Secondary care locums report

Issue
1 This report looks at how revalidation is working for secondary care locum doctors.

Recommendations
2 The Revalidation Advisory Board is asked to:

a Note the contents of the report.

b Provide information and advice on locums to enable us to report to ministers regarding secondary care locum doctors.
Secondary care locums report

Issue

Background

3 Locum doctors are a significant and important part of the modern NHS workforce. The NHS relies on locum doctors to cover periods of absence including maternity leave, sickness, suspension, professional or study leave, vacant posts and delays in recruitment processes.

4 Locum doctors, particularly those employed for very short periods of clinical service, are perceived to represent a higher risk to patients and employers because of the peripatetic nature of their work. Locum doctors often have to work with unfamiliar clinical teams and in unfamiliar settings and may be subject to less effective management oversight. In addition, locum doctors may have difficulty accessing support for professional development and have reduced opportunities for involvement in clinical governance and quality improvement activities (such as multidisciplinary team meetings, peer review and appraisal).

5 In June 2013, the Department of Health commissioned the NHS Revalidation Support Team (RST) to review the quality assurance arrangements for secondary care locum doctors. The RST established a working group which looked exclusively at the position of secondary care locums in England and reported to the then Parliamentary Under Secretary of State for Health, Dr Dan Poulter in late 2013. In April 2014, Dr Poulter wrote to the Chief Executive of the GMC, Niall Dickson, confirming that he was not minded to change the current arrangements that exist for the revalidation of secondary care locums in England but he asked that we continue to monitor issues relating to secondary care locums and report on those issues. The purpose of this paper is to provide the Board with the data that we hold on secondary care locums and ask for any further information and advice.

Current Arrangements

6 Any doctor who works as a GP in the NHS in the UK must have qualified for entry to the GMC’s GP register and must be on a performers’ list in England, Wales, Scotland or Northern Ireland. This is true regardless of their contractual status as practice partners, salaried GPs or locums. Every GP in the four countries of the UK has a designated body and Responsible Officer (RO). The designated body for all GPs in England is NHS England; for doctors in Wales, Scotland and Northern Ireland it is the Local Health Board.

7 Due to the connection hierarchy of the RO Regulations, all GPs, irrespective of locum or substantive working practices, have a connection to the same designated body and RO. This makes separating out locum GPs in our data impossible.
Locum doctors in secondary care fall into a number of categories and their designated body and RO will depend on their circumstances:

a. Doctors who undertake longer term locum positions on short term contracts to cover, for example, maternity leave or career breaks – these doctors connect to the hospital or trust that employs them on a short term contract. Their designated body is their employer and their RO will be based in the employing organisation.

b. Doctors who have substantive posts in the NHS but who do occasional locum work to provide occasional cover – these doctors connect to the hospital or trust where they have a substantive post. Their RO will be based in the employing organisation.

c. Doctors who work in secondary care as peripatetic locums and have no other substantive post in the UK. If these doctors work for a locum agency that is on the Governments Crown Commercial Services (CCS) framework this will be their designated body. All of these agencies are designated bodies and must appoint a RO. They have the same statutory duties as any other designated body. If they do not work for such an agency then in Wales, Scotland, these locums link to their Local Health Board. In England, they will connect to their local NHS England team.

We hold no data on doctors that fall within the first two categories. Neither do we have information on those secondary care locums who connect to local health boards in Wales, Scotland or NHS England in England as we cannot distinguish secondary care locums from other doctors with a connection to the boards.

We do have information on secondary care locums in England who connect to a locum agency on the CCS framework. The remainder of this paper provides some analysis on that cohort.

Analysis

Locum Agencies

11. There are currently 100 designated bodies that are identified as locum agencies. These agencies have 6,584 doctors connected to them.

12. The majority of agencies have only a small numbers of doctors with a prescribed connection to them and therefore for whom they make revalidation recommendations (53% have 10 doctors or fewer).

13. On the other end of the scale the five largest agencies manage approximately 51% of the connected doctors.
It is more common for there to be one RO with responsibility for multiple designated bodies when we look at these types of designated bodies. This means that these separate designated bodies are linked via a common RO.

In most cases this means that they share common infrastructure and systems. Of the 100 locum agencies 78% have ROs who are responsible for more than one agency with one RO responsible for 38% of locum agencies.
Deferral rates

16 Our data shows that doctors who are connected to locum agencies have a deferral rate of 38.9%. In England the deferral rate for all other doctors (excluding trainees) is 14%. This higher deferral rate could be interpreted as a positive trend, demonstrating that the ROs at locum agencies are undertaking their role with due diligence. There has been feedback from the higher level ROs that this may be the case.

17 However, it is helpful to try to understand the reasons why the deferral rate is significantly higher amongst agencies, which in turn highlights some of the challenges both the locum ROs and doctors themselves may be facing.

18 There is evidence that doctors are connecting to locum agencies very close to their revalidation date either:

- by joining an agency to make a connection for revalidation or
- having not been aware that they had a connection to the agency. The complexity of the RO Regulations for locum doctors makes this even more challenging.

19 Locum agencies have a significant number of doctors connected to them who do not currently undertake any work for them. This could be because:

- their connection is based on work that they have done for the agency historically, or
- while the doctors are connected to them (because they are on their books) they are not actually undertaking any work for them in the UK.

20 In addition, some agency ROs have reported that they have experienced difficulty in obtaining information about doctors from the trusts where the doctor is working or has worked. However, there has also been some evidence that trusts are taking more responsibility for their temporary workforce and providing locum doctors with support and including them in their own appraisal processes.

21 There is also anecdotal evidence that some locum doctors may be finding it difficult to collect the supporting information for revalidation due to the short nature of their placements.

22 All of these issues are likely to be influencing the higher deferral rates we are seeing.

Non engagement rates

23 The rate of non engagement notifications we receive is higher for locum doctors than other doctors at 0.81%, compared to 0.21% for doctors in England.
The overall numbers and percentages are very small so it is difficult to draw any conclusions but the rates of reporting on non-engagement may also be influenced by the same pressures on agencies and locums that lead to higher rates of deferral.

**Responsible Officer turnover**

The turnover rate of ROs at locum agencies is significantly higher than at other DBs, over 36% compared to an England average of 22%.

While we do not hold data on the reasons for this initial high turnover, feedback suggests a number of possible reasons:

- A lack of support from the agency for their RO, for example:
  - RO not being given resources to undertake the role.
  - RO being prevented from being able to undertake their role – there is an example of one agency refusing to give the RO their list of contracted doctors.
  - Agency disagreeing with RO’s recommendations, in particular non-engagement recommendations.

- ROs not having understood the complexity and difficulty of the role.

We will continue to review RO turnover over the next 12 months and share this information with the higher level RO.

**Late submissions**

The rate of late submissions from locum agencies is 7.6%, significantly higher than the England average of 1.1%. The drivers for this are likely to be similar to drivers leading to a higher deferral rate.

There are also some agencies that outsource the RO function which can result in there being less administrative support available to the RO which can, in turn, lead to revalidation recommendations being submitted after the deadline. There have also been a small number of occasions where recommendations have been made late as there was no RO in place to make the recommendation.

**Current Work**

The GMC, CCS and NHS England have held regular meetings to discuss the emerging issues regarding locum agencies and locum doctors. These meeting have helped give a greater understanding of each organisation’s role in terms of the regulation and governance of locum agency designated bodies and locum doctors; enabling closer working as a result.
The GMC Employer Liaison Service (ELS) provides an advisory and support service for ROs, particularly around emerging fitness to practise concerns and revalidation issues. There is frequent email and telephone correspondence in addition to planned meetings.

The ELS meets with locum agency ROs on an agreed frequency based on number of doctors connected, current concerns and whether the RO is new in role.

Currently 185 meetings are planned in 2015 for the 92 locum agencies which have a ROs (eight have no doctors connected and no RO appointed). By the end of April 2015, the ELS had undertaken 71 (38%) of these meetings.

The ELS also meet with other designated bodies that are healthcare providers and have encouraged the sharing of feedback with locum agencies and have facilitated appropriate RO to RO communication.

Through their regional roles working with NHS England revalidation teams and through attendance at Quality Surveillance Groups, they are also able to respond to any broader concerns or specific incidents which may not have been raised directly with us.

The CCS monitors their locum agencies for compliance with the standards of the Framework Agreement. This includes ensuring that they appoint a Responsible Officer. They undertake regular audit visits of all agencies on the CCS framework.

Almost all of the locum agencies that are designated bodies are based in England and are subject to The Framework for Quality Assurance of Revalidation that NHS England has developed (further information is available at http://www.england.nhs.uk/revalidation/qa/). This provides assurance at a number of levels:

- **Core standard for all ROs and designated bodies.**
- **Quarterly reporting from local level ROs to second tier ROs.**
- **An annual organisational audit (AOA).** The collated reports will form the basis of an annual report to ministers and, ultimately the public, on the overall status of the implementation of revalidation across England.
- **Annual reports from ROs to their boards.**
- **A statement of compliance with the regulations, signed by the chairman or CEO or equivalent of the board or management team (this should be submitted by 30 September 2015.).**
Independent verification of compliance at least once every five years - undertaken by a team from the office of the level 2 RO or by a regulator/commissioned external review.

38 Independent verification (IV) visits to designated bodies are already underway and have included visits to locum agencies. NHS England will be undertaking a project from July 2015 to focus specifically on a series of IV visits to locum agencies. This will enable the IV visits to locum agencies to be prioritised.

39 In addition NHS England plans to hold a workshop later this year, for a variety of stakeholders to work through the issues identified and what may be improved.

40 Any trends and information will continue to be discussed at regular GMC/NHS England/CCS meetings.

41 In Wales the Revalidation & Appraisal Implementation Group has explored potential issues relating to the governance of locum doctors and has presented their findings to the Wales Revalidation Delivery Board. They are considering how they may progress any work that may be identified as a result of the report.

42 The GMC and NHS England have been working with the CQC to integrate questions around revalidation into their inspection regime. We have agreed a number of revalidation questions that act as prompts to inspectors and may identify issues with locum doctors.

43 We have implemented protocols with the CQC for sharing this information.

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