DR L Smith

GMC XXXXXXX

Email lsmith99@nhs.net

Mobile XXXXXXXX

**Locum template booking form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Included inStandard fee | extra | Subject to agreement on day | Excluded |
| X appointments | 14 |  |  |  |
| Visits | 0 | £ZZ |  |  |
| Referrals, letters and scripts arising from own caseload | Yes |  |  |  |
| Repeat scripts |  |  |  | Yes |
| Extra appointments |  | £x | Yes |  |
| Extra visits |  | £y | Yes |  |
| Nurse registrar supervision |  |  |  | Yes |
| Private reports |  |  |  | Yes |
| Dealing with letters for others doctors or test results requested by other drs  |  |  |  | Yes |
| On call |  | £ZZ and only with advance agreement |  |  |

***Terms and conditions***

1. Workload
	1. Appointments are 10 minutes unless interpreting services are required (whether in person or by phone) when double appointments will be expected.
	2. Visits notified after 12pm are dealt with as “late calls” and will only be considered where I have been booked to be “on call”. I will require a practice prescription pad when visiting.
	3. Any unexpected delays to my departure time (20 minutes or more) will be subject to an additional charge of £\_\_\_/hour. Example circumstances include: a late arrival at the end, an emergency, factors relating to practice support (e.g. computer not working, need to change room, lack of adequate stocking, late patient, etc,).
	4. In the event that short term work becomes a longer term booking the expected increase in administrative work will be billed as additional time, or carried out in lieu of some consulting time.
2. Payment and cancellations
	1. Fees are subject to the prevailing **employer’s NHS pension** contribution (at the time of drafting, 14.3% of 90% of the gross fee, or 12.87%).
	2. Cancellation: **charges apply** depending on the notice period given to cover loss of earning as follows: \_\_\_% if >2 weeks but <4 weeks; \_\_\_% if <2 weeks and > 1week; \_\_\_% if <1 week).
	3. Please make **payment** by cheque/BACS no later than: the last worked day of the month/ within 5 working days of receipt of the invoice. Payments received more than 28 days after the invoice date will be subject to a 10% surcharge of the total amount due.
3. Quality
	1. I will require a unique **login** to the computer system, for ICE, the dictation system and the locum induction folder.
	2. In the event of a **complaint** from a patient please notify me promptly (48hrs) by email and/or telephone. I will need access to medical records and to be involved in the resolution of the complaint.
	3. Please notify me immediately if there are any active or outstanding disciplinary procedures by the **GMC** against any GP working in the practice, or if the CQC currently has the practice under any special measures.
4. Exclusions
	1. **Supervision** of other staff: My indemnity does not include supervision of other clinical staff, and by extension, for signing their prescriptions. Where a practice nurse generates a prescription which I am asked to sign I will need time to review the record to satisfy myself that the prescription is appropriate and safe, and add to the notes. I will therefore reserve the right to bill for this as an additional appointment.
5. **With express prior agreement only**
	1. **Repeats prescriptions**: I do not generally do this unless a) satisfied that repeat prescribing systems are safe with adequate monitoring and prescribing is in keeping with current best practice and b) adequate admin time is allowed for patient records to be checked and has been agreed with me as part of my fee c).
	2. **Reviewing patient results** **requested by other GPs, or letters intended for other GPs**: This carries a higher medico-legal risk, takes longer to perform, and will generate more queries than when performed by the patient's own GP. This work is not included in the standard fee but I may consider this work in lieu of booked appointments or as additional work subject to agreement on the day charged at an hourly rate.
6. Nature of the agreement
	1. I enter into this engagement on a **freelance, self-employed** basis and remain responsible for my income tax and national insurance liabilities. I do not anticipate any sick pay, paid holiday, paternity leave, or other benefits of employment (though is entitled to workplace health and safety, the protections afforded by the Public Interest Disclosure Act 1998 and the Equality Act 2010, and like protections).
	2. I am an independent regulated professional. The practice may **not exercise control** over how I fulfils my professional obligations under this agreement. This does not prevent the practice from specifying its procedures or guidelines.
	3. This is **not an exclusive agreement**. The practice is free to appoint others to provide similar services, and no restriction is placed on what I may do while not working for the practice.
	4. If, exceptionally, I am **unable to work a booked** session due to illness in myself or a dependent, I will notify the practice at the earliest opportunity. In such circumstances my obligation to work the session will end upon notifying the practice of the anticipated cancelation.

If there is anything contained in this booking which does not meet your needs please contact me in advance to clarify this