Quality assurance and locum doctors in NHS trusts

The Audit Commission has recently published its findings on the use of locums to provide service in the NHS. *Cover Story: the Use of Locum Doctors in NHS Trusts* (Audit Commission, 1999) considers the question of how to provide care for patients in the absence of permanent medical staff who, the report recognizes, are the optimum providers of medical care. Some 3 500 locums are employed throughout NHS trusts everyday for short-term absences relating to study leave, annual leave and sickness and long-term absences relating largely to unfilled vacancies and maternity leave.

The Commission looked in depth at the experiences of 15 NHS trusts which employ locums, surveyed doctors who work as locums, and solicited the views of trust directors of human resources, to build up a picture of the employment of locum doctors in the NHS.

What have we learned from the report? There is certainly a clearer understanding of the degree of reliance of the NHS on locum doctors and the important service provided by them. There is also better documented evidence that nearly two-thirds of doctors employed as locums qualified overseas and that 70% of doctors aged between 35 and 55 years of age providing long-term locums qualified overseas; many of these doctors are locums out of necessity rather than by choice (Hospital Doctor, 1999).

There are concerns raised over the expenditure on locum doctors and whether value for money is being achieved by their use. The report also emphasizes the responsibilities of organizations employing locums with respect to induction into the posts on arrival, their continuing professional needs and the support and supervision available to them within trusts.

QUALITY ASSURANCE AND LOCUM DOCTORS

The quality of service delivered within the context of locum medical care is crucial. Indeed, *A Code of Practice in HCHS Locum Doctor Appointment and Employment* was developed to help address this issue since:

> **'the NHS, the medical profession and the Health Departments have all expressed concerns over the quality of some Locum doctors and the apparent ease with which some unsatisfactory doctors are sometimes able to move between Locum posts within the NHS' (NHS Executive, 1997).**

The report notes that compliance with the Code has only been partial and that trusts need to:

> **'improve their control over appointment, induction, monitoring and performance review of locums.'**

Although the Audit Commission acknowledges that 'despite the widespread belief that locum doctors are of lower quality than permanent staff, there is little data available either to confirm or disprove this prejudice', it nonetheless proposes the introduction of a national accreditation system for locum doctors. This will not, however, address the paramount issue of quality assurance. This is particularly true when we consider the issue of locums at consultant level, since these doctors do not work under supervision but practice independently.

Locum doctors working in any of the training grades or non-consultant grades are directly accountable and under the supervision of more senior clinical staff. There is therefore a mechanism in place for quality assuring the clinical work that these doctors undertake. This is neither to minimize the necessity to ensure that good systems are in place for their recruitment, induction and supervision nor fail to recognize that such systems are often lacking in practice. It is true, however, that if the Code of Practice were appropriately implemented, support for and quality assurance of locum doctors practising in the non-consultant grade would largely be managed. Implementation of the Code should have a high priority, with the requirements of trusts to develop robust support for locum doctors based on clinical governance.

CONSULTANT LOCUMS AND QUALITY ASSURANCE

This is not necessarily the case, however, for doctors undertaking locum consultant appointments. The introduction of structured training ('Calman training') set out to achieve a number of objectives (Department of Health, 1993). One of the most important was to develop a system to ensure that those individuals who were eligible to apply for consultant appointments had received training appropriate to the specialty.

Critically, trainees had also to be formally assessed as having achieved the standards set for award of the Certificate of Completion of Specialist Training (CCST) in that specialty. This differs significantly from previous accreditation systems used by the Royal Colleges which at best consisted of a formal exit examination and at worst involved indicating that sufficient time had been served within the training grades. In other words, Calman training has attempted to introduce a system of quality assurance into the endpoint of training which 'kitemarks' individuals as having reached the standard for specialist consultant practice in the UK. Although there is still substantial discussion taking place as to how systems for such assess-

ments are best developed and supported, there is a clear understanding that they are necessary to assure the public and professionals that appropriate standards of clinical practice and performance have been achieved.

It is a reasonable assumption on the part of the public that if consultant care is being offered, it should be to the same accredited standards. If, however, a locum consultant is offering consultant care, can this be guaranteed? At the current time the answer to this must be a qualified no. While it is certainly the case that some locum consultants are on the specialist register and therefore are recognized to have achieved the minimum standard required to be eligible to be a consultant, others are on the general register only. Unfortunately the Audit Commission report does not elaborate on this apparent anomaly, but does point out that at least one of the trusts in their study has made it mandatory for locum consultant appointments to be on the specialist register. If one trust can set this standard, should not all trusts do the same?

LOCUM CONSULTANTS AND THE SPECIALIST REGISTER

Should all individuals appointed as locum consultants have to be on the specialist register before taking up such appointments? This would assure patients that if seen by a locum consultant, the individual would have had equivalent training and attained equivalent standards of performance as a permanent consultant appointment.

The alternative suggested by the report is that an accreditation scheme be established for locums. But why should a new accreditation scheme be required when we have just introduced a perfectly adequately one through the structured training scheme for specialist training? To develop a second, parallel scheme for accrediting locums might suggest that there is a difference in the standards and quality of care being offered by locum doctors.

Mechanisms for ensuring the performance of locum doctors below the consultant grade are already available through clinical supervision arrangements within trusts; they need to be improved and developed by implementation of the Code of Practice which will help Trusts to support locum doctors more effectively and to secure better clinical governance and risk management arrangements.

For locum consultants, however, surely the rational approach is that individuals should only be appointed if already admitted to the specialist register. Given the accountability issues raised by clinical governance and the likely expectations of the Commission for Health Improvement that standards of practice are equivalent, care offered by a consultant should mean the same thing — be it by a substantive appointment or a locum consultant appointment. This issue will require further exploration by the General Medical Council as it considers revalidation of doctors, since it will need to address the issue of whether revalidation is only about being on the general medical register or whether it will include specialist registration as well. The latter is essential for appointment to the consultant grade and hence revalidation of specialist registration is likely to be required.

There are, of course, practical issues that need to be addressed in proposing that locum consultants must be on the specialist register. Will there be sufficient doctors on the register to meet the need for locum consultant appointments? Certainly in some specialities, obstetrics and gynaecology for example, the answer is clearly yes. In others, there will be doctors who applied for mediated entry to the specialist register and who are seeking the additional training required to achieve this. Some are locum doctors who, if successful in achieving the required additional training, will be on the specialist register. They will be in a position to seek a substantive consultant appointment or will be able to carry on undertaking locum consultant appointments.

LOCUMS AND EXPANSION OF THE CONSULTANT GRADE

The problem would be resolved if the consultant grade was expanded sufficiently to minimize the need to appoint locum consultants. This must, in the end, be in the best interest of patient care, existing consultants and locum doctors. Such an expansion would ensure better supervision of doctors in training and of locum doctors in the non-consultant grades. It would also provide the quality assurance required by the public to confirm that concerns around clinical governance are being openly and seriously addressed. HM

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KEY POINTS

- The Audit Commission has recently published its review of the use of locum doctors in NHS trusts.
- The report acknowledges the important service provided by locums to the NHS but suggests that fewer locums could be employed by better planning.
- The Commission proposes the development of a new accreditation scheme for locums because there are concerns over standards of appointment, induction, monitoring and performance management of locums.
- The existing Code of Practice for locum doctors should be rigorously implemented by trusts. Locums in the non-consultant grade should be monitored in accordance to recommendations within the Code.
- In view of the necessity for entry to the specialist register before appointment as a permanent consultant and clinical governance issues, there should be a requirement for doctors working as locum consultants to be on the specialist register.