

Junior doctors

The new 2016 contract

An introduction to the 2016 contract for doctors in training in general practice settings:

A presentation for practice managers

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Agenda for today

- Setting the context for the 'new' contract
- Pay
- Working hours and work schedules
- Exception reporting and work schedule reviews
- Guardian of safe working hours
- Transitional pay
- Questions
- Where to get more help

The “new contract”

- Seeks to remove inequities in the old contract by:
 - linking pay to actual hours worked
 - properly rewarding the proportion of those hours in unsocial time
 - linking pay progression to levels of responsibility as defined by the stage of training.
- The new contract aims to keep pay and safety issues as separate as possible so as to prevent safe working concerns turning into disputes about pay.
- The new contract encourages doctors to report variation in hours worked as soon as possible, before a pattern is established that compromises safety or training.
- Additional hours if authorised by the clinical line manager can be recompensed via time off in lieu (TOIL) or additional pay.
- Most GP trainees will be financially better off under the new contract.

The “new contract”

- The terms & conditions of service (TCS) 2016 contains 14 schedules.
- Of these, there are 7 which need to be understood in order to manage a transition onto the new terms.

The “new contract”

- Arrangements for pay (Schedule 2)
- Work hours (Schedule 3)
- Working scheduling (Schedule 4)
- Exception reporting and work schedule reviews (Schedule 5)
- Guardian of safe working hours (Schedule 6)
- Leave (Schedule 9)
- Transitional arrangements (temporary schedule) (Schedule 14)

Pay Schedule 2

Contractual pay

Old contract pay

- Basic pay for 40 hours
- Level of basic pay based on length of NHS service
- 45 per cent supplement for to preserve pay parity with hospital trainees
- LTFT paid a higher hourly rate than full-time in most circumstances

2016 contract pay

- Basic pay for 40 hours
- Level of basic pay based on grade (ST1/2 or ST3/4)
- 1/40th basic pay for every additional hour worked above 40
- +37 per cent uplift for any hours undertaken in 'night time'
- Weekend allowance for any weekend work (value dependent on frequency)
- FPP of fixed annual sum (currently £8,282 pa)
- LTFT paid an equitable proportion of all of the above

New breakdown of pay (annual)

	ST1 (Nodal point 3)	ST2 (Nodal point 3)	ST3 (Nodal point 4)
Basic pay	£36,461.00	£36,461.00	£46,208
Enhanced pay At 37 per cent (30 mins, average, at “night”)	£ 168.64	£ 168.64	£ 213.72
Weekend pay (<1:8)	£0	£0	£0
Flexible pay Premium	£ 8,282.00	£ 8,282.00	£ 8,282.00
Total annual salary	£44,911.64	£44,911.64	£54,703.72

Pay

- Where trainees work in accordance with the template work schedule, pay should be straightforward.
- Where this is not the case (e.g. LTFT), you may wish to seek advice on adjusting the work schedule before confirming pay.
- There are additional pay elements linked to protection of salary for doctors re-entering GP training from career-grade of higher-grade training posts. If your trainee falls into this category, you may wish to seek advice.

Junior doctors

The new 2016 contract

Working hours Schedule 3

Working hours

Maximum

- Average 48 hour week (40 hours in GP settings)
- 72 hours in 7 consecutive days
- 13 hours consecutively
- 8 consecutive days

Minimum

- 11 hours rest between shifts
- 30 minute break in a shift of 5 hours or more
- 2 x 30 minute breaks if shift exceeds 9 hours

There are other rules as well, but these are unlikely to apply in general practice settings

Working hours

- Training is working time.
- There should be seven clinical sessions (28 hours) and three non-clinical sessions (12 hours) in a normal 40 hour week.
- Out of hours work is set at 72 hours per year, to be worked flexibly within parameters:
- No more than 22 hours at night (after 9pm).
- No more than 6 weekends worked.
- When trainees work out of hours, the hours worked need to be given back at time off in lieu from the clinical sessions in the 40-hour week.
- TOIL needs to be taken in a manner that preserves safe working hours.
- If you adapt the template set out on the NHS Employers website, you can stay within these rules.

Work scheduling Schedule 4

Generic work schedule

- An essential summary of service, learning objectives and pay. It should normally be sent, with an offer letter, at least 8 weeks before a trainee commences in post.
- It contains:
 - Basic information about the post (grade, specialty, length of post, location, supervisor, employer, relevant contact details etc)
 - Training opportunities
 - Salary including any pay for out of hours work
 - Hours of work including details of any out of hours duties

Generic work schedule

- There is a template work schedule on the NHS Employers website, agreed with the BMA following consultation with COGPED
- There are also some worked examples available online
- Practices need to customise the template to produce a generic work schedule for each post.

Personalised work schedule

- As part of the first formal meeting between the trainee and the supervisor, a personalised work schedule should be developed, to identify:
 - Any specific training objectives consistent with the trainee's grade and experience
 - Any additional responsibilities for service delivery in line practice aims and objectives
 - Any reasonable timetable adjustments to take into account specific needs (e.g. carer's responsibilities)

Junior doctors

The new 2016 contract

Exception reporting and work schedule reviews Schedule 5

Exception reporting

- “Mechanism used to report when day to day work varies significantly and / or regularly from agreed work schedules”
- Primarily in relation to variations in:
 - Hours worked (shift length / overall hours)
 - Opportunities to take scheduled rest breaks
 - Pattern of hours worked
- However, a report could also highlight:
 - Missed educational opportunities
 - Insufficient support available to trainee doctor
- A trainee can make a report at any time that the trainee feels that there is a need to do so.

How are they sent?

- All GP practices should have a simple electronic system (email will do).
- GP trainers should respond to reported exceptions and record their decision (again, an email response will do).
- Heads of school and guardians of safe working hours should be copied into both the reports and the written responses so as to allow oversight and quality assurance of processes.

Responding to exception reporting

- The supervisor meets with the trainee to discuss what happened, and why
- The supervisor determines, in dialogue with the trainee, whether further action is required.
- If the trainee has worked additional hours, time off in lieu may be required.
- Alternately, the practice may decide to pay the trainee for those additional hours – but if so, then practices should note that they will not be able claim this back from HEE.
- The supervisor responds to the trainee in writing to summarise the discussion and outline what steps (if any) will be taken as a result.
- If the report indicates an emerging pattern, then this should trigger a work schedule review – which may lead to the creation of a new work schedule.

Work schedule reviews

- Regular exception reports forming a pattern suggest that the work schedule may not be fit for purpose
- Where this is the case, the trainee and supervisor should meet to revise the work schedule, adjusting the hours,, workload etc to ensure that the trainee is able to work within the hours set out in the schedule
- As long as the new schedule remains within the guidelines, there should be no impact on pay
- This becomes the new generic work schedule for the next trainee

Junior doctors

The new 2016 contract

Guardian of safe working hours Schedule 6

Guardian of safe working hours

- Independent of the practice's management structure
- Acts as a champion of safe working hours and equality and diversity
- Addresses unresolved safety issues (can levy penalty payments and fines)
- Formal liaison role with junior doctor representatives
- Will review and request action on exception reports which indicate significant safety breaches of working hours
- For GP trainees in your practices, interim arrangements are being made to have guardians in post for August.

Guardian of safe working hours

In certain circumstances, where the guardian feels that a practice has not properly addressed safety concerns raised by the trainee(s), the guardian may intervene directly and require the practice to take action.

Junior doctors

The new 2016 contract

Annual leave Schedule 9

Annual leave

- The annual leave year runs from the start date of the doctor's appointment.
- Annual leave entitlement for a full time doctor is as follows;

NHS Service	Number of Days
First appointment to NHS	27 days
After 5 years completed service	32 days

- These leave entitlements include the two extra-statutory days previously available in England under the 2002 terms and conditions of service.
- Annual leave cannot be fixed; employers should show flexibility in agreeing leave requests for trainees where possible.

Junior doctors

The new 2016 contract

Transitional arrangements

Schedule 14

Transitional arrangements

- Trainees who were already in higher training on 2 August 2016 (ST3 or above) will not be paid under the terms of the 2016 contract – they will continue to be paid on the same basis as before (basic plus 45 per cent) until they complete training.

Transitional arrangements

- Trainees who were in training on 2 August 2016 at a level below ST3 will be eligible to have pay protection known as a “cash floor.”
- A doctor’s earnings cannot drop below their cash floor during the transition period, unless they leave their training programme.
- The cash floor is made up of the following:
 - Basic pay the day before transition
 - The banding for the rota the doctor worked on the day before transition, as it was on 31 October 2015
 - You may need to contact the previous employer to establish the latter.

Transitional arrangements

- Where the doctor's total "new contract" pay is more than the cash floor, then the doctor will get the new contract pay.
- Where the doctor's total "new contract" pay is less than the cash floor, then the doctor will be paid new contract pay plus an additional top up element (pay protection) to bring pay back up to the level of the cash floor.
- Transitional arrangements will expire four years after the doctor starts on the 2016 contract, or on 3 August 2022, whichever is sooner.

Junior doctors
The new 2016 contract



GP practice 2016 contract advice services

Please forward any questions you may have in implementing the 2016 junior doctors' contract to your local advice service:

HEE region	Advice service email
Thames Valley	rf.thamesvalley@nhs.net
Wessex	rf.wessex@nhs.net
Yorkshire & Humber	YorksHumber.GPAdvice@sthk.nhs.uk

Other resources including copies of this webinar can be found on the NHS Employers website at: www.nhsemployers.org/GPPSupport