

## Remuneration for Additional Clinical Work Procedure

Date	Version
July 2013	6.4

**Purpose**

This agreement sets out the conditions under which additional payments will be paid to senior doctors who have fulfilled their normal contractual NHS obligations and who are requested to undertake voluntary additional NHS clinical activity over and above that agreed in their job plan

**Who should read this document?**

All Senior medical and dental staff  
All managers

**Key messages**

These arrangements will apply to all senior doctors who are employed on a whole time or maximum part-time basis by Plymouth Hospitals NHS Trust, e.g. Consultants, Associate Specialists, Staff Grade / Specialty doctors, Hospital Practitioners and Clinical Assistants, in exceptional circumstances SpRs; the rate of remuneration relevant to each grade will apply across all specialties.

These arrangements will apply to all additional clinical activity as defined herein and shall include any additional administrative work associated therewith. It is not intended that these arrangements should apply to payments for additional non-clinical work, e.g. management responsibilities.

**Accountabilities**

<b>Production</b>	Martyn West LNC Chair Medical Workforce Business Partner
<b>Review and approval</b>	Medical Staff Panel
<b>Ratification</b>	Director of HR & OD
<b>Dissemination</b>	Medical Workforce Office
<b>Compliance</b>	Medical Workforce Office

**Links to other policies and procedures****Version History**

5.1	March 2011	Trust Commitment to Valuing People amended in line with the Equality Act 2010 Electronic policy paths updated
5.2	June 2011	Review date extended
6.1	November 2018	Extended to April 2019 by HR SMT
6.2	August 2019	Extended to April 2020 by Louise Tate

6.3	September 2020	Extended to April 2021
6.4	June 2021	Extended to December 2021
<b>Last Approval</b>		<b>Due for Review</b>
19 <sup>th</sup> September 2013		Extended to December 2021

*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 the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.**

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This agreement sets out the conditions under which additional payments will be paid to senior doctors who have fulfilled their normal contractual NHS obligations and who are requested to undertake voluntary additional NHS clinical activity over and above that agreed in their job plan.

## 2 Conditions and Principles

- 2.1 The additional clinical work will be temporary and will be undertaken on a voluntary basis and other than in exceptional circumstances, will not be undertaken when the doctor is on-call for emergencies. Any doctor, for any reason, not wishing to undertake additional clinical work will not be discriminated against in any way.
- 2.2 These arrangements will not contribute towards private practice earnings and thus, would not be taken into consideration when applying the 10% rule – applicable to all associate specialists and consultants remaining on the old contract.
- 2.3 Continuation of additional clinical work will be subject to mutual agreement between the individual doctor and the Trust.
- 2.4 If a practitioner chooses to take time off in lieu, i.e. timeshift rather than receiving an extra payment, then this will be at the rate of one half day for each PA, or NHD, or session worked as extra clinical work, or part thereof. This should be agreed between the practitioner and the service line management in advance of the actual work being undertaken. The service line management will ensure that the practitioner's leave is amended appropriately. The leave must be taken within 26 weeks. This arrangement is intended to be flexible and should not be used as a substitute for renegotiating or annualising job plans.
- 2.5 The circumstances where additional fixed clinical work may be agreed to be undertaken, will typically include covering the absence of a colleague or a vacancy (this could include a post which the Trust believes is necessary, but to which an individual has yet to be appointed and all reasonable endeavours are being made to fill the post). Additional work may also be agreed in order to reduce waiting times or to maintain the Trust's waiting time targets.
- 2.6 Where a senior doctor undertakes clinical activity in lieu of other timetabled activity the Service Line Director needs to be satisfied that this will be re-provided.
- 2.7 It would be expected that, before additional sessional claims are submitted, that the opportunities for temporary changes to job plans to incorporate this additional clinical work had been exhausted (unless the additional clinical work is being provided through time shifting SPA activity as per para 2.4 above, in accordance with National Terms and Conditions.)
- 2.8 Doctors will not normally undertake more than an average of 26 additional sessions of clinical work in any 6 month period where such work is performed in day time hours between Monday and Friday. Additional work undertaken outside these hours will not be subject to these restrictions, but should not be excessive and should take account of the EWTD.
- 2.9 The need to provide adequate resources to support the doctor when s/he is undertaking additional clinical work and the potential impact upon clinical support services (such as imaging and pathology) must be considered by the Trust when making arrangements for additional clinical work. Where it is agreed that this resulted in additional clinical work, the extent of this will be assessed retrospectively and for medical staff, additional appropriate payments will be made by applying the payment rates set out below on a pro-rata hourly basis.
- 2.10 In circumstances where the Trust requires additional capacity, junior doctors may wish to perform additional work over and above their contracted hours and intensity on a voluntary basis providing they are not on-call. **Service Lines must demonstrate before the work is undertaken that the hours worked will not affect their banding and intensity.**
- 2.11 Specialty doctors and non standard grades should be supervised by their Consultant at a level set by their consultant and to the same extent as during the working week. Associate

Specialists remain accountable to a named consultant as per their routine work practice. The availability of that Consultant should be clearly defined.

### 3 Definitions

- 3.1 For the purpose of this agreement only, for each episode of operative extra clinical work the practitioner will agree in advance in writing with the Service Line Director / Service Line Manager the amount of pre-operative and post-operative work that will be required in that episode. It is recognised that some of the routine post-operative work may take place the following day.
- 3.2 For each episode of out-patient type extra clinical work, the duties will include the routine administration and correspondence consequent upon the clinic which will be agreed similarly.
- 3.3 Each episode of clinical work is remunerated at an hourly rate to the nearest half hour with a minimum of 3 hours.

### 4 Duties

It is every Service Line Cluster Manager's responsibility to ensure that capacity plans are completed in advance and maximum contracted capacity within senior doctors' job plans and other resources is utilised and therefore any additional sessions are minimised. All rotas must be completed at least 6 weeks in advance and the planning of annual leave must be scheduled to ensure that minimum staffing levels are in place at all times and timetabled clinical capacity sessions are scheduled.

***Any additional clinical capacity sessions (generally Waiting list initiative sessions) carried out by Service Lines must have prior approval.***

A 'Request for Additional Clinical Session' form should be completed. (Appendix 1) This form identifies the reason and purpose of the session, the number of patients planned and where applicable any additional resources required to carry out the session.

Details of how the clinical staffing requirements of these sessions are to be arranged must be given. Where sessions are provided and payments claimed within existing Planned Activity time this activity must be re-provided. Details of how and when this time will be rescheduled must be included on the request form.

***The forms must be completed by the Service Line Cluster Manager and be approved by***

***1. The Service Line Director***

***2. The Executive Review Panel***

All forms that require approval from the Executive Review Panel should be e-mailed to *plh-tr.ExecutiveReviewPanel@nhs.net* (address can be found in the nhs.net global address book) by 2pm on a Monday for review on Tuesday. Hard copies must be marked for the attention of the Executive Review Panel and sent to the Finance department.

If urgent approval is required then approval from the Director of Finance or Chief Operating Officer must be obtained. For very short notice cover then retrospective approval must be obtained.

***Once approved, an ID number will be issued which must be used on all the associated claim forms for the additional session payments.***

Clinicians claim payments for additional session by completing an 'Additional Activity/Sessional Claim form'.

***These must be completed fully and then authorised by the Service Line Manager or Director.***

All forms must be rigorously checked to ensure they are correct:

- An approval ID number is included
- Times of sessions are correct
- No other payment has been awarded for this period under existing contract terms (job plan).
- Correct rates are used
- Calculations are correct
- Correct breaks have been taken and are not paid

Once completed and authorised the forms should be sent to the Finance Department. If not correctly completed then the forms will be returned to the originator.

Forms must be received by the 1<sup>st</sup> of the month to ensure processing time for them to be paid in that month's pay.

A reconciliation will be carried out between the sessions approved and the payment claims received. Any payment claims not covered by the approved request form will not be paid.

***All claims must be submitted within one month of the session date or alternatively must be submitted within two months of the session date or agreed reconciliation period, whichever is the later.***

## **5 Key elements**

- 5.1 Service Line Directors will ensure that all senior doctors within their Service Lines have equal opportunity to participate in these arrangements and that any additional work is allocated on an equitable basis.
- 5.2 The arrangements will be monitored and audited on an ongoing basis by the Trust and the details will be made available to the LNC and HMSC on a quarterly basis.

### **Emergency or Urgent Work for the ISTC**

- 5.3 The Trust has agreed to provide clinical services for the ISTC to cover emergency or urgent referrals. If the referral requires a visit to the ISTC then this policy is used to reimburse the consultant for this work. The minimum duration of work of 3 hours applies for this work, in other words a visit to the ISTC to see a patient will receive a minimum of 3 hours payment.
- 5.4 Each and every visit to the ISTC will incur the same minimum 3-hour charge for services.
- 5.5 If the consultant needs to be covered for his/her work on the Derriford site in order to visit the ISTC then the consultant providing the cover will also be reimbursed using this policy.
- 5.6 Doctors in training should not be involved in these arrangements.

## 5.7 Rate of Remuneration

The Trust has an expectation that additional work will be carried out during daytime hours. If work is offered to Consultants at these times but the Consultant is unable to carry out the clinical work due to other Direct Clinical Care Programmed activities in working hours, then the work may be offered out of hours.

For additional work performed during day time and out of hours, payment shall be as follows per session:-

1. A consultant undertaking a package of additional clinical work will be paid £90 per hour x minimum of 3 hours work = £270.
2. An Associate Specialist undertaking a package of additional clinical work will be paid £90 per hour x minimum of 3 hours work = £270.
3. A Staff Grade/ Specialty Doctor undertaking a package of additional clinical work will be paid £90 per hour x minimum of 3 hours work = £270.
4. A Hospital Practitioner or Clinical Assistant undertaking a package of additional clinical work will be paid £90 per hour x minimum of 3 hours work = £270.
5. An SpR undertaking a package of additional clinical work will be paid £90 per hour x minimum of 3 hours work = £270.

Payments made under the terms of this agreement are not superannuable.

## 6 Overall Responsibility for the document

Director of HR and Organisational Development.

## 7 Consultation and ratification

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

## 8 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.

# PLYMOUTH HOSPITALS NHS TRUST

## REQUEST FOR ADDITIONAL CLINICAL SESSION

Please complete this form in BLOCK CAPITALS

VERSION 1 (JUNE 2013)

<b>Service Line:</b>	<b>Request type:</b>  Additional Capacity / WLI / Covering absent colleague/Acting down
<b>Reason for additional session/capacity:</b>	
<b>Clinical Staffing arrangements: (Please include details of any rescheduling of PA time required)</b>	

Session Dates	Day of week	Time of activity

<b><u>For Additional Sessions /WLI</u></b>	<b>Type of session: e.g. OP, Theatre, MRI, Reporting etc</b>	
<b>Planned Lead Clinician:</b>	<b>Diagnostic/Support services informed: Yes / No</b>	<b>No. of patients planned:</b>
<b>Other resources required to support this request: (e.g. theatre staff, anaesthetists etc.)</b>		
<b>Staffing (Grade/Band/WTE)</b>	<b>Department</b>	<b>Hours / Sessions</b>


***For completion by Service Line Director***

**I have checked and am satisfied that it is not possible to deliver the target referred to above from within my planned capacity. The additional activity requested will be delivered in the most cost effective manner possible and any rescheduled time reprovided.**

Service Line Director Signature:	Print Name:	Date:

***For completion by Executive Review Panel***

<b>Activity Approved / Declined</b> <b>Reason:</b>	<b>Approval Code (To be used on Claim Forms)</b>

Authorising Signature :	Print Name:	Date:

**EXPLANATORY NOTES ON THE COMPLETION OF THIS FORM**

<b>REQUEST TYPE</b>	<p><b>Additional Capacity – Additional theatre slots or clinics requested – Temporary additional clinical work IAW TRW HUM POL 178/5</b></p> <p><b>Waiting list initiatives.</b></p> <p><b>Cover – Consultant cover for absent colleagues IAW TRW HUM POL 180/7.</b></p> <p><b>Acting down – Cover by Consultants and Associate Specialist IAW TRW HUM PRO 92/4.</b></p>
<b>REASON FOR ADDITIONAL ACTIVITY</b>	<p><b>Please complete indicating target the activity is designed to address e.g. Cancer (2 week, 31 day, 62 day), 2 week rapid access, 18 week RTT, Diagnostic. Include brief background info on current state of target e.g. nos breaching, longest waits, etc.</b></p> <p><b>If covering or acting down please give details of circumstances.</b></p>
<b>CLINICAL STAFFING</b>	<p><b>Please provide details of how the Clinical Staffing requirements will be provided. For example if it is to be made up of out of hour working or if provided within existing PA time. Please include details of any rescheduling of PA time required and state how and when this time will be rescheduled.</b></p>
<b>SESSION DATE</b>	<p><b>Enter date of planned session(s).</b></p>
<b>TIME OF ACTIVITY</b>	<p><b>The planned start time of the activity must be completed, if a 24 hour clock is not used please state AM or PM.</b></p>
<b>TYPE OF SESSION</b>	<p><b>Enter the activity type (TH, OP, CT, MRI, US, PF, IR, CP, etc.), location, or the theatre number or the code of the outpatient clinic.</b></p>
<b>PLANNED LEAD CLINICIAN</b>	<p><b>Enter the name of the lead Clinician who it is planned will undertake the additional activity.</b></p>
<b>DIAGNOSTIC/SUPPORT SERVICES INFORMED</b>	<p><b>Other relevant Diagnostic and Support Services e.g. Imaging, Pathology, SDU have been informed (Yes / No)</b></p>
<b>OTHER RESOURCES REQUIRED TO SUPPORT THIS REQUEST</b>	<p><b>Identify any other resources required to support the request e.g. Theatre team (please detail the full team including anaesthetist), clinic nurses, admin &amp; clerical staff, medical secretary, SDU, Recovery, Pre-Op, Diagnostics etc.</b></p>
<b>APPROVAL CODE</b>	<p><b>Once approved the Finance department is to enter the approval code. This is to be quoted on all individual claim forms related to the approved activity.</b></p>

IF THIS FORM IS INCOMPLETE / INCORRECT WHEN SUBMITTED, IT WILL BE RETURNED AND AUTHORISATION MAY BE DELAYED.

<b>Core Information</b>				
<b>Document Title</b>	Remuneration for Additional Clinical Work			
<b>Date Finalised</b>				
<b>Dissemination Lead</b>	Medical Workforce Business Partner			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	no			
<b>Action to retrieve old copies.</b>				
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
Senior Medical & Dental Staff		Electronic	Medical Workforce Business Partner	
Care Group Directors Service Line Directors/Managers		Electronic	Vital signs	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
<b>Content</b>	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
<b>Approval</b>	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

**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: