

## **Consultant & SAS Arrangements for Additional Clinical Work (MD 2)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Lead on 01803 656705.

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<b>Date of Issue:</b>	October 2022	<b>Next Review Date:</b>	Oct 2023
<b>Version:</b>	1	<b>Last Review Date:</b>	Sept 2022
<b>Author:</b>	Medical Workforce		
<b>Directorate:</b>	Workforce and Organisational Development		
<b>Approval Route</b>			
<b>Approved By:</b>		<b>Date Approved:</b>	
JLNC		October 2022	
<b>Links or overlaps with other policies:</b>			

**Amendment History**

<b>Issue</b>	<b>Date</b>	<b>Reason for Change</b>
1	Oct 2022	New template format - Replaces Remuneration for Additional Clinical Work Policy No. 25 Updated section 7 pay arrangements removing pay based on PAs to hourly rate.

**Rapid (E)quality Impact Assessment (EqIA)** (for use when writing policies)

<b>Policy Title</b> (and number)		Arrangements for Additional Clinical Work	<b>Version and Date</b>	V1 Oct 2022	
<b>Policy Author</b>		Medical Workforce			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>Who may be affected by this document?</b>					
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>		
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Are the services outlined in the policy fully accessible <sup>6</sup> ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
<b>EXTERNAL FACTORS</b>					
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
<b>Who was consulted when drafting this policy?</b>					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>		
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>		
<b>What were the recommendations/suggestions?</b>					
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		

**Please contact the Equalities team for guidance:** For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net). **This form should be published with the policy and a signed copy sent to your relevant organisation.**

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## **1. Purpose**

- 1.1 This document sets out the arrangements for additional clinical work, where Consultants and Specialty & Specialist (SAS) doctors (including Associate Specialists), who, having fulfilled their normal contractual NHS obligations, are requested to undertake voluntary, additional NHS clinical activity and/or on call work above that agreed in the Job Plan.
- 1.2 These arrangements will apply to all additional clinical activities defined herein and shall include any additional administrative work associated therewith. These arrangements will not apply to payments for additional non-clinical work, e.g. part-time management responsibilities.

### **Additional Work Includes**

- ◆ Additional clinics, operating lists, etc. to meet national and local standards
  - ◆ Additional clinics, operating lists, etc., resulting from absence of colleagues
  - ◆ Additional clinics, operating lists, etc., to cover vacant posts
  - ◆ Additional clinical work undertaken when on-call.
  - ◆ Any other work which is over and above the Job Plan.
- 1.3 Additional work does not include Acting Down to cover absence of more junior colleagues, which is covered under the Trust's MD7 Acting Down by Consultants.

## **2 Scope**

- 2.1 This policy applies to all Consultant and SAS doctors employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

## **3 Equality and Diversity Statement**

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 3.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## **4 Definitions**

- 4.1 Additional work means an all-inclusive period of additional clinical work e.g. additional operating list or outpatient clinic (including any necessary preparatory or consequential work including administration).

- 4.2 Additional on call work is based on availability alone. Any work undertaken during on call, will be remunerated according to Section 7.

## **5 Authorisation for Additional Clinical Work**

- 5.1 Urgent weekend working to cover emergencies and/or colleague sickness will not need prior approval of the Associate Medical Director but will require authorisation by the Clinical Lead and/or Operational Manager.
- 5.2 Non-urgent work should not be scheduled when on-call without prior authorisation from the Associate Medical Director.
- 5.3 The Clinical Lead and Operations Manager should ensure that all their Consultants and SAS doctors within their speciality have equal opportunity to participate in these arrangements and that any additional work is allocated on an equal basis where appropriate.

## **6 Changes in the need for Additional Clinical Work**

- 6.1 These arrangements are based on efficient resource utilisation (e.g. appropriately booked clinics and appropriately booked theatre lists), and the additional clinical work will be temporary and will be undertaken on a voluntary basis. The expectation is that the duration and productivity of the sessions will be defined in advance of delivery and subject to further approval following delivery.
- 6.2 Continuation of additional clinical work will be subject to mutual agreement between the individual doctor and the Trust and may be terminated with one month's notice by either side.
- 6.3 Adequate resources will be provided to support the doctor when she/he is undertaking additional clinical work, wherever possible the potential impact upon clinical support services such as Imaging and Pathology should be assessed before commencing the additional work. Where it is agreed that additional clinical work has been generated for the clinical support services the extent of this will be assessed retrospectively and, for Medical Staff, additional appropriate payments will be made.

## **7 Payment for Additional Work**

- 7.1 All work will be paid per hour and will be paid at a standard rate recognising social and unsocial hours worked.
- 7.2 Clinical Leads will need to agree in advance what volume of work would be expected per hour and this will need to be clearly documented.
- 7.3 On an ad hoc basis claims submitted and activity undertaken within that claim period will be subject to review to ensure that payment is commensurate with expected activity levels.

- 7.4 The **interim** Payment rates for additional clinical work as per section 1.2 above are as follows:

**An interim agreement to pay £120 per hour for additional clinical hours between 7am and 7pm Monday-Friday**

**An interim agreement to pay £160 per hour for additional clinical hours worked as between 7pm and 7am Monday to Thursday and from 7pm Friday to 7am Monday (including weekends and Bank Holidays).**

- 7.5 Additional Hours payments under this policy are not pensionable for full-time staff. For part-time staff additional hours payments will be pensionable up to full-time hours.

## **8 Additional Work Undertaken on a Bank Holiday**

- 8.1 If additional work is undertaken during a bank holiday then no leave should be recorded and instead a day in lieu will be taken at a later date as well as receiving the additional payment.

## **9 Arrangements for Additional On Call Availability Payment**

- 9.1 Cover for on call availability on normal working week days between 9.00 am and 5.00 pm Monday to Friday would not normally carry additional payment.

- 9.2 Payment for cover for on call availability on Bank Holidays and between 5.00 pm and 9.00 am on week days and between 7.00 pm on Friday to 7.00 am on Monday is a single payment of £300 per 12-hour period.

- 9.3 If, during the course of this cover, return to the base hospital is required and additional hours are worked, payment for this can be claimed in accordance with the hourly rates outlined at 7.4 above, instead of (not in addition to) the £300.

## **10 Training and Awareness**

- 10.1 Advice and support will be provided by the Medical Workforce team to support staff and managers in their understanding of this policy. Any queries regarding this policy should be directed to [sdhct.medicalhr@nhs.net](mailto:sdhct.medicalhr@nhs.net)

## **11 Monitoring, Audit and Review Procedures**

- 11.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Medical Workforce Service unless legislative changes determine otherwise.