

L to R: Dr Wong Tien Hua, Dr Leong Choon Kit, Dr Lai Kok Wei, Dr Fadzil Bin Jaafar, A/Prof Chin Jing Jih, Dr Philip Koh, Dr Lye Tong Fong and Dr Tan Joo Peng



An Important Component of Local Healthcare

By Denise Yuen

Locums are an important component of local healthcare. They stand in for resident doctors on leave, and help clinics extend their opening hours, improving patient access to healthcare. However, insufficient attention is given to locums to help them do better. Complaints against locums are common, but they have grouses about their employers as well. To address this often neglected group of doctors, SMA held a panel discussion, Locums Are Doctors Too, on 9 March 2013, at the Grand Copthorne Waterfront Hotel Singapore (immediately after the SMA Lecture 2012, see page 4).

The panel discussion, attended by around 80 doctors, aimed to address common issues faced by locums and their employers. It was moderated by Dr Wong Tien Hua, 2nd Vice President, SMA, and the panelists were:

- Dr Fadzil Bin Jaafar, Solo Practitioner, Albarakah Clinic & Surgery
- Dr Philip Koh, Chairman, Medical Board, Healthway Medical Group
- Dr Lai Kok Wei, Solo Practitioner, Care Family Clinic
- Dr Leong Choon Kit, Chairman, Practice Management Committee, College of Family Physicians Singapore
- Dr Lye Tong Fong, Medical Director, Central 24-Hr Clinic Group
- Dr Tan Joo Peng, Deputy Physician Leader, Raffles Medical Group

Dr Wong started by explaining that the main focus of the event was to safeguard the quality of patient care. Also, the title of the event, Locums Are Doctors Too, was chosen to remind everyone that locums should be treated equally as fellow doctors, and that locums will be judged professionally just like other doctors.

He presented a series of draft guidelines to help raise points for discussion between the panelists and the attendees.

Standards and conditions for employment of locums

Locum doctors must be properly qualified and experienced for the work they are required to undertake. This includes satisfactory communication skills, and an understanding and experience of the legal context for medical practice appropriate to the post (for example, decision making under the Mental Capacity Act). Employers should ensure that the locums they engage are medically competent and suitably trained to perform the duties expected of them.

During this segment of the discussion, there was a lively exchange of views on the issue of locum rates.

With regard to locum rates, Dr Leong commented that things have changed from the past. Dr Wong agreed, noting that when he worked as a locum in the past, he viewed it as a privilege to gain experience. Dr Lye noted that some doctors did locum work as they wanted to pay back their student loans as soon as possible.

Dr Tan commented that finding suitable locums at a reasonable rate was not easy. Dr Fadzil said that his clinic could not afford a high rate, so he would usually close his clinic instead of hiring locums. However, he felt it was understandable for locums to ask for a reasonable rate, due to the rising costs of living.

Code of practice

Locums should abide by a code of practice and display appropriate professional behaviour. For example, they should turn up on time for their shifts, and be properly

attired in a manner befitting the profession. They should maintain professional behaviour at all times by being polite, courteous and remaining calm under any circumstances, and respecting patient confidentiality. Locums are encouraged to provide information regarding their most recent locum employer and, wherever possible, a written reference from that employer. At the start of each locum episode, locums should make a health declaration that they are mentally and physically fit to undertake their duties.

With regard to professionalism, Dr Koh said that it depended on the ideas, concerns and expectations that patients had of locums. Patients might be used to the principal doctors' manners and habits, and thus were disappointed when they were seen by locums who behave differently. He felt that locums should at the very least get the basics right.

Employers' checklist of responsibilities

Locum employers should check their locums' identity and background, conduct reference checks with previous employers, and ensure that they are suitably qualified and experienced for the work to be undertaken. When offering and confirming locum slots, employers should give as much notice as possible and provide details including: date, time and duration of each shift, pay rates for each shift and overtime if any, details of tasks expected and additional tasks required. Employers who find that any locum's services are of an unacceptable standard should provide feedback to the locum.

When asked if there was any difference between permanent and intermittent locums, Dr Leong answered that he felt there was. He considered a permanent locum to be one who works at a clinic on a regular basis, and the fact that the locum is still there meant that the employing doctor considers him good enough for the clinic's needs. However, even permanent locums could improve in certain areas. He highlighted that it was important to communicate with the locums, who were often receptive to these discussions, and would show improvements later.

Dr Lai commented that if patients came back with good references about a certain locum, his clinic would keep that locum in their employment. However, there is also sometimes a tendency for principal doctors to keep the good locums for themselves and not refer these locums to others.

Handing over

Before employers hand over, they should give their locums a proper orientation of the clinic, including: clinic workflow, operational procedures, follow-up of patients and referral processes.



A member of the audience voices her opinion

Dr Tan commented that he would usually spend some time to show new locums around his clinic, explain to them where things are, the drugs available, locum forms they need to fill out and so on.

Dr Fadzil noted that doctors have individual ways of treating patients, for example, no two doctors may treat even a simple upper respiratory tract infection the same way. When he was a locum in the past, he found that some medicines he prescribed were unavailable in the clinics. He would then rely on the clinic assistants to suggest alternatives. This showed the importance of having experienced clinic staff on duty to assist locums.

Locums' checklist of responsibilities

Locum doctors should produce their original certificates for their employers to confirm the details of their medical registration with the Singapore Medical Council (SMC), medical qualifications and medical defence organisation membership. They should also provide their most recent locum references and identify their previous employers, and declare any pending SMC proceedings.

Taking over

As soon as they start their session, locums should check the essential items and note their locations. These items include: emergency and airway bags, ECG machines, nebulisers, injections and other equipment. They should also familiarise themselves with the drug formulary, referral procedures, and so on.

To sum up the panel discussion, Dr Leong said that there should be a two-way reciprocal relationship between locums and their employers, and doctors need to recognise that locums are a part of the medical fraternity, and not a separate group. He felt that employers should have the responsibility of orientating locums to their clinics, and maintain an open channel for communication. **SMA**