

# Locums and permanent GPs equally safe, study says

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There is no evidence that locum doctors are less clinically competent or practice less safely than permanent doctors, a study in England led by University of Manchester researchers has shown.

Some differences in practice and performance of locum and permanent GPs were found; however, the researchers suggest they are likely to be shaped by the organizational setting and systems within which they work.

The results of the study—the largest ever carried out on temporary doctors, [published](#) in *BMC Medicine* and should allay concerns over the competency of temporary doctors in general practice.

The researchers found no evidence that emergency admission numbers occurring within 7 days of a consultation were different when seen by a locum or a permanent GP.

Hospital admissions for conditions often managed in primary care such as Chronic Obstructive Pulmonary Disease (COPD), Asthma, Diabetes mellitus, Epilepsy, Hypertension, Heart failure, Stroke and transient ischemic attack (TIA), Peripheral arterial disease (PAD) and Hypothyroidism also did not differ after 7 days.

And 8 out of the 11 prescribing safety indicators used by the researchers in the study showed no differences between locum and permanent GPs.

Differences for the remaining three were small and two which showed locums to be prescribing more safely were not clinically meaningful.

The research team examined around 3.5 million patient electronic health records from the CPRD GOLD database with linkage to Hospital Episode Statistics.

They analyzed 37 million recorded consultations from a representative sample of the [primary care](#) population of England from 1 April 2010 to 31 March 2022.

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the most significant health issues of our time. That is why locums are a key component of the medical workforce in the NHS. However, evidence on differences in quality and safety between locum and permanent doctors is limited.

"There has been some past high profile examples of poor quality care by locum doctors, though the same could likely be said for permanent doctors. Indeed our qualitative research suggests that some patients actually welcome the opportunity to see a locum GP because they get a fresh perspective on their condition," says Dr. Christos Grigoroglou.

However, there were some differences in practice found by the researchers: patients who had a consultation with a locum GP were 12% less likely to return to practice for another consultation when compared to patients who had a consultation with a permanent GP.

Those patients, suggest the researchers, could have opted to wait to see a permanent GP out of preference. Some practices may assign more straightforward cases, which wouldn't require another consultation, to locums.

A consultation with a locum was 21% more likely to lead to a prescription for an antibiotic and 8% more likely to lead to a prescription for strong opioid painkillers. That may indicate locums are likely to be less aware of or compliant with practice prescribing guidelines, potentially explaining the difference.

Locum GPs were also markedly less likely to both order tests (20% less) and refer patients (15% less) to other services such as hospital outpatient clinics than permanent GPs.

That, suggest the researchers, may be down to practices setting constraints on such decisions by locums that require them to be reviewed

or approved by another GP in the practice.

Lead author Dr. Grigoroglou said, "Staff shortages in the global health sector are considered to be one of the most significant health issues of our time.

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"Indeed our qualitative research suggests that some patients actually welcome the opportunity to see a locum GP because they get a fresh perspective on their condition."

Study co-author Dr. Thomas Allen added, "Despite public concerns, the [clinical practice](#) and performance of locum GPs did not appear to be systematically different from that of permanent GPs in our study.

"Greater attention to the quality of induction, supervision, communication, and practice management may help address some of the differences we did find.

"We believe future research should focus on understanding how organizations can make best use of locums as part of their wider medical workforce and how locum doctors can be enabled to practice and perform effectively as members of the clinical team."

**More information:** Christos Grigoroglou et al, Comparing the clinical practice and prescribing safety of locum and permanent doctors: observational study of primary care consultations in England, *BMC Medicine* (2024). [DOI: 10.1186/s12916-024-03332-z](https://doi.org/10.1186/s12916-024-03332-z)

Provided by University of Manchester

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