

Absences from General Practice and Cessation of Practice

It is important to be aware that the Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024* (available on the Medical Council website) states at paragraph 40:

40.1 Patient care can be impacted where doctors are no longer able to provide care and where continuity of care arrangements are not in place. You should have plans in place to deal with foreseen and unforeseen cessation of practice.

40.2 If you are planning to reduce your patient list or cease practice, you should make arrangements for continuity of patient care and facilitate the transfer of your patients to another doctor or service. You should let your patients know before these arrangements take effect. With the patient's consent, all relevant medical records should be sent to the doctor taking over the care of the patient.

Employing locums

We appreciate it is not always possible to employ a locum but when a locum has been identified, the following best practice principles should be borne in mind.

Before absence

1. Check the Medical Council register to ensure the locum has current registration with the Irish Medical Council.
2. Satisfy yourself that the locum is suitably competent and adequately qualified for GP work. Where the locum is not well known to you, request an up-to-date reference. A telephone reference may be more practical than a written reference.
3. Ask the GP locum for verification of identity, e.g., sight of passport and confirmation of their right to work in Ireland if applicable.
4. It is a condition of Medisec's policy of insurance that you obtain evidence that any locum you employ has adequate medical indemnity cover to work as a GP locum for the correct number of weekly sessions required.
5. Check the locum has been Garda vetted. It is noted that the out-of-hours co-operatives undertake a Garda vetting check on all new locums and such checks should also be carried out by individual GPs where practical.
6. Keep documentation of all the above in the locum's personnel file. It is also advisable to keep a copy of the GP locum's signature on file in case of any attempted forgeries of their signature on prescriptions.

During absence

1. Give the locum a comprehensive induction including;
 - a) An up-to-date 'Induction file' with general information such as local referral guidelines, methods of reviewing and requesting investigations, location of emergency equipment, location of panic buttons / emergency call system, emergency numbers, details of practice protocols etc. as a quick reference sheet for the locum.
 - b) Introduce the locum to all staff and provide a list of staff members' names, roles and contact details – more important than you think!

- c) Ensure all locums have a personalised log-in on your practice software for consultations, not just as “locum” or under anyone else’s log-in.
 - d) Ensure you or a member of the practice team spend some time familiarising the locum with your software system, particularly if they have not previously used that system.
 - e) Comfort breaks – location of bathrooms, where to make tea / coffee etc.
2. It is best practice to have a handover of any critical or terminal care patients to the locum before they begin and from the locum as their locum period ends.

After absence

1. Retain a log of all locums employed including their full contact details, indemnity details and the dates of locums carried out at the practice.
2. Consider holding a brief ‘exit interview’ with the locum. Enquire about any problems during their tenure, any patients they have concerns about who would benefit from early review, and in particular any critical or urgent referrals they made, which should be followed up in order to ensure safe continuity of care.

Unforeseen Absence from General Practice

Sometimes, though rarely, it happens that a GP is suddenly unavailable, due to illness or other unanticipated event. Medisec recommends that GPs and practice teams plan for such events.

It is particularly important for single-handed GPs to make provision for unforeseen absences.

The following is a non-exhaustive list of matters to consider when planning for absences:

1. Discuss and develop a written advance contingency plan with the involvement of the full practice team. Ensure all parties know their individual roles and responsibilities.
2. Liaise with your software provider to arrange secure access to your surgery software from your home computer / laptop. In some circumstances while being unable to attend the surgery physically, you may be in a position to work from home and engage in telephone / video consultations with patients.
3. Develop a list of emergency contact details for the practice, including HSE contacts, staff phone numbers etc. Store off site or on your mobile phone.
4. Ensure that another trusted practice staff member can physically access the practice building and has alarm codes etc.
5. Create a list of potential locums, locum agencies and their contact details and ensure the practice manager / secretary has access to same.
6. Have a plan in place to collaborate with other GP practices in your area for support if it is not possible to secure a locum. Other GP practices may be able to facilitate you in providing urgent care for your patients during your absence.
7. Where the GP holds a GMS contract, you must contact your local HSE GP Unit to advise them of your absence.
8. Liaise with your local pharmacists in the event of absences as they may be able to facilitate patients with emergency supplies of medications where patients run out of their prescription medication.
9. Consider contacting your local Public Health Nursing team as they may also be able to provide support to some of your patients.
10. If a Practice Nurse is remaining on site, there are certain duties that they may be able to perform without a GP being present. These may include: BP monitoring, phlebotomy, dressings, smears, and certain Chronic Disease Management tasks. However, a practice nurse should not administer childhood immunisations, medications or see antenatal patients without a GP onsite. It is important to check with Medisec or the practice nurse’s indemnity provider as appropriate to see what tasks may be carried out by the practice nurse without GP supervision.
11. Ensure that a member of the practice team can perform key duties such as downloading results and correspondence from the Healthlink system. Consider implementing a “buddy” system with a GP colleague in the practice to ensure cover for checking results and correspondence in the event

- of absence of a GP. A locum or a GP colleague should check all results and correspondence and manage urgent results and correspondence that require immediate attention during your absence.
12. Consider advice regarding triage of patients and ensure appropriate training and information regarding who to contact if urgent GP care is required. For example, this could be a longstanding mutual arrangement between local GP practices.
 13. It is very important to ensure patients are informed of your absence. Practice staff members should inform patients who seek appointments and advise on how to make alternative arrangements. It is also important to ensure patients are informed of how to make alternative arrangements by way of an up-to-date voicemail, notices on the practice website / social media page and on the door of the practice. Emergency contact details should also be communicated to patients in these ways.
 14. Ensure no new appointments are made until the situation is clarified regarding the GP's return to work.

Please do not hesitate to contact Medisec if you have any queries regarding this factsheet.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.

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