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This guidance is meant to harmonise cross medical cover across districts and service lines, to minimise disruption to services during doctor’s absence whether planned, unplanned, temporary or long term.

1 Key Principles

1.1 To plan and predict when medical cover is required

1.2 To provide in house cover, as much as is possible, so to rely on doctors who are part of our organisation and are familiar with the services

1.3 To minimise use of agency locum cover

1.4 To operate within the Trust’s clinical governance umbrella weighing risk and benefit of alternative cover arrangements

1.5 To be acceptable to Trust management as well as staff side

2 Annual Leave / Study Leave Arrangements

2.1 Most Consultants are members of a medical team, which he/she leads’ often consisting of one or more trainees (i.e. Foundation Year 2, Core Trainee (CT)1-3 or GPSTS Trainee) and most teams also have a mid grade doctor, Staff Grade/Specialty Doctor or occasionally Associate Specialist. In addition some Consultants have a Specialist Registrar / ST4-6.

2.2 Each Consultant has responsibility to organise all annual and study leave within his/her medical team, in a way that allows adequate medical cover and provides some continuity of care, examples for an average 3 or 2 tier medical team, is to give only one out of the two or, of the three medics leave at any time. Each Consultant also has responsibility to ensure that these periods of leave are agreed fairly across their team taking into account encouraged good practice for annual leave entitlements to be taken within the entitlement year where possible [up to 5 days annual leave can be carried over at the Consultants discretion].

2.3 In addition to cover within individual medical teams, it is also the responsibility of each Consultant to agree cover arrangements with another Consultant colleague before his/her leave. This may at times be an agreed twinning arrangement between two teams within the same district or, two Consultants within the same service line from two different districts e.g. learning disability as the number of Consultants is very small.
2.4 In each service line it is the Head of Service/Clinical Lead’s responsibility to approve Consultants leave in consultation with the General Manager’s and others as appropriate, and therefore to ensure that cover arrangements are made and are adequate at all levels.

2.5 The Head of Service/Clinical Lead/General Manager also have responsibility to ensure a minimum number of Consultants exist at any point in time to provide a safety net for that district and service line, particularly during periods popular for study or annual leave, for example Christmas and half term. The Head of Service/Clinical Lead/General Manager will exercise his/her judgment and demonstrate fairness.

2.6 Any cover arrangements should include on-call, as well as daytime covers. Doctors of all grades are responsible and expected to make their own cover arrangements for this type of leave. Doctors are also responsible for communicating this to all the relevant people e.g. switchboard.

2.7 To minimise disruption and cancellation of clinics at short notice, it is expected that annual and study/professional leave is requested a minimum of 6 weeks in advance. (See Medical Study/Professional Leave Policy)

2.8 All annual and study leave and medical cover within the team and cross Consultant cover arrangements should be clearly communicated to the appropriate Clinical Lead/General Manager, Multi Disciplinary Teams, outpatients, Admin & Clerical staff, switchboard and in the case of Consultant leave also the appropriate Head of Service.

3 Other Short-term Leave Arrangements

Due to the number of variables that would need to be considered in each instance, time / remuneration scales can not realistically be provided in these guidelines. Agreement in each case will be reached through discussions between the Head of Service/Clinical Lead/General Manager and Consultant and to ensure a degree of consistency across the Trust, advice should be sought from the Medical Director and/or Director of Human Resources

3.1 Predicted Leave (for example planned sick leave or secondment to a particular project)

3.1.1 Daytime Cover
If it is judged by the Consultant, their colleagues, and the relevant Head of Service/Clinical Lead/General Manager that the period of leave can reasonably be covered in-house, then the same
arrangements as are in place for annual and study leave will apply for
daytime cover.

This arrangement can only work on the basis of goodwill between
Consultants given that such cover would in turn be reciprocated. It
also takes into account the core principles of this guidance i.e.
continuity of care, availability, and quality and standard of alternative
medical cover.

It is reasonable for Consultants providing such cover to be
remunerated / paid additional PA’s or granted time in lieu.

3.1.2 On-call Cover
On-call cover for such periods of absence will depend on the detail of
the existing rota. In some rotas there is already a generous inbuilt
capacity e.g. the actual rota is 1:10 but Consultants are paid at 1:8
banding. In these circumstances when day time cover is being
provided in-house, the on-call rota will be rescheduled to exclude the
absent Consultant. Remuneration will be based on the frequency of
the rescheduled on-call banding and an additional supplement may
therefore not be appropriate.

3.2 Unplanned Leave (emergency cover only, for example sudden sick leave)

3.2.1 Day Time Cover
In this instance the same arrangements will apply for day time cover
as described in 3.1.1.

3.2.2 On Call Cover
If the Consultant on call is suddenly taken ill, it is his/her
responsibility to ensure the Duty Manager is made immediately
aware. When the Duty Manager is informed before midnight, they
will contact the other Consultants on the rota to arrange cover. Only
if they are unable to secure alternative cover, or they are informed of
the need for cover after midnight, should they request the on call
Consultant from a neighboring locality to cover. If this occurs it
should be logged as an incident on DATIX.

If a member of the Consultants team who is due to be on call is
suddenly taken ill, the on call senior manager will ensure cover, with
advice from the on call Consultant.

It is reasonable for Consultants undertaking on call cover for
unplanned leave to be paid at NHS rates but if the unplanned leave
continues for a longer period, and daytime cover continues to be
provided in-house, the on-call rota should be re-scheduled as described in 2.1.2.

For other grades, appropriate NHS rates are paid to provide on-call cover for unplanned leave.

3.3 Any arrangement agreed as an immediate response to unplanned leave should be reviewed within 5-10 working days by the Head of Service/Clinical Lead/General Manager, in consultation with the Consultant. The review will assess the likely length of time cover will be required, consider the particular circumstances and agree how best to provide cover and where appropriate, what remuneration for cover (taking into the Consultant’s type of contract) will be offered. The agreed arrangements may be a continuation of the current arrangements or if known to be longer term should be agreed under section 4 arrangements below.

4 Long-term Unplanned / Vacant Post Consultant Cover Arrangements

4.1 The short term unplanned leave process (section 3) would normally be followed first, allowing the Head of Service/Clinical Lead/General Manager a reasonable period of time to organise alternatives.

4.2 For vacant posts with a job description within the Medical Workforce Strategy, the standard HR procedures for recruitment will be followed.

4.3 Longer term in-house cover should be considered (if in-house capacity can be safely stretched), as it may prove to be of a better quality and a safer option from a clinical governance point of view, also in light of difficulty in recruitment and availability of suitable locums. Such a decision will be taken by the Head of Service/Clinical Lead/General Manager after discussion with relevant Consultants and in consultation with their HR Business Partner.

4.4 Examples of different scenarios for long term cover are given below and are listed in preferred order of consideration (these are not exhaustive)

4.4.1 Long-term in-house cover provided by one or more Consultants. Payment would be provided either by additional PA’s or responsibility allowance according to Consultant’s contract.

4.4.2 An experienced, competent mid-grade doctor (SAS) from that or another team who is judged safe and suitable acts up to Locum Consultant. In this case consideration to the recruitment of a junior grade to replace this doctor should be made. This is often quicker and more
practical way of providing cover as well as ensuring continuity of care.

4.4.3 A SpR / ST6 with own Deanery being offered the Locum Consultant post.

4.4.4 Locum NHS Consultant to be recruited within standard HR procedures and to receive appropriate induction.

5 Long Term Unplanned / Vacant Post Mid Grade Doctor Cover Arrangements (Staff Grade/Specialty Doctor/Associate Specialist)

5.1 For vacant posts, speedy recruitment processes should be put in place.

5.2 For long term leave where the post holder will return, then NHS locum Specialty Doctor or Associate Specialist should be sought.

5.3 In cases of difficulty in recruiting a NHS Locum Specialty Doctor and it is considered clinically safe, then a temporary trust grade doctor should be sought, until the incumbent doctor returns, or appropriate appointment is made.

5.4 Seeking agency locums for mid-grade medical posts should be made only as a last resort and authorisation would need to be given by the District Director, appropriate HR Business Partner and Finance.

6 Recruitment of Agency Locums

Agency locums should only be recruited exceptionally if the clinical risk is considered to be high in cases of short term vacancies, otherwise only for long term vacancies only when it is not possible to provide internal cover or alternative cover within NHS rates and that would include all the other steps mentioned in 1-3.

Agency locums can also only be recruited with authorisation from the District Director, Human Resources and Finance

The Trust Protocol for the Deployment of Agency Locum Doctors must be followed by the Head of Service/Clinical Lead/General Manager in consultation with the appropriate HR Business Partner.