



Royal College of
Obstetricians &
Gynaecologists

Guidance on consultants and SAS doctors acting down to cover short-term absence



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Introduction

Occasionally, situations arise where units are unable to cover their O&G service requirements at short notice, primarily because of sickness absence, by either using their own junior medical staff or employing external locum doctors. When this happens, usually out-of-hours, cover may need to be provided by consultants or SAS doctors.

This guidance outlines processes that should be in place within units to firstly avoid and then mitigate the effects on the service and the individual senior staff involved.

Measures to avoid acting down

Consultants, and SAS (Specialty, Associate Specialist and Specialist) doctors are usually requested to act down due to a shortage or absence of junior medical staff. The majority of such absences or shortages are known well in advance. In most organisations, doctors are required to give a minimum of six weeks' notice of any requested leave and internal cover is arranged, co-ordinated by a rota coordinator and Lead Clinician to ensure adequate levels of cover are provided.

In many cases, junior doctors participate in rotas which contractually require them to prospectively cover the annual leave and study leave of their colleagues who participate in the same rota. Rota coordinators should ensure they have arrangements in place for the management of these rotas. There should also be a mechanism for identifying at the earliest opportunity any problems whereby locum cover may be necessary. Where the need for locum cover is identified and agreed, this will be secured via the usual channels the organisation has in place.

Covering difficult to recruit posts

From time to time, departments encounter difficulties in recruiting to their agreed quota of junior doctor posts or there is a shortfall in the number of trainees allocated by the deanery. Lead clinicians—with the support of managers, HR and rota coordinators—should ensure that mechanisms are in place to identify potential problems at the earliest opportunity. Trusts should enlist the support and advice of rota coordinators to try and make temporary arrangements for cover with internal locums or longer term agency locums following the guidance in the [RCOG Guidance on the Engagement of Locums in Maternity Care](#).

Managing short notice absence

Although the majority of leave can be planned well in advance, there will be occasions where absences occur at very short notice because of unforeseen circumstances, such as sickness, domestic crisis or failure of a planned locum to arrive. Inevitably, absences occurring in these circumstances are much more difficult to contend with.

However, there are certain measures which should be put in place to assist in the management of these situations. Lead clinicians and rota coordinators should take responsibility for ensuring as part of their induction process that junior doctors are made fully aware of the procedures for:

- Requesting and booking annual and study leave
- Reporting sickness absence at the earliest opportunity

This should maximise the time the lead clinician/rota coordinator have to find appropriate cover.

Vacant shifts resulting from sickness absence should be dealt with via the usual departmental processes, which may include the use of an internal medical locum bank. If this is unsuccessful, a request either for a consultant or SAS doctor to act down or for an external agency locum doctor may be made. When considering the most appropriate action, the key issue is ensuring that the unit is staffed safely with a resident doctor who has appropriate knowledge and skills. **The RCOG, in collaboration with NHS England, Scotland and Wales, has agreed the introduction of a Certificate of Eligibility for short-term Locums** to improve on the current system of references for short-term locums. The Certificate of Eligibility for Locums (CEL) will be launched later in 2021.

Considerations when asking a doctor to act down

The consultant or SAS doctor on-call for the department is the ultimate judge of whether an O&G department and maternity service can continue to operate safely.

However, any decision to close a department must take account of the implications for patients, staff, any knock-on effect for other specialties or other Trusts, together with an assessment by the consultant or SAS doctor of his/her own ability to provide safe cover. If the impact or risk of closing a department is greater than keeping the department open, then it should not be closed.

Consultants and SAS doctors should not be required to act down unless it is as the result of an unforeseen event, the alternative to which is the closure of the department which would put the wellbeing of patients at significant risk.

Procedures for requesting a Consultant or SAS doctor to act down

Only where there is not an alternative safe system to provide on-site medical support for patients will the senior management in a Trust request a consultant or SAS doctor to act down. This may be because an agency locum can be found but is not appropriately skilled to undertake the out-of-hours duty/shift with support from a non- resident consultant.

Appropriate documentation of the request should be undertaken as per Trust policy.

It is imperative that appropriate arrangements to cancel elective work both preceding (where feasible) and following out-of-hours working are undertaken by departmental managers. It is not acceptable to expect senior doctors covering night shifts to then undertake elective work the following day. This is a patient safety issue.

Remuneration and compensation for acting down

Trusts need to have a clear agreement in place regarding remuneration or compensation where a consultant or SAS doctor acts down under these circumstances.