

How to be a GP locum

David Allen Stocks

"Our senior partner has collapsed. Can you take over, starting this evening?" Jobs are rarely arranged at such short notice, but when a doctor becomes "established" as a general practitioner locum the phone never stops ringing. Always keep a diary or calendar by the phone and pencil in the dates there and then. Have nothing to do with scraps of paper or the backs of envelopes: they float away into drawers and dustbins with important information lost forever. Double booking is the cardinal sin.

Becoming known

How does word get round that you are available for work? Try these methods:

Write to local general practitioners—I suggest sending a formal letter giving the dates when you are free. Enclose a copy of your curriculum vitae. A job might not be forthcoming but general practitioners like to have a pool of locums to draw from.

Write to your local family practitioner committee—Family practitioner committees are not locum agencies, but they occasionally need a locum when a single-handed GP is ill. The family practitioner committee may offer to send, for a fee, a copy of your curriculum vitae to each of the practices in its area.

Circulate at postgraduate meetings—Bump into your trainer, GP tutors, and former colleagues. This all helps to hang your name on the grapevine.

Enrol with agencies (but read the small print)—Local offices might be better than nationwide agencies. A doctor I know was asked to travel over 100 miles to do one afternoon's surgery. The BMA locum agency, administered from its regional offices, is free to members.

Advertise in medical journals—Give some flavour to your advertisement without sounding eccentric. Market yourself as a reliable and steady worker, neither bland nor spicy.

When responding to advertisements you must be quick off the mark: vacancies are soon filled.

The interview

Interviews are usually informal. They are thought of as introductions "to meet the other partners" or "to look round the health centre." The chit chat over coffee may be charming but don't be wrong footed into thinking the interview is a social call. You should be armed with your current certificates and copies of your curriculum vitae.

I am usually accepted at face value. My references have never been taken up, but it would be businesslike to ask your referees beforehand if they would mind giving your reference over the phone. Be sure of your dates before the interview. If you say "Yes, I'll definitely come" when offered the job then consider yourself caught: only illness or bereavement would let you comfortably off the hook.

Sort out pay and hours of work. You could accept the BMA guidelines on pay or use them as a basis for negotiation. There are standard rates for (i) a two hour surgery, (ii) a surgery and calls, and (iii) a full day.

These are self explanatory, but if night or weekend work is required then make sure you know exactly what is expected. Also ask if the practice has any prescribing policies, such as antibiotics for sore throats. Try to comply with such policies without being a cipher. Ask for a timetable of your duties if the job lasts for longer than a day.



Before starting

When replacing a singlehanded GP phone the day before starting and ask about any seriously ill patients. I once called to see a patient without knowing that she was dying. The breezy tone of my visit was just wrong from the start. The patient looked disappointed. Her husband did not say much, but his expression seemed to say, "Our old doctor has left us in the lurch and sent this amateur instead." The quickest glance at the notes is better than nothing.

You will need drugs for emergency use and a bag for your equipment. You will have to pay for the drugs yourself, but they can be bought in small quantities from a pharmacist. Although tablets are readily available, drugs for injection are not always in stock: the pharmacist may need a day's notice to order them from the wholesale supplier. Controlled drugs are best kept in your pocket or bag and not in the car boot. A record of these drugs should be kept as they are bought and used.

If you intend to be a locum regularly then it is worth while buying a doctor's bag rather than making do with your battered old briefcase. Do pay attention to your appearance and "image"—patients like to size up the locum, so don't look like a ragbag even though you feel like a stopgap.

Your first day

Arrive five or 10 minutes early and ask to be shown round. Introduce yourself to the receptionists and the practice nurse. Ask for your name to be put on the door and find out where the doctor has gone on holiday—you will be asked this several times each surgery. Feel free to rearrange the furniture: I hate to use the desk as a defensive barrier. Find out if you shout or buzz for the first patient. If the corridor is not too long I like to

Finding jobs

- Write to GPs
- Write to local FPC
- Go to postgraduate meetings
- Enrol with agencies
- Advertise in medical journals

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Br Med J 1989;298:309-10

Your first day

- Arrive early
- Ask to be shown round
- Introduce yourself
- Ask how patients are summoned
- Call in at local pharmacy

go and collect each patient, although some regular attenders, primed for the buzzer, are unnerved by this little courtesy. Later in the day call in at the local pharmacy to introduce yourself.

Medical practice

As a locum I suffer from four temptations:

Superficiality—Patients who want to unburden an emotional problem will mostly prefer to consult a doctor they know. My locum work is biased towards acute minor illnesses. The temptation is to be superficial—to concentrate on the disease rather than the patient. This might suit most, but you should be alert to those patients with more deep rooted problems. When seeing a new doctor these patients often test the water first with a minor ailment before plunging in with an emotional disclosure.

Passing the buck—Not knowing the patients, you can easily fall behind appointment times, especially when these are at five minute intervals. I am then tempted to pass the buck: "Just take a few more of your tablets; they'll keep you going until your doctor comes back next week." You should do justice to the patient whose problem cannot be put off. Procrastination is a corruption of good medical practice.

Showing off—It is tempting to dazzle patients with a flash of brilliant plumage, and indeed a little knowledge can be finely dressed. But then the locum flies off, leaving the nest badly disturbed for the returning doctor. This particularly applies to those "heartsink" and difficult patients who flatter you at their own doctor's expense. Similarly, regular prescriptions should not be changed merely for the sake of elegant variation: Still on those old tablets? I think these new ones will suit you much better. A locum should enjoy the tenancy but should leave things neat and tidy for the sitting tenant.

Lazy prescribing—In most practices the receptionist fills in the whole of the repeat prescription. All the doctor has to do is sign. Beware. Resist the importunity of harassed receptionists. Insist on seeing the notes first. Double check doses; treble check warfarin.¹ Be scrupulous with your signature; if in doubt, fail safe.

Visits

For visits you will need a map, a *British National Formulary*, the phone numbers of hospitals and ambulance control, and plenty of headed notepaper and prescriptions. An experienced receptionist will put the non-urgent visits in order so that you can drive a circular tour. Ask for the patients' phone numbers to be written on the front of the notes. Inner city visits are a nightmare for the stranger: flyovers and one way streets, underpasses, and no parking signs all conspire against you. Never be tempted onto an urban motorway. Street signs have been pulled down and house numbers have been painted over. Don't despair. Country visits, too, have their pleasures: roads dwindle into dirt tracks, houses hide behind trees. If you are seriously lost ring the local police. When visiting at night ask for all the lights to be switched on and for the curtains to be left open.

Playing fair

Most surgeries last for about two hours. Locums are not paid to the minute, so keep working with a good grace if you are still busy after two and a half hours: tomorrow's surgery might last for only an hour and forty minutes.

All the GPs I have worked for have been honourable employers, but watch out for a nominal one hour surgery, paid at half of the two hour rate, that regularly lasts all morning.

A sharp practice is to find yourself replacing two doctors. If you are overwhelmed with work speak to the senior partner or the practice manager. Do this before cracking up.

Write in the notes as carefully as possible. Abandon your darling shorthand and stick to standard abbreviations. Write legibly or not at all—the medical secretary is a suitable judge.

If the GP you are replacing refers patients to a particular consultant in each specialty then try to follow suit.

One or two patients will ask for a second opinion from you. A nagging dissatisfaction with their GP is often apparent. The patient's interests come first, of course, so the symptoms and signs must be assessed impartially, but it is unprofessional to erode any further the patient's confidence in the doctor. I believe that polite neutrality is the best response when patients criticise their GP. Listening carefully to the patient might be enough to soothe the irritation.⁴

Frustrations and rewards

A few patients will be disappointed about not seeing their usual doctor. The hurt tone of "Where's the doctor?" says it all. Don't be discouraged. One day patients might become as loyal to you. Occasionally a patient will refuse to be examined. I used to be upset by this, but now I simply ask the patient to return either the following day or within a week. If the symptoms sound serious then leave a note for the doctor when you leave.

Not being able to follow up patients is frustrating, especially when you suspect some unusual disease. I sometimes call in several weeks after leaving a surgery to inquire about such patients.

Locum general practice is ideal work for a doctor looking for a permanent GP job. One picks up so many ideas for the perfect practice, including things to avoid. Practices are like the suburbs of London: some are up and coming, some are fashionable, and some have seen better days. Surgery accommodation varies from the palatial to the poky. But patients everywhere deserve the best. There is satisfaction in trying to practise a high standard of medicine for every patient irrespective of surroundings.

1 O'Dowd TC. Five years of heartsink patients in general practice. *Br Med J* 1988;297:528-30.

2 Gerrard TJ, Riddell JD. Difficult patients: black holes and secrets. *Br Med J* 1988;297:530-2.

3 Medical Defence Union. *Annual report*. London: MDU, 1988:40.

4 Calnan J. *Talking with patients*. London: Heinemann, 1983.

ANY QUESTIONS

Permethrin is sometimes added to the water supply to kill various micro-organisms. Is water treated in this way safe for drinking during pregnancy?

Permethrin is widely used for the disinfection of drinking water. It is added to the water mains at a concentration of 10 µg/l over one to two weeks, and the effect of this persists for one to two or more years. The World Health Organisation specifies a maximum daily intake of permethrin of 50 µg/kg for humans, and even someone drinking large amounts of water would not consume anywhere near this amount (personal communication). There is no evidence that permethrin is either teratogenic or mutagenic, but even if it were the amount consumed in drinking water would be too small to be harmful.—LINDA BEELEY, consultant clinical pharmacologist, Birmingham