







The use of locum doctors in the NHS: Key findings from a national survey of general practices in England





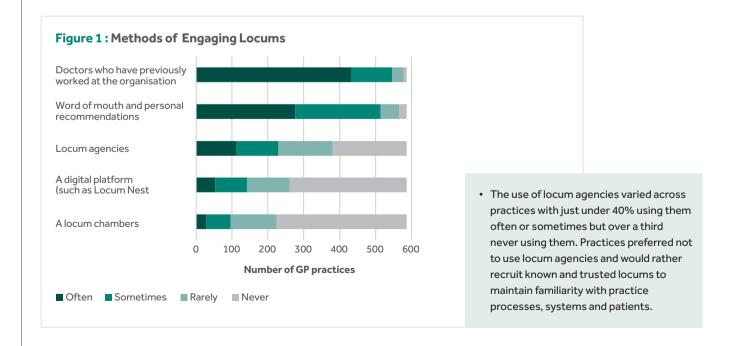


What was this research about?

Locum working has benefits for individual doctors and for organisations but there are concerns about the impact of locum working on continuity of care, patient safety, team function and cost (1, 2). We conducted a national survey of general practices to explore locum work in practices. We sought information about why locum doctors were needed; how locum doctors were engaged, supported, perceived and managed; and any changes being made in the way locums are used. The survey was distributed to 3,745 practices in England and we received 605 usable responses (response rate 16.2%). The survey was completed by GP partners, salaried GPs, other clinical roles (e.g. advanced nurse practitioner), practice managers, non-clinical managers and administrators..

How and why do practices use locums?

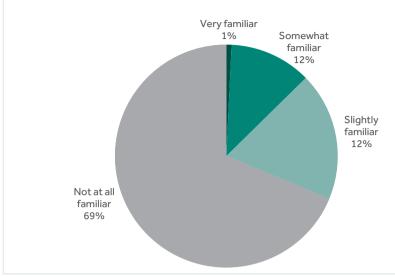
- Over half of practices always or often used locums, very few practices made no use of locums and locums were most frequently engaged on a very short-term basis.
- The main reasons practices reported using locums were to cover planned medical workforce gaps, to provide additional capacity to meet demand and to cover absences due to short term ill health.
- The most frequent method for engaging locums was the use of doctors who had previously worked for the practice, followed by or word of mouth/personal recommendations (see Figure 1).



Do practices follow locum guidance from NHS England?

• There was poor awareness, ambiguity and confusion about the national guidance for locums from NHS England (3) and who was responsible for following it.

Figure 2: Practice familiarity with the NHS England guidance for supporting locums

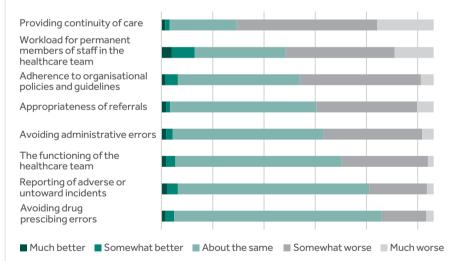


- Some practices followed the guidance or aspects of it and some had their own policies for supporting locums.
- There were some positive perspectives on the guidance, with some respondents reporting it was effective in controlling locum rates and encouraging doctors to take permanent posts.
- Others felt that the guidance was unrealistic, impractical or needed updating.
- Practices focused on key processes such as registration checks and induction but much less was done with regard to engagement, feedback and appraisal.

What do practices think about the performance of locum doctors?

• We found that practices generally thought that the quality of care provided by locums was the same as or worse than that provided by permanent GPs, particularly in areas such as continuity of care, adherence to policies and guidelines and making appropriate referrals (see Figure 3).

Figure 3: Practice perceptions of locum doctor care compared to permanent doctor care



 Advantages of using locum agencies and locum doctors included: maintaining workforce capacity, a new perspective and fresh ideas, efficiency and flexibility.

"Locums can bring their own expertise which can be utilized by the practice as they often have other roles in the NHS." (GP practice 119).

 Disadvantages of using locum agencies and locum doctors included: lack of familiarity with the practice, impact on continuity of care, cost, increased workload for other practice staff and no investment in the practice.

"You end up with another new locum who doesn't know the practice or the patients. New locums take time as there is paperwork and IT set-up to do, checking CVs and certificates, etc. You don't know what you're getting, how quickly they work, whether they're good or whether they create more work for the GPs to come back to." (GP practice 171).

"Many [locum] GPs are charging astronomical fees which are not appropriate for the work they are doing, yet often surgeries have no choice. I think this can create ill feeling." (GP practice 104)

 When there were concerns, practices reported the action they would take to deal with concerns depended on the severity of the concern. The higher the severity of the concern the more likely that they said locums and locum agencies would be informed. Practices reported that it was common for contracts to be ended early when there were concerns and for locums to not be used again.

How can practices learn from this research?

The use of locum doctors is important and necessary for general practices – to provide workforce flexibility and cover staff absences or gaps. But there are some things that practices can do to improve their use of locums:

- The quality of care provided by locums in areas like continuity
 of care, adherence to policies and guidelines, avoiding
 administrative errors, and referrals was quite often reported
 to be poorer than permanent doctors. These are all areas
 where the way practices use and manage locums could make
 a difference.
- As much as possible, practices should treat locum doctors as
 they would permanent members of staff, even if they are only
 in the practice for a short placement. This means, for example,
 involving them in meetings and any training and development,
 supporting their appraisal and revalidation, and making them
 feel part of the clinical team.
- While locum doctors are an important and necessary resource for practices, it was often reported that they do not or cannot cover the same scope of practice as permanent doctors and this results in more work for other members of the team.
- Improving the way practices make use of locums is likely to improve efficiency and working arrangements for other members of the team.
- It is concerning that most practices are not familiar with the NHS England guidance on using locums and it might help if one person in the practice had clear responsibility for locum doctors and for applying that guidance in practice.
- When there are any problems or concerns about a locum doctor, practices should provide feedback to the locum. If appropriate they should report the issues to the locum agency (if there is one involved) or seek advice from their Responsible Officer in NHS England.

If you would like more details of the findings from this research, please email **gemma.stringer@manchester.ac.uk** to request the full report.

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