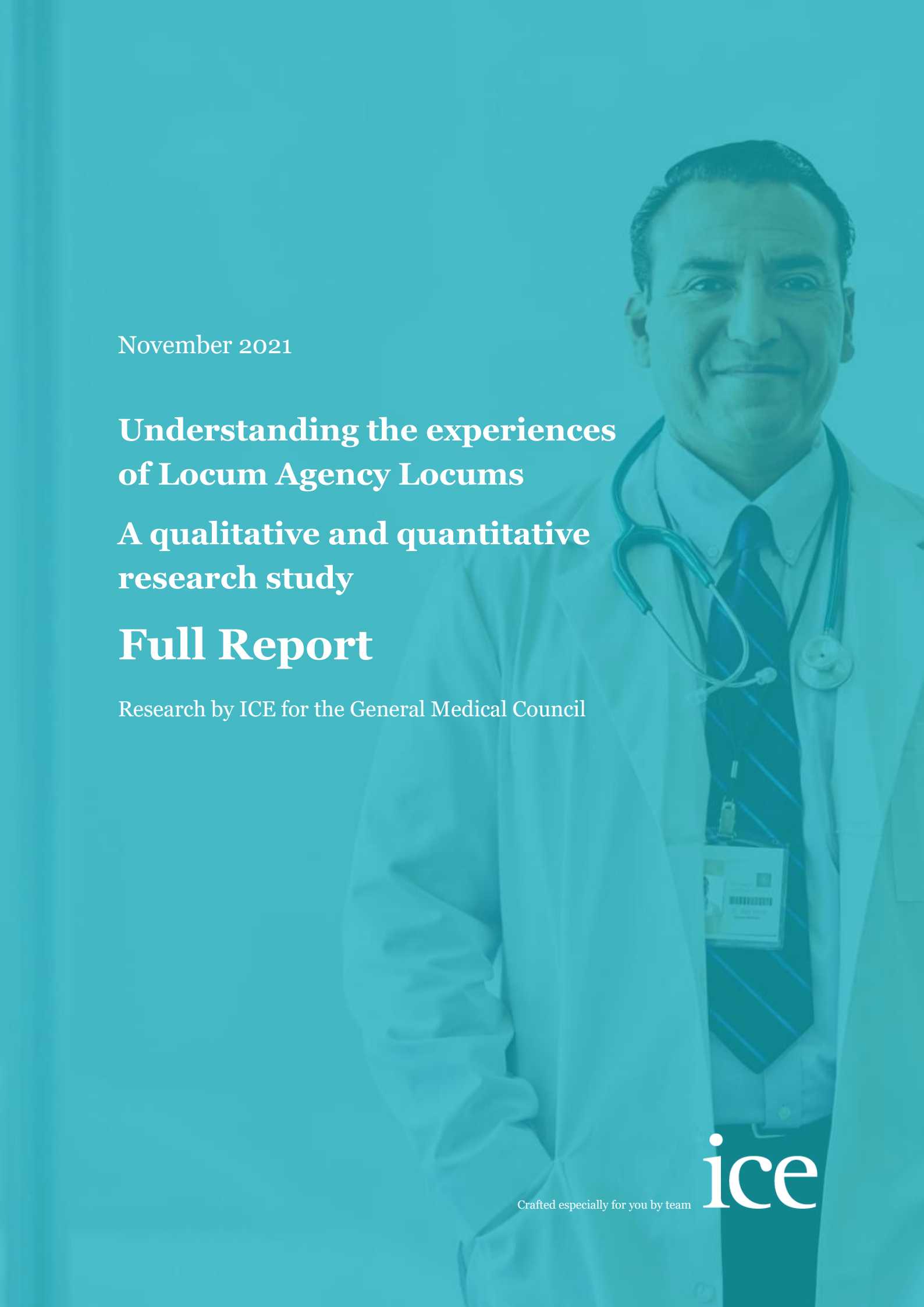


November 2021

Understanding the experiences of Locum Agency Locums

A qualitative and quantitative research study

Full Report

Research by ICE for the General Medical Council

Crafted especially for you by team ice

Intellectual Property Rights

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All publication requests will be considered by the General Medical Council in conjunction with ICE Creates Ltd and approved on an ‘as required’ basis.

Executive summary

OVERVIEW & METHOD

The General Medical Council (GMC) identified a gap in their understanding about the experiences of locum agency locums (LALs), including the challenges they face and what support this specific sub-group of locum doctors need.

A quantitative and qualitative research study was conducted by ICE Creates on behalf of the GMC to explore the experiences, challenges, motives and career intentions of LALs as well as to identify their specific support needs.

Two research activities were conducted comprising a large-scale survey completed by 499 LALs and 42 qualitative interviews.

The final sample was representative of all 4 UK countries and included LALs from a range of ethnicities, career stages, primary medical qualifications, specialties, and agencies they were connected with for revalidation purposes.

KEY FINDINGS

What are the key challenges and support needs of LALs?

While many locums enjoyed the benefits of flexibility and higher pay, several key challenges and needs were identified.

Training and development opportunities were the most frequently cited support need to help LALs keep up-to-date and maintain good medical practice. Better access to local teaching/ training programmes and 'on the job' continued professional development/ quality improvement activities would enhance the quality of their professional work, support career progression and be important evidence for **appraisal and revalidation**.

Many found it a challenge to obtain and gather evidence for appraisal, including undertaking audits, creating a portfolio and collecting patient/colleague feedback due to limited access to IT systems, local training, the absence of supervision and the peripatetic nature of their work. Better signposting to guidance specific to locums was cited as a key need, particularly for early career locums who would benefit from being made aware of their obligations early on.

Unfamiliarity of new working environments, together with poor inductions was a key challenge. It was discussed that locums are expected to 'pick up and run', and although many recognised this was expected due to the nature of locum work, others said support and information from their agency before starting a post, as well as better inductions from the organisations, would help locums land well and be able to focus on providing quality patient care.

Being treated equally and fairly was important to locums who experienced discrimination and were treated differently to non-locum staff, which was exacerbated during the pandemic. Many locums called for more recognition and positive stories to tackle the negative perception of locum work as well as a supporting body to advocate for LALs and to support them to navigate challenges with organisations and agencies alike.

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1 Introduction

1.1 Background and Objectives

The General Medical Council (GMC) is the regulatory body for doctors[1] and is responsible for protecting the public and improving medical education and practice across the UK. As set out in the corporate strategy 2021-25[2], the GMC is committed to "enabling professionals to provide safe care" which includes making sure guidance remains "relevant and effective" and represents the needs of all doctors.

The GMC identified a knowledge gap in their understanding of the challenges and risks experienced by some locum doctors, specifically locums connected to an agency for purposes of revalidation, known as LALs. This research study intends to build on the current knowledge base as well as identify what support this specific sub-group of locum doctors need.

Specifically, the research objectives for this study were to explore:

- Attitudes towards and experiences of working as a LAL
- The reasons why doctors decided to work as a LAL
- Intentions for the future in terms of next steps and career progression
- Challenges and implications of working as a LAL
- Current support provision and gaps in support provision/support needs.

[1] In 2019, the GMC was asked to take on responsibility for regulating two groups of medical associate professionals (MAPs), physician associates and anesthesia associates. GMC regulation is expected to start in late 2022, pending legistlation.

[2] GMC 'Corporate Strategy 2021-25'. Available at: www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy

Methods & Approach



2 Methods & Approach

2.1 What we did

To understand the experiences and needs of LALs, ICE researchers yielded key insights from 499 survey respondents, accompanied by 42 qualitative telephone interviews, ensuring both a breadth and depth of insight was captured from a diverse and robust sample.

The following sections detail the specific characteristics of the survey and qualitative sample, respectively.

2.2 Survey sample characteristics

The survey was distributed to all LALs (n=8,209), and 6% (n=499) voluntarily participated. This sample size provides a confidence level of 95% (the probability of the findings accurately reflecting the attitudes of the whole population) with a 5% margin of error.

The total sample was 62% male and 36% female (the remaining 2% chose not to state their gender). The age breakdown is displayed in the figure below, which shows good representation across all age groups in relation to the actual population of LALs.

Figure 1: Age of the LAL population (N=8,255) compared to the age of survey respondents (N=499)

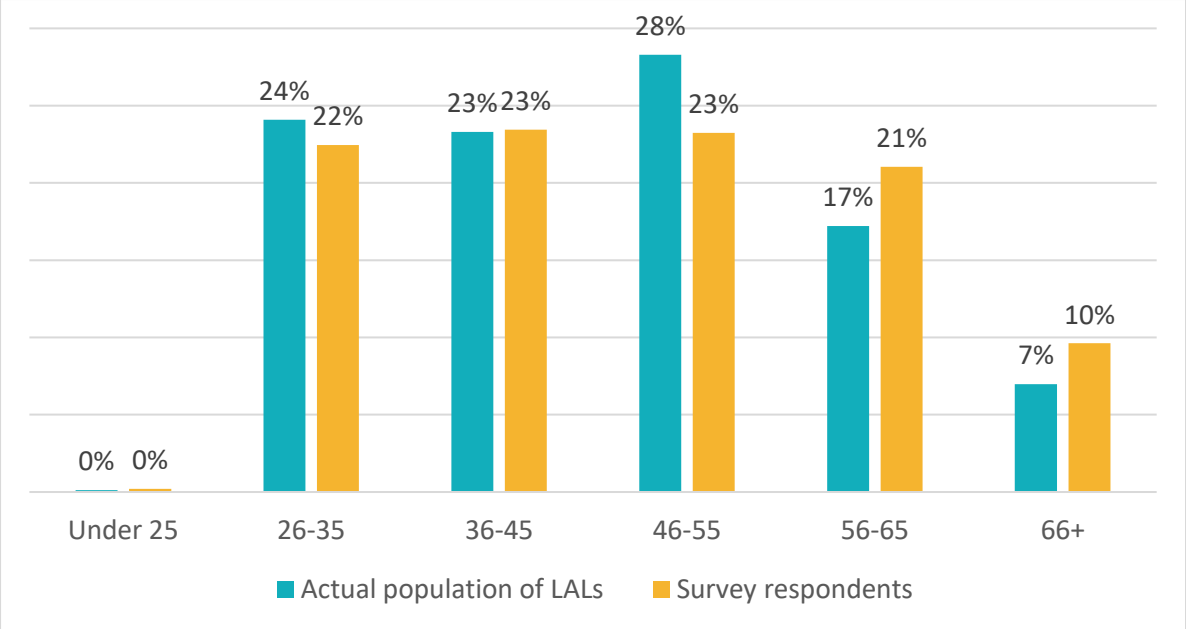
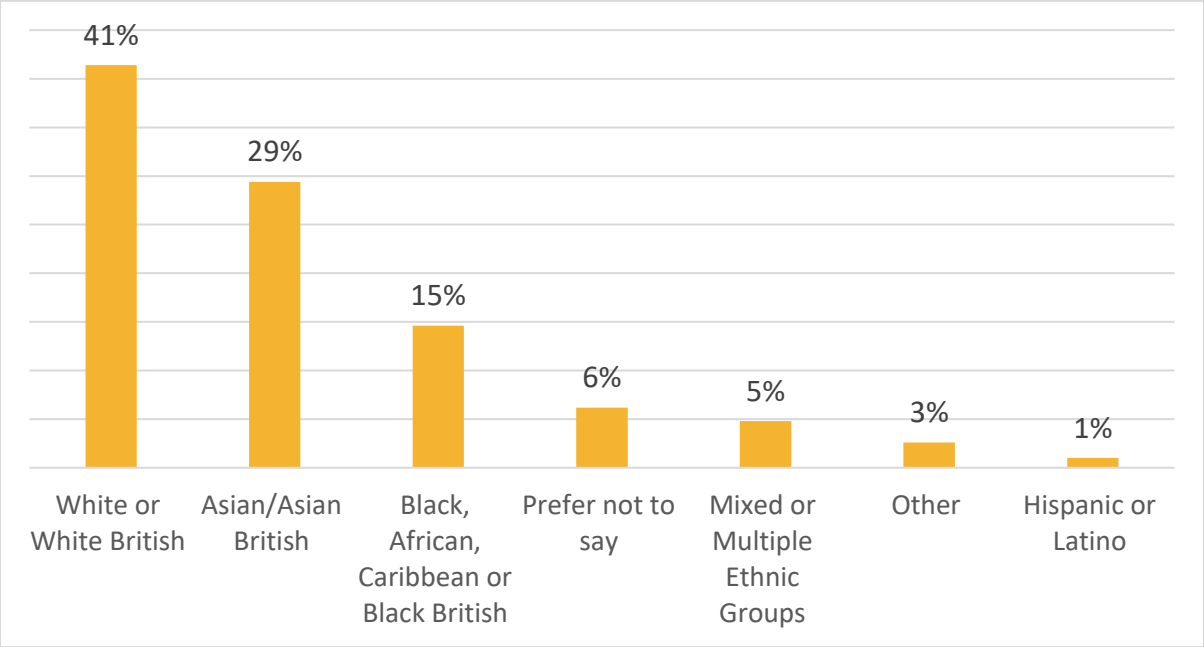


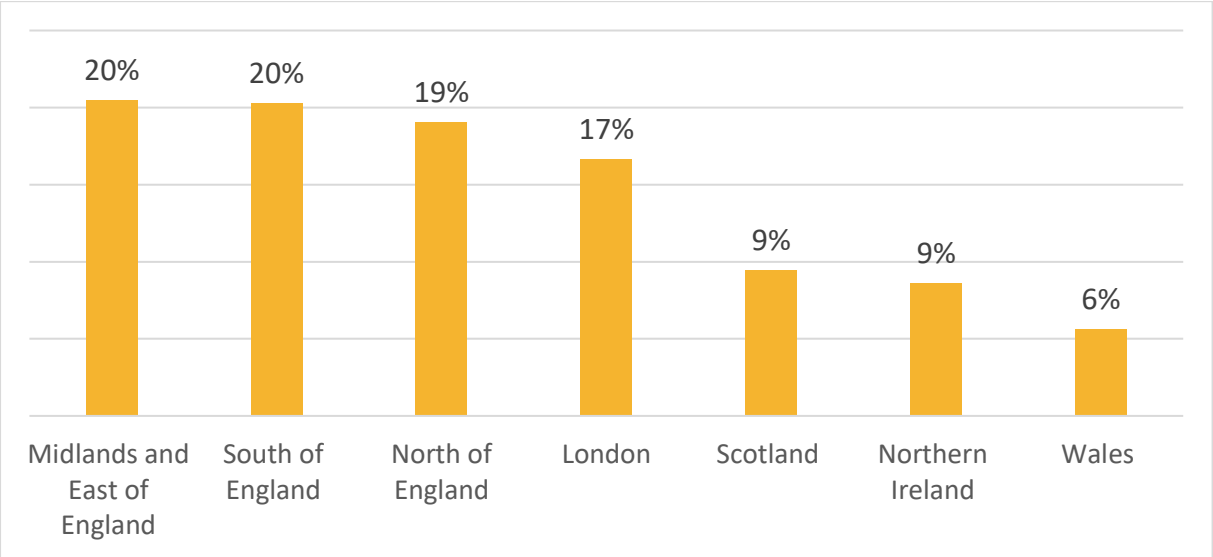
Figure 2 shows the ethnicity of survey respondents. The highest proportion were White/White British (41%), whilst 29% stated that they were Asian/Asian British and 15% Black, African, Caribbean or Black British.

Figure 2: Ethnicity of survey respondents (N=499)



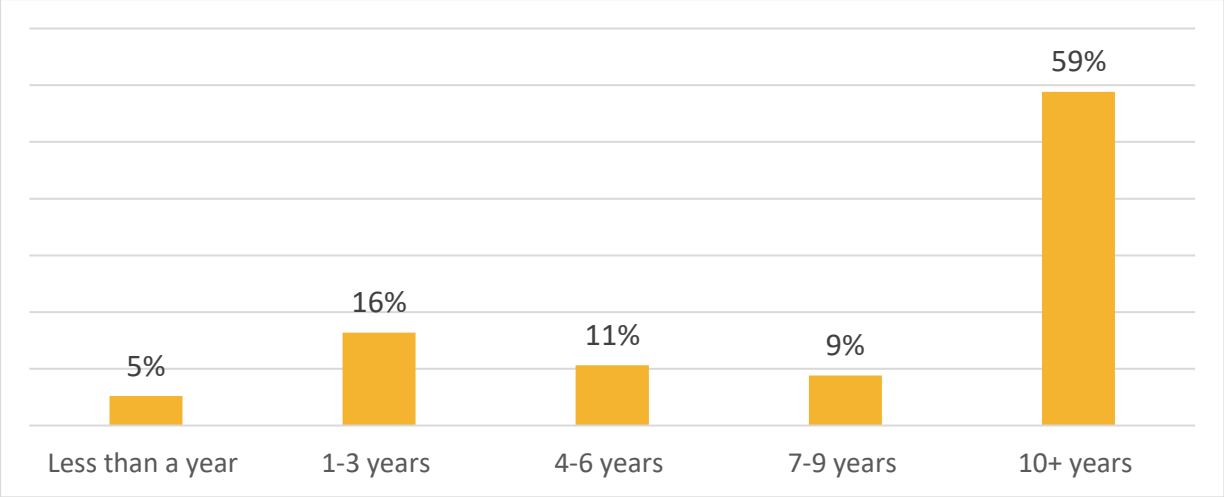
The figure below shows the area that respondents worked in. Similar proportions worked in the Midlands and East of England (20%), South of England (20%), North of England (19%) and London (17%), with smaller proportions in Scotland (9%), Northern Ireland (9%) and Wales (6%).

Figure 3: The areas in which survey respondents worked (N=499)



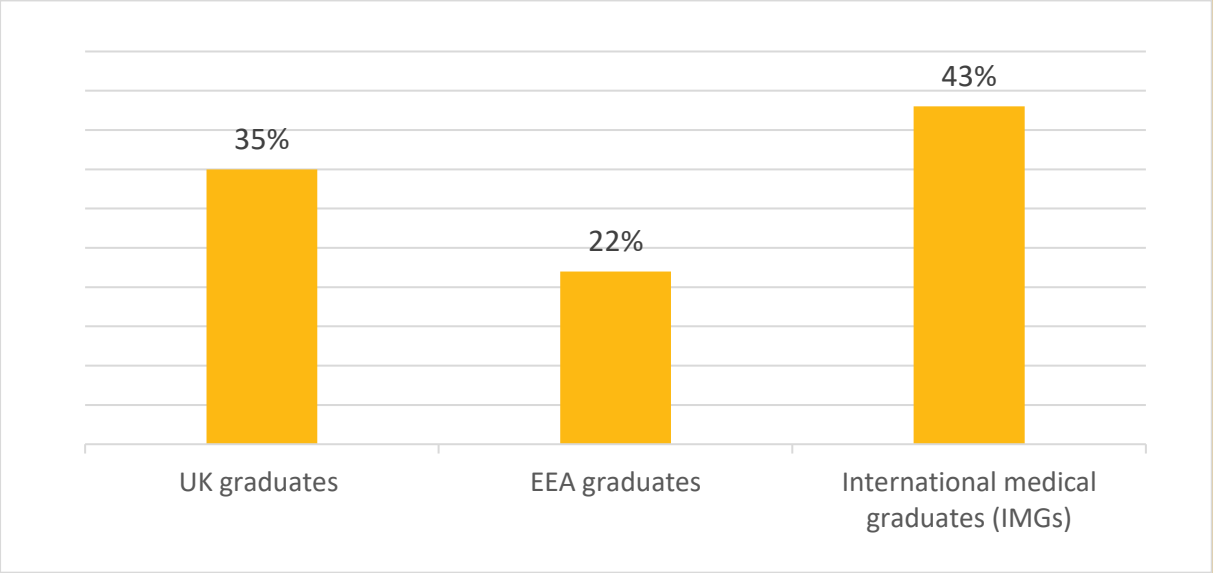
Over half (59%) had been on the GMC medical register for 10 or more years, with smaller proportions working 1-3 years (16%), 4-6 years (11%), 7-9 years (9%) and less than a year (5%).

Figure 4: Length of time survey respondents have been on the GMC medical register (N=499)



Furthermore, 43% indicated that they gained their primary medical qualification (PMQ) from a medical school outside the European economic area (EEA) or Switzerland (international medical graduates or IMGs), 35% within the UK (UK graduates) and 22% within the EEA (EEA graduates).

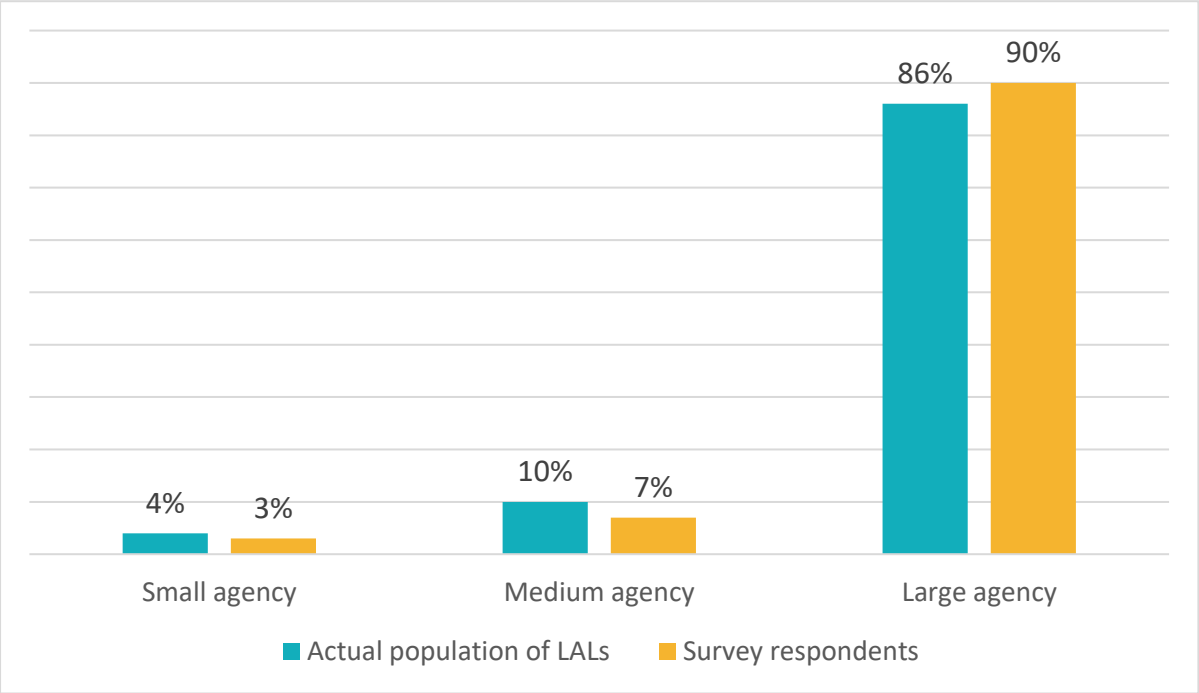
Figure 5: Proportion of survey respondents who graduated from a medical school in the UK, EEA or from a medical school outside of the EEA or Switzerland (IMGs) (N=499)



The sample included good representation from LALs connected to small, medium, and large agencies for purposes of revalidation (see Figure 6).

The majority of the sample (90%) were connected to a large national locum agency (100+ connected locum doctors), whilst 7% were connected to medium size agency (20 – 100 connected locum doctors) and 3% were connected to smaller agencies (<20 connected locum doctors). This closely reflects the proportion of the actual population of LALs who are connected to small, medium and larger agencies.

Figure 6: Proportion of LALs connected to small, medium and large agencies shown as a proportion of the actual population (N=8,209) and the sample (N=499)



2.3 Qualitative sample characteristic

42 respondents were selected and participated in qualitative depth interviews (60-minutes each). Clean questioning and laddering techniques were used to further explore their experiences, challenges and needs in relation to working as a LAL.

The final sample included:

- Representation from all four UK countries and all regions within England:
- England (64%)
- Wales (14%)
- Northern Ireland (12%)
- Scotland (10%)
- Mix of genders and age groups
- Locums from minority ethnic groups who made up 50% of the sample including: Arab, Asian Indian, Asian Pakistani, Asian Chinese, Black African, Black Caribbean, Mixed/multi-ethnic white and Asian, and White European.
- Locums connected to small, medium and large agencies (12%, 40% and 48% respectively)
- Early/mid-career and late career locums (48% and 52% respectively)
- Full and part-time locums
- Mix of primary medical qualifications — IMG (38%), EEA (26%), UK (36%)
- Locums from a range of specialties including Emergency Medicine, Paediatrics, Aneasthesia, Respiratory Medicine, Gynaecology, Psychiatry, Urology, Radiology, Microbiology, ENT, Palliative Care, Primary Care, Rheumatology, and Neurology.



2.4 Informed Consent

All research participants were required to provide informed consent to take part in this project[3] and were informed prior to the interview that all data would be anonymised by removing person identifiable information. Therefore, no person identifiable details are included in this report.

ICE researchers reminded participants at the start of the interview that the interview would be audio recorded for analysis purposes and gained additional verbal consent.

2.5 Data analysis

Thematic analysis was used for all the data collected, which is a well-documented form of analysis in qualitative research. As a theory-free approach, thematic analysis allows for the flexibility to provide a rich, detailed and complex synthesis of data that meets a very specific and applied aim relevant to the project objectives (Braun and Clarke, 2006; Kerr, Nixon and Wild, 2010).

The data was analysed using an induction-abduction approach to identifying themes (Kelle, 2005), with themes emerging directly from the qualitative data (inductive inference) and by undertaking a segmentation analysis to explore patterns and trends between different cohorts, selected based on emerging insight findings and prior knowledge of LALs shared by the GMC (abductive inference). This enabled the analysis to remain firmly grounded in the data, with participants identifying areas of importance for them, while taking into consideration the differences between key sub-groups of LALs.

[3] Informed consents form are available on request subject to approval by GMC and ICE Creates.

2.6 Four Key Characteristics

To explore analyse the survey findings in further detail, four key characteristics were identified:

- Career stage (based on the number of years a doctor has been on the GMC register)
- Primary medical qualification (PMQ)
- Ethnicity
- Size of the locum agency LALs are connected with for revalidation purposes (agency size).

Table 1 shows the grouping for each key characteristic and the proportion of the survey sample that made up each group. These 4 characteristics were chosen based on key differences that were observed during the qualitative research and because they were of interest to the GMC.

Further analysis was undertaken across four key characteristics with any notable differences being included within the discussion. Percentages/ frequencies of all further analysis undertaken is available within the Appendix.

Table 1: Four Key characteristics - grouping variables

Career stage	Early – worked as a doctor for 3 years or less (22%; 108 respondents)	Mid – worked as a doctor for 4-6 years (11%; 53 respondents)	Late – worked as a doctor for 7+ years (68%; 338 respondents)
PMQ	EEA (22%; 111 respondents)	IMG (43%; 213 respondents)	UK (35%; 175 respondents)
Ethnicity	White/White British (44%, 207 respondents)	Not White/White British (57%, 270 respondents)	
Agency size	Small/medium (10%; 49 respondents)	Large agency (90%; 447 respondents)	

To provide a quantitative representation of the open survey questions, all responses were coded, and codes grouped into high-level themes. In many cases, it was necessary to assign more than one code to an individual's response. For this reason, percentages for these questions do not equal 100%.



Profile of LALs

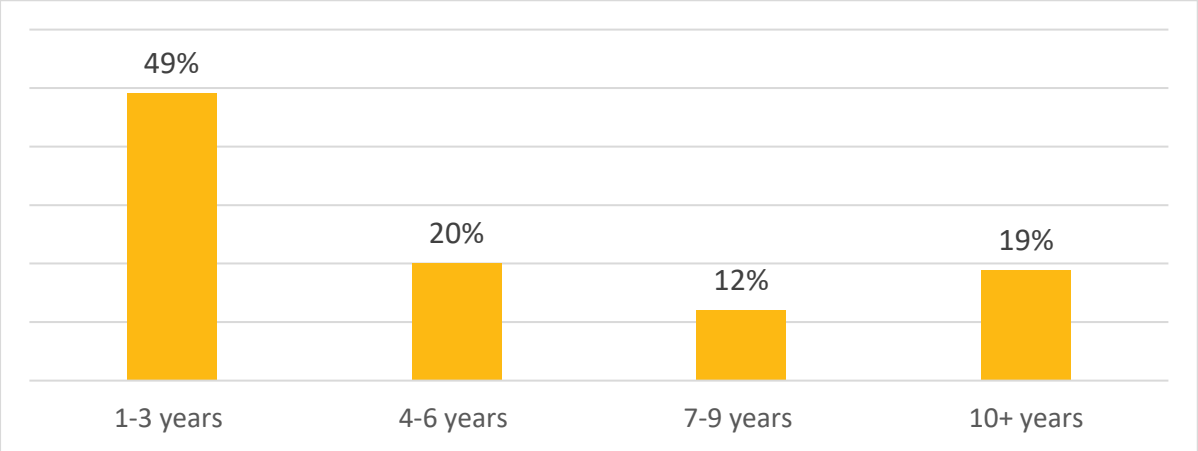
3 Profile of LALs

Several survey questions were asked to understand the profile of LALs who completed the survey, including their work arrangements and patterns. The results from this analysis are presented in this section.

A higher proportion of locums had been working for 1-3 years, than for longer

Half (49%) had been working as a LAL for 1-3 years, with smaller proportions working 4-6 years (20%), 7-9 years (12%) and 10 or more years (19%).

Figure 7: Length of time survey respondents have spent working as a LAL (N=499)



In terms of why participants joined certain locum agency/agencies, a multitude of factors emerged, which are listed below. Little difference was observed in the reasons provided by size of agency.

- Recommendation/word of mouth
- Plentiful opportunities/urgency of work required
- Agency able to provide term of contract/location wanted (inside or outside of the UK)
- Pay rates
- Reputation of agency – work ethic/organisation
- Easier application process, compared to other agencies (e.g., paperwork for Medacs described as being onerous)
- Agency found via Google search (large agencies only e.g. Medacs and National Locums).

Most locums had been working for the same agency throughout the pandemic

Respondents had worked at these agencies for varying amounts of times, with most working 1-3 years (38%) (see Figure 8).

The majority (80%) worked for the same locum agency now as they did at the start of the pandemic in March 2020, whilst 10% stated that they had changed (see Figure 9). The reasons as to why respondents changed agency are shown in Table 2. The most frequent reason given was the availability of work/job opportunities with 1 in 2 of those who moved agency citing this (50%) as their reason.

Figure 8: Length of time survey respondents have been working at the agency they are connected to for revalidation purposes (N=499)

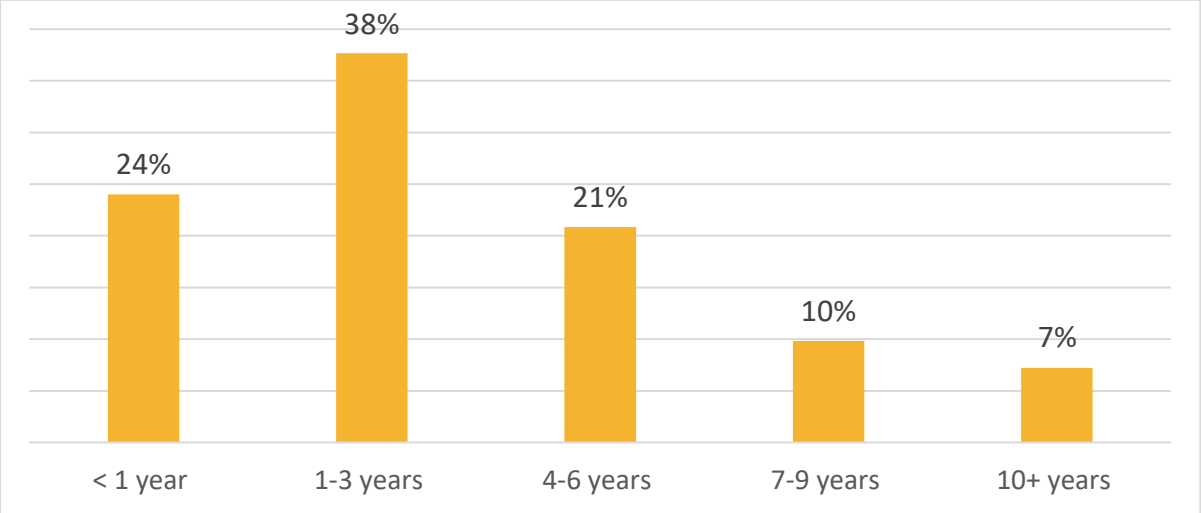


Figure 9: Proportion of survey respondents connected to the same/different agency now as they were at the start of the pandemic in March 2020 (N=499)

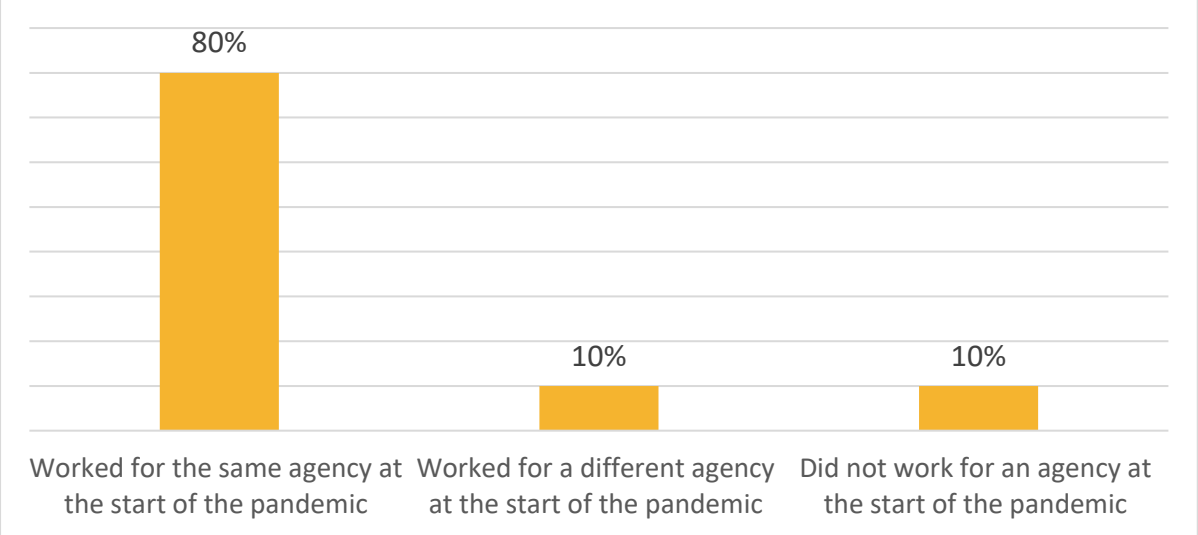


Table 2: Reasons why survey respondents changed agency since the start of the pandemic (N=52)

	No. of respondents	% of respondents[4]
Work availability/opportunity	26	50%
Negative experience with agency	9	17%
Location	7	13%
Better pay	5	10%
Other including; - Referral by friend - Request by agency - Appraisal too expensive	5	12%

1 in 2 locums were connected to one agency rather than multiple agencies

Asides from the agency that respondents are connected to for revalidation purposes, Table 3 shows that 1 in 2 LALs (51%) were registered with other locum agencies. Of these, 34% were registered with an additional 2 agencies, 14% with an additional 3-4 agencies and 3% an additional 5 or more agencies.

Table 3: 1 in 2 LALs were registered with other locum agencies

Asides from the agency you are connected with for revalidation purposes, are you currently registered with any other locum agencies? (N=499)	No. of respondents	% of respondents
Yes	256	51%
No	243	49%
Total	**499**	**100%**

[4] Percentages calculated as a proportion of those who have changed agency since the start of the pandemic (N=52)

Table 4: Number of other agencies respondents are registered with

Asides from the agency that you are connected with for revalidation purposes, how many locum agencies are you registered with? (N=256)	No. of respondents	% of respondents[5]
2 agencies	170	34%
3-4 agencies	71	14%
5+ agencies	15	3%
Total	**256**	**51%**

Those respondents who were registered with more than one agency, said the reasons why included:

- Urgency of work required/needing a job ASAP
- Moving location and 'staying on the books' for their previous agency
- Term of contracts able to be provided by the agency.

Further analysis[6] revealed that, those registered with one agency only were more likely to be:

- Mid-career locums than early and late career locums (66%, 52% and 45% respectively)
- White/White British than not White/White British (55% and 44% respectively)
- Connected with a small/medium agency than a large agency (59% and 48% respectively)
- UK locums rather than EEA and IMG locums (58%, 48% and 42% respectively).

A slightly higher proportion of locums worked full-time

More LALs worked full-time (59%), than part-time (41%) with further analysis revealing that individuals working full time were more likely to be:

- Early and mid-career locums than late career locums (71%, 68% and 54% respectively)
- Not White/White British than White/White British (65% and 53% respectively)
- Connected with a large agency than a small/medium agency (61% and 45% respectively)
- IMG locums rather than UK and EEA locums (65%, 56% and 52%, respectively).

[5] These percentages pertain to the 51% of respondents which answered 'Yes' to the previous question.

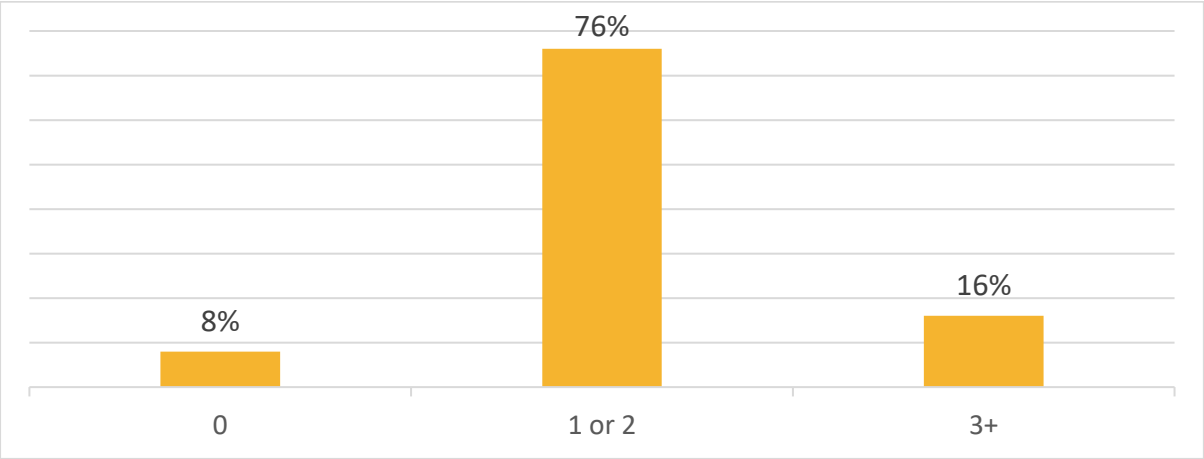
[6] *Note: The percentages / frequencies for this further analysis, as well as for the other questions below can be found in the Appendix (6.1.1).*

A higher proportion of locums had worked in 1 or 2 organisations in the past 12 months, with most having worked in an acute setting

The majority, 3 in 4 locums, (76%) indicated that over the past 12 months they have worked in 1 or 2 organisations, this compared with 16% who have worked in 3 or more and 8% who have not worked in any. Further analysis revealed that:

- Early career locums were more likely to have worked in 3+ organisations - 21% working in 3 or more organisations, compared to 13% of mid-career and 15% of late career locums
- EEA locums were more likely to not have worked in any organisations (14%), compared to 8% of IMG locums and 5% of UK locums.

Figure 10: Number of organisations survey respondents have worked in over the last 12 months (N=499)



The types of settings that respondents have worked in is shown in Figure 11 below, with half stating that they have worked in an NHS Acute Trust (49%). The type of setting that those respondents in England, Scotland, Wales, and Northern Ireland worked in is shown in Table 5.

Figure 11: Type of setting survey respondents have worked in over the last 12 months (N=499)[7]

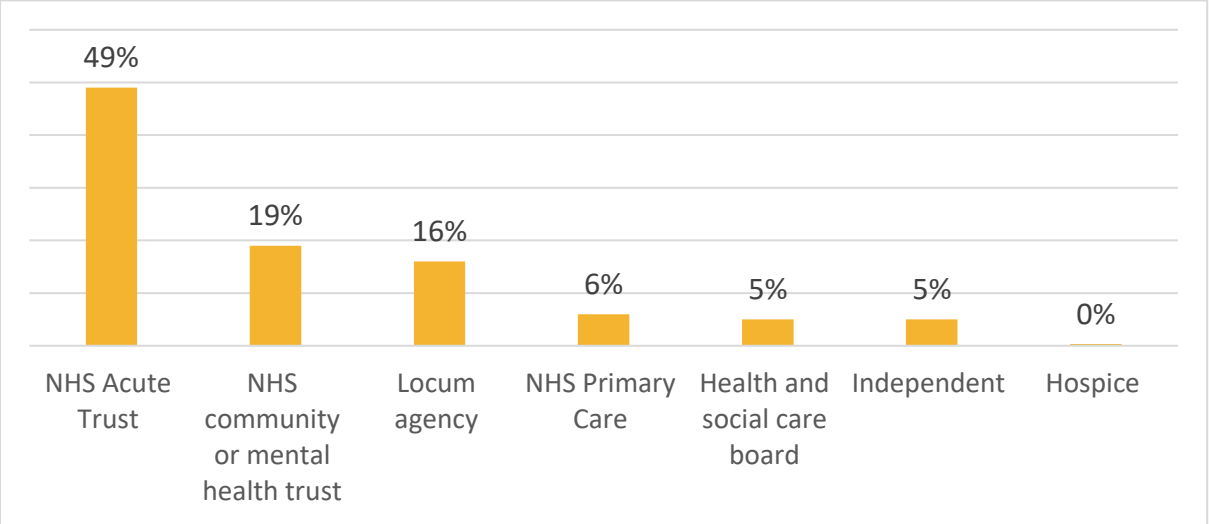


Table 5: The number of respondents that have worked across different types of organisations in the UK

	England (N=418)	Scotland (N=46)	Wales (N=44)	Northern Ireland (N=37)
NHS acute trust	219	26	17	0
NHS comm/MH	88	10	7	0
NHS primary care	22	5	3	2
Health and social care board	3	2	4	20
Locum Agency	65	3	9	14
Independent	20	0	4	1
Hospice	1	0	0	0

[7] As respondents were able to select multiple response options in response to this question, percentages do not equal 100%.

The specialities in which respondents worked are listed in Table 6 – the main ones being general medicine (25%) and psychiatry (23%).

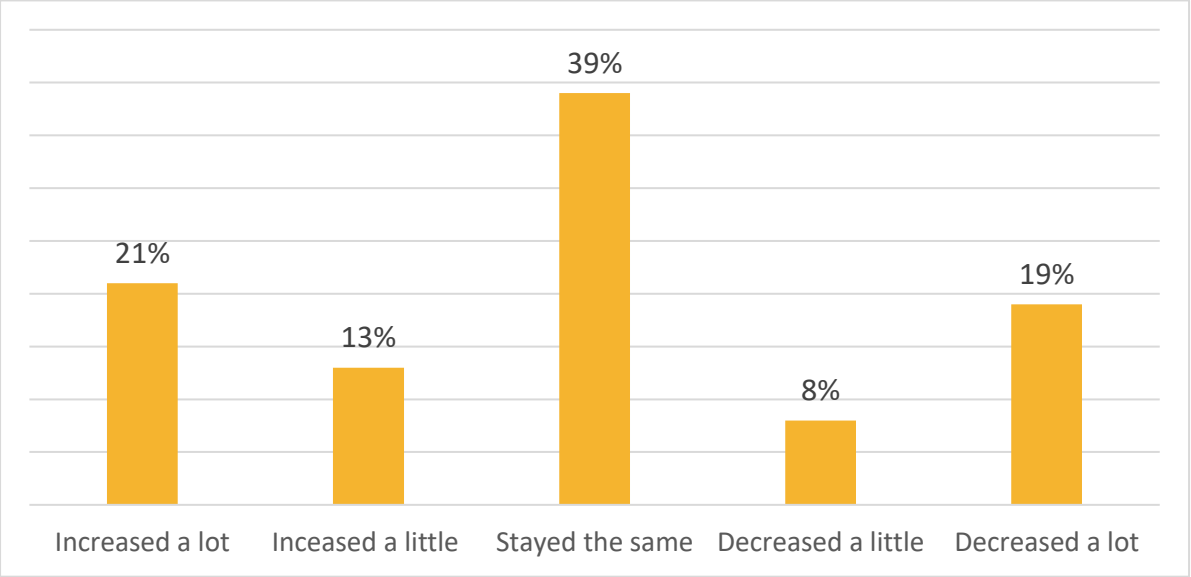
Table 6: Specialities of survey respondents (N=499)

	No. of respondents	% of respondents
General medicine	125	25%
Psychiatry	114	23%
Other including: • Dermatology • Respiratory • Histopathology • Rheumatology • Oncology	74	15%
Acute medicine/Accident and emergency	30	6%
Anaesthesia	25	5%
Paediatrics	25	5%
Radiology	23	5%
Geriatrics	22	4%
Trauma and orthopaedics	16	4%
Obstetrics and gynaecology	16	3%
Surgery/Neurosurgery	12	2%
Ear, nose and throat	9	2%
Urology	8	2%
Total	**499**	**100%**

Over 1 in 3 had spent the same amount of time working as a locum in the past 12 months as per typical years

39% indicated that they have spent the same amount of time working for a locum agency in the past 12 months as per typical years, whilst 34% found that the amount of time spent has increased. In contrast, 27% said the amount of time decreased.

Figure 12: Proportion of time survey respondents have spent working for locum agency in the last 12 months (N=499)





Quantitative and Qualitative Research Findings

4 Research Findings

Layout of findings

The findings from the large-scale survey and qualitative interviews are presented in this report across several key topics that were explored in line with the research objectives.

Please note, differences between sub-groups are described throughout this report in relation to **4 Key Characteristics** (see section 2.6). If a theme was elicited consistently and not attributable to one group or another, the findings are pooled.

4.1 Attitudes towards working as a LAL

Questions were asked during the survey and qualitative interviews to explore participants salient attitudes towards working as a locum. This section presents the findings from both the survey and qualitative insight findings.

Respondents had mixed views about working as a locum

To explore salient attitudes towards locum working, survey respondents were asked to describe working as a LAL in three words.

Table 7 shows the top 10 words[8] used by locums, along with the frequency with which they were cited. The positive words: 'flexible' and 'good pay' were most frequently citied (54% and 31% respectively) and negative words like 'challenging' and 'varied/unpredictable' were selected by a smaller proportion of respondents (11% and 9% respectively). This suggest that there is a mixed view of locum working with both positive and negative aspects.

This was further illustrated during the qualitative interviews, as participants expressed mixed views towards locum work. Many discussed positives including work-life balance, pay, flexibility, independence and experience, and challenges including unfamiliarity of new workplaces, access to training/education opportunities and uncertainty of the next post.

Table 7: Most frequently selected words to describe locum working (N=499)

	Frequency of each word selected in top 3 choices	% of respondents who selected each word[9]
Flexible	253	51%
Good pay	157	31%
Rewarding	58	12%
Challenging	54	11%
Independent/autonomy	46	10%
Varied/unpredictable	44	9%
Enjoyable/exciting	43	9%
Unstable/unreliable	42	8%
Busy/tiring	41	8%
Hard/difficult	40	8%

[8] The full list of words selected by respondents is available in the Appendix (6.1.2.1)

[9] Because respondents were asked to select up to three words, percentages do not equal 100%

A higher proportion of UK locums described locum working positively than non-UK locums

Depending on the three words chosen by respondents, responses were categorised as positive, negative or mixed (positive and negative).

Table 8 shows that 1 in 2 (52%) selected descriptive words that were all categorised as positive, while 40% gave a mixed response and less than 1 in 10 negative (8%).

Table 8: Words used to describe working as a LAL (N=499)

Words selected to describe locum working were categorised as:	No. of respondents (n=470)	% of respondents
Positive	244	52%
Negative	39	8%
Mixed	187	40%
Total	**470**	**100%**

Further analysis[10] reveals that a higher proportion of UK locums described working as a locum positively, compared to IMG and EEA locums (61%, 49% and 43% selected positive words respectively). More EEA locums gave a mixed response, compared to IMG and UK locums (50%, 40% and 34% respectively) and a slightly higher proportion of IMG locums described working as a locum negatively, than EEA and UK locums (11%, 7% and 5% respectively).

[10] Please note, the percentages/frequencies for this further analysis are available in the Appendix (6.1.2.4).

4.2 Motivation to work as a LAL

Several questions were asked within the survey and qualitative interviews to explore what motivated doctors to become a LAL. The findings from both research activities are discussed in turn.

4.2.1 Survey findings

The most frequently cited reasons for becoming a locum were lifestyle and financial reasons

Survey respondents were asked why they decided to work as a LAL. Table 9 shows the proportion of the overall sample who provided a reason relating to each of the key themes identified. These themes are not mutually exclusive — in many cases, due to the open nature of the question, respondents provided a response that fell within more than one theme.

As shown in Table 9, approximately 1 in 2 (53%) cited a reason pertaining to lifestyle, i.e. flexibility, independence, control and work-life balance. Other key reasons included financial, i.e. higher pay (31%), work opportunities, i.e. retiring from the NHS, needing a job and/or returning/coming to the UK (17%) and to support career progression (14%).

In terms of the latter, individuals reported that they decided to locum for career progression, to experience a range of specialties/work settings and to help them to make informed decisions about their future career.

Furthermore, 1 in 10 (12%) cited being unhappy with aspects of non-locum work and needing time out to concentrate on patient care away from the stress of NHS "politics", administration and bureaucracy.

Table 9: Non-mutually exclusive reasons for working as a LAL (N=499)

	No. of respondents	% of respondents[11]
Lifestyle reasons, includes: - Flexibility/convenience - Independence/control/choice - Work-life balance - Personal/family circumstances - Ability to work intermittently/part-time	266	53%
Financial reasons, including higher pay	155	31%
Work opportunities, includes: - Retiring from NHS - Returning/coming to the UK - Needing job	84	17%
Support career progression, includes: - To experience a range of specialties/workplaces - To help make decisions on career	71	14%
Unhappy with aspects of non-locum work, includes: - Dissatisfaction with previous job/needing time out - Less administration/NHS politics/stress/restrictions - Focus on patient care - To be treated better	62	12%
Other, includes: - Revalidation purposes - Easier application/recruitment process - Support of agency	32	6%

[11] Percentages calculated as a proportion who responded to the survey (N=499). Due to the open nature of responses to this question, percentages do not equal 100%.

Reasons for becoming a locum are closely related to career stage

Further analysis[12] was undertaken to understand the cohorts that were more likely to locum for the non-mutually exclusive reasons listed above. The findings demonstrate that career stage is a key factor in determining a doctor's reason for becoming a locum.

Approximately 1 in 2 early and late career locums said lifestyle was a key reason for becoming a locum compared to less than 1 in 3 mid-career locums (51%, 49% and 28% respectively). On the contrary, a higher proportion of mid-career locums citied better pay as key reason compared to early and late career locums (55%, 34% and 24% respectively). Similarly, a higher proportion of locums connected to larger agencies referenced better pay than small/medium agencies (32% and 20% respectively).

Furthermore, a higher proportion of late career locums cited being unhappy with aspects of NHS/non-locum work than mid and early career locums (14%, 9% and 8% respectively). Similarly, a higher proportion of locum doctors with a UK primary medical qualification referenced unhappiness with non-locum work compared to IMGs and EEA graduates (20%, 10% and 5% respectively).

Nearly 1 in 3 locums became a locum for lifestyle reasons only

To delve into the motives further, responses to the question were grouped into the mutually exclusive categories presented in Table 10 below. As shown in Table 10, approximately 1 in 3 (28%) decided to locum for lifestyle reasons only, whilst 1 in 10 (9%) did this for financial reasons only and 1 in 7 (14%) for both financial and lifestyle reasons only. The greatest proportion however, decided to locum for another reason that did not include lifestyle or financial reasons (34%), i.e. work opportunities, to support career progression and/or being unhappy with aspects of non-locum work.

Table 10: Mutually exclusive reasons for becoming a LAL (N=499)

	No. of respondents	% of respondents
Lifestyle reasons only	138	28%
Financial reasons only	47	9%
Lifestyle and financial reasons only	68	14%
Lifestyle, financial and other reasons	77	15%
Other reasons (work opportunities, unhappy with aspects of non-locum work, support career progression)	169	34%
Total	**499**	**100%**

[12] The notable differences are presented in Table 32 with the full breakdown of percentages / frequencies available within the Appendix (6.1.2.3).

4.2.2 Qualitative research findings

During the qualitative interviews, several questions were asked to explore the motives to working as a LAL. Participants discussed many different reasons which closely align to the survey results and have been summarised below under the key themes of flexibility and lifestyle, financial, dissatisfaction with aspects of non-locum work and career opportunities/decisions.

Flexibility and lifestyle

For most participants, having the flexibility to choose when and where they want to work was one of the key factors in terms of their decision to work as a locum, this was particularly the case for those with family/childcare responsibilities. Participants referred positively to the work-life balance of locum work, something that was considered less achievable in substantive posts or in foundation training/training programmes.

For late career locums, those approaching retirement, locum work was considered a great opportunity in terms of providing flexibility as well as overcoming the difficulty of finding a permanent post for a limited period (i.e. 2 years). One participant who had retired from the NHS noted how locum work enabled them to continue to work but flexibly on their terms.

Additionally, for non-UK locums in particular, locum work was said to provide the opportunity and freedom for individuals to live between countries, visit family overseas and travel.

Flexibility of Locums can lend itself well if you apply yourself" P38

Financial reasons

Many participants noted how the financial incentive of locum work influenced their decision to work as a locum, with pay considered substantially higher than if employed by the NHS directly. Many noted that the pay was appropriate for the nature of the job and absence of benefits afforded to doctors in permanent posts e.g. sick pay, study leave. Additionally, locum work was recognised to give individuals the opportunity to 'flex-up' when needed — taking on more work in order to earn more when needed.

For those in training or unable to work full-time, locum work was reported to provide an opportunity to earn an income, and for a small number of non-UK graduates an opportunity to pay medical school debt.

Dissatisfaction with aspects of non-locum work

The need to take a break from the intensity of training as well as the dissatisfaction with their substantive post played a key role for some in terms of their decision to work as a LAL. For the latter, participants commented on the NHS "politics" they faced and more generally the unpleasant working environment. One participant went as far to say how locum work had helped re-establish their "love of the job".

"I don't want to get engaged in NHS politics. You can get into deep dark politics that I do not have time for." (P4)

Career opportunities and decisions

For those in their earlier career, working as a locum was perceived to provide an excellent opportunity to experience a variety of settings to help inform their next steps i.e. which area to specialise in.

For early career locums who had qualified outside the UK specifically, locum work was an important opportunity to gain experience of working within the NHS/UK that was needed to secure a permanent post, and thus a valuable steppingstone in their medical career. For Non-UK locums, the lack of experience they have working within the UK/NHS was identified as a barrier to obtaining a permanent post straight away (see section 4.4).

"My intention was to apply for a permanent position, but they wouldn't hire me as I didn't have the experience, years later, the hospitals who rejected me want to hire me as a locum" (P12)

Furthermore, interview participants spoke highly of locum working in that it had afforded them the positive challenge of working in different settings, which boosted their self-confidence, taught them how to adapt and face up to challenges at work — all of which would support them in their future career.

"I can adapt to different working environments, land quickly and I'm confident to say to colleagues 'listen I need this username to do my job here' rather than letting something like basic IT issues set me off on the wrong foot" (P32)

General benefits

In addition to the aforementioned benefits, participants commented on the satisfaction they felt from the locum work they have undertaken, in terms of:

- The variety of interesting/stimulating work
- Able to share learning/best practice from how things are done in other organisations (late career locums only)
- The absence of administration, responsibility and NHS "politics"
- The opportunity to learn to be self-dependent and boost self-confidence
- Easier to find placements through an agency than it is to obtain permanent post.

4.3 Career choices and future intentions

In addition to what initially motivated doctors to become a LAL, several questions were asked to explore if they believed it was positive choice for their career and what they intended to do in future.

4.3.1 Survey findings

A higher proportion of UK and White/White British locums still view locum work as a positive career choice

Approximately 3 in 4 (72%) agreed that working as a LAL was a positive career choice (see Figure 13) and 70% agreed that it was still a positive choice (see Figure 14). Further analysis[13] revealed that a higher proportion of UK locums agreed locum work was still a positive career choice compared to IMGs and EEA graduates (76%, 65% and 64% respectively) — despite being more likely to cite lack of career progression as a challenge compared to non-UK LALs.

Similarly, a slightly higher proportion of white/white British locums agreed being a locum is still a positive career choice compared to not white/ white British locums (73% and 68% respectively).

A small proportion of LALs don't believe locum work is still a positive career choice and may continue if they cannot obtain a permanent post

Less than 1 in 10 locums (8%) disagreed that working as a locum was still a positive career choice. Approximately half of these respondents discussed training and development as a key support need. Together with wider findings, this suggests that locums who do not view their work as a positive career choice may continue to locum because they are unable to obtain a permanent post at an appropriate level due to the limited opportunity to develop their skills as a locum and progress in their career.

[13] The notable differences are presented in Table 48 with the full breakdown of percentages / frequencies available within the Appendix (0).

Figure 13: Agreement with the statement 'deciding to work as a LAL was a positive career choice' (N=499)

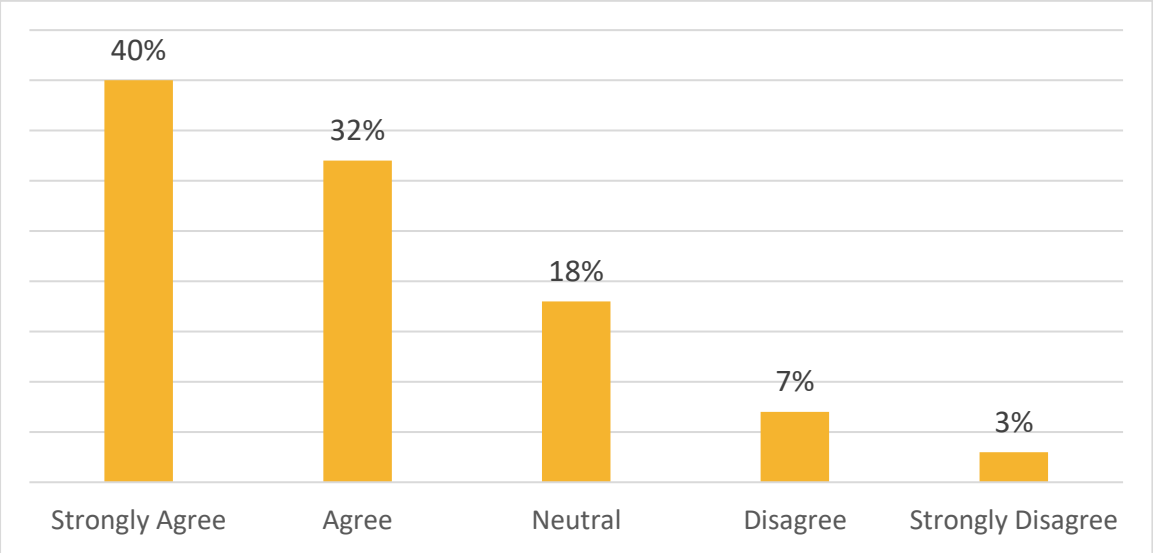
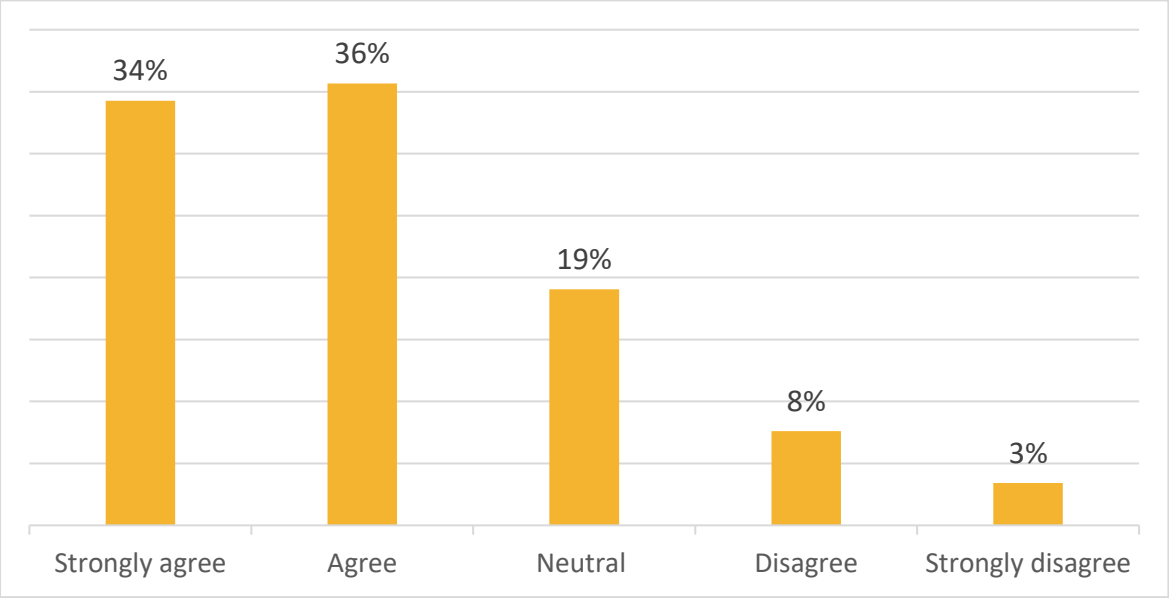


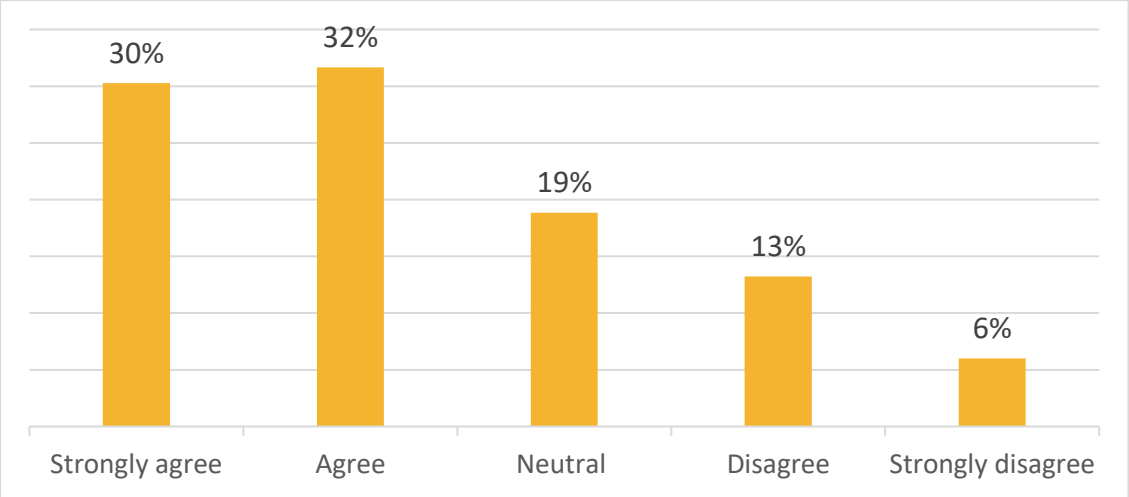
Figure 14: Agreement with the statement 'working as a LAL is still a positive career choice' (N=499)



Most early career locums do not intend to continue working as a locum long-term

When asked whether they intend to continue to work as a LAL, 62% agreed while 19% disagreed. Further analysis[14] shows that a much higher proportion of late career locums intend to continue locum work than mid and early career locums (72%, 47% and 36% respectively). This supports the finding that a higher proportion of early career locums were motivated to become a locum to support their career progression and therefore, do not intend to continue locum work longer-term and instead use this as an important steppingstone to gain experience and pursue a permanent post.

Figure 15: Agreement with the statement 'I intend to continue working as a LAL for the foreseeable future' (N=499)



UK LALs are more likely to view locum work as a positive career choice than non-UK LALs but are least likely to continue working as a locum

Interestingly, further analysis[15] show that UK locum doctors are more likely to consider being a locum a positive career choice compared to IMGs and EEA graduates but are least likely to continue to work as one, this may relate to the greater proportion of UK locums who perceived lack of career progression and training opportunities a key concern.

[14] The notable differences are presented in Table 50: The extent to which locums intend to continue to work as one by key characterisitics Table 50 with the full breakdown of percentages / frequencies available within the Appendix (0).

[15] The notable differences are presented in

Table 46 with the full breakdown of percentages / frequencies available within the Appendix (6.1.5.1).

4.3.2 Qualitative findings

Early career locums are likely to continue locum work until they find and secure a permanent post

Unsurprisingly, the next steps for participants in terms of their career was found to vary depending on the stage they were at.

Many early career locums said they don't intend to continue locum work and instead wish to pursue a permanent post when:

- They have enough experience needed to obtain a permanent post
- They have completed their training (outside of locum work)
- A higher/speciality training post arises
- An opportunity arises in their preferred location/organisation.

Whereas late career locums intended to continue to locum until:

- They are ready to reduce their clinical work or retire completely
- They move to another country.

This supports early findings in terms of the high proportion of late career locums who became a locum due to the flexibility and flexible work opportunities available.

"It is hard to get NHS Trust experience, so it is easier to get experience through a locum agency. It is a good opportunity to break this barrier" P10

4.4 Challenges experienced by LALs

Several questions were asked within the survey and qualitative interviews to explore the challenges experienced by LALs. The findings from both research activities are discussed in turn.

4.4.1 Survey findings

Unfamiliarity, instability, being treated differently and lack of career progression were the key challenges respondents citied

Survey respondents were asked about the challenges they face working as a LAL. These themes are not mutually exclusive — in many cases, due to the open nature of the question, respondents provided a response that fell within more than one theme.

As shown in Table 11 the most frequently reported challenge was unfamiliarity (37%) i.e., working in new settings with different teams, having to familiarise with different systems, guidelines, ways of working, with limited/no inductions. This supports the survey findings previously reported in section 3 in terms of the high proportion of locums who reported working for 1-2 organisations in the last 12 months (76%) – suggesting that the challenges associated with unfamiliarity encourage locums to stick with one or a few organisations.

Furthermore, 37% discussed the challenge of instability, i.e. financial insecurity, difficulties in finding a locum post, short-term placements and lack of notice of contracts coming to an end. A smaller proportion discussed the challenge of being treated differently to non-locum staff (27%) in terms of the discrimination they felt, negative perceptions towards locums, isolation and exclusion from teams, lack of protection and being given poor jobs/jobs that non-locum doctors don't want to do.

Lack of career progression was cited by approximately 1 in 4 locums (26%) – this included access to training opportunities, lack of supervision and career guidance as well as appraisal and revalidation issues.

Table 11: Challenges of working as a LAL in general (N=499)

	No. of respondents	% of respondents[16]
Unfamiliarity, includes: - New workplaces/teams/systems/ guidelines - Limited/variable onboarding process - Gaining trust and respect/proving yourself	187	37%
Instability, includes: - Lack of financial security - Difficulty finding a suitable locum post - Requirement to be flexible - Short term placements/no notice period - Competition for jobs	184	36%
Being treated differently to non-locum staff/discrimination, includes: - Negative perceptions - Isolation/exclusion - Given unrealistic workload - Poor jobs/jobs non-locum doctors don't want	137	27%
Lack of career progression, includes: - Less training/development opportunities - Lack of supervision/career guidance - Working at lower grade/deskilling - Appraisal and revalidation issues	129	26%
Financial, includes: - No paid study, sick or annual leave - Travel expenses	71	14%
Agency/administration, includes: - Dealing with agency - Continuous administration/communication	19	4%
Other challenge	14	3%

[16] Percentages calculated as a proportion who responded to the survey (N=499). Due to the open nature of responses, percentages do not equal 100%.

A higher proportion of early/mid-career locums cited lack of career progression than late career locums

Further analysis[17] was undertaken to understand the cohorts that were more likely to experience these challenges. As shown in Table 35, the difference between early and mid-career locums who cited lack of career progression compared to late career locums, was relatively high (34%, 36%, 22% respectively). This supports the findings in section 4.2.1 in terms of the relatively high proportion of early career locums who cite career opportunities as a key reason for working as a locum (22%) — suggesting that locum work is more likely to be a career steppingstone for doctors early on in their career.

Furthermore, a higher proportion of locums connected to a small or medium agency cited lack of career progression than locums connected to larger agencies (35% and 25% respectively). Similarly, a slightly higher proportion of locum doctors with a UK primary medical qualification (PMQ) referenced lack of career progression compared to IMGs and EEA graduates (31%, 24% and 21% respectively) who were also more likely to cite training and development opportunities as a key support need, section 4.5.

A higher proportion of non-UK LAL doctors cited being treated differently than UK LAL doctors

A higher proportion of EEA graduates and IMGs who completed the survey discussed being treated differently and feeling discriminated as a key challenge of being a locum compared to doctors with a UK PMQ (30%, 29% and 24% respectively).

Interestingly, interview participants reported discrimination in terms of the difference in treatment between non-locum staff and LAL doctors (discussed further in section 4.4.2), yet non-UK participants didn't necessarily attribute the discrimination they experienced to their nationality or where they had graduated.

These findings suggest that non-UK LALs are more likely to be treated differently than their UK counterparts, yet it is unclear to what extent the discrimination felt by non-UK LAL doctors is down to their nationality/where they graduated as opposed to their experience of being a locum.

[17] The notable differences are presented in Table 35 with the full breakdown of percentages / frequencies available within the Appendix (6.1.3.1).

There was no observed correlation between the challenges faced and the reason for becoming a locum

Further analysis was undertaken to explore the reasons why survey respondents decided to locum against the challenges they face. Based on responses to the motives question, individuals were grouped into three categories:

1. Those that locum for lifestyle and/or financial reasons only
2. Those who locum for career progression/work opportunities only
3. Those who locum for multiple reasons including lifestyle and/or financial reasons.

Table 12 details the key challenges of being a LAL cross-referenced with the reasons why locum work is chosen. As shown in Table 12, there was very little difference in terms of the challenges faced by those who chose to locum for lifestyle and/or financial reasons only and those that decided to locum for career opportunities only.

Table 12: Motives for working as a LAL by challenges faced

Key challenges[18]	Lifestyle and/or financial reasons only (N=254)	Career progression/work opportunities only (N=111)	Multiple reasons (N=134)
Unfamiliarity	37% (93)	41% (46)	36% (48)
Instability	34% (90)	35% (39)	41% (55)
Being treated differently/discrimination	30% (61)	21% (27)	29% (41)
Lack of career progression	22% (75)	24% (23)	31% (39)
Financial	10% (29)	13% (14)	19% (28)
Agency/administration	2% (9)	5% (5)	5% (5)
Other	3% (6)	5% (5)	2% (3)

[18] Due to the multiple response nature of the challenges question, responses do not equal 100%.

Being treated differently and instability of work placements were challenges exacerbated by the COVID-19 pandemic

Survey respondents were asked to identify the specific challenges they have faced in the context of the pandemic, to which the most frequent were COVID-19 protocols and new ways of working (21%) and reduced locum opportunities (20%). Other challenges included heavy workload and long hours (16%) and being treated differently to non-locum doctors/discrimination (14%).

The latter was described by some interview participants who noted how they were treated unfairly in comparison to non-locum staff in terms of being denied permission to work from home and being placed on shifts on the COVID-19 frontline – putting them at greater risk of contracting the virus. Interestingly, while some LALs agreed to the latter, others insisted on fair rotation or decided to terminate their post early, which had implications for their future work with the organisation.

Furthermore, 1 in 5 survey respondents cited reduced LAL opportunities during COVID-19 as a key challenge. This supports the survey findings in Table 2 which shows that out of all those LALs who changed agency since the start of the pandemic, 1 in 2 did so for better work availability.

Table 13: Specific challenges experienced whilst working as a LAL in the context of the COVID-19 pandemic (N=499)

	No. of respondents	% of respondents[19]
COVID protocols and procedures/new ways of working, including: - PPE availability and guidance/infection risk - Virtual working - Access to vaccination/testing - Last minute/frequent changes	106	21%
Reduced locum opportunities, including: - Instability - Travel restrictions and quarantine - Being away from family	99	20%
Heavy workload and long hours, including: - Extra responsibilities/higher expectations	78	16%
Being treated differently to non-locums/ discrimination, including: - Provided with jobs non-locum doctors didn't want - Less priority given over safety of locum doctors - Less employment rights compared to non-locum staff - Lack of recognition/appreciation - Loneliness'/no support	69	14%
Financial implications, including: - Poor/no escalated pay - No sickness pay (fear of becoming ill & isolation)	51	10%
Other challenge, including: - Appraisal and revalidation - Poor management/communication - No training	48	10%

[19] Percentages calculated as a proportion who responded to the survey (N=499).

A higher proportion of IMG LALs who were not white/ white British cited discrimination as a challenge exacerbated by the pandemic than white/ white British and EEA/UK graduates

Further analysis[20] was undertaken to understand the cohorts that experienced specific challenges in the context of the COVID-19 pandemic.

As shown in Table 37, a higher proportion of not white/white British LALs cited being treated differently and discrimination as a challenge exacerbated by the pandemic than white/white British LALs (17% and 9% respectively). As did IMGs compared to EEA and UK graduates (17%, 11% and 11% respectively), which may be explained by the fact that most IMGs who completed the survey were from a BME background (75%). Together, these findings suggest that being treated differently is a challenge more likely to be experienced by non-UK and not white/ white British LAL doctors, yet it is important to note that discrimination was not explicitly discussed in relation to ethnicity as opposed to general discrimination felt as a locum doctor.

Working as a LAL had implications for the doctors themselves, more so than patients

Survey respondents were asked to discuss the implications of working as a LAL in terms of risks that affect them, their colleagues or patients. It must be noted that individuals responded to this question in different ways, some referring to the previous question relating to COVID-19, some detailing specific implications and some referring to their initial responses in the challenges question. For these reasons, further analysis by the key characteristics was not undertaken.

The key themes that emerged included unfamiliarity and constantly working in new settings (31%) which was felt to impact on the continuity of care for patients and have implications for locums themselves in terms of the lack of peer support, which is absent due to the short-term, superficial relationships experienced with colleagues on shift.

Being treated differently to non-locums/discrimination was also cited (28%), with many noting how LALs feel fearful of making mistakes due to being less protected and more likely to take the blame than non-locum staff. Furthermore, they discussed burn-out and stress caused by the level and type of work (that was believed to be unfairly) put onto them — some of which included jobs that other non-locum doctors do not want to do.

Working as a LAL was also identified to have implications on career progression (16%) due to the limited training opportunities available and the lack of supervision/support, which also had implications for appraisal and revalidation (see section 4.4.2).

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[20] The notable differences are presented in*Percentages calculated as a proportion who responded to the survey (N=499)

Table 37 Table 37 with the full breakdown available within the Appendix (6.1.3.2).

Table 14: Implications of working as a LAL (N=499)

	No. of respondents	% of respondents[21]
Unfamiliarity - New workplaces/system/ protocols/teams - No/poor induction process (inc. access to IT log ins) - Continuity of care for patients - Short-term/superficial relationships with colleagues	156	31%
Being treated differently/discrimination - Less protected/fear of making mistakes - Negative perceptions - Isolated working/no feeling of belonging - Burnout/stress of excessive workload - Erratic rotas/out-of-hours work	139	28%
Lack of career progression - Lack of training opportunities - Appraisal/revalidation difficulties - Lack of support (inc. senior support & pastoral/mental health support)	79	16%
Instability - Job security - Travel and being away from family - Limited opportunities/flexibility	74	15%
Other - Increased infection risk/exposure - Communication issues (implications for patient care) - Confusion over job plan/description - Little control	65	13%
Financial implications - No paid study, sick or annual leave	44	9%

[21] Percentages calculated as a proportion who responded to the survey (N=499). Due to the open nature of responses, percentages do not equal 100%.

4.4.2 Qualitative research findings

During the qualitative interviews, several questions were asked to explore the challenges faced working as a LAL. Participants discussed a wider variety of challenges and interestingly, many felt these challenges were "part and parcel" of the job. The challenges that were discussed in the qualitative interviews and suggestions for overcoming them are discussed in turn.

Limited to no induction and unfamiliarity

The induction process was noted to vary greatly between different work placements yet was identified as an important process to help LALs familiarise themselves with their work setting and team. Where inductions were felt to be poor, several challenges were identified in terms of:

- Limited to no guidance on processes/how things work in the organisation e.g. referrals, discharges, paperwork, where equipment is kept
- Delay in receiving IT log-in and access card
- Restricted access to IT/clinical system
- No 'go to' contact within the organisation for questions or issues
- Working with a new team who have little time to provide support, particularly in fast-paced settings like acute care
- Expectation that locum doctors should "pick up and run".

The impact of these challenges included delays, inefficiencies and frustration. LALs often felt they were made to look incompetent as they were not "getting on with the job" which often had little to do with their clinical competence, and more to do with the fact that they didn't have full access to IT/clinical systems or know the processes well enough to get on with the job.

Others reported increased professional vulnerability as there was "no leeway" to make mistakes that could easily be made in unfamiliar work settings. Staff shortages and working out-of-hours with skeletal teams was said to exacerbate this challenge as the locum has less support and greater responsibility for decision-making.

These challenges were felt to be more pertinent for early/mid-career locums than those with years of experience. Late career locums discussed that it was "part and parcel" of locum work to "learn on the job". Through their experience they had learned to ask colleagues for information and assistance to ensure they had everything they needed to do their job.

Naturally, this issue was more prevalent with locums working in short-term posts and helps explain why many LALs have a preference to work for the same organisation/a few organisations where they have greater familiarity.

To overcome this challenge, locums said they needed better access to the 'basics' (i.e. log-ins/ ID cards), a buddy/direct contact for on-the-job queries, as well as being informed about what to expect (including any prerequisite training) and who that point of contact is from their agency beforehand.

"Locums are left to get on without a paddle… No one tells you what to do with log-ins, ID cards, paperwork… we are very experienced; it's just we're not given time to learn the systems." (P8)

"It takes 20 seconds to take bloods, yet you spend hours trying to print a sticker for the sample." (P40)

Limited training and development opportunities which impact career progression

Early/mid-career LALs reported limited access to training and development opportunities as a key challenge that impacted their career progression. In comparison to non-locum doctors, it was discussed that locums are viewed as "there to work" and as a result often lack supervision and are not invited to training/learning opportunities within the organisation.

Most LALs knew they had to access and pay for training outside their work placements yet believed it would be of benefit to the NHS at a system level if they were included in "on-the-job" learning, supporting them to develop their skills that they would then utilise within the health and care system.

Some discussed that they were often placed in general wards/night shifts that reduce opportunities to utilise and enhance their skillset, which potentially leads to regression if locums need to retrain/requalify in certain skills they have not been practising.

Other participants said limited career guidance for early career locums, can result in them "taking on anything" and lead to lack of direction and remain at a staff grade, rather than being selective about placements that could help them develop and progress in their career.

"Seniors take time to help juniors learn, answer questions, feedback to their Trust doctor, but locums we are expected to work, work, work." (P10)

"Progression comes with supervision, you make a plan with your supervisor, but we have no one guiding or supporting us through our journey, we do it on our own and we struggle." (P16)

"Many of the locums are staff grade, yet they don't get chance to develop and progress on the job, so they end up staying at that level for years." (P20)

To overcome this challenge, LALs said they would benefit from equal access to peer support, supervision and local training and development opportunities that their non-locum counterparts were privy to, as well as career guidance for those early in their career.

Appraisal and revalidation

Several participants said it was difficult to obtain evidence needed for appraisal and revalidation in term of:

- Not been invited to training/learning opportunities (including informal learning practices like team huddles) that contribute to continued professional development (CPD)
- Excluded from/bottom of the list for quality improvement activities (QIA)
- No supervisor to advise on portfolio, sign off competencies or undertake case-based discussions
- Limited access to IT/clinical systems makes it difficult to undertake audits
- Difficult to obtain patient/colleague feedback when working in multiple settings.

Aside from the challenge of collating supporting information while working full-time — something that is navigated by all LALs — some participants discussed that the cost of the appraisal wasn't value for money and varied in quality between agencies and appraisers.

The challenges associated with appraisal and revalidation were felt to be heightened for early career locums and non-UK locum doctors who have less experience of this process.

"There's a lot of things that are needed for appraisal and for locums just starting out it's difficult because they are actually learning on the job, but they just don't think to log it and with regard to formal training, we're bottom of the pile." (P1)'

To overcome this challenge, LALs said they needed more support from their organisation to enable them to access and evidence CPD/QIA activities as well as early guidance and advice on the requirements for appraisal and revalidation specific to locums.

Discrimination and negative perceptions

Participants discussed the deep-rooted negative perceptions that are held by non-locum staff at all grades towards LALs and the discrimination faced in terms of the treatment of locum versus non-locum staff. More specifically, it was noted that often LALs:

- Are perceived to be only "in it for the money" and/or not good enough to obtain a permanent job
- Are looked down upon, with many doctors (including clinical leads) "proud" to never have been a locum
- Are given jobs/tasks that non-locums doctors don't want
- Have a greater workload than non-locum doctors – being expected to work flexibly to cover the roles of multiple vacancies and undertake duties outside of their contract
- Are challenged more on their clinical decisions and must justify themselves
- Feel degraded by younger doctors in more senior grades, seemingly ignoring their years of experience
- Are less supported than non-locum doctors by their employer.
- Last minute work is well paid but makes it difficult to plan with the individual often "thrown in at the deep-end"
- No notice of cancellations/posts being cancelled with 24-hours' notice which is frustrating when other work has been turned down

- Short notice of posts
- Not being eligible for sick pay - exacerbated during the pandemic with track and trace/self-isolation and inconsistency in terms of support locums were entitled to.

These challenges caused worry about income It was discussed that this resulted in LALs feeling devalued, with many terminating their post early. A small number of participants said they had been threatened by the organisation that they would be reported to the GMC for leaving early, which was said to be especially daunting for early career locums.

"Often it's the senior doctors who don't approve of locums, so there is negativity towards you that filters down" (P22)

"There's a belief starting at high level that because you are paid by the hour, you are treated like a servant with no dignity or respect" (P16)

To overcome this challenge, LALs said on a local level, senior leaders/managers needed to be more inclusive and "lead by example" and nationally, there was a need for a supporting body to advocate for the rights and needs of LALs, including in circumstances where the agency acts unfairly. The question was posed — "who regulates the agencies?"

"Who is checking the locum agencies at a higher level? If I have a problem with the agency, where should I go?" (P32)

Uncertainty/instability of work placements

For some, the uncertainty/instability associated with locum work was a challenge. This was in relation to:

- The difficulties faced in finding a suitable placement (experienced by some but not all locums interviewed)

The unpredictable nature of the work, however, many locums felt instability was very much part and parcel of the role of locum work.

"There's been too many occasions where I've driven over an hour only to be told there was a mix up and I'm not needed. It's so frustrating when I've turned down other work" (P42)

To overcome this challenge, LALs said a point of contact beforehand (provided by the agency) would enable them to confirm their post prior to arrival as well as clear guidance that stipulates support/entitlements for locums.

Accommodation

Some participants commented on the logistics and accommodation for locums in terms of being hard to find, expensive and/or poor quality. Whilst last minute placements put pressure on the locum to find suitable accommodation at short notice, long-term accommodation was noted to be difficult to secure as they require levels of evidence that are not available or difficult to obtain for non-UK locums.

Hospital accommodation was further noted to be inconsistent, shared and have limited facilities - not ideal when adjusting to a placement.

It was suggested that greater support should be available from agencies and/or Trusts to inform or support locums in sourcing accommodation or having details of accommodation available at upcoming placements.

"Hospital accommodation and facilities are so inconsistent, it's difficult to find somewhere decent at such short notice" (P25)

To overcome this challenge, LALs said their agency was well placed to support with sourcing suitable accommodation.

4.4.3 Summary of challenges and needs

The following table summarises the key challenges and needs identified by participants:

Challenges	Needs to help overcome challenges
Limited to no induction and unfamiliarity	Better access to basics such as logins/ID cards, a direct contact for on-the-job queries and knowing who the point of contact from agency is beforehand.
Limited training and development opportunities which impact career progression	Equal access to peer support, supervision and local training and development opportunities, along with career guidance for early career LALs.
Appraisal and revalidation	More support from organisation to enable them to access CPD/QIA activities. Additionally, they need guidance and advice on the requirements for appraisal and revalidation specific to locums.
Discrimination and negative perceptions	On a local level – managers needed to be more inclusive. On a national level – a supporting body which advocates for the rights and needs of LALs is needed, including when agencies act unfairly.
Uncertainty/instability of work placements	A point of contact provided by the agency prior to start of position would enable them to confirm their post and
Accommodation	Agency is well placed to support sourcing for accommodation

4.5 Access to support and support needs

Several questions were asked within the survey and qualitative interviews to explore what LALs need to support them in their role. The findings from both research activities are discussed in turn.

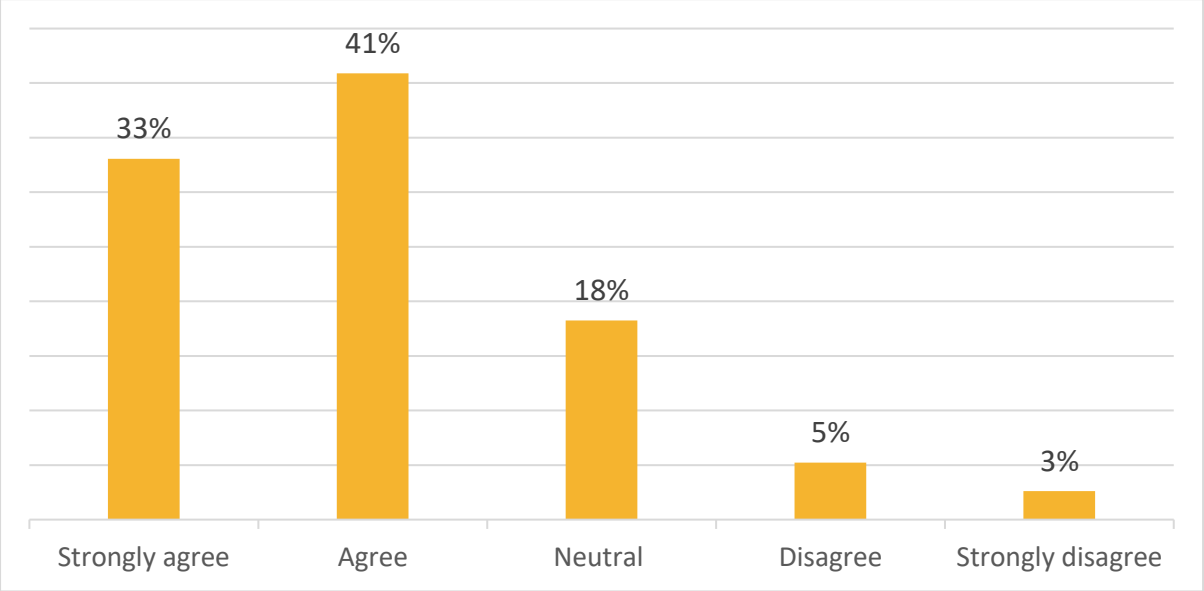
4.5.1 Survey findings

LALs feel supported by their agency than by the organisations where they work

Questions were asked to explore the extent to which locums felt supported by their agency and the organisations they work in. As shown in Figure 16, 3 in 4 (74%) agreed that they feel supported by their agency, while 8% disagreed and 18% provided a neutral response. In comparison to the proportion who felt supported by the agency (74%), a lesser proportion agreed that they felt support by the organisations they work in (51%).

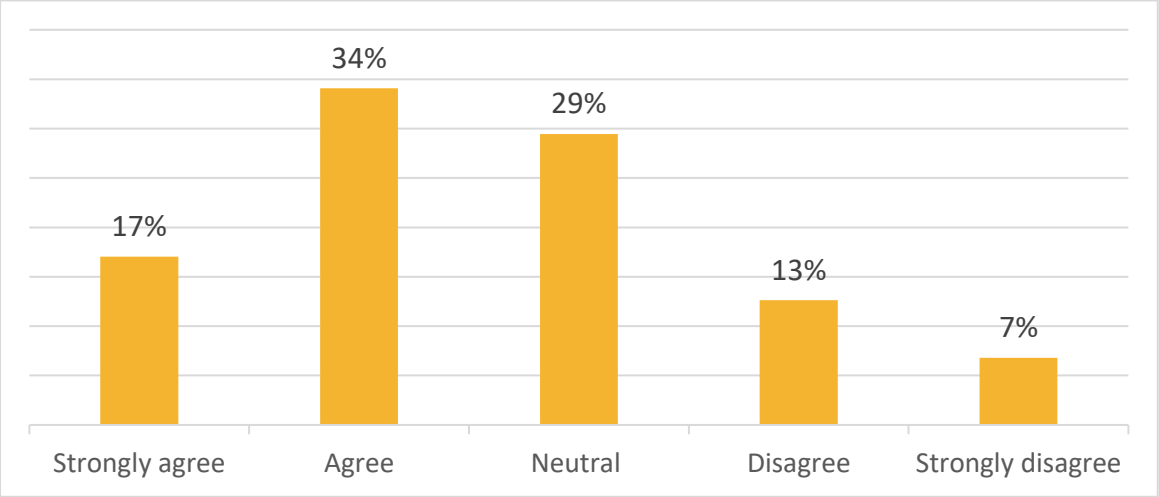
Further analysis[22] revealed that a slightly higher proportion of late career locums felt supported by their agency compared to early/mid-career (76% and 70% respectively). As did UK locums compared to IMGs and EEA graduates (77%, 73% and 70%), who also felt more supported by the organisation (57%, 47% and 50%).

Figure 16: Agreement with the statement 'I feel supported by my agency/agencies in my role as locum doctor' (N=499)



[22] Note: The percentages / frequencies for this further analysis are available in the Appendix, as well as for the questions below (6.1.4).

Figure 17: Agreement with the statement 'I feel supported by my organisation/(s) in my role as locum doctor' (N=499)



Training and development opportunities were most frequently cited as a key support need for locums

Survey respondents were asked what support is required for locums[23], these have been grouped into key themes. These themes are not mutually exclusive — in many cases, due to the open nature of the question, respondents provided a response that fell within more than one theme.

Table 15 shows that the majority of locums (57%) suggested that training and development opportunities were needed and could help locums fulfil appraisal and revalidation requirements — cited by 1 in 5 locums (22%) — and overcome the impact of locum working on future career progression. This included access to mandatory training, CPD opportunities, supervisors, career planning advice and peer support.

To tackle the discrimination faced by locum staff, 1 in 7 (14%) cited that support is needed to ensure locum staff are treated the same as non-locum staff, in terms of access to physical/emotional health support and resources/equipment, employee protection and workloads. Also incorporated within this, was the small number of respondents who felt that their needs to be a stronger national voice for the rights of locums.

Furthermore, financial support and an improved induction/onboarding process was cited by approximately 1 in 10 locums (13% and 11% respectively).

[23] Please note that the questions did not ask specifically what support the individual required, but rather what LALs need more generally.

Table 15: Support required for LALs (N=499)

	No. of respondents	% of respondents[24]
Training and development opportunities, including: - Access to mandatory training & CPD opportunities - Support to collate e-portfolio - Access to clinical and educational supervisor - Access to career planning advice - Participation/access to peer groups - Regular feedback	282	57%
Appraisal and revalidation support	112	22%
Being treated the same as non-locum staff, including: - Access to physical and emotional health support - Access resources/equipment - Equivalent workloads - Protection - Support from colleagues/team - Stronger national voice for locum rights	68	14%
Financial support, including: - Paid study leave - Paid sick/maternity/annual leave - Indemnity insurance/legal support	63	13%
Induction/onboarding, including: - Improved onboarding process - IT log-ins in place - Shadow/buddy system	54	11%
Agency support, including: - Employment support - Support with logistics and expenses	37	7%
Other	36	7%

[24] Percentages calculated as a proportion who responded to the survey (N=499). Due to the open response nature of this question, percentages do not equal 100%.

A higher proportion of early career LALs and UK LAL doctors cited the need for training and development

As previously explored in section 4.4.1, early career locums were more likely to mention lack of career progression as a key challenge, than late career locums. Further analysis[25] reveals this cohort are also most likely to benefit from training and development opportunities, helping with professional development as well as accessing training that can be evidenced for appraisal and revalidation purposes.

Interestingly, a higher proportion of late career locums do feel they would benefit from increased support for appraisal and revalidation than mid and early career locums (26%, 19% and 13% respectively). Given early career have been a locum for < 3 years, it may be because they have not yet been revalidated that a relatively low proportion recognises this as a support need compared to late career locums.

In addition, a higher proportion of UK LALs were more likely to cite lack of career progression as a key challenge, compared to EEA and IMG LAL doctors, and most likely to discuss training and development opportunities in terms of the support required.

There was little correlation between the support needs and the reason for becoming a LAL

Further analysis was undertaken to explore the reasons as to why survey respondents decided to locum cross referenced with the types of support required. Based on responses to the motives question (see section 4.2.1/Table 10), individuals were grouped into three categories:

1. Those that locum for lifestyle and/or financial reasons only
2. Those who locum for career progression/work opportunities only
3. Those who locum for multiple reasons including lifestyle and/or financial reasons.

Table 16 shows the proportion of locums who selected each support need out of respondents who became a locum for 1) lifestyle and/or financial reasons 2) career/work reasons and 3) multiple reasons. There was little difference in terms of the support required by those who chose to locum for lifestyle and/or financial reasons only and those that decided to locum for career reasons only.

The only notable difference was in terms of the need for more support from the agency, with 13% of those who decided to locum for their career or for work opportunities citing this, compared to 6% of those who decided to locum for lifestyle and/or financial reasons only. This suggests that locums who want to progress in their career and/or gain work opportunities need more support from their agency to do this. Further discussion about locums' experience of agency support is discussed in section 4.5.2.

[25] The full breakdown of percentages / frequencies for this further analysis is available in the Appendix (0).

Table 16: Motives for working as a LAL by support required[26]

	Lifestyle and/or financial reasons only (N=254)	Career progression/work opportunities only (N=111)	Other reasons including lifestyle or financial (N=134)
Training and development opportunities	57% (146)	53% (59)	57% (77)
Appraisal and revalidation	20% (51)	20% (22)	29% (39)
Being treated the same as non-locum staff	13% (32)	14% (16)	15% (20)
Financial support	13% (33)	9% (10)	15% (20
Induction/onboarding	12% (31)	13% (14)	7% (9)
Agency support	6% (16)	13% (14)	5% (7)
Other	8% (20)	5% (5)	8% (11)

[26] Due to the multiple response nature of the support needs question, responses do not equal 100%.

4.5.2 Qualitative findings

Support for LALs is more important for early/mid-career, with many late career LALs expressing they do not need/expect support

During the qualitative interviews, questions were asked to understand current support locum's access. Interestingly many late career locums — who were evidently more self-dependent —expressed that they did not expect or need support and were surprised by the question. Others described support as "sporadic" and "non-existent", particularly in relation to support from organisations which was recognised to be better for those in long-term posts and varied considerably.

At a national level, the BMA, GMC and RCP were discussed as useful information for career planning, revalidation and health and wellbeing support. One early career IMG LAL also recalled receiving support from the GMC in terms of a day event they attended for doctors wanting to locum in the UK.

Most notably, the specific support LALs received was from their agency who they felt best placed to offer advice, support and information due to the regular contact with locums.

LALs mostly receive good support from their agency, and larger agencies are seen to be more business-focused

Many discussed the support they received from their agency positively in terms of:

- Direct point of contact with advisor/agent who is responsive, proactive and helpful
- Representation to resolve issues with organisations/act on behalf of the locum
- Signposting to appraisal support services
- Provision of online courses/training
- Logistics/accommodation.

However, it was evident that LALs had mixed experiences of the agencies they worked for. Some connected to large/medium agencies said their agency was "business-focus" and described a lack of support and negative aspects in terms of:

- Business first, locum second
- Issues with transparency around pay/commission
- Concerns not always addressed
- Inconsistent contact – responsive when trying to place, which then trails off
- Unwanted pressure to take on intense workloads.

"If I didn't have that relationship with the admin team in the hospital, I wouldn't have realised the agency was charging the hospital much more than they were paying me" (P32)

Many participants agreed this was part of working for a locum agency and they had the option to move agencies if the situation worsened. However, many others made suggestions for what else their agency — and other bodies — could do to support them (discussed fully in section 5).



Considerations for supporting LALs

5 Considerations for supporting LALs

This research has highlighted key challenges and support needs for LALs. As shown in Table 17, instability, unfamiliarity, discrimination and lack of career progression are the key challenges that LALs face.

The findings indicate that the support they need in relation to these challenges, differ along key chracteristic lines, most noteably, in terms of career stage and whether they graduated inside or outside the UK. To account for these differences, this section presents the key support needs for **4 emerging typologies** of LALs:

1. Late career locums with a non-UK primary medical qualification (PMQ) (n=230)
2. Late career locums with a UK PMQ (n=108)
3. Early/mid-career locums with a non-UK PMQ (n=94)
4. Early/mid-career locums with a UK PMQ (n=67)

Table 17: Challenges of working as a LAL by four key typologies

	Late career locums with non-UK PMQ (n=230)	Late career locums with UK PMQ (n=108)	Early/mid career locums with non-UK PMQ (n=94)	Early/mid career locums with UK PMQ (n=67)
Instability	37%	32%	41%	39%
Unfamiliarity	34%	43%	38%	39%
Discrimination	34%	29%	17%	16%
Lack of career progression	19%	28%	34%	36%
Financial	13%	16%	13%	16%
Agency / administration	3%	1%	6%	6%
Other	3%	4%	4%	0%

5.1 Typology 1: Late career LALs with a non-UK PMQ

Who have worked as a LAL for 7 years or more and graduated outside of the UK with an IMG or EEA PMQ.

This group have learnt to become self-dependent over the years, however, many still face challenges in terms of the instability of locum work, unfamiliarity of different work settings and being treated differently to non-locum staff (37%, 34% and 34% respectively)[27].

Approximately 2 in 3 (67%) agree that locum work is still a positive career choice and 3 in 4 (75%) intend to continue working as a LAL[28].

What support will benefit this group of LALs?

The survey findings in

Table 18 show that 1 in 2 (50%) cited training and development opportunities as a key support need, with lesser proportions citing support with the appraisal and revalidation process (26%) and being treated the same as non-locum staff (16%).

Mandatory training, supervision, opportunities, and time for CPD/QIA activities, improved access to IT/clinical systems to access audits/e-learning and access to local teaching programmes — all of which are afforded to non-locum doctors — were cited as key needs to help this group keep up-to-date and "maintain a high quality of medical practice".

The reduced opportunities for CPD/QIA activities as well as the lack of supervision and study leave was reported to also have implications for appraisal. This group expressed a need for better guidance and supervision to help prepare for appraisal and navigate challenges locums face in terms of collecting supporting information i.e. audits and patient feedback. In addition, many believed the cost of appraisal was too high, particularly because appraisals were said to vary considerably between appraisers/external services. Many noted the need for a standardised approach to appraisal to reduce the variation experienced or the option to undertake appraisal within an NHS organisation.

Furthermore, many discussed the need to tackle the stigma associated with locum work and unfair treatment/discrimination they experienced because of this. This group discussed the need for a supporting body at a national level to advocate for the rights of locums as well as "reassurance from the GMC" to promote and recognise the positive contribution of locum doctors. A small number also cited the need for the GMC to reiterate when it is appropriate to refer a doctor to the GMC to help avoid inappropriate referrals to the GMC. This was discussed by LALs in relation to their experience of being "threatened" by an organisation — being told they would be referred to the GMC for terminating a post early and leaving a department understaffed.

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[27] The notable differences are presented in Table 51 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.1).

[28] **The notable differences are presented in**

Table 52 and Table 53 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.1).

Table 18: Support needs of late career, non-UK locums (N=230)

	No. of respondents	% of respondents[29]
Training and development opportunities	115	50%
Appraisal and revalidation process	59	26%
Being treated the same as non-locum staff	36	16%
Financial support	35	15%
Induction/onboarding	24	10%
Other	20	9%
Agency support	16	7%

Key considerations

The insight suggests that the following actions will help meet the needs of this group of LALs:

- Make local training opportunities available to LALs in order to support them in maintaining good medical practice
- Targeted communication of the revalidation tips for 'doctors working in multiple settings'[30] and include direct links from this webpage to specific, relevant case studies i.e. Dr. Timms[31] in relation to collating supporting information
- Reiterate that all appraisals are carried out by a licensed medical practitioner to combat the perception that appraisal will be different/better if conducted within an NHS organisation
- Widely share positive stories about the contribution of LALs to help combat the negative stigma and show recognition.

[29] Due to the open nature of this question, percentages do not equate to 100%

[30] GMC website 'Revalidation Resources' Available here

[31] GMC website 'How can I get enough patient feedback when I work in short term posts?' Available here

5.2 Typology 2: Late career LALs with a UK PMQ

This group have worked as a LAL for 7 years or more and graduated in the UK.

This group are familiar with the NHS, with many having previously worked in a permanent post, choosing to locum as it offers a better lifestyle and flexible working for those coming to the end of their career. A high proportion agree that locum work is still a positive career choice and intend to continue working as a LAL[32] (71% and 68% respectively).

Despite being generally positive about locum work, this groups still experience challenges in terms of the unfamiliarity of different work settings, instability of locum work, and being treated differently to non-locum staff (43%, 32% and 29% respectively)[33].

What support will benefit this group of LALs?

The survey findings in Table 19 show that 60% cited training and development opportunities as a key support need, with lesser proportions citing support with the appraisal and revalidation process (27%), being treated the same as non-locum staff (13%) and financial support (11%).

Access to quality CPD activities, Continued Medical Education (CME) and post graduate training courses were discussed as key needs to help this group enhance their knowledge/skills, as well as access to peer and professional support outside of their work placements to provide practical advice in terms of obtaining supporting information, as well as moral support due to the absence of peer relationships at work.

While this group acknowledge that meeting appraisal and revalidation requirements is a "personal responsibility", many believed more needs to be done —including by the GMC — to consider, recognise and address the specific needs facing LALs in terms of accessing CPD and gathering evidence.

[32] The notable differences are presented in Table 55 and Table 56 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.2).

[33] The notable differences are presented in Table 54 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.2).

Table 19: Support needs of late career, UK locums (N=108)

	No. of respondents	% of respondents[34]
Training and development opportunities	65	60%
Appraisal and revalidation process	29	27%
Being treated the same as non-locum staff	14	13%
Financial support	12	11%
Induction/onboarding	10	9%
Agency support	7	6%
Other	7	6%

Key considerations

The insight suggests that the following actions will help meet the needs of this group of LALs:

- Increase the number of NHS organisations and locum agencies offering local teaching/post-graduate courses to locums. This will help to enhance their knowledge and skills, and by extension, upskill the temporary workforce that supports the NHS.
- Expand the revalidation resources on the GMC website to include more locum-specific case studies and information in relation to accessing CPD and gathering evidence.
- A representative body to provide supervision/mentorship and advocacy. This will support locum doctors on several fronts — maintaining good medical practice, appraisal and revalidation, career progression and overcoming discrimination.

[34] Due to the open nature of this question, percentages do not equate to 100%.

5.3 Typology 3: Early/mid-career LALs with a non-UK PMQ

This group are in their early career (1-6 years of locum work) and graduated outside of the UK with an IMG or EEA PMQ.

Having recently joined the UK medical register, this group often becomes a locum to gain work experience as they are less likely to obtain a permanent post in the UK without UK/NHS experience. In this regard, locum work provides NHS experience and many also benefit from higher pay to pay off overseas medical school debt. Approximately 2 in 3 (65%) agree that locum work is still a positive career choice and just over a third (37%) intend to continue working as a LAL[35]. This group face challenges in terms of the instability of locum work, unfamiliarity of different work settings and lack of career progression (41%, 38% and 34% respectively)[36].

What support will benefit this group of LALs?

The survey findings in show that 61% cited training and development opportunities as a key support need, with lesser proportions citing support with the appraisal and revalidation process (14%), being treated the same as non-locum staff (14%) and financial support (13%).

Better access to local training and clinical supervisors was widely discussed by this group. Some also discussed more that could be done by the agency in terms of collaborating with organisations to provide access to training/webinars and supporting them to onboard. In relation to the latter, it was suggested that agencies could help with accommodation and provide more information about the placement and a point of contact beforehand, including details of the grade to avoid early career LALs being booked for work beyond their capability.

Support needs were also discussed in relation to appraisal, with this group having no experience or knowledge of what an appraisal entails prior to their first one. Participants said they were linked up to an appraiser who expected them to have collated their portfolio and discussed the need to be prompted of what was required and to be able to access support early on. Some — particularly those working for multiple agencies —were also unaware of how their connection to a designated body was determined and further guidance was suggested.

[35] The notable differences are presented in Table 58 and Table 59 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.3).

[36] The notable differences are presented in Table 57 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.3).

Table 20: Support needs of early/mid, non-UK locums (N=94)

	No. of respondents	% of respondents[37]
Training and development opportunities	57	61%
Appraisal and revalidation process	13	14%
Being treated the same as non-locum staff	13	14%
Financial support	12	13%
Induction/onboarding	10	11%
Agency support	9	10%
Other	8	9%

Key considerations

The insight suggests that the following actions will help meet the needs of this group of LALs:

- Agencies to leverage their existing knowledge of and relationship with NHS organisations in order to ensure LALs have access to the basics (i.e. log-ins/ ID cards) and a point of contact/supervision. In addition, agencies are well placed to provide accommodation support and information about the placement — all of which will help overcome challenges with unfamiliarity and poor inductions.
- Targeted communications and signposting to locums in their first year of medical practice to inform them *before appraisal* about their responsibility to ensure their connection is correct and of appraisal and revalidation requirements.
- Consider who e.g. Responsible Officers/which organisation is best placed to support locums with appraisal and revalidation queries.

[37] Due to the open nature of this question, percentages do not equate to 100%

5.4 Typology 4: Early/mid-career LALs with a UK PMQ

This group are in their early career (1-6 years of locum work) and graduated in the UK

This group typically become a locum for lifestyle and financial reasons, as well as wanting a break from the intensity of foundation training and having the opportunity to experience different areas before specialising. Approximately 4 in 5 (84%) agree that locum work is still a positive career choice and over half (57%) intend to continue working as a LAL[38]. This group face challenges in terms of unfamiliarity of different work settings, the instability of locum work and lack of career progression (39%, 39% and 36% respectively)[39].

What support will benefit this group of LALs?

The survey findings in Table 21 show that 67% cited training and development opportunities as a key support need, with lesser proportions citing support with the appraisal and revalidation process (16%) and induction/onboarding (15%).

Access to training and wider learning opportunities like multi-disciplinary team (MDT) meetings, peer support, and being invited to participate in audits and quality improvement activities (QIA) were discussed as key aspects of support that non-locum doctors receive and would be equally beneficial to this group at the same career stage. Some also noted that agencies are well placed to provide/ signpost to wider training opportunities.

Supervision was also discussed as an important factor to help this group to gain appraisal and career advice. Some participants had received helpful career tips from seniors within an organisation, which prompted them to think about the nature of their placements in relation to their future career goals.

[38] The notable differences are presented in Table 61 and Table 62 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.4).

[39] The notable differences are presented in Table 60 with the full breakdown of percentages / frequencies available within the Appendix (6.1.6.4).

Table 21: Support needs of early/mid, UK locums (N=67)

	No. of respondents	% of respondents[40]
Training and development opportunities	45	67%
Appraisal and revalidation process	11	16%
Induction/onboarding	10	15%
Agency support	5	7%
Being treated the same as non-locum staff	5	7%
Financial support	4	6%
Other	1	1%

Key considerations

The insight suggests that the following actions will help meet the needs of this group of LALs:

- NHS organisations to expand local training/learning opportunities 'on the job' (e.g. MDT meetings) and clinical supervision/senior support to locums. This will support this group in three ways:

    1) Keeping up-to-date and maintaining good medical practice

    2) Obtaining evidence for appraisal and revalidation

    3) Enhancing their skills to support career progression.

[40] Due to the open nature of this question, percentages do not equate to 100%

5.5 Closing remarks

Training and development were the most frequently discussed support need across all 4 typologies, with a slightly higher proportion of UK and non-UK early/mid-career LALs citing this (67% and 61%) than UK and non-UK late career LALs (60% and 50%).

While the reasons why training and development was important differed slightly between typologies, it is evident that better training/learning opportunities, supervision and peer support provided/signposted by organisations and agencies would benefit LALs in three important ways:

- To keep up-to-date and maintain good medical practice in their day-day roles
- To engage in CPD/QIA activities and other learning opportunities on the job that can enhance the quality of their professional work and be evidenced in appraisal and revalidation
- To support professional career development by enhancing their knowledge/skills and having access to career advice and tips from peers and supervisors.

Appraisal and revalidation support was also cited by a slightly higher proportion of UK and non-UK late career LALs (27% and 26%) than UK and non-UK early/mid-career LALs (16% and 14%).

It is possible that a lesser proportion of early/mid-career LALs cited this because they have not yet experienced the 5-year revalidation cycle. This supports the findings that early/mid-career locums would benefit from early awareness of their obligation in relation to appraisal and revalidation as well as support and recognition of the challenges they face to obtain and evidence CPD/QIA, audits and patient/colleague feedback.

Unfamiliarity was a key challenge for many (37%) yet support for induction/onboarding was cited by a lesser proportion (11%), suggesting that many LALs view this challenge as "part and parcel" of the peripatetic nature of locum work. Nevertheless, better support and information from the agency for LALs starting and reducing the variation in inductions will be of benefit and impact the locum's ability to start and conduct their work more efficiently and effectively – and reduce the stigma that the locum is less qualified than non-locum counterparts.

Being treated equally was reported more by non-UK LALs than UK LALs of the same career stage (late career 34% and 29%, early/mid-career 14% and 7% respectively). Importantly, non-UK LALs who discussed this issue did not explicitly state the discrimination they felt was on the grounds of nationality and spoke more generally about the difference in treatment they experienced as a locum.

This suggests positive stories to tackle the negative perception of locum work, understanding the attitudes of non-locum staff, and a supporting body to advocate for the fair treatment of locums will not only benefit non-UK but all LALs who experience being treated differently and face other, specific challenges as discussed in this report.

6 Appendix

6.1.1 Understanding the nature of locum work undertaken

6.1.1.1 Question: Do you currently work as a LAL part-time or full-time?

Table 22: Number of LALs working part-time or full-time

	No. of respondents	% of respondents
Part-time	204	41%
Full-time	296	59%
Total	**499**	**100%**

Table 23: Part/full-time by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Part-time	29% (31)	32% (17)	46% (156)
Full-time	71% (77)	68% (36)	54% (182)
ETHNICITY	**White/White British (N=207)**		**Not White/White British (N=270)**
Part-time	47% (98)		35% (94)
Full-time	53% (109)		65% (176)
AGENCY SIZE	**Small/medium (N=49)**		**Large (N=447)**
Part-time	55% (27)		39% (175)
Full-time	45% (22)		61% (272)
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
Part-time	48% (53)	35% (74)	44% (77)
Full-time	52% (58)	65% (139)	56% (98)

6.1.1.2 Question: Number of agencies work with

Table 24: Number of agencies locums work with

	No. of respondents	% of respondents
1 agency	243	49%
2 or more agencies	256	51%
Total	**499**	**100%**

Table 25: Number of agencies by key characteristics

CAREER STAGE	Early (N=108)	Mid (N=53)	Late (N=338)
1 agency	52% (56)	66% (35)	45% (152)
2 or more agencies	48% (52)	34% (18)	55% (186)
ETHNICITY	**White/White British (N=207)**		**Not White/White British (N=270)**
1 agency	55% (114)		44% (120)
2 or more agencies	45% (93)		56% (150)
AGENCY SIZE	**Small/medium (N=49)**		**Large (N=447)**
1 agency	59% (29)		48% (213)
2 or more agencies	41% (20)		52% (234)
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
1 agency	48% (53)	42% (89)	58% (101)
2 or more agencies	52% (58)	58% (124)	42% (74)

6.1.1.3 Question: In the last 12 months, how many organisations have you worked in as a LAL?

Table 26: Number of organisations having worked in as a locum in the last 12 months

	No. of respondents	% of respondents
0	39	8%
1 or 2	380	76%
3 or 4	65	13%
5 or more	15	3%
Total	**499**	**100%**

Table 27: Number of organisations by key characteristics

CAREER STAGE	Early (N=108)	Mid (N=53)	Late (N=338)
0	3% (3)	8% (4)	9% (32)
1 or 2	76% (82)	79% (42)	76% (256)
3 or 4	16% (17)	11% (6)	12% (42)
5 or more	6% (6)	2% (1)	2% (8)
ETHNICITY	**White/White British (N=207)**		**Not White/White British (N=270)**

0	9% (19)		7% (18)
1 or 2	74% (154)		77% (207)
3 or 4	13% (27)		14% (37)
5 or more	3% (7)		3% (8)
AGENCY SIZE	**Small/medium (N=49)**		**Large (N=447)**
0	10% (5)		8% (34)
1 or 2	76% (37)		76% (340)
3 or 4	12% (6)		13% (59)
5 or more	2% (1)		3% (14)
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
0	14% (15)	8% (16)	5% (8)
1 or 2	75% (83)	75% (160)	78% (137)
3 or 4	11% (12)	15% (31)	13% (22)
5 or more	1% (1)	3% (6)	5% (8)

6.1.2 Attitudes and motives

6.1.2.1 How would you describe working as a LAL in three words?

Table 28: Words used to describe working as a LAL

	No.	%*		No.	%*
Flexible	253	54%	Stressful	17	3%
Good pay	157	31%	Unsupportive	15	3%
Other positive association	117	23%	Choice	14	3%
Other negative association	73	15%	Demanding	10	2%
Rewarding	58	12%	Exploitation/illegal	10	2%
Challenging	54	11%	Liberating	9	2%
Independent/autonomy	46	10%	Discrimination/bullying	9	2%
Other comment	52	9%	Travel/commuting	8	2%
Varied/unpredictable	44	9%	Risky	8	2%
Enjoyable/exciting	43	9%	Supportive	8	2%
Unstable/unreliable	42	8%	Frustrating	7	1%
Busy/tiring	41	8%	Efficient	7	1%
Hard/difficult	40	8%	No career progression	7	1%

Better/good	39	8%	Security	6	1%
Freedom	35	7%	Adaptability	5	1%
Interesting	29	6%	No politics	5	1%
Experience/opportunity	28	6%	Effective	4	1%
Easier/less stressful	26	5%	Professional	4	1%
Convenient	24	5%	Intensive	3	1%
No security	24	5%	Advantageous	3	1%
Fulfilling/satisfying	23	5%	Insulting	3	1%
Good work-life balance	20	4%	Dangerous	2	0%
Unappreciated	18	4%	Unrewarding	2	0%
Lonely/detached	17	3%	Helpful	2	0%

**Percentages calculated as a proportion of those that responded to the survey (N=499)*

6.1.2.2 Describing words grouped

Table 29: Describing words grouped

	No. of respondents	% of respondents*
Positive	244	52%
Negative	39	8%
Mixed	187	40%
Total	**470**	**100%**

**Percentages calculated as a proportion of those responses that could be categorised as positive/ negative or mixed (N=470) If a respondent provided two positive words and one negative this was categorised as 'mixed', and if they provided three negative words this was categorised as 'negative'. 'Other' included responses that were unable to be identified as positive or negative e.g. 'adaptability' and 'contract work'. These were excluded from this calculation.*

Table 30: Describing words by key characteristics

CAREER STAGE	Early (N=103)	Mid (N=51)	Late (N=316)
Positive	50% (52)	65% (33)	50% (159)
Negative	7% (7)	6% (3)	9% (29)
Mixed	43% (44)	29% (15)	41% (128)
ETHNICITY	**White/White British (N=196)**		**Not White/White British (N=255)**

Positive	48% (95)		55% (141)
Negative	7% (14)		8% (21)
Mixed	44% (87)		36% (93)
AGENCY SIZE	**Small/medium (N=43)**		**Large (N=425)**
Positive	51% (22)		52% (221)
Negative	7% (3)		8% (36)
Mixed	42% (18)		40% (168)
PMQ	**EEA (N=101)**	**IMG (N=199)**	**UK (N=170)**
Positive	43% (43)	49% (97)	61% (104)
Negative	7% (8)	11% (22)	5% (9)
Mixed	50% (50)	40% (80)	34% (57)

6.1.2.3 Why did you decide to work as a LAL?

Note: Responses to the motives question were categorised into the themes below, as some responses fell in more than one category, percentages do not equal 100%

Table 31: Non-mutually exclusive motives for working as a locum doctor

	No.	%*
Lifestyle	266	53%
Pay	155	31%
Work opportunities	84	17%
Support career progression	71	14%
Unhappy with non-locum	62	12%
Other	32	6%

**Percentages calculated as a proportion who responded to the survey (N=499)*

Table 32: Reasons for working as a LAL by key characteristics

CAREER STAGE	Early (N=108)	Mid (N=53)	Late (N=338)
Lifestyle	51% (55)	28% (15)	49% (165)
Pay	34% (37)	55% (29)	26% (89)
Work opportunities	19% (20)	8% (4)	18% (60)
Support career progression	22% (24)	9% (5)	12% (42)

Unhappy with non-locum	8% (9)	9% (5)	14% (48)
Other	6% (6)	8% (4)	6% (21)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Lifestyle	48% (99)	57% (154)	
Pay	32% (67)	31% (83)	
Work opportunities	20% (41)	15% (40)	
Support career progression	16% (34)	13% (35)	
Unhappy with non-locum	15% (32)	10% (27)	
Other	5% (11)	7% (18)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Lifestyle	51% (25)	54% (240)	
Pay	20% (10)	32% (145)	
Work opportunities	18% (9)	17% (75)	
Career progression	6% (3)	15% (67)	
Unhappy with non-locum	18% (9)	12% (53)	
Other	14% (7)	5% (24)	
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
Lifestyle	50% (55)	52% (111)	57% (100)
Pay	33% (37)	28% (60)	33% (58)
Work opportunities	23% (25)	16% (34)	14% (25)
Career progression	14% (15)	13% (28)	16% (28)
Unhappy with non-locum	5% (5)	10% (22)	20% (35)
Other	5% (5)	7% (14)	7% (12)

6.1.2.4 Key drivers for becoming a LAL (mutually exclusive categories)

Table 33: Mutually exclusive drivers for becoming a LAL

	No.	%*
Financial only	47	9%

Lifestyle only	138	28%
Lifestyle & Finance	68	14%
Multiple reasons (inc. either finance or lifestyle)	77	15%
Other (not including finance or lifestyle)	169	34%

**Percentages calculated as a proportion who responded to the survey (N=499)*

6.1.3 Challenges

6.1.3.1 Question: What are the challenges of working as a LAL in general?

Note: Responses to the challenges question were categorised into the themes below, as some responses fell in more than one category, percentages do not equal 100%

Table 34: Non-mutually exclusive challenges of working as a LAL

	No.	%*
Unfamiliarity	187	37%
Instability	184	36%
Lack career progression	129	26%
Discrimination	137	27%
Financial	71	14%
Agency/administration	19	4%
Other	14	3%

**Percentages calculated as a proportion who responded to the survey (N=499)*

Table 35: Challenges faced by key characteristics

CAREER STAGE	Early (N=108)	Mid (N=53)	Late (N=338)
Unfamiliarity	40% (43)	36% (19)	37% (125)
Instability	40% (43)	42% (22)	35% (119)
Lack career progression	34% (37)	36% (19)	22% (73)
Discrimination	14% (15)	23% (12)	33% (110)
Financial	15% (16)	13% (7)	14% (48)
Agency/administration	7% (8)	4% (2)	3% (9)
Other	3% (3)	2% (1)	3% (10)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	

Unfamiliarity	40% (83)	36% (98)	
Instability	39% (81)	34% (93)	
Lack career progression	24% (49)	27% (74)	
Discrimination	29% (59)	27% (72)	
Financial	17% (36)	11% (31)	
Agency/administration	4% (9)	3% (9)	
Other	3% (7)	3% (7)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Unfamiliarity	39% (19)	37% (167)	
Instability	35% (17)	37% (166)	
Lack career progression	35% (17)	25% (112)	
Discrimination	27% (13)	28% (124)	
Financial	16% (8)	14% (63)	
Agency/administration	2% (1)	4% (18)	
Other	2% (1)	3% (13)	
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
Unfamiliarity	38% (42)	34% (73)	41% (72)
Instability	37% (41)	38% (92)	35% (61)
Lack career progression	21% (23)	24% (52)	31% (54)
Discrimination	30% (33)	29% (62)	24% (42)
Financial	13% (14)	14% (29)	16% (28)
Agency/administration	5% (5)	4% (9)	3% (5)
Other	4% (4)	3% (6)	2% (4)

6.1.3.2 Question: What specific challenges have you experienced working as a LAL in the context of the COVID-19 pandemic?

Note: Responses to the challenges question were categorised into the themes below, as some responses fell in more than one category, percentages do not equal 100%

Table 36: Non-mutually exclusive specific challenges experienced during the COVID-19 pandemic

	No.	%*

Workload and hours	78	16%
COVID protocol/new ways of working	106	21%
Reduced locum opportunities	99	20%
Discrimination	69	14%
Financial	51	10%
Other	48	10%

**Percentages calculated as a proportion who responded to the survey (N=499)*

Table 37: Specific challenges faced by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Workload and hours	18% (19)	21% (11)	14% (48)
COVID protocol/new ways of working	20% (22)	19% (10)	22% (74)
Reduced locum opportunities	15% (16)	26% (14)	20% (69)
Discrimination	15% (16)	19% (10)	13% (43)
Financial	15% (16)	8% (4)	9% (31)
Other	9% (10)	6% (3)	10% (35)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Workload and hours	14% (29)	18% (49)	
COVID protocol/new ways of working	24% (50)	18% (48)	
Reduced locum opportunities	22% (46)	19% (51)	
Discrimination	9% (18)	17% (47)	
Financial	8% (16)	12% (33)	
Other	11% (23)	9% (23)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Workload and hours	12% (6)	16% (72)	
COVID protocol/new ways of working	24% (12)	21% (93)	
Reduced locum opportunities	29% (14)	19% (85)	
Discrimination	6% (3)	15% (65)	
Financial	16% (8)	10% (43)	

Other	10% (5)	10% (43)	
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
Workload and hours	16% (18)	16% (35)	14% (25)
COVID protocol/new ways of working	22% (24)	19% (40)	24% (42)
Reduced locum opportunities	17% (19)	22% (47)	19% (33)
Discrimination	11% (12)	17% (37)	11% (20)
Financial	6% (7)	14% (29)	9% (15)
Other	12% (13)	5% (10)	14% (25)

6.1.3.3 Question: What are the implications of working as a LAL? (In terms of any implications or risks that affect you, colleagues or patients)

Note: Responses to the implications question were categorised into the themes below, as some responses fell in more than one category, percentages do not equal 100%

Table 38: Non-mutually exclusive implications of working as a LAL

	No.	%*
Unfamiliarity	156	31%
Discrimination	139	28%
Lack of career progression	79	16%
Instability	74	15%
Other	65	13%
Financial	44	9%

**Percentages calculated as a proportion who responded to the survey (N=499)*

6.1.4 Support required

6.1.4.1 Question: I feel supported by my agency/agencies in my role as a locum doctor

Table 39: The extent to which locums felt supported by their agency/agencies

	No.	%
Strongly agree	165	33%
Agree	204	41%
Neutral	91	18%

Disagree	26	5%
Strongly agree	13	3%
Total	**499**	**100%**

Table 40: The extent to which locums felt supported by their agency/agencies by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Strongly agree	33% (36)	25% (13)	34% (116)
Agree	37% (40)	45% (24)	41% (140)
Neutral	22% (24)	23% (12)	16% (55)
Disagree	6% (6)	4% (2)	5% (18)
Strongly agree	2% (2)	4% (2)	3% (9)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Strongly agree	39% (81)	30% (80)	
Agree	33% (69)	46% (123)	
Neutral	19% (39)	18% (49)	
Disagree	6% (12)	5% (13)	
Strongly agree	3% (6)	2% (5)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Strongly agree	29% (14)	34% (151)	
Agree	47% (23)	40% (178)	
Neutral	10% (5)	19% (86)	
Disagree	8% (4)	5% (22)	
Strongly agree	6% (3)	2% (10)	
PMQ	**UK (N=175)**	**IMG (N=213)**	**EEA (N=111)**
Strongly agree	40% (70)	27% (57)	34% (38)
Agree	37% (65)	46% (99)	36% (40)
Neutral	16% (28)	21% (45)	16% (18)
Disagree	4% (7)	3% (7)	11% (12)
Strongly agree	3% (5)	2% (5)	3% (3)

6.1.4.2 Question: I feel supported by my organisation/(s) in my role as locum doctor

Table 41: The extent to which locums felt supported by their organisation/(s)

	No.	%
Strongly agree	85	17%
Agree	170	34%
Neutral	147	29%
Disagree	63	13%
Strongly agree	34	7%
Total	**499**	**100%**

Table 42: The extent to which locums felt supported by their organisation/(s) by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Strongly agree	19% (20)	9% (5)	18% (60)
Agree	34% (37)	47% (25)	32% (108)
Neutral	31% (34)	26% (14)	29% (99)
Disagree	11% (12)	9% (5)	14% (46)
Strongly agree	5% (5)	8% (4)	7% (25)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Strongly agree	17% (35)	17% (46)	
Agree	34% (70)	36% (96)	
Neutral	29% (59)	31% (83)	
Disagree	13% (27)	11% (30)	
Strongly agree	8% (16)	6% (15)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Strongly agree	16% (8)	17% (77)	
Agree	35% (17)	34% (151)	
Neutral	27% (13)	30% (134)	
Disagree	12% (6)	13% (56)	
Strongly agree	10% (5)	6% (29)	
PMQ	**UK (N=175)**	**IMG (N=213)**	**EEA (N=111)**
Strongly agree	17% (30)	15% (32)	21% (23)
Agree	40% (70)	32% (68)	29% (32)

Neutral	26% (45)	34% (73)	26% (29)
Disagree	11% (20)	11% (24)	17% (19)
Strongly agree	6% (10)	8% (16)	7% (8)

6.1.4.3 Question: What support is required for LALs?

Note: Responses to the support question were categorised into the themes below, as some responses fell in more than one category, percentages do not equal 100%

Table 43: Non-mutually exclusive support needs for LALs

	No.	%*
Training & development opportunities	282	57%
Appraisal & revalidation	112	22%
Being treated equally	68	14%
Financial support	63	13%
Induction/onboarding	54	11%
Agency support	37	7%
Other	36	7%

**Percentages calculated as a proportion who responded to the survey (N=499)*

Table 44: Support required by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Induction/onboarding	14% (15)	9% (5)	10% (34)
Training & development opportunities	66% (71)	58% (31)	53% (180)
Financial support	11% (12)	8% (4)	14% (47)
Being treated equally	11% (12)	11% (6)	15% (50)
Appraisal & revalidation	13% (14)	19% (10)	26% (88)
Agency support	10% (11)	6% (3)	7% (23)
Other	3% (3)	11% (6)	8% (27)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Induction/onboarding	14% (30)	9% (24)	
Training & development opportunities	56% (115)	58% (157)	
Financial support	8% (17)	16% (43)	

Being treated equally	13% (26)	15% (41)	
Appraisal & revalidation	26% (54)	20% (53)	
Agency support	6% (12)	9% (23)	
Other	8% (17)	7% (18)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Induction/onboarding	14% (7)	11% (47)	
Training & development opportunities	41% (20)	58% (260)	
Financial support	10% (5)	13% (58)	
Being treated equally	16% (8)	13% (60)	
Appraisal & revalidation	31% (15)	21% (96)	
Agency support	6% (3)	8% (34)	
Other	8% (4)	7% (32)	
PMQ	**EEA (N=111)**	**IMG (N=213)**	**UK (N=175)**
Induction/onboarding	14% (15)	9% (19)	11% (20)
Training & development opportunities	25% (28)	58% (124)	63% (110)
Financial support	10% (11)	17% (36)	9% (16)
Being treated equally	18% (20)	14% (29)	11% (19)
Appraisal & revalidation	23% (26)	12% (26)	23% (40)
Agency support	7% (8)	8% (17)	7% (12)
Other	12% (13)	7% (15)	5% (8)

6.1.5 Career choices and future intentions

6.1.5.1 Question: Deciding to work as a locum was a positive career choice

Table 45: The extent to which locum doctors agree that working as a locum was a positive career choice

	No.	%
Strongly agree	200	40%
Agree	159	32%
Neutral	91	18%
Disagree	35	7%
Strongly agree	14	3%

Total	**499**	**100%**

Table 46: The extent to which locum doctors agree that working as a locum was a positive career choice by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Strongly agree	43% (46)	47% (25)	38% (129)
Agree	32% (35)	28% (15)	32% (109)
Neutral	18% (19)	17% (9)	19% (63)
Disagree	6% (7)	6% (3)	7% (25)
Strongly agree	1% (1)	2% (1)	4% (12)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Strongly agree	46% (95)	36% (98)	
Agree	32% (67)	31% (84)	
Neutral	11% (23)	24% (65)	
Disagree	9% (28)	5% (13)	
Strongly agree	2% (4)	4% (10)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Strongly agree	45% (22)	40% (178)	
Agree	27% (13)	32% (144)	
Neutral	18% (9)	18% (81)	
Disagree	6% (3)	7% (32)	
Strongly agree	4% (2)	3% (12)	
PMQ	**UK (N=175)**	**IMG (N=213)**	**EEA (N=111)**
Strongly agree	55% (96)	31% (65)	35% (39)
Agree	25% (43)	34% (72)	40% (44)
Neutral	14% (25)	24% (51)	14% (15)
Disagree	6% (10)	8% (16)	8% (9)
Strongly agree	1% (1)	4% (9)	4% (4)

6.1.5.2 Question: Working as a locum doctor is still a positive career choice

Table 47: The extent to which locums agree that working as a locum doctor is still a positive career choice

	No.	%
Strongly agree	171	34%
Agree	178	36%
Neutral	95	19%
Disagree	38	8%
Strongly agree	17	3%
Total	**499**	**100%**

Table 48: The extent to which locums agree that working as a locum doctor is still a positive career choice by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Strongly agree	36% (39)	49% (26)	31% (106)
Agree	38% (41)	21% (11)	37% (126)
Neutral	16% (17)	11% (6)	21% (72)
Disagree	8% (9)	13% (7)	7% (22)
Strongly agree	2% (2)	6% (3)	4% (12)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Strongly agree	40% (82)	31% (83)	
Agree	34% (70)	37% (101)	
Neutral	15% (32)	22% (60)	
Disagree	8% (16)	7% (18)	
Strongly agree	3% (7)	3% (8)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Strongly agree	37% (18)	34% (153)	
Agree	39% (19)	35% (157)	
Neutral	18% (9)	19% (85)	
Disagree	6% (3)	8% (35)	
Strongly agree	0% (0)	4% (17)	
PMQ	**UK (N=175)**	**IMG (N=213)**	**EEA (N=111)**

Strongly agree	48% (84)	26% (55)	29% (32)
Agree	28% (49)	39% (84)	41% (45)
Neutral	15% (26)	24% (52)	15% (17)
Disagree	7% (13)	7% (15)	9% (10)
Strongly agree	2% (3)	3% (7)	6% (7)

6.1.5.3 Question: I intend to continue working as a locum doctor for the foreseeable future

Table 49: The extent to which locums intend to continue to work as one

	No.	%
Strongly agree	151	30%
Agree	158	32%
Neutral	94	19%
Disagree	66	13%
Strongly agree	30	6%
Total	**499**	**100%**

Table 50: The extent to which locums intend to continue to work as one by key characteristics

CAREER STAGE	**Early (N=108)**	**Mid (N=53)**	**Late (N=338)**
Strongly agree	19% (20)	34% (18)	33% (113)
Agree	18% (19)	13% (7)	39% (132)
Neutral	27% (29)	17% (9)	17% (56)
Disagree	27% (29)	26% (14)	7% (23)
Strongly agree	10% (11)	9% (5)	4% (14)
ETHNICITY	**White/White British (N=207)**	**Not White/White British (N=270)**	
Strongly agree	36% (75)	26% (71)	
Agree	29% (60)	34% (91)	
Neutral	17% (35)	20% (53)	
Disagree	11% (22)	16% (42)	
Strongly agree	7% (15)	5% (13)	
AGENCY SIZE	**Small/medium (N=49)**	**Large (N=447)**	
Strongly agree	33% (16)	30% (135)	

Agree	24% (12)	32% (145)	
Neutral	29% (14)	17% (78)	
Disagree	10% (5)	14% (61)	
Strongly agree	4% (2)	6% (28)	
PMQ	**UK (N=175)**	**IMG (N=213)**	**EEA (N=111)**
Strongly agree	38% (66)	23% (49)	32% (36)
Agree	21% (36)	39% (83)	35% (39)
Neutral	16% (28)	22% (47)	17% (19)
Disagree	19% (33)	12% (25)	7% (8)
Strongly agree	7% (12)	4% (9)	8% (9)

6.1.6 Consideration for supporting LALs – the four typologies

6.1.6.1 Typology 1: Late career locums with a non-UK primary medical qualification

Table 51: Challenges faced by late career, non-UK locums (N=230)

	No. of respondents	% of respondents*
Instability	84	37%
Being treated differently/ Discrimination	79	34%
Unfamiliarity with work setting	79	34%
Lack of career progression	43	19%
Financial	31	13%
Agency/administration	8	3%
Other	6	3%

** Due to the open nature of this question, percentages do not equate to 100%*

Table 52: Agreement with statement 'working as a LAL is still a positive career choice' – late career, non-UK locums (N=230)

	No. of respondents	% of respondents
Agree	155	67%
Unsure/disagree	75	33%

Table 53: Agreement with statement 'I intend to continue working as a LAL'– late career, non-UK locums (N=230)

	No. of respondents	% of respondents
Agree	172	75%
Unsure/disagree	58	25%

6.1.6.2 Typology 2: Late career locums with a UK primary medical qualification

Table 54: Challenges faced by late career, UK locums (N=108)

	No. of respondents	% of respondents*
Unfamiliarity with work settings	46	43%
Instability	35	32%
Being treated differently/ Discrimination	31	29%
Lack of career progression	30	28%
Financial	17	16%
Other	4	4%
Agency/administration	1	1%

** Due to the open nature of this question, percentages do not equate to 100%*

Table 55: Agreement with statement 'working as a LAL is still a positive career choice' – late career, UK locums (N=108)

	No. of respondents	% of respondents
Agree	77	71%
Unsure/disagree	31	29%

Table 56: Agreement with statement 'I intend to continue working as a LAL'– late career, UK locums (N=108)

	No. of respondents	% of respondents
Agree	73	68%
Unsure/disagree	35	32%

6.1.6.3 Typology 3: Early/mid-career locums with a non-UK primary medical qualification

Table 57: Challenges faced by early/mid, non-UK locums (N=94)

	No. of respondents	% of respondents[41]
Instability	39	41%
Unfamiliarity with work settings	36	38%
Lack of career progression	32	34%
Discrimination	16	17%
Financial	12	13%
Agency/administration	6	6%
Other	4	4%

Table 58: Agreement with statement 'working as a LAL is still a positive career choice' – early/mid, non-UK locums (N=94)

	No. of respondents	% of respondents
Agree	61	65%
Unsure/disagree	33	35%

Table 59: Agreement with statement 'I intend to continue working as a LAL'– early/mid, non-UK locums (N=94)

	No. of respondents	% of respondents
Agree	35	37%
Unsure/disagree	59	63%

6.1.6.4 Typology 4: Early/mid-career locums with a UK primary medical qualification

Table 60: Challenges faced by early/mid, UK locums (N=67)

	No. of respondents	% of respondents*
Unfamiliarity with work settings	26	39%
Instability	26	39%
Lack of career progression	24	36%
Discrimination	11	16%
Financial	11	16%
Agency/administration	4	6%

[41] Due to the open nature of this question, percentages do not equate to 100%

Other	0	0%

** Due to the open nature of this question, percentages do not equate to 100%*

Table 61: Agreement with statement 'working as a LAL is still a positive career choice' – early/mid, UK locums (N=67)

	No. of respondents	% of respondents
Agree	56	84%
Unsure/disagree	11	16%

Table 62: Agreement with statement 'I intend to continue working as a LAL'– early/mid, UK locums (N=67)

	No. of respondents	% of respondents
Agree	29	43%
Unsure/disagree	38	57%

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