

Acting Down for Consultants and Career Grade Medical and Dental Staff Policy

V4.0

August 2019

Summary

This policy outlines the process required in situations where Consultants and Career Grade Medical and Dental staff are required to fulfil the role and responsibilities (act down) of a doctor at a lower grade than at which they would normally operate.

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team rch-tr.infogov@nhs.net

1. Introduction

1.1. 'Acting down' is the term used to refer to situations where a consultant/career grade doctor (eg associate specialist, specialty doctor) or dentist, normally as a result of an emergency or crisis, is required to undertake duties usually performed by a junior member of medical or dental staff.

1.2. It is recognised by the Trust that the implementation of 'acting down' arrangements by a consultant or career grade doctor should be the last resort and other alternatives to seek cover should first be considered from within the Speciality.

1.3. It does not apply to duties which a consultant or career grade doctor undertakes as part of his/her normal workload but those which a more junior member of medical staff may be competent and able to undertake.

1.4. 'Acting down' should be the exception rather than the rule and all attempts to avoid the necessity for it should be made (ie by seeking cover in the first instance from within the speciality, through internal locums and by the timely approach of locum agencies).

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The aim of the policy is to outline the conditions under which compensation and additional payments will be made to consultants/SAS doctors in respect of the exceptional occasions where they are asked to undertake the duties usually performed by a junior member of medical and dental staff.

3. Scope

These arrangements will apply to all consultants and career grade doctors (eg: associate specialists and specialty doctors) and dental practitioners employed by the Royal Cornwall Hospitals Trust (the Trust).

4. Definitions / Glossary

- **Acting down** is the term used when a doctor or dentist fulfils the role and responsibilities of a doctor at a lower grade than at which they would normally operate.
- **SAS doctor** – Staff Grade, Associate Specialist and Specialty Doctors.

5. Ownership and Responsibilities

5.1. Role of the Medical Director

The Medical Director has overall responsibility for the fair and consistent application and implementation of the policy.

5.2. Role of the Speciality Lead

The Specialty Lead is responsible for:

- making a request to a Consultant/SAS doctor to act down during normal working hours after they have exhausted the possibility of securing an internal or agency locum.

5.3. Role of the Senior Duty Manager

The Senior Duty Manager is responsible for:

- making a request to a Consultant or SAS doctor to act down out of hours and on public holidays after they have exhausted the possibility of securing an internal or agency locum (approval for agency staff must comply with the Trust's workforce controls).

5.4. Role of the Consultant/Career Grade Doctor

Acting down is voluntary except in cases where a consultant or other doctor is required to act down to ensure safe cover for existing inpatients and alternative is to close a service to new admissions and emergencies. However, in most circumstances, consultants would view keeping the service open as a professional duty, especially where there is no nearby provider.

Individual consultants and SAS doctors are responsible for:

- complying with this procedure and working flexibly with the Trust to ensure clinical services have the appropriate staffing at all times.

6. Standards and Practice

6.1. Key principles

6.1.1. The consultant being asked to 'act down' will normally be the Consultant/SAS doctor rostered to be on call for the speciality concerned.

6.1.2. It is the responsibility of the consultant on call for the speciality concerned to decide whether or not the department concerned can continue to operate safely.

6.1.3. Where a consultant/SAS doctor agrees to 'act down' to cover junior member of staff out of hours, arrangements must be made for another consultant of the same speciality to provide consultant cover of the rota. If the consultant who agree to 'act down' is confident that they can cover both roles this requirement may be waived.

6.1.4. The 'acting down' arrangements are to replace a missing member of junior staff. Where a consultant is required to 'act down' on three or more occasions in a three month period, a job plan review will be triggered.

6.2. Remuneration/compensation arrangements for 'Acting down'

Table 1 sets out the payment to be made for acting down commitments.

Table 1	
Not required to come into work (7.00pm to 7.00am weekdays/weekends/public holidays)	One PA at normal pay rate per 24-hour period covered.
Required to come into work (7.00pm to 7.00am weekdays/weekends/public holidays)	One PA at normal pay rate per 24-hour period covered and two PAs per PA worked as pay or time off in lieu.

The following points will apply:

- Where more than one doctor covers a 24-hour period, the one PA payment will be divided between them.
- One PA represents three hours for work between 7pm and 7.00am/weekends/public holidays.
- Hours paid are based on rounding up to the nearest 0.5 PA.
- A requirement to act down on more than three occasions in a three-month period will trigger a job plan review.
- Where a consultant/SAS doctor is required to act down during their normal working hours (as defined in their job plan) there is no entitlement to additional pay.

6.3. Re-organisation of clinical duties after ‘acting down’

6.3.1. Where, as a result of ‘acting down’, a consultant/SAS doctor who is required to be resident on-call between 7.00pm and 7.00am, participates in a shift system within this time or is called from home after midnight, they will be entitled to have their clinical sessions covered.

6.3.2. The consultant will not be expected to re-provide these sessions subsequently and, if working to an annualised agreement, these sessions will be deducted from the total that need to be provided. Where possible, this time off should form part of the time off in lieu.

7. Dissemination and Implementation

7.1. A copy of the policy will be stored electronically in the Medical Staffing section of the HR folder of the Trust’s document library on the internet/intranet site.

7.2. The Chair of the JLNC will be advised of the issue of the revised policy.

8. Monitoring compliance and effectiveness

The Trust will undertake a regular audit of the process specified in this policy. It

should be noted that the responsibilities in this policy are enforceable and individuals failing to uphold their responsibilities may find themselves in breach of the Trust's Disciplinary Policy and Procedure.

Element to be monitored	Each care group will be required to keep records of 'acting down' episodes by specialty and monitor these regularly. This is with the aim of monitoring activity, costs and ensuring that three episodes of acting down in any three-month period triggers a job plan review.
Lead	Care Group General Managers and Clinical Directors
Tool	Spreadsheet to be kept by each care group with a clear record of the date, length, grade, cost and specialty of each 'acting down' period.
Frequency	Monthly review, reported quarterly
Reporting arrangements	Reporting to the Medical Director's office and Care Group meetings. Actions to address excessive usage of the policy to be agreed, implemented and recorded in meeting minutes.
Acting on recommendations and Lead(s)	Required actions will be identified and taken forward in conjunction with JLNC in a specified time frame.
Change in practice and lessons to be shared	System change will be discussed and agreed in consultation with the JLNC and Clinical Directors. Changes will be shared with all stakeholders.

9. Updating and Review

9.1. The policy will be reviewed every three years or earlier in view of any developments which may include legislative changes, national policy instruction (NHS or Department of Health), Trust Board decision or request by either management or Staff-Side.

9.2. Where early revisions are significant and the overall policy is changed, the revised policy will be taken through the standard consultation, approval and dissemination processes.

9.3. Where early revisions are minor, e.g. amended job titles or changes in organisational structure, approval will be sought from the Medical Director so that the policy can be amended and the changes reported without the need for full consultation.

10. Equality and Diversity

10.1 The Royal Cornwall Hospitals NHS Trust is committed to a policy of equal opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of race, colour, nationality, ethnic or national origin or on grounds of their age, gender, gender assignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or

requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2 The Initial Equality Impact Assessment Screening Form is at Appendix 2.

10.3 A person who has caring responsibilities may not be able to act down at short notice. However, both male and female consultants/ SAS doctors will be given the same opportunity to act down.

10.4 It is recognised that some doctors may be unable to act down if the hours of acting down conflict with their religion or belief.

10.5 Where a doctor is on maternity leave or paternity leave, they not be available to act down.

Appendix 1. Governance Information

Document Title	Acting Down for Consultants and Career Grade Medical and Dental Staff Policy V4.0		
Date Issued/Approved:	July 2019		
Date Valid From:	August 2019		
Date Valid To:	August 2022		
Directorate / Department responsible (author/owner):	Medical Director		
Contact details:	01872 252649		
Brief summary of contents	Guidelines for managers and clinical staff to follow where a consultant or career grade doctor, normally as a result of an emergency or crisis, is required to undertake the duties usually performed by a more junior member of medical or dental staff.		
Suggested Keywords:	Acting down		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Date revised:	July 2019		
This document replaces (exact title of previous version):	'Acting Down' Procedure for Consultants and Career Grade Medical and Dental Staff V3.0		
Approval route (names of committees) Consultation:	JLNC/PRG		
Manager confirming approval processes	Head of Employee Relations		
Signature and name of JLNC Chair	{Original copy signed}		
Signature of Executive Director giving approval Medical Director or nominated deputy	{Original copy signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Human Resources/Medical Staffing		
Links to key external standards	Not applicable.		

Related Documents:	<ul style="list-style-type: none"> • Consultant • Junior doctors' terms and conditions • Remuneration for additional clinical activity • Remuneration for additional hours and unpredictable clinical work to cover absent colleagues
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
Feb 2002	V1.0	General Principles	Deputy Director of Human Resources
Feb 2011	V2.0	Updated version, reformatted, EIA	Deputy Director of Human Resources
Nov 2011	V3.0	Update version, reformatted to meet NHSLA policy requirements	Chair of JLNC and Deputy Director of HR
August 2019	V4.0	Policy reformatted to comply with current Trust template - unchanged pending full review of additional hours' payments	HR Business Partner Policies and projects

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed Acting Down for Consultants and Career Grade Medical and Dental Staff Policy V4.0						
Directorate and service area: Human Resources/Medical and Dental			New or existing document: Existing			
Name of individual completing assessment: Helen Strickland			Telephone: 01872 252649			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		To clearly set out the pay and time off in lieu arrangements for consultant and SAS doctors when there is a requirement for an individual to act down.				
2. <i>Policy Objectives*</i>		To provide clarity to Care Group Managers, senior medical staff and other key stakeholders on these arrangements.				
3. <i>Policy – intended Outcomes*</i>		To minimise acting down and, where this is required, to give clarity regarding process, remuneration and compensation.				
4. <i>*How will you measure the outcome?</i>		See Section 8 of the policy.				
5. <i>Who is intended to benefit from the policy?</i>		Patients, clinical divisions, senior medical staff.				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). <i>Please identify the groups who have been consulted about this procedure.</i>		Original policy agreed with JLNC.				
What was the outcome of the consultation?		No issues of concern identified.				

7. The Impact							
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.							
Are there concerns that the policy could have differential impact on:							
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
Age		✓		There is no evidence to suggest that this policy will have a differential impact on doctors because of their age.			
Sex (male, female, trans-gender / gender reassignment)		✓		A person who has caring responsibilities may not be able to act down at short notice. However, both male and female consultants/ SAS doctors will be given the same opportunity to act down			
Race / Ethnic communities /groups		✓		There is no evidence to suggest that this policy will have a differential impact on doctors because of their ethnicity or race.			
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		There is no evidence to suggest that this policy will have a differential impact on doctors because of their disability.			
Religion / other beliefs		✓		Some doctors may be unable to act down if the hours of acting down conflict with their religion or belief.			
Marriage and Civil partnership		✓		There is no evidence to suggest that this policy will have a differential impact on doctors because they are married or in a civil partnership			
Pregnancy and maternity		✓		Where a doctor is on maternity or paternity leave, acting down opportunities would not be available to them.			
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓		There is no evidence to suggest that this policy will have a differential impact on doctors because of their sexual orientation.			
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 							
8. Please indicate if a full equality analysis is recommended.				Yes		No	✓
9. If you are not recommending a Full Impact assessment please explain why.							
Not indicated.							
Date of completion and submission	July 2019		Members approving screening assessment		Policy Review Group (PRG) APPROVED		

A summary of the results will be published on the Trust's web site.

Appendix 3. Claim Form for Reimbursement of Remuneration and Compensation for Consultants/SAS doctors 'Acting Down'

Name		Speciality/Department	
Grade		Assignment/Payroll No.	

Day	Date	Time		Hours/sessions on-call at home	Hours/sessions worked at the hospital	Remuneration claimed and/or TOIL		Name and grade of person whose duties are being covered	Reason for acting down
		From	To						
		Total				£	TOIL	<i>Rate of pay inclusive of CEA/ discretionary points as appropriate</i>	

<p>I certify that I have performed the duties listed and claim the payment shown.</p> <p>Employee's Signature:.....</p> <p>Date:.....</p>	<p>AUTHORITY FOR PAYMENT For completion by Authorising Officer</p> <p>Signature:.....</p> <p>Printed Name:.....</p> <p>Designation:.....</p> <p>Date:.....</p> <p>Charge to:.....</p>	<p>FOR COMPLETION BY CLINICAL DIRECTOR</p> <p>Signature of Clinical Director:.....</p> <p>Printed Name:.....</p> <p>Date sent to payroll:.....</p>	<p>FOR COMPLETION BY PAYROLL</p>									
				<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">CC</td> <td style="width: 33%;">Regular amount</td> <td style="width: 33%;">HED</td> </tr> <tr> <td colspan="3">Paid month/week:.....</td> </tr> <tr> <td colspan="3">Initials:.....</td> </tr> </table>	CC	Regular amount	HED	Paid month/week:.....			Initials:.....	
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