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Supporting the next generation of GPs



# Becoming a GP locum

I am a GP

I am with

Medical Protection

# A guide to GP locum work

Working as a GP locum is a positive career choice, but it's a choice that should be made with a clear understanding of what to expect. The National Association for Sessional GPs (NASGP) works closely with vocational training schemes, and has dedicated staff who liaise with local Programme Directors to ensure that wherever possible, doctors at the end of their GP training get some insight into the work of a GP locum. In this guide we share the knowledge we've gained.

One thing we have learned is how important it is to have networks of other like-minded GPs to meet up with regularly; something that is so often missed when working as an isolated independent GP locum. While this guide will equip you with all you need to know to get started as a locum, our advice is to meet up as soon as possible with other local locums so that you can share in their wisdom too.

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# Registering as a GP locum

GP locums need a number of documents and checks in order to practise independently as a GP.

Keep paper and digital copies of all relevant certificates, registration numbers and documents in order to complete admin tasks with minimal hassle. NASGP members tend to keep as much as possible on their LocumDeck account so that they're secure, but still easy to share with practice managers when you're away from your laptop.

In our opening chapter, we'll explain the role of each of these documents, and how to get access to each of them if you're missing any of them.



## Registration checklist

### Essentials

- Certificate of completion of training (CCT)
- Membership of the GMC's GP register
- Disclosure and Barring Service certificate
- Performers' List membership
- Indemnity certificate

### Handy extras

- Immunisation card
- NHS Smartcard
- NHS email address
- Professional references
- CV

## Certificate of completion of training (CCT)

Your CCT certifies that you have completed GMC-approved training at a UK institution, and that you are eligible for the GMC's GP register. You should get an invitation from the GMC by email to apply online four months before the end of your training. After you complete training, you have up to a year to apply for the CCT.

From 1 April 2021 this costs £406, or £156 for newly-qualified doctors.

## Membership of the GMC's GP Register

While you apply for a CCT you can also apply to join the GMC's GP register.

As with the CCT, you should receive an email from the GMC about four months before the end of your training inviting you to apply for the GP register.

Once you complete GP training, the Royal College of General Practitioners (RCGP) will notify the GMC, and your application to join the register will be approved.

## Performers' List membership

GPs will already have membership on the Performers' List from their experience as junior doctors, but when you become a locum you will need to register your change of status in any region you want to work in.

To practise in England, you will need to register for a Primary Care Support England (PCSE) Online account, if you haven't already ([secure.pcse.england.nhs.uk](https://secure.pcse.england.nhs.uk)).

To practise in Wales, you can register via NHS Wales Shared Services Partnership ([nwssp.nhs.wales](https://nwssp.nhs.wales)).

In Scotland, GPs apply to a list at a health board (HB), and entry to one list also includes you on all other HB lists. Contacts for all regions are available online ([gpjobs.scot](https://gpjobs.scot)).

In Northern Ireland, Health and Social Care NI manages the local list ([hscbusiness.hscni.net](https://hscbusiness.hscni.net)).

## Indemnity certificate

Before you register as a GP locum, Medical Protection will advise you on how to get the right indemnity for your portfolio.

The NASGP's LocumDeck has a session counter for GP locums that can provide your indemnity provider with a summary of all the sessional work you undertake during a year. This helps you get better cover, and a more accurate price for the indemnity you need. You can also set up notifications in the session counter that stops you working more than a certain number of sessions in a year.

## Disclosure and Barring Service (DBS) check

GPs need an enhanced DBS certificate in order to join the Performers' List. After you join the Performers' List, you may not need it, but some practices or agencies may still ask to see it.

Register online on the DBS website ([secure.crbonline.gov.uk](https://secure.crbonline.gov.uk)).

Once you have a DBS check and gain a certificate, you can auto-renew it – at the time of writing this costs £13 a year and is a tax-deductible expense.

One trick that many GP locums use is to ask a practice to apply for this on your behalf. If you've done, or will be doing, a lot of sessions for one practice manager, you might be able to make a case to apply through them, which can make the process a little easier.

## Immunisation card

It's advisable to have up-to-date information about your hepatitis B and tuberculosis status, and rubella immunity. The Care Quality Commission (CQC) says that practice staff must have up-to-date tetanus, polio, diphtheria and measles, mumps and rubella (MMR) immunisation, and now it's likely they will want to see your Covid-19 vaccination card too.

## NHS Smartcard

Your NHS Smartcard is vital for clinical work, particularly remote work, and to access secure systems like Choose and Book and the Summary Care Record.

You can register for a smartcard (physical or digital) via the local GP smartcard service using a passport or photocard driving licence, and recent forms of address. Contact your local Clinical Commissioning Group (CCG) if you can't find the local GP smartcard service by searching online.

As with the DBS check, if you have a good relationship with one practice then they might be able to get this sorted for you faster than you'd be able to do it alone.

## NHS email address

All GPs are eligible for an NHSmail account, regardless of whether you're a partner, locum or salaried.

Since 2020, GP locums in England have been able to register online for NHSmail if they don't already have an address ([survey.nhs.net/gp-locum-registration](https://survey.nhs.net/gp-locum-registration)).

If you have NHSmail from partner or salaried work you can keep your email when you become a locum. Contact NHS Digital to request to keep your email ([support.nhs.net](https://support.nhs.net)).



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## Professional references

Having clear and simple references about your work can reassure practice managers about your skills and experiences and help you book work with new practices. You can add references to your profile on LinkedIn, and on booking platforms like LocumDeck.

The NASGP has an automatic reference request tool for GP locums that can make it faster for GP locums to request and receive the professional references they need ([nasgp.org.uk/faq/locum-reference-request-form](https://nasgp.org.uk/faq/locum-reference-request-form)).

## CV

You've jumped through so many hoops already, why compile a CV? It's a good question, and there are a few GPs out there who stopped updating their resumé as soon as they left their Vocational Training Scheme (VTS).

But when you work as a GP locum, it's not just your colleagues who you need to pay attention to – it's also practice managers. As you already know, practice managers are hard-working and busy members of the practice team, so having a one-page summary of your experience as a GP can help them decide whether you'd be a good fit for their team. Increasingly, practice managers are being hired from non-NHS roles like retail and the military – sectors where the CV is the sole currency.

The NASGP has an automatic CV builder for GP locums. To try it, search for 'NASGP CV builder' or visit the website ([nasgp.org.uk/resource/gp-locum-cv](https://nasgp.org.uk/resource/gp-locum-cv)).

# Pay, pension and **record-keeping**

GPs have so much to learn before they qualify, and it's probably no surprise that non-clinical skills slip to the bottom of the list of priorities.

But NQGs have all the skills they need to become GP locums: they're independent self-starters who are experts in record-keeping, and they know when to refer complex and time-consuming work to another specialist.

Our guide explains what key paperwork GP locums need to manage their income and pension, and when to call in a specialist medical accountant. We've put key terms in **bold** (eg Form A and Form B) in case you need to refer to this information when you begin filing paperwork.





## Invoicing

Unlike a salaried GP, a GP locum needs to invoice the practice they work for after completing work.

Systems like the NASGP's LocumDeck prepare and send invoices automatically, including all the key information a practice needs:

- Your name, address, phone number and email
- Your bank account details
- Your rate, and the rate for extras completed during the session
- Travel costs (if any)
- How much pay is pensionable
- How much employer's pension contribution is due
- Dates and times of sessions completed
- Date the invoice is sent and due.

The NASGP recommends that GPs do not invoice until after the work is complete, because, as suggested above, you may undertake work during the sessions that was not agreed or arranged in advance, like home visits (sometimes called an 'extra'). You can file after one session, or after a week's worth. From experience we know practice managers prefer locums to file paperwork monthly so we'd advise locums to invoice either as soon as work is done, or monthly. In the NASGP's Locum Chambers, our administrator often finds out when the practice manager schedules their payment runs, and invoices well ahead of that deadline. If you can manage to find this out too, it's a bonus for both your practice manager, and you.

Some GPs prepare, send, and record their invoices manually but others manage these processes automatically by using a booking system like LocumDeck.

Invoices should be paid within 30 days, and you can charge late fees after that. Chasing invoices can be time-consuming, and we'd always advise that GPs join chambers in order to delegate that work to an administrator.

We'd advise every GP locum to be clear in their terms and conditions about how quickly they'd like to be paid. But despite clear terms, GPs might still find that they are not paid on time for work. Most invoicing problems can be resolved by checking your invoice is clear and complete, sending a polite reminder by email (attaching the invoice in question), and following up by phone. If chasing the invoice doesn't work, the NASGP website has advice about late fees and debt recovery.

## Tax

Unlike salaried GPs, GP locums manage their own taxes. They keep records of annual income and expenses, set aside enough cash to pay yearly tax bills, and manage the payment of their own tax bill.

Unless you are already registered with self-employed tax status, you will need to notify HMRC about your changing status. But there's no rush – the deadline for this is 5 October of the tax year after you start (new tax years begin every 6 April).

Like any other taxpayer, GPs pay nothing on their minimum income allowance (£12,570 in 2021/22), 20% on income from their allowance to £50,271 for 40% from £50,270 to £150K, and 45% on income above that.

After the tax year ends, you (and your accountant, if you have one) add up your income and expenses.

Again, some booking systems can manage this work automatically. LocumDeck, for example, has a simple accounting system called 'Book-keeper' that compiles all the locum's invoices and pension forms during the financial year, and saves receipts for expenses.

Once you can see your total income for the year, you will be able to work out exactly how much tax is due, as well as the National Insurance contributions you owe. You then file a tax return and pay your tax bill. Most GPs do this online - the deadline is always 31 January.

Once it's been established that your Self Assessment tax bill crosses a low threshold (£1,000 in 2021/22), HMRC will usually request payment 'on account' – or, paying some of your taxes before filing your tax return – halfway through the year.

In practice, this usually means that when payment on account first comes into effect, you will pay up a sum that's around one and a half times your tax bill.

It sounds painful, but bear in mind:

- this won't happen the first year you file a self-employed tax return
- HMRC won't put you on 'payment on account' if you pay more than 80% of your taxes through a tax code (for example, through part-time salaried work)
- after the first payment – that 'one and a half times your tax bill' payment mentioned above – payments will be manageable again
- if your earnings go down, you simply notify HMRC and reduce payments on account.

Many find that they can manage their affairs themselves entirely, or with accounting software, and others find that having the support of a specialist medical accountant helps them make the most of their money and avoid accounting mistakes. The NASGP recommends using an accountant, particularly at the start of a locum career (and please note, accountancy fees are themselves tax-deductible).

## Expenses

When you file a tax return, you always let HMRC know about the costs of your work, including:

- How much it cost to set up your website
- The price of your union and NASGP membership
- Subscriptions to a booking system like LocumDeck
- The proportion of your phone bill spent on work calls
- Equipment you need to work, like a laptop
- A flat rate for working from home
- The cost of training
- Travel and parking during locum sessions and visits.

The expense of working self-employed is then deducted from your income, and the remainder is your 'profit'.

Not every cost you incur can be deducted from your tax bill, which is yet another reason why a specialist medical accountant can provide valuable support for anyone new to self-employed work in the NHS.

## National Insurance

Self-employed people are liable for two different classes of National Insurance contributions (NICs).

Class 2 NICs are a very small contribution: in 2021/22, Class 2 only costs £3.05 per week – £158.60 in total. They are due from anyone with annual profits over a minimum threshold (£6,475 in 2020/21; £6,515 for 2021/22)

Class 4 NICs are a larger contribution, charged as a proportion of your profits above the Class 2 threshold. In 2020/21, Class 4 NICs were charged at 9% on profits from £9,500 to £50,000, and 2% thereafter (2021/22 numbers: £9,569 to £50,270 and 2% on profits above £50,270).

## Pensions

All GP locums enrolled in the NHS Pension scheme need to file Form A and Form B paperwork to pay into their pensions.

### Form A

**GPs file Form A at the same time that they invoice a practice for work. The form, produced by NHS Business Services Authority (NHS BSA), includes information about the locum and the practice.**

**It also requires a ‘unique payment reference’, UPR, and is fully explained on the form). The form has five blank spaces beside that number; fill those in after you’re paid.**

**Form A also has space for a ‘superannuation division’, or SD, number. This might also be referred to as your NHS Pension Scheme (NHS PS) reference number. This eight-**

**digit figure (beginning with ‘SD’) should also be on any correspondence you receive from the scheme, as well as online statements (formally known as ‘Total Reward Statements’).**

**If you are still waiting to have your Performers’ List application approved and you do not yet have your SD number on file, we recommend you ring PCSE to request it.**

**Again, if you are still waiting to join the Performers’ List and also need details of your PCSE or LHB Employing Authority (EA) code for form A, NHS BSA has an ‘EA Lookup’ tool on its website that will help.**

**After you have completed Form A for sessions at a practice, send it to the practice manager to sign or e-sign, then sign it yourself and file it to PCSE for processing.**

### Form B

**After completing a month’s work and the related paperwork, you then file Form B. This form specifies exactly how much you need to pay for that month’s pension contribution, and it works on a calendar month basis.**

**You must file Form B by the seventh day of the following month (ie file Form B for January by 7 February). Like Form A, most GPs file via PCSE’s website, which makes this a little easier.**

**The total contributions are calculated on actual income that you have received during that month, and not the sessions worked. You can file as many Form A forms during the month as you need to, but you only need to file Form B once a month.**

**When filling out Form B, you will need to state which pension tier you are paying into and stay in the same tier throughout the financial year. The tiers are explained on Form B and are based on your expected, annualised pensionable income, so try to make a fair estimate when you fill in your first form. If at the end of the year you discover your guess was off, then advise PCSE if you need to top up or get any contributions reimbursed.**

**Booking systems like LocumDeck automatically generate and collate all the pensions paperwork. LocumDeck also enables e-signatures, which means all Form A and B paperwork can be done digitally. But as mentioned above, some GPs still prefer to manage it by hand.**

## **Finance and accountancy**

As mentioned before, we recommend GPs who are new to the profession, especially to locum work, get support from an accountant. Even a year's work with an accountant will provide a strong foundation for a career as a self-employed GP.

Likewise, before you make any important financial decisions we would always advise you to see an independent financial advisor (IFA) who specialises in working with doctors.

The NASGP can make recommendations for specialist medical accountants and IFAs who can support you and help you make the most of your income as an NQGP.

# Terms, conditions and rates

GPs have so much to learn before they qualify, and it's probably no surprise that non-clinical skills slip to the bottom of the list of priorities.

But NQGs have all the skills they need to become GP locums: they're independent self-starters who are experts in record-keeping, and they know when to refer complex and time-consuming work to another specialist.





## Terms and conditions

### What are terms?

When a GP locum starts work with a practice, both parties need to agree what the work will entail. Agreeing on terms with a practice is a way to keep patients safe, make the most of the session that the GP locum works, and make sure that the practice gets all the support it needs.

Terms don't need to be complicated. They might be as simple as a document that defines:

- when the GP starts work (eg days and times),
- how many patient contacts the GP locum can manage during one session,
- whether the GP includes admin (or catch-up) time within the session or rate,
- what the GP locum would like to happen if the practice needs to cancel,
- how much the GP charges for a session,
- whether or not the locum will be claiming the NHS pension.

Even the simplest set of terms is an absolutely vital document for GP locums for their, and their patients' safety. It's easier to negotiate down from a term than to refuse work that you did not foresee.

### Why set terms?

Terms are also vital for GP locums as proof that they are working in a self-employed, rather than salaried, capacity.

In a salaried role, the practice offers a GP their terms in a contract for a salaried role. Then the GP negotiates to change terms.

In a self-employed role, the GP offers a practice their terms for sessional work. Then the practice negotiates to change terms.

### How do I set terms?

The NASGP would not advise any locum to book a session without terms, which is why we created a 'terms generator' in LocumDeck for members. By answering a few questions, GP locums can produce their own terms and conditions in a matter of minutes.

What follows is a summary of the terms that we included in our 'generator', explaining their importance and helping you decide how to work safely as a GP locum.

## Types of terms

### Session terms

We would recommend all GP locums to arrange in advance how much time they'd like to spend with each patient. Ten minutes is a clinical standard for face-to-face, but particularly at the start of a career, a GP might prefer to have 15 minutes. Phone consultations might not take as long, but again an NQGP might prefer to take more time than an experienced GP – say, ten minutes rather than five.

It is also completely acceptable for terms to state that the locum will work in the same way as all the other GPs in the practice – just remember to find out what that entails before you start.

Terms should also cover catch-up time, and admin time. Admin time covers all the paperwork generated during the consultations – for example, you might want to define the maximum number of prescriptions you can write or review safely during one session.

The easiest terms of any freelance work are the hours of work. Most practice managers are perfectly happy to negotiate what time the GP locum starts work.

We recommend that you offer to turn up early to work, especially before your first session at a practice. Turning up 15 or 30 minutes before a session usually leaves enough time to get set up, but if you are hoping to do long-term locum work at a practice you could even offer to pop in the day or week before your first session. Ask the practice manager what would be most convenient for them.

## Contact terms

Arguably the most important terms for GP locums cover the number of patient contacts per session. 'Patient contacts' might include face-to-face, phone or video consultations, but because of the different demands from these different types of patient contact you might want to cap the maximum number of contacts you can manage before the session begins.

In 2020, the NASGP published an update on key terms for GP locums working through the pandemic. This helped GPs define whether they wanted to work in-person or remotely, how to restrict appointment times to reduce the risk of infection, and how to adapt terms during shielding. These continue to be available on our website, **[nasgp.org.uk](https://nasgp.org.uk)**.

In 2021 and 2022 we recommend that you include clear terms about PPE requirements (eg fluid resistant mask, single-use gloves and apron) – whether you are happy to use practice-supplied PPE or prefer to bring your own. We also imagine that some GP locums may wish to add terms around vaccination and immunity (for example, declaring that you have had both doses), and we will keep members updated on these additions as and when we publish them.

## Cancellation terms

Cancellations are unavoidable sometimes, but they are always disruptive.

We advise all our members to include a cancellation fee in their terms. We believe this can reduce the risk of cancellations, and it also compensates the GP for the inconvenience (like loss of income if they cannot find a new booking for the same time).

The NASGP's terms generator includes a sliding scale model that helps GPs charge rising rates for cancellations as the session gets closer (within a month, a fortnight and a week).

## 'Extra' terms

Part of the appeal of locum work is that no two days are the same. To keep this sense of variety a pleasure, rather than a chore, we would recommend that before you start work at a new practice, you make it as clear as possible what you are willing to do during a session.

You should also use your terms to clarify which tasks you are willing to accept on the day, and which need to be arranged in advance.

Most GP locums are happy to undertake 'extras' like:

- Home visits
- Cremation forms
- Death certificates
- Private work
- On-call duties
- Triage.

Some GPs can cover this work within their fee for the session, and others will offer these ‘extras’ for an extra fee.

GP locums may also wish to offer support for other GPs (eg scripts, documents, or admin) as an extra, if this is not already covered.

### Quality terms

We recommend that GPs include terms that will improve the quality of their practice – for example, asking for feedback from patients or staff about their work during the session.

We also advise GP locums to make the requirements for appraisal and revalidation part of their terms. Although this might not seem like a major concern for NQGPs, adding this line to your terms will save time in the future.

### Payment terms

Practices ought to pay GP locums within 30 days, so we recommend you state this clearly in your terms.

You can also use your terms to highlight your membership of the NHS Pension Scheme and protect your benefits. For example, the NASGP’s terms include the right for a GP to charge a fee for loss of NHS pension benefits following late payments by the practice.

## Rates

### Setting rates

The most important thing to know about setting rates for sessions is that GP locums are not allowed to set rates with other locums. Like all freelancers in the UK, GP locums are ruled by competition law.

Freelancers, including GP locums, must avoid creating ‘cartels’. Although they sound lawless, a ‘cartel’ in this sense means a party of two or more freelancers where members have agreed not to compete (sometimes also known as ‘price-fixing’).

The NASGP never advises GP locums on rates and endeavours to ensure every GP is aware of their legal obligation not to fix rates with colleagues.

For this reason, we have built a rate calculator on our website that helps GP locums set their own rates independently, without the need to confer with colleagues.

The calculator helps GP locums look at the costs of practising as a GP locum, including:

- Professional expenses, including indemnity, training and membership/subscriptions
- IT costs, including phone bills
- Office costs
- Mileage and car maintenance.

We help GP locums calculate a sessional (or hourly) rate from the amount of sessions they plan to work, their estimated annual income, or both. It also includes a tab for developing competitive rates for practices you prefer to work at (or adjusting rates to compensate for a lack of support at work).

### Sharing rates

A GP locum can set different terms at different practices – including different rates.

For example, a session from 09.00 – 12.00, during which the GP sees three patients an hour and then has an hour for paperwork, may not demand the same fee as a session of back-to-back ten-minute face-to-face consultations that starts at 07.00.

As discussed, we encourage GP locums to adjust rates that support practices where they can learn and grow, and our rate calculator helps GPs estimate what those fees might be.

## Negotiating rates

It can feel quite nerve-wracking the first time you share your rate with a practice manager. This might explain why GP locums appreciate booking systems like LocumDeck, which help them set rates and avoid the need to negotiate fees directly.

However, if you are keen to work with a particular local practice, after sharing your availability with a practice it may help to send a follow-up email to let them know you are keen to work with them and happy to negotiate a more competitive rate.

## Charging for ‘extras’

As discussed, we recommend that before every new job, GP locums are as clear as possible about ‘extra’ work.

Where work falls outside the session defined in their terms, we recommend GPs list it in their terms as a billable extra. For example if you set a rate for an unscheduled home visit of about 30 minutes after the end of the session, it makes it easy for you to say ‘yes’ if a practice manager asks you to step in at short notice.

# Doing **sessions**





## Finding work

Some GPs find themselves gainfully employed by their training practices after they qualify – and may even step straight into a salaried job or partnership.

But many NQGs – even those still working at their training practice – see the benefit of exploring general practice in their area. Locuming at different practices gives NQGs a chance to meet experienced local GPs, explore portfolio working, and inform decisions about career planning.

At the start of your career you may prefer to work at practices that use the local referral pathways you feel familiar with.

But if you are hoping to get as much work and experience as possible, it might help to take half a day to get to know all your local practices. If you use a booking system like LocumDeck, you could search for every GP practice within your maximum commute area (for example, an hour away) and individually contact the managers at practices where you would like to work. We recommend you email, then phone to follow up.

Update your CV and save it as a PDF to preserve the formatting, whatever system the file is opened on. You can use your CV to let practices know useful information like your clinical specialism, and which clinical IT systems you feel confident using. Set up profiles on LinkedIn, and LocumDeck if you are using it. We also recommend registering with NHSmail.

Existing networks (like your VTS group, local RCGP First Five, and colleagues) can also support you at the start of your career. For example, you could ask people who you've worked with whether they have time to write a recommendation you can publish on your professional profiles.

## Managing bookings

### Sharing availability

The best way to book work, and the way we have advised GP locums to work on LocumDeck, is to post your availability. The system ensures you can't be double-booked and prevents the need for you to contact local practices directly.

We would advise you to connect with any practices you would be happy to work at, and post as much availability as you feel comfortable booking. You can advertise different availability to each practice – for example you can offer single sessions to practices that you would like to get to know better and weeks of availability to practices you already have a good relationship with.

### Negotiating terms

If a practice manager shows an interest in your availability, we would advise you to follow up expressions of interest by checking whether your terms are all convenient for work at their practice. You may need to show some flexibility, and it might be appropriate to raise your fee if the manager asks for more support.

Before booking work, you might want to find out key information, like:

- What clinical system does the practice use?
- What is the Covid-19 protocol in the branch?

## Confirming a booking

Confirm every booking in writing, including the hours and rates that the practice manager books you for.

After confirming your booking, ask the manager if they have a practice information pack. After reading the pack, follow up with any outstanding questions about the booking, like:

- Does the practice have any parking for staff?
- Would you like me to visit before my first session?
- What clinical system do you use?
- Who is the duty doctor?
- Does the practice have the adjustments or adaptations I need, for example a hearing loop?
- Are the pathology, microbiology, radiology, and fit notes paperwork all easy to find on the practice computers?
- If I need help during my session, who shall I ask?
- Does the practice have a WhatsApp group, Slack channel, or something similar for quick questions?

You may also like to visit the practice's website and jot down the names of the rest of the team, if this will help you learn and remember colleagues' names on the day of your first session.

## Essential kit

### Clinical kit

Every GP locum needs their own kit, including:

- a stethoscope
- an ophthalmoscope
- an otoscope
- a digital thermometer
- pulse oximeters – adult and child
- a tendon hammer
- a tape measure
- a tuning fork.

The practice should supply the following kit. Check for it when you first get to the consulting room:

- PPE and alcohol hand gel
- Pregnancy tests (urinary)
- A peak flow meter and disposable mouthpieces
- A tape measure
- A tendon hammer
- A tuning fork
- Fluorescein eye stain and a blue penlight
- A larger size blood pressure cuff
- Disposable gloves

- Disposable tongue depressors
- Vaginal speculae
- A4 paper and prescriptions in the printer.

If you offer home visits, you will also need:

- lubricating jelly sachets,
- dipsticks for urinalysis,
- a blood glucose monitor,
- a torch,
- a sphygmomanometer and a large cuff,
- specimen bottles and swabs,
- paper prescriptions.

For emergencies, practices should give GPs quick access to the following. If you do home visits, we recommend carrying these too:

- Adrenaline (1mg/ml), and blue (25mm) and green (38mm) needles
- Glucogel or dextrogel and glucagon
- Benzylpenicillin or cefotaxime and water
- Glyceryl trinitrate spray
- Aspirin

## Non-clinical kit

GP locums will also need to arrive on time and with every piece of ID they need to start work, including:

- A satnav, or smartphone with a maps app
- A British National Formulary (BNF), or the BNF app
- Proof of booking
- An NHS smartcard.

We also recommend you carry proof of ID to your first shift, like a driving licence photocard or passport.

## Drug bag

Particularly in rural areas, GP locums used to find it helpful to carry drugs for emergencies. The BMJ, CQC and Red Whale all have lists of suggested drugs like adrenaline, aspirin and naloxone, that GPs might like to carry for in-hours work. But over the last 20 years it has become a lot less common for GP locums to carry emergency drugs (some are hard to procure and create huge medicolegal risks if used after expiry). If you want to carry drugs with you, see if your indemnity body can supply a list and explain any relevant risks.

## Infection control

When you book sessions, we recommend you include clear terms about PPE. Practices should supply what you need, but if you prefer to bring your own, then be sure to include that information before you book.

## First sessions

It's essential that you turn up in plenty of time for your first session. We also strongly recommend you ask for a tour of the practice – even five minutes is better than

nothing. Some NASGP members will even ask the practice manager whether it is more convenient for the practice manager to do an induction the day or week before the GP locum's first session.

The tour of the practice needs to cover essential information, like door codes and location of the toilet. It should include important safety information like the fire plan, location of panic buttons, and current infection control protocols. Make sure you know how to get help during an emergency, including the location of the practice's defibrillator, oxygen and drugs.

The tour is a great time to confirm what you already know about the practice and the session (staff names, duty doctor) and find out who else is working. If you feel safe and well-informed when you start, you will be able to focus on patients and practise at your best during the session.

## Best practice

The best way to ensure you are invited back to a practice is to go the extra mile.

Before the session, ensure that you are aware of any 'extra' work like signing scripts that you could do to support staff in the event that you finish early or have a did-not-attend.

After the session, tell the practice manager or another non-clinical colleague about any problems that the next GP in that consulting room would need to know (eg if equipment runs out or is missing).

## Problem-solving

When a problem arises during a session, it is a good idea, wherever possible, to try to resolve it yourself. Not only is this usually faster and simpler, it also shows consideration for staff at the practice.

If you cannot solve the problem by yourself and it is urgent to do so before seeing more patients, ask a colleague for help. Some practices have WhatsApp groups or similar channels that help staff resolve problems remotely.

## Cancelling sessions

We strongly advise GP locums to avoid cancellations wherever possible. In the event you are forced to cancel a session, advise the practice manager as soon as possible.

Joining a GP chambers can help reduce disruption after a cancellation. A chambers is a group of GP locums in an area that shares administrative and training functions in order to support one another, and local NHS services.

If a chambers member cancels a session, the chambers' administrative manager can often help the practice they were booked with to find cover from another member of the chambers. To join or set up a local chambers, contact the NASGP.

# CPD, appraisal and peer networks





## Appraisal

### Appraisal and revalidation

GPs begin appraisal straight away after leaving a VTS. Appraisals are an annual event, scheduled for your birthday month, and once you have five years' worth of appraisals you will be 'revalidated' by the GMC.

Note: NQGs whose birthday month is less than six months after they leave the VTS are not expected to go through appraisal right away and will not face appraisal until their birthday month the following year.

Having had recent experience of annual reviews of competence progressive (ARCP) and educational supervisors' reports (ESR), you will already be familiar with some of the aspects of appraisal, like personal development plans.

During appraisal, the GMC asks doctors to report on their work in the four 'domains of Good Medical Practice':

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

The NASGP has its own tool for members, AppraisalAid, which has resources like templates for recording and reflecting on CPD, more detail on appraisal topics, and answers to questions like:

- In CPD, what does 'reflection' mean?
- How often do I need to do training in subjects like safeguarding and basic life support?
- What's the minimum number of GP sessions I can work in a year?

In this guide we have chosen to focus on appraisals and would advise you to do your own research into revalidation when your own approaches.

For GPs in England, the Designated Body (DB) for appraisal and revalidation is NHS England. Your Responsible Officer (RO) will come from the Local Area Team (LAT). The NHS website has LAT listings in its service directories section. [nhs.uk/service-directories/pages/areateamlisting.aspx](https://nhs.uk/service-directories/pages/areateamlisting.aspx)

In this guide, we have focused on the process in England. Although GPs in the regions have the same requirements, there are some differences. For example, in Scotland, GPs log their evidence on a website called the Scottish Online Appraisal Resource (SOAR) and in Northern Ireland, GPs are asked to file a CP2a form as part of their appraisal. The Wales Deanery, Northern Ireland Medical and Dental Training Agency and NHS Scotland can provide further advice on differences.

### Appraisal requirements

Appraisals require GPs to present evidence that over the 12 months leading up to appraisal, they have learned and improved their practice during four distinct activities:

- Continuing Professional Development (CPD)
- Quality improvement activities (QIA)
- Significant events (SE)
- Feedback from patients and colleagues.

To make this as easy as possible, you will need to gather evidence throughout the year for a portfolio.

You will also need to submit:

- Your GMC number
- Provision of medical services statements (PMSS) from all the practices where you have worked as a doctor in the year up to the appraisal
- A description of 'the scope and nature of your practice'
- A PDP
- A 'statement of probity', a document saying you have indemnity and are aware of conflicts of interest
- A 'health statement', a document to sign saying you're registered with a GP, are properly immunised, and will report any conditions that could 'pose a risk' to patients
- A form from your appraiser to provide details of your appraisal

After your first appraisal you will also need to add reviews of your PDPs, and a record of past appraisals.

Note that sessional GPs who do more than one kind of work are asked to make sure that their appraisals capture the variety of their work during the five-year revalidation cycle. For example, if you are a GP locum who works sessions in a GMS practice, and works with a drug and alcohol clinic one day a week, you should incorporate a bit of each kind of work into every appraisal, rather than just focus on one role each year.

## Setting up a recording system

We recommend you record and collect evidence for appraisal in a system that you're already familiar with. Many GPs like to save their appraisal evidence to cloud storage like iCloud Drive, Google Drive, DropBox or something similar. The NASGP's AppraisalAid includes both Google Drive templates and Microsoft Word templates. Appraisal toolkits like Clarity and Fourteen Fish also allow you to collect evidence as you go along.

## Appraisal and breaks

The appraisal schedule laid out above assumes that once a doctor qualifies, they will continue to work and undergo appraisal seamlessly until they retire.

Since life is rarely that simple, it is helpful to be aware of what to do in the event of a career break like parental leave, sick leave, overseas work, sabbaticals or something else.

If you need to postpone your appraisal, contact your Responsible Officer – a regional contact who works for NHS England.

Note that even if you stop working as a GP, you still need to complete annual appraisals to hold your licence to practise medicine.

## Covid disruption

Appraisals and revalidation were paused in March 2020 but were reintroduced with lower requirements on 1 October 2020. On 1 April 2021 they were reinstated in full.

## CPD

Every GP is expected to keep up to date with clinical news, and the statutory burden on GPs comes to about 50 CPD ‘credits’ (hours) a year.

You can complete 50 hours however you like – although we recommend you use a variety of sources including reading and attending events. The crucial thing, however, is to have a watertight system for recording this work.

## Quality improvement activities (QIA)

As you might assume, doing clinical audits is a common way to “demonstrate that you regularly participate in activities that review and evaluate the quality of your work” (the GMC’s requirement).

But the work doesn’t need to be an audit – it could also be a review of clinical outcomes, or a case review or discussion.

It doesn’t need to be a clinical subject, either – GPs can also do an audit of a teaching programme, or an evaluation of a health policy or management practice.

Besides showing you’ve actively participated in the audit (or similar), you must also evaluate and reflect on the results, take action and demonstrate an outcome (or ‘maintenance of quality’) after the work.

## Significant events

If you haven’t been involved in the significant event in the 12 months to appraisal, then during your appraisal you can sign a statement to confirm as much.

But if you have, you should use Significant Event Audits (SEAs) – reports about the events – as evidence in your appraisal. Your appraiser will ask what you learned and how you changed your practice to reflect what you learned.

## Feedback

During appraisal, GPs are recommended to reflect on three types of feedback:

1. Feedback from colleagues
2. Feedback from patients
3. A review of complaints and compliments.

‘Feedback’ might include:

- Comments made directly to you about your practice
- Comments about incidents you were involved in
- Emails, cards or messages that mention your work.

Once during the five-year cycle, a GP should specifically collect feedback from patients and colleagues about their work.

However, during your first appraisal you can use sources including these suggestions by the RCGP:

- Patient participation groups
- The ‘friends and family’ test
- The national patient survey
- Suggestions boxes
- Ad hoc comments and compliments

The NASGP has templates for questionnaires you can use to request feedback for colleagues, advice about using the GMC questionnaire, and some tips about overcoming the challenges GP locums face to getting good feedback from colleagues.

Having support from practices is really important for GP locums who are preparing for appraisal. GP locums have traditionally had to work harder for access to feedback, compared with GPs who are 'in house'.

To help GP locums, we've created a terms and conditions 'generator' for members, which includes suggestions for ways to ask practice managers for support with the appraisal process, like:

- 'I must be notified of feedback about my performance'
- 'I will require future access to records of patients I have seen'
- 'I must be supported in carrying out feedback surveys and audit'

## Submissions

Evidence must be submitted to your appraisal two weeks before appraisal itself. Submit your portfolio online at **[gmc-uk.org](http://gmc-uk.org)**

## Problems with appraisers

Doctors who are allocated an appraiser who they have a personal or financial relationship with, or they have a conflict of interest with (ie one party works for the other), can formally appeal to work with a different appraiser. Search the NHS England website to see the criteria laid out in Annex B 'Appealing against appraiser allocation'.

## Personal development

Appraisers write a personal development plan (PDP) with GPs that prioritises some goals for the 12 months until the next appraisal.

These can often feel like a tick-box exercise, so it's worth thinking about how existing structures or specialists might help you ask the questions about your career that your appraisal might have overlooked.

## The role of chambers

Chambers can support GPs during and beyond appraisal in a number of ways:

- In practical terms, chambers colleagues might want to work together to run a clinical audit or other quality improvement activity
- Chambers can provide excellent support for GP locums after complaints and significant events, which can shape and support the evidence and discussion of these events during appraisal
- Chambers colleagues can provide feedback on things like your commitment to patient care or CPD.

Beyond appraisal, chambers can also be a good place to find mentors, or recommendations for other career support like training or coaching.

As a newly-qualified GP, you may have questions about appraisal and revalidation that call for discussion and advice. Having access to more experienced GP locums can make a huge difference not just to your performance, but also to your confidence during these processes.

## About the author



**Dr Richard Fieldhouse**

MBBS MRCGP DFFP DRCOG

GP Locum, Chairman and Founder of the NASGP

Richard has been a GP locum for more than 20 years and worked in over 100 different GP practices. He qualified as a doctor at St George's Hospital Medical School in 1989 and as a GP in 1995. He is a clinical lead for communications and engagement in a large CCG.

Richard set up the NASGP in 1997 and founded the first GP Locum Chambers. He is an active voice in GP politics. He has lobbied for GP locums' access to the NHS pension scheme and won seats on both the RCGP council and the BMA's GP committee. His work on behalf of GP locums led to him being named Doctor of the Year 1999.

As our Chairman, Richard develops our important partnerships and drives NASGP strategy as well as contributing knowledge to our resources on a regular basis.

## About National Association of Sessional GPs



The NASGP was founded in 1997 by Dr Richard Fieldhouse who recognised the challenges faced by locums across all areas of their work – from clinical practice through to business management, career development and governance.

Richard formed a collective of locums in Chichester which became the very first locum ‘Chambers’ – a new concept in the world of general practice. The group met to share best practice and offer mutual support, leaning on experienced clinical professionals when needed. It was soon recognised as the best place for local GP practices to source good locums.

Since then, the NASGP has developed to offer support to all locums with extensive practical toolkits and resources. Its LocumDeck platform helps locums manage their business and practices find and book their locums.

The NASGP has succeeded in raising the profile of sessional GPs across the sector and started the campaign that successfully secured NHS pension for GP locums.

In 2020, we relaunched our membership packages to include NASGP Locum Chambers membership, a complete model for GP locum support via a local collective of self-employed locums with a dedicated manager and clinical director. We pride ourselves on constantly improving the working relationships between practices and locums and promoting the highest standards of patient care.



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