

Policy for Medical and Dental Cover for Absent Colleagues

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the Intranet for the latest version.

Purpose of Agreement	This policy outlines the arrangements governing circumstances when consultant medical and dental staff are required to cover for absent colleagues.
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Review Log

Include details of when the document was last reviewed.

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
1	1 st May 2016	Senior Pay and Remuneration Manager	PSG,	<ul style="list-style-type: none">• Summary of policy added• Date of document review changed,• Reference to Associate Director and Clinical Leads amended to Operational Leads and Clinical directors.• Inserted paragraph on Success Criteria/Monitoring Effectiveness• Updated page numbers

Summary of Policy

This policy outlines the circumstances when additional payments will be considered for Consultants who are covering for absent colleagues and the rates of the payments.

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Index

Section	Reason	Page
1	Introduction and Purpose	4
2.	Scope	4
3.	Definitions	4
4.	Excluded Issues	5
5.	Roles and Responsibilities	5
6.	The Process	5
7.	Training	6
8.	Equality Impact Assessment	6
9.	Success Criteria/Monitoring Effectiveness	6
10.	Review	6
11.	Links to other Documents	6
12.	References	6
Appendix A	Equality Impact	7

1 INTRODUCTION AND PURPOSE

- 1.1 This policy outlines the arrangements that exist within Solent NHS Trust when medical and dental Consultants are required to cover for absent colleagues of the same or lower grades.
- 1.2 The Trust is mindful of the impact of out of hours work on personal lives, the need to support a good work/life balance, and also of individual circumstances of consultants where it may prove more difficult for them to provide additional out of hours cover, and will take all relevant factors into account.
- 1.3 The aim will be to allow flexibility, and reach local agreement with all consultants involved in each rota, as far as this is possible whilst still ensuring patient safety. It is essential that there is a consultant available for each service area 24 hours a day, 365 days a year.
- 1.4 All Consultants on the affected rota will have the option to contribute equally to additional out of hours cover when required. However, it may be that not all Consultants are equally able to participate, and it is the responsibility of the medical manager to consult with all involved, take into account individual circumstances and ensure arrangements are acceptable to all parties. No Consultant will be expected to work outside the terms of their contractual commitment, including their job plan.
- 1.5 Consultants are expected to cover for absent colleagues as far as is practicable, however where this is not possible then alternative cover arrangements will be made, for example through the use of locums.

2. SCOPE

- 2.1 This policy applies to all directly employed medical and dental staff working within Solent NHS Trust employed via the terms and conditions of service for Consultant medical and dental staff.

3. DEFINITIONS

3.1 Types of Absence Covered

- 3.1.1 **Planned, long-term absence** - This may include maternity and paternity leave, secondments, sabbaticals, call-up of military reservists or planned periods of prolonged sickness. In such circumstances, the medical manager should make prospective arrangements to cover the duties until the absent colleague is able to return to work.
- 3.1.2 **Unplanned, short-term absence and emergency cover** - It is recognised that there are also unexpected sickness and emergency domestic situations which arise from time to time. In such emergencies, a decision will be made as to the most appropriate way in which to provide cover in the short term.

4. EXCLUDED ISSUES

- 4.1 This policy will not apply under the following circumstances, when:
 - additional work is required as a result of a major incident;
 - a consultant leaves and it is decided not to replace the post, for example as a result of service re-design;
 - normal cover arrangements apply, e.g. to account for study or annual leave; and

- mutual agreements are made between colleagues to undertake their duties.

5. ROLES & RESPONSIBILITIES

- 5.1 The **Chief Executive** has ultimate accountability for the strategic and operational management of the organisation, including ensuring that all policies are adhered to.
- 5.2 The **Assurance Committee** is responsible for approving this policy and ensuring that it represents best practice.
- 5.3 The **Chief Medical Officer, Operational Leads and Clinical Directors** are responsible for ensuring the requirements of this policy are adhered to.
- 5.4 All **consultant medical and dental staff** are responsible for adhering to this policy at all times.

6. THE PROCESS

- 6.1 The Clinical Director or their deputy will determine which duties need to be covered and how this may be achieved in the most effective and efficient way.
- 6.2 In all cases this medical manager will make a risk assessment with regard to the cover arrangements and to determine whether the individual indentified is safe to provide the additional cover - clinically, mentally and physically. If this assessment considers they there is a risk to the individual or patient, for example due to tiredness, if the cover is provided then alternative arrangements must be made.
- 6.3 If there is a clinical need for a Consultant to be called outside of normal hours to provide additional support to the Consultant on-call, the duty senior manager should make contact with other Consultants in the specialty to source suitable cover.
- 6.4 If by undertaking these duties the individual would by mutual agreement be working in excess of the 48 hours working week averaged over a 17 week period, a working time opt out form must be signed.
- 6.5 **Payment rates**
- 6.5.1 **Providing cover at very short notice (less than 4 weeks)**

- It is recognised that being required to provide cover at very short notice is disruptive to personal and family life.
- Consultants may therefore apply to be paid for cover provided for the absence of colleagues where there is less than 4 weeks notice at a rate of £210 per night and £630 per 24 hour period at weekends or bank holidays. This would include telephone advice but not duties which required them to undertake a visit, which would be remunerated at premium rates, or time off taken in lieu calculated in one hourly blocks at the discretion of the consultant. The rates of pay would be uplifted in line with the NHS inflator for medical staff every year following review and agreement at the Doctors and Dentists Negotiating Committee.
- If agreement is reached with all the consultants on a specific rota, an alternative would be for consultants to choose to agree to cover without payment and to have the relevant number of on-call duties deducted from their on-call responsibilities when the next rota is calculated.

6.5.2 Providing cover beyond 4 weeks

- The medical manager will consult with all consultants involved, and the Trust will seek to provide locum cover if agreed. If a consultant agrees to undertake additional on-call duties beyond 4 weeks, they will not receive any additional availability payment unless the rota frequency banding changes. In respect of any actual work done, they are entitled to either additional payment at premium rates or time off in lieu at the discretion of the consultant. Where cover is required beyond 3 months and no locum cover is provided a formal review of the job plan shall be necessary.
- If agreement is reached with all the consultants on a specific rota, an alternative would be for consultants to choose to agree to cover without payment and to have the relevant number of on-call duties deducted from their on-call responsibilities when the next rota is calculated.

7. TRAINING

7.1 No training is required in order to implement this policy

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

8.1 Solent NHS Trust is committed to treating people fairly and equitably regardless of their age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation. An equality impact assessment has been carried out for this policy, which is attached at appendix A, and no significant issues have been identified.

8.2 This policy has also been assessed and meets the requirements of the Mental Capacity Act 2005.

9. SUCCESS CRITERIA/MONITORING EFFECTIVENESS

9.1 The effectiveness of this policy will be monitored via the payroll and the number of locums being employed.

10. REVIEW

10.1 This policy has been subject to consultation with the Doctors and Dentists Negotiating Committee (DDNC) and Medical Advisory Group (MAG). It may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after 3 years or as required following any amendments to national guidance.

11. LINKS TO OTHER DOCUMENTS

N/A

12. REFERENCES

Terms and Conditions for Consultants (England) 2003 as amended.

EQUALITY IMPACT ASSESSMENT

Appendix A

Step 1 – Scoping; identify the policies aims	Answer		
1. What are the main aims and objectives of the document?	It outlines the arrangements governing circumstances when consultant medical and dental staff are required to cover for absent colleagues.		
2. Who will be affected by it?	Medical and dental Consultants		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	It provides a standardised system for remunerating consultant staff who cover for colleagues		
4. What information do you already have on the equality impact of this document?	All staff covered under the Medical and Dental Consultant contract are covered		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	None		
Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document be used unlawfully against any group?		x	This policy applies to all relevant staff
2. Can any group benefit or be excluded?		x	No all relevant staff are covered by this policy
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	Not appropriate
4. Can this actively promote good relations with and between different groups?		x	Not appropriate
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		DDNC, MAG
6. Have you used a variety of different methods of consultation/involvement	x		Email, face to face, telephone
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	NA

If there is no negative impact – end the Impact Assessment here.