

Acting Down Procedure for Consultant & SAS Doctors

Date	Version	
November 2014	V5.2	
Purpose		
To set out the conditions under which additional payments will be paid to Senior Doctors in situations where a Senior Doctor, normally as a result of an emergency or crisis, are asked to undertake duties usually performed by a junior member of the Medical and Dental staff		
Who should read this document?		
All Senior Medical and Dental Staff All Managers		
Key messages		
This procedure should only be invoked once the Trust's cover arrangements have been exhausted. It includes those situations when an On-call Manager has been unable to obtain appropriate cover.		
Accountabilities		
Production	Medical Workforce Business Partner	
Review and approval	Medical Staff Panel	
Ratification	Director of HR & OD	
Dissemination	Medical Workforce Office	
Compliance	Medical Workforce Office	
Links to other policies and procedures		
Version History		
Draft 4.1	12 July 07	Medical Staff Panel
Draft 4.2	01 July 09	Reformatted, EIA, Dissemination Plan and Checklist included
5	November 14	Procedure updated and reviewed
5.1	November 18	Extended to April 2019 by HR SMT
5.2	August 2019	Extended to April 2020 by Louise Tate
Last Approval		Due for Review
November 2014		Extended to April 2020

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on StaffNet Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

This agreement sets out the conditions under which additional payments will be paid to Senior doctors in situations where a Senior doctor, normally as a result of an emergency or crisis, is asked to undertake duties usually performed by a junior member of the Medical and Dental staff. It does not apply to duties which a Senior doctor undertakes as part of his/her normal workload, but those which a more junior member of the medical staff may be competent and able to undertake.

2 Application

- 2.1 This procedure should only be invoked once the Trust's cover arrangements have been exhausted. It includes those situations when an On-call Manager has been unable to obtain appropriate cover.
- 2.2 The request to ask a member of the Senior medical and dental staff to act down during normal working hours, will be made by the Service Line Director for that specialty. During out of hours and bank holidays the request will be made by the Executive Director On-Call. The Senior doctor being asked to "act down" will normally be the Senior doctor rostered to be on-call for the specialty concerned.
- 2.3 It is the responsibility of the Senior doctor On-Call for the specialty concerned to decide whether or not the department concerned can continue to operate safely.
- 2.4 It is recognised that a decision to close or restrict the work of a department must take account of the implications for the patients and staff concerned, the knock on effect on other specialties and the neighbouring Trusts. The Senior doctor must make an assessment of his/her own ability to provide safe cover. If the impact or risk of closing a department to new patients is greater than keeping a department open, then it cannot be closed.
- 2.5 If potential problems are identified during normal working hours and an alternative being considered is the closure of a department, then this must be discussed with the Service Line Director, Care Group Director, Medical Director, Deputy Chief Executive and the decision recorded in writing by way of an incident form.
- 2.6 Where such a decision is required out of normal hours the Senior doctor On Call will communicate with the Executive Director On Call. Wherever possible the views of the Service Line Director, Care Group Director, Medical Director, Deputy Chief Executive will be sought. The decision will be recorded in writing in the form of an incident report.
- 2.7 Where a Senior doctor agrees to act down to cover a junior member of staff out of hours, arrangements will be made for another Senior doctor of the same specialty to provide further Senior doctor cover as necessary. Only if the Senior doctor who agrees to act down is confident that they may cover both roles, should this requirement be waived.
- 2.8 These arrangements will not contribute towards private practice. The payments will not be superannuable, but are taxable.

- 3.1 Senior doctor on call from home required to cover a trainee who is on call from home
- a. When a Senior doctor acts down for a period between 5pm - 8am, at any time during the weekend or a Bank Holiday, is on-call from home and is not required to come into work, s/he will be entitled to be paid their normal basic PA rate for the period of cover. (Basic rate includes incremental progression but not CEA awards)
 - b. When a Senior doctor acts down for a period between 5pm - 8am or at any time during the weekend,

is on-call from home and is required to come into work

s/he will be entitled to be paid their normal basic PA rate (as above) for the period of cover and be entitled to compensatory rest for rest not achieved under the Working Time Regulations. This time is to be taken as soon as practicably possible.
 - c. Telephone calls taken between 6am and up to 8pm to be calculated at a minimum of 15 minutes per call and calls taken after 8pm and up to 6am to be calculated at a minimum of 30 minutes per call. All to be remunerated at normal basic PA (as above) rate.
 - d. If required to come into hospital travel time will be paid at Senior Doctor's basic pay rate.
 - d. If on-call from home and has spent more than 3 hours, including travelling time, at the hospital after midnight s/he will be entitled to have his/her clinical session cancelled the next day in the interest of patient safety.
 - e. The amount of time is calculated in PA's
- 3.2 Senior doctor required to cover a trainee on a full shift rota
- a. Remuneration will be at their normal basic PA rate (as above) for time covered, plus time back, calculated in PAs.*
 - b. Remuneration is in addition to job planned remuneration for the period of cover.
 - c. It is not expected that any clinical work be delivered either the day the "acting down" occurs or the day after, if covering a night shift.
 - d. There is no requirement to re-provide DCC or SPA time that is lost the day before or the day after acting down over night.
 - e. Time back should be taken within six months, if possible, but may be taken later than this by mutual agreement with the service line.
 - f. There is no contractual obligation to cover a trainee if the absence is predicted more than 72 hours in advance.

- g. Time back may be taken instead of payment by mutual agreement*.

*If acting down occurred between 7pm and 7am, at any time over the weekend or at a Bank Holiday, it will be remunerated at premium PA rates.

- 3.3. It is recognised that circumstances may indicate that an appropriate mixture of time back and extra remuneration should be agreed.
- 3.4. Following the period of acting down, the Senior doctor must complete the appropriate claim form for reimbursement and submit to their Service Line Director / Service Line Manager to then be sent directly to Payroll (Plymouth Finance Shared Services).
- 3.5. If a Senior doctor is required to cover the absence of another Senior doctor who is "acting down" they will be remunerated using the covering absent colleagues policy.

5 Overall Responsibility for the document

Director of HR and Organisational Development

6 Consultation and ratification

The Medical Staff Panel will be consulted and the document will be ratified by the Director of HR and Organisational Development.

7 Dissemination and Implementation

This document is published on the Trust Document Network Share Folder. The Clinical Information Systems Governance Manager is responsible for holding and maintaining a master file containing a register and a signed copy of the policy and corresponding Equality Impact Assessment.

The Clinical Information Systems Governance Manager will ensure that old versions of the policy are archived in the archive master file. Access to archived documents will be through the Clinical Information Systems Governance Manager

The Clinical Information Systems Governance Manager will issue the policy numbers and maintain an index that will include the document's title, policy number and version, owner, issue date and next review date.

The approvals are indicated by the front sheet of the document as is the version control.

Following approval and ratification by the above group, this policy is being rolled out across the Trust.

Publication of this policy has been publicised in Vital Signs, the Trust's weekly staff news briefing. All Directorate Managers will have had the policy sent to them and it is available electronically on the Trust Document Network Share Folder.

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

Approval of Acting Down Procedure for Consultants

Committee Approval: Medical Staff Panel

Medical Director

Name:

Date:

Signature:

Chair of LNC

Name:

Date:

Signature:

Executive Approval:

Director of HR & OD

Name:

Date:

Signature: