

POLICY ON CONSULTANTS COVERING FOR SHORT TERM AND UNPLANNED ABSENCES OF TRAINEE DOCTORS

Approved By:	Policy and Guideline Committee
Date of Original Approval:	21 December 2009
Trust Reference:	B45/2009
Version:	3
Supersedes:	2 - 2015
Trust Lead:	Kathryn Leavesley, HR Business Partner
Board Director Lead:	Hazel Wyton, Director of People and OD Andrew Furlong, Medical Director
Date of Latest Approval	17 May 2019 – Policy and Guideline Committee
Next Review Date:	November 2023 6 month extension granted at PGC 19/05/23

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	3
3	Definitions and Abbreviations	3
4	Roles	3
5	Policy Implementation and Associated Documents	4 to 7
6	Education and Training	7
7	Process for Monitoring Compliance	7
8	Equality Impact Assessment	7
9	Supporting references, evidence base and related policies	7
10	Process for Version Control, Document Archiving and Review	7

Appendices		Page
1	Protocol for covering short term unplanned absences	8
2	Acting Down by Consultant Medical and Dental Staff Proforma	9

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

The policy has been reviewed and main changes include the following;

Revised roles and responsibilities of the policy users, reorganisation of the policy in order to firstly state 'measures to avoid acting down' split into planning for long term absences and then short term need for acting down.

A protocol and proforma for the governance of acting down cover arrangements.

KEY WORDS

Acting Down, trainee doctors, junior doctors administrator,

1 INTRODUCTION AND OVERVIEW

- 1.1 This policy is designed to support consultants, when in exceptional circumstances and as a last resort a consultant is requested, at short notice, to provide out of hours cover for absent trainee doctors over and above the normal trainee prospective cover arrangements.
- 1.2 The aim of the document is to set out the circumstances when consultants, by exception, are requested to act down to cover trainee doctors, the process that should be followed and the recompense made for acting down duties undertaken.
- 1.3 Cover for absent trainee doctors is over and above the consultants contractual duties and while no contractual duty is present, it is noted that under the Terms and Conditions of Service for consultants (England) 2003 a consultant has continuing clinical and professional responsibility for patients admitted under his or her care.
- 1.4 Whilst there is no contractual requirement on a consultant to provide last minute cover out of hours for an absent trainee doctor and this is at the discretion of the individual concerned at the time of request, this policy is designed to support a consultant in their ethical and professional duty to ensure continuity of service provision in emergency 'acting down' situations.
- 1.5 The purpose of this policy is to support consultants in describing a framework for how cover normally operates in the Trust and to set out the means of reimbursement and other arrangements that will apply in the exceptional circumstances when a consultant may be required to provide cover for trainee doctors.
- 1.6 It is expected that in order to apply this policy an email is sent by the JDA/Duty Manager to the relevant CMG Director detailing the measures that have been actively pursued before this policy is enacted. It is also expected that individuals should not be requested by the CMG to 'act down' more than once in every 3 month period.

2 POLICY SCOPE

- 2.1 This procedure relates to all consultant medical staff of the University Hospitals of Leicester NHS Trust. It also applies to those working on honorary consultant contracts at the Trust whilst substantively employed by the University.

3 DEFINITIONS AND ABBREVIATIONS

JDA Junior Doctor's Administrator

HoS Head of Service

GM General Manager

CD Clinical Director

HoO Head of Operations

4 ROLES

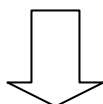
- 4.1 The Executive Lead for this Policy and Procedure is the Medical Director.
- 4.2 **Clinical Management Group Directors (CD)/ Head of Operations (HoO)** have responsibility for ensuring that occurrences for use of this policy are exceptional and other measures have been actively pursued before acting down is undertaken.

- 4.3 **Heads of Service (HOS) / General Managers (GM)** have responsibility for agreeing arrangements in line with this policy and time taken back is applied, similarly to booking annual leave. (In the case of Heads of Service, approval is sought from the CMG Director).
- 4.4 **Consultants** have a responsibility to ensure that any acting down is undertaken in line with this policy.
- 4.5 **Junior Doctors Administrators (JDA)** has responsibility for co-ordinating and communicating trainee doctors cover arrangements in each speciality area.

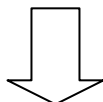
5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Quick Reference Flow Chart for the Process of Acting Down

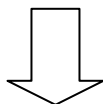
Absence notified by Junior Doctor to JDA/line manager, gap identified for cover in the rota.



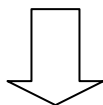
JDA to follow appendix 1 protocol for covering absence and identify suitable cover arrangements, complete the checklist as specified.



Where suitable cover arrangements are not identified the JDA should escalate this to the HoS/ GM to identify cover or organise for Consultant Acting Down.



Appendix 2 Acting Down by Consultant proforma completed by the Consultant Acting Down and signed off by the HoS/GM and submitted together with Appendix 1 to the CD.



CD to monitor the usage of Acting Down within the CMG.

5.2 Implementation of the Policy

- 5.2.1 This policy and procedure is to be implemented when Consultants are required to cover for trainee doctors short and unplanned absences.
- 5.2.2 Appendix 1 Protocol for covering short term unplanned absences should be invoked prior to acting down of a senior medical staff member is agreed. The protocol provides a checklist of required actions to be taken before acting down is agreed.
- 5.2.3 Appendix 2 Acting Down by Consultant Proforma should be invoked where all other options have been exhausted and acting down is required. This form must be completed by the Consultant acting down and by their line manager. The form should be authorised by the Clinical Director and audited for effective service delivery. A review of usage should be carried out as a minimum quartly.

5.3. CONSULTANTS COVERING FOR SHORT TERM AND UNPLANNED ABSENCES OF JUNIOR DOCTORS IN TRAINING

5.3.1 Arrangements for covering different types of leave taken by trainee doctors.

5.3.12 The normal arrangements for covering different types of leave for trainee doctors are arranged through the relevant CMG Junior Doctors Administrator (JDA) in each specialty area.

5.3.13 Consultants are usually requested to 'act down' due to a shortage of absence of junior trainee staff. The majority of absences or shortages should be known well in advance. Trainee doctors are required to provide six weeks' notice of any requested leave. Trainee doctors are contractually required to provide cover for annual leave and study leave for their colleagues who participate in the same rota. CMG's should ensure that they have arrangements in place for the management of these rota's, including making sure that the trainee doctors are aware of their prospective cover commitments which include careful scrutiny of the rota.

5.3.2 The following should be implemented for notice of agreed leave:

- Study, professional and annual leave – normal prospective cover arrangements apply.
- Post vacancy or maternity leave – Recruitment will be undertaken by HR Recruitment Services where advertising/recruitment process is required. For short term gaps locum cover will be sought by the relevant JDA in conjunction with the HoS and General Manager.
- Short Term/Long Term sickness / Unforeseen Absences – For Short Term cover requirements all usual internal sources should be fully explored, including other trainee colleagues, possible rota swaps, shift extensions etc. Additionally, where this is unsuccessful vacancies will be placed with external locum agency providers. A consultant being asked to 'act down' should be seen as a last resort. Locum cover is sought by the relevant JDA in the specialty area, through the central locum bank. Where advertising is a requirement e.g. longer term absence this is co-ordinated through HR Recruitment Services.

5.4 Measure to avoid 'Acting Down'

5.4.1 CMG's should ensure that trainee doctors are fully aware of the procedures for reporting sickness absences, who they should report their sickness to and the need for absences to be reported at the earliest opportunity. Sickness absence should be managed in accordance with the Management of Sickness Absence policy and procedure.

5.4.2 During normal working hours the CMG (usually the Junior Doctors Administrator) will make every effort to cover absences of trainee doctors to ensure safe levels of medical cover. Outside normal working hours, the on-call manager will be the focal point and will have taken every action possible to attempt to cover the shortfall.

5.4.3 They will also take into account patient safety, levels of speciality interest and experience of existing staff in deciding whether it is appropriate in asking the on-call consultant to become resident on site. Where possible the consultant requested to 'act down' will not be the on-call consultant. Additionally, it is necessary to first consider those who may not have clinical activity scheduled as part of their job plan.

5.4.5 The Trust is committed to ensuring effective cover arrangements for trainee doctors and will always seek to secure locum medical staff to cover in line with section 6.2 unexpected absences if at all possible.

5.5 Procedure for covering for absence and invoking acting down to maintain services.

5.5.1 Initially the JDA/coordinator should follow stage 1 of the protocol for covering short-term unplanned absences (appendix 1). All usual internal sources should be fully explored, including other trainee colleagues, possible rota swaps, shift extensions, the use of flexible PA's and locum cover.

5.5.2 Where cover is not identified the Head of Service/General Manager should undertake stage 2 of the protocol and review actions taken by the JDA/Coordinator at stage 1 to identify if there are any further considerations to be made to organise cover arrangements. Only where all possibilities for cover have been exhausted should 'Acting Down' be arranged.

5.5.3 Once arrangements have been made for acting down the covering Consultant should complete the Acting Down by Consultant Medical and Dental Staff Proforma (Appendix 2) and this should be signed off accordingly and submitted to the Clinical Director for final sign off and monitoring.

5.5.4 The Trust recognises that it is not an appropriate use of consultant time if they have to cover for trainee doctors and that this should be avoided except in the most extreme circumstances and only when all other cover arrangements have failed.

5.5.5 Wherever possible and appropriate with the agreement of the CMG Clinical Director / Head of Service or Head of Operations / General Manager, the Consultant will be supported to allow a return to home for a rest period prior to returning to the hospital in the acting down capacity.

5.5.6 In the event of a Consultant being asked to be 'act down' and cover trainee doctor duties in the hospital, their clinical commitments may require delegation or rescheduling and a second consultant should cover the consultant on-call from home as required. In other circumstances, the Consultant may be asked to provide non-resident first on callcover.

5.5.7 The Consultant will be entitled to compensatory rest in accordance with the Working Time Directive. Compensatory rest should normally be taken immediately after the duty and is calculated on a time for time basis. (I.e. unpaid or deducted from additional ratepaid)

5.6 Recompense for 'acting down' duties

5.6.1 Recompense for 'acting down' duties will be remunerated as follows:

- a) Time back in lieu for number of hours actually worked. This will be given back at a double time rate. Wherever possible, time should be taken back within 6 weeks of the duty period or alternatively within the leave year it occurs.

If the time is not taken at the end of the leave year in which it occurs it may be either paid or carried over by agreement. Agreement must be reached with the Clinical Director / Head of Service or Head of Operations / General Manager as to how this time should be taken back or remunerated.

OR

- b) Time spent in 'acting down' capacity will be remunerated at a minimum x2 of the Consultant's individual daily hourly rate. Time will be calculated to the nearest 15 minutes.

5.6.2 The Local Allowance process may be used to agree rates over and above those specified in this policy. This policy is intended for 'exceptional' use only. Every effort should be made by CMG's to secure locum cover and fill any trainee gaps through other means. Where usage of the policy occurs regularly, proactive work force planning within CMGs should actively seek solutions to address shortage areas.

6. EDUCATION AND TRAINING REQUIREMENTS

6.1 There are no specific education and training requirements for this policy and procedure.

7. PROCESS FOR MONITORING COMPLIANCE

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Acting down usage	Clinical Director	Monitor the usage of Acting Down within the CMG	Monthly	Reporting arrangements to the CMG Board
Protocol and Proforma	Head of Operations	To review to proforma's submitted	Monthly	Reporting arrangements to the CMG Board
Acting down audits	Clinical Director	Actions taken to minimise Acting Down	Monthly	Reporting arrangements to the CMG Board

- 7.1 The use of Acting Down should be monitored on a monthly basis by the CMG and reported to the CMG board for confirm and challenge.
- 7.2 Line managers should ensure staff absences are managed in accordance with Trust policy.
- 7.3 The CMG should ensure compliance with the policy and that the protocol and proforma is completed.
- 7.4 The Clinical Director should ensure the use of acting down is monitored and audited and any actions are put in place to minimise the use of acting down.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- 9.1 The special leave policy should be referred to when considering leave of absence. The management of sickness absence policy and procedure should be used in order to manage staff sickness absences.
- 9.2 Please refer to the Trust's Special Leave UHL Policy A18/2002 and Sickness Management Policy and Procedure B29/2006

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

PROTOCOL FOR COVERING SHORT TERM UNPLANNED ABSENCES

The following steps should be carefully followed in order to provide cover arrangements for unplanned absences. The protocol should act as checklist and a copy to be used for escalation to the next stage.

CMG.....Date/time cover required.....

Date JDA/coordinator notified of the absence..... Cover required for.....

JDA/Coordinator seeking cover..... Head of Service/General Manager.....

Stage	Action taken	By Whom
1	<p>Suitable cover arrangements have been organised and coordinated through the following:</p> <p>Contact trainee colleagues 'Reserve on call' trainee <input type="checkbox"/> Shift extensions <input type="checkbox"/></p> <p>Possible Rota swaps <input type="checkbox"/> Flexible PA's <input type="checkbox"/></p> <p>Non-clinical shift swap <input type="checkbox"/> Locum cover <input type="checkbox"/></p> <p>Other</p>	<p>JDA/ coordinator</p> <p>Initialled</p> <p>Dated.....</p>
Unable to organise cover arrangements escalate to Stage 2		
2	<p>Review the Rota to identify where cover arrangements can be made <input type="checkbox"/></p> <p>Review attempts made to cover the shift <input type="checkbox"/></p> <p>Locum cover arranged <input type="checkbox"/></p> <p>Identify suitable acting down cover arrangement <input type="checkbox"/></p> <p>Consultant to complete Acting Down proforma and sign off by HoS <input type="checkbox"/></p>	<p>Head of Service/General Manager</p> <p>Initialled</p> <p>Dated.....</p>
Submit proforma to Clinical Director		
3	<p>Review the attempts made to cover acting down and identify any local actions required for future minimization of acting down <input type="checkbox"/></p> <p>Review Acting Down proforma <input type="checkbox"/></p>	<p>Clinical Director/ Deputy Clinical Director</p> <p>Initialled</p> <p>Dated.....</p>

A copy of this form should be submitted together with appendix 2 Acting Down by Consultant Proforma and held centrally within the CMG for audit purposes.

ACTING DOWN BY CONSULTANT MEDICAL AND DENTAL STAFF PROFORMA

This form should be completed where acting down cover is required by the Consultant covering the Acting Down and authorised by their Head of Service or the General Manager.

Name	CMG
------	-----

Date of cover :

Times of Duties undertaken:

Number of Hours resident in the Hospital: Reason: Nature of duties:	Number of Hours on-call: Reason: Nature of duties:
-----------------------------------------------------------------------------------	------------------------------------------------------------------

Name and grade of person unavailable:
(i.e. person whose duties are being covered)

Details of attempts made for cover:

(protocol checklist attached)

Other staff on-call during this period:

Arrangements made for remuneration/Time off in Lieu:

Consultant Signed.....

Head of Service Signed.....

Clinical Director..... Signed.....

Date.....