Locum Services in the Workforce

POSITION STATEMENT

College position

ACRRM acknowledges and respects all doctors that contribute to the delivery of healthcare services in rural, remote and First Nations communities,

Securing high quality, continuous, and sustainable healthcare services for people in rural, remote and First Nations communities involves doctors providing services under many different service models.

Service delivery models of care should be designed and supported to maximise the safe, quality care that patients and their families are able to receive. This includes optimising their attractiveness and sustainability for the doctors providing the services.

ACRRM advocates for sustainable locally-based facilities, noting that continuity of care, community connection, cultural safety and robust teamwork models are all important elements essential to maintaining strong rural, remote and First Nations health services.

Healthcare Service Delivery in Rural, Remote and First Nations Communities

ACRRM recognises that many different service models and professional roles contribute to ensure equitable access to high quality healthcare for all Australians.

The College has a broad vision for ensuring the delivery of comprehensive, excellent care for people in rural and remote and First Nations communities.

This encompasses:

- training and supporting the local doctor
- providing strong models of rotation of appropriately skilled and supported doctors providing regular fly-in, fly-out and locum services as well as emergency relief
- upskilling our other professional colleagues
- utilising appropriate technological supports
- creating positive work environments that retain staff and attract the future workforce to the bush.

This approach exemplifies the principles of rural generalism.

The rural generalist model is characterised by its flexibility and diversity to meet local needs. Rural Generalists commonly provide services in locations or work settings where they are not permanently based, under a range of different service models. Balancing the use of the range of temporary, outreach and relief services with a strong locally-based workforce is key to maintaining high-quality healthcare for patients.

Locum Services in the Rural, Remote and First Nations Communities

Doctors that provide locum services are an essential part of the medical workforce servicing rural, remote and First Nations communities. Noting that healthcare teams in rural, remote and First Nations communities are small and relatively isolated. However, even where the local workforces is strong, there is always an important role to be played by a flexible workforce that can ensure continuity of service.

A locum health service refers to a doctor or other health professional temporarily fulfilling the duties of another. These services take different forms and are part of the range of flexible work arrangements to deliver continuity of access to care for rural, remote and First Nations communities. Locum services are especially important for communities characterised by a small pool of local practitioners and commonly experiencing workforce shortage. Studies from the United Kingdom for example, show intensity of use of locum services correlates with rural health services and workforce shortages.[1,2]

Other important models of care include permanent fly-in, fly-out roles involving doctors providing continuing services to particular communities while not being based in that community. Despite being commonly referred to as such, these are permanent, and therefore not locum employment arrangements.

Relief locum services involving doctors providing relief under temporary arrangements including emergency relief often arranged through agencies are another key service model. Locum services may be provided by temporarily relocating doctors within a jurisdictional health service or other health service organisation or may be provided through external agencies the latter approach being particularly important in rural general practice.

Additionally, rural, remote and First Nations communities may be serviced by other specialist doctors, nurses and allied health professionals under similar arrangements.

From a workforce planning perspective it is important to recognise that while there is need for all these service models, they have different functions. Maximising their value to rural, remote and First Nations communities requires differentiation of employment approaches and support structures. In particular, locum doctors working in First Nations communities should have robust and appropriate cultural training and supervision to ensure they are providing benefit and not harm to these vulnerable communities.

Supporting Locum Doctors

All doctors and health professionals who work in rural, remote and First Nations communities do so under unique, complex and challenging contexts and models of care. These can be exacerbated for locum doctors who often have minimal backup and who can be impacted by additional administrative burdens, unsupportive workplace environments and workforce shortages.

Studies in the United Kingdom have found that temporary doctors can experience marginalisation, stigmatisation and limited access to training and development which have important implications for effective team functioning.[3] Studies also found high levels of usage of locum staff correlated with lower NHS ratings for quality and safety.[4]

This points to the importance of maximising personal and professional support and localised training for practitioners providing temporary services, including appropriate induction, supervision, communication practice management.[5] It also highlights the value of incentivising and prioritising practitioners who have continuity of relationships with the work setting and the community wherever practicable.

Additionally it is important that, within the Australian rural, remote and First Nations context, there is preparation for working with cultural safety in circumstances where practitioners may not have had the opportunity to build a strong community connection with the local patients and their families.

However while recognising the value of strategies to strengthen continuity of care, other studies have highlighted that doctors who provide locum services can bring fresh ideas and approaches to services.[6] It should also be recognised that doctors that experience many different work settings develop expertise in adapting to settings and there is opportunity to enhance this particular expertise through targeted training and professional development.

It is essential that the medical and health professionals working in all contexts are fairly remunerated, incentivised and supported to reflect the expertise, responsibility, complexity and challenge associated with the services they provide.

The Role of the College

The College understands and accepts that members may choose locum work for a range of reasons and at different stages of their career. Locum work can provide exposure to a range of locations and service delivery models to inform decisions regarding future training or career pathways; provide a greater degree of personal and professional flexibility as required; and act as a transition to another career stage or retirement. It can meet a range of short and longer-term personal and professional needs.

Early career doctors, including prevocational doctors, are less suited to locum work especially if they are working in situations of workforce shortage and without the necessary supervision and support. These situations are potentially unsafe both for the practitioner and the community.

The College encourages a focus on attaining Fellowship for these doctors. It is critical that the rural training pipeline is maintained, with strong recruitment to rural generalist training and also high retention rates. A permanent workforce enhances this by providing stability, mentorship, and community engagement — key components for the training and retention of prevocational doctors.

Many ACRRM registrars undertake locum work. As consistent with College training and accreditation standards, these doctors must be appropriately supported to address the associated personal, professional and educational challenges.

The diverse experiences and skills of College Fellows can contribute to better patient outcomes and the enhancement of local healthcare practices. They bring new perspectives and updated knowledge to rural, remote and First Nations healthcare settings, which can lead to improvements in medical protocols and patient care strategies. This is particularly the case for RGs with advanced skills, who may be able to offer services that are not always available locally.

ACRRM acknowledges its many members who provide invaluable services to rural, remote and First Nations communities in a locum capacity. It recognises that these doctors may face particular challenges in terms of personal and professional isolation and unfamiliarity with diverse and complex work settings. As such, there is a role for the College in ensuring these doctors benefit from the collegial support of their peers and appropriate educational and support resources and services.

Endnotes

1 Grigoroglou C, Walshe K, Kontopantelis E et al (2023) Use of locum doctors in NHS trusts in England: analysis of routinely collected workforce data 2019–2021 *BMJ Open* 2023;13:e065803. Available from: https://bmjopen.bmj.com/content/13/6/e065803

2 Allen T, Ashcroft D, Ferguson J, et al. The use of locum doctors in the NHS: understanding and improving the quality and safety of care. Southampton (UK): National Institute for Health and Care Research; 2024 Sep. (Health and Social Care Delivery Research, No. 12.37.) Chapter 3, The use of locum doctors in general practices in England: analysis of routinely collected workforce data. Available from: https://www.ncbi.nlm.nih.gov/books/NBK607664/

3 Ferguson, J., Tazzyman, A., Walshe, K., Bryce, M., Boyd, A., Archer, J., Price, T. and Tredinnick-Rowe, J. (2021), 'You're just a locum': professional identity and temporary workers in the medical profession. Sociol Health Illn, 43: 149-166. https://doi.org/10.1111/1467-9566.13210

4 Allen T, Ashcroft D, Ferguson J, et al. The use of locum doctors in the NHS: understanding and improving the quality and safety of care. Southampton (UK): National Institute for Health and Care Research; 2024 Sep. (Health and Social Care Delivery Research, No. 12.37.) Chapter 4, The use of locum doctors in National Health Service trusts in England: analysis of routinely collected workforce data and electronic patient records. Available from: https://www.ncbi.nlm.nih.gov/books/NBK607647/

5 Grigoroglou C, Walshe K, Kontopantelis E. et al. (2024) Comparing the clinical practice and prescribing safety of locum and permanent doctors: observational study of primary care consultations in England. BMC Med 22, 126. https://doi.org/10.1186/s12916-024-03332-z

6 Allen T, Ashcroft D, Ferguson J, et al. The use of locum doctors in the NHS: understanding and improving the quality and safety of care. Southampton (UK): National Institute for Health and Care Research; 2024 Sep. (Health and Social Care Delivery Research, No. 12.37.) Chapter 8, Patient perceptions and experiences of locum doctor care. Available from: https://www.ncbi.nlm.nih.gov/books/NBK607646/

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.