

# RIG'S LOCUM GUIDE



*A useful aide-memoire  
for locums starting at  
a new practice*



# So, you've secured a job as a locum, you know when you start, what next?

## Your first day

It may sound obvious, but what comes next is to turn up on time! If a practice has employed you to start at 9am, that generally means they want you to be in the consulting room at 9am, suitably dressed and ready to call in your first patient. To do that, you'll need to turn up on the doorstep at around 8.40am to allow time to introduce yourself, find out where you can leave your personal belongings, get changed into whatever they want you to wear, find your consulting room and log onto the computer. That also means leaving home (or wherever you are staying) at least half an hour earlier than you think you need to, at least on day one, to allow for unexpected traffic, getting lost and finding somewhere to park.

## A helpful guiding hand

A practice used to taking care of locums will often allocate a nurse to 'shadow' you for the first half day, and this is worth asking for if not provided. On day one in a new practice you don't know practice policy on *anything*, where to find *anything*, how to arrange to admit a patient for a drip or what to do with that blood sample you have just taken. Until you find your feet, having an experienced nurse at your shoulder enables you to work far more quickly than if you have to scour the building for help every time you aren't sure what to do.



## Make sure you have all the information you need to do the job

A really well-organised practice will give you a crib-sheet or allocate time for a formal induction, to make sure that you know the practice policy on vaccination schedules, age of neutering, consent forms for off-licence drugs and all the rest of the matters that you will need to know several times an hour but which varies from practice to practice. If you don't get this, *ask*. Have your own list of questions that you know you will need the answers to quickly: this will include those listed above, but also things like which brand of clav/amox do they stock, which brand of flea spot-on, wormer and arthritis medication do they prefer and where will you find dosage charts for each, if you aren't familiar with them? If you will be dispensing drugs yourself, it is also handy to have some idea of how

the pharmacy is organised. Some practices display their drugs in strictly alphabetical order; others sort by route of administration, others seem to have a more random approach, filing in alphabetical order of what the brand name for that active ingredient used to be before they changed suppliers two years ago! You will find what you are looking for far faster if you have some idea of the system they use.

## What are you expected to supply?



Should you buy your own kit? There are some items that are definitely worth carrying with you and others which, while optional, may prove handy. Your own preferred consulting attire (white coat, green jacket) is invaluable, especially if you are unusually large or small: many practices will provide something, but, as the locum, what is available might be old, stained, creased and ill-fitting. You might find your own scrubs more comfortable as well: there is little worse than having to wear someone else's sweat-stained cast-offs. Your own copy of the NOAH Compendium of Data

Sheets and a formulary are worth keeping in the car (leave them there until you see how the land lies, they can be prone to disappear!). Not all practices have copies readily available, and you will certainly need to look up the doses and indications of unfamiliar products. You may prefer to use your own stethoscope or to carry scissors, as spare pairs can be hard to find; but they are very liable to disappear and are probably more hassle to keep track of than they are worth. Some locums do like to carry other items with them, such as a favourite style of needle-holder, a sterile surgical gown, a belt dispenser of disinfectant hand-rub or a nice sharp dental elevator (blunt and unfamiliar dental instruments can be a real pain).

## Provision of car and/or accommodation?

If the practice is providing you with a flat or a car, think about doing a quick scan around and noting any damage when you first take possession, preferably together with the practice manager. Arguments at the end of a placement about whether or not you scratched the paintwork or broke that chair leg can cause bad feeling and are avoidable. Well-organised practices will do this with you anyway.

## Special regard for sole charge assignments

There are special considerations that apply if you are taking sole charge of a practice. As well as all of the above, make sure that you have a contact number for the owner in their absence. Don't use it, no-one likes to be disturbed on holiday and if you are

accepting a sole charge position, you are expected to be able to cope; but if a real disaster happens, for example you manage to burn down the surgery or kill the receptionist, you will need to be able to get in touch. Also make sure that you have the keys to the premises and to the dangerous drug cupboard, or that a reliable member of support staff has them and you can get hold of them out of hours if necessary. You will need the code for the burglar alarm, and instructions on how to reset it if it goes off, instructions on how to set, unset and record a message on the answering machine and information on how to get help out of hours if necessary. If out of hours help is not available, you need to know this and be confident that you can cope; but it is far better to have someone you can contact, rather than risk spending half the night scouring the place for a bag of Hartmans and the other half trying to find a cannula while the patient slowly expires. When accepting a sole charge job, it is wise to make sure that you will get at least an hour or two to spend with the boss before they leave, so you can ask all of your questions and familiarise yourself with the practice, people and policies. It is not unknown for a practice principal to just hand the locum the keys and leave; but the more information you have on how they want you to work, the better a job you will be able to do for them.



## Adding value

When a practice takes on a locum, they expect turnover to drop. The popular locums, the ones who get asked back, are the ones who maintain turnover at the same level as the regular staff, if not higher. The skills that you will develop in doing this will also be invaluable should you return to a permanent practice job. Firstly, *never* give “freebies” or discount the fees, even if you think the prices are high: the practice is paying you to sell their time and products, not to give them away, and you have no idea of the level of overheads that they have to cover. Secondly, try to maximise your average transaction value. If a dog comes in for a booster, it is easy just to give it that booster; but, if you take the extra few seconds to say “has he been wormed in the last three months?”, you will be able to sell a worm dose as well to at least half of them, and if you ask if he will be going into kennels in the next year, you might sell a few kennel cough vaccines as well. Try to sell a few cans of a suitable diet, as well as medication to the puppy with diarrhoea; if the cat has bad teeth don't just say “he needs a dental”, but accompany the client to the reception desk to make sure that it does actually get booked in for that dental. No-one would want you to sell products or services that the patient doesn't actually need, but these perfectly valid extra sales, however small each one may be, can

add up to a significant improvement in turnover by the end of the day. Rather than taking the easy option and just “doing the job”, try to go the extra mile and improve your reputation as a locum as well as improving client service and your own job satisfaction.

## Keep the clients (and the boss) happy

As well as maintaining turnover, the other factor that will endear you to a practice principal and improve your chances of being asked back, or at least of a favourable reference, is fitting in well with the practice team and work ethos. Try to reassure clients, who are bound to be worried about seeing a stranger; with phrases such as “I haven’t seen Fluffy before but Mr X has discussed his case with me” or “I have read through all of Tiddles’ notes and I see that ...”. As a locum you are “here today, gone tomorrow”; it is not your job to change the treatment plans of the practice’s chronic cases, no matter how inappropriately you feel they are being handled. The clients have chosen that practice because they like the way they do things, and a total stranger coming in and telling them that they should do something different and change the pills that Spot has been on for the last five years is unlikely to win their favour. What is more, if you disagree with the previous veterinary surgeon, it is not *necessarily* they who are wrong, not least because they have a better background knowledge of the patient, the client and local conditions. A better way to approach things is to put a note in the record for the original vet saying “are you sure this isn’t a case of xyz?”, or “have you thought about trying product acb for this, I have had good results with it”. It is good practice not to criticise the practice to the support staff either; they may well have limited or no experience of other practices and think that their boss is wonderful, and, in any event, are likely to report back what you have said.

## Know and be part of the team



Don’t upset the support staff; they can help you a lot or make your stay a misery. When asking for help, remember that you aren’t sure who usually does what, you might be asking them to do something that is either beyond their competence (taking a blood sample) or beneath their dignity (fetching a mop). Don’t rely on the colour of dress to identify who is a qualified VN and who is not, ask “are you the right person to ask to do this?” If you have a gap in your work, ask if there is anything else that you could be doing rather than just heading off to the staff room with a magazine,

don’t make them have to come and find you if there are repeat prescriptions to be authorised or an in-patient to check. Be a tidy worker; be willing to clean up your own spills and puddles, make your own coffee and wash the mug afterwards! Try to cultivate a cheerful persona: they don’t know you and don’t want to hear your troubles.

## Case continuity

Case continuity is always an issue when you are in a practice on a temporary basis. With ongoing cases you have only a short time to try to assimilate the history and make sensible decisions about continuing treatment. *If in doubt, make no changes.* With really complex cases, if another vet who has seen it before is in the building, it might be worth asking if they want to see it instead of you, emphasising that this is in the interests of case continuity and client care, not to get you out of a tricky job; but don't do this too often as it can look as if you are struggling to cope. You will need to make far more copious case notes as a locum than you would as a permanent member of staff. Without taking this to excess, you need to convey an idea of how your mind was working and what you told the client about how the case was likely to proceed. The next vet to see the animal won't be familiar with your usual methods and you won't be there to ask. Take responsibility for the promises that you make to clients: if you tell someone that the boss will ring them on Monday when he gets back, make sure he knows that; if you book an animal in for an advanced surgical procedure to be done after you have left, make sure that the boss knows about it, so they can tell the client in advance if this is something that the practice would rather refer; if you promise to find out some information for a client about their pet's condition make sure you do so, even if it means staying late on your last day. Leaving disgruntled clients for the regular staff to sort out after you have gone home is not a good way to be asked back.

### How to be asked back:

- follow practice policy, even if you don't agree with it.
- never criticise the practice, the diagnosis or the treatment in front of the client.
- maintain practice turnover.
- never give freebies or discounts.
- don't upset the support staff.
- leave the practice at least as clean and tidy as you found it.
- take responsibility for the promises that you make to clients.

### Good luck!

And don't forget, we're here to help you.

So if you have any queries, give us a call on **01392 332858**,  
or e-mail us on **[info@rigvets.co.uk](mailto:info@rigvets.co.uk)**

# Checklist

**This checklist is intended to give you some things to think about when writing your own. You may not want to include some of the items here, or you may have others that your own experiences prompt you to add. Hang onto your checklist after you leave a practice: it makes you look really efficient if you still have it if you are asked to work there again in the**

- vaccination schedules
  - do they give the same dog vaccine every year, or do they give DHP only every two or three years?
  - do they give KC and/or rabies vaccines at the same time as a booster?
  - At what age do they finish puppy vaccinations?
  - do all cats get an FeLV vaccine as well as 'flu and enteritis, or do the owners get the choice?
  - do they vaccinate rabbits against Myxomatosis and VHD at the same time or separately?
- what is their minimum age of neutering for each species and gender?
- what is the practice policy on the issue of repeat prescriptions?
- in what circumstances do they use consent forms for off-licence drugs?
- which brand of clav/amox do they stock?
- which brand of flea spot-on, and where is the dosage chart, if it isn't one you are familiar with?
- which brand of wormer, and where is the dosage chart, if it isn't one you are familiar with?
- which brand of arthritis medication, and where is the dosage chart, if it isn't one you are familiar with?
- which brand(s) of prescription diet?
- waste disposal: what goes in which bins?
- are there any nurse-led clinics (obesity, training, dental care, noise-phobia etc) that you should be referring suitable clients to?
- any current promotions, such as a vaccine amnesty or a discount for prompt attendance for boosters?
- ask for a quick tour of the computer system if it isn't one you are familiar with

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