**Locum Policy**

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| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.3 | 26/06/2023 | Sultan Mohamed | Munira Mohamed |  |
| v1.4 | 05/03/2024 | Sultan Mohamed | Munira Mohamed | Practice Index update |
|  | September 2025 |  |  | Next review |
|  |  |  |  |  |

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# Introduction

## Policy statement

The ultimate responsibility for ensuring that locum staff are suitable candidates for the role for which they have applied rests with the management team at Sheerwater Health Centre even if the locum has been supplied by an agency. This policy will provide referenced guidance on the appointment and employment of both GP and non-GP locum staff.

Patient safety requires assurance that all doctors, including locums, are appropriately trained and qualified for the work they undertake. All locum appointments, whether made directly or through NHS or private locum agencies, should comply with the information detailed in the [BMA GP Locum Handbook](https://www.bma.org.uk/media/4312/bma-gp-locum-handbook-2021.pdf) and the [BMA Guidance for locums and employers](https://www.bma.org.uk/pay-and-contracts/contracts/salaried-gp-contract/guidance-for-locums-and-employers).

When appointing a locum, the organisation will follow the [NHS Employment Check Standards](https://www.nhsemployers.org/topics-networks/employment-standards-and-regulation) and in particular:

* Undertake the same due diligence when appointing a longer-term locum as would be done for a substantive appointment
* Ensure that any locum clinician meets the entry criteria for the post
* Ensure that the locum is qualified and experienced for the role
* Not appoint a locum should they currently be the subject of an investigation or should any concern have been raised about their competence or standards
* Not engage the services of a locum until all necessary employment checks have been conducted

To support any new clinical team member, the **Guidance for a new joining clinician** can be used as an aid and the attention of all locum GPs should be drawn to the NHS publication, [Supporting locums and doctors in short term placements. A practical guide for doctors in these roles](https://www.england.nhs.uk/wp-content/uploads/2018/10/supporting_locums_doctors.pdf).

This policy should be read in conjunction with [CQC GP Mythbuster 50: GP locums](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-50-gp-locums).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

# Use of locum staff

## General

It is widely recognised that locums are an essential asset in primary care. However, locums should be appointed for a limited duration in cases of unplanned as well as planned absences such as compassionate, sickness, maternity, paternity, shared paternity or adoption leave. Planned absences will, where at all possible, be covered using existing staff, ensuring that the most cost-effective measures are used to provide the necessary level of service to the patient population.

The organisation must comply with [Regulation 19](https://www.cqc.org.uk/node/1762) when employing permanent and temporary individuals. This applies both when the provider directly employs a locum, for example on a casual basis, as well as when a locum is indirectly employed through a locum agency.

When a locum is supplied by a locum agency, the agency is covered by the [Employment Agencies Act 1973](https://www.legislation.gov.uk/ukpga/1973/35) and the associated [Conduct of Employment Agencies and Employment Businesses (Amendment) Regulations 2016](https://www.legislation.gov.uk/ukdsi/2016/9780111144169). This regulates the conduct of employment agencies that recruit and manage temporary and permanent labour and requires agencies to check that a locum GP is suitable to work in the position the organisation seeks to fill. This includes obtaining copies of documents such as relevant qualifications and certificates.

When an organisation is hiring a locum through an agency, it must consider to what extent it can rely on the checks conducted by the locum agency. Organisations must be confident that the agency has copies of all the relevant documents as detailed in the regulations.

# Requirements for working as a locum

## Appropriate documentation for GPs

The organisation has an obligation to ensure that it only employ individuals, permanent or temporary, who are fit for their role. It is the responsibility of the organisation to be responsible for checking that any locum:

* Qualified as a GP
* Has medical indemnity
* Is registered with the GMC
* Is on the Performers List

Schedule 3 of Regulation 19 requires that specific recruitment information is required prior to commencing any regulated activity. This is detailed within [CQC GP Mythbuster No 50: GP locums](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-50-gp-locums) and also at [Annex A](#_Annex_A_–).

## Appraisal and revalidation

Appraisal or revalidation is a legal requirement of all practicing doctors, nurses and, in most cases, allied healthcare professionals in the UK to demonstrate that their knowledge and skills are up to date.

Further information on the requirement and process can be found at the respective governing bodies:

* [RCGP](https://www.rcgp.org.uk/your-career/revalidation/supporting-information-guidance)
* [NMC](https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf) and [Nursing staff revalidation and appraisal policy](https://practiceindex.co.uk/gp/forum/resources/nursing-staff-revalidation-and-appraisal-policy.953/)
* [HCPC](https://www.hcpc-uk.org/globalassets/resources/reports/continuing-fitness-to-practise---towards-an-evidence-based-approach-to-revalidation.pdf?v=636785062220000000)

Note that there is no current process for [Physician Associate](https://www.gmc-uk.org/pa-and-aa-regulation-hub/map-regulation/revalidation-for-physician-associates-and-anaesthesia-associates#:~:text=Revalidation%20will%20be%20based%20on,date%20and%20fit%20to%20practise.) revalidation until at least December 2026.

## Compliance with GMC Requirements

A locum or a doctor working in a short-term placement, is responsible for:

* Complying with any specific GMC requirements for registration and licence to practise, including identity, language and other checks for remaining on the medical register
* Complying with any GMC warnings, conditions or undertakings. Locums must not put themselves in a position where they are unable to comply with restrictions on their practice. They have a duty to inform an organisation about any restrictions before they start work so that they can be supported to practise within the restrictions
* Accurately representing their skills and competencies

## Continuing professional development

Locums are responsible for keeping up to date through CPD which covers the whole scope of their practice.

## Indemnity

This organisation is responsible for any negligent acts of locums providing cover for it to the extent that these acts are related wholly to the services that are being provided and not to something that is outside the remit of what is expected of the locum in the ordinary course of providing those services.

[The Clinical Negligence Scheme for General Practice (CNSGP)](https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/) provides indemnity cover for locums conducting activities in connection with the delivery of primary medical services on or after 1 April 2019.

It is important to establish for any work outside of this remit whether the locum is expected to provide evidence of their own indemnity from an independent provider or whether the organisation is prepared to add them to its existing policy to cover such events.

## Disclosure Barring Service

[The Disclosure Barring Service](https://www.gov.uk/government/organisations/disclosure-and-barring-service) is a UK government department that allows employers to check whether a person has a criminal record that would make them unsuitable to work with children or vulnerable adults.

Further information can be found in the **DBS Policy**.

## Appropriate documentation for non-doctors

The use of non-doctor locums for administrative, allied health professional, nursing and dispensing job roles is increasing within primary care. All locums must undergo an appropriate screening process, including all regulatory HR checks, as would be appropriate for a salaried employee commencing with the organisation.

[Annex B](#_Annex_B_–) provides a checklist that can be used when appointing a non-GP locum. Support for any new joiner can be sought from the **Guidance for a new joining clinician.**

# Finance

## IR35

A locum’s employment status has wide ranging implications financially (taxation, National Insurance and pensions), contractually and legally.

Self-employed locums are responsible for accounting to HMRC for their own tax and National Insurance liabilities. However, changes to the intermediaries’ legislation means that locums working through personal service companies ([PSC](https://commonslibrary.parliament.uk/research-briefings/sn05976/)), in certain circumstances are not liable.

Further guidance can be found at:

* BMA document titled [How IR35 affects doctors](https://www.bma.org.uk/pay-and-contracts/tax/ir35/how-ir35-affects-doctors?_gl=1*dofkzz*_up*MQ..*_ga*MjAxNzQxODk0Ny4xNzA5MTIwMzg3*_ga_F8G3Q36DDR*MTcwOTEyMDM4Ni4xLjAuMTcwOTEyMDM4Ni4wLjAuMA..)
* [HMRC Guidance](https://www.gov.uk/government/collections/employed-or-self-employed)
* [Employment Status Indicator](https://www.gov.uk/guidance/check-employment-status-for-tax)

Detailed information, including that for a locum, can be sought in the [IR35 Policy](https://practiceindex.co.uk/gp/forum/resources/ir35-policy.951/).

## Locum rates of pay

The rate for locum work is a matter for negotiation between the locum and the organisation.

There are essentially two approaches for defining the service the locum offers in relation to a fee:

* **A time-based approach** – whereby a set fee is agreed for a specified number of hours of work. This could be calculated on a per hour, per session, per day or per week basis.

When this approach is used, it is important that both parties agree the appropriateness of the time given for the work that the locum is required to complete and what that work is expected to include. Ensure that appropriate time is built in for administration, processing results or other duties specified as appropriate at the end of the session. It is also important to ensure that the fee per hour for any additional work is clearly stated in advance.

* **A workload-based approach** – whereby a fee is agreed for a set number of appointments/visits, regardless of the time worked.

An advantage for the provider is that there is a guarantee of work covered and the organisation is not penalised if the locum runs behind (as may occur using a time-based approach to fees). Under a workload-based fee arrangement, the locum would not normally charge an additional per hour fee if the agreed workload took longer than expected except in exceptional circumstances such as when a patient is sectioned under the [Mental Health Act 1983](https://www.legislation.gov.uk/ukpga/1983/20/contents).

If both parties choose to work in this way, ensure enough time is factored in, especially when working in two different premises in one day.

Note: Be aware that visits, particularly to elderly patients and where admissions need to be arranged, can take a significant amount of time

Locums and organisations need to consider the following factors when agreeing fees:

* Session length and content – standard sessions, based on the model contract for salaried GPs, comprise four hours and 10 minutes of work. As the definition of a session can vary, the length of a ‘session’ should be clarified and agreed in advance, together with the expected consultation rate
* The full range of clinical and non-clinical work being contracted and the intensity of this work. In addition to agreeing a basic fee for each session or for the work undertaken, it may be appropriate to specify:
  + An hourly rate, for shortened sessions and sessions that overrun
  + An extended hours rate
  + A rate for additional work, i.e., work carried out in addition to that which is defined within the agreement as being expected within a session
  + Details of fee arrangements for private work, for example, whether this will be done in lieu of standard appointments and visits, or in addition to the agreed work (in which case a fee will need to be agreed and set out in the agreement) or not done at all
  + A fee for on-call work

# Locum agreement

## Agreement template

Using a written agreement ensures that both parties expectations are met thus forging a successful working relationship.

The BMA provides a [model terms and conditions template for locums](https://www.bma.org.uk/pay-and-contracts/contracts/salaried-gp-contract/bma-locum-practice-agreement) template which can be adapted to suit individual organisations.

# Locum GPs and the NHS Pension Scheme

## Overview

Locum GPs may join the NHS pension scheme (NHSPS) for NHS freelance GP locum work provided they:

* Are on the Performers List and working as an individual
* Are deputising for or providing additional services to an NHS GP or GP practice on a temporary basis (this can include work for an out of hours provider, if it is an NHS pension scheme Employing Authority, which would then be pensioned on the GP SOLO form as type 2 practitioner work)
* Are performing appraisal work under a contract for services and
* Apply not more than 10 weeks after commencing any period of freelance GP locum work

Locums can pension essential services, additional services, enhanced services, dispensing services, out of hours services, commissioned services and collaborative services under existing regulations. They are not entitled to pension non-NHS work such as cremation forms.

In England, locums must declare their income and pension contributions by submitting the Locum Monthly Income Form A and B through the PCSE Online portal using their PCSE login. Once completed, the organisational staff who have locum approval through the portal will receive a notification that the form is awaiting authorisation.

The BMA provides guidance for locums titled [An introduction to the NHS pension scheme for locum GPs](https://www.bma.org.uk/pay-and-contracts/pensions/additional-pensions-advice/an-introduction-to-the-nhs-pension-scheme-for-locum-gps) which details pension contributions for all UK nations.

## Process for payments

The processes for NHS locum payments are as follows:

|  |  |
| --- | --- |
| **Nation** | **Process** |
| England | [Primary Care Support England](https://pcse.england.nhs.uk/services/gp-pensions/locum-gps)  Further information for the locum can be found in the PCSE [FAQs](https://pcse.england.nhs.uk/help/gp-pensions/pension-contributions-locum-b) and for the practice in its document titled [Manage Locum Cover](https://pcse.england.nhs.uk/practices/managing-payments/manage-locum-cover) |

# Induction

An effective induction is an efficient way to introduce a locum to the organisation, ensuring that they are given the opportunity to familiarise themselves with organisational policies and procedures.

**Guidance for a new joining clinician** provides guidance that can support any locum during those initial sessions.

# Reimbursement for locum cover

When an organisation employs a locum GP to cover for the absence of a doctor, under the SFE (Statement of Financial Entitlements), a GMS organisation is entitled to apply to its Primary Care Organisation (PCO) for locum reimbursement.

In all cases, organisations should seek to receive approval from their PCO in advance of needing a locum and to seek confirmation of the level of reimbursement available from the PCO.

Guidance can be found from:

* BMA document titled: [Locum GP cover for parental and sickness leave](https://www.bma.org.uk/advice-and-support/gp-practices/locum-gps/locum-gp-cover-for-parental-and-sickness-leave)
* NHS E document titled: [Protocol in respect of locum cover or GP performer payments for parental and sickness leave](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/10/2017-locum-payments-protocol.pdf)

# [Raising concerns](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/10/2017-locum-payments-protocol.pdf)

## Whistleblowing

Raising a concern can be a difficult and stressful process for all parties concerned and the organisation should ensure staff understand where they can seek further help, advice and support at all stages of raising a concern, with the same level of support offered to individuals who have had concerns raised about them.

Having a speaking up and listening culture is critical to enabling an open dialogue, including time for reflection and learning when things go wrong.

Staff should have a clear understanding of the definition and process of raising concerns as indicated in the organisation’s **Raising concerns - Freedom to Speak Up** **or Whistleblowing Policy and Procedure** that in written in conjunction with the [Freedom to speak up policy for the NHS](https://www.england.nhs.uk/wp-content/uploads/2022/06/PAR1245i-Freedom-to-speak-up-policy-for-the-NHS-June-2022-.docx).

## Receiving a complaint about a locum

All locum staff, be they GPs, nurses or administrative staff, are to be made aware of the complaints process within their induction. Should a complaint be received that involves them, either a direct complaint or not, then the locum would be expected to partake in any subsequent investigation even if they have left the organisation.

A patient has a 12-month time frame to complain.

If directly about the locum, then they are to receive assurance that they will be treated equally and that the process will not differ between locum staff, salaried staff or partners.

Further information can be sought from the **Complaints Procedure (England)**

# Annex A – Locum GP checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Information** | **Evidence/comments** | **Signed** |
| GMC registration | Check the GMC [registration](https://www.gmc-uk.org/doctors/medical_register.asp) status of the GP. In addition, check if there are any conditions or restrictions on their organisation or if they have undertakings | *Insert GMC reference number here* |  |
| GMC licence | A doctor must hold both a registration and licence to practise | *Registered with a licence shown in the status section* |  |
| National Performers List | Check the [National Performers List](https://www.performer.england.nhs.uk/) to view information about the GP | *Registered with licence shown in the status section* |  |
| Proof of degree | Medical degree certificate should be shown | *Make a copy of the certificate* |  |
| Certificate of Completion of Training (CCT) | Certificate should be shown | *Make a copy of the certificate* |  |
| Medical indemnity | Proof of indemnity | *Make a copy of the certificate of insurance* |  |
| Employment history | A CV with explanations of any gaps in employment | *Make a copy of the CV* |  |
| DBS check | If the locum has signed up for the [DBS update service](https://www.gov.uk/dbs-update-service), check whether their certificate is up to date online | *Make a copy of their current DBS Enhanced Certificate number and its date* |  |
| Passport | Original must be produced | *Make a copy of the photo ID page* |  |
| Eligibility to work in the UK (if applicable) | Copy of visa where applicable | *Make a copy of the visa* |  |
| Proof of address 1 | Driving licence – original must be produced | *Make a copy of the licence* |  |
| Proof of address 2 | Utility bill – original must be produced | *Make a copy of the bill* |  |
| Clinical reference 1 | Name and address of referee | *Obtain a reference from the organisation/ individual* |  |
| Clinical reference 2 | As above | *As above – one reference must be from a recent or current employer* |  |
| Occupational Health | Check current immunisation status \* | *Make a copy of immunisation record and hepatitis status* |  |
| Revalidation | Revalidation takes place every five years | *Record date of last revalidation* |  |
| Appraisal | Appraisal is undertaken annually | *Record date of last appraisal and name of appraiser* |  |
| Training | Copies of any mandatory training completed | *Make a copy of each certificate* |  |

\* The guide to healthcare workers vaccinations is detailed at Annex A to the [Staff Immunisation Policy](https://practiceindex.co.uk/gp/forum/resources/staff-immunisation-policy.686/)

Further reading can be sought from:

* [Recruitment Policy and Procedure (England and Wales)](https://practiceindex.co.uk/gp/forum/resources/recruitment-policy-and-procedure-england-and-wales.1206/)
* [Recruitment Policy and Procedure (Scotland)](https://practiceindex.co.uk/gp/forum/resources/recruitment-policy-and-procedure-scotland.1786/)
* [Recruitment Policy and Procedure (Northern Ireland)](https://practiceindex.co.uk/gp/forum/resources/recruitment-policy-and-procedure-northern-ireland.1752/)
* [Salaried GP Employment Policy](https://practiceindex.co.uk/gp/forum/resources/salaried-gp-employment-policy.1052/)
* Respective [Interview Pack](https://practiceindex.co.uk/gp/forum/resources/categories/recruitment.89/)

# Annex B – Locum checklist

**Locum/new starter check list**

Employee name:

|  |  |  |
| --- | --- | --- |
| **Prior to commencing employment** | **Date Sent/ Received** | **Signed** |
| Offer Letter – enclose:   * Medical questionnaire * Right to Work information * Probation letter |  |  |
| References |  |  |
| NPL3/Performers List (if appropriate) |  |  |
| Professional registration (if appropriate) |  |  |
| Proof of right to work provided |  |  |
| Medical questionnaire |  |  |
| DBS check/DBS risk assessment |  |  |
| Copies of academic certificates |  |  |
| Confirmation of Hepatitis B status |  |  |
| P45/P46/HMRC checklist |  |  |
| Authority of payment of wages/personal info |  |  |
| Vaccinations and immunisation |  |  |
| Driving licence check |  |  |
| Car insurance check |  |  |
| Clinical system login |  |  |
| Docman login |  |  |
| GP Team Net login |  |  |
| **Day of Commencement (or sooner if possible)** | **Date Sent/ Received** | **Signed** |
| Induction programme |  |  |
| NHS email address |  |  |
| Pension information |  |  |
| Contract |  |  |
| Staff holiday policy |  |  |
| Sickness and capability policy |  |  |
| Disciplinary rules and procedures |  |  |
| Grievance policy |  |  |
| Health and safety policy |  |  |
| Infection control policy |  |  |
| Confidentiality policy for organisation staff/declaration |  |  |
| Organisation staff as patients policy/declaration |  |  |
| Staff identification and uniform policy |  |  |
| Social media policy |  |  |
| Permanent key holder agreement form |  |  |
| Staff handbook |  |  |
| IG declaration and policies |  |  |
| IPC declaration and policies |  |  |
| Employee privacy notice |  |  |
| Annual leave calculation completed |  |  |
| Smart Card Form/Guidance RA01 |  |  |
| DSE assessment |  |  |
| Handwashing audit |  |  |
| Mandatory training (to be completed or evidence seen) |  |  |
| E-learning login/set-up |  |  |