Locum Improvement Tool

# **Background**

The Locum Improvement Tool is a performance review and quality improvement activity that can be used to provide two-way feedback between the practice and the locum. Ideally, the parties should discuss the aims and practicalities of the activity before or at the start of the placement –

i.e., What, Why, How, Who and When

You might also like to consider the following:

* Qualities of a locum
* Expectations of the practice
* Professional standards
* Specific skills needed as a locum

After the placement, the practice provides feedback to the locum and vice versa, using the forms provided. Both parties consider the feedback and reflect on any improvements that can be made as a result.

Comments should be specific and include constructive suggestions for improvement.

# **Instructions for the practice**

1. **Complete the Locum Feedback Form**

Fill in in locum improvement tool by ticking the most appropriate column for each of the competencies listed on the form. In the comment sections provide specific feedback and include constructive suggestions for improvement.

Locum feedback should be provided in the accordance with accepted professional standards as recognised by the Medical Board and ACRRM. You can use the [ACRRM Rural Generalist](https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4) [Curriculum](https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4) to identify and provide feedback on the competencies of the Locum doctor. The competency standards provide a number of indicators to help you provide relevant feedback on the doctor’s knowledge, abilities, skills, and attributes.

Feedback can be provided by all practice staff, hospital staff, and allied health/specialists who have worked closely with locum practitioner. The feedback can be provided anonymously if preferred. There are certain sections that may be more appropriate to be completed by clinical staff, these sections are identified on the form.

Information on the locum’s performance can be sourced from:

* + Experience of working directly and indirectly with the Locum
	+ Direct observation
	+ Patient feedback – formal and anecdotal
	+ Allied and other health practitioner feedback – formal and anecdotal
	+ Community feedback – formal and anecdotal
	+ Review of records, referrals, correspondence
1. **Review and discuss the Practice Feedback form**

Review the feedback on your practice provided by the Locum doctor in the Practice Feedback Form. Discuss this feedback with your practice staff and consider Quality Improvement activities that may be undertaken to review or improve the practice

# **Instructions for the locum**

1. **Complete the Practice Feedback form considering your experience with Practice/ Hospitals:**
	* Orientation
	* Systems
	* Processes
	* Record keeping
	* Handover
	* Quality of care
	* Equipment Patient safety and quality of care
	* Patient satisfaction, culturally appropriate care, privacy, and confidentiality
	* Teaching, learning and supervision
	* Medical records and data management
	* Health Prevention and Promotion

Provide feedback and include constructive suggestions for improvement.

1. **Review the Locum Feedback form**

Reflect on the feedback provided by the Practice/ Hospital. You can consider discussing this feedback further with the practice. You may also like to think about ideas for performance and quality improvement and how to make and evaluate/monitor these changes, for example, you could undertake a PDSA cycle.

1. **Continue your Quality Improvement**

You may like to continue your Quality Improvement by reflecting on known areas of interest or weakness and undertaking other outcome measurement activities such as a clinical audit/mini-audit.

1. **Log your activity to claim PDP hours**

Add the hours spent on this activity to your PD portfolio (including discussion, review and reflection time). Evidence can be your feedback form and/ or reflective notes documenting the key points.

Hours can be claimed in either the Performance review or Outcome measurement categories. For example, if gathering feedback and reflecting on performance, log it as a Performance Review. After doing this, if improvements are implemented and you undertake the activity again, you are reviewing the outcome of those changes and the hours can be logged as Outcome measurement.

# **Resources and References:**

From the ACRRM Curriculum:

# **What is a General Practitioner?**

The General Practitioner is the doctor with the core responsibility for providing comprehensive and continuing medical care to individuals, families, and the broader community. Competent to provide the greater part of medical care, the General Practitioner can deliver services in the primary care setting, the secondary care setting, the home, long-term residential care facilities or by electronic means – wherever and however services are needed by the patient within their safe scope of practice.

# **What is a Rural Generalist Medical Practitioner?**

A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples’ health care as required, and providing specialised medical care in at least one additional discipline.

# **What is Rural Generalist Medicine?**

Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

* Comprehensive primary care for individuals, families, and communities
* Hospital in-patient care and/or related secondary medical care in the institutional, home, or ambulatory setting
* Emergency care
* Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues
* A population health approach that is relevant to the community
* Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a ‘system of care’ that is aligned and responsive to community needs. (World Summit on Rural Generalist Medicine, Cairns, 2014).

# **What is a Fellow of ACRRM?**

A Fellow of ACRRM (FACRRM) is a medical specialist who has been assessed as meeting the requisite standards for providing high-quality Rural Generalist medical practice.

This involves being able to:

* provide and adapt expert primary, secondary, emergency and specialised medical care to community needs;
* provide safe, effective medical care while working in geographic and professional isolation;
* work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups; and
* apply a population approach to community needs.

# **References:**

* ACRRM Curriculum
* AHPRA (Medical Board) Code of Conduct
* UK documents
	+ National Association of Sessional GPs. Locum GPs: The skills we need and how to achieve them, 2010
	+ GP locum improvement tool – C Weatherburn, S Hasan NHS Tayside, BMJ QI reports 2014
* AHPRA and ACRRM PDP documents
	+ Medical Board EAG final report on revalidation 2017
	+ ACRRM PDP handbook etc
* RNZCGP clinical audit tool: locum performance review
* RACGP Standards for General Practice 5th Edition