



## Derbyshire Medical Chambers FAQs 2018

Starting life as a locum can be liberating and exciting but daunting at the same time and we are here to support you in your new clinical role.

This list is not exhaustive and does not aim to repeat the good advice already online from other sources such as your [LMC](#), the [BMA](#), the [National Association of Sessional GPs](#) (NASGP) and indemnity organisations.

This FAQ list will be updated regularly but, for real time issues, our **regular monthly meetings** are where to find out more. We will also have a **WhatsApp** group that we urge you to join for day to day dialogue with members, as well as updates on the LocumBee members system.

### Useful contacts and details

The **DMC team consists of:**

**Susie Bayley**

**Clinical Lead**

Susie is your point of contact for any clinical concerns whether it is managing an SEA / complaint or appraisal concerns. Susie will be leading our clinical meetings and support new members.  
[Susie.Bayley@Derbyshirelmc.nhs.uk](mailto:Susie.Bayley@Derbyshirelmc.nhs.uk)

**Sandra Clarkson**

**Administrative Lead**

Sandra will be helping with the day-to-day admin and the project coordination.  
[GPTF@DerbyshireLMC.nhs.uk](mailto:GPTF@DerbyshireLMC.nhs.uk)

**Our local team will be supported by the LocumBee team who will be managing booking, invoicing and IT.**

If you send an email to the admin team then it will be responded to promptly by the person who can best help or forwarded on to any of us as indicated.

You can contact the admin team at:

[Chambers@DerbyshireLMC.org.uk](mailto:Chambers@DerbyshireLMC.org.uk)

<https://www.derbyshirelmc.org.uk/derbyshirelocumchambers>

## 1. How do bookings work?

The LocumBee system makes bookings incredibly simple.

You start by uploading your profile and keeping it up-to-date. **The profile is a key part of Chambers as it is our public face. Practice managers are now able to hover over your name, when it comes up as available for a session, so they can view your information.** Please check this from time to time and add any updates or a new photo if you wish.

After this, let the admin team know if you have any specific preferences e.g. on-call, telephone triage, travel distance, lone site working, practices you would prefer not to work at and general preferred start and finish times, then simply make yourself available online. (Alternatively you can alter your preferences online go to the *CPD or settings* button on the home page and choose the *travel and work* tab).

Next mark your availability on your calendar and the admin team will populate it with sessions to match

Finally if you choose not to work at a particular site you won't be visible to that site even if you are available. The LocumBee system has an **alert on the member's home page** so that you can see at a glance the higher risk sites (e.g. those in special measures) and choose not to go there if you so wish, by altering your practice preferences. Any higher risk site will be marked in red on the practice list and more information is available from administration.

Once a booking has been accepted you will get a **real time notification** of the booking to help you plan your work commitments.

## 2. How can I get a good "fill rate"?

To maximise sessions being booked; show availability two to three months ahead, making yourself available for holiday periods, accepting home visits and being prepared to travel. Add in as much flexibility as you can.

## 3. How do I set my Rates?

You can set your own rates on the system or use the default Chambers rate for the session.

Practices tend to like to see costs up front so we've done away with mileage as an extra. If you want to increase your rate for practices at a distance then you can.

## 4. What certificates are required?

A great benefit of working in a Chambers is that practices can **access all your certificates** so upload them **as a PDF** and we do the rest. As well as the obvious GMC, indemnity and performers list there is a bewildering array that needs to be

kept up to date. You can upload these directly via your *CPD* or *settings* page - choose the *certificates* tab.

We would also recommend you add a few references.

Please note: the public liability insurance tab only applies to the few locums who chose to work as a limited company.

There is also a requirement now for all of us to upload a **tax compliance document**, as part of the 2017 IR35 tax changes, which I will explain in another section. If your certificate is overdue you will see a reminder on your member's page, which also tells you your next three bookings

We have a standard **Terms and Conditions** document. This accompanies each booking that explains what we will do and what we expect from a practice.

## 5. Where can I work?

We allow all **GPs a 6 month trial where you can continue with pre-existing arrangements as well as working via DMC**. After this trial period we are confident you will be happy to move all your locum work over to DMC. At that point our only rule is that you cannot work as an independent locum as well as for Chambers concurrently so all your in-hours GP locum work must come through Chambers but you are free to work OOH, salaried or in other roles as you wish.

As Chambers develop across the East Midlands we will look at reciprocal arrangements for those of you who live and work across the boundary.

## 6. What is a template for a session?

We have a number of different template sessions that can be worked. These are varied and should cover all of your needs. They are based on experience from other Chambers across the country.

We would **generally advise you not to do on-call or telephone triage at a site you don't know well** as both rely on implicit local knowledge to be safe, efficient and effective. On-call duties will vary from practice to practice and it is really important to know what this will entail. Our admin team will **never knowingly book an on-call session without checking with you first**, unless you have a regular booking that includes on-call and that you are happy to continue with.

We would advise you to **ALWAYS check the practice website if it is an unfamiliar practice** and let admin know if you have concerns about the practice size and your duties. Single-handed sites can be really great but you need to feel confident with being on your own.

A **standard day will usually start at 8:30am and finish at 5:30pm**, with a half hour lunch break and catch up slots, but the details vary a little, dependant on practices. **If a practice wants sessions outside these core hours admin will check with you**

**first, but ask your indemnity provider as to what they will cover as rules vary by provider.**

If you have sessions at two sites travel time is factored in, but let admin know if you think inadequate time has been allowed.

Be aware that what practices book and what is on the appointments page can differ, as bookings are often delegated away from the PM to another staff member. This can include start times so try and check ahead online or ring the practice.

Another pitfall is **branch surgery bookings** so worth checking for this too, as admin are not always aware that a surgery has a branch. If you have concerns about any booking pattern you have experienced please share with us at the meetings or on WhatsApp as you may not be alone and we can work with practices on this.

We would recommend you wear an ID badge and take a nameplate for your room.

## **7. How do we get paid?**

Invoices are sent out on the last day of the month for all sessions, the majority of practices pay within the 14 days as per the T&Cs. Late payments will be chased by the admin team. Do let them know if you have spotted a late payment.

Most payment is by BACS direct to your account and includes a top up of 14.38% employer's contribution for superannuation. Keep a track of your payments and let admin know if any are overdue towards the month end.

Remember to save some of the gross payment for tax and superannuation and also to send your monthly fee to Chambers. Chambers will also send you an invoice for this at the end of each month, but does not expect payment until you have gained payments for your relevant sessions.

**Remember:** pension along with mileage, all professional fees, equipment etc. is tax allowable. You must register as self-employed for HMRC; you are responsible for completing a tax return either by yourself or by employing an accountant. The IT system can, at the push of a button, produce a summary of income and expenses relating to Chambers for tax purposes. The NASGP and other commercial companies offer an online booking/invoice tracking service e.g. Penny Perfect, Locum Organiser, if you have a portfolio of work.

**IR35** - For more information about IR35 please click [here](#)

## **8. Can I cancel a booked session?**

We all have exceptional circumstances from time-to-time when cancellation is necessary but the threshold for Chambers is higher than for salaried work, or even for partners. Remember, we are the backstop position for a practice with inadequate cover so, **once you have agreed a session it is more or less written in stone**, as we are collectively trading on a good name for future work.

If you can anticipate it please tell Chambers ASAP. There is an OOH button on the member's home page that you can use at night or you can ring and leave a message in the day. Remember; if the phone isn't answered leave a message, as this will generate an email immediately for admin to pick up.

### 9. What if I want a break for a period?

Flexibility is the beauty of Chambers; so if you are going to take a break, enjoy it. **Please check in with us every so often to keep us in the loop.**

If we haven't heard from you for a while, or if your break looks longer than around six months, we'll be in touch.

### 10. Are there any meetings?

Chambers is a supportive community of locums and one of the main benefits is regular meetings together. These meetings are a chance to get to know each other, avoid isolation, share experiences, offload, discuss clinical and operational issues, and learn from each other and experts. It's also vital for us to hear from you about good and bad practices - one swallow doesn't make a summer but once several are spotted we can use this as leverage if a practice is problematic.

Our expectation is **at least 5-6 meetings** through the year. The meeting schedule will be emailed out to you. If you can't get to either meeting for a while please contact us and let us know why.

We also have a **WhatsApp** group you can join which aims to troubleshoot issues in real time for members e.g. how do I manage a needlestick injury.

If you need advice via email, remember not to send any patient identifiable data.

### 11. What if there is a significant event or complaint?

If a practice raises an SE, case review or a complaint **ALWAYS ask practices to send it through Chambers**. This gives you the necessary time to absorb, digest and discuss the facts before responding, just as if you were in a practice.

We do aim to try and get the full printed narrative of a case, if an event is raised, but practices do not always comply. We will support you clinically and we always aim to keep the practice as the focus of response and of correspondence to patients and family, working through their own procedures for this. It's a good idea to share the case with peers; so we ask you to bring events to the monthly meetings, as we can all share in learning and support you, but talk it over with one of us if you have concerns about this.

And of course it is two way traffic - if you have a SEA, complaint or potential QIA that a practice needs to know about you can raise it via Chambers individually and get feedback from the practice and feel free to share these at meetings too.

## 12. How many practices have a locum pack?

Not all practices have Locum Packs and they vary greatly in quality. Sadly not many and those that we come across vary greatly in quality. The most important thing is for the practice to value the pack/ data and keep it updated, ideally this should be online but, as yet, this is a rarity. We are working on a Derbyshire-wide standardised locum pack and would welcome any thoughts on this.

We advise you to try and get a **golden ten minutes** before the start of your session, either with a clinician or, more likely, a knowledgeable receptionist, to get answers to basic questions to help you work, from how to do referral to where you can get a hot drink.

## 13. How can I get help with problems during a session?

Your session bookings are on your DMC calendar and all is usually fine, but it's worth looking ahead if you can on System One, as you can log into another site remotely, to make sure the start time, site and workload matches your booking. Unfortunately this isn't possible for EMIS web. Your Smart Card login list should show the practice name and the System One login likewise. If not let DMC administration know and they'll sort this out ahead of time.

Occasionally you'll arrive on site and cannot log in and no one seems to be able to help. At this point it's best to see if matters can be easily resolved but, if not, **ring Chambers and, importantly, leave a message if no one picks up. Leaving the message sends an urgent email to the team and the issues can be managed while you continue the session.** Remember that, if all fails and you agree to work without any IT, then you must allow time in the session to write up notes and bookings should be modified by the practice accordingly. Likewise if the traffic is bad and you're **running late to a session** ring the admin team and let them know so the practice is aware.

## 14. What about handover and record keeping?

As a locum you must consider that good records and robust handover processes are key tools in reducing the risk of complaints or significant events actually gaining purchase as well as being key in patient care. Make sure your records are clear and try and record quantifiable information when indicated. It's worth checking your notes at the end of surgery if you can.

Handover all high risk or unclear clinical situations to a colleague - face to face is best but always back it up with a task. And high risk or urgent referrals demand the same level of diligence. One thing to consider is x-ray or test results - make sure the recipient doctor is alive and not on leave and **DO NOT** make yourself the recipient, unless you know you are going back soon and have time allocated to check them .

Some practices have a locum recipient check it is a live inbox and checked regularly and not some never-to-be-actioned ghost.

## 15. What if I lose my SMARTCARD?

Try and avoid this at all costs! Practice log-ons are only available if you have worked at a site before.

If you are having problems or are in need of a new smartcard ring the Smartcard Helpline 0300 300 062 or email [eMBED.Smartcards@nhs.net](mailto:eMBED.Smartcards@nhs.net). If you have no joy contact Chambers or your local NHS IT service can help.

## 16. Safety first. Who knows about me?

Firstly **we need to know about you** which is why we need a **next of kin contact** in case of emergencies.

At work your room/computer should have a panic button, with your chair being closer to the door than the patients, but along with the toilets, how to get a drink and door codes **make your own security a priority** so always make sure you know what the system on site is.

On **home visits** make sure someone knows you have gone and where to, leave your personal mobile with reception and tell them how long you'll be. **Get the surgery bypass number for the practice before you leave** in case you need their help quickly or if you get lost/ delayed and may be late back, but you can also ask admin to contact the practice if you are running late .

**NEVER** take a visit that could be risky e.g. acute mental health crisis, high risk patient, late visit in a high risk area without a discussion with a regular GP - high risk calls are best dealt with by two doctors to assess or may need the police.

Check back in with the practice on return.

## 17. Do I need emergency drugs?

Most of us carry few or no emergency drugs and rely on the practice having a comprehensive and in-date, on-site system. Make sure you know how to contact to access these and make it a priority when you arrive.

The GP Update Course Handbook has a great section on this and it's easy to get complacent until you need something in a hurry. We encourage members to buy their own from the pharmacy, the cost of which can be offset against tax, and you can add an expiry date to the members system on the *certificates page*.

## 18. Where can I get help if I'm struggling?

General Practice is a very stressful the job and it is imperative you look after yourself.

Chambers will help provide a community to help support you, and also talk to your friends. If you need more help the **NHS [GP Health Service](#)** can help with issues

relating to a mental health concerns including stress or depression, or an addiction problem, where these might affect a GP's work. Operating on a self-referral basis, it is provided by health professionals specialising in mental health support to doctors and is available in various locations across England.

Locally GPs can access coaching and mentoring via [GP-S](#), which comes highly recommended.

## 19. What about processing results?

ICE is an excellent system, but remember most practices haven't got the on-site knowledge to easily add locums to the system and as it has to be done as a two-step process over days.

It's worth making sure test results you have ordered will go to a regular GP, not one on holiday, unless you are doing regular sessions at the surgery.

Be aware that diagnostic ranges for some tests vary depending on the lab and there is a variation between trusts as to which radiology tests, over and above plain X-Rays, can be directly ordered.

## 21. How should I arrange referrals?

Referral pathways constantly get updated and reviewed. We would suggest you keep up-to-date and if you are unsure what to do check the CCG website.

It is always worth finding out how practices manage their referrals in advance particularly eRS (AKA Choose and Book). This might involve specific dictation software, tasks etc. The default is to type the referral as a task and send to the 'secretary' or 'admin' group. **For urgent referrals, admissions and 2 week rules always try to handover to a clinician either face to face or in a task - and be aware that electronic referrals are the new standard.**

## 22. What about pensions?

Unless you are set up as a limited company all NHS earnings are superannuable - this is compulsory and something that locums fought long and hard for to get us onto a fairer pension footing with other GP colleagues.

OOH and other non NHS works are not.

The pension system is quite complex, but you can find out all about registering and tiered contributions on the [BMA website](#). If you plan to change your pension arrangements, opt out or retire speak to Chambers who can help guide you.

## 23. What if I can't use the IT systems?

If you need training in either EMIS or SystemOne please let us know and we can chat to a friendly surgery.

**We advise you to try and get friendly with both systems, to maximise your capacity for sessions.**

## 24. What mandatory training is required?

As previously stated, practices need to see you have up to date indemnity, GMC registration, BLS certification, DBS certificates, child protection level 3, vaccinations or immunity and an ever-expanding CQC dictated list of other things. They can view these online.

Impax Evolution has a dedicated CPD page which you can use for appraisals or you can use any number of other sites for this. We will keep an eye out for expiring certificates and try and organise sessions accordingly.

## 25. Sole trader or Limited Company?

Most of us will practice as **sole traders** for tax purposes. This means that you are self-employed and neither Chambers nor a practice is your employer. A few will prefer to operate as **limited companies**, but there are some issues about operating as the latter you may need to consider.

The new **IR35 Legislation** means that practices and some other NHS employers now have to make sure that any locum they appoint provides evidence that they are IR35 exempt and that the practice is not liable for tax, NI and pension.

The key bit for most of us is to **complete the [HMRC link](#)** and then upload this as evidence to your *certificates* page. This will mean that practices can be reassured and be confident of their tax liability and you can be confident you are demonstrating that you are compliant with the new rules.

Practices have also pointed out that their **public liability insurance**, which relates to non-medical incidents at a site, will not cover any locum who is a limited company, so you have to have your own.

## 26. Who looks after sessional GPs?

Chambers is a supportive community of GPs and acts as a virtual practice but the world of primary care is fast changing and you may want to have wider links to keep up with what's relevant:

- 1) [The BMA GPC](#) – has its own sessional subcommittee which works to protect the interests of sessional GPs. It is worth keeping up-to-date with their blogs.
- 2) [Derby and Derbyshire LMC](#) – supports all GPs working on NHS contracts. The LMC has representatives across the county and is comprised of both Partners and sessional doctors. There is a regular newsletter which keeps GPs up-to-date with changes occurring within the county. Many projects



(including Chambers) are delivered via the services arm of the LMC known as [GP Task Force](#). As a member of DMC you will automatically be given free membership of the LMC.

- 3) The [NASGP](#) has done a lot of good work over the years and is worth thinking about joining for their regular updates, support and podcasts.
- 4) [Derbyshire CPD](#) runs monthly education sessions at Chesterfield Royal Hospital. This includes mandatory training. There is a plan to run a similar group in Derby City. Please contact [GPTF@derbyshireLMC.nhs.uk](mailto:GPTF@derbyshireLMC.nhs.uk) if you are interested in finding out more.