



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Health Authorities)
 Area Health Authorities) for action
 Boards of Governors)
 Public Health Laboratory Service Board)

Community Health Councils) for information
 Family Practitioner Committees)

July 1981

PAY AND CONDITIONS OF SERVICE

TERMS AND CONDITIONS OF SERVICE OF HOSPITAL MEDICAL AND DENTAL STAFF
NEW EDITION OF HANDBOOK

SUMMARY

This Memorandum notifies the issue of a fully up to date revision of the Handbook of Terms and Conditions of Service of Hospital Medical and Dental Staff, and revises guidance on assessment of starting salaries and incremental dates, and on the contractual duties of practitioners (Category I & II).

HANDBOOK

1. The revised Handbook includes all revisions to the Terms and Conditions of Service made prior to the issue of this circular, together with a number of consequential amendments deriving from various agreements reached since the previous edition of the Handbook was published in 1971, but which have not been directly reflected in amendments to the Terms and Conditions of Service. Substantial new amendments to the text have been sidelined. It should be noted that some paragraphs have been renumbered.

EFFECT ON EXISTING CONTRACTS

2. To avoid undue complexity, the Handbook does not make direct reference to the provisions of paragraph 3 of circular HC(PC)(78)2, paragraph 7 of HC(PC)(77)12 and paragraph 7 of HC(PC)(76)19 about the effect of the changes notified in those circulars on contracts in force at the time of their issue. Instead, paragraph 24 of the Terms and Conditions of Service provides that the basis of workload assessment in such contracts should continue in force until their expiry and should not now be amended.

STARTING SALARIES AND INCREMENTAL DATES

3. The Handbook includes a number of amendments to the section entitled "Starting salaries and incremental dates" (paragraphs 121 to 134) and revised guidance has been agreed on the assessment of starting salaries replacing that in HM(67)68. It is hoped that the revised guidance will enable employing authorities to determine starting salaries in virtually every case without the need for reference to the Department. The revised guidance is at Annex A.

ASSOCIATE SPECIALISTS

4. As announced in PM(81)16, the former grade of medical assistant/assistant dental surgeon has been renamed the "associate specialist" grade and this term is used in the new Handbook.

CHANGES IN JUNIOR DOCTORS' ROTA COMMITMENTS

5. A new paragraph 20(d), covering changes in junior doctors' rota commitments has been introduced. This will offer protection of salary when junior doctors' rota commitments are altered in certain ways during the course of their contracts. It is also intended to encourage the amalgamation of rotas where this would be appropriate, in order to help authorities to achieve the minimum time off duty recommended in paragraph 21.

DOCTORS SUSPENDED BY THE GMC

6. There are to be further discussions on the position of doctors whose registration is suspended by the General Medical Council, and paragraph 193 will need to be amended in due course. In the meantime any such cases should be referred to the Department who will consult the professions' representatives on points of principle as they arise in individual cases.

CHILD PSYCHIATRISTS

7. Paragraph 4 deals with the position of child psychiatrists appointed to a person substantive grade under HC(79)7.

TRANSITIONAL ARRANGEMENTS

8. It has been agreed that if it transpires that any new material in this handbook has broader implications than originally thought, it may be necessary to revert to the original provisions pending agreement on any necessary revision. Authorities will be informed if this provision has to be implemented. Paragraph 85 is currently under discussion with the professions; authorities should continue to apply this term of service as hitherto, until these discussions are concluded.

RATES OF PAY

9. Appendix 1 to the Handbook containing the rates of pay, etc, applicable from 1 April 1981 will be distributed at the same time as the handbook.

CATEGORY I & II

10. There have been revisions to the arrangements for classification of work as within or outside practitioner's contracts, and these are now included as paras 30-37 of the Terms and Conditions of Service. Annex B to this Memorandum gives guidance on the interpretation and application of those paragraphs.

DISTRIBUTION

11. At the request of the Staff Side and in accordance with previous practice, the Handbook is to be distributed to all hospital medical and dental staff, other than GPs holding part-time posts under paragraph 94 or as hospital practitioners, or who participate in staff funds under paragraphs 87-93. Authorities are asked to make the necessary arrangements. Where a practitioner is employed by more than one authority the authority with whom the Practitioner is employed for the greater part of his time should issue the document; where the practitioner is employed for an equal number of notional half days or units of medical time by more than one authority, the authority which first employed him should issue the document.

12. Doctors and dentists newly entering the Health Service should be supplied with the document by their first employing authority; further copies should not otherwise be issued free to practitioners.

13. Supplies of the Handbook will be despatched to employing authorities during the next few days at the address notified by them. As the number of copies requested by health authorities would have produced an excessive overall print order, copies sent to them will be limited to accord with the number of staff they employ. The distribution labels show the number of copies being sent. If this will be insufficient for future issues of amendments, the Department (Mr Glensman) should be notified. Where copies are being sent to districts, the distribution label for the Area is marked D.

14. Orders for copies required by health authorities for official use and for issue to practitioners newly entering the Health Service should be sent to DHSS Store, No 2 Site, Manchester Road, Heywood, OL10 2PZ. Other orders will attract a charge of 60p which must be sent with the order, which should be sent to DHSS (Leaflets) Unit, PO Box 21, Stanmore, Middlesex HA7 1AY.

AMENDMENTS

15. To enable authorities and practitioners to keep their handbooks up to date, the Department intend to issue amendment sheets on a regular basis. These will take the form of new pages to be substituted for existing pages and will be sent to authorities for their own use and for issue to doctors and dentists.

APPROVAL

16. The revised Handbook has been agreed by the Joint Negotiating Committee for Hospital Medical and Dental Staff, and its provisions have been approved by the Secretary of State under Regulation 3 of the National Health Service (Remuneration and Conditions of Service) Regulations 1951 (S1 1951 No 1373) and 1974 (SI 1974 No 296), and under Paragraph 11 of Schedule 3 to the National Health Service Act 1977. Provisions not previously notified should come into effect on the date of this circular.

ENQUIRIES

17. Enquiries from health authorities concerning the provisions of the new handbook or the guidance in Annexes A and B to this memorandum should be addressed in the first instance to the Regional Personnel Officer or Specialist in Community Medicine (Medical Staffing) (or in accordance with arrangements made by them) who will if necessary consult Mr Glensman (ext 3710) at the address below. Practitioners should direct their personal enquiries to their employing authorities.

From

NHS Personnel Division 1 A
Eileen House
80-95 Newington Causeway
London SE1 6EF

Tel. 01-703 6380 Ext 3710/3709

Further copies of this Circular may be obtained (by written request wherever possible please) from DHSS Store, Scholefield Mill, Brunswick Street, Nelson, Lancashire BB39 OHU Tel. Nelson (0282) 6241112 Ext 17.

Copies of the handbook are available as set out in paragraph 14 above.

GUIDANCE ON PARAGRAPHS 121-134: STARTING SALARIES AND INCREMENTAL DATES

INCREMENTAL CREDIT FOR SERVICE OUTSIDE NHS HOSPITALS IN GREAT BRITAIN

1. The Terms and Conditions of Service of Hospital Medical and Dental Staff provide for the taking into account by an employing authority, in determining salary and incremental date on appointment, of all previous service in the same or a higher grade in NHS hospitals in Great Britain. Many hospital doctors, however, have either comparable service other than in NHS hospital appointments in this country or comparable service overseas, and paragraph 125 authorises authorities to take into account for incremental credit (but not protection or for promotion increase) service which in their view is clearly covered by the guidance given in paras 2-19 below. The Secretary of State is willing to consider cases falling outside the terms of this guidance. It should be noted that service outside NHS hospitals as a locum cannot be counted.

2. In all cases regard should be had to the pattern of general medical or dental training generally accepted in this country; thus the first year after qualification should not be accepted as equivalent to a grade higher than house officer, the second year to a grade higher than senior house officer nor the third and fourth year after qualification equivalent to a grade higher than registrar. However, service, in these years after qualification, may not necessarily be equivalent to service in these grades. Authorities should be satisfied that there has been an increase in responsibility and status before equating service at the higher levels.

GENERAL PRACTICE IN GREAT BRITAIN

3. Where a practitioner has had at least two years previous medical or dental service since qualification any subsequent experience in Great Britain in general practice, whether as principal, assistant or trainee, may be counted as equivalent to registrar service (but not, per se, for the "special experience" referred to in paragraphs 126-7). Where a practitioner has had less than two years experience since qualification before entering general practice the award of incremental credit should take account of the provisions of paragraph 2 above.

OVERSEAS SERVICE AS A GENERAL PRACTITIONER

4. Where a practitioner has been engaged in general practice overseas incremental credit should be awarded, on the same basis as set out in paragraph 3 above, only where the employing authority is fully satisfied that the experience and responsibility have been as extensive as in general practice in Great Britain.

SERVICE IN THE ARMED FORCES

5. Service in HM Forces as a medical or dental officer can be regarded as equivalent to that in the house officer, senior house officer or registrar grade on the basis set out in paragraph 2 above. Service in HM Forces as a formally approved Senior Specialist may be counted as Senior Registrar service and service as a formally approved Consultant may be counted as Consultant service.

SERVICE IN COMMUNITY MEDICINE AND THE COMMUNITY HEALTH SERVICE

6. Entrants from community medicine or the community health service in Great Britain may have the period of their service from and including the second year after full registration counted as registrar service. Authorities may give incremental credit for equivalent service overseas on the same basis.

ACADEMIC OR RESEARCH APPOINTMENTS

7. A number of junior hospital staff take appointments with medical schools as demonstrators or assistant lecturers, eg in anatomy or physiology. Such service up to a maximum of two years can count for incremental purposes, where it can be considered as part of a systematic training, and subject to the provisions of para 2 above, as senior house officer or registrar service.

8. Where an officer requests that a period as research fellow or research assistant be counted as registrar service it is necessary to examine the nature of the research appointment and the preceding and subsequent hospital appointments. If the research appointment had a clinical element or was clearly related to the officer's pattern of post-graduate training, it may be counted as registrar service.

9. not allotted

HOSPITAL SERVICE OVERSEAS OR IN HOSPITALS OUTSIDE THE NATIONAL HEALTH SERVICE IN GREAT BRITAIN

Senior House Officers

10. Service in any hospital after the first year after qualification, unless graded house officer or equivalent, may be counted as equivalent to service in the senior house officer grade in the hospital service.

Registrars

11. Hospital service graded as registrar may only be counted as such where at least two years have been served in hospital since qualification before taking up the post concerned and after consideration by the employing authority of the nature of the service, taking account of the possibility of differences in terminology. Where the overseas hospital is a teaching hospital, service graded as registrar may be accepted as such; where it is not a teaching hospital the duties, responsibilities and supervision should be considered together with the type, size and standing of the hospital. Where the terminology is in question regard should be had to other posts held; for example, in the United States of America the common pattern is for one or more years to be spent as a rotating intern followed by some years as a resident. The first year of a residency should be regarded as equivalent to senior house officer, subsequent service as equivalent to registrar. In Australia, while terminology may vary from one state to another, in general on qualification graduates are appointed as junior resident medical officers and this grading is considered equivalent to pre-registration house officer. Appointments as Senior Resident Medical Officer are initially equivalent to senior house officer but where this grade is held for several years the duties of the post may indicate that service after the first year is appropriate to the grade of registrar in Great Britain and should be counted as such.

Senior Registrars and Consultants

12. Authorities may count service outside the hospital service as senior registrar or consultant service for incremental purposes provided that they are satisfied that the level of responsibility, the range of work undertaken, and the training received before appointment, is fully equivalent to that in the same grade in the hospital service.

Service in developing countries

13. A number of British doctors serve overseas in developing countries under arrangements made by the Ministry of Overseas Development. In the training grades, although these appointments may lack the elements of training and supervision of appointments in this country, they provide exceptional responsibility and varied experience and may be counted as equivalent to registrar service in Great Britain, provided that the doctor concerned has spent at least two years in the house officer or senior house officer grades before proceeding overseas (including any special training or experience arranged by the Ministry of Overseas Development).

14. Account may also be taken of service in a developing country other than that sponsored by the Ministry of Overseas Development when such service comes within the terms of paragraphs 3-11.

Northern Ireland, the Irish Republic, the Isle of Man and Channel Islands

15. Authorities are reminded that Northern Ireland, the Irish Republic, the Isle of Man and the Channel Islands are outside the hospital services of Great Britain and service in these countries is not reckonable under the Terms and Conditions of Service; it must therefore be assessed under the terms of this guidance.

Verification of service

16. Authorities in considering requests for reckoning of service outside the hospital service are expected to require applicants to provide full details of the dates and nature of previous service in respect of which credit is claimed and to verify this service, eg in requiring the production of appropriate original testimonials of service.

Dental staff

17. The advice given above in regard to medical staff applies equally to dental staff.

18-19. not allotted.

Discretionary Increments

20. Paragraphs 126 and 127 provide for the award of increments, at the discretion of the employing authority, to certain practitioners. It is not intended that this provision should apply to those who have made the normal progression through service and teaching posts: it should only be applied in cases where a candidate has experience and qualifications clearly in excess of that normally regarded as appropriate to a practitioner newly appointed to the grade concerned. Care should be taken to avoid overlap between any service counting under paragraphs 122-4 or recognised as "equivalent" under paragraph 125 and the service in which "special experience and qualifications" have been gained.

Part-time practitioners

21. When a Consultant or Associate Specialist who, while holding one part time appointment, is appointed to a second part time appointment in the same grade, the part time salaries in respect of both appointments should be fractions of the same whole-time salary except in the rarest of circumstances. It should be very exceptional for an officer who is given a new appointment to be paid at different points on the same scale or to have differential incremental dates in relation to appointments in the same grade. Any differences of this kind however that may exist at present, should be left undisturbed.

22-23. not allotted

PROTECTION

24. The provisions of paragraph 131 are intended to provide flexible and sensitive arrangements for protecting the salaries of practitioners who take a post in a lower grade in order to pursue a recognised programme of training. In applying this scheme, authorities should bear in mind the primary educational purpose which lies behind this provision and the following notes may be of assistance.

25. Locum rates of pay may in no circumstances be protected. Non-NHS rates of pay (other than academic salary scales) or the earnings of a general practitioner may only be protected in exceptional cases and with the Department's approval.

26. As a rule, applications under the scheme should be made before the practitioner takes up the appointment in the lower grade and efforts should be made to inform practitioners of this requirement. Clearly, this means that it is very important that decisions on individual applications for protection should be given quickly in order to remove any uncertainty about the salary which the practitioner is to receive in his new post. In many cases, it will be possible for the Regional Postgraduate Dean to indicate, in discussing with a practitioner his future career plans, that he would be willing to support an application for protection if the practitioner was successful in obtaining a particular type of post, and this is probably the most suitable arrangement. However, in some cases a practitioner will apply for protection after he has obtained an appointment, or, in exceptional cases, after he has taken it up; in this case, the educational authorities should be asked to advise urgently on the appropriateness of protection in the light of the previous experience and career intentions of the doctor concerned. When it is agreed by the appropriate Post-Graduate Education Adviser or Regional Adviser from the appropriate Royal College or Faculty that a training programme whether formal or otherwise, will require more than one appointment in the lower grade, then protection will normally be extended to subsequent appointments in the lower grade.

27. The decision on an application should normally be made by the former employing authority, though this rule is not immutable. The decision should in all cases be taken in consultation with the appropriate Postgraduate Dean or other appropriate educational adviser or committee. In particular, the Joint Advisory Committee on Senior Registrars should be consulted in the case of senior registrars proposing to avail themselves of this provision. It may well also be appropriate for the old employing authority to consult the receiving authority, particularly as the payment of a protected salary is made by the new employing authority. RHAs should determine the arrangements to be applied in their Region.

28. No doctor should be excluded from the scheme because of his present post (other than as a locum) or length of service; each case should be considered on its merits in the light of the doctor's own position and career prospects. A move from a "shortage" to a "popular" specialty should not, of itself, bar a practitioner from the benefits of the scheme: nor should a short break in regular service in the health service. This is a matter for decision by the approving body in the light of the individual circumstances of each case. Protection of a locum rate of salary is, however, totally excluded from the scheme. Salaries of part-time medical and dental officers (para 94/107) should only be protected after 12 months in the grade. Staff with honorary contracts may receive protection as if they had held paid appointments in the grade of their honorary contract.

DENTISTS WHO QUALIFY AS DOCTORS

29. Authorities may, in appropriate cases, protect, under these arrangements, the salary of a practitioner at the incremental point he had reached in his last employment as a dentist in the NHS (but not remuneration from the General Dental Services) when he takes up a further hospital appointment as a medical practitioner, provided the other conditions set out in paragraphs 25-8 above are satisfied (apart from the requirement for posts to be practically continuous).

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GUIDANCE ON PARAGRAPHS 30-37: CONTRACTUAL DUTIES OF PRACTITIONERS

INTRODUCTION

Paragraphs 30 to 37 of the new Terms of Service Handbook cover the contractual duties of practitioners, and the circumstances in which they may undertake other work for fees. It includes agreements with the professions with respect to collaborative functions between health and local authorities, and reflects the many changes in structure and in legislation that have taken place in health and other services since 1971.

PARAGRAPH 30

a) Paragraph 30 sets out the range of functions which it has been agreed with the professions are capable of inclusion in the contracts of practitioners working under these terms and conditions of service, subject, in the case of family planning in hospitals, to note (f) below. For most such practitioners, the majority of their duties will lie in the field of prevention, diagnosis and treatment of illness. However, health authorities may provide other services which require the involvement of practitioners, and these are set out in (a) - (c) of that paragraph.

(b) Where health authorities have an obligation to provide services in relation to certain functions of local authorities under the collaboration agreements, the scope and volume of these services will be agreed between the health and local authorities. The services of appropriate practitioners may be needed for this purpose, both directly and in the support specialties such as radiology and pathology. The health authority will then have to decide in each case how best to arrange for these services to be provided. In cases where, on the advice of the relevant local authority:

- (i) the type and nature of the work is known in advance; and
- (ii) the work is regular (or seasonal) and capable of assessment in building up a job description,

Then the work may be included in a practitioner's specific duties, and this should be taken into account in determining the overall workload of the post.

(c) If such a regular obligation would interfere unacceptably with the hospital duties of the post, or cannot be included in the way set out in (b) above in the normal duties of a regular member of staff for any other reason, then the authorities may consider contracting separately with an available practitioner to carry out these functions. Where it is not appropriate or practicable to make a contractual arrangement for the work, then the employing authority may arrange with any appropriate practitioner for the work to be carried out on an item-of-service basis with a fee paid by the employing authority. Fees for work of this type are agreed from time to time between the Department and the profession (currently MD 3/80).

(d) When authorities advertise posts, following the issue of this guidance, the job definition, and the consequent contract agreed between the practitioner and the health authority should specify any collaborative duties that, under (b) above, are appropriate for a contractual duty.

(e) Where collaborative work is not part of a practitioner's contractual duties, he is under no obligation to undertake it. However, where written job descriptions are vague or non-existent the position may be unclear, and authorities may have to review custom and practice in relation to such work by individual practitioners since 1 April 1974. When this is the case, authorities may wish to attempt to clarify the position by means of a mutually agreed written amendment to the contracts or job descriptions of the practitioners concerned; or they may wish to make any of the alternative arrangements outlined in (c) above.

(f) Paragraph 30 also provides that where a practitioner does not wish to enter into a separate arrangement for Family Planning in Hospitals (as set out in para 16(b)) or for services provided by his employing authority under section 58 of the NHS Act 1977, then an agreement can be reached to include such work as part of the regular duties of the practitioner under his contract of employment; such agreement requires the specific approval of the JNC in each individual case.

PARAGRAPH 31

Section 58 of the 1977 NHS Act allows authorities to make arrangements to provide services to third parties such as private hospitals and nursing homes. Where this work is not done as part of their NHS contractual duties, practitioners with clinical responsibility for all or part of such work may obtain a fee for their part in such services. Although, as indicated in paragraph 31, a practitioner may negotiate his own fee for this work, the results of such negotiation should be embodied in a single agreement made between the third party, on the one hand, and the authority with the practitioner or practitioners, on the other. When a practitioner who has done this work leaves his post, then authorities should ascertain whether another practitioner, employed locally by them in the same specialty, wishes to undertake the work, either for the fees paid by the third party or, if mutually agreed, as part of his contractual duties. If a post is advertised where the authority wishes a S58 service to be provided, then this should be stated in the job description,

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which should make clear that there is a choice between the two methods of payment

PARAGRAPH 34

It should be noted that the advice set out in HM(61)1 still stands with regard to fees received by practitioners for post mortems for coroners, i.e. no part of such fees need be remitted to the employing authority in respect of the use of its ordinary post mortem facilities and the staff associated with them. Authorities may wish to make their own arrangements with coroners for payment for the use of those facilities. If, however, the coroner's post mortem requires special tests that necessitate the use of other technical, laboratory or radiological facilities, and for which additional fees are payable to a practitioner by the coroner, then one third of such fees should be remitted to the authority.

PARAGRAPH 36

The schedule gives examples of the sort of work which may normally be considered as part of the duties of a hospital medical or dental practitioner subject, in particular cases indicated in the schedule, to specific inclusion in a contract or job description. The schedule is illustrative only; if the authority requires duties of the type described in paragraphs 30(a)-(c) to be undertaken as a contractual duty (subject to the guidance given above concerning hospital family planning) then they must be specifically included in the contract or job definition.

CATEGORY I (b)

This part of the schedule illustrates the sort of work which may be considered as a normal part of contractual duties in the field of prevention of illness. Sub-section (ii) of this category deals with the people who have or will have, contact with children and for whom an examination or report will be required with regard to transmissible disease. The sub-paragraph lists several occupational groups specifically, but is intended to cover any group or person involved in work with children where there are possibilities of transmissible disease. The following list has been agreed by the Department and the professions. It was also agreed that if any other group are later thought to require examination for the same reason as these shown in the list, then the matter would be considered by the Department and the professions.

Entrants to colleges for training as teachers;

Applicants for teaching posts;

Teachers;

Assistants to teachers and classroom aides;

School secretaries;

Dinner cooks (where working in schools);

Persons involved in serving, or supervising the serving, of meals to children at schools or other institutions caring for children;

School nurses, welfare assistants, and other persons involved in school health care;

Staff working in school laboratories or in associated stores where their contact with children is comparable to that of the laboratory staff;

School caretakers, if employed on school premises during normal school hours;

School inspectors, and staff of colleges for the training of teachers, where their work involves regular school visiting;

Nursery nurses;

Play group workers;

The staff of children's homes.

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Discussions are continuing with the profession concerning a list that will illustrate more fully the circumstances in which sub-paragraph (b)(iii) is applicable.

Category I (b)(v & vi) cover work previously included as Category I (h) in the 1971 Handbook. In both cases, such work is now considered as part of a hospital practitioner's normal duties only if his contract includes such work (but see the guidance notes above concerning paragraph 30). Where this work is not part of a practitioner's duties, authorities may wish to make alternative arrangements, which could include a mutually agreed amendment to an existing contract, or a new arrangement with a practitioner on a sessional or item-of-service basis. In the case of radiology or pathology work associated with work illustrated in Category I (b)(vi), it has now been agreed that a fee is payable by the employing authority, provided the conditions set out in paragraph 32 are fulfilled.

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