NAMPS
National Association of Medical Personnel Specialists

FAQs FOR CONSULTANTS ON COVID-19

Terms and Conditions

1. **What value will SPA (supporting professional activities) bring to the COVID-19 response?**

   SPAs are the quality underpinnings of consultant clinical performance. Planning, training and review of performance are critical elements in the response to COVID-19, and will give consultants and the teams they lead the confidence and skills they will need in this crisis.

   As we move further into the response it may be that an increase in direct clinical care is warranted. Such change should be made as that becomes necessary rather than as a starting point, lest the opportunity for planning and training be lost.

2. **Can the Trust cancel my SPA?**

   BMA has stated that changes to working patterns are always best done through agreement. If you find yourself asked to convert SPA time to more direct clinical care, your employer should work with you to ensure that it is done safely and proportionately. Discussions regarding recompense and when SPAs will be restored should be had so that changes do not have an effect on your ability to plan and deliver a safe, effective service.

   NHSe have already suspended appraisal and revalidation meetings as well as cancellation of non-essential CPD - this may free up time during your working week.

   There are serious implications to shifting a doctor's focus solely to direct clinical care and should only be made where it is absolutely essential. Insisting that senior clinicians remain on the front line with no respite may exacerbate the risks of exhaustion and burnout that, in such a crisis, will already be high.

   Responding to this crisis will likely be a marathon, not a sprint and the service will need to preserve the capacity of its senior staff if it is to navigate it successfully.

3. **I worked 9 DCCs which included work in premium time what are the payment arrangements?**

   Schedule 7 6. States... if your work in premium time exceeding three programmed activities per week on average the trust to agree arrangements ie locum rates.

4. **How do I need to adapt?**

   In such unprecedented circumstances, doctors are likely to be asked to work in ways for which they will not have trained. Some may well be asked to work very far outside of the clinical areas they have spent many years training to deliver care in.

   This will mean:

   - you require additional time to undertake entirely new training
   - you will need to refresh and update in areas of practice that they will not have worked in for a

number of years

- there will be a need for supervision by other senior colleagues to ensure that you are delivering your new or modified roles as well as possible
- if you're working outside of your specialty area, you will need feedback and review of your clinical work in order to ensure that it continues to be well delivered
- you will need to carefully review and reflect on the work you have undertaken in order to ensure you address areas of difficulty
- for others, time will be required to train your colleagues in these new or updated ways of working.

Senior clinicians are extremely skilled and experienced in their customary roles. However, we would not expect any doctor currently being trained to have to work in new areas entirely independently and without oversight.

Doctors should also be mindful of paragraph 26 of the GMC's Good Medical Practice which states that:

You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

5. What decisions have been made re Medical Appraisal for this year?

As National Responsible Officer for NHS England and Improvement and the person who delegates the Senior Responsible Owner function for The Medical Profession (Responsible Officers) Regulations 2010 (amended 2013) in England I strongly recommend that appraisals are suspended from the date of this letter until further notice, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice.

Until reinstated, Responsible Officers (ROs) should classify appraisals which are affected as 'approved missed' appraisals. For clarity, affected appraisals will be regarded as cancelled, not postponed.

6. What are the Revalidation decisions?

The GMC has now issued guidance that doctors who are due to revalidate before the end of September 2020 will have their revalidation date deferred for one year. This will be kept under review the GMC will make further deferrals as necessary.

This decision has been made to give doctors more time to reschedule and complete appraisals, and to avoid the need for ROs to make revalidation recommendations during this time.

In keeping with the need to minimise non-direct quality improvement activities, NSHE have decided to cancel the 2019/2020 Annual Organisation Audit, which had planned to launch on 6 April.

7. Have decisions been made re Mandatory training and other activities?

Other measures to release clinical capacity and allow focus on the current priority include amending local requirements for mandatory training and other CPD and quality improvement activities not directly relevant to the current outbreak. ROs are encouraged to work within own trusts to make sensible changes in these areas.

8. My visa is running out next week what can I do ?

The government has announced Doctors, nurses and paramedics with visas due to expire before 1 October 2020 will have them automatically extended for one year.

9. Can I still take my Annual leave booked?

Trusts can cancel leave as part of emergency preparedness planning, however we are telling staff they can take their leave should they still wish to.

Max flexibility in relation to carrying over leave to next year.
Statutory rules state

- 20 days can be carried over to next year
- 28 days can be paid in lieu

10. I am not fulling registered with GMC but want to come back and support ?

Temporary registers have been created by General Medical Council, to support the COVID-19 response. Individuals who have retired and returned, some nursing students and some overseas nationals may be able to enter the temporary register. The individual has the same status as those on the standard statutory register. Employers will be able to check the temporary register in the same way as the statutory register. Further details about temporary registers can be found on the NHS.

11. I have not retired, but just left the NHS what will I be paid?

If staff have not retired, but left NHS employment, and they return to work in roles covered by NHS national terms and conditions of service, they should be paid at the top of the appropriate pay scale for the role they are filling, providing they are returning to the same level of responsibility.

12. What will I be paid if I am retired and want to come back?

- Doctors should be paid on substantive rate on the appropriate contract for that particular role you are doing at that level.
- If want to return to a junior role you should be paid the top of payscale in the junior role.

13. What is the Impact on pensions when staff return to work ?

If staff have already taken their pension, the government is removing any restrictions on the amount of work they can do without losing any of their pension during the emergency.

If they retired from the 1995 NHS Pension Scheme, they will no longer be limited to having to work 16 hours a week in the first four weeks after retirement.

For staff who want to take partial retirement from the 2008 and 2015 pension schemes, they will not be required to reduce their pay in order to claim pension.

14. Can things change for Staff in receipt of their NHS Pension Scheme benefits?

The COVID-19 bill will provide powers to suspend the 16-hour rule, which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week in the first four weeks after retirement. The bill also provides powers to suspend abatement for special class status holders in the 1995 scheme. It also suspends the requirement for staff in the 2008 Section and 2015 NHS Pension Scheme, to reduce their pensionable pay by 10 per cent if they elect to draw down a portion of their benefits and continue working.

These measures will allow skilled and experienced staff who have recently retired from the NHS to return to work, and will also allow retired staff who have already returned to work to increase their commitments if required, without having their pension benefits suspended.

It is important to note that all pension and re-employment income is subject to income tax, changes

in pensionable pay may affect the level of NHS Pension Scheme contributions that employees pay.

More information is available on the NHS Business Services Authority (NHS BSA) website.

15. What is the Impact of pension tax on staff increasing their hours and performing additional sessions ?

The government recognised that the tapered annual allowance has caused many doctors to turn down extra shifts for fear of high tax bills.

The Chancellor confirmed at the Budget on 11 March 2020 that both annual allowance taper thresholds will be increased by £90,000, removing anyone with income below £200,000. The measure will remove up to 98 per cent of consultants and up to 96 per cent of GPs from the taper altogether, based on their current NHS income. From 6 April 2020, staff can earn an additional £90,000 before reaching the new taper threshold. This tax measure applies to everyone, including senior managers and clinicians within the NHS. More information can be found on the Gov.uk website.

For the remainder of the 2019/2020 tax year, NHS clinicians can take advantage of a special scheme implemented by NHS England and NHS Improvement to preserve clinical capacity amid the increased pressure on services during the winter period. The scheme compensates NHS clinicians at retirement for the effect on their pensions of annual allowance tax charges incurred in 2019/2020.

16. Can working hours and working time regulations change?

It is recommended that agreements should be reviewed to allow more flexibility on the night work limits, right to rest periods and rest breaks. In particular, where staff work beyond the length of shifts laid down in the regulations, Regulation 24 of the WTR specifies, and Department for Business, Energy & Industrial Strategy (BEIS) and Health and Safety Executive (HSE) advice is, that wherever possible, an 'equivalent period' of compensatory rest should be taken before the next shift begins. These provisions remain in force.

It is important that rest breaks are accommodated wherever possible, to ensure staff are able to function effectively and safely. Discussions should take place with local staff-side organisations on these issues to seek agreement on policy at local level. For example, on working hours, reference periods can be extended to up to 26 weeks without agreement or up to a maximum of 52 weeks with agreement.

However, during the peak period of the pandemic, even a 52-week reference period may not be practicable for some specialist clinical staff who will be in heavy demand. In addition, senior staff may be required to be available to provide guidance and leadership. In these cases, it may be necessary to ask individual staff to voluntarily waive their right to not work more than 48 hours a week to allow for flexibility. It is recommended that this provision should only be used in exceptional circumstances.