

Employing locum general practitioners

Andrew Furber and Richard Neal discuss the present situation and outline how things will soon change in England and Wales with the forthcoming Health and Social Care Bill

Nearly 1500 members of the National Association of Non-Principals (NANP) describe themselves as locums,¹ but many other doctors also undertake locum work in general practice. Some will be members of a local group, and others will work independently. The numbers of general practitioners undertaking locum work is likely to increase with increased pay, more part time working, more women doctors, and portfolio careers. Most practices that use the services will usually recruit them through word of mouth.² The process of employing locum doctors in general practice is often informal and therefore poorly regulated.

In 1997 all health authorities and NHS trusts in England and Wales were sent a code of practice for the employment of locum doctors (copies available from NHS Executive Response Line, tel: 0541 555455).^{3,4} This states that employers should be satisfied with a locum doctor's credentials before offering employment.

This guidance has been reiterated in recent advice, which reminds those employing locum doctors to check that such doctors are not subject to proceedings about their fitness to practice or criminal investigation.⁵ *Assuring the Quality of Medical Practice* also states that it will be compulsory for practices to take up clinical references.⁶ Although this guidance is applicable to locum doctors across the NHS, a recent *Health Which* report found that it is often not followed in general practice.⁷ However, the findings of this study are difficult to interpret because of the disappointing response rate of 41% from locum doctors and the non-random sampling of practices. It has also been the experience of one of the authors (AF) to be offered general practice locum work in practices where he was unknown with no checks whatsoever being undertaken. We were concerned at

Checks needed before offering a locum doctor employment⁴

- Identity (preferably with photograph, such as passport)
- General Medical Council registration
- Qualifications
- Medical defence cover
- Previous and current health
- Immunisation status
- Criminal convictions
- Previous experience
- Previous employment
- References

this and so undertook a survey in the Leeds area to systematically investigate local practice.

Current practice

We sent a postal questionnaire to the practice managers of all 206 general practices in the area of Leeds Health Authority and to 75 locum general practitioners identified by the West Yorkshire Non-Principals Group and West Yorkshire Central Services Agency. The questionnaires for managers and doctors were similar and asked questions about the employment of locum doctors over the past six months who were previously unknown to practices. Of the 167 (81%) managers and 54 (72%) doctors who responded, 99 (59%) of the managers indicated that they had employed locums and 44 (81%) of the doctors said that they had undertaken locum work. The key findings from this were that half of the responding doctors said that their JCPTGP certificate was only occasionally or never checked. Few managers checked employment references of locum doctors or asked for health declarations and statements about criminal conviction. Proof of JCPTGP certification, GMC registration, and medical defence insurance were more routinely asked for, but this was not always the case. In addition, only 23 managers and 19 doctors were aware of guidance relating to the employ-

ment of locums. Managers most often cited the health authority, and doctors the National Association of Non-Principals or the West Yorkshire Non-Principals Group, as sources of guidance.

Worryingly, only 43% of responding doctors said that their identity had ever been checked over the past six months, whereas 73% of managers said they always or mostly checked. We suspect, however, that the two groups may have interpreted this question differently, with managers interpreting it as asking for documents with the doctor's name on and doctors interpreting it as asking for proof of identity in more rigorous ways, such as from a passport.

Why are credentials not checked?

Our findings are proof that the current code of practice is not being followed properly. This is a cause for serious concern and may reflect a failure of health authorities to pass on information to practices or a failure of practices to implement this code of practice. Locums may be hired at short notice or come with local recommendation, both of which may discourage managers from checking credentials.

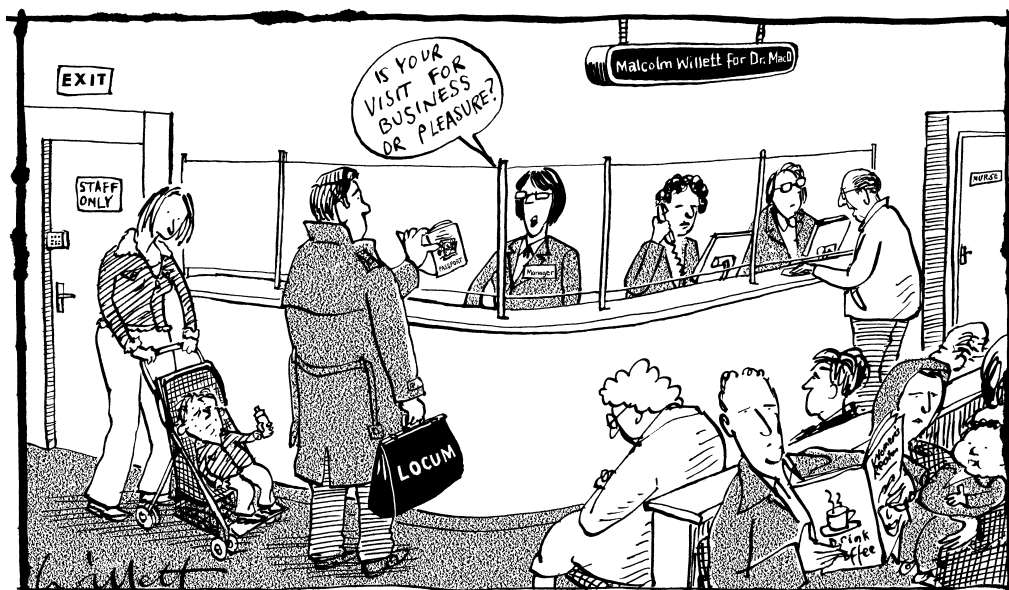
Several of the doctors responding to our survey indicated that they were always prepared to produce their credentials and were surprised

not to be asked to do so more often. Some managers indicated that they felt understandably embarrassed to ask for proof of qualifications from older doctors who had been working in the area for a long period.

What do practices need to do?

Practice managers need to make it their routine practice to check the necessary documents for all doctors who are new to the practice. The code of practice recommends that original documents should be checked.⁴ Even when locum cover is required at short notice, most of the checks can easily be undertaken. A call to the GMC (tel: (020) 7915 3630, fax: (020) 7915 3532) will confirm a doctor's registration status. Telephoning a recent employer may be sufficient when there is no time to take up written references. Where locums are hired through an agency there must be a clear understanding about which party will undertake which checks. It is important to note that general practitioner principals are responsible for the clinical care provided by locums and that practice managers simply act as their agents in the recruitment process.

Subject to the passage of the Health and Social Care Bill through parliament and royal assent, the situation will soon be greatly simplified.⁸ This bill will cover only England and Wales, but Scotland and Northern Ireland are considering their position and may produce similar arrangements. All doctors working in primary care will be required to register with a health authority. Health authorities will be given the power to ask doctors to declare any criminal convictions, cautions, and "findings against" by professional, regulatory, or licensing bodies. This will include criminal convictions or professional investigations outside Britain. Bind-overs (when a doctor is "bound over" to keep the peace)



will also have to be reported by doctors to the health authority they are registered with.

General practitioner principals will be included, as now, on the medical list while general practitioner locums will be registered on a supplementary list. Every practice will remain responsible for ensuring that any locum it engages is suitable, not least because general practitioners will retain liability for the acts and omissions of any deputy. However, the new lists should make this task much easier. Health authorities will advise doctors and practices of the detailed arrangements in due course.

The code of practice also recommends that locum doctors should be given an adequate induction before starting work at a practice.¹ For most locum general practitioners who have been working locally, this need not be extensive, but it should include assuring familiarity with computer and telephone systems and a simple orientation to the practice. A well prepared "locum pack" like the "practice induction pack" produced by the National Association of Non-Principals (www.nanp.org.uk/practice_induction_pack.htm) may help simplify this process.

What do locum general practitioners need to do?

It is good medical practice to be willing to demonstrate your qualifications and competence, and no doctor should object when politely asked to do so. A curriculum vitae that includes qualifications, experience,

recent employers, GMC registration details, and membership number of a medical defence organisation will greatly help practice managers. General practitioners wishing to undertake locum work after any changes brought about by the Health and Social Care Bill need to ensure that they comply with their local health authority's procedure for joining the supplementary list. Once registered with one health authority, they will then be able to practise in other health authority areas without further registration. This system has clear advantages for both practices and doctors, as doctors will no longer have to produce original documents for every new job and general practitioner locums will become eligible to join the NHS superannuation scheme, a benefit that will be back dated to 1 April 2001.

This new system will also improve safeguards for patients. It may also be easier to detect and help locum doctors who are underperforming. At present, practices are unlikely to alert authorities to a locum doctor's performance unless it is serious enough to warrant referral to the GMC. Exclusion from the health authority list would be mandatory for doctors convicted of the most serious offences. It is proposed that all doctors on health authority lists will be subject to clinical governance arrangements, which will include annual appraisal and mandatory participation in clinical audit.⁸

Public and professional outrage after the Shipman case

requires that the regulation of doctors in primary care be taken seriously. The findings of our survey indicate that pre-employment checks for locum general practitioners needs to be greatly improved. If they are not, the potential remains for rogue doctors to gain access to patients with ease.

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1 National Association of Non-Principals. *Annual report 1999-2000*. Chichester: NAMP, 2000.

2 Morgan M, McKeivitt C, Hudson M. GPs' employment of locum doctors and satisfaction with their service. *Fam Pract* 2000;17:53-55.

3 Department of Health. *A code of practice in HCCHS locum doctor appointment and employment*. Leeds: DoH, 1997. (Executive letter EL (97) 48.) (<http://tap.cta.gov.uk/doh/coin4.nsf>)

4 Department of Health. *A code of practice in HCCHS locum doctor appointment and employment*. Leeds: DoH, 1997.

5 Department of Health. *Appointment procedures for hospital and community medical and dental staff*. London: Department of Health, 2000. (Health Services Circular HSC 2000/019.)

6 Department of Health. *Assuring the quality of medical practice: implementing supporting doctors protecting patients*. London: DoH, 2001.

7 Consumers' Association. *Locum GPs*. Health Which 2000. www.which.net/health/contents.html

8 Department of Health. *The NHS plan: a plan for investment, a plan for reform*. London: DoH, 2000. (Cm 4818-L)

Briefing

The standardised induction pack produced by the National Association of Non-Principals (NANP), mentioned in this week's article, is designed to provide a familiar mechanism for inducing any GP into an unfamiliar environment. It allows the practitioner to have instant access to essential non clinical information such as "Where can I get a paediatric urine collection bag?" and "How do I refer to the drug dependency unit?" Anyone who has worked as a locum will know how much time and effort is spent trying to find out this sort of information, which is time spent away from the patient.

The pack allows individual practices to inform all health care professionals of up to 200 essential non-clinical items of information that are specific to the provision of care for their patients. However, the onus is on them to complete it correctly. The NANP has already dispatched 1400 of these packs throughout the UK, but it might be a good idea to take one with you to the practice you will be working with and ask them to complete it. They can be ordered from the NANP at PO Box 188, Chichester, West Sussex, PO19 1FP, and costs vary depending on the number you are ordering: £15 a pack if ordering 1-4; £12 for 5-10, and £10 for 11+ packs. Alternatively you can fax your order to 01243 536428 or email info@nanp.org.uk.

Their website (www.nanp.org.uk) has some useful information and is well worth checking out. You can become a member online. Annual membership fees are £45 if your income is greater than £10 000 and £20 if less than this. Registrar membership is free.

I will keep Scottish and Northern Irish readers informed of progress about locum checks in their countries.

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