

Supporting locums and doctors in short- term placements

A practical guide for doctors in these roles

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Supporting locums and doctors in short-term placements: A practical guide for doctors in these roles

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1. Purpose of this guidance

This guidance is directed towards all doctors (primary and secondary care) who locum or work within health organisations for short-term placements. If you are a doctor working in this way there are specific challenges for you. You often do not have easy access to systems or structures in place to support your continuing professional development, appraisal, revalidation, and governance. It is hoped that this guidance, along with the accompanying guidance 'Supporting organisations engaging with locums and doctors in short-term placements: A practical guide for healthcare providers, locum agencies and revalidation management services' (NHS England 2018), will highlight ways that you may be supported to provide safe provision of healthcare as a valuable part of the workforce.

For the purposes of this guidance, a locum refers to a doctor who is either placed by a locum agency/GP chambers, or a locum bank to work in a healthcare provider organisation or directly engages with health care organisations or GP practices for short-term work, and a doctor in a short-term placement is one who is an employee of the organisation for a short, fixed term.

There may also be doctors in training who work as locums outside their training programme and who are therefore connected to Health Education England (HEE) as their designated body.

At the end of this document there are useful resources and references for you to use as appropriate.

Organisations, including healthcare providers, GP practices and locum agencies, may tailor this guidance for their own corporate requirements to assist their own locum and short-term placement doctors, or use it as is. This guidance aims to promote a standardised approach to working with locum and short-term placement doctors across primary and secondary care and in all sectors. It is hoped that it will act as a benchmark as models of care and systems develop over time.

How should you be supported in your role?

- **You should be provided with induction (including access to local and or practice guidance and clinical pathways) and access to buildings and appropriate IT systems**
- **You should only be placed in roles where you are able to work within your limitations**
- **You should be given feedback on your practice and encouraged to attend multidisciplinary meetings and CPD to support you in your learning and development and to make collecting supporting information for your appraisal simpler**
- **You should be supported in engaging with appraisal and revalidation systems**
- **You should be informed about and given timely access to information relating to serious untoward incidents, significant events and complaints. You should be informed about processes of escalation and offered appropriate support relating to these events**

What are your overall responsibilities?

- To comply with all GMC requirements
- To comply with pre-employment and induction processes
- To accurately represent your skills and competencies and work within your limitations
- To know who your responsible officer is, who you are accountable to and to work within organisational governance
- To gather supporting information (e.g. from CPD, exit forms and 360 feedback) and engage in whole scope of practice annual appraisal, sharing information about your practice with organisations when appropriate

Background

Locums and doctors in short-term placements are an essential part of the work force, contributing to patient care and safety.

There is no evidence available to suggest that locums or doctors in short-term placements put patients more at risk compared to other doctors in more substantive posts. However, there have been a number of significant events relating to individuals presenting themselves as locums where appropriate pre-employment checks were not carried out. These incidents have led to some concern about doctors who work as peripatetic locums, the governance arrangements around them and their connections to designated bodies and responsible officers.

There is a risk that, due to the peripatetic nature of this part of the workforce, some locums and doctors in short-term placements may not be embedded within a strong clinical governance system to support both their clinical practice and continuing professional development. This can include issues such as the absence of induction, not knowing how to escalate concerns, and being placed in challenging environments or untested models of care.

Sir Keith Pearson was commissioned by the General Medical Council (GMC) to produce an independent report '[Taking revalidation forward: Improving the process of relicensing for doctors](#)' (GMC January 2017). This highlighted concern about the 'rigor of appraisal and revalidation' for locums as well as issues around the connection of doctors taking on short-term placements. Sir Keith's report also suggested the need to reduce the burden and improve the experience of appraisal for doctors in general. This should involve improved organisational systems and doctors' access to them.

The Medical Profession (Responsible Officer) Regulations 2010, amended 2013, define the designated body's and responsible officer's statutory obligations towards their connected doctors – including doctors who are working as locums.

Information about the Responsible Officer Regulations

[The Medical Profession \(Responsible Officers\) Regulations 2010](#)

[The Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#)

[NHS Improvement took steps in 2016 to cap secondary care locum costs, by producing a set of 'agency rules' for trusts.](#) One of the rules stated that healthcare

organisations are required to procure all agency staff from approved framework agreements. These frameworks specify how locum agencies should act with respect to pre-employment checks of locums and doctors in short-term placements based on [standards defined by NHS Employers](#).

In October 2016 NHS England convened a group of stakeholders to discuss issues relating to this group of doctors. The result of this discussion was the agreement of the following set of working principles for doctors, locum agencies, and healthcare providers. These have been tested and refined through conversations with all three groups:

As a locum, or a doctor working in a short-term placement, you are responsible for:

- Complying with 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. You must not put yourself in a position where you are unable to comply with restrictions on your practice. You should inform the organisation about any restrictions before you start work so that they can support you to practise within the restrictions
- Complying with pre-employment processes including identity, language, Healthcare Professionals Alert Notices (HPANs), health clearance and other checks when starting with a new healthcare provider. These checks should be completed prior to any shifts being commenced
- Participating in the induction processes of organisations where you work
- Accurately representing your skills and competencies
- Accruing supporting information about your individual medical practice, including end of placement/exit reports and peer/colleague feedback from placements
- Knowing who your responsible officer is, who you are accountable to and who you should report to
- Providing relevant information about your professional practice to your locum agency (where relevant) and any organisations where you work
- Participating in annual whole scope of practice medical appraisal
- Engaging in the governance system of the organisations where you work as well as those of your designated body (including engaging with the responsible officers, or clinical governance leads of both)
- Engaging with revalidation and the processes that support it
- Adhering to the requirements of [Good Medical Practice \(GMP\) \(2013\)](#) and the GMC, including the requirement to have adequate and appropriate indemnity/insurance cover for the work that you do
- Engaging with processes to investigate and address any concern about your practice or the systems in which you work

A locum agency is responsible for:

(some of these points are less applicable for GP locums)

- Appointing a responsible officer (if it is a designated body), or a clinical governance lead and providing them with resources. The locum agency must tell their doctors who the responsible officer is and inform them of any fees relating to the appraisal and revalidation process
- Undertaking pre-employment checks including GMC requirements for registration and licence to practice, identity, language, health clearance and other checks for any doctor joining, such as HPANs. **These checks should be completed prior to any shifts being commenced**
- Ensuring it is aware of any doctors who have GMC conditions or undertakings on their registration and that they are only placed in roles where they will be able to work within those restrictions
- Having processes to monitor the doctor's practice in relation to the work they are being supplied to do, including end of placement/exit reports and peer/colleague feedback from the doctor's placements
- Sharing information of note relevant to the doctor's intended work with any organisation to which the doctor is being supplied, **in advance of a placement** if known, or as it arises
- Accurately representing the skills and competencies of a locum doctor to the engaging organisation
- Ensuring the provision of annual appraisal to the standards of the ['Medical Appraisal Guide' \(NHS England 2014\)](#) for the doctor, whether through the agency or in an organisation where the doctor is undertaking a placement. NHS England GPs' appraisals are organised through the NHS England local teams
- Coordinating feedback and other information such as end of placement/exit reports and peer/colleague feedback, and sharing it with the doctor for appraisal, professional development, and the maintenance of records of such processes
- Receiving information about, and responding to, any potential concerns about the doctor's practice, coordinating any investigative process required as a result and agreeing where this should be situated, whether in the agency or in one or more of the organisations where the doctor has worked (including speaking to the NHS England local team (if appropriate), or the GMC Employer Liaison Advisor (ELA) for advice on whether any concern meets GMC thresholds). The doctor should be kept informed of the process
- Providing a governance framework for doctors, whether or not the doctor's prescribed connection is to the agency. This includes such things as having a programme to support the doctor's professional development in a manner appropriate to the nature and duration of the placement and provision of supporting information for appraisal, as described in the NHS England document ['Improving Inputs to Medical Appraisal' \(NHS England 2016\)](#)
- Having processes for monitoring connections of doctors and ensuring they are up to date

- Having processes for ensuring doctors' appraisals take place annually and that appraisal systems are quality assured

A healthcare provider which engages the locum doctor is responsible for (at the point of placement):

- Verifying that GMC registration and licence to practise, HPAN, identity, language, health clearance and other checks have taken place, or undertaking these if this cannot be verified
- Ensuring that it is aware if any doctors placed with them who have GMC conditions or undertakings on their registration and that they will be able to work within these restrictions
- Accurately representing to the locum doctor and locum agency (where relevant) which skills and competencies are required in the position for which the doctor is being engaged
- Providing suitable induction to the doctor to enable them to carry out the work they are being engaged to do (including appropriate IT system login/access, buildings/departmental access and the process for escalating concerns)
- Completing the required end of placement/exit report and peer/colleague feedback for the doctor
- Integrating the doctor into their governance structure in a manner appropriate to the nature and duration of the placement
- Supporting the doctor's appraisal preparation
- Agreeing with the doctor and at the discretion of the doctor's responsible officer, to provide annual appraisal for the doctor, if appropriate to do so (in light of the nature and duration of the doctor's placement), to the standard of the ['Medical Appraisal Guide' \(NHS England 2014\)](#); along with ['Guidance on supporting information for appraisal and revalidation' \(GMC 2018\)](#). NHS England GPs' appraisals are organised through the NHS England local teams
- Notifying the doctor and locum agency (where relevant) if any significant information of note arises in relation to the doctor's practice during their placement (and/or the doctor's responsible officer if the agency is not the doctor's designated body)
- Agreeing with the locum agency or NHS England local team (where relevant) whether any necessary investigation is carried out in the organisation
- Including quality elements within the service level agreement (if applicable) with the locum agency to facilitate the above

2. Roles, connections, professional responsibilities and the nature of the organisation

Every doctor has a professional duty to maintain fitness to practise. This includes working within your skills and competence, keeping up to date and engaging with the appraisal and revalidation process. It is also important that you adhere to any steps

taken to manage performance concerns that may have been raised about your practice or to address risks to patient care related to your health.

The governance network around a doctor can vary in scale and complexity, depending on the number of places where you work and the nature of these organisations.

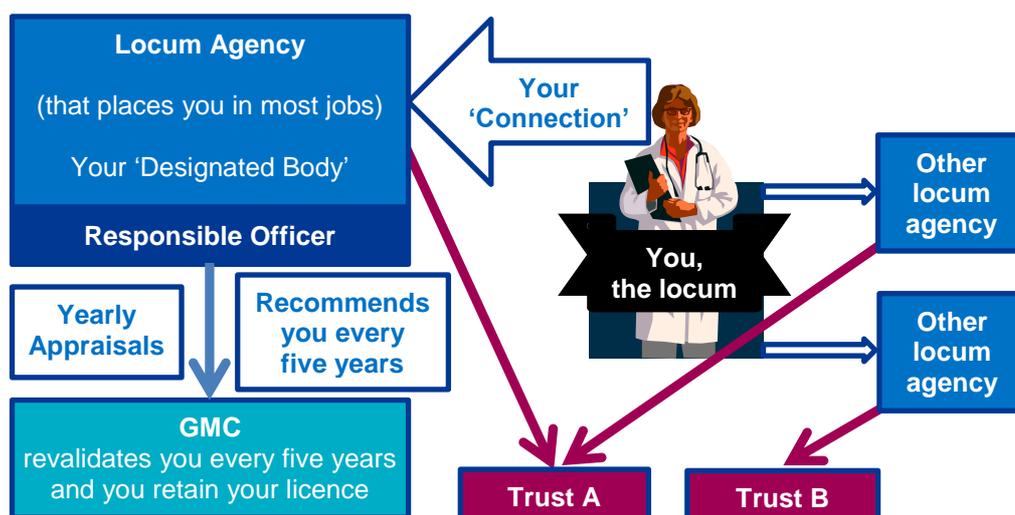
Doctors only have one designated body and one responsible officer.

Secondary care and private sector locums

If you are a locum or short-term placement doctor working in secondary care, your designated body will usually be one of the following, as defined by the Responsible Officer Regulations:

- A locum agency which places you within a provider setting (NHS or private) to carry out your clinical duties. You connect to the locum agency that places you in work the most over the last twelve months, even if you are registered with or have worked for more than one locum agency over that year
- A NHS England local team - a small number of locum or short-term placement doctors who are not GPs may connect to one of these local teams (for example, you may work through a locum agency which is not a designated body)
- A NHS trust, where the doctor carries out most of their clinical practice, even though they may also do some locum work in addition to this. (There are also an increasing number of regionally based locum provider banks within or across trusts placing locums, although working in this way does not necessarily lead to a connection to a trust)
- Health Education England, if you are currently on a training programme

The relationships a secondary care locum doctor may have with organisations



General Practitioners

If you are a NHS GP locum, you are required to be on the [National Performers List](#) and therefore your prescribed connection is to NHS England (as your designated body). Your responsible officer is the responsible officer of the NHS England local team in the area where you carry out most of your clinical work, or if your work is spread equally across a number of local team areas, your responsible officer is the

one for the local team nearest your home address, as registered with the GMC. Many GP locums work freelance engaging with GP practices directly for employment, others sign up to an agency to arrange placements and some work within GP chambers and may use online platforms. GPs working solely in the private/non-NHS sector will connect to a private sector designated body/locum agency.

Approved practice settings

If you are new to the register, or are returning after a significant break (for example, from working in some other parts of the world), you may have an Approved Practice Setting (APS) requirement on your registration. You will need to connect to a designated body with a responsible officer. You cannot work independently and freelance as a locum. [You can find more information about APS on the GMC website.](#)

How to find your designated body

The [GMC online connections tool](#) will help you find your designated body.

Responsible Officer and those with governance responsibility for your practice

A designated body is required to nominate or appoint a responsible officer according to the rules set out in the Responsible Officer Regulations. Responsible officers have statutory duties in relation to doctors with whom the designated body has a prescribed connection. These include:

- Ensuring that proper identity and other pre-employment checks are in place
- Ensuring regular appraisals of connected doctors
- Managing concerns about a doctor's fitness to practise
- Monitoring conditions or undertakings imposed or agreed with the GMC
- Making a recommendation to the GMC about the doctor's revalidation, normally every five years

Often the responsible officer is also the medical director of the organisation. Designated bodies are required to have good governance systems which support the responsible officer in the discharge of their statutory role.

The term '*person with governance responsibility for the doctor's practice in a place where the doctor is working*' in this paper refers to a person in a setting other than the doctor's designated body.

For example, if a secondary care doctor works only as a locum connected to locum agency A (and has performed most of their work in the previous calendar year through locum agency A), their prescribed connection will be to locum agency A and the responsible officer of locum agency A will be their responsible officer. If that doctor is placed and undertakes sessions in an NHS trust, the trust medical director (who may also be the responsible officer for the trust) is the 'person with governance responsibility for the doctor's practice' in the trust. An individual doctor may relate to a number of such persons depending on their scope of practice.

If you are a GP locum working in a number of practices or for a GP chambers, the person with governance responsibility for your practice where you work as a locum is likely to be a partner/clinical lead in each setting during each placement. **Therefore, a partner/clinical lead in every GP setting should be specifically nominated to oversee clinical governance for you and monitor your practice, for example, reviewing significant events and complaints.** It is good practice for GP practices

to include locums and doctors in short-term placements in any governance and educational meetings that the practice has. Any concerns relating to you or your practice should be raised with you in the first instance. Significant concerns or information of note should be escalated by the practice or GP chambers to your responsible officer (whose team manage those on the National Performers List) or the GMC as appropriate.

A person with governance responsibility for your practice has a duty to cooperate with your responsible officer in addressing a concern about your practice. The information flows which support this, along with how information about you as a doctor should be appropriately shared, when and by whom, are described in the guidance '[Information flows to support medical governance and responsible officer statutory function](#)' (NHS England 2016).

Information on designated bodies, the responsible officer and clinical governance roles

More information can be found on the [GMC](#) and [NHS England](#) websites.

Joining a new locum agency

When you register with a new locum agency, that agency must establish whether your **prescribed connection** is transferring to them.

If it is, then the previous responsible officer must pass information about your practice, including appraisal outputs and any information of note, to your new responsible officer in the new agency. The new responsible officer can also request this information from the previous responsible officer and yourself.

If it is not, then the new agency should notify your responsible officer to inform them that you have joined their service. This is so that your responsible officer is kept informed of your full scope of practice, and is also able to share any information of note that might exist in relation to your practice with your new agency.

3. Pre-employment checks

When you are recruited as a locum or a doctor in a short-term placement, a number of pre-employment checks are made to verify your identity and that you are compliant with all the competency requirements of your given role. Locum agencies are expected to conform to [NHS Employers employment check standards](#).

The usual checks that should be made are:

- Identity and right to work check and visa status if relevant, for example, the visa sponsor and how many hours a locum can work under the terms of the visa
- [GMC registration and licence check](#) including whether the doctor has any live warnings, conditions or undertakings
- National Performers List information (if relevant)
- Any additional restrictions on practice and identification of adequate support if relevant
- HPAN notices
- Disclosure and Barring Service (DBS) checks - always enhanced checks

- Specialty qualifications or evidence that you have the appropriate skills and competencies for the placement
- Occupational Health checks relevant to the given role (for example, bloodborne virus health clearance including hepatitis B vaccination/immunity)
- Mandatory and statutory training in line with role (for example, safeguarding and cardiopulmonary resuscitation (CPR))
- Language checks
- Indemnity or insurance checks

As a GP locum you may **engage directly with GP practices** providing your credentials to the practice manager yourself. This may also now be done by sharing links to online platforms. [The CQC provides GP practices with guidance about ensuring the suitability of GP locums including those employed through locum agencies.](#)

You have a responsibility under '[GMP](#)' (GMC 2013), to **declare any restrictions** previously placed on your practice to locum agencies and any organisations where you carry out medical work, including where you see patients independently. You should make these declarations before you start working in any new placement.

The pre-employment checks are made prior to the placement, but you may also be asked to provide **photographic identification** (original passport or UK driving licence) at the start of your shift. This may be shown to the senior doctor/other clinician or manager on site at the time.

Healthcare Professionals Alert Notices (HPANs)

The National Clinical Assessment Service (NCAS), part of NHS Resolution, issues HPANs. The HPAN alert notice system is a process by which NHS bodies and others can be made aware of a registered healthcare professional whose performance or conduct gives rise to concern that patients or staff may, in future, be at risk of harm from inadequate or unsafe clinical practice or from inappropriate behaviour (NHS Employers, 2006). An NHS body may also request the issue of an alert notice where there are reasonable grounds to believe that a person may falsely present themselves as a healthcare professional and may seek work in that capacity.

Information on Health Professional Alert Notices (HPANs)

[NHS Employers](#)

[National Clinical Assessment Service \(NCAS\)](#)

Occupational Health

It is important that you comply with any relevant health checks requested of you by employers and that you declare any health issues that you have that might affect your patient care.

The GMC gives clear guidance around this. [GMP \(2013\) Domain 2 – Safety and Quality](#) states:

'If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not

rely on your own assessment of the risk to patients' and 'you should be immunised against common serious communicable diseases (unless otherwise contraindicated).'

When healthcare workers are appointed to the NHS, employers are responsible for ensuring that standard healthcare checks are carried out for all new healthcare workers, including testing for bloodborne viruses (BBVs), such as hepatitis B, hepatitis C and HIV, for anyone carrying out exposure-prone procedures.

Information on occupational health

[NHS Employers guidance on work health assessments](#)

['Bloodborne viruses in healthcare workers: health clearance and management' Public Health England \(October 2017\)](#)

4. Induction

When you register with a locum agency, it should conduct its own compliance and induction process with you to help you understand the clinical governance standards it operates to and how it will support you in your placements. This should also include an explanation of appraisal and revalidation processes, should the agency become your designated body. This is less applicable to locum agencies acting for NHS GPs purely as a booking service.

When you arrive at your place of work as a locum or doctor in a short-term placement, the organisation should also provide you with an induction, including adequate information to allow you to access the systems required to carry out your sessions safely.

At times, organisations need to recruit a locum out of normal working hours and at very short notice. To help mitigate any risk associated with this situation, maintain robust governance processes and ensure you are still supported as you should be, the organisation should have in place a plan for a shortened induction process for you which covers essential areas, but allows for quick and safe integration into the work environment.

Induction on a placement should include:

- A locum induction pack
- Access codes for appropriate buildings/departments
- IT systems passwords, codes and/or Smart cards including the ability to order investigations and a unique prescribing number for GPs, when available
- Access to guidance on appropriate local clinical pathways and protocols
- For short-term placement doctors, enrolment on to the organisation's induction programme

As part of employment contract agreements, many healthcare organisations will require you to complete a number of online modules of **mandatory training** in addition to basic life support face-to-face training (which should include defibrillator training) annually. These online modules might typically include the following topics:

- Information governance/data protection
- Adult and child safeguarding
- Equality and diversity

- Health and safety
- Infection control
- Counter fraud, bribery and corruption
- Conflict resolution
- Manual handling

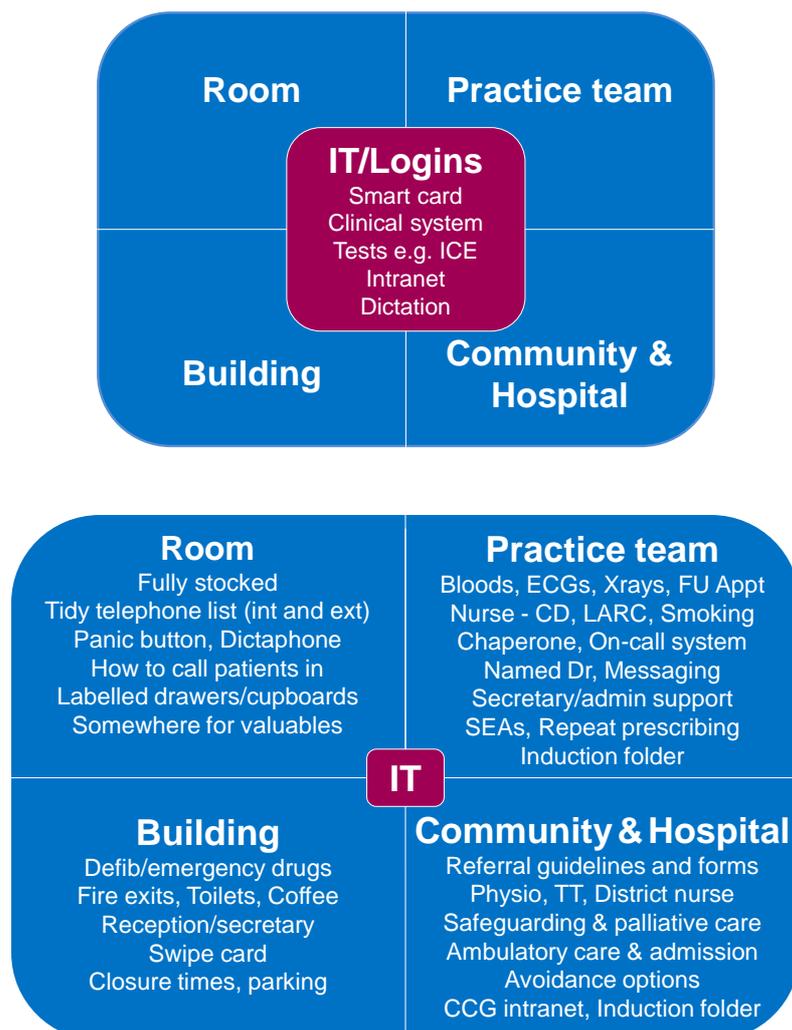
Some locum agencies and places of work require you to complete required mandatory training before actually being placed. Induction at a place of work is more likely to cover specific issues related to working in that environment or setting.

Organisations are also encouraged to support you in obtaining an NHS.net email address if you do not already have one, or an alternative secure email address if working outside the NHS.

If your placement is extremely short and your time at one particular organisation limited, it may not always be practical or possible to achieve all of the above under induction (for example, attending a one/two day induction programme). However, organisations should still ensure that they provide you with sufficient access and information to be able to perform your role as effectively and safely as possible.

GP induction requirements, including those mentioned above, may be divided into the four areas below:

Domains of practice locum induction



(Paula Wright – sessional GP)

5. Appraisal, continuing professional development and supporting information

You should have one annual whole scope of practice appraisal that must reflect all the roles you have held and places you have worked during that year. It is important that you identify your whole scope of practice so you can make sure your supporting information covers all aspects of your work/roles over the last year, not just where your current placement is at the time of your appraisal. Your supporting information must cover any work you do in:

- Clinical (including voluntary work) and non-clinical (including academic) roles
- NHS, independent sector and private work

You would not be expected to list the details of every placement in that year. For example, as a GP you would not have to list every GP practice and time that you worked if there are many placements, however you should highlight the practices where you worked the most.

Your designated body will request that you share your most recent and previous appraisal documentation (or Annual Review of Competence Progression (ARCP)). Your responsible officer will usually review the appraisal outputs, but is entitled to see the full appraisal documentation, including previous appraisals, in order to consider a full and balanced picture towards your revalidation recommendation. It is not essential that all the appraisals reviewed by your responsible officer prior to recommendation have to have been carried out by your current designated body.

Once you are 'under notice' for revalidation recommendation by your responsible officer, i.e. it is four months until your revalidation recommendation date, you should not change your designated body (unless required under the Responsible Officer Regulations). This is good practice and should reduce deferrals and promote consistency of revalidation recommendation decisions as your current responsible officer reviewing the appraisal portfolio should know you better.

Other agencies you register with and places where you work may request to see a copy of your most recent appraisal outputs/summary report, and/or other information relating to your practice such as your full scope of practice, to support clinical governance processes. This is not a GMC requirement but may be a cooperative arrangement with you or can be mandated within the contract of engagement between you and the organisation in question.

Appraisal outputs include:

- Personal development plan
- Summary of appraisal discussion
- Appraisal statements

What supporting information do you need?

[The GMC has guidance on what supporting information you must provide for your appraisal and revalidation.](#)

A designated body will have its own approach to scheduling appraisals for its doctors. For example, some responsible officers will expect doctors to have the appraisal in the same appraisal month every year. A designated body will need to be able to take a flexible approach to a locum or short-term placement doctor whose

appraisal due date falls within the period during which the doctor is working in the organisation, even when this differs from the organisation's usual approach.

Ideally, you should have the same appraiser for no more than three consecutive years and your designated body/agency should arrange this for you. To avoid any appearance of bias or conflict of interest, it is good practice that you do not appoint your own appraiser or know your appraiser on a personal or close-working basis. Your responsible officer must be assured of, and have confidence in, the quality of both your appraiser and the appraisal. If they do not, then they may feel unable to accept your appraisal as being satisfactory and may request for the appraisal to be conducted again under terms that meet their assurance requirements.

Sometimes a provider organisation such as a hospital trust, where you are placed, may support your appraisal by allocating a trust appraiser to you. Some locum agencies have a contractual term which requires providers to support appraisal processes for locums being placed for over three months: refer to the ['Medical Appraisal Logistics Handbook' \(NHS England 2015\)](#). It is important that you check that your responsible officer or their appraisal and revalidation team have agreed to the appraiser that you plan to meet. If you have a new appraiser, they will need to have sight of your previous appraisal summary and PDP. It is helpful to make early contact with your appraiser so that they can sign post you with regards to your appraisal preparation if necessary. Appraisal and revalidation managers may also be able to sign post you and may offer face-to-face meetings to offer support.

Some locum agencies and healthcare provider organisations use their own appraisal IT system for you to record your appraisal. Otherwise, you can prepare and record your appraisal using the [NHS England 'Medical Appraisal Guide \(MAG\) Form'](#), which includes guidance on how to complete it and provides the template for other toolkits, including commercially available packages.

Due to the peripatetic nature of locum and short-term placement doctors, it is important that you retain personal copies of all your appraisals. This is particularly important if you are registered with multiple agencies and your designated body and responsible officer transfers from one organisation to another. Even though your designated body/locum agency may hold and transfer this information appropriately on behalf of you, it is also the responsibility of all doctors to keep a record of all their appraisal information.

Information relating to how to prepare for your appraisal

['Medical Appraisal Guide \(MAG\): A guide to medical appraisal for revalidation in England' \(NHS England 2014\)](#)

['Simplifying appraisal preparation for doctors – a statement to doctors from responsible officers in England' \(NHS England, AMRC, BMA June 2017\)](#)

['Improving the inputs to medical appraisal' \(NHS England 2016\)](#)

['Doctor's medical appraisal checklist' \(NHS England June 2016\)](#)

Specialty-related appraisal guidance that may also be helpful

From your specialty college and the [Academy of Medical Royal Colleges](#)

[GPC Guidance on appraisal for sessional GPs](#)

[RCGP appraisal and revalidation mythbusters](#)

Technology-assisted appraisal (for example, Skype)

It may be helpful for you to have a technology-assisted appraisal remotely for a number of reasons including the geographical distance between you and the appraiser/designated body. As video technology continues to evolve and becomes a more stable and quality medium, more appraisal discussions are being conducted in this way each year.

However, it is still considered best practice to have at least two face-to-face appraisals within a five year cycle, particularly for the first appraisal in a cycle, or with a new appraiser, or for the last appraisal before your revalidation recommendation. The appraisal discussion between you and your appraiser is an important part of your development and conducting it face-to-face may improve communication and the rapport you establish with your appraiser. As technology improves this may become less of a concern and technology-assisted appraisal may offer additional benefits. If you would prefer, or specifically request to have a face-to-face appraisal, this should be accommodated.

If you do have a technology-assisted appraisal, you should expect to have to provide sufficient proof of identity to the appraiser before the discussion begins. The technology must function adequately without interrupting the flow of the appraisal discussion. The use of technology-assisted appraisal should be agreed with your responsible officer in advance and will need approval by the organisation to ensure that it meets the organisation's security and governance standards as well as maintains confidentiality. Appraisal by telephone/audio only would not normally be considered appropriate, nor an acceptable method of appraisal.

Guidance on the use of technology-assisted appraisal

['NHS England Medical Appraisal Logistics Handbook' \(NHS England November 2015\)](#), page 25, Topic 8.

Continuing professional development (CPD)

You are responsible for your own CPD covering the whole scope of your practice, as outlined above. As a locum or short-term placement doctor you should be informed of opportunities to access educational sessions at your place of work. This may occur during or outside contracted sessions depending on the terms of your engagement. The attendance at GP practice meetings, educational events or other multidisciplinary team meetings during a placement has to be balanced with the provision of care for which you are employed. CPD may occur through learning and reflection on various activities (including self-directed learning groups which might be via secure online platforms) and from feedback.

Organisations should ensure that all clinicians, regardless of duration of placement, have access to essential policies and resources provided to support standards of clinical practice. Appropriate professional contact between peers should also be encouraged and where possible facilitated.

Organisations are actively encouraged to support you as a locum or short-term placement doctor by providing relevant information held by the organisation that may contribute to CPD such as clinical governance data, learning events analysis, quality improvement activity, significant events and complaints.

GP locums should be given access to Clinical Commissioning Group (CCG) run educational sessions including cardio-pulmonary resuscitation and safeguarding training, along with routine circulation of updates relating to new national and local guidance as well as initiatives within their CCG.

Quality improvement activity

Often, as a locum or short-term placement doctor, quality improvement efforts have to be focused on your own personal practice. This limits the value of audit as a model for quality improvement activity. Organisations should allow appropriate access to systems including patient data, outside of working shifts to enable you to complete work for your appraisal portfolio.

Examples of quality improvement activity include:

- Case reviews
- Reviews of clinical outcomes and national audit data such as Health Quality Improvement Partnership (HQIP) for secondary care doctors
- A quality improvement data exercise or audit (group or personal)
- Prescribing, record keeping or referral audit/review

In addition, any activity that results in an improvement in practice may be included.

Information on quality improvement activity

For further information relating to quality improvement activity and other supporting information please see:

[‘Doctor’s medical appraisal checklist’ \(NHS England June 2016\)](#)

[Guidance on supporting information for appraisal and revalidation \(GMC 2018\)](#)

[Healthcare record standards \(Royal College of Physicians\)](#)

[RCGP appraisal and revalidation mythbusters](#)

Patient and colleague feedback

[Patient and colleague feedback to meet the GMC’s requirements for supporting information](#) may be gathered during placements, although it is recognised that there may be some difficulties if you are working for just a short period of time in an organisation. However, the feedback may be collected over time and should be from as many placements as possible covering your scope of practice. The colleagues asked to give feedback may not have worked with you for long and so their views may be based on a limited encounter with you. You may need to ask for their email contact details during the placement to facilitate gathering this feedback. You could also request feedback from colleagues within your locum agency or chambers (where relevant).

Your written reflection, relating to the feedback received, should be insightful with an understanding of how the way you work as a locum might affect the feedback given. You should start collecting your patient and colleague feedback questionnaires in good time within the revalidation cycle (such as in the year prior to the revalidation

recommendation year) to ensure that it meets the GMC requirements and so that you can reflect on and discuss it at your appraisal.

You are also encouraged to reflect on any other relevant feedback (other than that collected with questionnaires) which may be received throughout the revalidation cycle, such as letters and emails (anonymised for your appraisal portfolio) or relevant organisational feedback.

Case studies – patient feedback

GMC case studies about locum doctors collecting patient feedback may be found here:

[Patient feedback case studies \(GMC\)](#)

Compliments, complaints and significant events

You can reflect and learn from any positive and negative significant events and compliments. This learning should be included in your appraisal portfolio.

If you are named in a complaint, significant event or serious untoward incident/patient safety incident, then **you should be:**

- Informed in a timely manner of the complaint
- Given access to the medical records
- Allowed to contribute to the official response to the patient after consulting your medical defence organisation
- Informed of ongoing outcomes of this response in a timely manner
- Able to meet with the complainant to resolve the issue if necessary
- Given access to the related documentation for your appraisal

Organisations should have IT systems in place for safe storage and access to the documentation relating to these events. Multidisciplinary and system learning should take place and you should be encouraged to attend this learning whenever possible. All team members should reflect on the discussion and outcome of this learning which may be evidenced and submitted in your appraisal portfolio.

Your responsible officer should be notified of the outcome of these events by the organisation. If there are significant concerns, information must be shared straight away – see: [‘Information flows to support medical governance and responsible officer statutory function’ \(NHS England 2016\)](#).

Probity and health declarations

The probity statement should be completed; suspensions, exclusions, restrictions, undertakings or investigations listed if present, with your associated written reflection. A declaration that you have appropriate and adequate indemnity covering your scope of practice should be made. The health statement should be signed and you should include any references to occupational health assessments or other health issues that may affect your work.

If you have any restrictions or conditions placed on your work, locum agencies and healthcare providers should ensure that you are not placed in an environment that might lead to a breach of these restraints.

End of placement/exit forms

At the end of the placement, it is good practice for you to obtain feedback from a senior clinical colleague/peer in the form of an end of placement/exit form. A number of templates already exist, for example the 'End of Assignment Assessment Report' from the Crown Commercial Service framework.

However, a more up to date, concise and practical email template - [an 'e-Medical Practice Information Transfer \(e-MPIT\) form'](#) - can be found in [Appendix A](#), which can be used to communicate this information.

It is particularly important for organisations to support you in obtaining feedback on completion of a placement. The exit form provides feedback to you and, where relevant, your locum agency, relating to your clinical work in that placement. This may be to simply state that there have been no concerns, or to highlight good practice, but could also be a prompt to suggest opportunities for further development. This feedback can be used as supporting evidence for your annual appraisal.

Ideally, this feedback will be collected and collated using an electronic template, such as the e-MPIT form. You or the locum agency (where relevant) may make this request on your behalf although, for practical reasons, it is more usually obtained before you leave the setting.

The '[Generic medical in-post review template](#)' [page 38 of 'Improving the inputs to medical appraisal' \(NHS England 2016\)](#) may also be used to gain feedback from a colleague. This form is particularly helpful if you have worked in one setting for three to four weeks, or as a regular locum there.

These templates encourage collecting evidence from the different places you work and therefore your full scope of practice. You may retain copies of your exit forms and provide them to new locum agencies at registration as on-going referencing. In some places the exit form is incorporated into your timesheet, creating a mechanical link between compliance and payment.

Currently, the exit form response rate from healthcare providers is extremely low. This reduces your opportunity to reflect on the positive or negative nature of such feedback and to include any relevant areas in your personal development plan for the future. It is hoped that the use of the e-MPIT form ([Appendix A](#)) may help improve, ease and speed up this process, particularly for senior clinicians in giving feedback to you. In the future, it may also be possible to facilitate electronic feedback from you the doctor to the organisation as well.

People with governance responsibility for your practice in a place where you are working may be asked to provide further information relating to your work at other times. This may be communicated via established templates, including the '[e-Medical Practice Information Transfer \(e-MPIT\) form](#)' in [Appendix A](#).

The feedback discussed above should be reflected on and submitted as evidence in your appraisal portfolio.

6. Clinical Governance and performance concerns

If you are working as a locum or in a short-term placement, you should still be integrated into the organisation's **governance systems** in a manner appropriate to the nature and duration of the placement to support a consistent standard of care.

You should also be made aware of escalation processes.

As mentioned above, you should be given access to information held about any complaints, significant events and serious untoward incidents that you have been involved in where you work. You should also be offered the opportunity where appropriate to comment on such events. This allows you and others to reflect and learn. These events should also be shared with your responsible officer.

If a performance issue arises, you are obliged to engage with any processes responding to the concern. You, and the person with governance responsibility for your practice in the place where you are working, should notify the locum agency or GP chambers (where relevant) if any information of note arises in relation to your practice during your placement and/or your responsible officer if the agency is not your designated body. The person with governance responsibility for your practice in the place where you are working and your responsible officer will decide whether any necessary investigation is carried out in the organisation. You should engage with such processes and comply with any conditions or restrictions as well as any remediation. You should also be advised to take advice from your defence organisation and to seek additional appropriate support while the process takes place.

Significant **concerns and any conditions or restrictions to your practice** including remediation requirements must be shared by you with any locum agency you register with as well as any place that you work. Your responsible officer should share this with any organisation where you are placed but you should also keep the organisations informed of any changes to your situation.

Indemnity and insurance

The GMC states that 'a doctor must have adequate and appropriate insurance or indemnity in place'. This means that medical defence organisations or insurers must be informed by you when your scope of practice or the number of sessions worked changes so that you are fully indemnified for the work that you do. For example, you must notify the defence organisation if you do additional work in an extended access environment as a GP. If medical indemnity or insurance is purchased abroad then you should be able to demonstrate that it is at least comparable in cover (with a similar minimum pay out) to indemnity and insurance offered in the UK. The level of continuing indemnity and insurance cover after a doctor retires or stops working clinically should also be considered.

In addition the GMC can:

- Check that any doctor practising in the UK has adequate and appropriate insurance or indemnity cover
- Remove a doctor's licence to stop them from practising altogether, if they learn that they do not have adequate and appropriate insurance or indemnity or if they fail to give the GMC the information they ask for
- Refuse to grant a licence to a doctor if they cannot assure the GMC that they will have the adequate and appropriate insurance or indemnity by the time they start practising in the UK

Some secondary care locums rely on trust indemnity and do not have additional personal cover. However, this is not recommended because trust indemnity does not cover locums for legal representation if you come before a GMC tribunal – you then would need to either represent yourself or self-fund legal representation in this situation.

If you are required to travel in the community as part of your work, for example carrying out home visits or working across sites, then you also need a valid driving licence and business cover within your car insurance. As a GP you must ensure that your indemnity or insurance covers any out of hours or extended access work that you do. If in doubt seek advice from your indemnity or insurance provider.

Adequate and appropriate indemnity or insurance is a doctor's personal responsibility and it should be declared in a doctor's appraisal. The organisation and responsible officer has a duty of care to both patients and the doctors and may check that you have appropriate and adequate indemnity.

Information on indemnity and insurance

Further guidance from the GMC on [Insurance indemnity and medico-legal support](#).

7. Conclusion

It is important that, as a locum or short-term placement doctor, you understand what you should expect from organisations you engage with in your work, along with what they should expect from you.

It is hoped that this guidance will help you in that it more clearly sets out what the responsibilities are for you and for these organisations, including locum agencies, your designated body and your responsible officer, and places where you work.

With all parties adhering to these responsibilities, you should experience a rewarding career with room to continue to develop, within a safe environment for patients.

8. Appendices

Appendix A – e-Medical Practice Information Transfer (e-MPIT) form

This template can be copied and pasted into an email. It should be used by responsible officers, clinical governance leads and/or senior clinicians engaging with locum doctors and doctors in short-term placements to **communicate information of note** to the doctor, the doctor’s responsible officer and/or the doctor’s locum agency.

It can also be used as an **end of placement/exit form** to simply state that there have been no concerns, or to highlight good practice, but could also be a prompt to suggest opportunities for further development. This could be used by the doctor as supporting evidence towards their annual appraisal and revalidation recommendation.

To:	[DOCTOR’S RESPONSIBLE OFFICER OR DELEGATE]
Cc:	
Subject:	CONFIDENTIAL: e-MPIT form – Re: [NAME OF DOCTOR] GMC Number: [GMC NUMBER] Date(s) of placement: [DATE(S)] Placement: [LOCATION AND NATURE OF PLACEMENT]

Dear [DOCTOR’S RESPONSIBLE OFFICER OR DELEGATE]
Please find below a completed medical information transfer form in relation to the doctor and placement defined above, for your information and action as appropriate.

Yours sincerely,
[SENDER’S ADDRESS BLOCK]

[DELETE THIS INSTRUCTION AND THE OPTIONS WHICH DO NOT APPLY]

1. Information of note relating to the Doctor’s practice

- I have no information of note to share.
- I have the following information for the Responsible Officer to note or take action:

2. Supporting documentation

- No supporting documentation to describe / share.
- Supportive information is attached.

3. Communication with the Doctor

The doctor is copied in.

I have shared this information with the doctor by another means.

I am not sharing a copy of this information with the doctor. I understand the doctor can request to see the information shared in this message, and in all but the most exceptional circumstances is entitled to do so.

This form is sent in keeping with the regulations and guidance set out in the original published MPIT form (<https://www.england.nhs.uk/medical-revalidation/ro/info-docs/mpit-form/>).

Appendix B – Useful resources

Abbreviated Medical Practice Information Transfer (MPIT) template:

Please use the following link to page 50 of:

'Information flows to support medical governance and responsible officer statutory function' NHS England, August 2016, found here:

<https://www.england.nhs.uk/medical-revalidation/ro/info-flows/>

Generic medical in-post review template:

Please use the following link to page 38 Appendix B of 'Improving the inputs to medical appraisal' NHS England 2016, found here:

<https://www.england.nhs.uk/medical-revalidation/appraisers/improving-the-inputs-to-medical-appraisal/>

Mandatory training / Core Skills Frameworks – Skills for Health:

<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

GP resources:

<http://www.rcgp.org.uk/training-exams/practice/revalidation/mythbusters-appraisal-and-revalidation.aspx>

<http://www.nasgp.org.uk/spip>

<https://www.cqc.org.uk/content/nigels-surgery-58-practice-induction-packs>

<https://www.cqc.org.uk/content/nigels-surgery-50-gp-locums>

<https://www.nesg.org.uk/appraisal-revalidation>

<https://www.nasgp.org.uk/appraisalaid/2-appraisal-quality-improvement-activities-qia/>

GP locum resources related to complaints and significant events:

<https://www.nasgp.org.uk/appraisalaid/6-complaints/>

<https://www.nasgp.org.uk/appraisalaid/3-significant-event-analysis-sea/>

GP locum resource relating to feedback:

<https://www.nasgp.org.uk/faqs/spip-toolkit-exit-feedback-locum-practice/>

YouTube GP resources:

<https://youtu.be/dMEL7QpipZo>

A guide to GP locum induction and support:

<https://youtu.be/QAyeUxr32kw>

For practice managers:

Part 1:

<https://youtu.be/phoqQUrn9s0>

Part 2:

<https://youtu.be/phoqQUrn9s0>

Further advice for locum GPs:

<https://www.bma.org.uk/advice/employment/appraisals/appraisal-tips-for-sessional-gps>

<https://www.nasgp.org.uk/appraisalaid/5-colleague-feedback/>

'With SUPPORT from practices locums can provide HOPE' BMA blog 2016:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/with-support-from-practices-and-vision-from-ccqs-locums-can-provide-hope-for-general-practice

Appendix C – References

'The Skipton House Expert Group Statement on Locum and Short-Term Doctors' (NHS England May 2017):

(please request via england.revalidation-pmo@nhs.net)

'Simplifying appraisal preparation for doctors – a statement to doctors from responsible officers in England' NHS England, AMRC, BMA June 2017:

<https://www.bma.org.uk/advice/employment/appraisals/useful-appraisal-resources>

'Improving the inputs to medical appraisal' NHS England 2016:

<https://www.england.nhs.uk/medical-revalidation/appraisers/improving-the-inputs-to-medical-appraisal/>

'Doctor's medical appraisal checklist' NHS England, June 2016:

<https://www.england.nhs.uk/medical-revalidation/doctors/doctors-medical-appraisal-checklist/>

'Medical Appraisal Guide: Model Appraisal Form' (MAG V4.2) NHS England 2016:

<https://www.england.nhs.uk/medical-revalidation/appraisers/mag-mod/>

'Information sharing principles' GMC 2018:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/the-responsibilities-of-responsible-officers-and-designated-bodies-in-preparing-for-revalidation/information-sharing-principles---purpose-and-context>

The National Performers List:

<https://www.performer.england.nhs.uk/>

Taking revalidation forward: improving the process for relicensing for doctors' Sir Keith Pearson's report (Jan 2017):

https://www.gmc-uk.org/-/media/documents/taking-revalidation-forward---improving-the-process-of-relicensing-for-doctors_pdf-68683704.pdf

'Information flows to support medical governance and responsible officer statutory function' NHS England, August 2016:

<https://www.england.nhs.uk/medical-revalidation/ro/info-flows/>

'NHS England Medical Appraisal Logistics Handbook' NHS England, November 2015:

<https://www.england.nhs.uk/medical-revalidation/ro/ma-handbook/>

'Good Medical Practice' GMC 2013:

https://www.gmc-uk.org/guidance/good_medical_practice.asp

Responding to concerns (NHS England):

<https://www.england.nhs.uk/medical-revalidation/ro/resp-con/>

'Maintaining high professional standards in the modern NHS' DH 2003:

http://webarchive.nationalarchives.gov.uk/20130123204228/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586

Healthcare Professionals Alert Notices (HPANs):

NHS Employers:

<https://www.nhsemployers.org/your-workforce/recruit/employment-checks/professional-registration-and-qualification-checks/copy-of-alert-notice-system>

National Clinical Assessment Service (NCAS):

<https://www.ncas.nhs.uk/about-ncas/alert-notices/>

Healthcare Professionals Alert Notices Directions 2006:

http://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4140332

The National Health Service Litigation Authority Directions 2013:

<https://www.gov.uk/government/publications/nhs-litigation-authority-directions-2013>

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