

## Guidance for doctors in training regarding 'acting down'

Prepared by the Academy Trainee Doctors' Group

### Summary

Doctors in training shouldn't be asked to, or have to, 'act down' except in occasional emergencies or unforeseen circumstances and even then, not for prolonged periods or on a regular basis.

N.B. While this guidance refers to the 2016 junior doctor contract used in England, the principles set out here apply to all trainees.

### Background, Definition and Examples

Doctors in training in many specialties are increasingly reporting being asked to cover the work of more junior colleagues in a practice known as 'acting down'. Ideally clinicians at all grades should work to the top of their level of practice in a team with a skill mix appropriate to deliver safe and effective patient care. While part of the training experience is service provision, this needs to be appropriate to the doctor's stage of training and acting down adversely affects the training and wellbeing of individuals doing it. This document is written to provide guidance to both organisations asking trainees to act down and to trainees being asked to act down.

Acting down is defined in the 2016 contract as being:<sup>1</sup>

*'Where a doctor is requested by their employer to cover the duties of a more junior colleague within their contracted working hours, although it may extend to covering the duties of a more junior colleague during unplanned additional hours. This definition does not apply, however, where the doctor undertakes duties as part of their normal workload which a more junior doctor might be competent to undertake; nor does it apply where a doctor agrees to undertake locum work at a more junior level.'*

Common examples of acting down include:

- A higher specialty medical trainee covering either a foundation, Core or IM Stage 1 trainee both on the ward or out of hours
- A surgical ST3 being asked to fill on-call gaps on a surgical 'SHO' rota or sent to cover foundation doctor or advanced clinical practitioner gaps.

There are many 'edge cases' that are more complex and a determination of whether or not they are acting down depends upon things like the respective trainee positions, regularity, educational benefit of the tasks and other surrounding local factors.

Many scenarios where acting down occurs are due to workload/staffing issues which historically have increased particularly during winter pressures and guidance already exists addressing movement of doctors during winter pressures.<sup>2,3,4,5</sup>



## Guidance

Acting down either routinely, including in a planned manner such as covering annual leave, or in non-exceptional circumstances should not occur. Organisations are required by the GMC to 'make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload ... while creating the required learning opportunities'.<sup>6</sup> Academy of Medical Royal Colleges guidance advises that 'Doctors in Training should be ... directed to work at a level suitable to their competence and experience'.<sup>7</sup>

Exceptional circumstances, including covering last minute absences for less than 48 hours, are exempt and the Junior Doctor Contract 2016 advises on this matter:<sup>1</sup>

*'A doctor will be prepared to perform duties in occasional emergencies and unforeseen circumstances (for example short-term sickness cover), if they are able and safe to do so, where the employer has had less than 48 hours' notice, and the duty is for less than 48 hours' duration of cover. Commitments arising in such circumstances are, however, exceptional and the doctor should not be required or expected to undertake work of this kind for prolonged periods or on a regular basis.'*

With specific regards to winter pressures, the increased demands placed upon hospitals during winter are not in and of themselves unforeseen or exceptional. It is acknowledged however that within this period there may be situations where unexpected demand for services occurs. For these to be seen as unforeseen or exceptional, it's expected that the trust will be in an 'OPEL 4' status - the same situation as is required for Health Education England's winter pressure guidance to be implemented.<sup>3</sup>

For doctors under the 2016 contract acting down can be seen as work that varies significantly from an agreed work schedule and as such can be exception reported as a missed education/training opportunity even when it occurs in an unforeseen circumstance and we would encourage doctors to do this. Importantly for those receiving exception reports, especially Directors of Medical Education, it is the determination of when something is no longer an 'occasional emergency' or an 'unforeseen circumstance' that necessitates significant action and this may be based upon both the number of reports, location from where they are coming, frequency or other recognised trends. Clearly planning for a trainee to act down to cover annual leave for example is not unforeseen whereas covering last minute absence, unless it occurs on a regular basis, is unforeseen.

When acting down trainees should be paid at the rate commensurate with their grade, not the rate for the work they are acting down to cover.



## References

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7. Academy of Medical Royal Colleges [2014]. A charter for postgraduate medical training: value of the doctor in training. Available at: [https://www.aomrc.org.uk/wp-content/uploads/2016/05/Value\\_of\\_the\\_Doctor\\_in\\_Training\\_Charter\\_0414.pdf](https://www.aomrc.org.uk/wp-content/uploads/2016/05/Value_of_the_Doctor_in_Training_Charter_0414.pdf) [Accessed 4 February 2019].