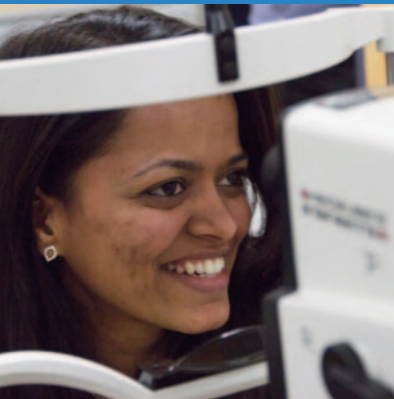


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The use of locum doctors in the NHS: Key findings from a national survey of NHS Trusts in England



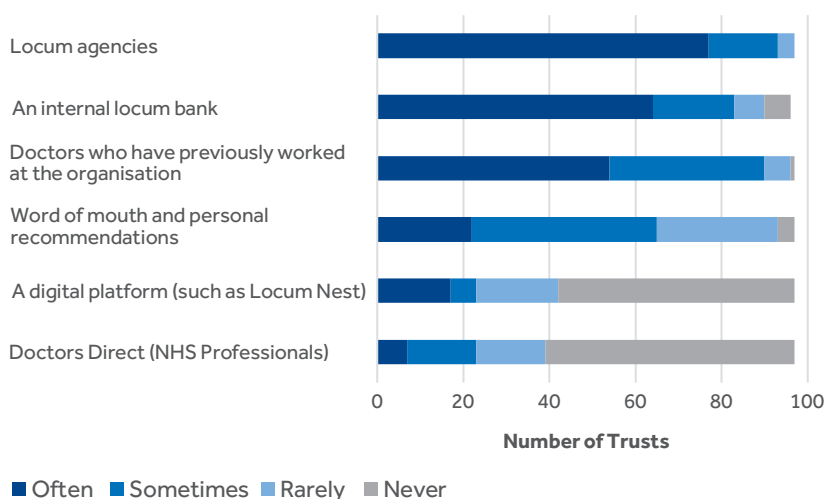
What was this research about?

Locum working has benefits for individual doctors and organisations but there are concerns about the impact of locum working on continuity of care, patient safety, team function and cost.(1-3) We conducted a national survey of NHS trusts to explore locum work, and better understand why and where 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 191 NHS trusts in England and we received 98 usable responses (response rate 51%). The responses included acute hospitals, mental health and community health providers. The survey was completed by Medical Directors and/or Responsible Officers, medical staffing and clinical staff.

How and why do NHS trusts use locums?

- Over three quarters of trusts always or most of the time used locums and only one trust reported that it made no use of locums.
- Trusts used locums for all different engagement lengths, but locums were most frequently needed for medium-term (1-3 months) and long-term (3 months to 1 year) lengths of time, and less frequently short-term (1 week to 1 month).
- The use of locums is driven by workforce issues like recruitment, staff sickness and planned workforce gaps and there was a greater use of short-term locums in acute trusts.
- Trusts mainly source locums from locum agencies and also frequently used internal locum banks and doctors who had previously worked for the trust (see Figure 1).

Figure 1 : Methods of Engaging Locums

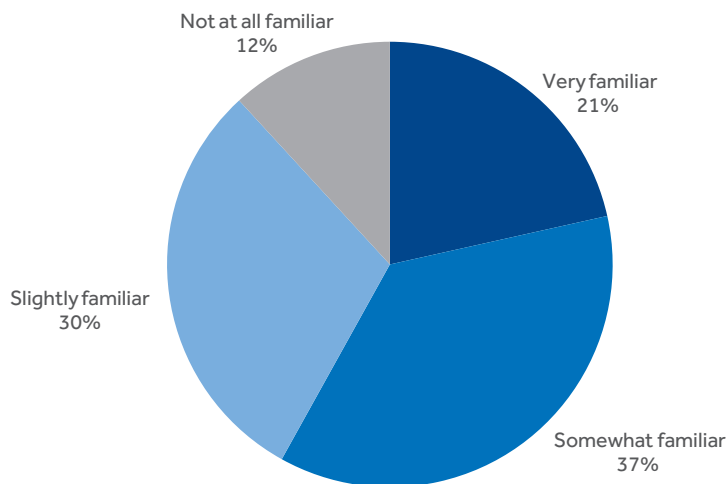


- Trusts would like to reduce their reliance on locum agencies and make greater use of internal locum banks in order to reduce costs and increase familiarity with the organisation.
- Nearly all respondents used locum agencies that were 'framework suppliers' and three quarters of trusts felt that locum agencies matched their needs and provided accurate information about locums.

Do NHS trusts follow locum guidance from NHS England?

- We found a lack of awareness, ambiguity and confusion about the national guidance for locums from NHS England(4) and who was responsible for following it (see Figure 2).

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

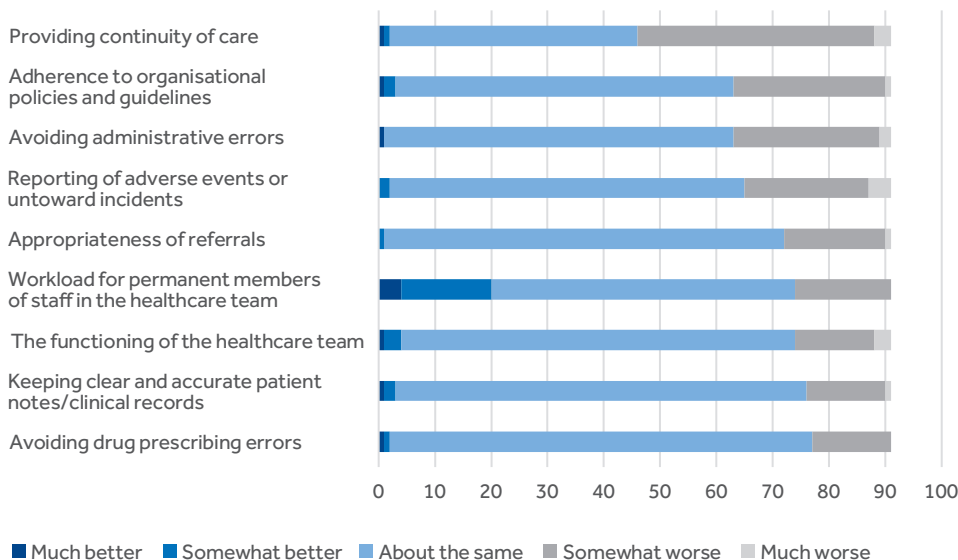


- Some respondents were positive about the guidance and reported that they followed it in their organisations.
- Respondents highlighted a number of barriers to the implementation of the guidance within their organisations including the way that medical staffing was organised and the cost of using locums.
- Others felt that the guidance was unrealistic, contradicted other guidance requirements, did not recognise differences between trusts and would benefit from being updated. *"It's perfect world stuff, the reality is it's the Wild West and we are desperate to get people."* [Trust 27].
- Procedures such as the verifying of documentation and induction were conducted more frequently compared with, for example, providing feedback. Most trusts said they would report concerns about locums but support with annual appraisals (where appropriate) and revalidation was less frequent.

What do NHS trusts think about the performance of locum doctors?

- Overall, care provided by locums was viewed as about the same or worse as care provided by permanent doctors. In particular, continuity of care but also adherence to organisational policies and guidelines, administrative errors and reporting of adverse events (see Figure 3). Mental health trusts were significantly more likely than acute trusts to report that workload for the permanent healthcare team was worse when care was provided by locums rather than permanent doctors.

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



- Advantages of using locum agencies and locum doctors included: maintaining workforce capacity, a flexible workforce and assurance that compliance checks were in place. *"Locums provide cover to support the permanent workforce when gaps arise, which could otherwise compromise patient care and safety."* [Trust 19].

- Disadvantages of using locum agencies and locum doctors included: cost, lack of familiarity with the organisation, impact on organisational development and unreliable quality and consistency. *"Better to have a long term locum rather than occasional shifts as this allows for understanding the policies of the organisation, team work and continuity of care."* [Trust 33].

- The action that trusts reported they would take increased depending on the severity of the concern. The higher the severity of the concern the more likely that the locums and locum agencies would be informed. It was common for contracts to be ended early when there were concerns and for locums to not be used again.

How can NHS trusts learn from this research?

The use of locum doctors is important and necessary for NHS trusts – to provide workforce flexibility and cover staff absences or gaps. There are several things that NHS trusts can do to improve their use of locums:

- Most care provided by locum doctors was reported to be of the same standard as that provided by permanent doctors, but some (in areas like continuity of care, following policies, avoiding administrative errors and reporting adverse events or incidents) was seen as worse – and these seem likely to be areas where organisational arrangements for using locums can make a difference.

- Trusts should make more use of internal staff banks, flexible working contracts, longer locum engagements and other ways to draw on doctors who are already known to and familiar with the organisation, and try to minimise the use of large numbers of short term placements with doctors and overreliance on locum agencies.

- As much as possible, trusts should treat locum doctors as they would permanent members of staff. This means, for example, involving them in training and development, supporting their appraisal and revalidation, and making them feel part of the clinical team.

- Trusts should prepare and enable locum doctors properly to work effectively in the organisation. This means giving them a proper induction and familiarisation, ensuring they have full access to policies and procedures they need to follow, and planning for and taking account of the challenges they will face in working in an unfamiliar organisation – especially to start with.

- Trusts should recognise that locum doctors often cannot fulfil the whole scope of practice of a permanent member of staff, and that this can increase the workload for permanent staff and create a need to give them more support.

- Trusts should be familiar with and follow the NHS England guidance on using locums – especially in areas beyond the essentials of checking locum doctors' registration, qualifications and other details.

- In particular, trusts need to make sure they record and provide feedback to both the locum doctor and the locum agency (if there is one involved) about each locum placement. This especially matters if there are any concerns about a locum doctor.

- It is not acceptable for an NHS trust to terminate a locum's placement because of concerns but not then act on those concerns. If the doctor comes from a locum agency the Responsible Officer (RO) should be made aware of those concerns and the process should be documented. Otherwise, the NHS trust RO should be involved to deal with the concerns as they would for a permanent member of staff.

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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