How will the action affect me as a non-junior?

HC SA members will be required to go to work as normal on the days of action. The HCSA encourages its Hospital Representatives and members to engage positively with Clinical Directors and Department Managers in discussions and to engage with measures which will ensure adequate cover, a safe service for patients and safe working for themselves.

It is important that consultants and SAS doctors work in whatever safe way they can, suited to their competencies, to ensure emergency patients stay safe, that they take every step possible to keep patients safely treated in areas and levels of practice in which they are competent and trained, and that they make sure they do not become overcommitted and leave other areas vulnerable as a result.

We can expect Consultants and SAS doctors to be asked to provide first on-call cover and possibly, resident on-call cover, not to take leave that may have been booked, as well to rearrange supporting professional activity time.

Part-time Consultants and SAS doctors could be asked to rearrange their days of working to facilitate cover.

What happens if I am told to undertake the duties of a junior doctor colleague?

All doctors are expected to be flexible and to co-operate with “reasonable requests“ from line managers. You may also be asked to deputise for colleagues who are absent, where it is safe and practicable to do so. You may well be asked to cover/perform the duties of a colleague who is taking industrial action. In many instances this could be interpreted as a reasonable request. Refusal to carry out such a request could result in your employer taking disciplinary action.

However, clinical safety is a key factor in deciding what constitutes a “reasonable” request. It would not be reasonable to expect a hospital doctor to undertake duties that they are not qualified to perform, or to be asked to carry out duties that would result in an individual being too tired or overburdened to work safely.

If you were due to be undertaking supporting professional activity (SPA) then that activity should be rescheduled for a later date. There is no strict entitlement to this, but it represents a practical solution which ensures valuable SPA time is not lost. Be aware that if you were scheduled to be, for example, doing a period of CPD, paid time must be made available in future for you to do that CPD.

If a patient is at risk, any refusal to cooperate in assisting with that patient is likely to be considered unreasonable, meaning that you will be more vulnerable to disciplinary action than if the request was to undertake work that was not clinically urgent or was not clinical in nature at all.

If you are covering the work of a junior colleague, you must remember that you are still employed as a consultant or SAS doctor but are working at a lesser level of skill or responsibility than you do normally.
If you are expected to use systems, such as electronic prescribing or discharging systems, which you are unfamiliar with you should raise this with your employer who may provide training and support to consultants and SAS doctors.

If you are undertaking work outside of your normal duties, these must be within your competencies and if they are of a lesser level of skill requirement or responsibility you should still be paid at your normal rate of pay.

The GMC has produced specific guidance relating to the escalation of strike action by junior doctors. An update is available at http://www.gmc-uk.org/news/28651.asp

It states: “Senior doctors and those not involved in the dispute should continue to provide medical care during the industrial action and, as far as is possible, make sure that patients are protected, where necessary providing cover in place of those taking action. They should assist employers and clinical managers who will have been preparing for this action and putting in place other options for emergency care."

What happens when the industrial action finishes?

When a day industrial action finishes, please remember the importance of continuity of care and communication with colleagues, and the following guidance from the GMC’s Good Medical Practice:

“You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:

a. share all relevant information with colleagues involved in your patients’ care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers

b. check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient’s care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

“If you have undertaken duties outside of your normal duties during the period of industrial action, you must be mindful of your duties with regard to ensuring continuity and good communication if handing back care to another doctor.”