

## **On-call Frequently asked questions**

These FAQs are part of the NHS Staff Council's agreement on on-call.

### **1. Why is there no new national system of on-call payments?**

In March 2010 the Staff Council agreed that the priority for this work should be to support local partnerships to deliver harmonised arrangements, consistent with the equal pay principles in Agenda for Change before current pay protection ends on 31 March 2011. It was agreed that the on-call review group should create an enabling provision to support local partnerships in harmonising the on-call arrangements in their organisation. Local negotiations involving staff representatives and managers with first-hand knowledge and experience of on-call in operational situations are the best way for local partnerships to ensure that agreements meet local needs.

### **2. When should local partnerships complete their negotiations?**

By 31 March 2011, when the national protection of on-call payments ends.

### **3. Why don't the principles state what on-call payments should be in future?**

The principles identify the basic shape of new on-call arrangements, but local partnerships will need to set appropriate payment rates and other parameters to help them in this.

### **4. How will local partnerships ensure their proposals meet equal pay principles?**

Equal pay requirements are based on the statutory provisions to prevent differences in pay between men and women doing work of equal value. The principles and implementation guidance make clear that harmonised on-call pay rates will need to be consistent with the principle of equal pay for work of equal value and explain the effect of this, such that an individual should be in receipt of the same on-call pay arrangement as another employee at the same pay band, working the same type of on-call at the same frequency. The Principles also identify that an Equality Impact Assessment will need to be undertaken on proposals prior to them being implemented.

### **5. When can local negotiations start?**

Now; based on the agreed principles. Employing organisations were advised in July to start working in partnership to prepare for this work.

### **6. Can organisations implement current Agenda for Change "interim regime" in Section 2 as a default position?**

No. From 1 April, on-call arrangements will be subject to local agreement, based on the principles in Annex A3 of the NHS Terms and Conditions of Service Handbook. Local partnerships can agree to use the Interim Regime as part of the harmonised arrangements (see the Implementation Guidance for more information) but it should not be applied as a default option in lieu of local agreement.

**7. What will happen if local partnerships decide that some staff should move to different levels of on-call payments?**

The principles make clear that payments need to be harmonised so they are in line with equal pay for work of equal value and equality principles more generally. How this is achieved is for local partnerships to determine. The principles provide some suggestions on how discussions on transition may be approached locally.

**8. Are there any extra resources to support the NHS in this?**

No, local partnerships will need to work within existing resources.

**9. What happens if local negotiations are not completed by 31 March 2011?**

Local partnerships will need to decide what arrangements will apply in their organisation from 1 April 2011 until they do reach agreement (see question 6).

**10. On-call works well in the NHS. Why are we changing it?**

The current payment systems described in the on-call sub-group's report on the review produce different levels of payments to staff in different groups who make similar on-call commitments. This is not in line with equal pay and Agenda for Change principles. Arrangements now need to be harmonised to comply with equality principles.

**11. What happens to staff working hybrid/shift systems and getting on-call payments?**

Local partnerships will need to give particular consideration to transitional arrangements for staff currently working shift or hybrid/shift on-call systems. The joint Implementation Guidance identifies different models for transitional arrangements. Sections 2 and 3 in the NHS Terms and Conditions of Service Handbook provide unsocial hours and overtime payments and describe the circumstances in which these will apply.

**12. What happens if an individual moves to a new job where their on-call commitments are different?**

That will be for local partnerships to determine.

**13. Which on-call schemes fall within the scope of harmonised on-call arrangements and any arrangements put in place for transition?**

Harmonised schemes and transitional arrangements should take into account those arrangements described in the Terms of Reference for the Review of On-call. This includes pathology "out of hours" arrangements" and other work patterns which were previously regarded by local partnerships as on-call but which do not now fit the nationally agreed definition in Section 2.

**14. Does the term "as and when required" in the definition of on-call mean that staff will no longer be able to use their professional judgement to decide if they need to attend the workplace when called out?**

No, staff such as healthcare pharmacists will continue to be able to decide if their attendance at the workplace is required or not, based on their professional judgement, existing protocols and depending on the arrangements made with the employer for dealing with such situations.

**15 Does the definition mean that employees will no longer be paid for work done at home when on-call?**

No, work done on-call can continue to be done at home, in the normal work place or elsewhere depending on the circumstances. All work done will continue to be paid for according to the agreements made by local partnerships.

**16. Does time spent travelling to work when called out count for time off in lieu?**

This will be for local partnerships to decide. Travel time will continue to be paid for as if it were work time.

**17. If some staff are required to move to higher and some to lower levels of payments during a local transitional period will the rate of change have to be the same in each case?**

This may be appropriate but will be for local partnerships to decide. It will be important to take account of the size of the overall change in levels of payments which is taking place in each case and the need to introduce harmonised and equal payments to an agreed timetable.

**18. Can we use our local review of on-call to convert from shift working to on-call cover?**

The agreed principles are not intended to promote any particular changes in working patterns. If local partnerships do intend to change working patterns as well as harmonise on-call payments they should have regard to the relevant local policies, legislation and established good practice relating to the health and safety of employees working extended hours.

**19. Is the reference to “tiered” on-call systems in principle number 2 – “commitment or availability payment” – a reference to tiered payment systems?**

No, the reference is to systems of on-call cover where two or more staff are on-call for the same period of time and one is first in line to be called out, another is second in line, and so on.

**20 If the outcome of the on-call review is that a service will change from being covered by on-call to one being covered by a shift system – is the move to a shift system covered by the requirement to put in place transitional arrangements?**

Yes, also see question 13.