

BMA Cymru Wales Industrial Action BMA Derogation Request

The purpose of these questions is to provide information and assurance that every possible action has been taken to avoid the need for derogation. It is expected that derogation requests will only be submitted when plans put in place have been impacted by unforeseen circumstances and there is no alternative to derogation. Information requested on this form is to facilitate decision making, not to direct clinical decisions. No single factor will alone determine whether a derogation request will be denied.

Complete sections 1-8 and submit to NHSWalesemployers.BMA.IndustrialAction@wales.nhs.uk who will complete sections 9 and 10. Sections 11 and 12 will be completed by the BMA.

Section 1. Organisational Detail

Health Board/Trust	
Site / Service requesting derogation	

Section 2. What is the risk that has resulted in a derogation request?

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Section 3. Pre-derogation check list

	Yes	No	Detail (<i>must complete</i>)
Workforce			
1. Have all non-point of care registrants been redeployed to point of care duties?			
2. Have all non-clinical staff been considered for redeployment to undertake non- clinical duties?			
3. Have all registered staff not working as a registrant been considered for redeployment?			
4. Have all local options for temporary staffing been reviewed including engaging with premium rate providers?			
5. Have all local incentives for redeployment been considered including enhanced extra contractual rates e.g. BMA rates, golden shifts?			
6. Has relevant elective activity been cancelled during the period of industrial action?			
7. Has relevant non-emergency activity been cancelled over the period of industrial action to facilitate safe release of cover			

Section 4. Planned medical cover for period of Industrial Action

	Detail (<i>must complete</i>)
Is this at weekend cover?	
If below, what mitigations are in place to support doctors providing cover?	
How does this differ from the plan?	

Section 5. What actions / mitigations are being undertaken currently to manage the patient safety risk

	Detail (<i>must complete</i>)
Health Board/Trust Level	
National Level	
What is the confidence in delivering these mitigations?	
Are there any risks associated with the mitigation? If so, please identify	
What is the residual risk that the derogation would mitigate?	

Section 6. Staffing level detail**Detail (must complete)**

	Normal Day	Bank Holiday	Planned for day/period of IA	Actual	Gap
Junior Doctors					
Consultants					
SAS					
Locums (level)					
Physician Assistants					
ANP / ENP / CNS					

Section 7. What is being requested?

	Detail (must complete)
Staff group /level/ speciality being asked to return to work?	
Number being requested	
When?	
For how long?	
How will this reduce or resolve the patient safety risk?	

Section 8. Organisational Sign Off

	Detail (must complete)
Name of Senior Clinician requesting derogation	
Role of Senior Clinician requestion derogation	
Have local quality impact reviews been undertaken and documented?	
Has this derogation been reviewed and approved by the organisation Executive Medical Director? (<i>Please insert name</i>)	
In the absence of the Executive Medical Director, has this derogation been reviewed and approved by an Executive Director? (<i>Please insert name</i>)	
Signature of Approving Executive (electronic)	
Date request submitted	

Once completed to this stage by Health Board/Trust, send to NHS Wales Employers INSERT EMAIL ADDRESS)

Section 9. NHS Wales Employers Sign Off

	Detail (must complete)
Name of individual who has reviewed the request	
Role of individual who has reviewed the request	
Are you satisfied that the request form meets the agreed criteria for derogation request and provides adequate information for the BMA to reach a decision?	
Signature of Reviewer (electronic)	
Date request submitted	

Section 10. Further detail / context

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The following sections should be completed by the BMA.

Section 11. BMA Sign Off

	Detail (<i>must complete</i>)
Name of individual who has reviewed the request	
Role of individual who has reviewed the request	
Derogation Approved (yes/no)	
Signature of BMA Reviewer (electronic)	
Date decision made	

Section 12. Further detail / context

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