

Locum doctors

This briefing for locum doctors explains:

- how they can find their responsible officer
- how their appraisals should be conducted
- how they can collect appropriate supporting information
- arrangements for locum doctors working or living abroad

Revalidation

All doctors working in the UK require a GMC licence to practise. Revalidation is the process by which a doctor's licence to practise is renewed and is based on local organisational systems of appraisal and clinical governance. All doctors have a professional responsibility to show that they are up to date and fit to practise in the work they undertake. Through evidence provided at annual appraisal, all doctors will demonstrate that they comply with the professional standards set out in the GMC's guidance, [Good Medical Practice](#). The same principles apply to all doctors irrespective of their role or specialty.

Under [The Medical Profession \(Responsible Officers\) Regulations 2010](#), most licensed doctors have a formal link (known as a 'prescribed connection') with a single organisation (or 'designated body') that will provide them with annual appraisal and support them with revalidation. A senior doctor (the 'responsible officer') in each designated body will make a recommendation about the doctor's fitness to practise to the GMC.

Finding a responsible officer

It is important that every doctor identify their designated body and their responsible officer and inform the GMC through GMC online. The GMC website provides a useful [tool for confirming the prescribed connection](#).

For GP locums:

- All GPs are on a medical performers list and have a prescribed connection with the PCT where the medical performers list is held. In the future this connection will be with one of the local area teams of the NHS Commissioning Board.

For secondary care locums:

- If the locum doctor is also a trainee then the prescribed connection is with the deanery.
- If the locum doctor is also employed in a substantive post then the prescribed connection is with their employer.
- If the locum doctor is directly employed by an organisation on a temporary or fixed-term contract then the prescribed connection is with the employer.

Where the locum doctor is contracted through a locum agency:

- The prescribed connection is with their locum agency if that agency is on the

national Government Procurement Service (Buying Solutions) framework.

- If their locum agency is not on the national framework then the prescribed connection is with the PCT nearest to the doctor's GMC registered address.
- If the doctor is registered with more than one agency on the national framework then the prescribed connection is with the agency where the locum did most of their work in the previous calendar year.

The annual appraisal

All annual appraisals will need to comply with the GMC's [Good Medical Practice Framework for Appraisal and Revalidation](#). Every designated body should have its own appraisal policy describing the appraisal system and the process to follow. The designated body will need to manage and approve the annual appraisal arrangements for their locum doctors, so it is essential that any personal arrangements made for appraisals are first checked with the responsible officer.

Locum doctors may be required by their designated body to make a financial contribution towards the cost of appraisal and responsible officer revalidation services.

Scope of work

An important part of the information provided at medical appraisal is a description of the scope of work performed by the locum doctor. It is important that this is a full description as it enables the appraiser to understand the roles the doctor performs and the different contexts in which the doctor works.

Each locum doctor will need to provide a summary of all hospital or GP locums undertaken which includes the type of work undertaken and the length of the appointment. The scope of work should also include any permanent roles or other medical work (including non-clinical roles and any GP out of hours work).

Collecting supporting information

All doctors, regardless of their specialty or individual circumstances, will need to produce a portfolio of supporting information for consideration at their annual appraisal, which complies with guidance from the GMC. The GMC guidance [Supporting Information for Appraisal and Revalidation](#) describes the different types of supporting information required.

Types of supporting information

- continuing professional development
- quality improvement activity
- significant events
- feedback from colleagues
- feedback from patients
- review of complaints and compliments

From *Supporting Information for Appraisal and Revalidation* (GMC, 2012)

Doctors themselves are responsible for collecting this supporting information, although the place of work should assist by providing good information about the quality of the service and access to information systems during the period of the locum appointment.

Locum doctors should focus on collecting information relating to the types of role they undertake, rather than information from every place of work.

The information collected may relate to the team or service in which the doctor works and it is appropriate for this to be included in the locum doctor's portfolio. It is important that locum doctors who have longer continuous or regular short periods of appointment in the same department or practice attend clinical governance or other multidisciplinary team meetings where this information is used to improve service delivery. The locum doctor should personally reflect on the information presented and show how they have altered or improved their own practice.

Relevant clinical information (for example, for clinical audits or case reviews) should be extracted and anonymised wherever possible during the locum appointment. Special arrangements may need to be agreed with the organisation if this information is to be accessed after the locum appointment finishes.

Continuing professional development

The GMC guidance states that continuing professional development activities should be tailored to the specific needs and interests of the doctor's practice. A doctor's continuing professional development should be influenced by participation in clinical governance processes, audit and other mechanisms that shed light on their professional practice. Locum doctors should plan and participate in a wide range of continuing professional development covering the scope of practice.

Locum doctors can demonstrate their continuing professional development by providing evidence of the following:

- attendance at courses and reflection on what was learned
- web pages used for learning
- attendance at clinical meetings, multidisciplinary team meetings, peer review meetings
- contribution to self-directed learning groups or peer support groups
- reflection on interesting cases and new approaches to management
- one-to-one peer review sessions with a fellow locum doctor.

Doctors should reflect on their supporting information, considering the following factors:

- implications for their practice
- what they could have done differently
- what they have learned
- how they plan to change their current practice
- what more they need to learn – how and when.

Clinical audit

Completing an audit may be more difficult for locum doctors but the following should be considered:

- personal audit – recording the data contemporaneously from caseload
- contribution to national audit or service audit
- group audit – collective audit data gathered by members of a locum peer support group.

Locum doctors may have additional practical challenges in obtaining supporting information. These challenges may relate to collecting feedback from colleagues and patients, where colleagues and patients may not know their name and role or be as familiar with their work. They may also find it more difficult to access organisational information systems and or information about complaints, compliments and significant events after they have left the organisation.

Locum doctors are advised to wear a name badge, use a door name plate and introduce themselves to patients. Some GP locum doctors produce a brief profile including their name, qualifications, a photograph and details of their training and medical interests to give to patients while they are waiting.

It is important when accessing organisational information systems that the locum doctor uses their own individual user name and password so that their entries can be attributed. All referrals and letters should identify the locum doctor's name and qualifications and all handwritten notes should be signed and dated.

Colleague and patient feedback

All doctors who have direct contact with patients are required to undertake a structured colleague and patient feedback exercise once in every five-year revalidation cycle. This involves issuing questionnaires to patients and colleagues who are asked to comment on the professional skills and performance of the doctor. The GMC has published a set of [criteria for feedback questionnaires](#) which are to be used for revalidation. It is important that the questionnaires cover the necessary areas and are administered in an appropriate way to ensure they are compliant with the GMC guidance.

Colleagues may include medical and non-medical staff from the locum posts the doctor has undertaken and other locum doctors from a peer support group. Patients can complete the questionnaire after a single clinic or GP appointment and do not need to have seen the doctor in the past.

Locum doctors working abroad

The arrangements above describe the process for locum doctors based in the UK. There are a small number of locum doctors who practise in the UK from time to time, but who live and work abroad. It may be difficult for these doctors to undertake annual appraisal and maintain their continuing professional development and other supporting information.

In these circumstances doctors may wish to relinquish their GMC licence to practise whilst working abroad and apply for their license to be reinstated on their return to the UK. Further information on this process and other routes to revalidation is available on the [GMC website](#).