

POLICY UNDER REVIEW

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Document Title	Remuneration for Additional Clinical Activity V1.0		
This document replaces (exact title of previous version):	New document		
Date Issued/Approved:	February 2018		
Date Valid From:	March 2018		
Date Valid To:	September 2021		
Directorate / Department responsible (author/owner):	Medical Staffing/People and OD		
Contact details:	01872 258363		
Brief summary of contents	The policy sets out the conditions under which additional payments will be paid to senior medical staff 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.		
Suggested Keywords:	Additional clinical activity, job plan, additional payment		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director/Director of People and OD		
Approval route for consultation and ratification:	Approval: TMG Consultation: TMG/LNC		
Document library corporate guardian confirming extension approval	Helen Strickland People Risk, Policies and Governance Manager		
Links to key external standards	None required		
Related Documents:	<ul style="list-style-type: none"> ▪ Acting Down Procedure for Consultants and Career Grade Medical and Dental Staff ▪ Consultant Annual Leave and Study Leave Policy ▪ Counter Fraud Policy 		

	<ul style="list-style-type: none"> ▪ Disciplinary Policy and Procedure ▪ Equality, Inclusion and Human Rights Policy ▪ Job Planning Policy ▪ Remuneration for additional hours arising from unpredictable clinical work to cover absent colleagues ▪ Working Time Regulations Policy 		
Training Need Identified?	No		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	<input checked="" type="checkbox"/>	Intranet Only
Document Library Folder/Sub Folder	Human Resources/Medical Staffing		

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UNDER REVIEW

Remuneration for Additional Clinical Activity

V1.0

**February 2018
(Effective from 1 March 2018)**

Summary.

Additional Clinical Activity – Flowchart

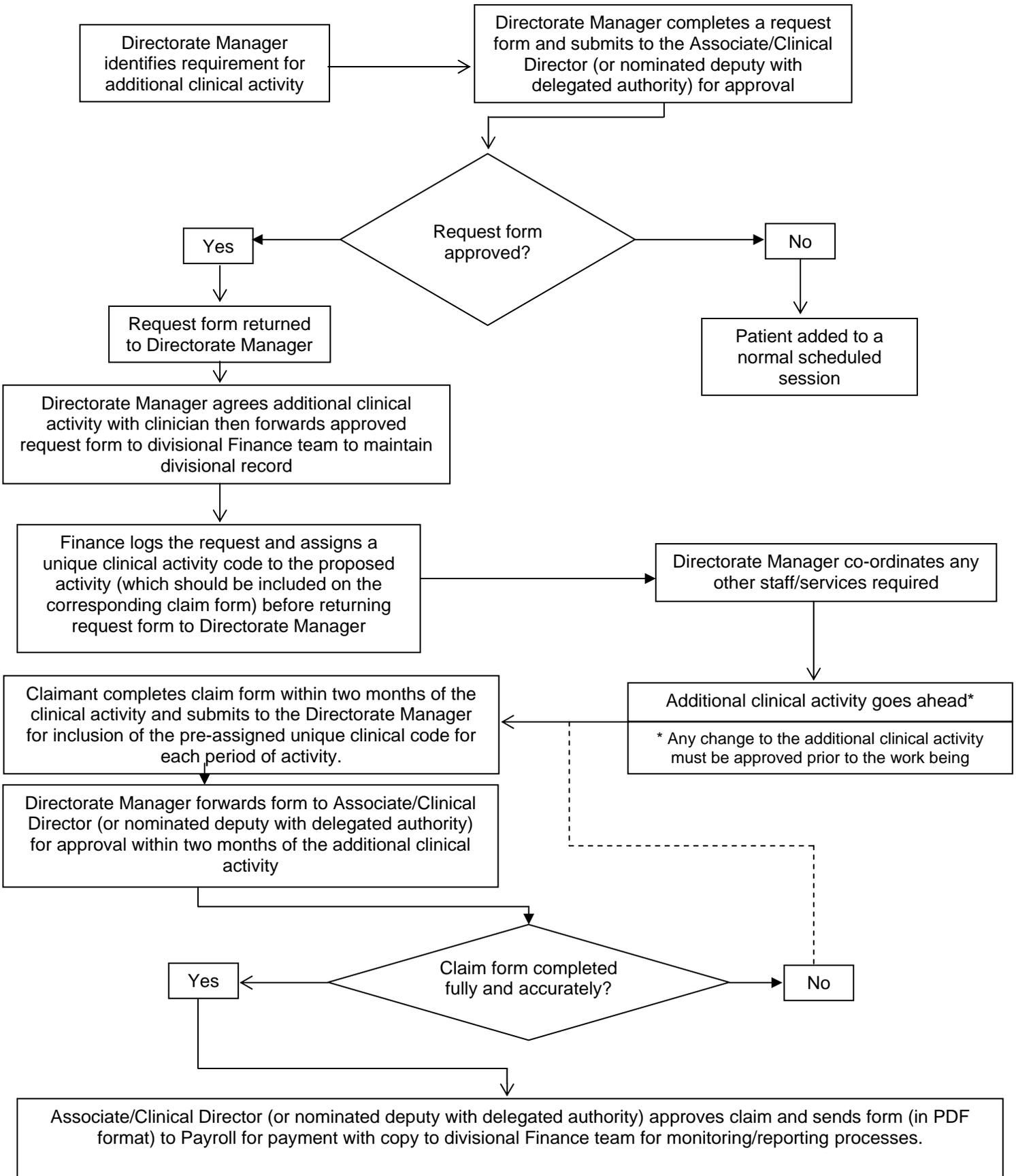


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1. Introduction

1.1. It is the Trust's stated strategy, as agreed with the Local Negotiating Committee (LNC), to increase its medical manpower in cases of sustained increases in activity. However, in exceptional circumstances, there may be a need to have temporary arrangements in place to cover such activity.

1.2. This policy sets out the conditions under which additional clinical activity payments will be paid to consultants and career grade doctors who, having fulfilled their normal contractual NHS obligations, are requested to undertake voluntary additional NHS clinical activity over and above that agreed in their job plan.

1.3. The principles on which this policy is based include:

- recognition and reward of the additional duties carried out by an individual
- value for money for the Trust.

1.4. These arrangements have been agreed by the Trust Management Group (TMG) and through discussion with the LNC. No exemptions or further speciality level payments should be agreed without referral and discussion with these fora.

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

2. Purpose of this Policy/Procedure

The aim of the policy is to set out:

- the conditions under which payments for additional clinical activity will be paid
- the rate of remuneration that will apply
- the pre-approval and authorisation process for any additional clinical activity duty hours to be undertaken and paid (as outlined in the flow chart contained in the '*Summary*' on page 2. Further information is detailed in Section 6.2).

3. Scope

3.1. These arrangements will apply to all consultants and career grade doctors directly employed by the Trust and the rates of remuneration relevant to each grade will apply across all specialities.

3.2. These arrangements will apply to all additional clinical activity as defined herein and will include administrative work associated therewith. (For more information re administration work, please see Section 6.1: General Principles).

3.3. It is not intended that these arrangements will apply to payments for additional non-clinical work, eg management responsibilities.

4. Definitions / Glossary

- **Additional Clinical Activity** - an inclusive period of additional clinical work such as an additional operating list or outpatient clinic (including any necessary preparatory or consequential work, eg administration - please see Section 6.3) in order to reduce waiting times or maintain the Trust's waiting time targets.
- **Career grade doctors** - staff grades, associate specialists and speciality doctors.

5. Ownership and Responsibilities

5.1. Role of the Medical Director

The Medical Director has overall responsibility for implementation of the policy.

5.2. Role of Associate Directors and Clinical Directors

Responsibility for the application of the policy within division will lie with the Associate Director in conjunction with the Clinical Director who will ensure its effective implementation.

This will include:

- ensuring capacity plans are completed in advance and that maximum contracted capacity within job plans is utilised to minimise the need for any additional clinical activity
- ensuring arrangements are in place to complete rotas well in advance
- ensuring, via the job planning process, that the planning of annual leave is scheduled to ensure adequate staffing levels are in place at all times and when timetabled clinical capacity sessions are scheduled
- assessing whether additional clinical activity should take place and approving all additional work in advance of the clinical activity taking place (this duty may be undertaken by an individual within division who has delegated authority to do so)
- ensuring payments will apply to activity of over two hours in duration (as opposed to short ad hoc activity) and remunerated at an hourly rate to the nearest 15 minutes
- ensuring an up to date list of the individuals to whom delegated authority for approval has been given is maintained and forwarded to the divisional finance lead and payroll department
- rigorously checking all claims after the additional clinical activity has been undertaken prior to authorisation for payment
- only authorising claims in line with this policy
- ensuring any additional clinical activity undertaken in lieu of timetabled activity is re-provided
- initiating a review of an individual's job plan where additional clinical activity is expected to continue for three months or more
- informing an individual promptly if their claim is changed or rejected.

5.3. Role of Directorate Managers

Directorate Managers are responsible for:

- identifying the requirement for additional clinical activity
- completing the Additional Clinical Activity Request Form (see Appendix 3)
- co-ordinating any other staff services required to support the additional clinical activity
- forwarding the approved Additional Clinical Activity Request Form to the Divisional Finance Team.

5.4. Role of individual Consultants and Career Grade doctors

All consultants and career grade doctors who undertake additional clinical activity hours are responsible for:

- agreeing that all additional clinical activity undertaken is in line with this policy
- submitting accurate claims (see Appendix 4)
- ensuring claims are submitted within two months of the work taking place
- engaging in a review of their job plans when the additional activity lasts three months or more.

5.5. Role of Divisional Finance Teams

Divisional Finance teams are responsible for:

- assigning each request a unique additional clinical activity code
- developing, monitoring and reviewing a divisional database of activity (including productivity) by individual clinician, speciality and division
- producing quarterly activity reports for division and six-monthly reports for the TMG.

6. Standards and Practice

6.1. Key principles

Additional clinical activities are short-term and expensive solutions to an imbalance between capacity and demand or for unfilled vacancies and should be avoided where possible. Advance planning minimises inconvenience and risk to patients, reduces costs, ensures consistent delivery of service standards and contractual obligations, and avoids the pressure of extra working hours for staff.

The use of additional clinical activities must support and facilitate the treatment of patients in clinical priority and time order: they must comply with the Trust's *Patient Access* policy.

Associate Directors, in conjunction with Clinical Directors, are responsible for planning and minimising the need for additional clinical work. In the event of unprecedented service changes, they should consider alternatives, such as:

- outsourcing
- time shifting (if this is feasible and within the capacity plans of the speciality)
- re-prioritising patients to be treated in existing capacity
- providing extra allied health professional, specialist nursing or admin support.

In the event that an additional clinical activity is essential, the following key principles apply:

- the arrangements are based on efficient resource utilisation (eg appropriately booked clinics and appropriately booked theatre lists)
- 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 a doctor is on-call for emergencies
- divisions will ensure that all senior doctors within their division have equal opportunity to participate in these arrangements and that any additional work is allocated on an equitable basis
- continuation of additional clinical work will be subject to mutual agreement between the individual doctor and the Trust and may be terminated at any time by either party
- any doctor not wishing to undertake additional clinical work for any reason will not be discriminated against in any way
- adequate resources must be provided to support the doctor when s/he is undertaking additional clinical activity and the potential impact on clinical support services (such as imaging and pathology) must be considered by the Trust when making arrangements for additional clinical activity
- doctors should not be requested to pick up additional clinical activity during job planned activity time neither should they normally undertake additional clinical activity during scheduled compensatory rest
- staff grade/speciality doctors 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
- honorary contract holders are not employed by the Trust and are therefore ineligible to undertake additional clinical activity.

Nothing within these arrangements will prevent practitioners agreeing with their Clinical Director to work more flexible hours, eg late starts, late finishes or time shifting of other sessions (eg admin or SPA) and does not preclude other temporary arrangements being agreed to cope with additional work or reduced manpower.

6.2. Authorisation

Ordinarily discussions regarding the possibility of additional clinical activity will take place between the doctor, his/her Speciality Lead and/or Directorate Manager. However, no additional work shall be undertaken unless the additional work has been pre-approved by the Associate Director/Clinical Director (or nominated deputy with delegated authority to do so) prior to the activity taking place.

For the purpose of this agreement only, for each episode of additional clinical activity the Associate Director/Directorate Manager will agree in advance in writing (email) with the doctor the amount of preparatory or consequential work required in each

episode. It is recognised that some of the post-operative work may take place on the following day.

This confirmation should include details of the reason and purpose of the session, the number of patients planned, additional hours and, where applicable, any additional resources required to carry out the session.

Where a doctor undertakes additional clinical activity in lieu of other timetabled clinical activity the Clinical Director needs to be satisfied that this, where practical, will be re-provided.

Where there is a change to the original request, this should be authorised in advance of the additional clinical activity taking place as per the steps outlined in the 'Summary' flow chart on page 2.

To ensure payment for work undertaken, claims should be made in accordance with the agreed process.

All claims must be rigorously checked to ensure they are correct. This will include:

- a reconciliation of approved and claimed hours
- ensuring no other payment has been made for the period claimed (an individual cannot be paid twice for the same period)
- ensuring the appropriate rate has been applied and calculations are correct.

Any claims not covered by an approved request by the Associate/Clinical Director (or nominated deputy with delegated authority to do so) to undertake the activity will not be paid.

All claims should be made within two months of the additional activity being undertaken.

Regular additional clinical duty hours should only be undertaken by staff contracted to usually work one PA over the core contract. Ad hoc additional clinical activity sessions undertaken by part-time staff should be paid up to a maximum of 10 sessions per year, after which changes to job planned activity should be implemented to incorporate the regular additional sessions.

If the additional clinical activity is expected to continue for three months or more, opportunities for temporary changes to job plans to incorporate this additional work should be explored and exhausted before additional activity is approved.

6.3. Additional clinical activity payments

Payments will only be made for activity which has been agreed by the Associate or Clinical Director (or nominated deputy with delegated authority to do so).

The uniform rate of payments will apply at all times including evenings, weekends and public holidays:

- consultants and associate specialists: £100 per hour

- other career grade doctors and doctors in the final two years of specialist training: £75 per hour.

Payment will be for the agreed time of the clinical activity. Payments will apply to work of over two hours in duration (as opposed to short *ad hoc* clinical activity) and remunerated at an hourly rate to the nearest 15 minutes.

Cancellation of clinic or list at short notice: individuals will be entitled to claim 50% of the agreed time of the clinical activity if a clinic or list is cancelled on the actual day of the proposed activity.

Pre and post-operative reviews: must be approved in advance with the Clinical Director and explicitly stated on the additional hours claim form.

Any administrative time paid at additional clinical activity rates must be agreed in advance and be no more than 30 minutes per four-hour clinic or what is normally agreed if for less time.

Any changes to the agreed rates will be determined by the TMG and through discussion with the LNC. An effective date of implementation will be specified.

6.4. Recording and monitoring

Divisions must maintain clear records of all activity undertaken. This should include: reason for the additional activity, hours worked and payment made at a consultant, speciality and divisional level.

The divisional finance teams will produce a monthly report on activity, including productivity, for individual, specialty and divisional level.

7. Dissemination and Implementation

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

7.2. A clear communication will be sent to the Trust's senior managers including the Medical Director, Associate Directors, Clinical Directors and Directorate Managers to make them aware that the new policy has been issued and that they are responsible for cascading the information to the clinical line managers they are responsible for.

7.3. A copy of the policy will be circulated to the Medical Staffing, HR Practitioner Team, Payroll and Finance to enable them to participate in and support the implementation of the policy.

7.4. The Chairs of the JLNC and SMADEC will be advised of the issue of the revised policy.

8. Monitoring compliance and effectiveness

Element to be monitored	Additional Clinical Activity worked (including productivity) on an individual, specialty and divisional basis
Lead	Divisional Finance Teams
Tool	Divisional Database
Frequency	<ul style="list-style-type: none"> • Quarterly • Six monthly
Reporting arrangements	<ul style="list-style-type: none"> • Quarterly reports • Six monthly reports for TMG/LNC
Acting on recommendations and Lead(s)	The Director of HR and OD in conjunction with the Medical Director (or nominated deputies) will be responsible for ensuring that appropriate recommendations for changes in practice are acted upon within reasonable time-frames.
Change in practice and lessons to be shared	Required changes in practice, and lessons to be shared, will be identified and actioned within three months. A lead member of the team will be identified to take each change forward as appropriate. Lessons will be shared with all the relevant stake-holders TMG, LNC.

9. Updating and Review

9.1. All policy documents should be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

10. Equality and Diversity

10.1. General statement

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 their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, 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. *Equality Impact Assessment*

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

Appendix 1. Governance Information

Document Title	Remuneration for Additional Clinical Activity		
Date Issued/Approved:	February 2018		
Date Valid From:	1st March 2018		
Date Valid To:	1st March 2021		
Directorate / Department responsible (author/owner):	Medical Staffing/Human Resources		
Contact details:	Jacquie Kessell 01872 253852		
Brief summary of contents	The policy sets out the conditions under which additional payments will be paid to senior medical staff 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.		
Suggested Keywords:			
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director/Director of HR and OD		
Date revised:	Not applicable		
This document replaces (exact title of previous version):	New document		
Approval route (names of committees)/consultation:	Approval: TMG Consultation: TMG/LNC		
Divisional Manager confirming approval processes	Jacquie Kessell Deputy Director of Human Resources		
Signature of Executive Director giving approval or nominated deputy	Original signed		
Signature and name of JLNC Chair or nominated deputy	Original 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			

Related Documents:	<ul style="list-style-type: none"> • Acting Down Procedure for Consultants and Career Grade Medical and Dental Staff • Consultant Annual Leave and Study Leave Policy • Counter Fraud Policy • Disciplinary Policy and Procedure • Equality, Inclusion and Human Rights Policy • Job Planning Policy • Remuneration for additional hours arising from unpredictable clinical work to cover absent colleagues • Working Time Regulations Policy
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by <i>(Name and Job Title)</i>
Feb 2018	1.0	Full review of arrangements	Duncan Browne Helen Strickland

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

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Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed: Remuneration for Additional Clinical Activity						
Directorate and service area: Human Resources/Medical Staffing			Is this a new or existing Policy? New policy to cover pre-existing arrangements			
Name of individual completing assessment: Helen Strickland, HR Business Partner			Telephone: 01872 252649			
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?		These arrangements apply to all consultants and career grade doctors who undertake additional clinical activity.				
2. Policy Objectives*		To set out the conditions under which additional payments will be paid to senior medical staff who undertake additional clinical activity over and above their agreed job plan.				
3. Policy – intended Outcomes*		Standardised payment and authorisation processes for all staff.				
4. *How will you measure the outcome?		Please see Section 8.				
5. Who is intended to benefit from the policy?		Patients, consultants and career grade doctors, the Trust				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). Please identify the groups who have been consulted about this procedure.		Please record specific names of groups <ul style="list-style-type: none"> • Trust Management Group (TMG) • Joint Local Negotiating Committee (JLNC) • Clinical Directors 				
What was the outcome of the consultation?		No concerns raised: <ul style="list-style-type: none"> ▪ all senior doctors have equal opportunity to participate in these arrangements and any additional work to be allocated on an equitable basis ▪ doctors not wishing to undertake additional clinical work will not be discriminated against. 				

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		✓		
Sex (male, female, trans-gender / gender reassignment)		✓		
Race / Ethnic communities /groups		✓		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		
Religion / other beliefs		✓		
Marriage and Civil partnership		✓		
Pregnancy and maternity		✓		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* 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 ✓	
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9. If you are **not** recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director Helen Strickland		Date of completion and submission February 2018
Names and signatures of members carrying out the Screening Assessment	1. 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

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

Signed _____

Date _____

Appendix 3. Additional hours request form

Section 1. For completion by the Directorate Manager or their delegate			
Grade		Date required	
Pay rate		Division	
Specialty		Budget	
Session details			
Purpose of session			
Number of patients involved			
Additional clinical activity time	[in hours]		
Additional activity associated with above		Time	[in mins]
Any additional resources required? eg clinical imaging, health records, pathology			
Requested by:		Position:	
Date:			
Please forward this request to your divisional Associate/Clinical Director or nominated deputy with delegated authority			
Section 2. Authorisation			
I support this request for additional clinical activity.			
Approved by:		Position:	
Please return this request to the Directorate Manager or their delegate named in Section 1 above			
Section 3. Agreement			
The clinician named below has agreed to undertake this additional clinical activity.			
Name of clinician:			
Please forward this approved request form to your divisional Finance team.			
Section 4. Finance			
Received by:		Position:	
Please quote the following code on any claim form(s) relating to this specific additional clinical activity*			
Please return this form to the Directorate Manager or their delegate named above.			
<p>* Note to Directorate Manager or their delegate Please retain this form and ensure the unique clinical activity code quoted above is entered on the clinician's corresponding claim form.</p>			

Details of additional activity (cont'd)					
Date(s)	Purpose of session(s)	Time claimed (in hours)	Additional associated activity	Time claimed (in minutes)	Unique clinical activity code*
	Total:		Total:		

Table of charges
£100/hr: consultants and associate specialists
£75/hr: other career grade doctors and doctors in final two years of specialist training