

The world of locuming

Qualifying as a GP can be an unqualified let-down. We spend our training learning how to be a partner, but actually we nearly all end up locuming for a significant amount of time. And then, when ... if, we get that partnership, we can end up re-examining why we went to Medical School in the first place, and why did we decide to be a GP? Was it because we fancied the idea of one day becoming a manager, hiring and firing staff and managing budgets? Was it because we liked the idea of reaching targets that seem to be changing on a regular basis? I suspect not. We wanted to be GPs because we enjoy the clinical aspects of care, being involved in the management of people from cradle to grave and working at the coalface of health care. So, although partnerships and salaried posts can deliver our aims, we invariably have to suffer the baggage too. And as business management is often the polar opposite to being a carer, we frequently find the more often mundane role of management to be more stressful than the highly complex and skilled task of being a GP.

And partnerships are becoming scarce; not only are there financial advantages for practices to keep the number of partners to a minimum, but because these partners want to take on more of the management and control of the practice, including taking on the role of employing salaried GPs, working as a partner is actually becoming even more stressful. It is not as much fun as it used to be. So, like rabbits caught in headlights, many would-be partners are instead becoming what they thought would be the next best thing—a salaried GP. But just like rabbits, reality soon hits the fan. Second only to solicitors, GP practices rank as some of the UK's worst employers. Obviously, there are some outstanding examples of wonderful sympathetic employment conditions, but there are plenty of bad examples too. Contract creep is common—that is, if you are in the 50% or so who are lucky enough to have negotiated a salaried GP contract. Contractual issues are often hard to settle. Be warned, bad news about a GP can spread like gonorrhoea. In other words, although rare, the potential of unsympathetic news about your employment dispute to spread to another practice is too big a risk to take. Unhappy salaried GPs, being given so much responsibility yet so little control, are two-a-penny.

So that leaves locuming. Ah, I hear you say. He has slated partnerships and derided salaried GP posts so how is he going to finish off locuming? Well, I am not. I believe working as a GP locum, within something along the lines of a chambers or a similar locum support team or co-operative, can actually give you the best of both worlds. These chambers work like virtual practices, driven by the locums inside them. Five years ago, I set-up Pallant Medical Chambers in Chichester with two locum friends, and we have

now capped the membership of our chambers to 15, and at the same time setting up chambers for other locums. These were initially nearby but now we are spreading our network across the country. Unlike a locum agency, where the management employs the locums, we as locums employ the management. We have two full-time business managers who manage every non-clinical aspect of our work: they book all our locum sessions; confirm, at least twice, each session; bill the practices; collect payments and even bank them direct into our personal accounts, billing us around 10% (tax deductible) of our income once it has been paid in. This 10% may sound a lot to some, but it makes a huge difference to us having to do it as individuals; not only more efficient and professional but also far more effective too. Double and missed bookings are a thing of the past and, by actively—often obsessively—scouring practices when we have any unbooked sessions, ensures that we are rarely without work. Instead, almost every session established members make available is usually booked. This is also helped by the fact that so many practices come straight to us when they need a locum. Rather than members having to spread themselves thinly across a multitude of practices, our business managers can relocate bookings to provide much greater continuity for the locum and the practice.

Locum rates within each chambers are simpler too. We use very standardized sessions, and because we are classed as a 'single trading entity' in the same way as an individual locum is, we can publish a price for our sessions for all our members. Our members tend to earn more than they would as individuals not because of charging higher rates but simply by getting more bookings.



Life in View/SPL

Lack of continuity of care is sometimes cited as a disadvantage of being a locum. But like every cloud, it has a silver lining both for the patient and the GP. Continuity is becoming ever more the Holy Grail of traditional General Practice, despite the entire lack of evidence that continuity improves patient care. Indeed, as any experienced locum will tell you, a fresh approach from a different GP in a new setting can lead to an entirely different management of a patient's condition. The familiarity of ongoing relationships of any kind invariably lead to complacency, with false assumptions being made between both parties, so approaching almost every patient as a new case can be a thrilling and exciting experience, balancing communication skills and clinical management in the context of an ongoing relationship with other clinicians. Combine with that the skills of working in many different, often struggling, practices in conditions of 'enforced underperformance' one has huge potential to experience a rich diversity of practices and patients. Every day is different!

So, why do practices prefer to use locums working in a chambers? As well as all the efficiencies we have introduced to make the process so much easier for the practices, they are guaranteed a consistently high standard of GP. All our members are selected and interviewed and, if we feel they will fit comfortably into our ethos of a chambers, we will invite them to join while ensuring their references are ideal. Once they are in, they are on probation for 6 months. All members have to attend our

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rolling programme of members-only chamber's meetings and speaker/educational meetings (open to all local sessional GPs). They also have to take part in our appraisal package—a system of feedback pathways including practice-to-member, member-to-practice, patient-to-member, practice-to-chambers, secondary care referral-to-member and several significant event processes.

All this, together with summer parties, quiz nights, bowling and Christmas dinners, leads to a dynamic team of highly professional and well-motivated GPs.

But how is this going to fit in with revalidation? Put simplistically, the situation regarding locums is like the game of football. In football, there are constants and variables. The constants are the rules of the game—length of match, goal size, offside, handball, etc. The variables are the teams that play—are you Liverpool with your management, coaching, fans, physiotherapists, etc. or are you Bognor Regis United with your shirts sponsored by the local kebab shop. Like revalidation, there are also constants and variables. In revalidation, the rules are the same for every GP (multisource feedback, SEA analysis, audit, etc.) but the support structure may vary widely. Practice-based GPs have enjoyed years of support in terms of infrastructure, management, technology, training and education while GP locums as a whole have had none.

Revalidation could be very tough indeed for locums given that this essential component of working within a managed environment is often missing. Working within a well-managed locum support team, we are not only significantly raising the bar when it comes to working as professionals but also ensuring that our working lives as GPs are spent almost exclusively in direct patient care rather than supporting spurious extraneous government targets by running a small philanthropic yet ostensibly profit-making company.

As revalidation bites, in the same way that out-of-hours care was transformed within a year or two from individuals manning small on-call rotas to large OOH co-operatives, so too will independent locuming have had its day. Locums working as teams will transform not only quality of life for doctors but also patient care.