

**MEDICAL STAFF COVER;  
CONSULTANT COVERING RESIDENT  
SHIFTS**

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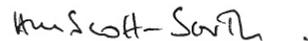
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**Chief Executive**

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# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

<b>Title:</b>	<b>Medical Staff Cover &amp; Consultant Residency</b>
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## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	Policy Review	TBC	Scheduled Policy Review

# MEDICAL STAFF COVER; CONSULTANT COVERING RESIDENT SHIFTS

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# Burton Hospitals NHS Foundation Trust

## MEDICAL STAFF COVER; CONSULTANT COVERING RESIDENT SHIFTS

### 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, normally referred to as acting down. It does not apply to duties which a Consultant undertakes as part of his/her normal workload or teaching and supervisory responsibilities.

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

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/SAS Doctors. 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 may be obliged to cover Doctor in Training/SAS 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 under the trust Standard Operating Procedure, source agency Locum cover or agree any other contingency arrangements
- Doctor in Training/SAS Doctor removed from duty as a result of a serious incident

### 2. SCOPE OF POLICY

This policy applies to all Consultant Medical Staff employed by the Trust with substantive or locum contracts of employment and those agency doctors considered to be covered by the Agency Worker Regulations whereby after 12 weeks, basic working and employment conditions for temporary agency workers are no less favourable than if they had been recruited directly by the Trust.

This policy does not apply to: -

- Agency Consultants not covered by the Regulations
- Bank Consultants
- Honorary Consultants

### 3. AIMS & OBJECTIVES

The aim of this document is therefore to:

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

#### **4. EMERGENCY COVER ARRANGEMENTS**

It is 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 Divisions must have in place emergency plans to deal with situations where it may not be possible to operate safely. Such emergency plans may include:

- Identification of alternative cover arrangements using an escalation process:
  - Cover from another Doctor in Training/SAS Doctor within the team
  - Cross cover form another speciality
  - Agency Locum cover
- Reduction of emergency demand following an escalation process:
  - Arrange diversion of emergency patients to alternative site within Trust
  - Arrange diversion of emergency patients to alternative Trust

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

#### **5. MEASURES TO AVOID THE NEED TO PROVIDE COVER**

Doctors in Training/SAS doctors are required to give six weeks notice of any requested leave. Many trainee/SAS doctor participate in rotas which contractually require them to prospectively cover the annual leave and study leave of their colleagues who participate in the same rota. Divisions will have arrangements in place for the management of these rotas, including making sure that the trainee/SAS doctor are aware of their prospective cover commitments. The Divisional Clinical Managers are required to ensure that trainees/SAS doctors know of the local arrangements for booking leave.

Where trainees/SAS doctors 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 it is therefore in the doctors' own interests to give as much notice as possible.

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 trainees/SAS 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 with assistance form HR to start forming contingency plans.

This arrangement should only be used to cover short term unforeseeable absences of the first 72 hours maximum, of a longer term absence. Any such additional hours should be considered in 8 hr (i.e. 2.0 PA) blocks. 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/SAS doctor's hours of duty, which are subject to certain restrictions 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 08:30 – 16:30 Monday to Friday hours. There may also be other absences which are notified outside of normal hours, for example the trainee/SAS 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 out of hour's team will contact internal bank and Locum Medical agencies.

## **6. PROCEDURE FOR REQUESTING A CONSULTANT TO COVER A DOCTOR IN TRAINING/SAS 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.

### During Normal Working Hours

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/SAS doctor taking ill during a period on on-call duty. The request to ask a Consultant to cover a shift will be made by a Divisional Manager or On-call manager and the senior Executive on-call will be informed of this decision as soon as possible and preferably before the start of the cover period.

Consultants will not be required 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

### Out of Hours

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 on a locum basis. If the Consultant who agrees to act down is confident that he or she can cover both roles, these requirements may be waived.

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.

## **7. REMUNERATION AND COMPENSATION FOR PROVIDING COVER**

### Weekdays – Resident Cover between 09.00-17.00

Where a Consultant is on call and the Doctor in Training/SAS 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 themselves as necessary even if it means being resident. The Consultant in this instance would be entitled to payments set out in this policy. If the consultant is only able to arrange for a consultant colleague to cover the absence then the consultant covering the shift will be paid this enhanced rate.

### Weekdays – Resident Cover between 17.00 – 09:00

Where a Consultant provides resident cover for a Doctor in Training/SAS 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 Doctor in Training/SAS 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 Doctor in Training/SAS 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 Doctor in Training/SAS 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 [plus Bank Holiday]. 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

The compensatory time off will be taken at discretion of the dept 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.

## **8. RELATED DOCUMENTS**

Terms and Conditions – Consultants (England) 2003.

## **9. DISSEMINATION**

Policy will be available on the intranet or by request.

## **10. MONITOR AND REVIEW**

Details of the Monitoring Matrix can be seen in Appendix 1.

## **11. POLICY REVIEW**

This policy will be reviewed in October 2019 or earlier by joint agreement between management and staff side or earlier if legislation dictates.

Should there be a delay in the renewal of this policy it will remain in force until superseded.

## Monitoring Matrix

## Appendix 1

Minimum policy requirements to be monitored	Process for monitoring e.g. audit	Responsible Individual/ Committee/Group	Frequency	Responsible Individual/ Committee/Group for review of results	Responsible Individual/ Committee/Group for development of the action plan	Responsible Individual/ Committee/Group for monitoring of the action plan
Acting down payments made in line with policy	Audit of pay claims	Medical Workforce Manager	Annually	People Committee	Medical Workforce Manager	People Committee