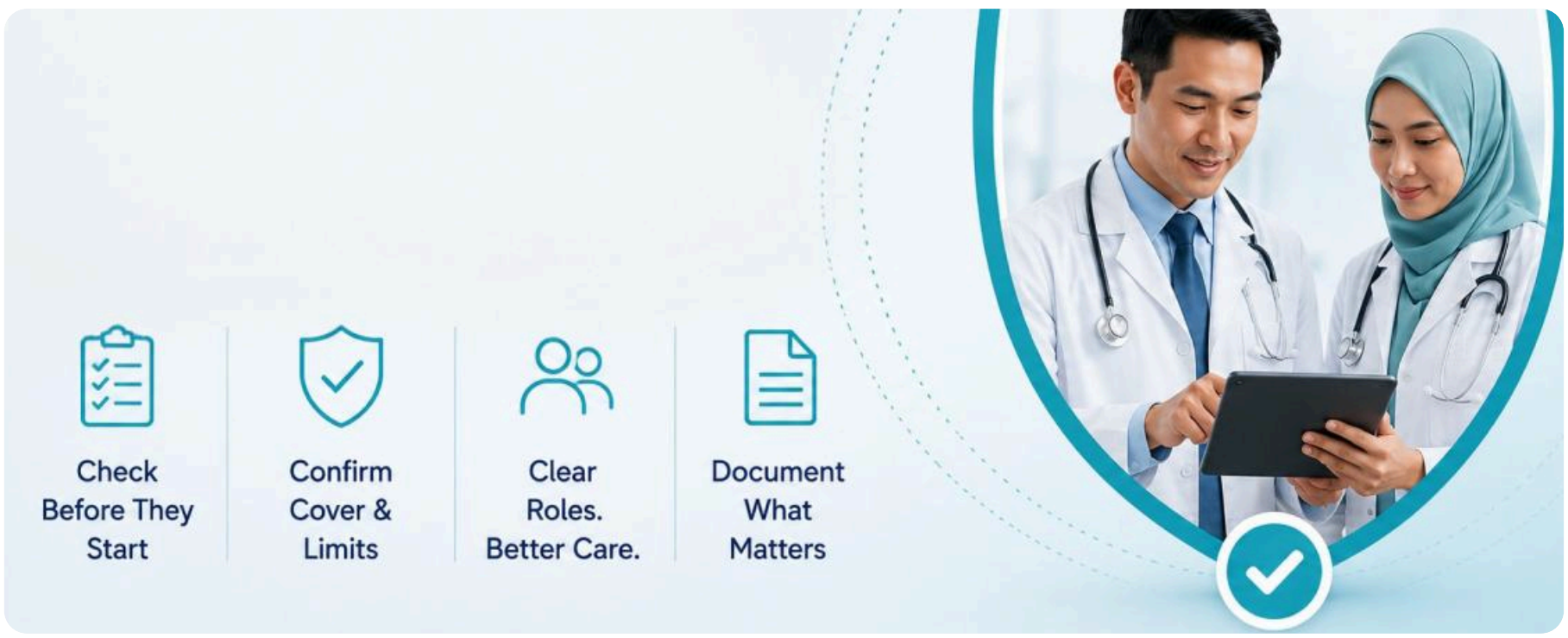
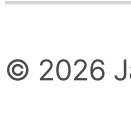
Locums: The Weakest Link?

The locum is rarely the problem. The missing checks are.





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A true story

Call him Dr Alex.
Thirty years running his clinic. Never took any long holidays until his wife shared her wish of going to see the Amazon forests. That was his first proper holiday for three weeks. He looked around and found a locum, well recommended, easy to work with. They discussed patients, prescriptions, routines. He entrusted the clinic to the locum and left on his much needed holiday.

Everything was going well during the three-week cover, except that one patient was misdiagnosed. Two months later, a letter of demand arrived: RM500,000.

Dr Alex hadn't treated the patient. The locum wasn't named in the demand.
The clinic was.

That's when Dr Alex learned his establishment cover didn't clearly respond to the claim and that he'd never verified the locum's indemnity at all.

They realised that they did not discuss insurance. No one confirmed whether the locum's indemnity actually covered private locum work at that clinic.

Thirty years of practice, exposed by a check that takes minutes.

The locum isn't the weakest link

Locums keep private healthcare running. They let doctors take leave, attend training, manage life.
The problem isn't the locum. It's what nobody checked around them.
No clinic should run on: “Don't worry, the locum is covered.” The real questions are: Covered by whom? For what work? At which clinic? Under what terms?

A clinic policy may protect the establishment for liabilities arising from a locum's actions that doesn't automatically protect the individual doctor. However, many clinic owners don’t insure their clinics.
Two separate needs, one easy-to-miss gap:

1. Clinic: needs its own establishment protection.
2. Locum: needs indemnity for the specific work being done.
3. Both need to know exactly where one cover ends and the other begins.

An APC is necessary. It isn't enough.

A current Annual Practising Certificate should be non-negotiable. However an APC is not proof that a doctor's cover extends to this private locum engagement. A government doctor, for instance, may be protected for public-service duties but need separate cover for private work.

So don't stop at “Do you have an APC?” Ask: **“Do you indemnity insurance that protects you against the locum work you'll be doing here?”**

If the clinic or provider arranges the locum's cover, the doctor should confirm they're actually included, and that the scope and limit are adequate.

The sole proprietor trap

Many clinic owners assume their personal indemnity automatically covers the clinic. It doesn't, necessarily. Sole proprietor or clinic extensions exist, but scope varies by business structure, named insured, patient type, locum involvement, services provided, exclusions, limits.

If the policy doesn't respond, the owner's personal exposure can be severe. **Never assume a doctor's policy is automatically a clinic policy.**

Why the locum needs their own protection too

The risk isn't only the clinic's.

A locum shouldn't rely on “our insurance will take care of you.” Even if the clinic's insurer pays a claim, the locum doctor's exposure may not end there. Through subrogation, an insurer may, depending on the circumstances, seek recovery from the locum doctor for the loss.

Indemnity protects more than the clinic relationship. It protects the doctor's own professional and financial standing.

Before the first patient

No complicated bureaucracy required, just a few disciplined checks.

The clinic verifies:

- Current APC and registration
- Indemnity appropriate to the locum work
- Establishment cover and any locum-related policy conditions
- Scope and credentials for the services involved
- A written locum agreement
- Responsibility for records and follow-up
- A clear process for complaints, incidents and insurer notification

The locum confirms:

- Does my indemnity cover this work?
- Am I covered at this clinic, for these services?
- Is my limit adequate?
- Is my APC current?
- What happens if a patient needs follow-up after my shift?
- Who handles complaints and insurer notification if something goes wrong?

These aren't awkward questions. They're professional ones.

Records matter

Insurance can't compensate for poor documentation. Records should clearly show what the patient reported, what was observed, the assessment, treatment, advice, red flags, and follow-up instructions.

If something goes wrong, preserve the original record and notify the right people promptly.

Good documentation protects the patient first, and the practitioner when questions come later.

The real weakest link

Dr Alex's mistake wasn't taking a holiday. It was assuming a competent locum and a valid APC were enough. They weren't.

One question before handing over the clinic could have exposed the gap:

“Show me your indemnity - let's confirm it covers the work you'll be doing here.”

The locum is not the weakest link.

The missing checks are.

Regulatory references

1. Malaysia Medical Act 1971 (Act 50), as amended
2. Medical Regulations 2017, including requirements relating to Annual Practising Certificates and professional indemnity
3. Malaysian Medical Council guidance on Annual Practising Certificates and professional indemnity
4. Malaysian Medical Council, Good Medical Practice 2019