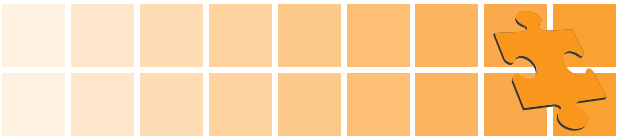


# A guide to determining on-call availability supplements

## Introduction

The arrangements for On-Call Availability Supplements are set out in Schedule 16 of the Terms and Conditions. There are two key words in Schedule 16.3 that require particularly careful interpretation; '**typically**' and '**complex**'.

The On-call Availability Supplement provides recompense for the requirement to be available for work during on-call periods. The supplement is scaled to reflect both the frequency of the on-call rota commitment and the typical nature of the response provided by the consultant when called during an on-call period.

## Category A and B

**Category A** applies where the consultant is *typically* required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site. The examples of *complex* interventions given in Schedule 16.3 are telemedicine and complex telephone consultations. These examples are illustrative and not exhaustive.

**Category B** applies where the consultant can *typically* respond by giving telephone advice and/or by returning to work later. It follows therefore that a consultant in Category B may on occasions need to return immediately to site. Even though availability to return must be maintained, immediate return is the exception rather than the norm for consultants in Category B.

A careful interpretation of the terms 'typically' and 'complex' is necessary to determine if Category A or B should apply. If a consultant is rarely contacted when on-call, the need for an on-call rota should be re-assessed.

The duty to be contactable immediately whilst on-call is as set out in Schedule 8 of the Terms and Conditions. This Schedule also describes an exception to this duty whereby, by prior agreement, a consultant may not, for short periods, be contactable straight away. This applies only to consultants in Category B.

Schedule 8.5 also sets out the exceptions to the rule that consultants shall not undertake private practice or undertake fee paying services whilst on-call. The exceptions apply to those consultants assessed as Category B, who are on high frequency rotas, where prior approval has been given for such work and all consultants who need to provide emergency treatment or essential continuing treatment for a private patient. Please see the Schedule for full details.

## 'Typically'

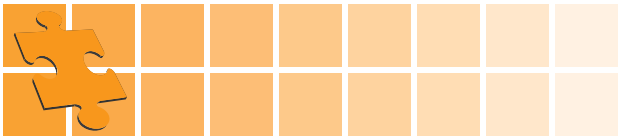
In the context of this Schedule, 'typically' is deemed to mean what usually happens on the occasions when a consultant is contacted to make an on-call intervention. It does not refer to the state of readiness of the consultant to make a response, as our considered view is that all consultants who participate in an on-call rota should be available for immediate return to site, unless agreed otherwise (see the provisos above).

The activity being analysed, therefore, is the response to the contacts the consultant receives when on-call, not the number of occasions the consultant is on-call. Analysis of activity should be conducted in a 'felt fair' and open way. It is not intended to lead to an over-rigid or dogmatic approach. Employers may find that allocating a category to a consultant's on call duties is often straightforward but this is a sensitive area and we urge that particular care is taken in circumstances where consultants may be at the 'boundary' of Categories A and B.

The following examples illustrate anticipated outcomes:

**Vascular Surgeon** - always ready to return to site immediately and does so most of the times contacted whilst on-call - Category A applies.

**Urologist** - always ready to return to site immediately but rarely needs to do so due to adequate cover from trainees; the great majority of the remaining contacts dealt with by non-complex telephone advice - Category B applies.



**Radiologist** - always ready to return to site immediately but does so on a minority of occasions. However, deals with most calls by providing complex consultations immediately by telephone on images sent to the home electronically - Category A applies.

**Gastroenterologist** - always ready to return to site immediately but most calls dealt with by simple telephone advice. When on endoscopy rota can return to site later due to adequate trainee cover - Category B applies.

**Physician** - always ready to return to site immediately, but post-take ward rounds already included in weekly job plan. A minority of unpredictable on-call contacts result in a return to site as specialist registrar on-call support allows typically for telephone advice to be given or a delayed return to site - Category B applies.

## 'Complex'

The test here is whether the intervention has a similar level of complexity to those interventions that would normally be carried out on site. In the case of telephone consultations, this describes the detail of the telephone-based intervention, not the effect it has on patient outcome. Much telephone advice and decision-making, although often critical with regard to outcomes or consequences, is routine to the consultant giving it. This does not in any way demean or detract from the knowledge and skill required. Many telephone contacts therefore would not normally be classified as 'complex' but this will be a matter determined by individual circumstances.

It is not really possible to offer a universal definition of a 'complex' intervention. It is more appropriate to give examples of the sorts of interventions that may have a similar level of complexity to those that typically require a return to site.

The following examples are intended to be illustrative:

- Where a consultant receives a referral as a matter of urgency from another consultant and is required to make a detailed assessment and give advice to the consultant referring the patient.
- Making critical decisions by telephone because there is inadequate time to return to site without compromising the patient's safety.
- Radiologists immediately interpreting images sent to them electronically and communicating the result by telephone.
- Guiding a less experienced or less senior doctor through a complicated procedure or series of actions.

CCIT
NHS Modernisation Agency

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