheets can be found on **NASGP's NHS pension page**.

When to send your completed GP Locum B forms and payment

-  You need to send the completed forms and payment within 7 days of the end of the month that they relate to e.g. your July GP Locum B form must be sent by 7 August.
-  Who knows why, but you can see why routine is important.

Where to send it

This will **depend on what country you work in.**







Note that your GP Locum A pension form is based on when the work was carried out. But your GP Locum B form and pension payment is based on the date you are paid, regardless of when the work was done e.g. if you work a session 2 July, send an invoice and Locum A form at the end of July and receive payment in August, this payment would be included on your August Locum Form B (not July).

LocumDeck

Daunted by the administration? This is one of the reasons we developed **LocumDeck** – amongst its other features, it allows quick invoicing with automatic generation of the most up to date pension forms.

Financial record keeping

Keeping adequate records is important and it's about more than just not getting nagged by your accountant – there are serious penalties if you don't. But there are also some great positives for you if you can keep a track of your income and expenses.

-  Make sure you're being paid.
-  Make sure you're on the correct employee contribution tier.
-  Make sure you are appropriately indemnified.
-  Get the tax relief entitlement on mileage and expenses.
-  Avoid nasty surprises by keeping up to date with your tax and national insurance liabilities.
-  Save time submitting your accounts and tax return.

How to keep adequate records

Liz Densley, NASGP's longtime contributor and a specialist medical accountant with [Honey Barrett](#), advises:

"Records do not need to be elaborate – a simple spreadsheet recording income and expenses, backed up by invoices and receipts may be all you need."

[LocumDeck](#)

Bookkeeper within LocumDeck does most of this for you by automatically recording earnings, pension contributions and mileage associated with work you add to your calendar. You have the option to manually add other expenses and any extra mileage. It's all in one place and all easily exportable to your accountant as well as being a live record so you can keep a track of your invoices, payments and earnings.

Feedback and appraisal

Once you've got a robust booking and invoicing system ticking over nicely, it won't be long before you have to start thinking about NHS appraisal and revalidation. In truth, you're probably coming across so many learning needs everyday that your head may be starting to spin.

Don't panic. We've all been there. In our humble NASGP experience, there are two key things you need to keep you afloat.

Portable GP locum learning system

Part of the art of GP locuming is to develop a portable learning system that you can access from any location to Hoover up all those learning needs, and refer back to your previous notes when you get stuck with a knowledge gap in a consultation. You're building a second brain, meaning you can relax more – you won't forget to look something up because it's recorded; you won't run out of ideas to build up your CPD credits or run a QIA because you're in the habit of capturing learning points naturally every time you go to work.

Think about what method of collecting ideas, learning needs and new knowledge is going to work best for you. For some it may be paper notebooks in strategic locations. There are lots of IT solutions out there though currently the common online appraisal toolkits don't really cut the mustard, being too clunky and difficult to retrieve learning notes in a hurry.

How to make your own personalised learning system



At NASGP, our current favourite is the Google Drive document storage facility that you get as part of a free Gmail account along with other locum-friendly tools e.g. email, calendar, spreadsheets, and word processing.



We like this so much that as part of [NASGP's AppraisalAid](#), you have the option of saving learning templates straight into your own Google Drive.





Colleagues for fun and support

The final, and perhaps most important, step in the art of GP locuming, is guarding against isolation by maintaining regular contact with colleagues. Everything from the camaraderie of a brief chat with a GP partner in the

corridor of a practice after a surgery, to attending more formal local educational events and meeting up with locum colleagues for support and advice.

This will not only keep you smiling, especially when the inevitable complaint arrives from time to time, but you'll also need colleague involvement for many aspects of your appraisal e.g. case reviews with a colleague, significant event reflection and colleague feedback surveys.

When colleagues matter

-  Read more about [managing complaints](#).
-  Read more about carrying out [colleague feedback surveys as a GP locum](#).
-  For ideas on appraisal boosting [quality improvement activities that involve working with colleagues](#).
-  Plus you need to gather with folk for the obligatory Christmas work party.

Sources of support







Stay in touch

Keep up with any current peers e.g. your training colleagues, but also aim to spread your net as there can be real value in interacting with GPs at different stages of their career, working in different settings.

Nationally

NASGP can help. Founded in 1997, we use our grassroots experience as GP locums to come up with innovative ideas that can help our colleagues in general practice and patients: sometimes on a small, personal scale e.g. building a sense of community with the bimonthly **The Sessional GP magazine**, our **Toolkits for locums and practices**, inventing the **Standardised Practice Pack for locum induction**; and sometimes on a larger scale e.g. making sure GP locums have access to the BNF, lobbying for access to the NHS pension scheme and developing the Locum Chamber concept.

Locally

-  NASGP can put you in touch with local sessional GP groups. Find your local Locum Chambers or start a new Chambers by emailing contacting us at info@nasgp.org.uk
-  If you're part of a group and want to welcome new members, let us know. We get daily enquiries from GPs new to an area looking for support.
-  Contact us to find newly-qualified sessional groups in your area.
-  Get on the mailing list of the your local medical education centre and the comms list of your primary care organisation (CCG or Health Board).
-  Some LMCs have developed excellent networks for their locums.
-  Find out if there is a **locum chamber you could work with**.

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Download the complete version of Thriving as a GP locum from the
NASGP website www.nasgp.org.uk/the-art-of-locuming