

Locum doctors in general practice: motivation and experiences

CHRISTOPHER McKEVITT

MYFANWY MORGAN

MERYL HUDSON

SUMMARY

Background. *There is evidence of dissatisfaction with locum doctors' performance, but little is known about doctors who work as locums in general practice or about their experiences of this work.*

Aim. *To describe the motivations and experiences of doctors providing locum cover in general practices.*

Method. *A postal questionnaire survey distributed to locums through organizations such as locum groups, commercial agencies, and general practices.*

Results. *Questionnaires were returned by 111 doctors currently working as locums in general practice. Four main reasons for working as a locum GP were: as a short-term option while between posts, to gain experience of different practices before commitment to one practice, to balance work and family or other commitments, to continue part-time work after retirement. One-quarter of responders intended to continue working as a locum indefinitely. The drawbacks of locum work included frustration with low status, lack of security, and difficulty accessing structured training and education.*

Conclusion. *Locum doctors in general practice are a heterogeneous group that includes those who have chosen this type of work. The doctors who intend to continue as locums indefinitely represent a useful resource in primary care whose ability to provide short-term cover could be maximized. The need to control the quality of 'freelance' doctors should not overshadow the need to control the quality of their working environments.*

Keywords: locum; questionnaire survey; general practice.

Introduction

LOCUM doctors have an important role, providing medical care to patients where doctors in permanent posts are on leave.¹ There appears to be a shortage of doctors to provide this service, with general practitioners (GPs) reporting difficulties in employing locums, particularly at short notice.² There is also evidence of dissatisfaction with locums' performance,³ and issues of quality are the focus of the scanty literature on locum doctors, with occasional reports in the medical and lay press highlighting examples of poor or incompetent service.⁴ This concern about locum performance and patient safety led to the establishment in 1993 of a Working Group on Locum Doctors whose task was to advise the Chief Medical Officer on how to control the quality of locums. The Group's recommendations related mainly to those working in hospitals, but it was also suggested that these would be relevant to locum GPs.¹

C McKeivitt, PhD, research fellow; M Morgan, PhD, reader; and M Hudson, MPhil, research fellow, Department of Public Health Sciences, Guy's, King's and St Thomas's Hospitals Medical School, London. Submitted: 9 October 1998; final acceptance: 25 February 1999.

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Despite this focus on the quality of locum performance, little is known about doctors who provide locum cover in general practice; however, a recent report identified the characteristics of vocationally trained doctors not working as principals, some of whom work as locums.⁵ As part of a wider study of the use of locum doctor services by general practices in the south Thames region, we sought to document the perspectives of locum doctors themselves. We aimed to investigate their reasons for choosing this type of work and their experiences of it.

Method

Since doctors who provide locum services are a hidden population, it was difficult to identify and gain access to potential responders. Therefore we used a 'networking' strategy,⁶ asking intermediaries — people in contact with locum GPs — to distribute questionnaires on our behalf. One hundred questionnaires were sent for onward distribution to selected commercial agencies, locum group leaders, and general practice managers in inner-city London and urban areas in the south Thames region. One hundred questionnaires were also sent to the National Association of Non-Principals (NANP) for distribution to members working in the study area. Distribution took place during spring 1997 and winter 1997/1998.

The questionnaire was developed and piloted among doctors with previous experience as locum GPs. It was brief (two sides of size A4) and anonymous, and asked about demographic and professional characteristics, reasons for working as a locum, and experiences of this work. Two closed questions (reasons for working as a locum and usual sources of work) required a list of responses to be ranked in order of importance. Open-ended questions were used to elicit doctors' views of locum work.

Responses to open-ended questions were coded and response categories developed. SPSS software was used for analysis. Chi-squared tests were used to examine variations in responses according to age (≤ 35 , 36–50, and > 50 years), sex, marital status, and responders' sources of recruitment.

Results

Completed questionnaires were returned by 111 locum doctors, giving a response rate of 55%. This is probably an underestimation since we were unable to ensure that all questionnaires were distributed by all intermediaries. Fifty-two per cent of the questionnaires returned were completed by members of the NANP, with the remainder from distributions to locum groups (23%), practice managers (11%), commercial agencies (8%), and personal contacts (6%).

Responders' characteristics are described in Table 1. The responders' relatively young age is reflected in their length of time since qualification: 44% had worked as a partner in general practice, with all 13 responders aged over 50 having previously been partners. Three-quarters of responders had been working as a locum for three years or fewer. One-quarter of responders intended to continue working 'indefinitely'/'for the foreseeable future', with more women than men in this category.

Reasons for working as a locum are shown in Table 2. Of the 20 responders who included 'retirement from GP partnership' among all their reasons, 10 were aged 29 to 48 years, with some

Table 1. Characteristics of responders.

Characteristics	Men (n = 48)	Women (n = 63)	Total (n = 111)	
			n	(%)
Age (years)				
≤35	28	36	64	58
36 to 50	7	24	31	28
>50	13	0	13	12
Not known	0	3	3	3
Median age (range = 28 to 69)	34	33	33	
Married/living with partner	27	43	70	63
Recruited via NANP	19	39	58	52
Previous GP partner	25	24	49	44
Locum work is main source of income	38	41	79	71
Median years worked as locum (range = 1 to 11)	2	2	2	
Median number of practices worked at in past six months (range = 0 to 28)	7	5	6	
Intention to continue locum work	(n = 46)	(n = 59)	(n = 105)	
Indefinitely	5	21	26	25
6 to 10 years	-	2	2	2
3 to 5 years	12	5	17	16
1 to 2 years	14	10	24	23
Less than 1 year	15	21	36	34

Table 2. All reasons and two main reasons given for working as a locum.

What was the main reason that attracted you to locum work?	All reasons mentioned		Two main reasons ranked				
	(n = 111) n (%)	Total (n = 111) n (%)	Male (n = 48)	Female (n = 63)	Age ≤50 (n = 95)	Age >50 (n = 13)	Age not known (n = 3)
Between jobs	70 (63)	30 (27)	14	16	29	0	1
Experience of different practices	76 (69)	35 (32)	17	18	30	4	1
Money	72 (65)	26 (23)	13	13	20	3	3
Avoiding commitment to one partnership	73 (66)	24 (22)	9	15	23	1	0
Flexibility - location	73 (66)	14 (13)	6	8	13	1	0
Flexibility - time ^a	84 (76)	38 (34)	10	28	34	4	0
Retirement from GP partnership ^b	20 (18)	13 (12)	12	1	3	10	0
Other	12 (11)	5 (5)	1	4	4	0	1

^aDifference between male and female responders ranking flexible time as one of two main reasons ($c^2 = 5.738$; $P = 0.017$, with continuity correction); ^bdifference between male and female responders ranking retirement from GP partnership as one of two main reasons ($c^2 = 12.267$; $P = 0.000$, with continuity correction).

explaining that they had experienced partnership difficulties or disliked working full-time. Significantly more women than men selected 'flexible time' as the first or second most important reason for working as a locum. More responders from the youngest age group ranked 'between jobs' or 'different experiences' as their two main reasons.

There were associations between reasons for working as a locum and intentions to continue with this work. Sixty-two per cent of responders who intended to continue locum work indefinitely, but only 25% of all others, indicated that 'flexible time' was one of their two main motivations; 50% of those planning to work for 1 to 2 years, but 26% of all others, ranked 'experience of different practices' highly.

Most (80%) responders reported that it is easy to find locum work, although some indicated that there are seasonal variations, being 'too busy in summer, too quiet in winter'. Seventy-five per cent preferred to work in either urban or rural areas; only 10 doctors (seven aged ≤35) preferred the inner city.

Locums identified a variety of channels to find work, but using personal contacts was overwhelmingly the preferred method (Table 3). There were no significant differences by age, sex, or marital status. Half the responders indicated that their preferred method leads to work in a familiar or friendly practice. For those

whose main source of work was commercial agencies, 'money' was cited as frequently as 'location' or 'familiar/friendly practice'. Those whose main source included deputizing agencies and cooperatives, ranked 'scope for choice' more frequently than 'familiar/friendly practice'.

Responders identified the following advantages of locum work: time to pursue other activities (40%), financial benefits (33%), and the opportunity to experience a range of different practices (27%). Lack of job security, including the unpredictability of work availability and exclusion from the National Health Service pension scheme was the most frequently cited disadvantage of locum work (33%). Twenty per cent, mostly the youngest responders, mentioned lack of career structure, including opportunities for training, and 20% mentioned lack of status, reflected in attitudes from colleagues and patients. For example, one complained of being treated as 'just a locum', while another commented, 'it does sometimes feel as though you are an outsider of sorts'. Other negative features reported were lack of patient follow-up (20%) and too much travelling (17%).

The responders considered many factors when deciding to accept a particular post, including the friendliness or familiarity of the practice (59%). Fifty-seven per cent cited the importance of an employing practice being 'well organized'. Features mak-

Table 3. Sources of locum work.

Source	Number responding 'yes' n (%)	1st choice where sources were ranked n (%)
Commercial agency	28 (25)	3 (3)
Personal contacts	98 (88)	69 (62)
Deputizing agency	37 (33)	2 (2)
Cooperative	40 (36)	4 (4)
BMJ	50 (45)	10 (9)
Other	31 (28)	14 (13)

ing for such a practice included 'tidy notes'; 'computer up to date'; 'ideally a locum pack available'; and 'organized principals, efficient, and helpful practice managers, nurses and clerical staff'. Thirty-eight per cent made observations about the workload imposed by some practices, including the length of appointment times, expectations about on-call work and administration, with a preference for 'no paper work, or on-call, or business management'.

Discussion

This paper presents the experiences and views of a largely invisible group: locum GPs. The study is limited by its relatively small sample size, the quantity of data collected, and the difficulty of assessing the representativeness of the sample. This relates to the nature of the population that is hidden and likely to be shifting in terms of numbers and membership. It also relates to the way in which we identified responders: although pragmatic, the strategy disallowed control over the distribution of questionnaires. The sample achieved is biased by the source of responders, with the largest group coming from the NANP, an organization set up in 1997 to represent the needs of assistants, deputies, and associates. NANP responders to this survey tended to be those with a greater commitment to long-term locum work.

The strength of the study is that it challenges the stereotype of the locum doctor as one who is not in permanent employment because of poor quality. Our results suggest that doctors may choose to work as locums as a way of managing their own careers. They may be about to start permanent posts but need short-term work. They may be delaying commitment to full-time partnership and using the time to experience a range of different practices. As recently reported elsewhere,⁵ locum work is chosen by some to balance career and other commitments, particularly family responsibilities. In this study, responders in this category were mostly women, but one male single parent explained that locum work allowed him to combine employment and parenting. Some responders added comments to the questionnaire stating that they were looking for permanent part-time posts. Others left full-time practice mid-career because of partnership problems or dissatisfaction with general practice. Finally, locums also include older doctors who have retired from full-time partnership.

Among different types of locum doctors there is a category of 'career locums': those who intend to continue with locum work for the long-term future and for whom a major attraction is the flexibility that this type of work affords. They should be seen in the context of increasing diversity of career paths in general practice, as part-time work becomes more popular and early retirement may be more attractive to GPs disillusioned with changes in primary care.^{7,8} Locum work satisfies their wish to work without a commitment to full-time partnership.

The study also highlights sources of dissatisfaction among locum doctors. For example, they complained about lack of job security, pension rights, and other benefits such as access to on-

going education and training, the importance of which has recently been highlighted.^{9,10} There have also been recent discussions led by the NANP and the NHS Executive to extend pension rights to locum doctors. Primary care groups and health authorities could (as some commercial agencies do) offer such benefits to local banks of 'career locums'. Such incentives would help maximize locums' potential to meet the need to cover GPs' planned and unplanned absences. At the same time this would situate locums within formal primary health care structures.

Consideration of issues related to locum doctors has focused exclusively on the need to control the quality of locum doctors' performance. Quality control measures are important for all doctors and especially those who, as 'freelance' workers, are outside professional structures; yet locums' views of their work suggest the need to expand the concept of quality control to encompass not only individual performance but also the working environment. While responders surveyed in our concurrent study of general practices' use of locums reported a sizeable rate of dissatisfaction with locums' performance, some locums complained about their employers' disorganization, unfriendliness, and failure to give basic information particular to that practice. This highlights the need for employing practices to implement strategies, such as the provision of locum packs and use of available guidelines¹¹⁻¹³ to assist locums entering an unknown post. Such strategies would also encourage high quality performance and job satisfaction in the locums whom they employ.

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Address for correspondence

Dr C McKeivitt, Department of Public Health Sciences, Guy's, King's and St Thomas's Hospitals Medical School, Capital House, 42 Weston Street, London SE1 3QD.