

Resident Doctors and Locally Employed Doctors Locum (Medical Bank) Policy

(MD 14)

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Version:	3	Last Review Date:	September 2024
Author:	Medical Workforce		
Directorate:	People Directorate		
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Approved By:		Date Approved:	
JLNC		22 May 2017	
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JDRC/JLNC		October 2022	
JLNC		December 2023	
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Links or overlaps with other policies:			

Amendment History

Issue	Date	Reason for Change
1.1	Sept 17	Inclusion of non-resident on call rate.
1.2	Oct 18	New locum rates
1.3	May 2020	Removal of previous appendix B and reference to TempRe
1.4	July 2020	Changed review date and corrected mistake with non-resident on call rate removed ref to per hour
1.5	Oct 2022	Review and update to locum rates of pay
2	Dec 2023	Updated payment process and added Current Medical Appx A&B form
3	Sept 2024	Updated Locum Rates Approved change in name to Resident Doctor

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 accessibility of this policy, please contact **Equality, Diversity & Inclusion Team** on tsdft.diversityandinclusion@nhs.net

Rapid Equality Impact Assessment

Policy Title (and number)		Resident Doctors and Locally Employed Doctors Locum (Medical Bank) Policy	Version and Date	V3 Sept 2024	
Policy Author		Medical Workforce			
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	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"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	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"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?				NA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Resident Doctors Representative Committee and Medical Joint Local Negotiating Committee					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form			Signature		
Validated by (line manager)			Signature		

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1 Policy Statement

- 1.1 The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard to both patients and staff themselves.
- 1.2 Torbay and South Devon NHS Foundation Trust (hereafter referred to as the Trust) is committed to having robust processes in place to comply with the responsibilities as outlined in the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in training (TCS) to ensure that any risk is effectively mitigated.

2 Purpose

- 2.1 This policy outlines the process under which a Resident doctor or a Locally Employed doctor (LED) may undertake additional locum shifts via the Trust Medical Bank.
- 2.2 The purpose of this policy is to set out the local framework for undertaking additional hours of paid work as a locum for resident doctors working under the Terms & Conditions of Service for Doctors & Dentists in Training 2016.

3 Scope

- 3.1 This policy applies to Doctors and Dentists employed by Torbay & South Devon NHS Foundation Trust under the Terms & Conditions of Service for Doctors & Dentists in Training (England) 2016 and the Local Terms and Conditions of Service for Locally Employed Doctors.

4 Introduction

- 4.1 There is no obligation upon a Resident Doctor to undertake locum work, nor to opt out of the Working Time Regulations to increase the spare hours they have to carry out locum work.
- 4.2 As per the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016, where a doctor intends to undertake hours of paid work as a locum, in addition to the hours set out in the work schedule, the doctor must initially offer such additional hours of work exclusively to the service of the NHS. However, it is expected by the Trust that the doctor will offer additional work to the Trust in the first instance.
- 4.3 The requirement to offer such a service is limited to work commensurate with the grade and competencies of the doctor rather than work at a lower grade than the doctor is currently employed to work at.

5 Equality and Diversity Statement

- 5.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favorable 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.

- 5.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

6 Opting out of the Working Time Regulations

- 6.1 Resident Doctors and the Trust have a mutual obligation to ensure safe working, considering the hours and rest limit set out in schedule 3 of the Terms & Conditions of Service.
- 6.2 A doctor can carry out additional activity over and above the standard commitment set out in the doctor's work schedule up to a maximum average of 48 hours per week.
- 6.3 A doctor may choose to voluntarily opt out of the WTR average weekly limit of 48 hours, subject to prior agreement in writing with the employer. A decision to exercise this option is individual and voluntary. No pressure will be placed on the doctor to take this option.
- 6.4 Under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, overall hours are restricted to a maximum average of 56 hours per week, across all or any organisations with whom the doctor is contracted to work or otherwise chooses to work. This must be calculated over the reference period defined in WTR.
- 6.5 Under the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 a doctor opting out of the WTR weekly limit is still bound by all of the other limits set out in the WTR and in the TCS. Both the Doctor and their practice manager has responsibility to ensure that by undertaking the additional shift/s that they do not breach the contractual limits on working hours and protected rest periods as set out in the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 Schedule 3.
- 6.6 The doctor can opt out of the WTR average weekly working hours by completing the Medical Bank Staff Details form available from the Temporary Staffing Team. To end the agreement the doctor must give written notice to the Trust. The notice period shall be 2 months.
- 6.7 By signing the form, the doctor is confirming that they will initially offer their services exclusively to the service of the NHS
- 6.8 Whereby a Doctor is employed by a Lead Employer but works for the Trust in its' role as a Host organisation, the Trust will expect the doctor to sign prior to completing any Locum Work.

7 Exception Reporting

- 7.1 Undertaking additional locum shifts is done so by choice of the individual doctor, and should not breach any of the contractual limits on working hours, and protected rest periods. Therefore, doctors are not able to submit exception reports for locum shifts they choose to undertake.
- 7.2 If by undertaking an additional locum shift it is found that the shift goes beyond the agreed hours i.e. 9-5 pm shift is agreed but due to service requirements the locum works until 6.30pm then payment on the additional hours will be at the locum rate.

8 Authorisation and Remuneration

- 8.1 All locum shift requests and payments will be via the Trust Medical Bank through the Trust TempRe system. The Medical Bank request form can be obtained from Temporary Staffing.
- 8.2 Authorization to request locum cover is required from the Operational Manager and Clinical Service Lead prior to advertising the locum shift.
- 8.3 When a locum is required to cover a shift due to a short-term vacancy i.e. to cover sickness, then the doctors within that grade, within the Trust can be contacted and offered the additional shift(s). However **prior approval** must still be sought from the Operational Manager and Clinical Service Lead.
- 8.4 The Practice or Operational manager is responsible for ensuring correct remuneration is made to the doctor for the locum shift(s) worked as set out in Appendix A of this policy.
- 8.5 The Trust will operate a Weekly Payroll for all bank shifts. All timesheets should be completed on TempRE by Monday 0900 hrs. ready to be authorized by 1200 noon Monday.

9 Training and Awareness

- 9.1 Advice and support will be provided by Medical Workforce to support staff and managers in adhering to this policy.

10 References

- 10.1 Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016.
- 10.2 BMA Junior Doctor model locum work policy

11 Contact Details

- 11.1 Any queries regarding this policy should be directed to Medical Workforce, People Directorate Sdhct.Medicalhr@nhs.net

12 Monitoring, Audit and Review Procedures

- 12.1 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.

Appendix A – Remuneration for Resident Doctor Locum Shifts

Social Pay per Hour Monday to Friday 07:00 to 21:00	
Grade	New Rates as of 4/09/24
F1	£33
F2	£44
CT1-2	£55
ST3+	£72
NON-RESIDENT ON CALL - £45	

Unsocial Pay per hour Week nights 21:00 to 07:00 Weekends Friday to Monday 21:00 to 07:00	
Grade	New rates as of 4/09/24
F1	£40
F2	£50
CT1-2	£65
ST3+	£80
NON-RESIDENT ON CALL - £45	