

Medical & Dental Staff

ON-CALL POLICY FOR DOCTORS IN TRAINING (MD5)

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 Equality and Diversity team on 01803 656680.

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	April 2017	Next Review Date:	April 2019
Version:	1	Last Review Date:	February 2017
Author:	HR Manager		
Directorate:	Workforce and Organisational Development		
Approval Route			
Approved By:		Date Approved:	
LNC		February 2017	
Links or overlaps with other policies:			
<i>Need to list all policies that are referred to, or have links to this policy. List them in numeric order.</i>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1				

Rapid Equality Impact Assessment

Policy Title (and number)		On Call Policy for Doctors in Training			
Policy Author		HR Directorate			
Version and Date (of EIA)		Version 1 April 2017			
Associated documents (if applicable)					
RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?					
• Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Advance equality of opportunity between people from different groups					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Foster good relations between people from different groups					Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy affect service delivery or business processes?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes <input type="checkbox"/> No <input type="checkbox"/>
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
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 type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input 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; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
N/A					
RESEARCH AND CONSULTATION					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
To clarify 2016 Terms and Conditions					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible			Completion date	
AUTHORISATION					
Name of person completing the form	HR Manager				

Contents

1	Policy Statement.....	5
2	Scope.....	5
3	Equality and Diversity Statement.....	5
4	Definition of On-Call Working.....	Error! Bookmark not defined.
5	On-Call Availability Allowance	Error! Bookmark not defined.
6	On Call Periods.....	Error! Bookmark not defined.
7	Rest.....	Error! Bookmark not defined.
8	Accommodation	7
9	Training and Awareness	7
10	References	8
11	Contact Details	8
12	Monitoring, Audit and Review Procedures	8

1 Policy Statement

- 1.1 The aim of this policy is to set out the on-call requirement of the terms and conditions of service for NHS doctors and dentists in training July 2016.

2 Scope

- 2.1 This policy applies to all doctors in training employed on NHS Medical and Dental Staff terms and conditions of service employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.
- 2.2 Although not employees of the Trusts, bank staff, agency staff and outside contractors will be required to comply with the policy.

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 Definition of On-Call Working

- 4.1 A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an 'on-call' bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.
- 4.2 An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.

5 On-Call Availability Allowance

- 5.1 A doctor on an on-call rota who is required by the employer to be available to return to work or to give advice by telephone, but who is not normally expected to be working on site for the whole period, shall be paid an on-call availability allowance.

- 5.2 The value of the allowance is set out in Annex A of the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 and is based on 8% of a full-time basic salary for the relevant grade.
- 5.3 For doctors employed on a less-than-full-time basis, in any grade, the value of the on-call availability allowance shall be paid pro rata, based on the proportion of full-time commitment to the rota that has been agreed in the doctor's work schedule.

For example, a doctor making a 50% contribution to the rota would be paid 50% of the value of the availability allowance paid to a doctor making a full contribution to the rota.

- 5.4 The hours paid will be calculated prospectively across the rota cycle and the estimated average hours at each rate of pay will be set out in the work schedule.

6 On-Call Periods

- 6.1 A doctor carrying an on-call bleep whilst already present at their place of work as part of the doctor's rostered duties does not meet the definition of on call..
- 6.2 The maximum length of an individual on-call duty period is 24 hours.
- 6.3 On-call periods cannot be worked consecutively, other than at the weekend when two consecutive on-call periods (beginning on Saturday and Sunday respectively) are permitted. Longer runs of consecutive on-call periods, covering up to a maximum of seven consecutive days, may be agreed where both the clinical lead and the doctor agree that it is safe and acceptable to both parties to do so and where such an on-call pattern would not breach any of the other limits on working hours or rest.
- 6.4 Unless agreed locally as described in 6.3, there must be no more than three on-call periods in any period of seven consecutive days.
- 6.5 The day following an on-call period (or following the last on-call period, where more than one 24-hour period is rostered consecutively) must not be rostered to last longer than 10 hours.
- 6.6 Where the work schedule of a doctor rostered for on-call duty on a Saturday and Sunday contains 3 hours or fewer of work on each day, and no more than 3 episodes of work on each day, then such duty is defined as 'low intensity'. In such a 'low intensity' working pattern the provisions above will not apply and a maximum of 12 days can be rostered or worked consecutively.

7 Rest

- 7.1 Whilst on call, a doctor should expect to get eight hours rest per 24-hour period, of which at least five should be continuous rest between 22:00 and 7:00.

- 7.2 Where it is expected that the rest requirements in 6.6 may not be met, rostered work on the day following the on-call period must not exceed five hours.
- 7.3 Where during an on-call period, a doctor's expected overnight rest is significantly disrupted, defined as causing a breach in the expected rest requirements, the doctor must inform their employer immediately, or as soon as reasonably practicable, and arrangements must be made for the doctor to take appropriate rest. Time off in lieu must be taken within 24 hours. If for any reason this is not achieved then the additional hours will be paid as set out in schedule 2 paragraphs 63-69 of the terms and Conditions of Service for NHS Doctors and Dentists in Training 2016.
- 7.4 Where a doctor is rostered to work on a non-resident on-call working pattern and is required to return to work during the night period, and the doctor considers it unsafe to undertake the return journey home due to concerns over tiredness, the Directorate shall where possible provide an appropriate rest facility if requested where the doctor can rest. The hours when the doctor is resting in the hospital under these circumstances will not count as work or working time. Where the provision of an appropriate rest facility is not possible, the Directorate must make sure that alternative arrangements are in place for the doctor's safe travel home

8 Accommodation

- 8.1 Where a doctor is rostered to work on a non-resident on-call working pattern and the doctor elects voluntarily, subject to the availability of accommodation, to be resident during the on-call duty period, a charge of £25 for any such accommodation shall be made and, provided that prior consent has been given, deducted from the doctor's salary. For further information General Services should be contacted, sdhct.generalservices1@nhs.net.
- 8.2 Where a doctor is required to work overnight on a resident on-call working pattern, the doctor shall be provided with overnight accommodation for the resident on-call duty period without charge.

9 Training and Awareness

- 9.1 Advice and support will be provided by the Medical HR team to support staff and managers in adhering to this policy and their understanding of dealing with On-Call for Doctors in Training.
- 9.2 The Medical HR team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

10 References

- 10.1 Terms & Conditions of Service for Doctors & Dentists in Training 2016.

11 Contact Details

11.1 Any queries regarding this policy should be directed to the Medical HR team of the Directorate of Workforce and Organisational Development.

- HR Helpline – 01803 655754 (ext. 55754)
- HR department – 01803 654506

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 Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.