Trust Policy		NHS Worcestershire Acute Hospitals NHS Trust

Consultant Medical staff covering resident junior doctor shifts

Department / Service:	Human Resources
Originator:	Julia Neil, Human Resources Officer
Accountable Director:	Denise Harnin, Interim, Director of Human Resources
Approved by:	Medical Management Committee
Date of approval:	12th April 2014
Review Date: **This is the most current document and should be used until a revised version is in place**	7th December 2020
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All medical and dental departments
Target staff categories	All medical and dental staff

Policy Overview:
This policy applies to occasions where a Consultant is required to cover a shift usually performed by a junior member of medical or dental staff. It does not apply to duties which a Consultant undertakes as part of his/her normal workload or teaching and supervisory responsibilities.

Key amendments to this Document:

Date	Amendment	By:
2014	New document	
2016	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
August 2017	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
June 2018	Document extended for 3 months as per TLG recommendation	TLG
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June	Document extended for 6 months during COVID-19 period	

Contents page:

1. Introduction

This policy applies to occasions where a Consultant is required to cover a shift usually performed by a junior member of medical or dental staff. It does not apply to duties which a Consultant undertakes as part of his/her normal workload or teaching and supervisory responsibilities.

Such cover must be regarded as the exception and all attempts to avoid the necessity for it should be made by Directorates. The Trust recognises that such cover by a Consultant places an increased burden on the individual and could potentially leading to a Consultant undertaking two key roles simultaneously.

2. Scope of this document

The Trust recognises that under their current Terms and Conditions of Service, a consultant is obliged to deputise for absent consultant or associate specialist colleagues so far as is reasonably practicable(schedule 2, paragraph 3), and it is specifically provided that this does not include covering on rotas with doctors in training. However, consultants do have continuing clinical and professional responsibility for patients admitted under his or her care (schedule 2, paragraph 1), and as the most senior member of clinical staff they have a professional obligation to ensure that the emergency clinical services offered to patients are undertaken safely and effectively.

Therefore Consultants maybe obliged to cover junior doctor duties, or be compulsory resident on-call to cover the duties of more junior medical staff in the most extraordinary and unforeseen circumstances. Examples of such circumstances are as follows:

- Sickness absence at short notice, unable to provide internal cross cover or agency Locum cover.
- Junior Doctor removed from duty as a result of a serious incident

The aim of this document is therefore to:

- Outline the actions that should be taken to minimise the need to Consultants to act down.
- Agree the arrangements for requesting a Consultant to cover, and
- Outline the remuneration/compensation arrangements for individuals who provide cover.

It is also recognised that the Consultant on-call for the speciality concerned is the ultimate judge of whether a department can continue to operate safely without cover and Directorates must have in place emergency plans to deal with situations where it may not be possible to operate safely. Such emergency plans may include:

- Identify alternative cover arrangements using an escalation process:
  - Cover from another junior doctor within the team
  - Cross cover form another speciality
  - Agency Locum cover

- Reduce emergency demand following an escalation process:
  - Arrange divert of divert emergency patients to alternative site within Trust
  - Arrange divert of emergency patients to alternative Trust

It will be the responsibility of the Divisional Team to ensure these plans are in place and that they can be actioned by a senior member of the Team at anytime.

3. Definitions

Resident cover is where a practitioner is required to reside in hospital as part of an on-call rota or partial shift system. No charge shall be made for his/her necessary accommodation.

Non-resident cover is where a practitioner is required to return to the hospital premises for emergency patient care as part of an on-call rota or partial shift system.

Junior doctor is a medical practitioner participating in a Workforce Deanery Foundation Training programme.

Shift is a set period of time defined by a job plan or rota.

Programmed Activity (PA) equates to 4 hours of work, unless it has been agreed between the Trust and Consultant or SAS doctor to undertake the work in premium time, in which case it has a value of 3 hours. Premium time is classified as any time that falls outside of the hours of 7am – 7pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday is classified as Premium time.

4. Responsibility and Duties

Consultant On-call
To consider all alternative cover arrangements available to support unforeseen absences, in line with protocols and escalation processes.

Directorate Manager/Locum Co-ordinators/Clinical Director/Specialty Lead
To make every reasonable effort to maintain full establishments and medical rosters. To ensure that medical staff are aware of the local arrangements for booking leave and develop departmental cover arrangements.
To keep accurate records regarding allocation of leave.

Junior Doctors
To provide a minimum 6 weeks' notice of requests for annual leave in all reasonable circumstances, in line with their workplace procedures. This should be planned ahead in line with local arrangements.

5. Measures to avoid the need to provide cover

Junior doctors are required to give six weeks' notice of any requested leave. Many juniors participate in rotas which contractually require them prospectively cover the annual leave and study leave of their colleagues who participate in the same rota. Directorates will have arrangements in place for the management of these rotas, including making sure that the juniors are aware of their prospective cover commitments. The Directorate Manager is required to ensure that Junior Doctors know of the local arrangements for booking leave.

Where juniors request a period of leave for which a locum is required giving less than 6 weeks' notice, the reason for the leave and failure to give six weeks' notice should be reviewed. Any approval of the leave should be conditional upon being able to find appropriate cover.

Although the majority of leave can be planned well in advance, there will be occasions where absences occur at very short notice because of unforeseeable circumstances such as sickness,

domestic crisis or the failure of a planned locum to turn up. Inevitably absences occurring in these situations are much more difficult to contend with. There are however, certain measures which can be put into place to assist in the management of these situations. Divisions should ensure that trainee doctors are fully aware of the procedures for reporting sickness absence, the person they should report to and the need for absence to be reported at the earliest opportunity. If locum cover is required, the appropriate Consultant should be informed of the position and advised of the attempts being made to find cover. This allows the Consultant the maximum notification of a potential problem allowing him/her to start forming contingency plans.

Divisions may consider agreeing with the junior doctors, a system whereby on a rotational arrangement, one of them is nominated (in case of an unforeseeable absence) as 'reserve on-call' for the colleague is formally rostered to be on call. Trainee doctors' contact numbers are available via switchboard. This arrangement should only be used to cover short term unforeseeable absences of the first 72 hours maximum, of a longer term absence. It must be recognised that these duties are outside the contractual hours of the doctor concerned and remuneration at the NHS locum rate can be claimed. It must also be recognised that such an arrangement has implications for the trainee doctors' hours of duty, which are subject to certain restriction by their terms and conditions of service. Thus, the arrangements should only be utilised when other measures have been exhausted or there is insufficient time to implement other methods of providing cover.

The failure of a locum to turn up is often discovered outside of the normal 09:00 – 17:00 Monday to Friday hours. There may also be other absences which are notified outside of normal hours, for example the trainee doctor who is due to commence his/her on-call duties at 09:00 on Saturday morning but falls ill during Friday night; in this situation the on-call Consultant for the Speciality concerned should be informed at the earliest opportunity and his/her advice sought. The senior nurse on duty (401 bleep holder) will contact the Locum Medical agencies.

Procedure for Requesting a Consultant to Cover a Junior Doctor Shift

Having taken all the of the action outlines above, there may be occasions where it is necessary to ask a Consultant to cover where the absence was unforeseeable, occurring at very short notice, and where no other suitable alternative cover arrangements can be put in place.

Wherever possible the Consultant should be given a minimum of four hours' notice of a potential problem to allow him/her to start making contingency plans. It does however need to be recognised that this will not always be possible, for example, in the scenario of a locum failing to turn up or a trainee doctor taking ill during a period on on-call duty. The request to ask a Consultant to cover a shift will be made by the Directorate Manager or On-call manager.

Consultants will not be requested to agree to cover unless it is as the result of an unforeseen event, which would put the wellbeing of patients at significant risk. In this situation the Consultant recognises that he/she has the legal responsibility for a patient admitted under their care, or the delegated responsibility for the patient admitted to the care of the Consultant colleagues, if participating in an on-call rota. If the on-call Consultant does not believe he/she can safely 'act down', the on call consultant along with the on call manager will assess the situation and jointly agree on temporary medical cover and/or other measures to meet the needs of the patients.

Wherever possible where a Consultant agrees to cover a junior member of staff out of hours, arrangements will be made for another Consultant of the same specialty to be available to provide further 'Consultant' cover as necessary. If the Consultant who agrees to act down is confident that he or she can cover both roles, these requirements may be waived.

Remuneration and Compensation for Providing Cover

Weekdays – Resident Cover between 09.00-17.00
Where a Consultant is on call and the junior doctor calls sick and it is not possible to get locum cover , the Consultant on call would have to review the resources available to him/her and cover as necessary even if it means being resident. The Consultant in this instance would not be entitled to payments set out in this policy.

Where a Consultant is on call and the junior doctor calls sick and it is not possible to get locum cover and the on call Consultant contacts a colleague Consultant who agrees to be resident and cover the junior doctors role then both parties would be remunerated – the Consultant on call through his/her normal contract and the additional Consultant covering the junior doctor through payments set out in this policy.

Where a Consultant provides resident cover for a junior doctor for any period between 17.00 to 09.00 he/she will be paid the equivalent of 3 PA's for every 1PA of resident cover provided. (To include travelling time)

A Consultant will also be entitled to the day off following the resident period or period of continuous on-call duty, if they are unfit to work due to a lack of rest during that period

Weekdays – Non Resident Cover
Where a Consultant provides non-resident cover for a junior doctor for any period between 17.00 to 09.00 e.g. telephone advice that would normally be provided by an absent middle grade tier, he/she will be paid the equivalent of 0.5PA for every 1PA of non resident cover provided. If the Consultant needs to make an attendance at the hospital that would not normally be required with the usual junior doctor cover the Consultant will be paid at the Resident Cover rate at 3PA's for every 1PA worked pro rata for each quarter PA.

Weekends and Bank holidays – Resident Cover
Where a Consultant provides resident cover for a junior doctor for any period between 9.00 am Saturday to 9.00 am Monday he/she will be paid the equivalent of 3 PA's for every 1PA of resident cover provided. (To include travelling time)

A Consultant will also be entitled to the day off following the resident period or period of continuous on-call duty, if they are unfit to work due to a lack of rest during that period

Weekends and Bank holidays – Non Resident Cover
Where a Consultant provides non-resident cover for a junior doctor for any period between 09.00 Saturday to 09.00 Monday he/she will be paid the equivalent of 0.5PA for every 1PA of non-resident cover provided.

The compensatory time off will be taken at discretion of the department with due regard to the intensity of the cover provided, planned day time work commitments, patient safety and other relevant factors. Where a Consultant believes he/she requires rest as a result of the cover he/she is entitled to have the clinical commitment cancelled.

6. Implementation

6.1 Plan for implementation

The policy will be implemented immediately upon approval.

6.2 Dissemination

The policy will be placed in the Trust's HR Document library on the Intranet and will be publicised through Trust update, policy update briefings for managers and notified to the Trust Board by the Workforce and Organisational Development Group.

6.3 Training and awareness

Training and awareness on the Policy will be provided at local level via HR support to Divisional Medical Directors, Clinical/Lead Directors, and Consultants.

7. Monitoring and compliance

This Policy will be monitored via the LNC/MMC.

8. Policy Review

The Policy will be reviewed in April 2016 by the LNC and any changes agreed by the MMC.

9. References

References: Code:

Terms and Conditions – Consultants (England 2003) version 9 March 2013	DoH

10. Background

10.1 Consultation

This policy has been subject to consultation with the LNC and approval by the MMC.

Monitoring Tool
This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
5	Junior doctors are required to provide minimum 6 weeks' notice of annual leave in all reasonable circumstances. Approval of leave within 6 weeks is conditional upon appropriate cover being identified.	Authorising consultant to defer leave requests within 6 weeks pending confirmation of cover arrangements	Upon receipt of leave requests	Authorising consultant	Locum coordinators	As cover required
5.	Authorisation of Consultant On-call to act down is approved by Directorate Manager or On-call manager.	Confirmation of authorisation provided with claim notification to directorate by Consultant on-call	Upon receipt of claim	Directorate Manager	Verification held within directorate against claim documentation	As cover required

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
LNC and MMC members	

Circulated to the following individuals for comments

Name	Designation
LNC and MMC members	

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
LNC and MMC members	

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Dr Alison Blake	Medical Management Committee

10.2 Approval process

This policy is subject to approval by the MMC.

10.3 Equality requirements

The equality assessment of this policy has identified no discriminatory impact.

10.4 Financial risk assessment

The financial risk assessment has identified no financial impact.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval