

Locuming and appraisal

Webinar attendee notes

30 September 2026 | Get the inside track on locuming appraisal and the acute take

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Including Chris's recorded account of working in Australia

Your year outside training can give you time to recover, explore specialties and develop your career. The most useful starting point is a realistic plan for work, money and learning, with your appraisal arrangements confirmed early.

The key takeaways

- Decide what you want from the year before committing to a pattern of shifts: income, rest, travel, experience, exams or a stronger training application.
- Build more than one route to suitable work. Bank and agency work can be combined, but availability is never guaranteed.
- Complete compliance early. Missing references, DBS checks or training can prevent you starting a booking.
- Compare the actual pay arrangements. A quoted assignment rate, gross hourly pay and take home pay are different figures.
- Keep a small, regular record of learning and improvement. Reflection makes the evidence useful; a pile of certificates alone does not.
- Confirm who supports your appraisal and revalidation. Do not assume that an intention to enter training removes your current responsibilities.

How to use these notes

Pages 2 and 3 cover planning, finding work and getting ready for a shift. Page 4 covers pay. Pages 5 and 6 cover working in Australia. Page 7 explains appraisal and revalidation. Page 8 gives a portfolio checklist and actions for the year ahead.

The market observations reflect the speakers' experience at the webinar. Registration and regulatory points have been clarified against official guidance checked on 12 October 2026. Links for those points appear on the final page.

Plan your FY3 year and find suitable work

Give the year a purpose

Choose two or three priorities and put them into a calendar. If your main aim is an exam or specialty application, protect time for it. If you want to travel, work out how much you need to save and when you need to stop working. Leave room to revise the plan if shifts are harder to obtain than expected.

Read the person specification for your intended specialty and recruitment round before choosing a long placement. Some entry routes limit previous experience in the specialty. Time out can be productive, but the work you choose needs to fit the entry criteria.

Bank and agency work

Consideration	NHS bank	Agency
Access to work	Usually the trust or organisations served by that bank	Potentially several trusts and regions
Booking pattern	Often individual shifts through a portal	Individual shifts or longer block bookings
Support	Bank team and local medical staffing	Recruitment consultant and compliance team
Practical advantage	Familiar teams and systems if you already work there	Broader search and help arranging placements

These are common patterns rather than rules. Banks can offer longer bookings, and agencies may have limited access to particular trusts. Compare the actual opportunities and support available to you.

Improve your chances of regular work

- Start with departments that know your work. Ask about joining their bank before leaving foundation training.
- Give your recruitment consultant clear availability, preferred specialties and a realistic travel radius. Keep them updated.
- Consider a short placement to assess an unfamiliar department before relocating or making a long commitment.
- Be reliable, communicate well and build relationships with the clinical team. Good work can lead to repeat bookings.

The speakers described a more competitive SHO market than in previous years. Travel and flexibility may open more options, particularly for block bookings, but neither higher rates nor continuous work should be assumed.

Choose an agency carefully

Ask which trusts it supplies, how it handles pay queries and complaints, and what support is available when a placement becomes difficult. Andrew favoured established agencies with strong trust relationships. NC Healthcare sponsored the webinar; Muhammad described its recruitment, compliance and career support services.

Get compliant and start each placement safely

Keep a reusable compliance folder

Ask each bank or agency for its exact checklist. Keep clear copies of your documents together and record expiry dates so that updating one provider does not mean rebuilding your file.

- An up to date CV showing dates, grades, specialties, hospitals and relevant clinical experience.
- Identity documents and evidence of your right to work, where applicable.
- GMC registration and licence details, plus the revalidation date shown in GMC Online.
- Qualifications and any required evidence of English language proficiency.
- Your recent appraisal record or foundation ARCP documentation, as applicable.
- An appropriate DBS check or accepted Update Service status, subject to the organisation's checks.
- Occupational health clearance and vaccination evidence.
- Required mandatory training and resuscitation certificates for the role.
- Referee details and appropriate indemnity or insurance arrangements.

References and DBS checks can delay a start. Ask referees in advance and help chase outstanding requests. Check whether existing training is accepted, including any practical or classroom requirements, before paying to repeat it.

Write a practical locum CV

Lead with the work you can safely do. For each rotation, describe your clinical responsibilities, procedures and level of supervision. Include relevant ward, emergency, clinic and communication experience. Keep academic achievements, posters and publications later in the CV unless directly relevant to the placement. Distinguish experience from independent competence.

Before your first shift

- Confirm the location, reporting time, grade, named contact and clinical responsibilities.
- Arrange local induction, IT access and prescribing access. Identify how you will work safely if access is delayed.
- Find out who provides senior support, how to escalate a deteriorating patient and which local policies you need.
- Check the rota, handover, emergency arrangements and the process for raising a staffing or safety concern.
- Know who approves your timesheet and how to submit it before payroll cut off.

An unfamiliar hospital is a new working environment even if the specialty is familiar. Arrive early and ask for help. Accept work within your competence and available supervision; an FY3 label does not by itself establish competence for a particular role.

Keep the administrative relationship working

Give early notice of planned leave, submit timesheets regularly and keep copies of approved hours. If there is a concern or complaint, seek appropriate advice and respond through the proper process. Do not assume that agency support replaces medical defence advice.

Understand pay and budget for variable work

Ask what the quoted rate actually means

Before agreeing a shift, request written confirmation of the rate, payment route and paid hours. Ask whether the figure is your gross pay or an assignment rate paid to an umbrella company. Under an umbrella arrangement, business costs may be taken from the assignment rate before gross pay is calculated; employee deductions then determine take home pay. Employer National Insurance should not be deducted from your gross wages. [4]

Question to ask	Why it matters
How many hours are paid and are breaks unpaid?	A 12 hour shift may not produce 12 hours of pay.
Who pays me and when?	Bank PAYE, agency PAYE and umbrella arrangements differ.
How is holiday pay handled?	It may be paid separately or included as an identified amount.
What pension arrangements apply?	Confirm eligibility and the contribution breakdown.
Are travel or accommodation covered?	Compare the booking after its additional costs.
What happens if the booking is cancelled?	A provisional or longer booking may still carry uncertainty.

Use a realistic income estimate

The webinar example was $\text{£}50 \times 40 \text{ paid hours} \times 46 \text{ working weeks} = \text{£}92,000$ gross. This is an arithmetic illustration, not a forecast of available shifts or net earnings. Reduce your estimate for unpaid breaks, time off, cancelled shifts and weeks when work is unavailable.

Build a reserve for periods with fewer shifts and include appraisal, portfolio fees, professional subscriptions, training and travel in your budget. Check contractual and statutory holiday and sickness entitlements rather than assuming that all locums have no entitlement to either.

Tax codes and payment arrangements

Check early payslips and your HMRC account when moving jobs or using several employers. Update estimated annual income when needed and query unexpected tax codes with payroll or HMRC. An emergency code can affect deductions, but the correct outcome depends on your circumstances.

A legitimate umbrella company normally pays through PAYE. Promises of unusually high take home pay, untaxed loans or separate payments are reasons to check the arrangement carefully. [4] A limited company booking does not automatically mean lower tax: employment status, IR35 and your circumstances need to be assessed.

Pension decisions deserve separate attention

Understand the scheme and benefits before deciding whether to opt out. Compare the full package rather than just this month's cash. Seek appropriate advice about tax allowances and personal circumstances; the webinar was not an individual pension recommendation.

Working in Australia after foundation training

Dr Chris Wall described moving to Australia after FY2, initially working full time in emergency medicine in Queensland and later combining locum work with travel. His main message was that working abroad helped him enjoy medicine again while giving him more time for life outside work.

Jobs and grades

Emergency medicine and general medical posts were common routes among the UK doctors Chris knew. He also described colleagues working in orthopaedics, other surgical roles and psychiatry. The right starting point depends on your experience, the department and the support available.

Titles in his talk included intern, Senior House Officer and Principal House Officer. Australian job titles and responsibilities vary between states and hospitals, so there is no simple conversion from a UK FY grade. Read the job description and ask about supervision, out of hours responsibility and expected procedures before accepting a post. A registrar title should not be taken as evidence that a role is suitable for every doctor after FY2.

The first year and registration

Chris began with a supervised employed post before moving into locuming. For eligible applicants on the Competent Authority pathway, approved supervised practice is required before general registration. Check your eligibility and the conditions attached to your registration with the Medical Board of Australia and Ahpra. Completion of UK foundation training does not automatically give you unrestricted Australian practice rights. [8]

Work life balance in practice

Chris's emergency department rota involved about 80 hours over two weeks, often as eight 10 hour shifts. Swapping or grouping shifts sometimes created longer breaks for trips. This was his department's arrangement, rather than a promise about Australian rotas generally.

He lived on the Sunshine Coast and highlighted surfing, hiking, swimming, beach trips and exploring Queensland. Working with other doctors who had moved from the UK also provided a ready social network. The trade off was working evenings, weekends and Christmas, sometimes while friends were off.

Pay examples from the recorded talk

Chris reported earning around A\$120,000 during his first year. He described additional pay for nights, weekends, public holidays and extra shifts. These are historical personal examples, not current salary quotations: compare the actual state award, grade, roster, overtime arrangements and contract for any job you consider.

Build a relocation budget around net income and local living costs. Include housing, transport, flights, professional fees and time before the first pay packet. Use the exchange rate at the time of your own planning rather than the pound conversion mentioned in the recording.

Applying and locuming in Australia

Start the paperwork well ahead

For an August move, Chris suggested beginning applications around November or Christmas of the preceding year; his interviews took place remotely in January or February. Treat this as an example of lead time, not a national recruitment timetable. Ask the hospitals you are interested in about their current recruitment rounds and start dates.

- Prepare your clinical CV, references, qualifications and evidence of completed foundation or internship training.
- Check the registration pathway, identity certification rules and any evidence required from the GMC.
- Confirm the employer's occupational health and vaccination requirements. Chris encountered delays because his vaccination records needed additional evidence.
- Check required resuscitation courses; Chris highlighted ALS for emergency medicine roles. Confirm what the employer accepts before arranging training.
- Arrange the applicable visa, indemnity and registration before starting work. Ask who handles each step and who pays the associated fees.

Chris estimated around A\$3,000 for his own application related costs at the time. Obtain current figures for registration, visa processing, document certification, health checks and any additional tests. Allow for flights and accommodation separately. The recording's COVID travel advice and specific certification charges are historical.

City and rural locum work

After his initial year, Chris undertook locum work in Queensland, New South Wales and Victoria. He described rural bookings with flights and accommodation arranged, and sometimes worked a month on and a month off to travel. Other doctors chose shorter bookings or stayed in one location for several months.

His historical examples were around A\$80 an hour in city posts and A\$150 to A\$200 an hour in some rural posts. Rates reflected location and responsibilities; they are not current offers. Confirm paid hours, travel, accommodation, cancellation terms and any minimum commitment before comparing bookings.

The main trade off was distance from his home base and friends. Remote posts could offer broad experience but have fewer on site specialists and more demanding decisions. Ask specifically about senior advice, diagnostics, retrieval arrangements and the clinical skills expected. Higher pay does not make an unsupported role suitable.

Further opportunities and questions to ask

Chris also mentioned retrieval and air ambulance work for doctors with suitable critical care and airway experience, and rural clinics caring for remote communities. These require role specific competence, supervision and preparation; they are options to investigate as your experience develops.

Before committing, ask: Is this grade appropriate for my experience? Who supervises me? What are the registration and visa conditions? What costs are covered? What happens if the job ends early? How will I manage UK registration, appraisal and any return to training? Chris described agency visa sponsorship in his own case, but this must be checked for your individual arrangement.

Appraisal and revalidation outside training

Understand the different processes

Appraisal is a normally annual, supportive review with a trained appraiser. You discuss your work, learning, feedback and development, then agree a personal development plan. It contributes to revalidation, but the appraiser does not make the GMC's revalidation decision. [1, 2]

Revalidation is the process for demonstrating that you remain up to date and fit to practise, usually on a five year cycle. Most doctors have a responsible officer or suitable person who makes a recommendation; the GMC makes the decision. Check your actual submission date in GMC Online. [2]

In an approved training programme, the ARCP process supports revalidation. Outside training, confirm your appraisal arrangements with your designated body. Planning to return to training does not itself exempt you from current requirements. [3]

Confirm your arrangements early

- Check your designated body connection and contact details in GMC Online. Working for several organisations does not mean you can simply choose any connection.
- Ask the appraisal team when your appraisal is due, who arranges it, which portfolio system is accepted and whether costs are covered.
- If you want an independent appraiser, confirm acceptance with your designated body before booking.
- If you have no responsible officer or suitable person, speak to the GMC about the applicable route and deadlines.

Doctors without an RO or suitable person have additional GMC requirements, including annual returns and a revalidation assessment. The assessment is part of that route, not an automatic penalty for a missed appraisal. [2]

If you have a gap or very little clinical work

Discuss the circumstances promptly with your responsible officer or suitable person, or with the GMC if you have neither. Any exception to annual appraisal should be agreed. You do not necessarily need five appraisals to revalidate, and approved missed appraisals do not always require catch up. [1]

Do not rely on a general claim that two to six weeks of clinical work will make any appraisal sufficient. What matters is whether the supporting information is appropriate to your scope and circumstances. Ask for advice about a long break or work overseas before relying on it to maintain your UK licence.

If you will not practise in the UK, consider whether you need to retain a licence. Keeping registration without a licence is a different status and does not carry the same revalidation requirement. Discuss restoration and your return to work plan before making a change. [7]

What happens at the meeting

Expect a discussion of your current roles, future plans, learning, improvement, feedback and any significant events or complaints. Review previous PDP objectives and agree a manageable set of new ones. Complete the required sign off and retain the final appraisal record.

Build useful evidence and act on the learning

Your portfolio checklist

- Scope of practice: list all roles and organisations, including relevant non clinical, private and voluntary work. [1]
- CPD: collect varied learning relevant to your work and explain its effect. Fifty hours is a common college or local benchmark; the GMC does not prescribe a fixed points total. [5]
- Quality improvement: show your own contribution and learning. Options discussed included audit, improvement projects, teaching evaluated through feedback and structured case reviews. Agree suitability with your appraiser rather than treating a fixed number of case discussions as a guaranteed pass.
- Significant events, complaints and compliments: declare relevant information and reflect on learning and action. Serious concerns need appropriate action when they arise. [2, 3]
- Patient and colleague feedback: plan formal feedback within your revalidation cycle, using the chosen tool's instructions. The 34 patient and 15 colleague responses discussed relate to the GMC questionnaire methodology; confirm the sample requirements for your tool and agree adaptations where necessary. [6]
- Health, probity and PDP: complete declarations, review previous objectives and agree realistic goals with evidence and a review date. [3]

For each learning activity, record the date, topic, main learning and what you will change or maintain. Keep patient information anonymous. A useful reflection explains the effect on your work rather than simply describing attendance.

Actions to take after the webinar

This week: choose your priorities; update your CV and compliance folder; check your GMC connection, revalidation date and appraisal arrangements. Each month: review available work and finances, record useful learning and progress one development objective. Before appraisal: review your whole scope, evidence, feedback and PDP, then submit the portfolio by the agreed deadline.

Medical Appraisal Hub: medicalappraisalhub.com. Andrew discussed portfolio guidance, learning tools and independent appraisal, with a £349 fee quoted at the webinar. Confirm current arrangements and designated body acceptance before booking.

Official guidance and further reading

- 1 GMC appraisal principles
- 2 GMC revalidation overview
- 3 GMC supporting information
- 4 GOV UK umbrella company pay
- 5 GMC continuing professional development
- 6 GMC patient feedback
- 7 GMC revalidation and the licence
- 8 Medical Board of Australia Competent Authority pathway