

GP freelancers – are chambers a locum team come true?

Wanting to pursue a career as a freelance GP, Dr Richard Fieldhouse set up a “locum chambers” – a locum team containing its own manager and clinical director, with its own processes in place to support efficient ways of working. Here, he explains why he thinks this flexible, team approach of offering locum GP services can provide benefits to GPs, practices and patients

Twenty years ago, GP locuming was a stop-gap for recently qualified male GPs to join a full-time partnership. We were happy to make do with poor conditions, as generally one would only plan to be doing this while looking for a “proper job”.

But no more – the vast majority of newly qualified GPs are female, with the ambition of being fulltime – partner or salaried – the exception rather than the norm. During this time, locuming has become a positive career choice, favoured for its family friendly flexibility and dedication to pure clinical family medicine rather than managerial contractual obligations.

Unfortunately, this flexibility all too often comes at a price: poor professional status; managing oneself as a self-employed professional with no managerial support; and the lack of access to education, clinical governance and the ever-increasing collection of evidence for appraisal and revalidation.

So, when the National Association of Sessional GPs (NASGP) celebrated its fifth birthday, we looked for a one-stop solution that embraced all these challenges and effectively throttled the living daylight out of them.

We came up with the idea of “locum chambers” – a highly organised and professional managed “wrapper” within which us locums could not only thrive in our capacity as peripatetic GPs but actually transcend our role as being the best of both worlds and arguably the best way to work as a GP.

What are locum chambers?

The concept of locum chambers is a totally positive ethos, inspired by lawyers’

chambers, that blows agencies out of the water. Chambers do not operate as agencies but instead represent a lifestyle choice for the locum GP members concerned. It’s a professional, enjoyable working environment that makes a living off our own reputation. We work in a managed professional environment that puts its money where its mouth is, and intelligently manages our work.

Chambers members are motivated. We have to be, because our chambers stands and falls by the reputation of its members alone. If there is any kind of significant event, no matter how trivial – any adverse comment from a practice manager, from “the doctor today had dirty finger nails” to “we would prefer another doctor next time, he was a bit stropky” – then a “Significant Event” is triggered.

The relevant clinical director – himself a locum GP and a member of the chamber – is informed, the relevant member is quizzed and the practice responded to. The event is discussed at the next monthly members’ meeting, and the final outcome is relayed back to the practice.

As one of our regular practices said, after we successfully resolved an issue: “You can tell the quality of an organisation by the way it handles problems”.

Ensuring professional standards

We work as chambers for the work-life balance – it takes away all the hassle of organising all that management stuff that us GPs are rubbish at, leaving it in the hands of experts, and balances it with a high degree of professionalism.

So, if a locum wants to be a member, they’re interviewed by a panel of directors



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and any other members who wish to attend; CVs are scrutinised and references are taken up. New members may join only if they interview well and their references are perfect.

Not only are we self-selected, but we have a programme of internal continuing professional development to keep us on our toes. Members have to attend regular internal meetings to discuss significant events, clinical issues and local developments, and are encouraged to offer a supportive environment if any issues arise.

We also have a raft of feedback mechanisms (seven in total!), which ensures we only ever get better, and keeps us miles ahead of our non-chambers colleagues in terms of ongoing audit.

We keep this high level of professionalism going with a probationary period and regular feedback. So, when practices use our members they know they can trust us to provide a fantastic standard of GP.

We also go out of our way to add touches to reinforce this, so, for example, all of our members are kitted out with professional name badges, door plates and – a fantastically popular idea with our practices – a “GP profile” that lets each patient know all about the locum they are about to see. This has also been a real hit with our patients.

Efficiency

Practices simply hand over their locum requirements to us and we take it from there – effectively project-managing the whole booking process. They allocate the bookings, confirm all sessions immediately, and on the last day of every month each practice receives a small brown package from us containing all the necessary bills and superannuation forms. Job done!

Of course, even doctors get sick, including locums: so what happens then? Well, because we major on the work-life balance thing, many of our members are part-time. And because we foster such a team-based spirit and can-do attitude, we’re all gunning for each other.

So, on the very rare occasion that one of us is ill, it doesn’t take much persuasion for our chambers managers to pull one of us in from a day off (once even from the golf course!) and get us to cover our colleague. After all, the sense of goodwill this gives to the practices endears them deeply to using us again!

Chambers costs

Our locum chambers, at its most basic level, is a “cost-sharing” exercise. Each member pays a small percentage of his or her income into a central pot that goes towards paying our very own chambers

managers – Ali and Jeanne – as well as a small salary for each chambers’ clinical director.

The chambers managers then work their socks off to get us bookings in our local area by coordinating all the bookings and making sure that all the local practices have access to our availability.

Ali and Jeanne have full, unfettered access to our personal diaries, and can confirm all bookings instantaneously. They are effectively our “personal assistants”, and have even been known to look after our kids and stand in for us when MFI come to deliver a kitchen, allowing us to help out a desperate practice!

Locum chambers are better for general practice. We have terms and conditions that all our members abide by, which give practices a better experience from their locums. So positive is our ethos that our local practices now insist that all their other non-chambers locums follow the same ethos, which means better locums all round.

Furthermore, once a month, the chambers picks a practice that it feels would benefit from some proactive feedback that could help that practice either improve patient care or provide a better working environment.

Summary

At the moment, GP locum chambers have been around for four years, and we are the only player in the market. Obviously, we’re keen to expand and establish other similar chambers under our banner across the country, but we also genuinely wish to see other GP locum chambers emerge, as this is clearly both a huge advance for the delivery of locum care nationally within the NHS and a fantastic “investment” opportunity for the NHS in terms of securing and maintaining a flexible workforce. ♦

Conflict of interest

Dr Richard Fieldhouse is a clinical director of Pallant Medical Chambers

Resource

National Association of Sessional GPs
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