Llywodraeth Cymru
Welsh Government

GUIDANCE

Doctors returning to the NHS to assist with COVID-19: guidance

Includes pay, pensions and indemnity information for doctors returning to help with coronavirus.

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Introduction

Medical workforce augmentation is being planned in the event of a major COVID-19 outbreak. This involves asking professionals who have (either temporarily or permanently) left the NHS to consider returning to assist in several different ways.

In the event of an emergency, the GMC can grant temporary registration to certain groups. If this happens, doctors won't need to go through the registration process themselves, as it will be done automatically for them. The first group to be registered would be fully qualified and experienced doctors of good standing

who have recently relinquished their registration or licence to practise.

This is an ongoing and developing situation. Many decisions will be made on an immediate basis. This document provides some guidance but cannot cover everything. It will be updated on a regular basis.

If you have any questions that are not answered here, please forward them to our mailbox: **HSSWorkforceOD@gov.wales**.

Will I be paid? If so, how much and how regularly?

You will be remunerated for any work you do, in a way that reflects the responsibilities you undertake. The exact amount will be in line with what is offered to doctors/professionals working at the grade you were when you left the NHS.

What are the implications on my pension and tax?

What if I am post-pension?

If you are post-pension, this will not have an impact.

What will be the pension payment arrangements for staff returning to the NHS to assist in the response to the COVID-19 outbreak?

- The government is bringing forward emergency legislation in response to the COVID-19 outbreak that contains important information on pension arrangements for extra NHS staff.
- The legislation provides for the suspension of 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 legislation also provides for the suspension of both the abatement for special class status holders in the 1995 Scheme and the requirement for staff in the 2008 Section and 2015 NHS Pension Scheme to reduce their pensionable pay by 10% if they elect to 'draw down' a portion of their benefits and continue working.
- Taken together, these measures will allow skilled and experienced staff who have recently retired from the NHS to return to work, and they will also allow retired staff who have already returned to work to increase their commitments if required, without having their pension benefits suspended.
- These measures are important in allowing individuals to return to work during a critical period for the NHS with clarity around their pension arrangements.

When will these measures take effect?

- The legislation will give the Government the power to immediately bring these measures into effect, if required.

What will happen when these measures are no longer needed?

- A 6-month notice period will be given to staff and employers before these measures will cease to apply, at which point the relevant sections of the scheme regulations will take effect again. Staff and employers will therefore have 6 months' notice to readjust their working patterns.

The impact of pension tax on high-earning clinicians is a big issue and a barrier to extra capacity amongst existing NHS staff. What are you doing about that?

- The manifesto pledged to address the taper problem in doctor's pensions,

which causes many to turn down extra shifts for fear of high tax bills. The Chancellor will do this via a tax solution, as follows:

- The annual allowance taper thresholds are increased by £90 000 from 6 April 2020. The taxable pay threshold rises from £110 000 to £200 000, and adjusted income threshold from £150 000 to £240 000.
- However, to ensure that the very highest earners pay their fair share of pension tax, the minimum level to which the annual allowance can taper down will reduce from £10 000 to £4 000. This will only affect those with total income (including pension accrual) over £300 000.

Can I help without being in a directly patient-facing role?

Yes. There are also opportunities for non-patient facing roles, such as working with NHS 111.

Where will I be placed/could I be sent to another part of the country?

Where possible, you will be sent to a health board / trust where you have worked before or are linked with. There might be rare occasions where we would ask if you would consider moving to a different area to cover an acute workforce shortage, but this would be discussed with you beforehand.

Are people employed by one health board / trust or will they move around?

Initially we would expect staff to work in one organisation, although they may be asked to rota to different organisations based on clinical need, but always subject to an individual's preferences. Midwives working across geographies shouldn't be a problem as they are used to working in this way.

Will I have insurance and indemnity covered?

COVID:19 NHS Wales Indemnity

Due to the ever-increasing pressure on our NHS in Wales during this time, clarity has been sought regarding the application of the Wales state backed clinical negligence schemes – the scheme for General Medical Practice Indemnity (GMPI) (that deals with primary care claims) and the Clincial Negligence Scheme (CNS) (that deals with secondary care claims) during the deployment of GPs, and clinical staff to other departments, roles and clinical duties as a result of COVID-19.

The Welsh Ministers indemnify both NHS Trusts and Local Health Boards (including those employed and engaged by a Trust or LHB) as members of its scheme for clinical negligence through the NHS (Clinical Negligence Scheme) (Wales) Regulations 2019. GPs holding a GMS contract and those employed or engaged by those GPs are also covered by the GMPI scheme. Any returning GP that wishes to undertake locum work will need to register on the All Wales Locum Register (AWLR) in order to fall within the scope of the GMPI. A GP who does not register on the AWLR but wishes to undertake locum work will need to make their own arrangements for indemnity cover.

The Schemes cover any liability in tort owed by a member to a third party in respect of or consequent upon personal injury or loss arising out of or in connection with any breach of a duty of care owed by the member to any person in connection with the diagnosis of any illness, or the care or treatment of any patient, in consequence of any act or omission to act on the part of a person employed or engaged by a member, or a GMS contractor and those employed or engaged by that contractor, in connection with any relevant function of that member.

Under section 11 of the Coronavirus Act 2020, the Welsh Government will provide indemnity for clinical negligence liabilities associated with COVID 19 which are not already covered by alternative indemnity arrangements such as those provided by the GMPI and CNS, insurance companies or medical defence organisations.

We wish to resassure all NHS employees and GMS contract holders (and honourary contract holders) that the necessary levels of protection and indemnity will continue to be in place through this time. Returning GPs and volunteers who have been sourced by NHS Wales to assist with the delivery of clinical services will also be covered by these schemes. Indemnity arrangements should not be a barrier to changed working arrangements during the pandemic.

Will returning doctors be provided with clinical indemnity cover?

Any professional working in a health board or trust or GP practice will be covered.

If engaged by an NHS health board or trust to provide NHS services, individuals will be covered by the Clinical Negligence Scheme.

If they are engaged by a GP practice to provide NHS services (i.e. a GP practice, the main business of which is the provision of primary medical services for the NHS), individuals will be covered by the Clinical Negligence. The Scheme for General Medical Practice Indemnity (GMPI).

Where do I go for more advice and support about indemnity?

We recognise that returning doctors may also want to access medico-legal advice and support, and it is the Government's intention to ensure this is not a barrier to their return. The Medical and Dental Defence Union of Scotland (MDDUS), the Medical Defence Union (MDU), and the Medical Protection Society (MPS) have confirmed that they will provide medico-legal advice and support at no cost to their retired members who return to work on the COVID-19 response.

For retired MPS and MDDUS members this is automatic. MDU is asking retired members to complete a short form. More information for returning members is available at

- www.mddus.com/coronavirus
- themdu.com/coronavirus
- www.medicalprotection.org/uk/articles/information-for-retired-doctors

Will I have to pay to go back onto the GMC register?

No, you will not have to pay to temporarily return to the GMC register.

Will I be expected to re-do an appraisal or re-validation process?

No, this will not be necessary.

Will I receive an induction process?

Officials are in the process of finalising if or how Fast track arrangements will apply in Wales. A further update on this will be provided in due course.

My DBS is out of date – does it matter?

A DBS will be required. This will be a remote, fast-tracked, process in collaboration with the Home Office.

I have a co-morbidity or am a primary carer, can I also work?

Given the increased risk of COVID-19 in those with co-morbidity and in the elderly population, we would advise this group against returning to patient facing clinical work. However, there may be a non-patient facing role that you are interested in exploring.

I’ve accepted temporary registration. What will happen next? How will I find out where I’ll be working?

With permission, your contact details will be passed on to regional teams so that you can be linked with local health board / trusts.

Will I be sent to multiple different clinics and hospitals or stay in one role?

Ideally you would be placed in one role, but this cannot be guaranteed.

Will I need to learn new skills?

Fast-track induction processes are being developed locally. This will include refreshing on old skills, such as death certification and prescribing, as well as new skills such as Personal Protective Equipment (PPE) training.

What if I become ill when I am working?

If you become ill while working, you should immediately inform your line manager and withdraw from work. If you think you may be ill due to COVID-19 you should follow national guidance in place at the time (likely to be self-isolation).

What if I change my mind and don’t want to work anymore – who do I tell?

If you change your mind and don't want to work anymore you should tell your line manager. A professional approach would be expected - for example not leaving in the middle of a shift. It is thought likely that the need for extra doctors

due to COVID-19 is likely to last for a matter of weeks only.

Could I be asked to work in an area I am not familiar with?

As far as possible, we aim to match doctors to suitable specialties. In some situations, you may need to be placed in a different specialty according to service requirements. Where this is necessary, you will be supported adequately to take on these roles. Provider health boards / trusts will discuss with medical staffing to make local arrangements. The GMC's Good Medial Practice should be followed and you would be expected to recognise and work within the limits of your competency.

I am working in an educational or research role, what are the next steps for me?

If you have a joint contract between clinical and educational/research roles, your provider health board / trust will contact you to discuss whether you are prepared to give up these activities in the short term (unless working on education or research in relation to COVID-19) to provide more clinical support in the workplace. Those with teaching expertise may be able to help provide induction for others including those returning doctors – for example, in the use of Personal Protective Equipment (PPE), managing high flow oxygen or ventilated patients (if appropriately trained to do so).

I work in a part time clinical role, what are the next steps for me?

Discuss with your employers under what circumstances you should temporarily suspend your external commitments in order to provide more clinical support in your employing health board / trust. The balance between supporting front-line NHS services directly and delivering the business as usual work of the national bodies should be carefully balanced in each case.

What sort of work might I be expected to do? Will I have a choice?

There are multiple possible roles that you might be expected to take on including (but not limited to): contributing to the clinical part of the NHS111 service, death certification, backfill for clinicians dealing with acute respiratory patients, helping with outpatient clinics (this could be via telephone), seeing Emergency Department patients with acute non-respiratory presentations, providing elective treatment on 'cold' sites, training other clinicians.

How long will I be needed for?

You are likely to be needed for a short time period but at this stage, the exact length is unpredictable. You are free to stop working at any point. Contracts are likely to be drawn up for 6 months with the possibility for extension.

Will I have a contract?

Yes. You will have a contract that reflects all the working hour protections, pay arrangements, annual leave entitlement and hospital inductions that are provided to new FY1 doctors.

What documentation do I need to have checked before I start work? Can this be done remotely?

Identify checks will be required but this will be a fast-track process with your local HR department.

Will I have a rota/need to work a specific number of hours?

You may be placed on a rota but this will be discussed with the department you will be placed in locally. Working hours will not exceed European Working Time Directives.

Will you check that I don't have coronavirus?

If you develop symptoms, national guidance for testing will be followed.

What happens if I treat patients while having coronavirus?

As soon as coronavirus is identified in staff, they will be withdrawn from work and contact tracing procedures will follow.

Will I be provided with personal protective equipment?

Yes, if required.

Do I need to wear a face mask?

It is not necessary to wear a face mask if you are well.

Face masks are only of any use if they have been properly fitted to the wearer and "fit-tested". Should you be required to care for patients with suspected or confirmed cases of COVID-19, you will be trained in appropriate infection prevention measures – including the correct use of PPE. Please see **UK Government advice**.

I haven’t been fit tested for the correct masks (FFP3)? Could I be asked to go into a room with a patient with suspected or confirmed covid-19?

Clinicians preparing to assess a patient with suspected COVID-19 must wear Personal Protective Equipment (PPE), which as a minimum should be:

- a correctly fitted FFP3 respirator
- gown
- gloves
- eye protection

Doctors seeing patients with confirmed COVID-19 must wear full PPE, including:

- FFP3 respirator
- disposable eye protection, and preferably a visor
- a long sleeved disposable gown
- gloves.

For symptomatic, unconfirmed patients, doctors should wear:

- a fluid resistant surgical mask
- gloves
- apron
- eye protection if there is a risk of splashing into the eyes

I’m pregnant or immunosuppressed. What rights do I have to protect myself from infection at work?

Pregnant women may be particularly vulnerable and employers have additional responsibilities to protect them. Employers should regularly assess risk and discuss options with pregnant employees. It may be appropriate to move them to a different location, arrange for them to work from home or even to temporarily

remove them from the workplace. If this is the case they will receive full pay. Any action must be taken with consent and preferably with support from Occupational Health. **Further advice is available from the Royal Colleges**.

Immunosuppressed people may well be at increased risk, depending on the reason for the immunosuppression, drug type and dosage, and so on. A risk assessment will be conducted locally and you are advised to avoid COVID-19 exposure, which could mean redeployment to a non-frontline role.

Is there specific advice for other high risk chronic diseases?

People with chronic heart and lung disease have a higher risk of complications and higher mortality than the general population. We would not advise this group to return to directly patient facing roles.

I'm concerned that I may have to work in unsafe conditions. How can I protect myself?

The GMC acknowledges that doctors may be anxious about context not being taken into account when concerns are raised about their actions in very challenging circumstances. Where a concern is raised about a registered professional, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. The GMC would also take account of any relevant information about resources, guidelines, or protocols in place at the time.

How can I decline if I am asked to work beyond my clinical competence?

If the epidemic worsens it is likely that doctors will have to work outside their normal field of practice. When deciding the safest and best course of action in the circumstances, doctors should consider factors including what is within their

knowledge and skills; the protection and needs of all patients they have a responsibility towards; and minimising the risk of transmission and protecting their own health.

Defence organisations advise that any doctor faced with clinical duties outside their clinical competence should explain their concerns clearly to someone with responsibility for providing the service to determine the safest way to proceed. If they have done so and still feel uncomfortable, their medical defence organisations can advise them further. The GMC's Good Medial Practice should be followed.

How would I handle patients' requests for extra medication?

While there are currently no reported medicine shortages as a result of COVID-19, doctors may face requests from patients for extra medication to stockpile. We advise doctors to resist pressure to overprescribe and to stick to existing policy on repeat prescribing unless they receive official advice stating otherwise.

If I opt to see patients remotely, does this affect my indemnity?

In making the decision to consult and advise patients remotely, doctors must balance the risks and benefits and be satisfied that they can adequately clinically assess the patient remotely. Defence organisations advise doctors to make a record of the reasoning behind any decisions made and the information they give to patients in case they need to explain the approach they've taken later on.

I’m about to graduate from medical school and would really like to help. Can I start work before August?

HEIW is in discussion with the GMC and medical schools to see how medical students could safely help if needed.

Who verifies a person is registered and how do people find out?

Organisations will need to this by checking the regulators website which most regulators use but we are checking the HCPC.

How are Terms and Conditions agreed? With individual health boards / trusts?

Individual organisations will decide the terms and conditions, the recommendation is that T&Cs are the same as those in place at the point the individual left the organisation.

Will travel be paid?

We would not be expecting to pay for home to work travel.

What are line management arrangements?

Line management would be the normal lines of accountability and supervision.

How will any issues be escalated?

Individual should in the first instance contact their line manager (in the first instance), local HR department / Chief Nursing Officer / Medical Director. We would expect normal governance rules / policies to apply as well.

What is the role of agencies?

Our preference would be to employ staff direct or utilise staff banks, as this is the most cost effective way to employ people. Agencies should be used as a last resort.

How to get involved

Your regulator will soon contact you with more information if:

- you have left your profession in the last 3 years
- you had up to date skills and experience when you left

Register to rejoin the NHS

About this document

This document is a copy of the web page **Doctors returning to the NHS to assist with COVID-19: guidance** downloaded.

Go to **https://gov.wales/doctors-returning-nhs-assist-covid-19-guidance-html** for the latest version.

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