

Self-Employed, Independent GP Recruitment SOP

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INTRODUCTION

The purpose of this SOP is to provide all the information an administrator may need for the recruitment and onboarding of Self-employed, Independent GPs at BrisDoc. For the purposes of the SOP the person administering the process will be termed the 'Clinician Relationship Coordinator' or 'CRC' for short.

OBJECTIVES OF THE PROCEDURE

The objective of the procedure is to ensure the timely, safe and compliant recruitment and onboarding of Independent GPs to the IUC, System CAS and Practice Services.

THE STANDARD OPERATING PROCEDURE – INDEPENDENT GP

1.0 Getting Started

To carry out this role effectively, you will need access to;

The CRC Email account,, RotaMaster Admin, uCheck

The S:Drive (Workforce non employee & Service Delivery team for the Remote Workers folder)

GPs may express an interest by email, on the telephone, at an event or through a BrisDoc staff member. The advertised email address for Independent GP recruitment is onboarding.enquiries@brisdod.org. Please refer to Appendix 1 for guidance on each step of onboarding a SEGP.

Once initial contact has been made, use the full name of the GP to try to establish if they have done work for BrisDoc historically. You may check this by checking on RotaMaster. If they have an account saved in their name, they may have done work for BrisDoc previously. Please check their folder by going to S:\Workforce - Non-Employee \Inactive GP's and check what documents will need to be updated in order for their file to be compliant. Please go to section 2.0 of this SOP for compliance instructions and section 5.0 for additional information on GPs returning within the last 2 years. If a GP is moving from a salaried post to being an independent GP, please go to section 6.0 for instructions.

If a GP has not worked with BrisDoc previously, please send them the initial communication as outlined in section 1.1.

1.1 Introductory email

Please send an interested GP the introductory email from Appendix 2 and ask if they would like to speak with a Clinical Lead. Send a separate email to one of the Clinical Leads if the GP would like a conversation.

1.2 Setting up

Go to S:\Workforce - Non Employee\Recruitment in progress and right click on the 'AAA Example Folder', click copy and then paste a new 'AAA example Folder'. Rename the new folder as the GPs name in the following format 'Surname, First name'.

Use the 'GP Checklist' in the above folder as a place to log all compliance checks for individual GPs, noting key information; Name, contact number, email address, what work they are interested in, when they would like to start etc, this will be useful for when handing over to the Lead GP.

Go to S:\Workforce - Non Employee\Recruitment in progress\Recruitment in progress spreadsheet

Add the GPs information to this spreadsheet.

Note; this spreadsheet will be used as a log for GPs going through the onboarding process. See section 9.0 for information relating to the Recruitment checks spreadsheet.

2.0 COMPLIANCE CHECKS

2.1 CV and references

The CV and references are usually received first. If they are not, try to obtain these as soon as possible as references can be a source of delay. At least two references must be provided. Ideally both referees should be clinician line managers/employers/leads. Where this is not possible, one referee can be a non-clinician line manager/employer/lead and one referee can also be a clinician colleague.

Please note, sometimes GPs already have their references and in cases where references are > 12 months old, we may need to request for more recent ones. Please consult with the Lead GPs in these instances.

Email the GP's named referee the reference template located in Master Forms 'Reference Form 2.0'.

2.2 Training Certificates

Occasionally, GPs do not have all training evidence required. The 'Where to obtain' column within the table below provides details of where you can signpost GPs to if they inform you that they do not have the required evidence. Some newly qualified GPs will have had to do most of the training below as part of their final assessment sign off – they may be able to evidence this in different ways, for example, as part of a training record instead of an actual certificate. If newly qualified GPs or Independent GPs send documents in that you are unsure about send these on to a Lead GP. They can shed light on if the certificate/training record is appropriate and will advise further. In certain circumstances, the Lead GP for IUC may accept GPs onto an induction without a training certificate on file subject to certain conditions. If you are unsure, send the query on to the Lead GP's for approval. Once training certificates are received, save them into the training subfolder of the GP's file in the following format YY-MM-DD 'Name of certificate'

Training	Expiry	Where to obtain	Is this essential to commence work in IUC?
Basic Life Support/ Resuscitation training certificate (must be Face to Face)	Dated within last 12 months	<p>Advise GPs to obtain via their daytime surgery. Alternatively, they can attend a BrisDoc BLS training session for a fee of £30. However, at busy times, priority must first be given to BrisDoc employees.</p> <p>Face to face ALS training can be accepted instead of BLS training but only for 1 year after completion. Annual BLS training will need to resume after this time.</p> <p>BLS training will alternate between face to face in one year to e-learning the next year, and then continue on this cycle. For example, colleagues who have completed their face-to-face BLS in 2023 will need to complete their e-learning in 2024, with their next face-to-face training in 2025.</p> <p>New colleagues and those who have not completed f2f BLS within the last 12 months must start their BLS training cycle with the f2f training.</p>	Ideally Yes, although please inform the Lead GP's if not available for discussion
Safeguarding Children/ Child Protection Level 3 certificate. (SVC)	Please refer to the 'safeguarding evidence log' form	<p>Please provide a log showing training either 4hrs over the last one year, OR 8hrs over the last two years, OR 12hrs over the last three years.</p> <p>*At least 50% of the hrs should be multiagency/participatory</p> <p>The BNSSG ICB have put together lots of useful resources and guidance via their Remedy page.</p>	No, should aim to complete within 6 months of starting within IUC if not available

		<ul style="list-style-type: none"> • Details of upcoming webinars • A regularly updated self-directed learning package • Link to KBSP for pre-recorded webinars - Newsletters, etc. <p>E-learning is available via Elfh</p>	
Safe Guarding Vulnerable Adults (SVA) Level 3. If level 3 has not been completed, level 2 may be acceptable. Ask an IUC deputy medical director.	Please refer to the 'safeguarding evidence log' form	<p>Please provide a log showing training either 3hrs over the last one year, OR 6hrs over the last two years, OR 8hrs over the last three years.</p> <p>*At least 50% of the hrs should be multiagency/participatory.</p> <p>BrisDoc arrange sessions annually for a charge of £30, all listed on the training plan</p> <p>E-learning is available via Elfh</p> <p>Other development/training hrs can come from forums, reading journal articles, reflection, etc.</p>	No, should aim to complete within 6 months of starting within IUC if not available
Awareness of Mental Capacity Act training. (This may not always be required if the SOVA L3 certificate contains Mental Capacity Act training – BrisDoc's own L3 course includes this, check directly with the GP).	Dated within last 3 years	Available on the E-learning for Health Platform. Included in some SVA L3 courses. GPs only need to complete the module ' Mental Capacity Act and Adult Safeguarding '. If SVA L3 certificate states about awareness of mental capacity act then separate training certificate is not required.	No, should aim to complete within 6 months of starting within IUC if not available

2.3 GP checks

Performer's List

You will need to check the clinician is correctly registered with their professional body. The Performer's List is what GPs are signed up to when they have qualified. The Performer's List provides an extra layer of reassurance for the public that GPs, Dentists and Opticians practising in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service (DBS) and the NHS Litigation Authority.

Go to the following website (it may be helpful to save this as a bookmark)

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

Enter the GP's first and surname in the search box. Entries will appear underneath the search box, the numbers next to the name will be their GMC number. The GP applicants GMC number is usually provided within their CV, cross reference the name with the GMC number to confirm you are looking at the correct GP. Once you have identified that it is the right GP, click on their name on the right-hand side. This will show you more information for the GP. Please ensure the status is 'Included' and the role is 'GP Performer' on the Performers List. If the status and/or role is different to this, please inform the Lead GP's. You may need to investigate further. Go to print the page and save as a PDF file. Save this in the 'GP checks' subfolder of the GPs file in the following format YY-MM-DD Performer's List check'. Add the date of the check to the 'GP Checklist' document in the GPs folder.

Note: The Clinician Relationship Coordinator should perform Quarterly Performers List checks on Self-Employed GPs to ensure they are still on the Performers List. This check should be recorded on the GPs RotaMaster profile. To run the report for this, follow these steps on RotaMaster;

Reporting > Reports > Search > Type 'Performers' or code '592' > Select file >

Rota Group > select the = button and chose 'Contains' > select the 3 dots > Tick 'IUC Clinical Rota' & 'Non IUC Self Employed staff'

Team Group > select the = button and chose 'Contains' > select the 3 dots > Tick 'Locums (Self Employed) and 'Self Employed Primary Care Clinical' > click ok

Click the export tab > click



> click



Save the downloaded report in the following folder: S:\Workforce - Non Employee\Compliance\Performers List Tracker. Click 'Performers list report' and save, overwriting the previous report. Open Performers List Track found in the same folder, click data refresh.

General Medical Council

You will need to check the clinician is registered with the GMC. The medical register will give you details of:

- the type of registration a doctor currently holds and whether they hold a licence to practice

- whether they are registered to work as a GP or specialist consultant – it is normal for GPs to show as ‘not on the specialist register’
- the date that they registered
- whether they have any fitness to practice history since 20 October 2005.
- the year and place they were awarded their main medical degree
- whether they’re taking further medical training and where the organization that looks after their performance and appraisal.

Go to the following website (it may be useful to save this as a bookmark).

<https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister>

If the GP has provided their GMC number use this to search for the GP. Results will show the GMC number/ First name/ Last name/ Gender/ Status/ Year of Qualification. It is sometimes difficult to select the correct GP if you do not have the GMC number to hand at this stage. You can use the additional information provided (such as University they qualified at) to cross reference with their CV and confirm it is them. Click on the GP to bring up their registration details. Please ensure this shows the GP as being ‘Registered with a licence to practice’ and shows ‘This doctor is on the GP register’. If this is showing, then download a pdf of the webpage to save in the GPs file. Save the pdf in the ‘GP checks’ subfolder of the GPs file in the following format ‘YY-MM-DD GMC check’. Add the date of the check to the ‘GP Checklist’ document in the GPs folder.

If there is no registration entry date or if it states the GP is not on the register, inform the Lead GP’s immediately and e-mail the GP explaining the situation and ask why it may be showing as not registered (note there may be more information about this on the ‘Doctor History’ tab).

It is important that we check the ‘Doctors History tab’ to check there has been no ‘fitness to practise’ hearings or any other unusual activity. If the status says anything other than ‘registered’ or ‘registered with license to practise’, inform a Lead GP. You may need to investigate further. Save a screenshot of the page using the snipping tool and save the screenshot in the ‘GP checks’ subfolder of the GPs file in the following format ‘YY-MM-DD GMC Doctor’s History’.

2.4 DBS Checks

If a GP has signed up to the ‘Update Service’ below, we can accept their original DBS as long as we check the certificate numbers match. The DBS must be clean of convictions and accompanied by a signed declaration of fitness to practise by the GP before they can be approved for work within IUC. We would need to see copy of the original DBS to confirm there are no convictions and also check the status of the current certificate as below.

Update service checks

The DBS update service allows a person to pay a yearly fee so that their DBS is continuously updated. If a GP is signed up to the update service you can check the status of their DBS online. Please ensure you get the GPs permission to check their DBS status via the Update Service before doing the check. To check the status, follow this link: [DBS CRSC \(crbonline.gov.uk\)](https://www.crbonline.gov.uk) and enter the GP’s details then press search. Take a screenshot of the results, with the date clearly visible, and save this in the GP’s file.

If the GP is not registered to the Update Service, we will need to find out if they are currently Employed or a Locum and how long they have been working in this role – this can usually be found on their CV.

If the GP currently works at a BNSSG practice as either a Partner or Employed member of staff and they have been there >12 months then BrisDoc will usually accept a DBS certificate dated within 3 years (assuming the GP signs a 'GP Fitness to Practise' declaration). If they do not have a DBS certificate dated within the last 3 years, then BrisDoc can facilitate a new check via the Ucheck link below.

If the GP is a Locum (i.e., not employed by a particular surgery) or has been employed by the GP surgery for < 12 months, or does not work in the BNSSG area, then we can accept a DBS if it is dated < 6 months. If they do not have a DBS certificate dated within the last 6 months, then BrisDoc can facilitate a new check via the uCheck link below.

All DBS checks must be clean of convictions, and accompanied by a signed declaration of fitness to practise by the GP before they can be approved for work for BrisDoc. A copy of the DBS Certificate must be saved to the GPs folder.

In the event that a GP's DBS is not clean, a new DBS check may need to be facilitated by BrisDoc. This will depend on a number of factors for example 1) did the GP inform us their DBS would not be clean? 2) what is the reason for their conviction? 3) How recent is their latest DBS check? This is decided on a case-by-case basis, if you receive a DBS certificate that is not clean, please speak to the Lead GP's.

Please see Appendix 3.0 for guidance on DBS checks.

BrisDoc must not pay for DBS checks for Independent GPs.

This can be done by going to <https://www.hr-platform.co.uk/app/login/ucheck> and logging in (Workforce will need to set you up with your own login). Once logged in go to the top right corner and select 'Check a NEW applicant' complete section 2 with the first name, surname and email address. Ensure that you select the 'charge applicant for check' toggle button underneath then select 'send'. This will send an email to the applicant from uCheck, they will then be required to fill in a form with their personal details. Ask the GP applicant for a copy of their Passport, Driver's Licence and a Utility Bill from the last three months (Please refer to the DBS document guidance on uCheck for other documents that can be used). You will receive an email notification once the DBS application form has been completed by the GP applicant. You will need to verify that you have seen the appropriate documentary evidence and will need to enter the passport/ driving license number and verify that the utility bill address matches their home address. Alternatively, GPs can verify their ID via uCheck as part of the DBS check if they have a valid ePassport OR valid passport and UK driving licence (address on licence must be current address). Click the toggle on the top right corner 'Digital ID' once you have selected 'Disclosure & Barring Service – Enhanced'.

2.5 Right to Work

It is essential that we see evidence of the GP's right to work in the UK. A (Current or expired) UK passport or a current Visa will be suitable. Add the date of the check to the 'GP Checklist' file in their folder.

A letter confirming Settlement Status is also acceptable.

On occasion you may need to check the GPs Right to Work / immigration status via a share code through the Gov UK website: <https://www.gov.uk/view-prove-immigration-status>. For this you will need to check the information supplied on the link, and cross check with the information

received from the GP. You will also need to check the person arriving for shift matches the image on this link. Download and save a copy to the GPs folder.

For more information, please refer to the Compliance SOP found on Radar.

Please speak to the Workforce Team if you are unsure about Right to Work documentation. Or visit <https://www.gov.uk/government/publications/right-to-work-checklist/employers-right-to-work-checklist-accessible-version>

The Right to Work check must be recorded on RotaMaster for all SEGPs. Any restrictions and/or expiry dates should be recorded in RotaMaster.

2.6 Hepatitis B and Measles, Mumps and Rubella Immunity

GPs are required to submit evidence of immunity to Hepatitis B and Measles, Mumps, and Rubella through immunisation reports. These reports may be provided by hospitals, Occupational Health teams, or GP surgeries. There are various ways this information can be presented, which can sometimes be confusing. Please speak to a Lead GP if you are unsure whether the report confirms immunity.

Hepatitis B Immunity:

GPs can provide evidence of immunity to Hepatitis B by submitting documentation showing they have received at least three Hepatitis B vaccinations, followed by an antibody test confirming immunity with levels greater than 100mIU/ml. There are two vaccination courses:

- Standard course: 0, 1, and 6 months.
- Accelerated course: 0, 1, 2, and 12 months.

One to two months after the final dose, a Hepatitis B antibody (anti-HBs) blood test should be done to confirm immunity, with an anti-HBs level greater than 100mIU/ml. If a GP has had fewer than three vaccinations or their antibody levels are below 100mIU/ml, please consult a Lead GP for guidance on the next steps.

Measles, Mumps, and Rubella (MMR) Immunity:

GPs can provide evidence of immunity to Measles, Mumps and Rubella by showing they have had two MMR vaccinations.

If a GP has only had one MMR vaccination or individual vaccinations for Measles, Mumps, and Rubella, they have two options:

- Receive further MMR vaccinations so that they have had a total of two combined vaccinations. This can usually be arranged through their GP or privately.
- Provide evidence of immunity to both Measles and Rubella through separate blood tests. They may already have the results of these tests, or the GP can arrange them through their GP surgery or privately. Note, if these tests do not show immunity, the GP would need to have a further two MMR vaccinations.

In most cases, it's easier for the GP to have additional MMR vaccinations if they do not already have documented evidence of immunity.

To ensure you accurately interpret immunisation records, it is best practice to consult with the Lead GPs before communicating the possible options mentioned above.

Please see Appendix 4 for guidance on immunisation terminology.

2.7 Covid Vaccination

It is **recommended** that all GPs to have at least two doses of the Covid vaccination, but this is NOT essential to start work with BrisDoc. Covid vaccine information is saved in the 'GP checks' subfolder. Add the date of the check to the 'GP Checklist' document.

2.8 Indemnity

Please ensure that GPs provide evidence of their Medical Indemnity. This will usually be in the form of a letter from the Indemnity Provider to the GP listing their 'membership period' for the next year. View the dates and ensure that the GP is in date (and is likely to remain in date for their induction date). Ensure the Indemnity covers them for the service they will working in for BrisDoc I.e. Out of hours sessions. Add the date of the check to the GPs Checklist.

Rarely, some GPs state they do not plan to get personal indemnity cover so it is imperative to emphasize the importance:

Information to send to locums who signal they do not plan to get personal indemnity cover

We **VERY STRONGLY** recommend that you take out personal indemnity cover for out-of-hours work. Although it is rare for cases to escalate to an inquest, the CNSGP (NHS cover) would NOT provide you with any support or representation at an inquest, GMC investigation or give any support with responding to a serious incident / complaint. Fees to cover representation at an inquest could easily be £60,000 or more. Without personal indemnity cover, you would be personally liable to pay this fee.

It's worth noting that the costs of personal indemnity are relatively low (they have reduced very significantly in the last few years), and are all tax deductible for locums.

2.9 CEST Employment Checks

Please ensure that the employment status of all GPs is checked via the Government CEST tool. This check will determine whether the GP is classed as employed or self-employed for tax purposes. The CEST tool can be found here - <https://www.gov.uk/guidance/check-employment-status-for-tax>

The CEST check should be completed after all other compliance checks have been completed, after Lead GP approval and before requesting the GPs credentials from the Digital team. Please send a copy of certificate and answers to the GP to be reviewed and save a copy in both the GPs folder and the 'CEST' folder located here: S:\Workforce - Non Employee\CEST. Add the date the check is carried out to the GPs Checklist.

Please see Appendix 5 for guidance on CEST Checks. For any further support in completing the CEST please visit: <https://www.gov.uk/hmrc-internal-manuals/employment-status-manual/esm11000>

2.10 Final Checks

Once the file is fully complete (excluding the CEST check), the file should be sent over to the relevant DMD/ Lead GP's for final approval. Please send the name, contact details and brief

overview (e.g. current employment, outstanding documentation and highlight anything of concern) of the GP to the Lead GP's via e-mail once you have the following in the GP file:

Evidence / Checks required	Subfolder
If remote working; Remote Worker Compliance & IT evidence	GP checks
CV	GP checks
Clinical reference x 2	References
Indemnity	GP checks
NHS smartcard	GP checks
DBS (uCheck summary, original DBS / Yearly update)	GP checks
Signed Confidentiality Agreement and Fitness to Practice Declaration	GP checks
GMC check	GP checks
Performer's List check	GP checks
Right to Work (Current or expired British/ EU passport, or current Visa)	GP checks
Payroll info form	GP checks
Photo for ID Card	GP checks
Measles, Mumps, Rubella, HepB, Covid-19 (Recommended)	GP checks
Basic Life Support / Resuscitation (dated within 12 months, F2F)	Training
Safeguarding Vulnerable Children Level 3 (dated within 3 years)	Training
Safeguarding Vulnerable Adults Level 3 (dated within 3 years)	Training
Awareness of Mental Capacity Act Training (dated within 3 years)	Training
Spotting the Sick Child	Training
CEST Employment Check	GP checks (& CEST folder)
Email / evidence of discussion, if anything is non-compliant/ unusual.	Main Folder or new 'Confidential' folder if issue is relating to DBS/ health issue.

The Lead GP team will inform you if there is anything that requires further investigation. If there is nothing further, you will be able to request the GPs credentials from the Digital team (please refer to SEGP Digital set up IUC SOP v2 which can be located on Radar).

Lead GP's threshold

Please use the following checklist to flag any concerns with the Lead GPs.

	Alert Lead GP's if:
Performers list	No performers list registration in England
GMC registration	Evidence of any previous GMC hearings
CV	No CV, or Any evidence the GP has not worked as GP > 2yrs
DBS	Any recorded criminal convictions recorded Does not comply with DBS Policy
References	If only 1 (or none) reference Or, Any “averages” or lower in reference, or reference to “not” re-employing GP. Need for “supervision, or mentoring”
Confirmation of Indemnity	Not provided
Evidence of resus training within 12 months	If >12 months ago
Child protection training within 3 yrs	If >3 yrs ago
Mental capacity act training (within 3 yrs)	If >3yrs
Hepatitis B / MMR status	If not present then recommend they seek occupational health advice, and notify Lead GPs
Fitness to practice	Any reference to fitness to practice GMC hearings

2.11 Remote Workers

All Remote Workers outside of the UK please follow appendix 6.

If a GP is onboarding as a remote worker, we will need to share the details including their name and where they will be working i.e England/ another country with the Severnside Operational Lead, please email juc.managers@nhs.net. Please add the details of the GP to the Remote Workers log located: S:\Service Delivery Team\Remote Workers. You will also need to save a copy of the GPs IDTA form (if they are working abroad) in the ‘Completed IDTA forms’ folder located: S:\Service Delivery Team\Remote Workers\Completed IDTA forms. If the GP is working overseas, you may need to complete a TRA form. To find out, please read the ‘Overseas Worker Decision Tree Vn 4.1’ located: S:\Service Delivery Team\Remote Workers.

All remote workers must be compliant to Remote working specifications as set by the Programme and Service Director. Please ensure the GP has signed the ‘Remote Workers PC or Laptop Vn 1.11’ located in the Master forms folder. The GP will also need to send screenshots

of their Windows specifications, Windows update and anti-virus evidence. Please make sure the GPs laptop has Windows 10 or 11 Pro and their windows update is up-to-date and send the anti-virus evidence to the Digital team to sign off.

Please ensure that GPs onboarding for remote work send their Smartcard before their induction so that Digital can link it with BrisDoc. This allows them to access EMIS and prescribe electronically. If they cannot send their smartcard, please discuss with the Rota Team manager.

Additional background information for clinicians working for Severnside IUC from abroad

- Remote working GPs use exactly the same clinical systems including for logging clinical notes and prescribing, and access to the longitudinal patient record via EMIS to support patient care. Clinicians can prescribe electronically, arrange appointments and home visits, video consult/ receive photos and refer onwards (if required) using the same processes as on-site clinicians. Clinicians can also access real-time advice from a senior clinician and the operational team if required, as well as access all of the service/ system specific clinical pathways information and policies/ SOPs while working abroad.
- All calls are recorded, as they would be for clinicians working in the UK
- Remote worker clinicians are subject to the same clinical audit processes as UK-based clinicians
- Each country is approved on an individual basis by BrisDoc's DPO
- Commissioners/ the ICB support this way of working to support patient care
- Clinicians must meet our minimum stated requirements for working from abroad, including a secure internet connection, private working space and phone
- All clinical work is undertaken via remote access to the BrisDoc servers in the UK. As such no data is transferred or stored outside the UK
- All GPs working from abroad have to meet the requirements stipulated for all GPs working for the IUC service, including meeting the requirements of appraisal/ revalidation

3.0 IT SET UPS

Once a GPs onboarding process has been signed off, the CRC adds the clinician's details to the 'CLEO & EMIS action log' and emails the Digital team using the subject 'Request for credentials set up for XXXX'. Setting up new users is the responsibility of the Digital team. The CRC will only set up the GPs RotaMaster account once their induction has been confirmed by the TSCs.

Please be aware that Digital have a timeframe of 5 working days to set up a GPs System Access:

Base workers = 3 working days

Remote workers = 5 working days

Please refer to 'SEGP Digital set up IUC SOP' for full explanation of process found on Radar.

3.1 RotaMaster set up

The GP should be added to RotaMaster once they have been booked their live induction (TSCs will send an email to the CRC to confirm this). This will allow for sufficient time to generate login details and to ensure they are able to book shifts once approved.

If a GP does not attend their induction, archive their account. If you need guidance for RotaMaster please contact the Rota Team manager.

RotaMaster Instructions

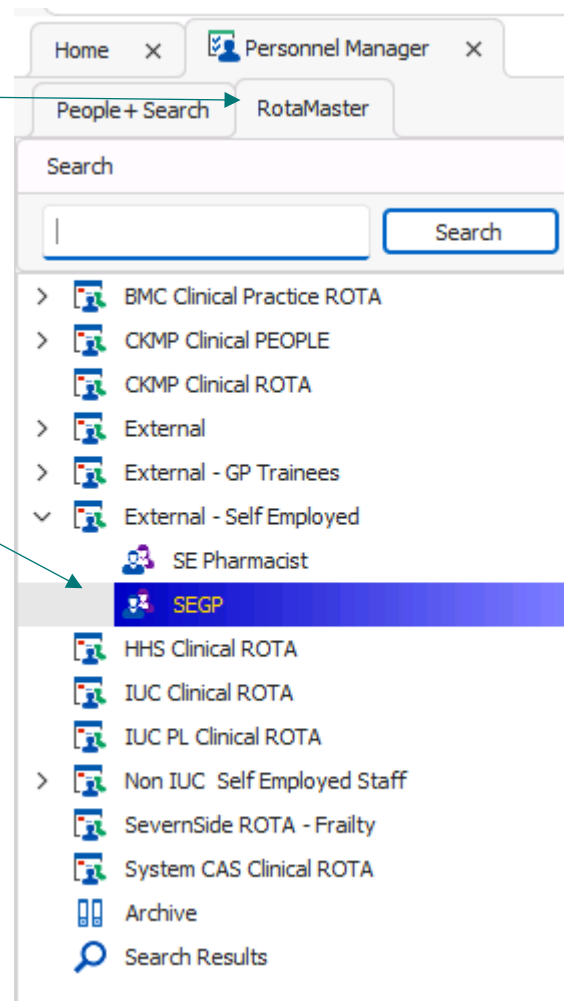
Select in the below order:

Personnel Manager

RotaMaster

External – Self Employed

SEGP



Click to add new GP record

Complete the fields:

- Title = Dr
- First name
- Surname
- Gender
- Dob
- Email address (nhs)
- Mobile number
- GMC registration number inc. renewal date
- Start date (date of induction)
- Subtype – add Locum
- Other settings are auto generated and must stay the same

Once the information above has been entered and saved, a profile for the GP will be created. You will need to enter the following information to their account.

IUC Clinical ROTA -> Locums (Self Employed)

Add New Person

Main Detail

Enter the name and basic details of the new person, then click save.

Title * First Name *

Middle Name Surname *

Gender Date of Birth

Contact Detail

Email Address Mobile Phone

Home Phone

Other Detail

Registration Body Start Date *

Registration Number Continuous Start Date *

Renewal Date Leave Year Start * 01-Jan

Rota Settings

Rota Group * IUC Clinical ROTA Role

Team * Locums (Self Employed) Subtype *

Save Cancel

Personal > Personal Details

Tick 'Locum'

Add ethnicity, disability and other personal details; this information can be taken from the 'GP Fitness to Practice declaration'

Personal > Addresses

Add the GPs address and ensure home address is selected (you can usually find the GPs home address on their indemnity policy, DBS, or CV).

Personal > Emergency Contact

Add the GPs emergency contact information – this can be found on their Fitness to Practice form

Priority should be '1', add title, name and relationship to the GP

Add the mobile number on the contact's section and save

Employment > Employment Details

Employment > Compliance

- GMC information should have auto generated at the point of creating the GPs profile
- Add DBS information; Select Enhanced, add certificate number, date of expiry (3 years from the certificate issue date, or 3 years from the date you checked the update service) and tick validated
- Add Performers List information. Add performers number and the date the check has been carried out. It is good practice to check this again on the date of adding the GP to RotaMaster. Add the expiry date 3 months from today (open performers list tracker

located: S:\Workforce - Non Employee\Compliance\Performers List Tracker to get the 3 months date for the next check)

Post

Add 'BrisDoc – Self Employed – GP' for IUC OOH, Remote, System CAS, WDPL & Practice Services

Add 'IUC – Doctor – Self Employed – Remote' for remote GPs

Select the appropriate post and add. Change Primary Line Manager to 'Clinician Relationship Coordinator'

Post date must be the GPs induction date

Post > Contracts

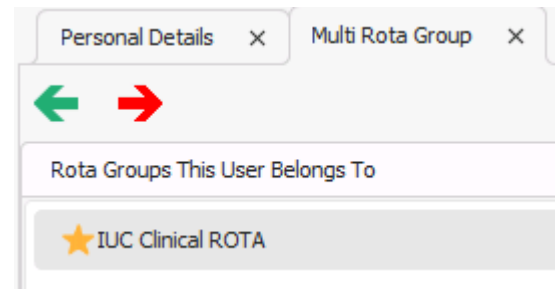
Click the arrow next to the post then click contracts. Double click the active contract. Under financials, double click the active contract. This will bring up the below box where you need to ensure Employment Type is 'Non-Payroll' and Pension Type is 'Pensionable: SOLO' then click save.

Edit Payment			
Employment Type <input type="radio"/> Payroll Employed staff paid directly on company payroll		<input checked="" type="radio"/> Non-Payroll Independent Contractors submitting own invoices not employed directly	
Basis of Pay <input checked="" type="radio"/> Standard Pay Salary & Pay per shift		Finance Type <input type="checkbox"/> Reference Only	
Information		Pay per shift	
Effective Date	29/06/2023	00:00	
End Date			
Arrangement	Choose an Arrangement		
Reason for Change	Choose a Reason		
Previous Pay	£0.00		
Pension & Invoicing Settings		Salary	
Pension Type	Pensionable: SOLO		
Personal Contribution	7.70	%	
Added Years	0	%	
AVC	4.55	%	
Expenses	0	%	
ERBO	0	%	
Invoice Tax Ref	T0		
		Handling of any shift work carried out <input type="radio"/> Pay all shift work as overtime via payroll <input type="radio"/> Only pay shift work earnings in excess of basic pay as overtime via payroll <input type="radio"/> No shift work is payable <input type="checkbox"/> If value of shift work is less than Basic monthly pay, pay only the lesser amount via Payroll.	

Rota > Multi Group Rota

This will be different depending on which service the GP would like to work in. To move these from 'Available Rota Groups' to 'Rota Groups This User Belongs To' scroll down and select the relevant group then press the green arrow to move across.

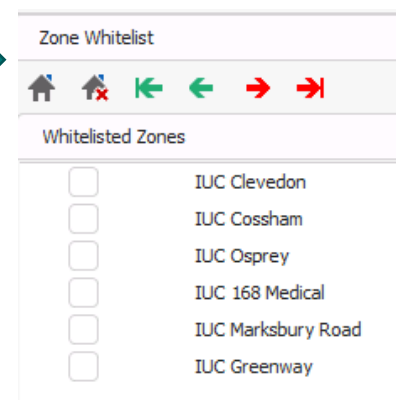
- IUC OOHs – IUC Clinical Rota
- System CAS – System CAS Clinical Rota
- Frailty – SevernSide Rota - Frailty
- WDPL – IUC PL Clinical Rota
- BMC – BMC Clinical Practice Rota
- CKMP – CKMP Clinical Rota
- Homeless Health – HHS Clinical Rota
- Remote Workers – IUC Clinical Rota



Rota > Staff Hub Settings

This will also be different depending on which service the GP would like to work in. To move these from 'Blacklisted Zones' to 'Whitelisted Zones', scroll down and select the relevant zone then press the green arrow to move across.

- IUC OOHs – select these zones
- System CAS – System CAS & System CAS – Severnside
- Frailty - Frailty
- WDPL – IUC Osprey
- BMC – select BMC, HHS Compass Centre, HHS Outreach, HHS St Mungo
- CKMP – select CKMP
- Remote – select IUC Home Triage Only & IUC Home Triage



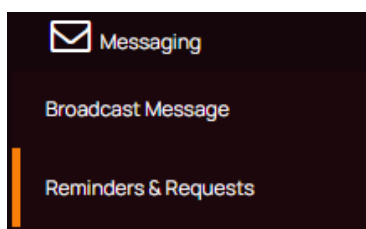
Returning GP

In cases where a GP has previously worked with BrisDoc they will already have a RotaMaster account set up and should be archived or suspended. When the GP returns to work, you will need to create a new RotaMaster account following the above steps.

Sending RotaMaster login details

Once you have set up the GPs account on RotaMaster, login to the RotaMaster Admin Web service (located on BrisDoc weblinks) to send the GP their login details.

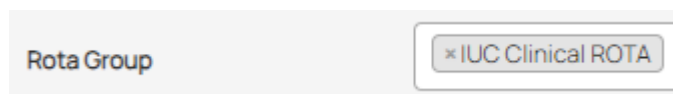
Click Messaging then click 'Reminders and Requests'



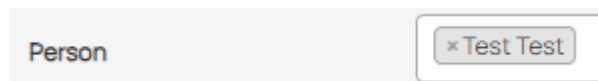
Select the type as 'Send Login Details'



Choose the Rota Group they sit under



Select the person you wish to send login details to. You can add multiple people at once.



Click 'Send' in the bottom right corner and the user will be prompted to create their account

4.0 INDUCTION

On approval by the Lead GP's, please add the GPs details to the IT Setup log located: S:\Workforce - Non Employee\IT set ups and notify the Digital team that there is a new GP to set up credentials for. Once the GPs credentials have been set up, Digital will notify the Training Support Co-ordinators (TSCs) who will contact the GP to send them the clinical induction video and arrange a live induction shift which is supported by the TSCs and the Clinical Co-ordinator.

The clinical induction video will be shared via email and should be watched prior to starting and can be found on the clinical tool kit.

If a GP hasn't worked in IUC for over 2 years they may also be asked to view the induction video and be offered a supported live induction shift.

4.1 Induction and Supported clinical working

Once the TSCs have been notified by Digital, and a GP's credentials have been set up, they are responsible for contacting all approved clinicians, initially via email (see Appendix 7), which is then followed by sharing the induction video link and arranging a live induction date based on the GPs availability to work. It is the TSCs responsibility to notify the CRC and Rota Team of each clinicians start date.

Full areas of responsibility are detailed in section 3.2.

4.2 Preparation for Induction

The following will need to be prepared prior to the live induction. In order for the person/ team responsible to suitably prepare their aspect of the induction, they will need information from the CRC. Ensure that all information is sent to the appropriate people in a suitable timeframe ahead of the induction.

Person/Team	Area of Responsibility	Information required (via email)	Provided by	Timeframe

Training Support	<ul style="list-style-type: none"> • Send Induction Video • Arrange first shifts • Send induction invite and training links • Following induction hand over to Rota team 	<ul style="list-style-type: none"> • Notify CRC and Rota Team of induction booking • Notify Rota team for shift booking including Full name, email address and telephone number 	TSC	ASAP
Clinician Relationship Coordinator	<ul style="list-style-type: none"> • Email Digital requesting credentials • RotaMaster set up • Send RM login details 	<ul style="list-style-type: none"> • Information from GP Folder • Information from TSC first shift 	CRC	Once approved After confirmation of induction booking
Digital	<ul style="list-style-type: none"> • CLEO /EMIS set up • Smart Card Link (Smart card required)	<ul style="list-style-type: none"> • Full name • Email Address • Indemnity number/provider • GMC number • Smart Card Number 	CRC	Following approval
Rota Team	<ul style="list-style-type: none"> • ID Card • Activate CG account • Hand over to Clinical Guardian Team 	<ul style="list-style-type: none"> • Photo, and Title • If SEGP is new, a re-start, or a newly qualified GP 	CRC N/A	Following confirmation of induction After first shift

5.0 RETURNING GP

When a GP expresses an interest in returning to BrisDoc within 2 years of working for us, create a new file for them in 'Recruitment in Progress > 6.Returning GP' and copy their documents

from their inactive file into this. All inactive GP files can be found here: S:\Workforce - Non Employee\Inactive GPs.

It is essential that you collect the following updated documents from returning GPs:

- CV
- Medical Indemnity
- Training Certificates
- Signed Fitness to Practise Declaration and Confidentiality Statement (Re-send Terms of Engagement for them to view)
- GMC and Performers List checks
- New payroll starter form
- CEST check

Please check the documents in the GPs inactive file and if there are documents missing from the checks listed in Section 2.10, please also ask for those.

If a GPs DBS is dated >3 years, they will need a new enhanced DBS check, follow the steps in Section 2.4.

It may not be necessary to seek updated references. Please consult with the Lead GPs to confirm if there is a need for updated references.

6.0 MATERNITY LEAVE

When a GP goes on maternity leave, they won't have an appraisal and typically won't be up to date with their training whilst they are off. For GPs who have notified us they are going on maternity leave, they will have one year until they need to book a shift. The only checks that need carrying out for GPs returning from planned maternity leave within a year are GMC and Performers List check (this is back-dated from the last shift the GP worked).

GPs may be offered a conversation with a clinical lead to discuss coming back to the service and offered to attend a Clinical Induction.

7.0 SALARIED TO INDEPENDENT GP

If a GP no longer wishes to be employed in IUC, there are two options:

- If they work in BrisDoc practices they can remain employed in the practices and work in IUC as overtime
- They can resign/ be terminated from their employed role at BrisDoc and work in IUC on a self-employed basis.

In the event of both options, their employee file must be passed to the Lead GPs for review. The Lead GPs will indicate if they are satisfied with the compliance checks on file and if any new checks are required. Once the appropriate checks have been undertaken and the Lead GPs give their approval, the GP is to be invited to an IUC induction if they wish (this is not a requirement if they used to be salaried in the role).

Workforce will archive GPs going from Employed to Self-employed RotaMaster account. The CRC will create a new RotaMaster account for the GP. We do not unarchive or unsuspend accounts. All new and returning GPs will need a new RotaMaster account setting up.

It is essential that you collect the following updated documents;

- Medical Indemnity
- Signed Fitness to Practice Declaration and Confidentiality Statement (Re-send Terms of Engagement for them to view)
- GMC and Performers List
- CEST Check

8.0 PRACTICE SERVICES GPs

If a GP wishes to work as an Independent GP in practice services, they must undergo the same compliance checks, but their file is to be passed to the Lead GPs for practice services for approval. Once approved, follow the steps outlined in section 3.1 to create their RotaMaster account.

If a practice services independent GP wishes to also work in IUC, offer the GP a conversation with a Lead GP and add the GP to the IT Setup log. Digital will notify TSC team when they can be booked for an induction.

Practice Services Independent GPs pay information

Practice services GPs who are not employees get paid differently. They are required to invoice BrisDoc, by providing the following details:

- Invoice number
- Address
- Bank Details
- Details of when worked

If the GP is in the pension scheme, they also need to include the following:

- Total earnings for this invoice
- 90% of total earnings for this invoice
- 14.38% employer contribution for this invoice

The practice manager at the practice they are doing work at will approve the invoice and confirm the shifts that they worked.

9.0 RECRUITMENT CHECKS SPREADSHEET

The Recruitment checks spreadsheet is the responsibility of the CRC.

This spreadsheet will be used as a log for GPs going through the onboarding process. Data is auto generated on to the 'Analysis' and 'Graphics' tab which will be useful for the SEGP Onboarding Meetings.

There will be GPs who get in contact and never complete the onboarding process. This is usually because the GP's circumstances have changed.

The following 6-week process should be followed for contacting GPs who are 'In Progress';

- Two weeks since the initial point of contact:

E-mail the GP to see if they are still wanting to work with us

- Two weeks after the above e-mail:

Phone the GP to see if they are still wanting to work with us

- Two weeks from the above phone call

E-mail the GP to say we are taking them off of our list and express that the door is always open for them to join us, should their circumstances change.

Once the 6-week cycle of no contact is complete (or if the GP expresses that they no longer wish to go through the onboarding process), column 'B' on the spreadsheet will need to be changed to 'Cancelled' and add the date in column 'T'. This will change the colour of the cells grey & will not be included in the data for onboarded GPs.

Please see below the template for each of the emails required in the above process;

Two-week email;

Dear Dr XXXX

Following on from your initial email, I am getting in touch to see if you are interested in working for BrisDoc?

If you feel a conversation with a clinical member of the team would be beneficial, to discuss the options available in a little more depth, please let me know & I will arrange for one of the team to contact you.

Alternatively, if you would like some help with the documentation required, I would be happy to help.

If your circumstances have changed, please let me know and I will remove you from our list. We would like you to know the door is always open to join the BrisDoc family, should your circumstances change. We would welcome your interest and expertise at any time. Please do not hesitate to get in touch.

Six-week email;

Dear Dr XXXX

As we have not heard from you for a little while, we will remove you from our list of GPs looking to join our service at present.

If you are now ready to onboard, please let us know & we would be happy to discuss the options available.

If not, we would just like you to know the door is always open to join the BrisDoc family, should your circumstances change and we would welcome your interest and expertise at any time. Please do not hesitate to get in touch.

CHANGE REGISTER

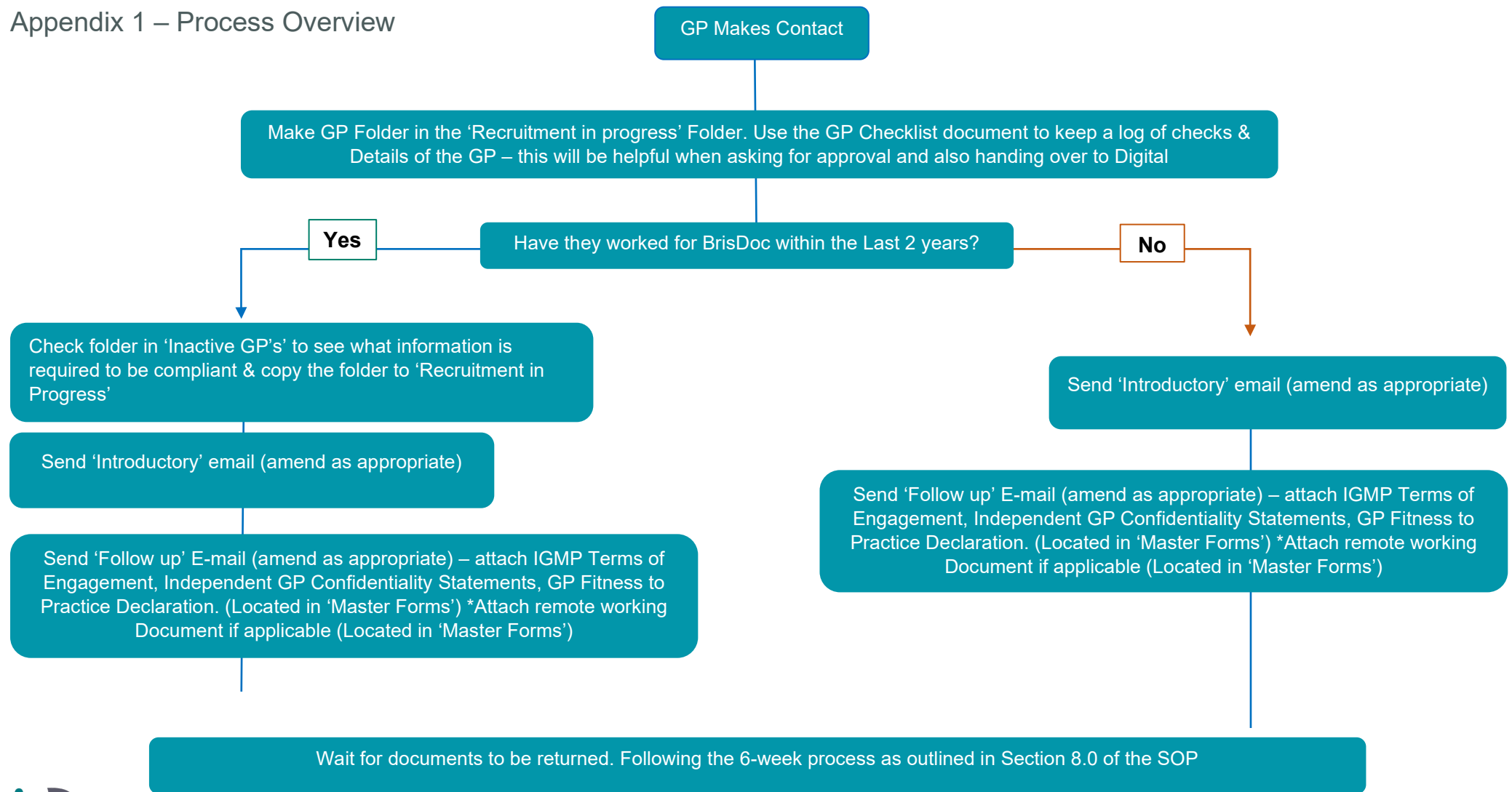
Date	Version	Author	Change
27/09/19	V2	CD	
31/10/19	V3	CD	
06/12/19	V4	MB	Smart Card to requested docs, checking financials as part of Rotamaster set up, IT set up, Section 6 - Agency
13/01/21	V5	JG	Introductory email, induction process, RotaMaster set up
21/04/21	V6	CD	Introductory email tweaked, and IGMP terms updated
16/11/21	V7	JG	Updates to Re-Starters and NQGs
02/02/22	V8	JG & SE	General update on SEGP onboarding process, IT set ups and induction process
10/05/22	V9	JG	Compliance checks and processes review and update
17/05/2022	V10	CS	Update Appendix 1 to include option 5 – System CAS
03/07/2022	V11	CS	Review of process & SOP, particularly; Performers List, GMC, DBS, CEST Checks, Remote working and Returning GPs. Supporting documents added as appendices
09/12/2022	V12	NL	Digital timeframes added for GP setup & additional info for overseas remote workers added
19/01/2023	V13	NL	Safeguarding training wording on email template changed, Remote Workers log added to overseas remote working flowchart, sending RotaMaster login details added to section 4.1
03/02/2023	V14	NL	Maternity leave added, payroll info form added to 'contract for services email' & Appendix 1 of process overview
31/05/2023	V15	NL	Various updates in the following sections: references, MMR, training and indemnity. 'Contract

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			for services' email updated reference & safeguarding training sentence
30/08/2024	V15.1	NL	Full SOP review. Various updates in the following sections: Training certificates, MMR & Hep B, Final checks, Remote workers (IDTA & TRA form information), IT setups is now section 3.0 and Induction is 4.0, RotaMaster setup updated to include Frailty, Induction to reflect new changes as per Digital SOP, table updated areas of responsibilities, Returning GP, Practice Services. Appendix 1 & 2 updated (follow up email updated, specifically previous HMRC sentence and indemnity).
26/02/2025	V15.2	NL	Section 2.6 Hepatitis B, Measles, Mumps and Rubella updated; Appendix 4 Immunisation Chart updated.
01/07/2025	V15.3	DC	Updated document removing reference to Adastra and adding reference to CLEO.

Appendix

Appendix 1 – Process Overview



Carry out Performers List & GMC Checks. Request References and DBS check if required

Ensure you have received; CV, References, Training Certificates, DBS, Right to Work, Immunisations, Indemnity, Copy of Smartcard, Photo for ID Badge, Signed Fitness to Practice, Signed Confidentiality Statement

Save each document received / check carried out to the GP's folder. Dates received should be added to the GP Checklist. Add date all compliance checks have been completed to the 'Recruitment in Progress Spreadsheet'

Please make GPs onboarding aware that they will need to provide their Smartcard at the time of induction or before their first shift.

From this point forward, some of the processes are slightly different depending on the service the GP wants to work in

IUC OOH

Email Lead GP for Approval.
Highlight anything missing or of concern, as per the threshold list

If approved, complete CEST check and Save copy in GP folder & CEST Folder. Send to GP using email template (saved in Master Forms folder)

Add GPs details to 'IT Setup Action log' and email Digital team using the subject 'Request for credentials set up for XXX'. If the GP is a remote worker, add a line for IUC.managers@nhs.net noting the GP's Name & Country

Once Induction is confirmed by TSC, Set Up RotaMaster and send the GP their logins. Send Photo for ID badge to brisdoc.rotateam@nhs.net. Email the GPs payroll info form to brisdoc.payroll@nhs.net

Move GPs folder to 'Active GPs'

System CAS

Email Lead GP for Approval.
Highlight anything missing or of concern, as per the threshold list

If approved, complete CEST check and Save copy in GP folder & CEST Folder. Send to GP using email template (saved in Master Forms folder).

Handover to Rota Team Manager who will look at available shifts & contact the GP

Rota Team Manager will Handover to TSC for induction

Once Induction is confirmed by TSC, Set Up RotaMaster. Add GPs details to IT Setup Action Log and email digital@brisdoc.org to let them know a GP requires IT Setups

Send Photo for ID badge to brisdoc.rotateam@nhs.net

Move GPs folder to 'Active GPs'

WDPL

Email Lead GP for Approval.
Highlight anything missing or of concern, as per the threshold list

If approved, complete CEST check and Save copy in GP folder & CEST Folder. Send to GP using email template (saved in Master Forms folder)

Add GPs details to 'IT Setup Action log' and email Digital team using the subject 'Request for credentials set up for XXX'. Handover to Rota Team Manager who will look at available shifts & contact the GP

Rota Team Manager will Handover to TSC for induction

Once Induction is confirmed by TSC, Set Up RotaMaster. Send Photo for ID badge to brisdoc.rotateam@nhs.net.

Email the GPs payroll info form to brisdoc.payroll@nhs.net

Move GPs folder to 'Active GPs'

Practice Services (BMC, CKMP, Homeless Health)

Email DMD for Practice Services for Approval. Highlight anything missing or of concern, as per the threshold list

If approved, complete CEST check and Save copy in GP folder & CEST Folder. Send to GP using email template (saved in Master Forms folder)

Set Up RotaMaster & Send Photo for ID badge to brisdoc.rotateam@nhs.net

Handover to Rota Team Manager who will look at available shifts & contact the GP

Move GPs folder to 'Active GPs'

Appendix 2 – Introductory Emails

Dear xxxxx ,

Thank you for contacting us about working with Brisdoc and SevernSide. BrisDoc is committed to providing excellent patient care; it's a great place to work, with a friendly team, plenty of support and great opportunities to develop. BrisDoc's practices and urgent care services (more information below) mean we are ideally placed to offer diverse, interesting portfolio roles and work. You can join the BrisDoc family on an employed or self-employed/ locum basis, and we're very happy to talk through all of the options and opportunities in more detail.

We have a number of options available for you.

1. **Salaried/Employed SevernSide IUC GP 'Out of hours' clinical work (weekday evenings, weekends and overnight)**

Core Benefits; Competitive salary, NHS pension, 30 days annual leave pro rata (rising to 32+ with length of service), Up to three Annual Discretionary Bonus's, Paid training time /study leave, Facilitated appraisal and mandatory training, Work record to support clinical appraisal and revalidation, Opportunity to have a mentorship & to become a mentor.

- You can work your hours flexibly on our bank. You are not committed to set shifts and can choose when and where you work to suit your lifestyle, or
- A rolling rota of regular shifts including eight or more clinical hours per week.

2. **Self-employed/Independent Contractor SevernSide IUC GP**

You can also work on a self-employed basis as an independent contractor with shifts available across the out of hours period, including weekday evenings, weekends and overnights. If you have worked with us within the last 12 months, please make this clear as it is likely we can process things much more quickly.

3. **Remote working as a SevernSide IUC GP (weekday evenings, weekends and overnights)**

We also have opportunities for clinical work to be undertaken from home/remotely. You can do this as a self-employed/independent contractor, or as an employed GP. Please bear in mind that remote working is only possible on a Microsoft computer (not a Mac).

4. **Self-employed/Independent Contractor SevernSide Weekday Professional Line GP**

The "Weekday Professional Line" (WDPL) is part of the SevernSide service and operates from BrisDoc Headquarters (Osprey Court) Monday- Friday 0800-1830. The WDPL takes calls from community healthcare practitioners across BNSSG seeking urgent advice and admission for adult medicine. The team also manages some advice calls from NHS111. Independent/locum GPs are sought to cover annual leave in the employed clinical team.

5. **System CAS:**

As part of the BNSSG drive to get patients the "right care, by the right person, in the right place, first time". The System CAS is a multidisciplinary team of clinicians (GP's, ED consultants, Paediatricians, Mental health workers, and Urgent care Nurses) working at Osprey court Monday to Friday 2pm-10pm. This work is focused on the prompt remote assessment of NHS 111 cases that have resulted in an "attend ED" outcome, or "999 Cat 3 or 4" outcome. We are seeking GP's to fill these roles either as employees or self-employed "locum" work.

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Please let me know whether you are seeking Employed or Self-Employed and which service(s) you are interested in.

If you would like to discuss the above services in more detail, please let me know and I'll put you in touch with one of the Lead GPs. They would be delighted to reach out and discuss what works best for you.

We look forward to hearing from you.

Best wishes,

Clinician Relationship Co-ordinator

Onboarding.enquiries@brisdock.org

Appendix 2.1 – ‘Follow Up’ Email

Contract For Services – ‘Follow up’ Email

Once a GP has expressed an interest in self-employed work, please send them the following email.

The following documents need to be attached;

S:\Workforce - Non Employee\Master forms\GP Fitness to Practice Declaration.docx

S:\Workforce - Non Employee\Master forms\IGMP Terms of Engagement (Sept 2023).pdf

S:\Workforce - Non Employee\Master forms\Independent GP Confidentiality Statement August 2019.doc

S:\Workforce - Non Employee\Master forms\New starter SE payroll info form

S:\Workforce - Non Employee\Master forms\Form to evidence safeguarding training for onboarding self-employed GPs FINAL v1 May 2023

**** If GP is looking to work remotely, please also attach the following document as ask them to confirm they comply with our remote working declaration:**

S Drive\Service Delivery Team\Remote Workers\Remote Worker PC or Laptop checklist Vn 1.8

The GP will also need to send screenshot evidence of the following: Windows version, Windows update and anti-virus software.

**** If the GP is working overseas, they will need to complete the ‘International Data Transfer Agreement’ form:**

S:\Workforce - Non Employee\Master forms\IDTA Form Master Template

Dear Dr

Contract For Services

Thank you for expressing an interest in working for our Integrated Urgent Care (IUC) service (formerly known as Out of Hours). Since 2019 our IUC service has operated in partnership with Practice Plus Group (formerly CareUK) under the brand ‘Severnside’. Our IUC service operates from seven bases across the three counties 24/7, the service comprises the clinical assessment service (CAS) which forms the telephone aspect of work, and the patient facing services which run out of hours.

BrisDoc also operates a breadth of services including GP practices, Weekday Professional Line and a Homeless Health Service.

If you wish to work as an independent GP in our IUC service, you will be given access to our booking website RotaMaster once your compliance checks are complete. On RotaMaster, you choose the sessions you would like to work. The value of the session we offer will be clearly identified on the website prior to you booking the session, but please be aware that all IUC rates include any employers and employee element of the NHS pension scheme. Please note there is

no obligation on you to work any sessions, nor for BrisDoc to offer you any specific sessions; BrisDoc will offer sessions to all GP's who may be interested in working.

Once your compliance checks are completed one of our training support co-ordinators will contact you to share a welcome video from the clinical leads and to discuss dates for our live induction and your first working shifts. Our live induction takes place at Osprey Court (If you are working remotely, this can be done via Microsoft Teams) and consists of a systems induction followed by clinical consulting with both clinical and operational support on hand. The live induction is 4 hours and due to its practical nature, we would suggest that you book it close to the date that you would like to start regularly working with us.

Since you are joining BrisDoc as an Independent GP, you will be paid only for the clinical consulting part of the live induction, which typically lasts a minimum of 2 hours. Training during the live induction will not be compensated. If you have recently worked within IUC within the past 2 years, please let us know, as we may already have copies of some of the necessary paperwork for you within our archived files, and you may not be required to attend another induction session.

Please see attached our Terms of Engagement for our Independent/ Self-employed GPs, our confidentiality statement and our GP fitness to practice form. Please can you review the information and sign the Confidentiality statement/ GP fitness to practice form and email these forms back to us.

Please may we kindly request that you provide the following documentary evidence:

- Curriculum Vitae including the names and email addresses of **two Clinical Referees**. Ideally both referees should be clinician line managers/employers/leads. Where this is not possible, one referee can be a non-clinician line manager/employer/lead and one referee can also be a clinician colleague.
- A copy of your Medical Indemnity- As with all NHS services, SevernSide IUC is covered by the state-backed indemnity scheme for clinical negligence claims only. Therefore, we strongly recommend all independent GPs ensure they obtain the higher level "professional protection" through your indemnifier, to cover your costs if called to GMC hearing/ coroners courts etc.
- Right to Work documentation (e.g Passport).
(without this we cannot provide you with the logins for rotamaster and clinical systems)
- Copy of your last DBS disclosure certificate and your DBS update service number.
Please note we may facilitate a new check if your certificate is more than 6 months old.
- Evidence of MMR/ Hepatitis B and Covid-19 immunity (recommended but not essential)
- A photo/scan of your NHS Smart Card with the number clearly legible. If you do not have a smart card, please inform us and one will be set up prior to induction (for this process, 3 pieces of ID will be needed, as with DBS check).
- Head and shoulders photo for an ID card to be created
- New starter Payroll information form

Please provide evidence of the following training:

- Basic Life Support/ Resuscitation training certificate (dated within last 12 months)

- Please complete & return the 'safeguarding evidence log' form – please review the information carefully
- Awareness of Mental Capacity Act Training Certificate (dated within last 3 years)
(This can be accessed via [HEE elfh Hub \(e-lfh.org.uk\)](http://HEE-elfh.org.uk) – you only need to complete the module **'Mental Capacity Act and Adult Safeguarding'**)

Please note; If you are a newly qualified trainee GP, you may be able to evidence some of the above from your GP training. If you are unsure please contact us to discuss further.

Please note we need to complete compliance checks before any work can be booked and timing for this will depend on the availability of information. If you have any queries regarding the above or if you are not sure that you have the documentary evidence required, please do not hesitate to get in touch to discuss matters further. Please let me know when you want to start shifts with BrisDoc, this will help us complete the onboarding process in a timely manner.

We look forward to hearing from you.

Best wishes,

Clinician Relationship Co-ordinator
Onboarding.enquiries@brisdock.org

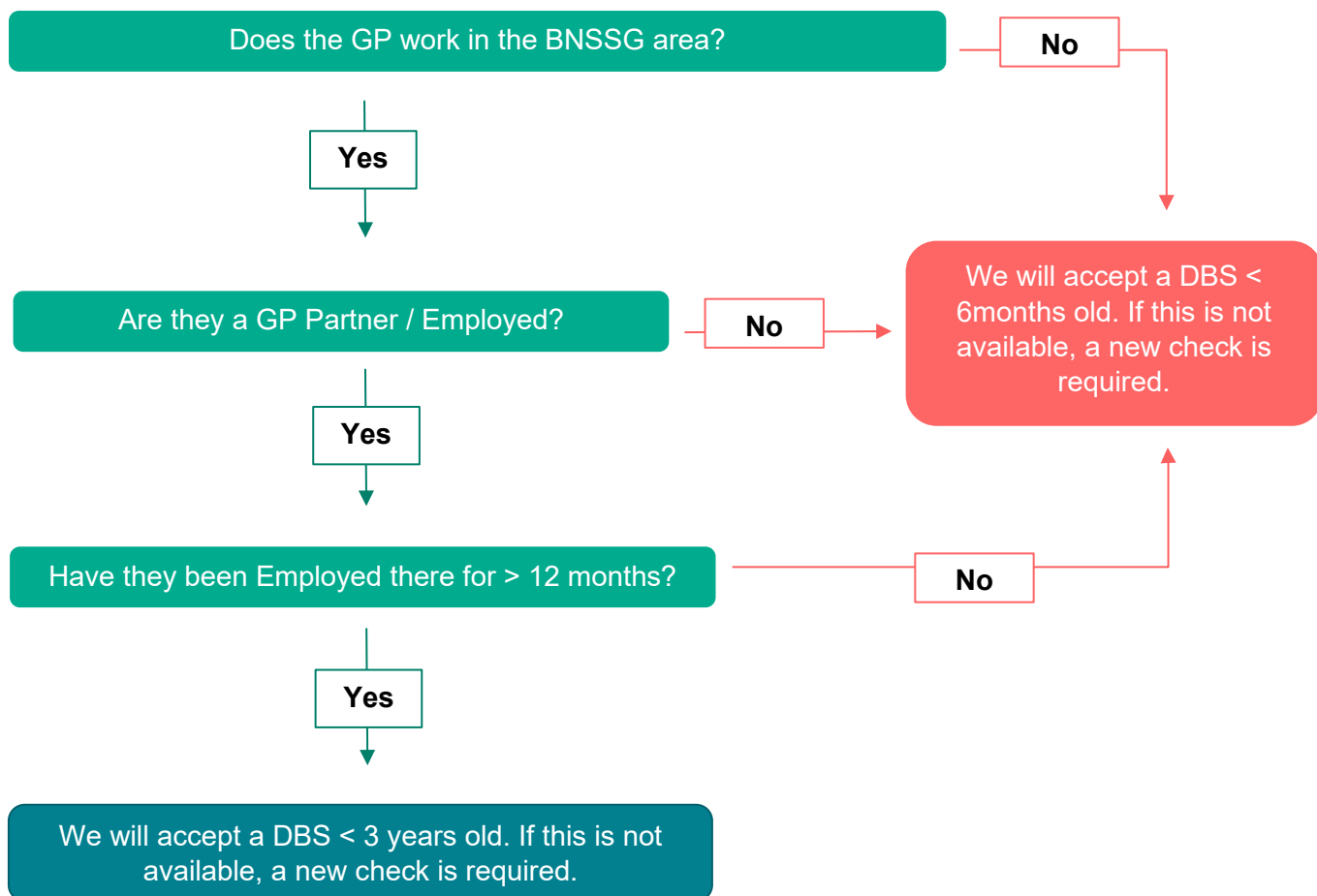
Appendix 3 – DBS Check Flow Chart

If a GP has signed up to the DBS Update Service, this will overrule any of the below as long as;

1. The DBS is Clean
2. We are able to see the original DBS (Certificate numbers must match)
3. We check the status of the current DBS & ensure there are no changes registered.

All GPs must;

- Sign a Fitness to Practice form
- Be on the performers list



Appendix 4 – Immunisation Chart

Immunisation	Doses	AND via Blood Test	Terminology	Outcome
Hep B (HBV)	3 doses	AND an Antibody test (If any doubt, or < 100IU/ml please highlight to Lead GPs)	Detected Present Positive Protected >100 Not detected Negative Not present Not protected <100IU/ml	Has immunity Has immunity Has immunity Has immunity Has immunity Not Immune Not Immune Not Immune Not Immune Not Immune
Measles, Mumps and Rubella	2 doses of MMR vaccine	OR, Antibody test for Measles and Rubella (IgG)	Detected Present Positive Protected Not detected Negative Not present Not protected	Has immunity Has immunity Has immunity Has immunity Not Immune Not Immune Not Immune Not Immune

These vaccines are strongly recommended but not essential to work with us. In practice, we would expect all GPs who work at urgent treatment centres to be vaccinated against Hepatitis B, Measles, Mumps and Rubella, and would usually limit them to telephone triage from a non-clinical base if they do not meet this requirement. Any GPs who are not vaccinated should be highlighted to the Lead GP team.

Appendix 5 – CEST Check Guide

CEST - (No login required)

The below should guide you on completing a CEST check.

This check should be completed after approval from the Lead GPs & prior to handing over to the Training Support team

Use the following link; <https://www.gov.uk/guidance/check-employment-status-for-tax>

Answers highlighted green will always be the same. Answers highlighted red could change, depending on the GP

1. **About you and the work**

What do you want to find out?	If some work is classed as employment or self-employment for tax purposes
Who are you?	Hirer

Self-Employed, Independent GP Recruitment – version 15.3

Does the worker provide their services through a limited company, partnership or unincorporated association?	No (some GPs are a limited company)
Has the worker already started working for your organisation?	No

2. Worker's duties

Will the worker be an 'Office Holder'?	No
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3. Substitutes and helpers

Do you have the right to reject a substitute?	No
Would the worker have to pay their substitute?	Yes

4. Working arrangements

Does your organisation have the right to move the worker from the task they originally agreed to do?	No, they would have to agree
Does your organisation have the right to decide how the work is done	Not relevant, it is highly skilled work
Does your organisation have the right to decide the worker's working hours?	No, your organisation and the worker agree
Does your organisation have the right to decide where the worker does the work?	No, some work has to be done in an agreed location and some can be the worker's choice

5. Worker's financial risk

Will the worker have to buy equipment before your organisation pays them?	No
Will the worker have to fund any vehicle costs before your organisation pays them?	No
Will the worker have to buy materials before your organisation pays them?	No
Will the worker have to fund any other costs before your organisation pays them?	Yes
How will the worker be paid for this work?	An hourly, daily or weekly rate
If your organisation was not happy with the work, would the worker have to put it right?	Yes, unpaid but their only cost would be losing the opportunity to do other work

6. Worker's involvement

Will you provide the worker with paid-for corporate benefits?	No
Will the worker have any management responsibilities for your organisation?	No
How would the worker introduce themselves to your consumers or suppliers?	This would not happen

7. Worker's contracts

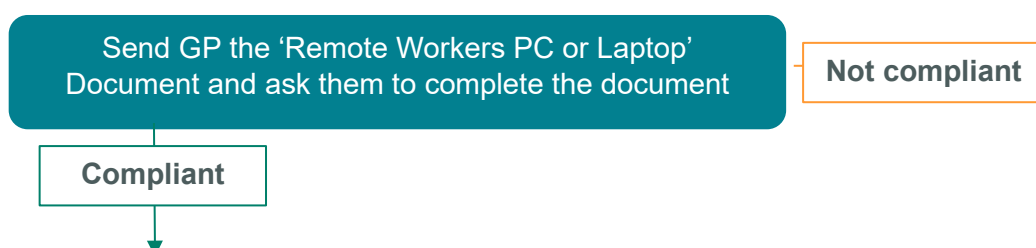
Does your organisation know who will be doing this work?	Yes
Does this contract stop the worker from doing similar work for other organisations?	No
Is the worker required to ask permission to work for other organisations?	No
Are there any ownership rights relating to this contract?	No
Has the worker had a previous contract with your organisation?	No
Is the current contract the first in a series of contracts agreed with your organisation?	Yes
Will this work take up the majority of the worker's available working time?	No
Has the worker done any self-employed work of a similar nature for other clients in the last 12 months?	No

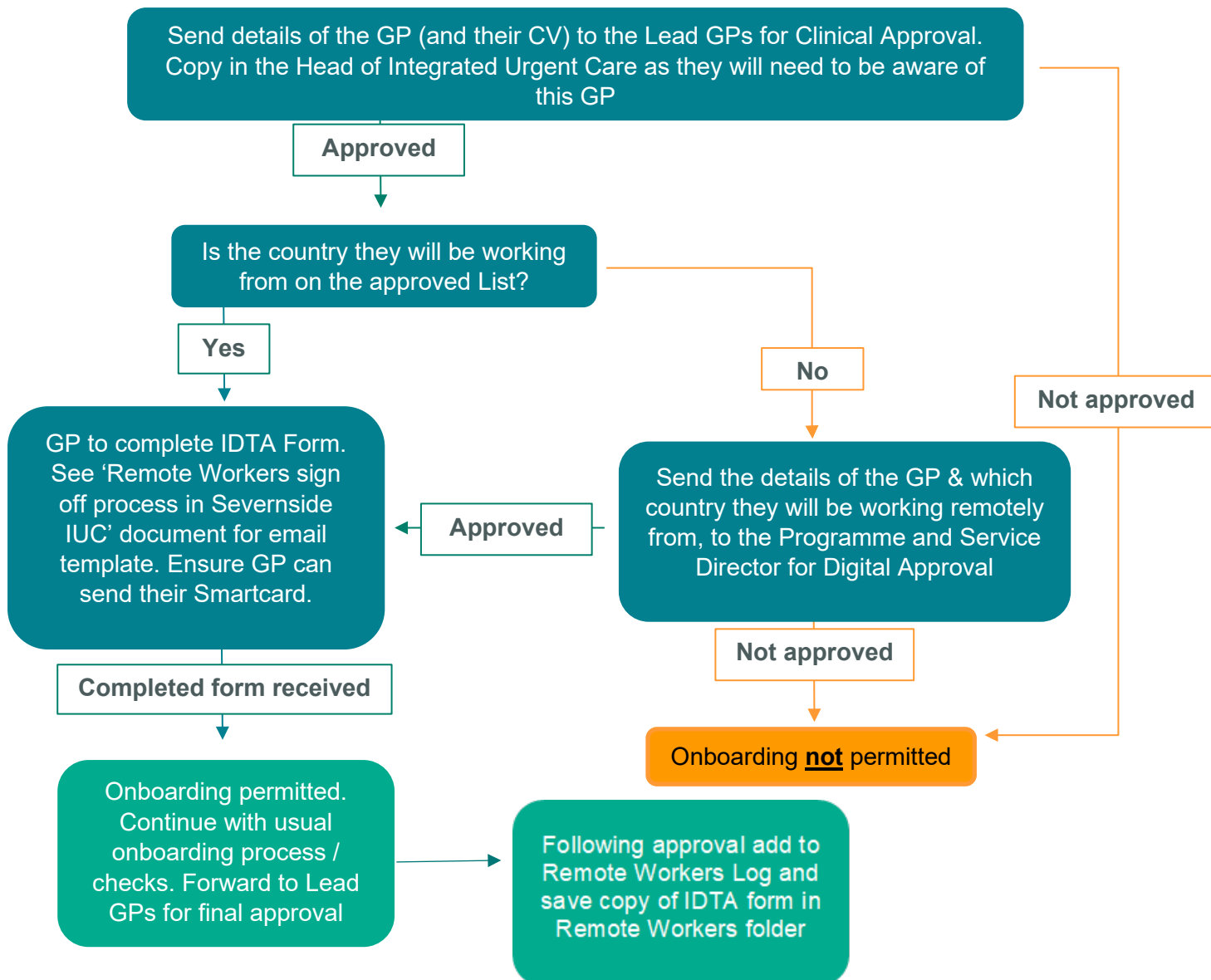
Additional details to be added;

Name of person carrying out check / Name of GP, BrisDoc Healthcare Services, Independent GP

Save copy to GP folder & CEST File. Send a copy to the GP & ask them to check the answers

Appendix 6 – Overseas Remote Working Flowchart





Related Documents

Remote Worker PC or Laptop checklist - S Drive:\Workforce – Non Employee\Master Forms

IDTA Form master template - S Drive:\Workforce – Non Employee\Master Forms

Overseas Countries lists - S Drive\Service Delivery Team\Remote Workers

Brisdoc Onboarding SEGP information for completing check list – S:\ Workforce - Non Employee\IT set ups

Appendix 7 – Email template initial contact from TSC

Dear (Clinician Name)

Welcome to SevernSide IUC

My name is (NAME) & I am one of two training support co-ordinators that work within SevernSide IUC.

My role is to ensure you are booked to induction, have your first shifts allocated and ensure that you have any operational systems or clinical support that you may require.

It would be great to give you a call to discuss availability and arrange this with you over the next few days if you could share some availability with me?

I look forward to hearing from you.

(NAME)

Induction Link to be forwarded after confirmation of first shifts:

<https://www.clinicaltoolkit.co.uk/clinical-induction-sevenside-iuc/?highlight=+induction>