

Paperwork



In this guide

- 1) Up to date CV
- 2) Evidence of inclusion on The National Performers List
- 3) Certificate of Completion of Training (CCT)
- 4) Evidence of registration on the GMC GP register.
- 5) Criminal Records Checks
- 6) Medical indemnity certificate.
- 7) Proof of hep B status
- 8) Copy of passport or alternative photo ID
- 9) References - usually two
- 10) Set up your tax

You will need to have certain documents to hand when you start booking work, and certainly by the time you arrive at the surgery. Some of these will take some time to organise, so it's a good idea to get your applications in first so that they can be processed while you are getting on with other things – like finding work.

The CQC specifies a list of required documents which you can view at [Nigel's Surgery on GP locums](#).

However, practices don't usually request all of these. We believe the following list satisfies the CQC requirements and also reflects what you're likely to be asked for.

1) Up to date CV

There are plenty of free websites to help create a professional looking CV.

Worth a look if you are unsure where to start? A good example of one is at www.LiveCareer.co.uk

2) Evidence of inclusion on The National Performers List

If you trained in the UK, you will likely already be on this list as it's a requirement for GP registrars soon after starting their reg post.

You can apply for inclusion online in [England](#), [Wales](#) and [Northern Ireland](#).

You (or the practice) can check your inclusion online in [England](#), [Wales](#) and [Northern Ireland](#). In Scotland there is no single searchable list as each NHS Board holds its own.

Even if you are already on the performers list, you will need to notify a change of status to GP locum. Here is the 'change your status' form for [England](#).

Historically there have been delays for some GPs changing their status. PCSE have [posted a statement](#) regarding this on their website, essentially stating that as long as you are registered with the GMC as being fully qualified and have completed your CCT, then there should be no reason not to be able to practice independently.

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For Wales, Scotland, Northern Ireland, we would recommend contacting your host local health board.

3) Certificate of Completion of Training (CCT)

A CCT confirms that a doctor has completed an approved training programme in the UK and is eligible for entry onto the GP register.

The GMC has further details and you can [apply for your CCT certificate online](#)

4) Evidence of registration on the GMC GP register.

Once you have your CCT certificate, you will need to present it to the GMC to be included on the GP register. [Again, the GMC has details and you can apply online.](#)

Once you're on the register, practices will [check your GMC details online](#) before engaging you as a locum.

5) Criminal Records Checks

This will have been obtained during your training. It's a necessity for inclusion on the National Performers List.

Usually, for permanent employees, a check is performed by a prospective employer who will then have their own policy as to how long this check remains valid.

There are different systems for England & Wales, Scotland and Northern Ireland.

England & Wales

Disclosure and Barring Service check (DBS- formerly CRB check)

As a locum, the LMC sets policy in this area so if you're unsure how long your certificate will be considered current, you should [check with them](#).

New certificates are usually obtained via your LMC from the [Disclosure & Barring Service](#). Once you have your new certificate, you have a window of 19 days to apply for an automatic update service which keeps your registration updated for £13 per year.

If you miss the window, you'll have to wait for your next application to join the update service – so it's worth doing straight away.

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Practices can check your DBS certificate on line. [Details here](#)

Scotland

The service is provided by [Disclosure Scotland](#). There are full details of the scheme as it applies to locums [here](#)

Northern Ireland

The service is provided by [AccessNI](#).

6) Medical indemnity certificate.

Contact your Medical Defence Organisation (MDO) to let them know of your change of status to locum, and how many sessions you plan to work. With some organisations you can alter this retrospectively if you find you have taken on more or less work than expected.

Locum Organiser can tally up [how many sessions you have actually worked](#) and how many you have booked in the future to help you get the right level of cover.

[In his blog article, Dr Naeem Nazem, a medical adviser at MDDUS, has tips on protecting yourself as a GP Locum](#)

7) Proof of hep B status

8) Copy of passport or alternative photo ID

9) References – usually two

Your documents can be [easily uploaded and stored on LO](#), and emailed to practices as and when required.

10) Set up your tax

As well as the paperwork required by the practice, you'll need to do some admin on the financial side too.

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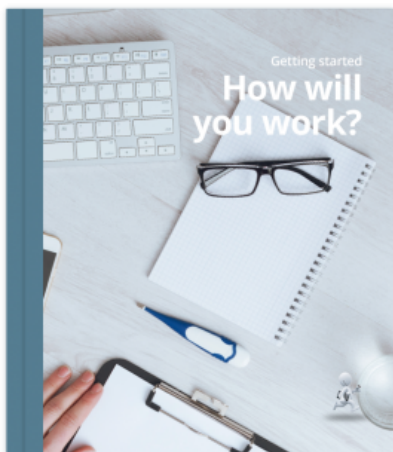
- If you plan to work as a freelance GP, you'll need to [register as self-employed](#) to ensure you pay the correct national insurance contributions.
- You'll also need to [register for self-assessment](#) and complete tax returns.

When the time comes you can complete your tax return online, though most take the easy route of getting an accountant to do it for them. To help you get your figures to your accountant, you can download your data in spreadsheet form using Locum Organiser.

Some locums consider setting up a limited company to aid with tax planning, but be aware that work performed through a limited company is not eligible for inclusion in the NHS pension scheme.

This is therefore a decision not to be taken lightly and you should take advice from a financial advisor who is familiar with the NHS scheme.

How will you work



In this guide

Finding Work

Finding work as an Independent Locum

The good news is there's plenty around and you're unlikely to have difficulty in keeping busy!

There are several routes to finding work and you can use more than one at a time.

Finding Work

1) **Independently.** You find your own work, set your fees and do your own admin. You are your own boss and everything you earn goes to you (well, and the tax man!).

It's the most popular route especially outside of the big cities and your work will be pensionable.

It can be a little daunting initially but usually once you've worked in a few practices, the repeat bookings will keep on coming. We can help get you started as we have thousands of GP practices using our site to search for locums and, of course, LO will help with the admin.

2) **Chambers** – this is a small group of freelance locums who share the cost of employing managers to deal with bookings and admin. They negotiate as a group with local practices.

The main advantage is the great support you'll get from your experienced chambers colleagues. There are also CPD events and your work remains pensionable. The management fees and commitment may not be for everyone.

3) **Traditional Locum agency** – a quick way of finding work, but the fees and the amount of travel involved can be variable. Work performed through an agency is not eligible for the NHS pension scheme. Practices often prefer independent locums as agency fees can be high.

4) **Network Locum** – Another useful online platform for getting work. Fees are paid by the practice and are lower than most agencies. As you still work independently, your work remains pensionable.

Finding work as an Independent Locum

Practices will often start looking for locums months in advance of shifts that they need covering so it's rarely too early to make it known that you are available.

There will usually be plenty of last minute requests for cover as well.

How will you work



Consider how far you are willing to travel. You can search for practices within an area using [NHS choices](#).

It's worth sending a friendly email and CV to the practice manager of your targeted practices. Most practices will have the PM's name and email address on their website.

Alternatively, there are two ways in which we can help you get work.

Firstly, we can give you some [tools to market yourself](#). You can quickly create a profile, viewable by registered practices which shows when you're available for work. Your profile has its own web address which you can share with any practice you like, who can then easily see when you're free. If you wish, you can also upload your CV to your profile, for practices to easily view.

Secondly, we hope we can bring some work to you – we have over 2000 practices registered with us to find locums. Briefly, the site works out a calendar showing the PM all those locums who are available for their sessions (by reference to the locums' diaries) and who are also willing to travel as far as their surgery (as each locum specifies a commuting radius). The practice can then read a locum's profile and contact them directly to arrange a booking.

Everything is updated automatically from your private [locum diary](#) so it's a good idea to keep this up to date. You can block off time when you don't want to work (days off are essential!)

This is all completely optional. Many people use our getting-work functions initially, and then turn them off once 'established'.

It's worth joining a local GP/ post VTS/ first 5 Facebook group for information about local jobs and educational events. It can also be a great source of support and remind you that you are not alone.

The value of networking can't be overstated – letting people know that you intend to work as a locum gets your name out there. Post graduate educational meetings can be a great time for this.

Negotiating



In this guide

Negotiating with practices

A time based approach

A workload based approach

Terms and conditions

As a locum, your earnings have to cover holiday and sickness leave, medical indemnity, use of your own business equipment, accountancy fees, travel costs, and the upkeep of your medical supplies. While this all needs to be borne in mind when negotiating your fee, at the end of the day, fees come down to supply and demand and vary greatly from one area to the next.

If you have the opportunity to ask existing locums for 'the going rate', this is perhaps the best policy. Some practices have a fixed amount they are willing to pay in all cases; others will be more open to negotiation.

Perhaps initially, it's more important to just get some work and for you to be comfortable doing that work. You can always optimise your fee structure later and, once you're established, you'll find many practices will pay more for locums they know and trust.

While there may be a going rate for each area, it can be specified in different ways:

A time based approach

A fee is agreed for a specified duration of work, and extra time worked will incur further charges.

A workload based approach

A fee is agreed for a set amount of work, irrespective of how long it takes to complete. This is the more common method. A typical agreement might take the following form:

15 patient surgery

6 patients

- Catch up break of x minutes

6 patients

- Catch up break of x minutes

Then either 3 more patients or a visit

Negotiating



Sometimes additional visits may be undertaken at a fixed fee per visit.

If you aren't able to do extra visits, it may help to state this up front.

On top of this, you may wish to consider:

- If you are happy to sign repeat prescriptions, check pathology results and secondary care correspondence? If you are, will this be done in a block of 'admin time' at the end of the surgery, perhaps in place of a visit or for an additional fixed fee?
- Who keeps the fees for any private services (crem forms, HGV medicals etc)?
- Is visit mileage reimbursed or included in your fee?

Rates for on call work usually differ and it's common to have a different structure for this kind of work.

As with overall fees, your surgery structure can be refined over time as you gain in confidence and see how the ground lies.

Terms and conditions

A terms and conditions document, sent to the practice as part of the acceptance of the booking can be really useful in avoiding misunderstandings and disputes after the event. Many locums will not work without such an agreement being in place.

It should contain the duties that you are prepared to undertake as a part of a workload approach or a sessional or hourly rate as part of a time based approach. In addition, you should always protect yourself with:

A cancellation clause

If a practice cancels your booking at short notice, you may not be able to find alternative work in time and will suffer loss of income. It is only fair that you are compensated for this. The normal form is:

Cancellation within x weeks – no charge

Cancellation within y weeks – ½ agreed basic fee

Cancellation within z days – entire fee is payable.

Practices will often have a similar terms document with charges which you will have to

Negotiating



pay if you cancel at short notice.

You should also make it clear that if you attend for a surgery arranged for x hours and that surgery is then curtailed by the practice (for example, if it's a quiet day), then you still expect to be paid the full amount.

It's good to be flexible and you can always waive a charge or reduce it if you can work something out with the practice, but having these terms in place will protect you where that's not possible.

Late payment fee

Many locums specify that invoices must be paid in 14 days or 30 days to avoid a surcharge of, say, £25 or 10%.

It's not just your cash flow which is at stake here. If you're pensioning your work, you can't make your contribution until you've been paid, and in England, Wales and Northern Ireland, you only have 10 weeks from the date that the work was performed to submit your pension forms. Pension contributions relating to older work won't be accepted and then you'll have to refund the practice their employer's pension contributions – a real pain which is best avoided!

Prompt return of your 'Pension A' form

A 'pension A' form, stamped by the practice, is required to pension your work so, pension-wise, it's just as important as being paid on time.

Confirm your bookings

Once you've agreed terms, it can be helpful to confirm in writing to avoid misunderstandings. In Locum Organiser, once you've entered your [bookings in your diary](#), you can email the practice a [booking confirmation](#) showing all future sessions you've arranged with them. You can append your T's & C's document to this so everyone's on the same page. Job done.

Your Doctors Bag



In this guide

Clinical equipment

Administrative equipment

Drugs

Controlled Drugs

References

It's essential for locums to have an appropriately stocked doctors bag. This enables you to work safely, and with confidence that you are not reliant on whether or not equipment or drugs are available at the surgery.

The bag should be lockable. Most medicines should be stored between 4 and 25C, so bear that in mind when storing your bag- probably better to be stored in your home or at the surgery rather than in a car of varying temperature.

If you do need to store it in your car, lock the bag out of sight in your boot.

Check your drug expiry dates every few months.

Clinical equipment

- Stethoscope and pocket diagnostic set
- Sphygmomanometer- (should have calibration date sticker)
- Pulse oximeter
- Infrared thermometer
- Reflex hammer
- Tongue depressors, preferably wrapped
- Small torch
- Peak flow meter
- Tape measure
- Glucometer including appropriate strips and lancets
- Alcohol wipes, gloves, lubricating jelly
- Multistix for urinalysis.
- Specimen bottles (urine/faeces) and swabs
- Urine pregnancy tests (for cases of suspected ectopics)
- Tourniquet
- Blood taking equipment (and for giving parenteral medication of carried) including vacutainers, needles, syringes, cotton balls, plasters etc
- Small portable sharps bin (very small box sizes available)
- Venflons and butterflies
- Fluorets / fluorescein
- BNF – available as a smart phone application or LO can help with getting a paper copy.
- Desk aids (eg peak flow charts, Snellen charts) Most aids are available on smart phone apps.

The [bookmarks](#) section on LO can be used to store any web based tools you might use. It's mobile friendly.

Your Doctors Bag



Any equipment that requires recalibrating will need this done annually. Most practices won't mind you adding a couple of extra bits of equipment to their list to be done alongside theirs- it's really worth asking.

Administrative equipment

- Photo card ID – As a locum, on visits you may need to confirm your identity.
- Smartphone- This may also serve a number of other functions (sat nav/ clinical tools)
- Consider a personal alarm – several versions are available.
- Don't be without sat nav! It will get you to a new practice and out to visits in unfamiliar areas as quickly and stress free as possible.

Drugs

When deciding what to carry in your bag, it's worth considering what you feel confident using, the waiting time for a paramedic in the area and how far away the local hospital is.

The Drugs and Therapeutics Bulletin have excellent papers on drugs for the doctor's bag (2015) grouped by clinical scenario for both adults and children. Also, Patient.co.uk has a good section on drugs to carry as a GP.

It's a good idea to send written confirmation of all doses of drugs given by you with the patient if admitting them to hospital.

Controlled Drugs

A CD register of the stock held in your bag should be kept, ideally separately to your bag (in case of theft). This should be updated within 24 hrs of use of a CD.

Restocking of the bag with CDs should be witnessed, as should the appropriate entries into the CD register.

Restocking your drugs

You can write out a private prescription for restocking your bag. The prescription should have details of:

- Your name, address and GMC number.
- The total quantity of the drug(s) requested (this does not have to be in words)

Your Doctors Bag



and figures regarding CDs)

- The purpose for which the drug(s) are required, eg "Drugs for my doctors bag"
- Your signature.

References

[CQC "Emergency drugs for GP practices"](#)

Drug and Therapeutics Bulletin: Drugs for the doctors bag

- Adults DTB 2015 53:5 56-60
- Children DTB 2015;53:6 69-72

Patient.co.uk

IT Training



Find out what system is being used by your booked practices ahead of time. Preparation is the key- all systems are different, and it is uncomfortable in the least to be using a new system 'blind', and at worst it's unsafe.

There are four clinical systems in use currently in England:

- EMIS web
- SystmOne
- Vision
- Evolution

With a little preparation it really is not a big deal. And feeling comfortable using a variety of systems opens up your opportunities as to where you can work.

The best way of gaining confidence using a system is just having a play around when the pressure is not on. If the practice is using a system that is new to you, ask for someone at the practice to show you around it ahead of your session. At best this could be on your pre-session visit, but some locums might advocate arriving an hour early for your first session to give you time to do this.

Pre-session visit to the practice



Many practices will offer for you to visit on a day prior to your first session and it's usually a good idea to take them up on this, especially when you're just starting out. If the offer is not made, you can always ask to visit. This is a great time to meet the staff, familiarise yourself with the building and how things work and to ask for a login, so that when the time comes, you won't have trouble accessing the system. See it as a chance to take pressure off that first session. Even navigating to the practice itself can be useful!

It may be worth drawing up a list of simple admin questions to ask ahead of your session, such as:

- How are referrals for physio/ X-rays/ bloods managed?
- Dictation- what method is used? Who do I speak to once done?
- Who can I contact regarding non clinical, or clinical queries on the day?

Often practices will have a locum folder with this information in it, so it's always worth asking.

This pre-session visit is also a chance to familiarise yourself with the computer system and chat through any questions about it.

It's worth noting down any specifics for reference on the day. In Locum Organiser you can store notes for your practices, which can help with this.

On the day



Get to the surgery with time to spare. Its sensible to set aside half an hour to be able to log on to the computer and familiarise yourself with the room you are in (where are the sample pots, speculums and other such glamorous questions!). And don't underestimate the power of a good cup of tea before you start.

Because you have done all of the preparation ahead of time, you can now just get on and deal with the important stuff- seeing your patients.

It can help to have your well used and loved web addresses to hand when face to face with your patients. [Locum Organiser can store these](#) if you wish. You can access them on your phone if needed.

It's useful for your own records and learning to have a method of keeping track of certain patient outcomes, for example, any urgent or 2ww referrals, or just interesting cases. As long as the patient details are anonymised, it doesn't matter how you go about doing it- a little book in your doctors bag, or something more technical...this can be really valuable for appraisal too.

Our blog by Dr Duncan Walling from FourteenFish is packed full of useful tips for as [Getting Ahead for Appraisals](#) as a locum GP.

At the end of your session, consider any issues that might need handing over to the patients regular GP, and how this is best communicated. Often the admin staff can guide you as to how to do this such that a message will be picked up quickly.

Communication is key as a locum, not just in terms of looking after your patients, but also for protecting yourself medico-legally. Dr Naeem Nazem from the MDDUS has written an excellent article for our blog highlighting the issues that you might face in particular as a locum. [You can read it here.](#)

Back to financials for a second – record your expenses from day 1. It doesn't matter how you do it, just write them down as you go, before they are forgotten. Again, you can [record expenses on your phone, tablet or computer with Locum Organiser](#). In our blog, Pete Farrier from specialist medical accountants, Morris Crocker, writes about the [expenses you can claim](#) as a GP locum, along with other accounting issues you might face.

Finally, take a snack/ lunch with you! Don't go hungry on the day.

Invoicing & Pension



Congratulations! You have successfully set yourself up and completed your first month of locuming. But, unfortunately, there is a little sting in the tail as you now need to invoice your practices and send your pension forms off. Here we explain what is involved, and try to demystify NHS pensions.

Invoicing

There are no rules about when to invoice for work you have carried out, but most locums find it easier to do it at the end of the month. Bear in mind that your pension forms need to be submitted to your host Primary Care Organisation (PCO) fairly sharpish (in England, Wales & Northern Ireland within 10 weeks of completing the work that you are pensioning, and, everywhere, ideally before the 7th of the next month following payment).

Invoicing and pensions are so interlinked that it is hard to discuss them as separate entities, so it may be worth reading the pensions section below before you attempt to invoice your practices.



Your invoice needs to include:

- Your name and address (or that of your company if applicable)
- Name and address of the practice.
- Invoice date and a unique reference number.
- A break down of the services you are invoicing for and any expenses you may be reclaiming.

In this guide

Invoicing

NHS Pensions

Am I eligible to join?

What forms do I need ?

Who pays into my pension and how much ?

Calculating Employers and Employees pension contributions.

When & where should I send my pension contribution and forms?

What if I don't earn what I thought I'd earn?

How do I keep tabs on my pension contributions?

And finally..

Invoicing & Pension



- If you are pensioning your work in England & Wales, you'll need to add a separate item for employer's pension contribution to collect it from the practice. This is 14.38% of 90% of your invoice. You will then be forwarding this on to the PCO, along with your own contribution and pension forms (below).
- Total amount due

If you wish to be paid directly into your bank account, you can add your BACS details at the bottom, along with any terms and conditions you may have relating to late payment.

If you're pensioning your work, you'll need to include a completed 'GP Locum A' form along with your invoice, more on that below.

Locum Organiser uses the information from your diary to quickly [create your invoices and pension A forms](#) which you can email both together to the practice. You can do it on your phone if you need to.

NHS Pensions

Am I eligible to Join ?

Locums are unusual in that despite being self-employed, they are still eligible to join the state run NHS pension scheme.

You're eligible for the scheme if you're on the medical performers list and you undertake work directly for a recognised NHS employer such as an NHS GP practice, Out of Hours provider or the Primary Care Organisation (PCO) itself.

The key word here is **directly**, if you work through a locum agency or through your own limited company your work will not be eligible for the scheme.

Ref: [BMA Locum FAQs](#)

Ref: [NHSBSA GP Locum A form \(Eng/Wales\)](#)

Ref: [HSC GP Locum Form A \(Northern Ireland\)](#)

Ref: [NSS GP Locum Form A Completion Notes \(Scotland\)](#)

Invoicing & Pension



If you work in a mixture of ways, the work performed directly for an NHS employer is still pensionable; it's not 'all or nothing'.

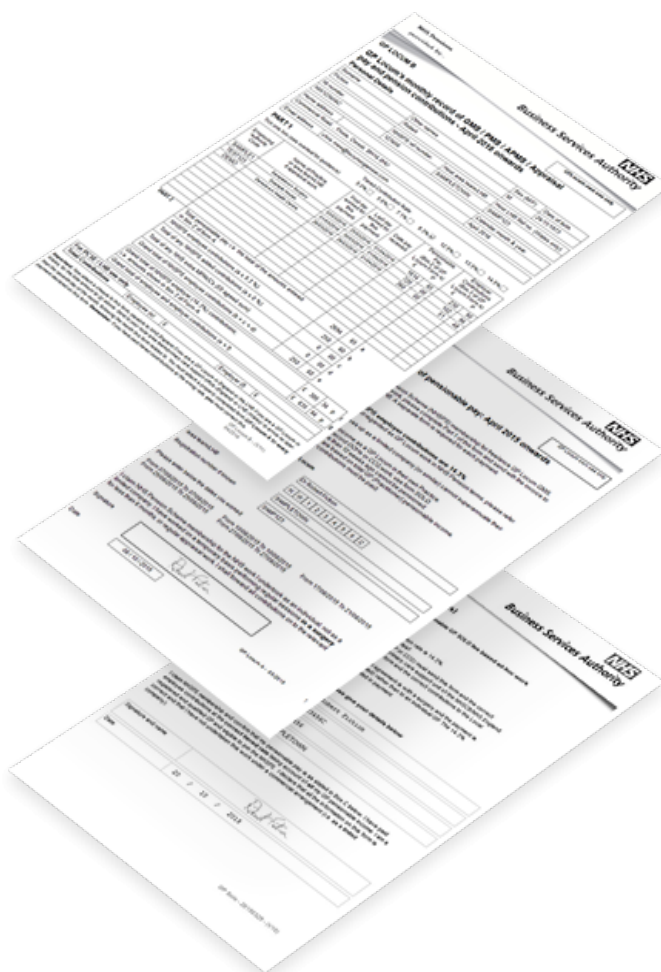
In addition, you and your employer will have to complete the necessary forms and these must be received by the PCO in time for the work to remain eligible.

What forms do I need ?

Invoicing & Pension



Invoicing & Pension



Normal locum work requires “GP Locum A” and “GP Locum B”.

GP Locum Form A

The purpose of form A is simply to certify the work done in a given practice and the fees earned.

The locum must fill out the first part, showing all the sessions they have completed for the practice. The practice must sign and stamp the second part and return it to the locum. The signature and stamp prove to the PCO that the pensionable work has been actually completed.

It’s common, though not essential, to produce the form on a monthly basis and submit it to the practice along with an invoice. It’s important that the practice return the completed form promptly for the work to remain pensionable – so, even if the practice pays the invoice swiftly by BACS, it’s still important to chase up the forms.

Invoicing & Pension



GP Locum Form B

'Pension B' contains the calculations for your employee pension contribution and, in England & Wales, the employers contributions received from the practices.

It's a monthly summary which records all the pensionable payments received in the given month. It's compiled on the basis of payment date, rather than when the work was actually performed.

So work done in March but paid for in April would correctly be recorded on April's form – not the form for March. It's necessarily that way, given that you can only pension work which has actually been paid for, but it's perhaps a little counter-intuitive, given that form A is based on work date, and it catches lots of people out initially.

GP SOLO

In addition to forms A & B, England, Wales and Northern Ireland use a third form, GP SOLO, for out of hours work. It's common for the OOH provider to complete it and send it to the pensions office along with both their employer's contribution and your employee pension contribution, which they deduct from your pay.

In Scotland, Pension B is used for OOH work.

[Locum Organiser generates country specific Locum A, B and GP SOLO forms with all the calculations done for you.](#)

Different forms for Different Countries

There are three separate schemes in the UK. The principles are the broadly the same but they are administered by different national bodies and have subtly different forms and rules.

All have the forms you will need along with helpful completion notes on their websites. The 'locum sections' of each are below.

[England & Wales – NHS Business Services Authority \(NHS BSA\)](#)

[Scotland – National Services Scotland Practitioner Services](#)

Invoicing & Pension

Northern Ireland – HSC Business Services Organisation – Pensions Service

Who pays into my pension and how much ?

There are two parts to a GP Locum's pension – the employee's contribution, which you pay as a locum, and the employer's contribution.

Who pays the employer's contribution depends on where you live. In Scotland and Northern Ireland, these are still paid by the PCO where you are registered on the performers list. This makes life simpler for the locum.

In England & Wales, the GP practices themselves have been responsible for paying the employer's contributions since 2013. But as a locum, you are responsible for collecting them from the practices and forwarding them on to NHS England, via the Area Team, along with your own contributions as an employee.

Calculating Employers and Employees pension contributions.

The first step is to calculate your pensionable pay. This is simply 90% of your earnings. The remaining 10% is a fixed allowance for expenses which are deemed to be unpensionable. It doesn't matter what your expenses actually were, for pension purposes, they are always 10%.

Calculating Employers Pension Contributions

From there, employer's contributions are also fairly simple, but they vary by country.

England & Wales – 14.38% of pensionable pay.

Scotland – 20.9 %

Northern Ireland – 22.5 %

In Scotland & Northern Ireland, you won't have to worry too much about the procedures of employer's contributions, as these are taken care of by the boards.

In England and Wales, you must add the employer's contribution due in respect of your work to your invoices in order to collect it from the practice. It should be a separate item and never lumped in with your fee as the two will have a different tax

Invoicing & Pension



treatment – you'll pay tax on your fee but not on the employer's contributions. Also, the practice will insist on separate items for their own accounts.

To complicate matters, some practices will offer an 'all-in' rate at the negotiation stage, to include both – e.g. "£500 per day inclusive of pension". However it's advertised, it's still (fee + pension contribution) and the £500 would need to be split into £442.99 fee and £57.01 employers pension contribution on your invoice (divide the "all in rate" by 1.12942 to remove the pension contribution)

Where the work is eligible, a practice is legally obliged to pay the employers contributions.

Ref: [BMA – Locum pension contributions, advice for practices](#)

Similarly, the locum is obliged to pass these on to the PCO. A locum who intends to pension their work and collects employers contributions from the practice must return them if, for any reason, the work does not get pensioned (usually because the paperwork isn't done on time).

[NHS BSA recommend in the completion notes for form B](#) to let the employer know from the outset that you'll be pensioning your work so they are aware of their liabilities.

Calculating your employee contributions


This is a little more complex and the percentage of your pensionable pay you're required to contribute, often known as your 'tiered rate', varies according to your earnings as well as where you live.

England and Wales.

You set your tiered rate each year, according to NHS BSA's rates below, based on your anticipated total GP income for the forthcoming year. (Ref [BMA Locum pension FAQs](#))

The tiered rates and the bands in place for 2015-19 have now been extended until March 31st 2021

Invoicing & Pension



England & Wales Pensionable Earnings	Tiered Rate % 2015 to March 31 2021
Up to £15,431.99	5%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631.00 to £111,376.99	13.5%
£111,377.00 and over	14.5%

Because actual pensionable earnings are not known until year end the tiered rate is provisional at the start of Scheme year and is reviewed at year end.

Unlike other Scheme members the tiered contribution rates for Practitioners and non-GP Providers are based on their total 'in year' NHS pensionable income; i.e. 2015/16 Scheme contribution rates are based on total 2015/16 certified pensionable income.

i.e. a part time GP does not have their pensionable pay converted to a full time equivalent.

"Total GP income" is the key here. The [NHS BSA's Costs and Contributions Factsheet](#) says:

A GP Scheme member must take account of all their NHS GP income (i.e. Practice + + OOHs + CCG) when setting their tiered rate. For example, if the total GP pensionable income is £130,000 (Practice based income of £120,000 + CCG income of £5,000 + OOHs income of £5,000) their tiered rate across all their NHS GP pensionable income is 14.5%.

Whether your earnings are annualised for the purpose of calculating your tier depends on which version of the scheme you are a member of

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For Practitioners and non-GP Providers who are members of the 1995 or 2008 Section their tiered rate (in a specific Scheme year) is based on their aggregated actual pensionable income in that year.

For Practitioners and non-GP Providers who are members of the 2015 Scheme their tiered rate (in a specific Scheme year) is based on their annualised pensionable earnings in that year if they do not have continuous 2015 Scheme membership during the year.

If they do have continuous 2015 Scheme membership their annualised and actual pensionable earnings are the same for the purposes of setting the tiered rate.

There are some examples in the [completion notes for Pension B](#) which help determine how pensionable earnings should be annualised (this will now apply to most locum members of the 2015 scheme).

Scotland

Tiered rates for use in Scotland are set by the Scottish Public Pensions Agency (SPPA) and are as follows

Scotland Pensionable Earnings	Tiered Rate % 2015 to March 31 2019
Up to £15,828	5.2%
£15,829 to £21,601	5.8%
£21,602 to £27,089	7.3%
£27,090 to £49,967	9.5%
£49,968 to £71,337	12.7%
£71,338 to £111,376	13.7%
£111,377 and above	14.7%

REF : [SPPS Circular 2015/4 \(Tiered Rates\)](#)

While the tiered rates themselves will remain constant to March 2019, the bands will be adjusted for inflation each year in April.

The SPPA Circular says

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“A GPs total pensionable income (practice + GP locum + OOHs + bed fund) must be added together in respect of allocating a tier. GPs must pension all their GP income and cannot ‘pick and mix’ to avoid going into another tier band. Once a tier has been set it is applied to all GP pensionable income, for the whole reporting year. The tier may, however, be revised when certified earnings are provided.”

and

“A part-time GP’s actual pensionable pay is not converted to a whole time equivalent value for the purposes of setting a tier. Their tiered rate is based on their actual pay. For a GP who starts after 1 April in a scheme year their aggregated pay is not uprated to full year for the purposes of setting a tier and the same applies for a GP who retires mid-year. Their tiered rate is based on their actual pensionable earnings.”

Northern Ireland

The percentages for use in Northern Ireland are published by HSC Pensions and are as follows

Northern Ireland Pensionable Earnings	Tiered Rate % 2015 to March 31 2019
Up to £15,431.99	5%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631.00 to £111,376.99	13.5%
£111,377.00 and over	14.5%

The rules for calculating a GP’s total pensionable income and tiered rate are the same as for England & Wales and, similarly, both bands and tiers are fixed to March 2019.

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Specifically, a GP's total practitioner income is used for calculating pensionable earnings

"A GP's total pensionable income (i.e. Practice + GP Locum + OOHs + PEC + Bed Fund) must be added together in respect of allocating a tier. GPs must pension all their GP income; they cannot 'pick and mix' to avoid going into another tier band."

and

"A part-time GP's actual pensionable pay is not converted to a whole time equivalent value for the purposes of setting a tier; their tiered rate is based on their actual pay."

and

"For all Practitioners and Non GP Providers who are new starters in year their aggregated pensionable earnings should be scaled to a full year (i.e. annualised) for the purposes of setting a tier. Similarly, where any Practitioner or Non GP Provider ceases to be a member part way through a scheme year, the aggregated pensionable earnings should also be scaled to a full year (i.e. annualised) for the purpose of setting the tier"

Ref: HSC Pensions [2015-16-Tiered-Contributions-Factsheet](#)

When & where should I send my pension contribution and forms?

The normal procedure is – towards the end of the month, you would gather up all the form A's received back from your practices (duly signed and stamped), fill out a Form B to document the payments on the form A's and calculate the total pension contribution required.

In England & Wales the total will be comprised of your (employee) pension

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contribution and the employers contributions which you're just forwarding on (which happily will be at least half of the rather large total !).

In Scotland and Northern Ireland, the form will contain only your (employee) contributions.

You then send all the forms, and a cheque for the grand total to the PCO – in theory, by the 7th of the next month after that in which the work was paid, so our April form B would have to be in by 7th May. Any later, and technically the work may not be pensionable, though, in practice, the PCO's are usually more forgiving than this.

It is essential that every payment listed on the Form B is accompanied by a corresponding form A, signed and stamped by the practice. Your pension contribution may be rejected and your forms returned if this is not the case.

If you work in several practices, filling out a Form A for each one can be time consuming. Having them filled out automatically speeds things up no end.

So, where do the forms go?

England

PSCE introduced a new web-based submission service for GP payments and pensions administration and queries from 20th December 2017.

"The online form should be used to:

- Submit all GP payments and pensions forms to PCSE including annual certificates of pensionable pay/profit, type 2 self-assessment forms, GP solo and Locum A & B forms
- Send a query regarding a particular claim or payment
- Find guidance and information on payment and pension topics

Please visit the 'Contact us' page of the PCSE website at www.pcse.england.nhs.uk/contact-us

Scroll down to the enquiries form and select either 'GP payments' or 'GP pensions' as the enquiry type and you will be directed to the online form where you can submit your form/query.

BACS Payments & Unique Payment Reference.

When submitting your paperwork via email and your payment by BACs you will need to include a unique identifying reference comprised of the following details:

- Example:

This reference indicates that you are Dr X and your membership number is 12345678 submitting your Locum form for April 2017.

If your paperwork and BACS payment do not include the unique identifying reference then your pension record will not be credited with this work.

Cheque payment

Wales.

Scotland:

More available at locumorganiser.com

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Scotland', to the Practitioner Services office that covers your [host NHS Board area](#)

Northern Ireland:

Send your forms and cheque, payable to 'Business Service Organisation', to:

HSC Pension Service,

Locum Administration,

Waterside House,

75 Duke Street,

Londonderry

BT47 6FP.

which address is helpfully printed on the NI form B !

What if I don't earn what I thought I'd earn? I will have paid the wrong amount.

If your actual total GP earnings for the year mean you should have contributed at a different tiered rate, you'll either have to make up the shortfall or you'll receive a refund accordingly.

A GP who is solely a freelance GP locum (i.e. has no other GP posts) will have to reassess their tiered contribution rate at year end.

As a GP locum, the onus is on you to contact the PCO to correct your contributions if, with the benefit of hindsight, they were wrong.

The extra amount a GP will be required to contribute against their entire annual income if their earnings bump them up into the next tier may be considerable, therefore –

Some locums like to 'aim high' on the grounds that it's better to receive a refund at the end of the year than to have to make an extra, perhaps unexpected, contribution.

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Some locums keep a careful eye on their total pensionable income during the year and simply stop doing pensionable work if it looks like they will exceed their tier. They may switch to agency work or work through a limited company to keep on earning. Proper financial advice is recommended wherever pension planning decisions are to be made.

How do I keep tabs on my pension contributions?

If you have contributed to the NHS BSA pension scheme, you can apply on-line to view your '[Total Reward Statement](#)', (TRS) which is essentially a break down of what your pension has amounted to.

You will have to register for an activation code to be sent to you in the post, which can take up to a week. You can then activate your account on line and view your statement.

You may be asked who your 'employer' is, and for TRS purposes, this is your Area Team. If you are unsure of who your Area Team is, you can contact the help desk on the TRS website with:

- Date of birth
- Full address
- SD (superannuation Division) number

With Locum Organiser you can log all of your pension contributions as you go, so that you can see what you have paid over time at a glance.

And finally...

It seems daunting at first. Some of it might be more complex than it need be.

But...

If you keep on top of it and send your forms off at the end of each month – it does all tick along OK. Scheme rule changes have made things difficult in the past but there are now none planned till 2019.

Clearly, having the forms generated automatically helps you stay organised, but it's

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also necessary to chase up any tardy practices to ensure payments and forms A are received within the 10 week window (Eng, Wales, NI). If your forms are too late and your contributions are consequently rejected, you must return any employer's contributions to the practice, which is a pain.

Some choose not to be in the NHS Pensions Scheme and there may be sound reasons for this – proper financial advice is always required, but don't let the admin alone put you off if you decide you would like to take advantage of the NHS Scheme.

The hardest part is getting started. We're here to help.

Support



In this guide

[GP learning and support group](#)

[Get on mailing lists](#)

[Us!](#)

[Get an accountant](#)

[BMA](#)

[Facebook groups](#)

[Join your LMC](#)

[Extra thoughts](#)

It's so important to surround yourself with a support network. You are not alone as a locum. There are a lot of us out there and it's important to stay connected and help each other.

GP learning and support group.

This not only can help you through clinical issues, and networking, but also helps rack up those hours of CPD.

You may already know of a local group, or why not set up your own? A mix of locums and salaried/ partner colleagues works well.

Get on the mailing list

of your local post graduate education centre. Meetings not only provide useful CPD opportunities, but it's a great place to network and prevent any feelings of isolation.

Us!

Don't forget that we are here to make your locum life easier, and if there is anything we can do to help, please drop us a line.

We are on Facebook and Twitter. Come and join us.

Get an accountant

Even if it's just for the first year or so. A good specialist medical accountant will save you more money than you spend on their fee. A typical fee equates to a day's locum work, and you'll be able to get on with what you do best, secure in the knowledge that your tax is being minimised and HMRC rules are being complied with. Ask local GPs who they would recommend.

BMA

The trade union and professional body for doctors in the UK.

Facebook groups

TIKO's Facebook group and Resilient GP Facebook group are both closed groups, only

Support



for GPs. Great resources for advice on anything GP related that's bothering you- clinical or non clinical. There are locum / sessional groups too, and likely a local locum or post VTS closed group local to you. Why not ask around? This can be another great way to organise learning events and feel part of a community.

Join your LMC

LMCs support and promote General Practice. As a locum, your LMC can give you professional advice and support. They can help mediate between you and practices for fair play- for example late payments. There is usually a payment to join, but the first year of qualification is sometimes free.

You can search for your LMC here:

[BMA Find your LMC](#)

Extra thoughts

Useful articles on [Getting Ahead for Appraisal and revalidation](#) and [Accounting for Locums](#)

Support for GP locums in Wales: <http://www.gpone.wales.nhs.uk/gp-locums>

Appraisal and CPD support for GP locums in Northern Ireland:

<http://www.nimda.gov.uk>

Support for newly qualified GPs in Scotland: <http://www.newgpscotland.com/scotland>