Unravelling Medical Locums

The demand for medical locums is increasing. It has risen twofold over the last decade. Locums now account for 5% of medical staffing. The need for temporary cover is being experienced at consultant, NGH and GP level. There is a number of reasons why more locum services are being sought. The restriction in NCHD hours under EWTD legislation frequently creates gaps in the duty roster in the event of unexpected illness. Maternity leave is becoming increasingly relevant with the greater feminisation of the medical workforce. Hospitals have been slow to make provisions for this eventuality. More recently training issues and concerns about postgraduate certification have led to recruitment problems. Young doctors are becoming more selective about the posts that they apply for. Understandably posts without training recognition or with onerous on-call duties are unpopular. There are now hard to fill posts due to health and safety rules. Studies indicate that locum demands are higher in peripheral and rural hospitals. An additional problem is that there are more vacancies than suitable doctors to fill them, particularly since the new restrictions on non-EU medical personnel entering the country. Currently locums are obtained from internal sources such as doctors doing additional sessions in addition to their main post or are provided by agencies. Rod McGovern, Locumlink, points out that many young doctors who leave college with substantial loans undertake locums to offset their overdrafts.

Locums are used to fill both planned and unplanned gaps in the duty roster. While the latter are unavoidable the former can be reduced by review of the staff complement. If planned locums are more frequently needed it suggests that there are too few doctors to provide the service or that annual and study leave arrangements are not being coordinated correctly. Unplanned absences are more difficult to anticipate and cause greater problems for tight rosters.

The locum experience has been mixed for both the doctor and the employing hospital. One of the recurring difficulties is that the replacement is frequently required at short notice giving the administrative staff little time to evaluate the candidate. The pre-employment checks may not be as comprehensive as they should be. There may be an over reliance on agency vetting. The applying doctor may be someone who has had difficulty in obtaining employment and is tempted to overstate his experience and abilities. The unsuitability of an appointed locum doctor may only come to light in the middle of a busy week-end. It is stressful for all hospital staff when a doctor is placed in a position beyond his level of competency. It is also unfair to patients. Niall Dickson, Registrar, GMC, states that the onus is on employers to ensure that the doctors they employ are fit to carry out the role expected of them. He adds that there is a responsibility on doctors to ensure that what they say about themselves is accurate in every particular. A written assessment of the locum's performance should always be completed and forwarded to the relevant agency. A verbal comment is insufficient. This is important in ensuring patient safety and preventing an underperforming doctor moving on to another locum undetected. McGovern points that a computerised feedback is sought after every completed locum but unfortunately it is difficult to obtain direct replies. One of the problems is that many consultants do not fully appreciate the importance of these communications.

The welfare of locum doctors needs greater attention and consideration. It must be appreciated that all doctors are vulnerable in unfamiliar surroundings and that this adds to the clinical stress. This is particularly important for overseas doctors who have recently arrived in the country. Healthcare systems differ from continent to continent and across the EU. Proficiency in English is an important consideration. Another concern is when hospital based doctors undertake a locum in primary care, a setting that may be very unfamiliar for them. A further consideration is that locums are more frequently needed for week-end cover, a time when there are few or no other medical colleagues to support them. Prior to commencing work the locum must be provided with a proper induction which is pre-planned and follows a standardised protocol. There should be a structured team hand over meeting with the locum at the beginning and end of the shift. Locums should not arrive unannounced and depart unnoticed. He or she must be provided with knowledge about the patients that he is expected to look after. It is unacceptable that the notes of patients who are known to their usual doctors are not available to those treating them out of hours. He must be made familiar with the hospitals or units work practices. He must be shown how to order investigations and be given access to the computer. A locum has to be clearly explained about his role and what is expected of him. Locums undertaking locum work in the community are encouraged to seek advice or help when in doubt. Good supervision is effective at minimising problems. This does not always happen and a poor clinical performance may be the end result. The chain of supervision should be clearly explained and the locum should be actively encouraged to seek advice or help when in doubt. Good supervision is effective at minimising problems. This does not always happen and a poor clinical performance may be the end result.

Audit Scotland has reported that 47m was spent on locums last year. Agencies ability to meet the increasing demands has fallen to 71%. It found many weak links in the chain of employment leading to locum doctors who were inappropriate in terms of experience, qualifications and English language proficiency. The Report recommended that there should a central collection of data about the reason, type of locum, frequency and duration. Since earlier this year the framework managers in the HSE have been collecting data on every locum provided by the agencies.

Locums provide an important service which is increasingly in demand. The terms and arrangements under which they are employed should be placed on a firmer footing. Hospital administration needs to set aside a budget to cover what is beyond his level of competency. It is also unfair to patients. Niall Dickson, Registrar, GMC, states that the onus is on employers to ensure that the doctors they employ are fit to carry out the role expected of them. He adds that there is a responsibility on doctors to ensure that what they say about themselves is accurate in every particular. A written assessment of the locum's performance should always be completed and forwarded to the relevant agency. A verbal comment is insufficient. This is important in ensuring patient safety and preventing an underperforming doctor moving on to another locum undetected. McGovern points that a computerised feedback is sought after every completed locum but unfortunately it is difficult to obtain direct replies. One of the problems is that many consultants do not fully appreciate the importance of these communications.

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Locums provide an important service which is increasingly in demand. The terms and arrangements under which they are employed should be placed on a firmer footing. Hospital administration needs to set aside a budget to cover what is now becoming an inevitability in an era of rising workloads and insufficient permanent medical staff. Better supervision and formal written assessments will improve the clinical quality of the work undertaken and will make the experience more rewarding for the individual doctor. Similar to the Scottish audit it would be helpful if the HSE undertakes a review of how Locums are employing locums in this country. The exercise would act as a template for the future planning of such services.

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