Heads of Terms Agreement on Staff, Associate Specialist and Specialty (SAS) doctor and dentist contract reform

Background

In September 2018 the Secretary of State committed to working with the BMA SAS Committee to reform the SAS contract and an agreement in principle that this will include reopening a reformed Associate Specialist (AS) grade to extend career development for this group of doctors.

The preparatory work with stakeholders to open a reformed senior SAS grade identified a strong feeling that the newly reformed grade must be aligned with a strategy for reform to the whole SAS grade. Concerns were raised that a piecemeal approach to reform may not maximise the potential return in benefits to both staff and service delivery.

In July 2019 the government’s responses for England and Wales to DDRB recommendations committed to negotiations on a multi-year pay agreement, incorporating contract reform for the entire SAS grade to begin in 2020/21.

A review of the SAS Charter in 2019 in Northern Ireland highlighted a number of issues, regarding low morale, lack of support for development and no career pathway, the Department of Health (NI) sought agreement from the newly appointed Health Minister for approval to join the contract negotiations with colleagues in England and Wales. Approval for Northern Ireland to join these negotiations was granted in May 2020.

We agree the following principles:

1. A newly reformed senior SAS grade (title to be agreed) should be aligned with a strategy to reform the whole SAS grade to maximise the potential return in benefits to both staff and service delivery.

2. The programme to reform the SAS grades is to run concurrently with ongoing work to develop SAS guidance and improve working lives and career opportunities for the whole SAS group.

3. Reform of the SAS contracts will support the ambitions of the NHS Long Term Plan, the forthcoming People Plan and A Healthier Wales, HSCNI Workforce Strategy 2026: Delivering for our People which includes the aims and reforms for the wider medical workforce.

4. The contracts must facilitate the provision of high-quality care and must therefore be safe, fair and affordable.

5. The contracts must be appealing for adoption by employers and offer doctors an attractive and fulfilling career framework with clearer processes for progression. All parties will consider whether there are elements of the SAS charter that are appropriate to be incorporated into the contract and where academic activity by both NHS/HSCNI doctors and academics can flourish.

6. Contract reform will need to ensure benefits to all parties, balancing additional investment and improved terms and conditions for staff with key benefits to NHS/HSCNI service provision. Reform will support and drive productivity, and consideration will be given to how these roles can support this.

7. Where all parties agree to do so, we will aim to align the contracts with other NHS/HSC employment contracts.

8. Joint analysis and modelling will be undertaken by analysts from the BMA, NHS Employers, DHSC, Welsh Government and NHS England and NHS Improvement (in consultation with analysts from the Department of Health (NI)) to explore the range of options available that all parties agree are affordable within the resources made available for reform, taking into account both the direct and indirect financial impacts of contract reform.
9. In addition to the cost of contract reform falling within the funding envelope available DHSC, NHS England and NHS Improvement and HM Treasury, will need to be assured that contract reform does not create a material additional cost pressure after the end of the duration of the deal period. In Northern Ireland this will be undertaken by DoH (NI) and DoF(NI).

10. Current doctors employed on the national Terms and Conditions of Service - Specialty Doctor 2006 contract, and those on closed national SAS grades will be given the opportunity to assimilate onto the equivalent revised terms and conditions or remain on current terms and conditions. All doctors assimilating must satisfy the entry criteria as per revised terms and conditions.

11. It will be at the discretion of employers to transfer doctors employed on local terms and conditions (at the appropriate level) to the newly reformed national SAS contracts once the contracts are made available. Doctors employed on local terms and conditions will not be part of the negotiations.

12. Revised terms and conditions will apply to new staff entering the SAS grades and to current SAS doctors employed on new contracts from April 2021.

13. The contracts will be clearly articulated and supported by jointly agreed guidance to avoid misinterpretation when operationalised and as straightforward to administer as is feasible.

14. Employers and supporting system suppliers e.g. ESR/HRPTS, will be given sufficient time to implement the changes required to give effect to the reformed contracts.

15. This agreement applies to SAS doctors employed in England, Wales and Northern Ireland only. It must enable them, and the teams they work in, to deliver a high quality and sustainable service that is required for patients in keeping with the values of the NHS Constitution or equivalent in Northern Ireland.

16. Any agreement reached between the parties may be put to a ballot of the relevant BMA membership. NHS Employers will seek the views of employers during this consultation phase. A similar approach will be taken by the Department of Health(NI), when the views of all relevant stakeholders will be sought.

17. The parties will continue to use the existing national negotiating mechanisms to ensure that the existing contractual arrangements can be maintained. This will include provision for maintenance of the contract at a local level through existing local negotiating committee (LNC) structures.

18. Any contractual changes resulting from this process impacting on clinical academics will be the subject of separate discussions between the BMA, British Dental Association (BDA), NHS Employers, the Department of Health in NI (where appropriate) and the Universities and Colleges Employers Association (UCEA) before they are considered for incorporation or translation to contracts of employment for academic staff.

**Scope of negotiations for all SAS grades**

**Pay progression**

We agree the following principles:

19. The current pay scale will be revised to adopt fewer pay points to enhance SAS doctors’ satisfaction with pay, improve morale and feelings of being valued, and help address the gender pay gap. The pay structure should be appropriate to the current NHS/HSC pension scheme.

20. Pay progression must support the provision of safe, high-quality care to patients and reflect the skills, experience and professional development of the SAS doctor.

21. The model of pay progression will encourage career development for those on a SAS career pathway.
We agree to discuss:

22. What pay progression system will replace automatic incremental pay progression. The criteria will be based on objectively measured criteria after a period of time served within the grade. This includes but is not limited to the acquisition of new skills and competencies, the development of new techniques and clinical skills, and the taking on of new roles such as: leadership, teaching and mentorship, innovation and research, in line with the principles of the SAS Charter.

23. The linking of pay progression to the overall contribution of individual doctors and the alignment of pay incentives to the achievement of objectives rather than length of service.

Alignment with training route

We agree the following principles:

24. The contracts will reward doctors that have similar roles and responsibilities with similar pay.

25. The contracts will consider existing and emerging proposals for wider medical workforce policy, such as increasing career flexibility which includes facilitating 'step out-step in' of formal training, and recognising relevant experience gained outside formal training through credentialing and the use of e-portfolios, where these processes are used more extensively in the future.

26. In the interests of service quality and patient safety, clear standards and processes must be in place to ensure that doctors who are moving between grades are positioned on both the SAS and the training pathway at a level that matches their skills and experience.

Modernisation of terms and conditions

Spare professional capacity

We agree to the following principle:

27. Ensuring that arrangements for additional programmed activities and spare professional capacity are fit for purpose.

We agree to discuss:

28. The introduction of provisions requiring a doctor who intends to undertake commensurate locum work to first offer these hours to the NHS via an NHS staff bank or NI equivalent.

Deployment of service

We agree to the following principle:

29. The contracts must balance maximising NHS/HSC service provision with reflecting reasonable expectations around work-life balance.

We agree to discuss:

30. Removal of contractual obstacles to the appropriate deployment of services to deliver high-quality care that meets the needs of patients every day of the week.

31. Review of plain and premium time provisions and the appropriate deployment of services to meet the demands of patient care.

32. Defined rates of pay for premium time working that will be higher than the basic rate of pay.
33. The introduction of safeguards including but not limited to setting a proportion of the job plan that can be delivered in premium time, considering emergency and on-call work, as well as determining the frequency and minimum rest between duties for different periods of premium time.

**Core common terms and conditions**

**We agree to discuss:**

34. Amendments to Temporary schedules 21-26 of the Terms and Conditions of Service - Specialty Doctor 2008 contract with the recognition that management side’s position is clear that all NHS/HSC staff should have equitable terms for all of these provisions.

**Scope of negotiations on specialty doctor grade**

**We agree the following principle:**

35. Specialty doctor pay should recognise the significant role that these doctors play in service delivery and should reflect SAS doctors’ skills and competence, rather than the time they have served in the grade.

36. Pay will be appropriately aligned so that doctors with similar roles and responsibilities receive similar pay.

**We agree to discuss:**

37. How doctors currently employed on the speciality doctor contract would be appropriately recognised and assimilated over to revised terms and conditions.

**Scope of negotiations on senior SAS grade (title to be agreed)**

**We agree the following principles:**

38. The opening of a reformed senior SAS grade (title to be agreed) should offer SAS doctors greater flexibility for career progression by providing a positive alternative career path, allow SAS doctors with significant experience and advanced clinical skills to operate at the top of their ability and be suitably recognised and rewarded for their contribution, benefiting both the service and patients.

39. The title of the new grade must reflect the seniority of the role but must avoid confusion with the closed AS grade.

40. Employers may establish new posts for the newly created senior SAS grade (title to be agreed), where there is a defined service need. Appointment to these posts will be by competitive entry, reinforcing that this is an attractive career option providing Specialty Doctors with an opportunity for progression and promotion.

41. A separate working group will be established to define the role and entry criteria for the new grade, to be mutually agreed by both negotiating parties. Expert third party organisations e.g. national stakeholders, medical Royal Colleges etc., will be invited to make recommendations to this group on the activities undertaken by a clinician in the role and provide specialist commentary on the proposed entry criteria for this grade.

42. Patient safety is paramount; entry standards into the grade must meet the necessary standards for these doctors to work at the appropriate level, considering the skills and competence of the doctor. There must be strict procedures on measuring competence and capabilities through evidence.
43. Pay rates must reflect a doctor’s competence, advanced skills and responsibilities in a role that will be appropriately independent and autonomous, whilst taking into account that the job holder may not hold a CCT or carry out the breadth of tasks undertaken by consultants.

We agree to discuss:

44. How to appropriately recognise doctors currently employed on the specialty doctor contract and how they would be transferred over to revised terms and conditions after successfully being appointed to the role.