

Central Lancashire Local Medical Committee

449-451 Garstang Road (Ambulance Service HQ)

Broughton, Preston, PR3 5LN

Tel: 01772 863806 Fax: 01772 860182

E-mail: faye.ollis@nwlmc.org

Website: www.nwlmc.org

Chief Executive & Secretary: Peter Higgins



Preface

The LMC has been approached recently by both practices and locums alike regarding difficulties they have been experiencing with each other over time. In light of this, representatives of the LMC, practices and locums have got together to try to provide an outline of what would be considered best practice and may I take this opportunity to thank everybody who has contributed to this.

We are calling this our Locum Charter in that it is trying to give recommendations on what would be ideally expected from both parties in forming an agreement. With this understanding it is attempting to decrease the previously found difficulties that both practices and locums have had.

It must be remembered that this is outline guidance and is not prescriptive. The finer details of any contract where possible should be agreed between practices and locums in writing before commencing work, as indeed every practice is different as is every locum, but adhering to these guidelines should be helpful for both parties.

Regards,

Dr A Littler,
Chairman,
Central Lancashire Local Medical Committee

Locum Charter

Practices should:

1. Ensure all the necessary checks are undertaken before the locum starts including:

➤ GMC (Online check –[List of registered medical practitioners](#))

➤ Performer's List (Online check - [National performers list](#))

NB. To get on the Performer's list, GP's have to have a DBS check, vaccination status, safeguarding level 3 training and an occupational health check. Practices will need to seek assurances from NHSE that the DBS check has been undertaken.

➤ Medical Indemnity

➤ Additional Qualifications if necessary

➤ References (as appropriate)

It may also be useful to check any particular competence or training for the job and immunisation status.

For further guidance, see [National Association of Sessional GPs](#)

2. Negotiate a daily work schedule which should be itemised and agreed in writing via email in advance of work, e.g. number of patients & visits per session.

Ideally in place should be start & finish times/length of a session/what to do in cases of extras/home visits and costings.

For examples, see guidance from the Pallant Chambers model: [pallant chambers](#)

3. Agree cancellation terms in the contract beforehand including reasonable notice unless exceptional circumstances (usually 4 weeks). Please remember that locums have booked well in advance so should expect some sort of compensation for cancellation at short notice.

4. Provide named log-ins for clinical computer systems with a generic windows log-in. The locum profile should be set up with the same user rights as the principals.

Practices may wish to provide a generic locum log-in to the desktop or a specific windows log-in for longer term locums.

Locum Charter

5. For regular/long term locums consider setting up Smart cards. Remember to remove locums who are no longer working regularly.

6. Provide an induction Locum pack with relevant information including:

- Internal telephone numbers
- Key code for room etc.
- Referral forms/templates (practice systems for these)
- How & Who to contact in the event of a problem (e.g. Practice Manager/Receptionist)
- How to contact the ambulance service
- Numbers of local referral centres (e.g. STI clinic, TOP clinic, Counselling service, Physiotherapy, Podiatry, Mental Health etc.)
- Referral templates of local pathways (e.g. DVT)
- Safeguarding contact details
- Rapid access forms
- Number of local hospitals/Medical Admissions Units/A&E

For other useful documentation, including a good example of a locum induction document, see [Practice manager support](#)

7. Encourage the use of chaperones and have people available and trained to do this.

8. Have necessary equipment in the consultation room ready for consultations and checked they are adequately stocked.

9. Have a practice representative (ideally a senior member of the team) meet, greet and orientate the locum to the practice including:

- Informing them where tea and coffee making facilities are and possibly include the locum in a refreshment rota
- Informing them of the locality of the treatment rooms, toilets, fire exits, common room, defibrillator etc.

Provide a point of contact they can use, if necessary, throughout the day (ideally one of the medical team).

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10. Provide a forum to feedback and discuss any SEAs/complaints that the locum may have, including an invitation and involvement in SEA meetings/complaint procedures. Enable access to the minutes of these meetings and where possible provide opportunities to discuss problems identified.
11. A robust practice repeat prescription policy should be in place and provided to the locum where possible. Recognise that the locum is a prescriber in their own right and ideally should be allowed extra time to sign prescriptions as often they have no prior knowledge of the patient and have to reference medical records.
12. Agree with Locum the payment for the service.
13. Ensure that the 14.3% superannuation is included in the payment and make this explicit in the contract/remittance advice.
14. Agree with Locum how and when you expect to pay them in writing and what you would expect the Locum to do if they are asked to do private work or any tasks above and beyond the previous agreement.
15. Ensure prompt payment - Inside 14 days recommended/Maximum 28 days.
16. Ensure that the NHS Pension GP Locum Form A is signed in a timely manner, if requested.
17. Support locums with their appraisals and revalidation, providing access to patient records when necessary.

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Locums should:

1. Provide all the necessary documents to the practice so that checks can be undertaken before starting including:
 - GMC (Online check – [List of registered medical practitioners](#))
 - Performer's List (Online check - [National performers list](#))
NB. To get on the Performer's list, GP's have to have a DBS check, vaccination status, safeguarding level 3 training and an occupational health check. Practices will need to seek assurances from NHSE that the DBS check has been undertaken.
 - Medical Indemnity
 - Additional Qualifications if necessary
 - References (as appropriate)

On the first day of working at a new practice, bring original documents for proof of identity (e.g. passport/driving licence)

Provide the practice with contact details.

2. Negotiate a daily work schedule which should be itemised and agreed in writing via email in advance of work. Provide the practice with an itemised list of fees for any additional work undertaken.
3. Agree cancellation terms in the contract beforehand. Remember you are often covering for a practice vacancy (e.g. sickness or holidays booked well in advance), and they would need adequate time to source and employ a replacement, therefore, contact the practice at the earliest convenience.
4. Ideally get a Smart Card organised or at least a personal log-in at each practice.
5. Arrive promptly to the practice. Try to advise as early as possible if you are going to be delayed. Preferably obtain a contact number beforehand to allow you to contact the practice if necessary.

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6. Request and familiarise yourself with the locum induction pack for each practice and necessary contacts including:

- Internal telephone numbers
- Key code for room etc.
- Referral forms/templates (practice systems for these)
- How & Who to contact in the event of a problem (e.g. Practice Manager/Receptionist)
- How to contact the ambulance service
- Numbers of local referral centres (e.g. STI clinic, TOP clinic, Counselling service, Physiotherapy, Podiatry, Mental Health etc.)
- Referral templates of local pathways (e.g. DVT)
- Safeguarding contact details
- Rapid access forms
- Number of local hospitals/Medical Admissions Units/A&E

7. Request and utilise practice trained chaperones where appropriate.

8. Check your Doctor's bag is well equipped and restocked where appropriate. Ensure you have adequate equipment (often loaned from the practice) to undertake home visits.

Leave the consultation room as you found it and inform a member of staff if restocking is necessary.

9. Familiarise yourself with the practice geography including the locality of:

- Treatment rooms
- Toilets
- Fire exits
- Common room
- Defibrillator etc.

10. Request that you are involved in any complaint or SEA discussions and where available access input to these practice discussions on complaints.

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11. Familiarise yourself with the practice repeat prescribing policy.

As you are a prescriber in your own right, make practices aware if you are uncomfortable with a specific repeat prescribing issue.

12. Agree with the practice the payment for the service.

13. Confirm that the 14.3% superannuation will be added onto the payment.

14. Agree with the practice how and when you expect to be paid and what would be expected if you are asked to do private work or tasks above and beyond the previous agreement.

15. Provide timely invoices, ideally within 1 month, even in advance of the last worked day of that month. Reference BMA's fee finder document for further information – [Top 10 tips to help GP locums get paid on time](#)

16. Provide the practice with NHS Pension GP Locum Form A, ideally before you leave the practice.

17. Agree access where necessary to patient records and SEA's to support your appraisal/revalidation, even after the locum work is completed.