Trust Policy & Procedure

“ACTING DOWN” BY MEDICAL AND DENTAL STAFF

For use in: All areas of Trust
For use by: Medical and Dental Staff
For use for: Medical & Dental Staff, General Managers
Document Owner: Executive Director of Workforce & Communications
Status: Agreed

Purpose of this Document:

To provide guidance to Trust Staff of the circumstances in which Medical and Dental Staff may be required to ‘act down’.

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“ACTING DOWN” BY MEDICAL AND DENTAL STAFF

1. INTRODUCTION

1.1 “Acting Down” is the term used to refer to situations where Medical and Dental Staff, normally as a result of an emergency or a crisis, are required to undertake duties usually performed by a more junior member of medical or dental staff. It does not apply to duties which a clinician undertakes as part of his/her normal workload but which a more junior member of staff may be competent to undertake.

1.2 “Acting Down” should be the exception rather than the rule and all attempts to avoid the necessity for it should be made. The Trust recognises that acting down places an increased burden of stress on that individual and can lead to one member of staff trying to perform two key roles simultaneously. The Trust also recognises that, under their current terms and conditions of service, Consultants, Associate Specialists or Specialty Doctors are not contractually obliged to act down, or to be compulsorily resident on-call (an Associate Specialist or Specialty Doctor can be resident) to cover the duties of more junior medical staff, except in extraordinary/unforeseeable circumstances. The aim of this policy is therefore to outline the actions that should be taken to minimise the need for senior medical staff to act down and outline the remuneration arrangements for individuals who do ‘act down’.

2. MEASURES TO AVOID ACTING DOWN

2.1 Medical and Dental Staff are usually requested to act down owing to a shortage or absence of junior medical staff. The majority of such absences or shortages are known in advance. Junior doctors are required to give six weeks notice of any requested annual or study leave and internal cover should be arranged, coordinated by the Clinical Director and Service/Deputy General Manager, to assure adequate levels of cover are provided. The majority of junior doctors now participate in rotas which contractually require them to prospectively cover the annual leave and study leave of their colleagues who participate in the same rota. Clinical Directors and Service/Deputy General Managers should ensure that they have arrangements in place for the management of these rotas. There should also be a mechanism for identifying at the earliest opportunity any problems which could result in locum cover being necessary. Where the need for locum cover is identified and agreed this should be conveyed to Medical Staffing as soon as possible. Clinical Directors and Service/Deputy General Managers should check that sufficient action is being taken to ensure locums (both internal and external) are found and sufficient rates of pay offered. Any concerns regarding this should be discussed with the Executive Director of Workforce.

2.2 For any request by a junior doctor (working in a rota with a locum policy for annual/study leave), which gives less than six weeks notification of the leave, that request should be reviewed and granted conditional only upon being able to find appropriate cover. If a Consultant, other than the Clinical Director, approves the request for leave without this condition, he or she will be required to undertake any subsequent acting down duties, if that is necessary. If, however, the Clinical Director approves the leave of a junior in these circumstances and it results in the acting down of a colleague, the colleague will be eligible for remuneration as in Section 4.
2.3 From time to time certain specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts. Clinical Directors and Service/Deputy General Managers should again ensure that mechanisms are in place to identify potential problems at the earliest opportunity, enlisting the support and advice of the Medical Staffing team to try and make temporary arrangements for cover with locum medical staff.

2.4 Although the majority of leave can be planned well in advance, there will be occasions where absences occur at very short notice because of unforeseen circumstances such as sickness, domestic crisis, or the failure of a planned locum to arrive. Inevitably absences occurring in these situations are much more difficult to contend with, but there are certain measures which can be put in place to assist in the management of these situations. Clinical Directors and Service/Deputy General Managers should ensure, as part of the induction process, that junior doctors are fully aware of the procedures for booking all types of leave, reporting sickness absence, the people they should report sickness absence to (including Medical Staffing), and the need for the absence to be reported at the earliest opportunity. This then maximises the amount of time that the Clinical Director and Service/Deputy General Manager, with the assistance of Medical Staffing, have to find appropriate locum cover if necessary. In this situation, the appropriate Consultant, Associate Specialist or Specialty Doctor and Service/Deputy General Manager should be informed of the position and advised of the attempts being made to find cover. This allows the Consultant/Clinical Director and Service/Deputy General Manager the maximum notification of a potential problem allowing the Consultant/Clinical Director and Service/Deputy General Managers to start forming contingency plans.

2.5 The failure of a locum to turn up is often discovered outside of the normal 9.00 a.m. – 5.00 p.m. Monday to Friday hours. There may also be other absences which are notified outside of normal hours, for example the junior doctor who is due to commence his or her duties at 9.00 a.m. on Saturday morning but falls ill during Friday night. These are by far the most difficult situations in which to find alternative cover. In these circumstances the on-call Consultant for the specialty concerned should be informed at the earliest opportunity and their advice sought. Whilst it is the responsibility of the on-call manager rather than the on-call Consultant to obtain suitable medical cover, the on-call Consultant is expected to support the on-call manager as appropriate in their endeavours.

3. PROCEDURE FOR REQUESTING MEDICAL AND DENTAL STAFF TO ACT DOWN

3.1 If no locum cover arrangements can be made, it may be necessary to ask another member of the Medical and Dental Staff to ‘act down’. Whenever possible the clinician should be given a minimum of four hours’ notice of a potential problem to allow him or her to start making contingency plans. It does, however, need to be recognised that this will not always be possible; for example, if a locum fails to turn up or a junior doctor is taken ill during a period of duty. The request to ask a clinician to act down will be made by the most senior manager on call.

3.2 It is recognised that the Consultant on-call for the specialty concerned is the ultimate judge of whether a department can continue to operate safely. Any decision to close a department, however, must take account of the implications for the patients, staff, and any knock-on effect for other trusts, together with an assessment by the other member of the Medical and Dental
Staff of his/her own ability to provide safe cover. If the impact or risk of closing a department is greater than keeping the department open, then it cannot be closed. If potential problems are identified during normal working hours and an alternative being considered is of the closure of a department this must be discussed with the Deputy Chief Executive and/or Medical Director. Out of hours this should be discussed with the Executive Director on-call.

3.3 Medical and Dental Staff will not be required to agree to ‘act down’ unless it is as the result of an unforeseen event, the alternative to which is the closure of the department which would put the well-being of patients at significant risk. In this situation the consultant-in-charge recognises that he/she has the legal responsibility for a patient admitted under their care or the delegated responsibility for the patient admitted to the care of Consultant colleagues if participating in an on-call rota. If any doctor does not believe they can safely ‘act down’ they must speak to their colleagues and/or the Medical Director to make alternative arrangements and a record will be made by the Medical Director. If any Consultant does not believe they can safely ‘act down’ due to lack of recent practice of certain clinical interventions, they must look with the on call manager for others with the relevant skill to undertake these tasks.

3.4 Whenever possible, where a Consultant agrees to ‘act down’ to cover a junior member of staff out of hours, arrangements will be made for another Consultant, Associate Specialist or Specialty Doctor of the same specialty to be available to provide further ‘Consultant’ cover as necessary. If the Consultant, Associate Specialist or Specialty Doctor who agrees to act down is confident that he or she can cover both roles, this requirement may be waived.

4. REMUNERATION FOR ACTING DOWN

FOR CONSULTANTS, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS

ACTING DOWN:

- **0900-1700 Monday to Friday** (or during his/her ‘normal’ working hours if different) – *will not receive additional remuneration or compensation.*
- **All other times** (unless this forms part of his/her standard programmed activities) *will be entitled to £85 per hour whilst on site.*
- There may be alternative internal arrangements in some departments as agreed by Clinical Directors and Service/Deputy General/General Managers, as per departmental operational arrangements.
- Where acting as ‘stand-by’ consultant when a consultant colleague is acting down, if already on-call there will be no additional remuneration.
- Where acting as ‘stand-by’ consultant when a consultant colleague is acting down whilst on call, if the ‘stand-by’ consultant is required to be on call to support the acting down consultant then **£75 per night** will be paid.
- Where the £75 per night is applicable and the ‘stand-by’ consultant is called in an hourly rate of **£85** will be paid.

TO CLAIM FOR ACTING DOWN:

- Complete the Acting Down form at Appendix A and obtain all the relevant signatures.
- Complete a time-sheet claim form (available from Medical Staffing) and obtain the relevant signatures.
- Submit the completed Acting Down form and time-sheet to the Medical Staffing Manager to process.
- The Medical Staffing Manager will process the completed claim forms by calculating the amount payable, noting this on the forms and submitting to payroll.

FOR JUNIOR GRADES ACTING DOWN OR ACTING UP:
- Internal departmental arrangements will be in place to cover these grades.
- Remuneration will normally be paid at the doctor’s in-house locum rate of their own grade.
- Where a junior doctor is acting up into a more senior grade, it is expected that the consultant on-call will provide support and encourage contact by the junior doctor should the junior doctor require senior advice.

COMPENSATORY REST:
Following a period of resident on-call, consultants will not be expected to work the next day and to take this time off as compensatory rest. Where the consultant considers it not practical to take the following day off as compensatory rest and feels able to perform their duties safely, rest should be taken as soon as is practicable and in any case within 7 days of the period of cover. The decision not to take compensatory rest immediately after the period of cover must be taken by the clinician.

5. REPORTING FOLLOWING ACTING DOWN

The Medical Director will require the Clinical Director concerned to produce a brief report as to why the acting down was necessary and what measures were taken to avoid it. The pattern of acting down will be regularly monitored and reviewed. More detailed investigations will be held where there appears to be a pattern of ‘avoidable’ incidents of acting down.

6. REVIEW AND MONITORING

This policy and procedure will be reviewed every two years by the Trust Negotiating Committee (Medical and Dental).
### ACTING DOWN BY MEDICAL AND DENTAL STAFF
This form should be completed whenever a member of the Medical and Dental Staff has had to undertake duties which should have been performed by medical trainees or other junior medical staff.

<table>
<thead>
<tr>
<th>NAME:</th>
</tr>
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<tbody>
<tr>
<td>ASSIGNMENT NO:</td>
</tr>
<tr>
<td>SPECIALTY:</td>
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| DATE(S): |
| TIME OF DUTIES UNDERTAKEN: |

| NUMBER OF HOURS RESIDENT IN THE HOSPITAL: |
| REASON: |
| NATURE OF DUTIES: |

| NAME AND GRADE OF PERSON UNAVAILABLE: |
| (i.e. person whose duties are being covered) |

| WERE YOU DUE TO BE ON CALL DURING THIS PERIOD? | YES | NO |
| WERE ATTEMPTS MADE TO FIND A LOCUM? | YES | NO |

| DETAILS FROM MEDICAL STAFFING ON ATTEMPTS MADE: |

| OTHER STAFF ON CALL DURING THE PERIOD: |

| ARRANGEMENTS MADE FOR REMUNERATION: |
| Medical Staffing Manager to complete amount due £………………… |

Senior Medical Staff ........................................... Print Name .................................. Date .............
Clinical Director .................................................. Print Name .................................. Date .............
General Manager .................................................. Print Name .................................. Date .............
Medical Staffing Manager .................................. Print Name .................................. Date .............