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RCM On-call Guidance

ON-CALL FAQS

Increasingly across the UK, staffing shortages have been used to drive the introduction of new forms of on-call. This is not the intended purpose of on-calls, which have traditionally been worked by community or case load/continuity teams to cover intrapartum care for the women in their care.

This guidance has been produced to support RCM activists who may be faced with proposals for new on-call systems - or for existing systems to be adapted and widened beyond their intended use - and to provide an overview of the RCM's position and both the relevant Agenda for Change Handbook provisions and the law.

What is 'on-call'?

You are on-call when you are available outside of your normal working hours to work as and when required.

For midwives and MSWs generally on-call is undertaken from home, but on-call can also mean being required to stay or sleep at the workplace, or nearby

What are the arrangements for on-call?

The terms and conditions of on-call for RCM members vary by nation.

For all NHS staff employed under Agenda for Change, the Agenda for Change Handbook sets out principles for harmonised on-call arrangements.

For RCM members in England, on-call arrangements are agreed locally, through an organisation's partnership forum or joint negotiating committee.

When is on-call a problem?

On-call does not need to be a problem, and for some RCM members, such as birth centre midwives and community midwives, it is a normal and established part of their working lives.

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However, employers are increasingly imposing on-call on staff who had not previously been expected to work on-calls, and rostering on-calls on or immediately before non-working or annual leave days. While some midwives have begun to voluntarily participate in on-call systems, for others the change to working patterns is being enforced.

These changes are symptomatic of the chronic shortages facing NHS maternity services. The regular use of on-call to cover for labour ward and other shortages above contractual hours is simply forced overtime. It is detrimental to the health, safety and wellbeing of staff, and will ultimately exacerbate the staffing crisis by forcing more maternity workers out of the profession.

Any imposition of on-call systems is particularly concerning considering the extra hours worked by RCM members in England. In the 2021 NHS staff survey, 83% of midwives reported working additional unpaid hours for their organisation, while 53% also reported working additional paid hours.

All additional hours worked by staff should be rewarded fairly, with overtime paid at time-and-a-half[1] for staff in bands 1 to 7[2] for hours worked above standard hours (37.5 hours a week). Note that there may also be local agreements which extend overtime payments to some Band 8 staff.

It is the RCM's position that:

- Proposed changes to working patterns should be subject to organisation's management of change policy
- On-calls should not be rostered immediately before a day off or a period of annual leave, and compensatory rest – as described under Regulation 24 of the Working Time Regulations 1998 – should be taken immediately or as soon as possible after

[1] As per Part 2 Section 3 of the Agenda for Change Handbook, there is a single harmonised rate of time-and–a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.

[2] For senior staff paid in bands 8 or 9, there is no entitlement to overtime payments, as per Part 2 Section 3 of the Agenda for Change Handbook. However there might be local agreement on extending overtime payments for staff above band 7.

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being called out. On-calls should only be rostered before a working shift to allow for compensatory rest to be taken if required after an on-call.

The RCM will challenge the imposition and abuse of on-call at local level and continue to raise it nationally with employers.

What can RCM workplace representatives do?

This guide has been written to help RCM workplace representatives to:

- Stop the imposition of new on-call systems that have not been agreed with staff
- Consider any proposals made by employers and negotiate on behalf of RCM members
- Look for long term solutions to staffing problems

As an RCM workplace rep you should keep members updated and ensure that you are meeting regularly. It is important to reach a position locally that addresses the concerns of RCM members.

This guide covers relevant national terms and conditions of service. Many organisations will also have relevant local policies. It is important to ensure you have copies of these policies and are aware of their provisions and applicability in this context.

While negotiating you might consider:

- proposing an on-call arrangement that is more agreeable to members
- proposing a voluntary arrangement as a temporary measure to cover immediate shortages on the basis that a business plan is agreed
    - ensuring any plan is compliant with Birthrate+ and a timeline is agreed with monitoring of the impact of these short term measures on staff, inclusive of number of working hours
- working with other trade unions in your place of work to respond collectively to proposed changes
- working in partnership to ensure the maternity service escalation policy (which is used at times when activity outweighs capacity) is workable

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- making sure that policy includes forward planning-offering extra hours, overtime and bank shifts to midwives and MSWs where shifts are not filled
- ensuring any on call system to cover busy periods is a last resort
- being clear that if called into the unit, the shift the following day will be disrupted

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BARGAINING GUIDE

Supporting arguments and information

Health, safety and well-being

Work/life balance is fundamental to the health, safety and wellbeing of staff - and importantly to staff retention. Unless experienced staff are retained in the NHS, we cannot hope to close the shortages.

Burnout and work-related stress are common amongst RCM members. The latest NHS Staff Survey showed that 2 out of 3 midwives in England have felt unwell as a result of work-related stress.

The Society of Occupational Medicine (SOM) recently reported that midwives and nurses are at considerable risk of work-related stress, burnout and mental health problems as a result of heavy workloads, lack of support, low job satisfaction (particularly in relation to terms and conditions of employment), low satisfaction with work-life balance, and the demands of providing compassionate care.

The Health and Safety Executive's Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. These include demands such as workload and work patterns and control – how much say the person has in the way they do their work.

Section 33 of the Agenda for Change Handbook states that a positive work/life balance benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. It asserts that employers should have a strategic response, ensuring policies which support and promote a work/life balance are agreed in partnership.

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Intentions to leave

On call is being used across NHS services to cover for the chronic staff shortages facing UK maternity services. However, inappropriate use of on call will ultimately exacerbate the staffing crisis by forcing more maternity workers out of the profession.

In the RCM annual members experience survey 2021, over half of midwives surveyed said they were considering leaving their job with 57% saying they would leave the NHS in the next year. Similarly, in the NHS England staff survey 2022, 51.9 of midwives said they often think about leaving their organisation.

These intentions to leave are evidently being carried out, as NHS statistics show that in April 2022 England had 677 fewer midwives than at the same time last year, with numbers dropping by the month. This fall is on top of the shortage of 2000 midwives in England leaving the NHS without the numbers needed to deliver safe and high-quality care for women, babies and their families.

Year-on-year falls in the number of midwives are being seen for the first since NHS Digital began publishing leaver data in 2009, and midwives had the highest leaving rate of any NHS staff group in the year to 2021.[3]

Agenda for Change

The following section breaks down the relevant Agenda for Change Handbook provisions with brief summaries of the key points in each section. The full text of each relevant provision can be found at the end of this document in the appendix.

Annex 29

Annex 29 lays out the principles for harmonised on-call arrangements.

These principles include:

[3] NHS Pay Review Body 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1092270/NHSPRB_2022_Accessible.pdf

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1) Equal pay

On-call arrangements should be consistent with the principles of equal pay for work of equal value.

2) Commitment or availability

Payment for on-call hours needs to reflect the availability for being called. There are three types of availability: at home; at work, ready to undertake work; and sleeping in at a workplace.

3) Frequency

That part of the week covered by on-call arrangements should be divided up into appropriate periods for the purposes of calculating the frequency of on-call availability. For example, each week could be divided into nine periods of at least 12 hours.

4) Work done

Staff who are called into work will receive payment for the period they are required to attend at the rate agreed for on-call work done. This will include work done at home and is paid from the time of call out.

5) Time off in lieu

Staff should have the option to take time off in lieu rather than payment for work done. The Agenda for Change handbook states that any such time off in lieu will be at plain time rate.

However, staff who, for operational reasons, are unable to take time off in lieu within three months must be paid at the overtime rate.

6) Compensatory rest

Staff will receive compensatory rest for work done. This is covered further under section 27 (see appendix).

7) Travel to work

When working on-call, staff will be paid for travel to work. Time spent travelling to work when called into work will be paid at the rate agreed for on-call work done.

8) Public holidays

Covering a public holiday will attract a day in lieu irrespective of work done. If called into work, this will be in addition to the appropriate payment for the duties undertaken.

There are further principles covering sleeping-in and pensions, for which members should see the full section in the appendix.

Section 27

Section 27 covers working time regulations – the responsibility for employers to exercise control on working hours.

Staff who are on-call will be regarded as working from the time they are required to undertake any work-replaced activity – i.e. from when they are called into work.

When staff are on-call but otherwise free to use the time as their own, this will not count towards working time.

When staff are required to sleep-in, local agreements should be made for compensatory rest.

Please note: this calculation of working time will not affect on-call payments.

Annex 7

Annex 7 offers good practice guidance on managing working patterns.

Good management practice and appropriate protocols are important to managing the provision of emergency cover outside normal hours.

Employers should ensure that staff are given at least four weeks to be made aware of their working patterns before they become operational.

Section 10

Section 10 covers hours of the working week.

The standard hours of all full-time NHS staff covered by Agenda for Change is 37½ hours, excluding meal breaks.

Working time will be calculated exclusive of meal breaks, except where individuals are required to work during meal breaks, in which case such time should be counted as working time.

The standard hours may be worked over any reference period, e.g. 150 hours over four weeks or annualised hours, with due regard for compliance with employment legislation, such as the Working Time Regulations.

Section 2

Section 2 looks at the terms and conditions involved in maintaining round the clock services – i.e. services in the evening, at night, over weekends and on general public holidays.

Any extra time worked in a week, above standard hours, will be treated as overtime. This will include work after being called into work.

Staff cannot receive unsocial hours payments and payments for on-call and other extended service cover for the same hours of work.

Where teams of staff agree rosters among themselves, including who covers unsocial hours shifts, it will be for the team to decide how these shifts are allocated, provided the team continues to provide satisfactory levels of service cover.

This agreement (AfC in relation to planning round the clock cover) may be used retrospectively or prospectively. It will be for local partnerships to decide which option best meets local operational needs.

Where the system is used prospectively an unforeseen change payment of £15 will be available. This will be used where it is necessary for employers to ask staff to change their shift within 24 hours of the scheduled work period.

- The payment is not applicable to shifts that staff agree to work as overtime, or that they swap with other staff members.
- It is not available, in any circumstances, in the retrospective system.

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Other arrangements, terms and conditions

Working Time Regulations

The Working Time Regulations 1998 impose limits on the number of hours that workers can work each week.

The main features of the Working Time Regulations are:

- An average of **48 hours working time each week**, measured over a reference period of 17 weeks
- 24 hours continuous rest in 7 days (or 48 hrs in 14 days
- A 20 minute break in work periods of over 6 hours
- **5.61 weeks annual leave** (pro-rata for part-time staff)

Further features are:

- A rest period of not less than 11 hours in each 24 hour period. In exceptional circumstances, where this is not practicable because of the contingencies of the service (call out if on-call), daily rest may be less than 11 hours. Local arrangements should be agreed to ensure that a period of equivalent compensatory rest is provided. If a rest break has to be interrupted or delayed (e.g. to ensure continuity of care or in an emergency), compensatory rest must be taken immediately after the end of the working period
- An uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven day period.
- Staff who are on-call, i.e. available to work if called upon, will be regarded as working from the time they are required to undertake any work-related activity. Where staff are on-call but otherwise free to use the time as their own, this will not count towards working time. However once called to undertake any work this IS working time.

NMC Code

Below are some key areas of the NMC Code that should be specifically considered in relation to your own practice around working hours.

"*The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. While you can interpret the values and principles set out in the Code in a range of different practice settings, they are not negotiable or discretionary."*

"You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

• ***13.4*** *take account of your own personal safety as well as the safety of people in your care.*

…

• ***20.4*** *keep to the laws of the country in which you are practising*

…

• ***20.9*** *maintain the level of health you need to carry out your professional role.*

…

• ***25*** *provide leadership to make sure people's wellbeing is protected and to improve their experiences of the healthcare system*

…

To achieve this, you must:

…

• ***25.1*** *identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first."*

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Organisational change

Where on-call arrangements represent a change in employee working patterns, they should be subject to organisation's management of change policy

An employer has a duty to 'meaningful' consultation when embarking on organisational change, meaning employees views should be taken account of not just listened to. ACAS guidance states that employees should be involved in change at the earliest stage, communication should be clear, accessible and honest, training and counselling should be provided.

The Social Partnership Forum (SPF) has developed guidance stating that staff and their unions should be involved in the development and implementation of system transformation that impacts on them. Messages related to system change should be clear and transparent and developed in partnership. Guidance and procedures relating to impact on staff should continue to ensure transparency, equitability, fairness and equality. Wherever possible organisations should work together to manage the impact of organisational change on staff.

Equality assessments

Under Annex 29 of Agenda for Change, an equality assessment must be carried out if there are any proposed changes to on-call arrangements. The RCM also considers that the timings and frequency of on-calls should be included in an equality assessment, looking not only at protected characteristics of those impacted but staff groups across the organisation too.

The aim of an equality assessment is to pre-empt any issues and anticipate the impact that a policy could have on different groups of staff. These may be indirect and unintentional, but it is still important to recognise and address them. It is good practice to think, where possible, about how the different characteristics intersect, for example gender and ethnicity.

It is good practice to start an equality assessment at the policy development stage rather than once it is finalised. This is to ensure they are designed to be inclusive.

While the responsibility to carry out an equality assessment sits with the employer it is good practice to monitor and review it in partnership with local RCM workplace representatives.

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APPENDIX

Annex 29: Principles for harmonised on-call arrangements

Principles for harmonised on-call arrangements

1. From 1 April 2011, paragraph 2.25 in section 2 (Scotland and Northern Ireland) and paragraph 2.27 in section 2 (Wales), and from 1 July 2018 paragraph 2.27 in section 2 (England) confirms that payments for on-call will need to be agreed locally and consistent with the principles set out below.

2. Paragraph 2.24 in section 2 (Scotland and Northern Ireland), paragraph 2.26 in section 2 (England) and paragraph 2.26 in section 2 (Wales) define on-call as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with their employer, they are available outside their normal working hours, either at the workplace, at home or elsewhere, to work as and when required.

Table 22 Principles for harmonised on-call arrangements

Issues	Principles
1. Equal pay	The guiding principle should be that the harmonised arrangements should be consistent with the principles of equal pay for work of equal value. The effect of this should be that' schemes agreed by local partnerships should provide consistent payments to staff at the same pay band available at the same on-call frequency. All employing organisations will need to undertake an equality assessment of their proposals.
2. Commitment or availability	There needs to be a payment to reflect the availability for being called. There are three distinct types of on-call availability:

	1. At home ready to be called out or to undertake work at the work place. 2. At work ready to undertake work. 3. Sleeping in at a work place. Payment for these different types of availability– options include: • flat rate available for all staff • flat rate by band • percentage of salary. This payment will reflect the frequency of commitment. If the partnership decides to use a flat rate they will need to agree arrangements for uprating this payment when pay increases. In setting the availability payment, local partnerships will need to take account of the commitment to work weekends and public holidays. Where tiered on-call systems are required, there should be no distinction between levels of commitment when setting the availability / commitment payment. Reference paragraphs 2.19 to 2.20 in section 2 (Scotland and Northern Ireland, paragraphs 2.21 to 2.22 in Section 2 (England) and paragraphs 2.21 to 2.22 in Section 2 (Wales), to allow the option of prospective calculation of the payments.
3. Frequency	That part of the week covered by on-call arrangements should be divided up into appropriate periods for the purposes of calculating the frequency of on-call availability. The Agenda for Change interim regime may provide a useful model.

4. Work done	Payment for work done, including work done at home, should be made at the appropriate hourly rate with reference to this Handbook. Local partnerships may agree an appropriate minimum payment period for work done.
5. Time off in Lieu (TOIL)	Staff should have the option to take TOIL rather than payment for work done in line with paragraph 3.5.
6. Compensatory rest	Individuals will receive compensatory rest for work done, in accordance with section 27.
7. Travel to work	As per current arrangements. Travel time should be paid at the rate agreed for on-call work done and local partnerships will need to identify if there is a minimum and/or maximum time claim identified.
8. Public holidays (PH)	Covering a PH will attract a day in lieu in accordance with paragraph 13.4, irrespective of work done. Work done on public holidays would attract payment at the appropriate rates as identified in paragraph 13.4.
9. Sleeping in	A sleeping-in session will often incorporate the following elements: - hours of wakefulness - sleep - work done The term 'sleeping-in' does not refer to individuals who are on-call from the workplace and are able to sleep between periods of work.

	Under the working time regulations if an individual is required to sleep in at a work place this counts as working time. However, time asleep does not count for the purposes of the minimum wage. If asleep, this working time does not count for the purposes of the minimum wage. Under the Minimum Wage Regulations, the availability payment should be at least the same as a calculation for (hours of expected wakefulness minimum wage). Local partnerships will need to consider if it is more appropriate to base this calculation on the bottom point of the Agenda for Change pay scales, as described in Annex 2. In those situations where a sleeping-in session includes what the National Minimum Wage Regulations would classify as work, or when the individual is woken during a sleeping-in duty, this should be paid as work done at the appropriate hourly rate. Local partnerships may agree a minimum payment period for work done.
10. Pensions	Local partnerships should always seek advice from the NHS Pensions on any questions relating to the NHS pensions Scheme and on-call payments. It is the responsibility of the employer to determine which payments are pensionable, according to the criteria provided by NHS Pensions. Guidance on "pensionable pay" can be found on NHS Pensions websites at: England and Wales Northern Ireland Scotland.

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11. Agenda for Change interim regime	The arrangements in the Agenda for Change interim regime were consistent with these principles.
12. Transition	There are currently a range of payments for on-call, which form a regular part of income for some individuals. Local partnerships will therefore need to agree transitional arrangements for the movement of staff from current to future on-call payment systems. This includes all on-call arrangements within the scope of the review of on-call. Such transitional arrangements could include one or more of the following elements: - introduction of increased payments in one or more stages over a fixed period of time - introduction of reduced payments in one or more stages over a fixed period of time - postponement of increased and/or reduced payments for a fixed period - movement to reduced payments over a period on a mark time basis - payment of a one-off lump sum to staff if their on-call payments are reduced. The transitional arrangements which were agreed as part of the new, harmonised unsocial hours payments were an example of this sort of approach. New lower and higher levels of payments were introduced in stages over three years.

	Where service changes are linked to the harmonisation of on-call payments local partnerships may also wish to consider the use of agreements reached under Annex 15

Section 27: Working time regulations

Working time regulations

27.1 There is a general responsibility for employers and employees, under health and safety law, to protect, as far as is practicable, the health and safety of all employees at work. Control on working hours should be regarded as an integral element of managing health and safety at work and promoting health at work. It is, therefore, appropriate that health service employers, when organising work, should take account of the general principle of adapting work to the worker.

27.2 In reaching local arrangements to implement this agreement, employers or employees are expected to ensure that no arrangements are reached which discriminate against members of staff with family or other carer responsibilities.

Maximum weekly working time

27.8 Working time may or may not happen to coincide with the time for which a worker receives pay or with the time during which he/she may be required to work under a contract of employment. Working time will include time taken for training purposes, civic and public duties, health and safety and trades union duties.

27.9 Employees will normally not be expected to work on average more than 48 hours per each seven-day period, calculated over 17 weeks. In exceptional circumstances the reference period may be extended, by agreement with locally recognised unions, to a maximum of 52 weeks.

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27.10 Unless it is agreed with locally recognised unions to the contrary, the averaging reference period (as per paragraph 27.9) is the 17 weeks immediately preceding each day in the course of a worker's employment.

27.11 Working time will be calculated exclusive of meal breaks, except where individuals are required to work during meals, in which case such time should be counted as working time.

On-call staff

27.13 Staff who are on-call, i.e. available to work if called upon, will be regarded as working from the time they are required to undertake any work-related activity. Where staff are on-call but otherwise free to use the time as their own, this will not count towards working time. This method of calculating working time will not affect on-call payments (see also paragraph 27.8 and Section 2 (England and Wales) or Section 2 (Scotland and Northern Ireland) and Annex 29).

27.14 Where staff are required to 'sleep in' on NHS premises for the duration of a specified period, local agreements should be made for compensatory rest.

Annex 7: Good practice guidance on managing working patterns

Good practice guidance on managing working patterns

1. An important aspect of managing the provision of emergency cover outside normal hours is ensuring good management practice and, where necessary, ensuring appropriate protocols are put in place. This should reduce the difficulties arising from the unpredictability within the system.

2. Similarly, in line with good working practices, employers should ensure that staff are given adequate time to be made aware of their working patterns, as a guide, at least four weeks before they become operational.

3. Flexible working arrangements are a key element of the Improving Working Lives Standard and ensuring the effective management of the rostering process can impact on unexpected difficulties.

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4. NHS Staff Council guidance on Improving Working Lives (IWL) can be found on the Health, Safety and Wellbeing Partnership Group resources page1.

This substantial database of jointly agreed advice and guidance includes information on the importance of effective partnership working on health, safety and wellbeing, guidance on the prevention and management of stress at work and on the prevention and management of sickness absence. There are comparable initiatives providing similar information in each of the other UK countries (e.g. the PIN policies in NHS Scotland).

5. A series of Improving Working Lives toolkits have been produced to provide guidance to both managers and staff covering the whole range of issues within Improving Working Lives, including flexible working. Specific toolkits have also been produced aimed at particular staff groups, for example, allied health professionals and healthcare scientists. These documents can be downloaded from the Health, Safety and Wellbeing Partnership Group resources page*1.

Section 10: Hours of the working week

Hours of the working week

10.1 The standard hours of all full-time NHS staff covered by this pay system will be 37.5 hours, excluding meal breaks. Working time will be calculated exclusive of meal breaks, except where individuals are required to work during meal breaks, in which case such time should be counted as working time.

10.2 The standard hours may be worked over any reference period, e.g. 150 hours over four weeks or annualised hours, with due regard for compliance with employment legislation, such as the Working Time Regulations.

Section 2: Maintaining round the clock services (England)

Maintaining round the clock services

2.1 The NHS delivers patient services around the clock. Where staff are required to work to cover services in the evening, at night, over weekends and on general public holidays, the

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NHS Staff Council has agreed that they should receive unsocial hours payments. Section 33: Balancing work and personal life set out the principles underlying this.

2.2 This section is effective from 1 July 2018. It applies to all staff employed in NHS organisations in England on the terms and conditions of service in this handbook.

2.3 The pay of staff working evenings, nights or weekends, on and after 1 July 2018, will be worked out in line with paragraphs 2.4 to 2.24 in this section.

2.4 Effective from 1 September 2018, this agreement will apply to ambulance staff who start their employment (new entrants), or who change roles (including promotion) in an ambulance trust in England. From 1 September 2018 existing ambulance staff employed in England will be able to voluntarily choose to be paid under section 2 instead of under annex 5 of this Handbook.

2.5 Ambulance staff in England who are not affected by a change of role and who do not wish to voluntarily move from annex 5 to this section 2 will continue to receive unsocial hours payments in accordance with annex 5 and annex 6.

2.6 The standard hours of work are set out in paragraph 10.1.

2.7 Staff will receive an unsocial hours payment for their work in standard hours which is done at the times shown in table 2.

2.8 Unsocial hours payments will be worked out using basic salary. This will include any long term recruitment and retention premiums. It will not include short-term recruitment and retention premiums, high cost area supplements or any other payment.

2.9 Any extra time worked in a week, above standard hours, will be treated as overtime and section 3 will apply. Paragraphs 2.25 to 2.27 in this Section and Annex 29 set out the arrangements for on-call and other extended service cover. Staff cannot receive unsocial hours payments and payments for on-call and other extended service cover for the same hours of work.

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On-call and other extended service cover from 1 April 2022

2.25 On-call systems exist as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with their employer, they are available outside his/her normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

2.26 Employees on-call are entitled to receive an on-call payment. From 1 April 2011 this payment will be determined by local agreement on harmonised payments for on-call and other extended service cover. Local agreements need to be consistent with the 12 principles set out in annex 29.

2.27 The interim regime formerly set out in this section is consistent with these principles. It is now in annex 29.