

UK's reliance on locums putting patient safety at risk, warns doctor

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Professor Chris Isles from the Dumfries and Galloway Royal Infirmary in Scotland recounts his frustrating hunt to fill his medical staff rota using locums, leading him to some critical conclusions about the poorly regulated locum sector in the UK.

He was dismayed to be offered locum doctors who were inappropriate in terms of experience, qualifications, and fatigue, and his account raises some serious questions for the NHS.

"A huge amount of time has been wasted attempting to book doctors with little experience of working in the UK, whose competencies I have been unable to assess, who did not always have the right paperwork, and who could break an agreement at will and without repercussion," he writes.

Demand for agency locum doctors has increased in recent years, fuelled by the full implementation of the European Working Time Directive for doctors, as well as increasingly hard to fill vacancies.

According to a recent report by the public sector watchdog Audit Scotland, the NHS in Scotland spent £47m (€57m; \$70m) on locum doctors in 2008-9, 43% of overall medical staffing expenditure. About £27m of this was on agency locums. In England, the Department of Health does not centrally collect figures to show how much NHS trusts spend on locum doctors.

Audit Scotland also found that procedures for induction and supervision of locum staff were vague and therefore more likely to be overlooked.

Professor Isles believes the responsibility for this "must lie with the European Working Time Directive and Modernising Medical Careers, which have created a health service in which we are forced to rely so heavily on locums."

He concludes: "But most of all I rage at the locum agencies whose abject failure to regulate themselves should surely have led to intervention by the GMC by now. We pay lip service to patient safety by allowing this scandalous state of affairs to continue."

In an accompanying commentary, Niall Dickson, Chief Executive at the General Medical Council, says: "This disturbing account highlights both the continuing shortage of doctors in some parts of the country and the apparent failure of some agencies and doctors to provide reliable information about their skills and competence."

The GMC has robust systems to ensure that the information about doctors on the medical register is up to date, correct, and available to those who need it, when they need it, he adds.

But he points out that the information is necessarily limited, and that the register "provides less assurance in relation to doctors from the European Union as we are not currently allowed to assess them for their competence or their linguistic ability." The GMC is currently working with the Department of Health and the European Commission to change this.

Dickson concludes: "Locums provide a valuable service but they need to be supported with good induction - all doctors are vulnerable in unfamiliar settings ... These case studies highlight the difficult position

faced by hospitals trying to ensure adequate cover, but it also shows precious time is being wasted when they are not provided with accurate information on which to base a decision."

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