

Dear Colleague

SHORT TERM COVER PRINCIPLES AND DEFINITIONS

Summary

This Director's Letter provides updated principles and definitions to NHS Employers in Scotland on the Short Term Cover process for relevant medical and dental staff.

1. The principles and definitions document complements the current guidance.

Background

2. Following the consultants' pay agreement for 2024/25, discussions have taken place between representatives of the Management Steering Group (MSG) and BMA Scotland to improve the principles and definitions of 'Short Term Cover'. Those discussions recognised the applicability of guidance to specialty and specialist (SAS) doctors and dentists in addition to consultant grade staff. It has been agreed that the current guidance should now be complemented with:

ANNEX A: Short Term Cover – Principles and Definitions

3. Scottish Government, NHS Scotland Employers and BMA Scotland ask NHS employers in Scotland to ensure that the principles and definitions outlined in the document on the Short Term Cover process are adopted.
4. For clarity, the information within this DL is applicable to consultants, specialty and specialist doctors and hospital dentists.

Action

5. NHS Boards, Special Health Boards and NHS National Services Scotland are asked to ensure that this letter is drawn to the attention of those involved in the Short Term Cover Principles and Definitions process.
6. Employers are asked to make their own arrangements for obtaining additional copies of this Director's Letter (DL) which can be viewed at www.publications.scot.nhs.uk and on the MSG website at www.msg.scot.nhs.uk.

DL(2026)04

24 March 2026

Addresses

For action

Chief Executives, NHS
Boards and Special
Health Boards and
NHS National Services
Scotland
Directors of Human
Resources

For information

Members, Scottish
Partnership Forum
Members, Scottish
Terms and
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Committee
Members, Scottish
Workforce and
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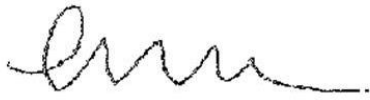
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Yours sincerely

A handwritten signature in black ink, appearing to read 'Gillian Russell', with a long horizontal stroke extending to the right.

Gillian Russell

Director of Health Workforce

Short Term Cover – Principles and Definitions

Principles

- Additional work needs to be remunerated – prospective cover (annual/study leave) should already be factored in to job plans.
- Employees should not be paid twice for the same work: there is however recognition that one person cannot be expected to undertake both their own and another other employee's workloads simultaneously, and where this is the case then agreement should be sought locally to reschedule any activity where appropriate.
- The onus to source cover rests with the employer and doctors are not contractually obliged to provide this. If doctors are willing and able to cover the work, they will agree with the employer how the work will be remunerated. All parties need to consider whether it is safe, healthy, and sustainable for the individual doctor to take on more work.
- On-call work is often for longer hours than routine work.
- There is a shared aim to reduce reliance on agency locums with a hierarchy of shorter-term cover being:
 1. Team/Department
 2. NHS Staff Bank
 3. Agency
- Cover rates need to be based on the individual's grade and specialty.
- It would be right to emphasise that the agreed rates should not be used as an alternative to seeking appropriate longer term cover arrangements where there are longer term staff shortages.

Definitions of cover

It is proposed that there are three clear categories of cover to consider when looking at remuneration – immediate, short term, and long-term.

- **Immediate cover (for unexpected absence)** - up to 72 hours if it includes a weekend or public holiday. Note that this is in line with the 2022 SAS contract which includes up to 72 hours cover if it includes a weekend or public holiday and remuneration for that period is set out in Sched 10 para 23 of SD TCS.
- **Short Term** – beyond the first immediate cover period (24hrs - 72hrs if including a weekend or public holiday) and up to a maximum of 21 calendar days. This is likely to be required for ongoing unexpected sickness absence or some other absence (like minor injury or protracted illness).

- If, however, it is clear that the absence will last longer than calendar 21 days, Boards should make every effort to ensure appropriate cover is in place at the earliest opportunity, ideally before the end of the 21-day period.
- **Long term** – anything beyond 21 calendar days. This should normally be covered by an external locum. Where cover is likely to be prolonged, the employer should look at team service planning, which may include utilising EPAs where appropriate, in agreement with relevant individuals. A locum means “a doctor appointed on a fixed term basis to provide locum cover (i.e., an extra person) rather than additional work undertaken to provide ad hoc cover by an existing member of staff.

What work needs to be covered immediately and short term?

- Immediate cover should include on-call and ward rounds, as well as emergency or urgent care provision (such as cancer surgery, immediately life threatening, and procedures to prevent life limiting outcomes).
- Short term cover (beyond immediate) could include essential activity e.g., out-patient clinic, or some elective work dependent on urgency (e.g. pacing).

What is not included?

- Elective work (including Waiting List Initiatives).
- Cover for long term absence (as above – beyond 21 calendar days).
- Irregular cover for other grades (e.g., a consultant covering for a resident doctor).

Important sections from T&Cs

- Consultants Sched 7 paragraphs 7.7.1 and 7.7.2
- Specialty Doctor 2022 contract Sched 3, paragraphs 5 to 7
- Specialist 2022 contract: Sched 3, paragraphs 4 and 5