Career Grade Medical Staff
Consultants; Specialty Doctors; Associate Specialists
On-call Availability, Payment of Supplements and Prospective Cover Arrangements

1. Introduction

1.1 This Guidance covers Consultants, Associate Specialists and Specialty Doctors who undertake on-call. It details payment of supplements and arrangements for predictable and unpredictable absences of colleagues.

2. Consultants

2.1 The basic arrangements for On-call Availability are described in paragraphs 4.10.9 to 4.10.15 of the 2004 Consultant Terms and Conditions of Service. The levels of supplement payable are set out in section 4 of appendix 3 of the 2004 Consultant Contract Terms and Conditions of Service (CCTCS).

Paragraph 7.7.1 of the CCTCS notes that "agreement should be reached with the employer in advance through the job planning process with regard to the circumstances in which Consultants will provide cover for colleagues on leave". This is explored further in the remainder of this paper.

Paragraph 7.7.2 of the CCTCS refers to the employer's (and not the Consultant's) responsibility for the engagement of a locum where cover by Consultant colleagues is not available. NHS Lanarkshire's procedures for appointing and employing locum career-grade medical staff are available from the Medical Staffing Department.

2.2 Consultants who are on-call for return to hospital are entitled to be paid an Availability Supplement. This is calculated as a percentage of basic salary (excluding any Extra Programmed Activities, any other fees, allowances or supplements). The Supplement payable will depend on the frequency of on-call duties and is superannuable. The Availability Supplement and frequency of on-call is agreed at the outset of the job planning year e.g. April to March, but it is open to either side to request a review of this at any time during the year. **Any agreed revision would only apply from the date at which the review was requested, although the whole year's frequency would inform the decision. The percentage rates are set out in Table 1 below**:

Table 1
On-call Availability Supplements for Consultants

Frequency of Rota Commitment	Value of supplement as a percentage of full-time basic salary	
	Level 1	Level 2
High Frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium Frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low Frequency: 1 in 9 or less frequent	3.0%	1.0%

2.3 When a Consultants on-call rota lies between bands an arithmetic approach of rounding up or down as appropriate should be applied.

2.4 Consultants who participate in more than one rota will only be remunerated for one Availability Supplement. For example, where a consultant is on a general rota with a 1:10 frequency and a subspecialty rota with a 1:6 then their availability supplement will be based on the 1:6 (i.e. higher) frequency. For this to apply both rotas need to be at the same level, therefore, for example, in a level 1 specialty, this would attract a 5.0% supplement.

Should an individual be required to participate in two on-call rotas at different levels (i.e. one at level 1 and one at level 2) this will be the subject of an individual job planning agreement.

2.5 The Terms and Conditions further state that where covering is not practicable, the employer shall be responsible for the engagement of a Locum. NHS Lanarkshire's procedures for appointing and employing locum career grade medical and dental staff are available from the Medical Staffing Department.

3. Associate Specialists and Specialty Doctors

3.1 The arrangements for on-call rotas for Specialty Doctors and Associate Specialists are described in full within schedules, 3, 6, 9, 10, and 14 of the Terms and Conditions of Service – Specialty Doctor/Associate Specialists (Scotland) (2008). Doctors who are required to be on an on-call rota for return to hospital will be paid an on-call availability supplement. This shall be calculated as a percentage of full-time basic salary (excluding any Additional Programmed Activities, and any other fees, allowances or supplements). The supplement payable will depend on the frequency of on-call duties. The Availability Supplement and frequency of on-call is agreed at the outset of the job planning year eg April to March but it is open to either side to request a review of this at any time during the year. **Any agreed revision would only apply from the date at which the review was requested, although the whole years frequency would inform the decision. The percentage rates are set out in Table 2 below:**

Table 2
On-call Availability Supplements

Frequency:	Percentage of Basic Salary
More frequent than or equal to 1 in 4	6%
Less frequent than 1 in 4 or equal to 1 in 8	4%
Less frequent than 1 in 8	2%

3.2 It should be noted that the above on-call availability supplements do not apply to Specialty Doctor's/Associate Specialist's who participate in full or partial rotas. The provision of schedule 8 within the relevant Terms and Conditions of Service will apply.

3.3 The Terms and Conditions do not provide for prospective cover. The requirement to cover colleague's annual leave is built into departmental rotas and should be included in job plans. Unpredictable absence will not be explicit within rotas or job plans, it is recognised, however, that Specialty Doctors and Associate Specialists have a duty to cover for absent colleagues on a short-term basis, which would normally be defined as being up to two weeks of unpredictable absence. If cover is required for longer, then this may trigger a job plan review to agree a temporary job plan (schedule 3 of the Terms and Conditions of Service).

3.4 The Terms and Conditions further state that where covering is not practicable, the employer shall be responsible for the engagement of a Locum. NHS Lanarkshire's procedures for appointing and employing locum career grade medical and dental staff are available from the Medical Staffing Department.

3.5 Specialty Doctors or Associate Specialists acting up for a three month period or longer to cover and as a result participates in Consultant on-call rotas shall receive the relevant availability supplements in line with table 1 above.

4. Predictable absences of colleagues ("Prospective Cover")

4.1 The "availability supplement" is paid throughout the fifty-two week year. When a Career Grade Medical Member of staff is 'available' (i.e. not on authorised, planned leave), he/she will provide cover with respect to provision of emergency services for the predictable absences of his/her colleagues i.e. their annual leave/statutory holidays/study leave. The indicative frequency of on-call will be 1 in "number in the rota x 42/52". The number of PAs allocated to predictable and unpredictable emergency work will be assessed on that basis and stated in individual job plans.

4.2 Participation in a rota may vary, although the expected frequency should remain as agreed in the job plan within arithmetic rounding limits. The supplement paid will only change if the actual number of on-call duties causes the frequency to vary outwith the limits of the availability frequency outlined in tables 1 and 2 above. Overnight and weekend duties will be shared equally among all the participants in the rota unless agreed otherwise locally. In such circumstances the frequency should remain equitable as far as possible. This should be agreed by the individual's peers and the appropriate Medical Manager.

4.3 NHS Lanarkshire have plans for emergency situations when it may be necessary to rescind leave e.g. annual, study or parental. Career Grade Medical Staff should be available for recall during such circumstances. Return for such emergency circumstances/major incidents will NOT count towards the agreed annual frequency and will not affect payment of the availability supplement. Remuneration/time off in lieu will be agreed on an individual basis and where possible in advance.

4.4 A Career Grade member of staff who believes they are being required to undertake an excessive number of occasions of on-call may request that this is formally reviewed at any time by job plan review. Such review will then consider the frequency over the period since the last job plan review. If the review shows that the frequency is excessive - defined as being more frequent than the agreed job plan then either of the following steps must be taken to remedy the situation:

a) The member of staff's participation over the next six months should be reduced to ensure that the actual frequency of on-call for the full year is returned to the agreed frequency within the job plan. Where this has not been achieved by the end of the 12-month cycle, additional payment shall be made for the required number of additional periods of on-call at the relevant rate for the number of PA's on-call throughout the preceding twelve months. If the higher frequency would result in an increased level of availability supplement, this shall also be paid, retrospectively to the beginning of the 12 month period.

b) Where it is found the reason for the excessive frequency is unlikely to be remedied within the following six months, an immediate job plan review will be undertaken to account for the increased rota frequency and any resulting increased availability will begin to be paid immediately. Immediate additional payment shall be also be made for the required number of additional periods of on-call at the relevant rate for the number of PA's on-call over the previous six months.

5. Short-term unpredictable absences of colleagues

5.1 There are circumstances e.g. the sick leave of colleagues, that may require additional on-call availability from Career Grade Medical Staff. NHS Lanarkshire's "Procedures for Appointing and Employing Locum Career-Grade Medical staff" provide that short periods of sickness up to two weeks will not normally require the appointment of a locum, but that in other circumstances it is NHSL policy to try to secure the services of a locum. Career Grade Medical Staff will therefore agree to cover the unpredictable absences of colleagues for the first 14 days. This will cover emergency and other on-call duties, but not normally elective work. Job-plans specify an allocation of PAs / week in respect of predictable and unpredictable emergency work based on the expected on-call frequency. Payment for each additional on-call duty will be made on the basis of either a) the number of programmed activities normally paid to the individual each week for predictable and unpredictable emergency work, or b) the actual hours of work undertaken by the individual over the on-call period in question, whichever is the greater. The availability supplement will not alter during this initial 14-day period, but if such cover results in an overall change in the relevant availability supplement or if there are two or more instances of such cover in a year, then this may trigger an alteration to the availability supplement paid for the year. A claim form will be made available for Chief of Medical Services / Associate Medical Directors to authorise.

6. Longer-term unpredictable absences / 'other' absences of colleagues.

6.1 In the event of unpredictable absences lasting more than 14 days and where it has not been possible to secure the services of a locum, then the remaining individuals in the rota will be asked to provide the additional on-call availability needed. Under these circumstances, participation is optional and any doctor choosing not to participate should not suffer any detriment as a result. If this increased frequency of on-call availability does not alter the banding which the individual is presently then the individual is expected to provide such cover without additional availability payment. If such additional on-call availability results in a higher frequency of on-call over the job plan year, then the supplement appropriate to the higher banding will be paid.

6.2 Regardless of whether the availability supplement threshold is exceeded as noted above or not, additional PA's will be paid for additional on-call duties on the same basis as noted earlier. If it is not possible to agree locally the provision of locum cover for the longer-term absences of colleagues, then the job-plan review mechanism will be invoked for all the individuals concerned.

6.3 Where a longer-term solution has been put in place as an interim measure, the ongoing operation of this will be reviewed every twelve weeks as a minimum. Any individual who wishes to withdraw their participation from the interim arrangements, should provide a minimum of four weeks notice of such withdrawal, which will trigger an immediate review of the arrangements for those remaining on the interim rota as well as the individual withdrawing from the interim rota and may result in job plan reviews for all members of the department.

6.4 When additional duties either short-term or long-term trigger the need for compensatory rest, this will be discussed with the appropriate Medical Manager and a mutual time agreed.

6.5 Where the absence of a colleague generates a need for additional non-emergency activity (eg an extra theatre list, clinic, etc) then local departmental escalation plans should be followed.

7. Extenuating Circumstances

7.1 The policy described above is intended to fit most circumstances. It is recognised that in small departments (4 or fewer) it may be unreasonable to ask individuals to undertake many additional on-call duties, particularly if there is significant actual out of hours work. The health and safety of medical staff should not be compromised. Therefore in the event of unpredictable absences of colleagues in small departments, the arrangements for continued service provision will be discussed and agreed with the staff concerned – by job plan review if necessary.

8. Conclusion

The contracts are about professional approaches to delivering the service. It is expected, therefore, that all parties will make every reasonable effort to provide cover for their colleagues, without in any way compromising their own health and safety or the standards of care provided. Cover will be provided without recourse to requests for additional payments that are outwith those outlined in the Terms and Conditions of Service and the locally agreed provisions for payment as described above.

Appendix 1 : Claim form for Additional on-call undertaken

oncall availability form App 1.doc