

NHS

**Management
Executive**

To: Regional General Managers
District General Managers
General Managers of the London
Postgraduate Teaching Hospitals
Special Health Authorities
Chief Executives of the NHS Trusts.

*Department of Health
Richmond House
79 Whitehall
London SW1A 2NS
Telephone 071-210 3000*

Copy: Chief Executive of the Special
Hospital Service Authority
FHSA General Managers.

EL(91)150

18 December 1991

Dear Colleague,

Delegation of procedures for appointment to the associate specialist in the medical specialties.

1. As a result of central agreement with the medical profession, the procedures and responsibility for regradings in the medical specialties will be delegated to RHAs, with immediate effect, for a trial period of three years. It will no longer be necessary to send applications routinely to the Department; applications for regrading will be determined by the RHA on the advice of the Regional Manpower Committee (RMC). These procedures apply to all units, including Trusts. Any cases not already being processed by the Department will be returned to the relevant RHAs to be dealt with under these new procedures.
2. The guidance at Annex A outlines the revised procedures for appointment to Associate Specialist and re-grading from the staff grade.
3. The procedures for re-gradings in the dental specialties are outlined in Annex B. They remain largely unchanged, but completed application forms should now be sent direct to the Secretary of the Dental Sub-Committee of the Central Manpower Committee, British Dental Association, 64 Wimpole Street, London W1M 8AL.
4. A suggested model application form is at Annex C and is suitable for application in both the medical and dental specialties.

Monitoring

5. The 'Achieving a Balance' Technical Sub Group (TSG) will review the operation of the new arrangements after one year. To assist the TSG, I should be grateful if each RHA could let the Department have the information requested in Annex D, by 31 December 1992.
6. The CMC will also wish to monitor the scheme, so copies of documentation for all applications should, for the time being, be forwarded to the CMC for perusal after the RHA has decided whether or not to approve the re-grading. These should be

sent to: The Secretary, Central Manpower Committee, BMA House, Tavistock Square, London, WC1H 9JP

7. Any enquiries about this letter should be addressed to: Mr D Behan, Room434, Portland Court, 158-176 Great Portland Street, London, W1N 5TB. Telephone: 071-972 8006.

Yours sincerely,

Dr Diana Walford
Director of Health Care/
Medical Director
NHS Management Executive

This letter, but not the guidance, will be cancelled on 31 March 1993.

REVISED PROCEDURES FOR APPOINTMENT TO THE ASSOCIATE SPECIALIST GRADE IN THE DENTAL SPECIALTIES

GENERAL

1. This guidance revises EL(89)MB/90 and now include procedures for re-grading from Staff Grade to the Associate Specialist grade on a personal basis. The arrangements for medical applications to the Associate Specialist grade are contained in Annex A.
2. Each appointment depends not only upon the needs of the applicant but also upon there being a clear service need for the post. The putative employing authority should be asked to state that there is such a need; that it cannot appropriately be met by a consultant appointment and the reasons for this; and that funding of the Associate Specialist post is a priority in the best interests of the service.
3. Associate Specialist appointments may be applied for by those dentists committed to a career in the hospital service who are unable to complete higher specialist training or who, having completed it, are unable to accept consultant appointment and who make a personal application for re-grading.

PERSONAL POSTS

4. Posts will only be established on a personal basis for dentists who apply to a Health Authority (including SHAs) or Trust for employment as an Associate Specialist. Any proposals for such posts will not be approved unless supported by the profession's Regional Manpower Committee (including its junior members). Such decisions should be made in full Committee to ensure that all the criteria and procedures for appointment have been discussed and fulfilled. It is also expected that proposals for such posts in the dental specialities will not be made unless they are supported by the Dental Sub-Committee of the Central Manpower Committee, British Dental Association, 64 Wimpole Street, London, W1M 8AL.
5. Applicants should have served for a minimum of four years in the registrar grade, at least two of which have been in the appropriate speciality. Equivalent service (including service in the staff grade) is also acceptable with the agreement of the relevant College of Faculty Regional Adviser and the Regional Postgraduate Dental Dean.
6. The applicant should have completed 10 years dental work since obtaining a primary dental qualification that is acceptable for registration by the General Dental Council (GDC) for registration.

REGRAIDINGS FROM THE STAFF GRADE

7. At present, any staff grade dentist applying for personal re-grading to Associate Specialist does so largely on the basis of work as a registrar (or equivalent). In the future, some staff grade dentist will have spent sufficient time in the grade to be eligible for consideration on the basis of that work alone. Such applicants should have served for a minimum of four years in the staff grade, at least two of which have been in the appropriate speciality. The 10-year rule outlined in paragraph 6 above also applies.

ADVERTISED POSTS

8. The only posts that may be advertised are those involving the provision of dental services for long-stay mentally handicapped patients. Again, the Dental Sub-Committee of the Central Manpower Committee should be consulted and if a post is advertised then Advisory Appointments Committee (like SR Advisory Appointments Committees) should be used and should ensure that the criteria in paragraphs 5 and 6 apply in selecting a suitable candidate.

9. Posts (including all existing posts and those filled by advertisements) will lapse on being vacated by their holders. The hospital authority will on all such occasions review the staffing structure at the hospital or hospitals concerned with the aim of establishing a new consultant post, and the authority will seek the views of the profession's Regional Manpower Committee and the appropriate Royal College.

10 Health Authorities and Trusts should note that they cannot advertise long-term locum Associate Specialist posts. Associate Specialists posts are available only to dentists who have received this personal re-grading, and a locum should be used only for short-term cover for holiday or sickness. A locum cannot be appointed if there is no permanent postholder.

11. All the procedures above which apply to Health Authorities also apply to NHS Trusts.

12. these criteria for the appointment of Associate Specialists will be reviewed after three years.

ref:AnnexB.L4

REVISED PROCEDURES FOR APPOINTMENTS TO THE ASSOCIATE SPECIALIST GRADE IN THE MEDICAL SPECIALTIES

GENERAL

1. This guidance revises EL(89)MB/90 and now includes procedures for regrading from Staff Grade to the Associate Specialist grade on a personal basis. The arrangements for dental applications to the Associate Specialists grade are contained in Annex B.
2. Each appointment shall depend not only upon the needs of the applicant but also upon there being a clear service need for the post. The putative employing authority will be asked to state that there is such a need; that it cannot appropriately be met by a consultant appointment and the reasons for this; and that funding of the Associate Specialist post is a priority in the best interests of the service.
3. Associate Specialist appointments may be applied for by those doctors committed to a career in the hospital service who are unable to complete higher specialist training or who, having completed it, are unable to accept a consultant appointment and who make a personal application for regrading.

PERSONAL POSTS

4. Posts will only be established on a personal basis for doctors who apply to a Health Authority (including SHAs) or Trust for employment as an Associate Specialist. Any proposals for such posts will not be approved unless supported by the profession's Regional Manpower Committee (including its junior members). Such decisions should be made in full Committee to ensure that all the criteria and procedures for appointment have been discussed and fulfilled. There exceptionally the Regional Health Authority does not accept the advice of the Regional Manpower Committee that an application should be referred to the Central Manpower Committee via the Department of Health.
5. Applicants should have served for a minimum of four years in the registrar grade, at least two of which have been in the appropriate speciality. Equivalent service (including service in the staff grade) is also acceptable, with the agreement of the relevant College or Faculty Regional Adviser and the Regional Postgraduate Dean.
6. The applicant should have completed 10 years medical work (either a continuous period or in aggregate) since obtaining a primary medical qualification which is (or would at the time have been) acceptable by the GMC for full, limited or temporary (but not provisional) registration. Placement on the overseas list will not by itself count towards the qualifying period. Tables D-F in the GMS Register list those qualifications in UK, Europe and overseas which are registerable and/or recognised.

REGRADINGS FROM THE STAFF GRADE

7. At present, any staff grade doctor applying for personal regrading to Associate Specialist does so largely on the basis of work as a registrar (or equivalent). In the near future, some staff grade doctors will have spent sufficient time in the staff grade to be eligible for consideration on the basis of that work alone. Such applicants should have served for a minimum of four years in the staff grade, at least two of which have been in the appropriate specialty. The 10 year rule outlined in paragraph 6 above also applies.

REVISION OF ARRANGEMENTS FOR ADVERTISED POSTS

8. Para 5 of EL(89)MB/90 listed the medical specialties in which associates specialist posts could be advertised directly. These were refraction, the blood transfusion services, audiology and general medical care in special hospitals. It has been agreed that, since the staff grade has become more widely available, this facility is no longer required and from now on no medical posts for Associate Specialist regrading should be advertised.

9. Posts (including all existing posts and those filled by advertisement) will lapse on being vacated by their holders. The hospital authority will on all such occasions review the staffing structure at the hospital or hospitals concerned with the aim of establishing a new consultant post, and the authority will seek the views of the profession's Regional Manpower Committee and the appropriate Royal College.

10. Health Authorities and Trusts should note that they cannot advertise long-term locum Associate Specialist posts. Associate Specialist posts are available only to doctors who have received this personal regrading, and a locum should be used only for short term cover for holiday or sickness. A locum cannot be appointed if there is no permanent postholder.

11. All the procedures above which apply to Health Authorities also apply to NHS Trusts.

12. These criteria for the appointment of Associate Specialists will be reviewed after three years.

ANNEX C TO EL(91)50

IN CONFIDENCE

Ref No:

Please complete legibly and in full.

**APPLICATION TO RHA FOR MANPOWER APPROVAL FOR A PERSONAL
ASSOCIATE SPECIALIST POST**

PART I

To be completed by the District Health Authority, SHA or Trust.

1. Details of the post

- (a) Specialty
- (b) Number of sessions
- (c) Location and DHA, SHA or Trust
- (d) Present medical or dental staffing (including vacancies) – all grades:
 - (i) in the department the applicant will work

 - (ii) in the District, SHA or Trust

(indicate with an asterisk the consultant(s) to whom the applicant would work as an Associate Specialist)

IN CONFIDENCE

2. **Need for post**

- (a) Give reasons for the service need

IN CONFIDENCE

(b) Have any steps taken to fill the need by appointment of a consultant ?

(i) YES - **given details**

(ii) NO - **give reasons**

(c) Give an outline and a detailed timetable of the proposed duties of the applicant, to include any out of hours responsibilities.

IN CONFIDENCE

3. **Applicant's present post**

If the applicant is currently employed by the Health Authority, SHA or Trust:

(a) Give name of present employing authority

(b) What is his/her present grade

(c) Would his/her present post

(i) lapse (ii) be refilled (iii) be relocated
within the region

(tick as appropriate)

4. **Suitable experience**

If the applicant's answer to question 1 (g) of Part II is "No", the Regional postgraduate Dean of his advisor must state here the reasons for considering that the applicant has gained adequate experience:

Date.....

Signed.....

IN CONFIDENCE

PART II

To be completed by the applicant (A full CV must also be attached)

1. **Personal Details**

- (a) Date of Birth (b) Sex
(c) Type of Registration (d) GMC/GDC No
(e) Date of first registration
(f) Qualifications (including place and date)

- (g) Do you have a minimum of 4 years in the registrar grade or staff grade, at least 2 of which have been in the appropriate specialty?

Yes No (tick as appropriate)

(If the answer to 1 (g) is "No", please ensure that question 4 of Part I of the form is completed by the Regional Postgraduate Dean).

- * The applicant should have completed 10 years medical work since obtaining a primary qualification which is acceptable by the GMC or GDC for full registration (to include limited, temporary or full registration but not provisional registration).

IN CONFIDENCE

2. **Personal statement**

The applicant must state here the reasons why he/she merits consideration for an Associate Specialist post and give dates and details of any relevant examinations which have been taken.

Date.....

Signed.....

REGION:

ANNEX D EL(91) 150

APPLICATIONS FOR REGRADING TO THE ASSOCIATE GRADE

BETWEEN 1 January 1992 – 31 December 1992

	Medical Specialties	Dental Specialties
Number of applications received	<input type="text"/>	<input type="text"/>
Number of applications received	<input type="text"/>	<input type="text"/>
Number of successful applications for regrading from the staff grade	<input type="text"/>	<input type="text"/>

TABLE A**ALLOCATION OF THE STAFF GRADE TO ENGLISH REGIONS**

NORTHERN	10
YORKSHIRE	15
TRENT	19
EAST ANGLIA	9
N W THAMES	10
N E THAMES	8
S E THAMES	13
S W THAMES	14
WESSEX	16
OXFORD	10
S WESTERN	14
W MIDLANDS	23
MERSEY	8
N WESTERN	11

Footnotes

1. Weightings: 50% lack of support staff, 25% consultant numbers, 25% population.
2. Lack of support staff defined as all medical staff other than consultants and PRHO.
3. Factor for lack of support staff arrived at by comparing the number of support staff in the Region with the number there would be if the Region enjoyed the same rate per 100 thousand population as the best endowed Region.

To: Regional Health Authorities)
District Health Authorities) For action
Special Health Authorities)
Public Health Laboratory)
Service Board) For information
Community Health Councils)

November 1988

PERSONAL /PAY AND CONDITIONS OF SERVICE**THE NEW HOSPITAL STAFF GRADE****SUMMARY**

This circular notifies authorities of arrangements for the introduction of the new hospital Staff Grade, foreshadowed in the report "Hospital Medical Staffing: Achieving a Balance – Plan for Action" which accompanied circular HC/(87)25.

INTRODUCTION

1. This circular gives guidance on arrangements for the employment of hospital medical and dental staff in the new Staff Grade. Its contents are subject to the provisions of the terms and conditions of service to hospital medical and dental staff (TCS) determined by the Secretary of State following discussion in the Joint Negotiating Committee for Hospital Medical and Dental Staff. Provisions as to rates of pay have been so determined in the light of advice from the Review Body on Doctors' and Dentists' Remuneration.

2. FUNCTION AND DESIGNATION

2.1. The Staff Grade is a permanent career grade of limited responsibility. Accordingly, postholders are hospital medical or dental officers who:

2.1.1 have held a hospital appointment in the SHO, or exceptionally, in a higher grade, or their equivalent; and

2.1.2 are normally appointed without term, subject to satisfactory completion of a probationary period; and

2.1.3 exercise an intermediate level of clinical responsibility as delegated by the consultant-in-charge.

2.2 Postholders' duties will include work related to the prevention, diagnosis and treatment of illness, and will be undertaken on the responsibility of senior hospital medical and dental staff. The work that postholders might properly undertake is such as is currently allocated in any specialty to Registrars and experienced SHOs. It is envisaged that the purpose of appointments to the grade will be, typically, though not exclusively, to provide:

2.2.1 an intermediate staffing function in the hospital specialities, combined as necessary with the support and supervision of practitioners in the house officer grades and participation in arrangements for night and weekend cover where workload is consistently high; or

2.2.2 a range of services in narrow areas of clinical practice which do not justify a consultant post.

2.3 The grade title denotes a scale of remuneration and should not be used to designate individual posts. Practitioners appointed to the grade should be referred to collectively as “Staff Doctors and Dentists”. Authorities should choose suitable designation for individual posts, such as “Staff Anaesthetist” or “Staff Surgeon”, and ensure that the post is otherwise clearly distinguished in status and responsibility from those in other grades.

3. ESTABLISHMENT OF POSTS

3.1 The Department, has taken the advice of the Joint Monitoring Group, and has allocated the quotas to regions. In 1988/89 as shown in the appendix to Annex B – Quotas for succeeding years will be notified three months in advance of the year in question. Thereafter, posts may be established by DHAs and SHAs and by RHAs in relation to regionally-managed services, subject in the case of district posts to the approval of the RHA. Proposals for the establishment and advertisement of the post should be developed, having regard to the criteria mentioned in paragraph 15 below, in consultation with consultants in the relevant specialty in the district and representatives of the medical executive committee or equivalent body. The authority should satisfy itself and as the case may be the RHA that the creation of a new post represents the most appropriate means of meeting service requirements. A DHA proposing a new post should in particular furnish the RHA with:

3.1.1 details of the current and projected workload and complement of the relevant firm or department;

3.1.2 an assessment of the implications of the proposal for consultant staffing and for the provision of suitable experience for practitioners in the training grades in the future; and

3.1.3 a proposed job description.

The Regional Adviser of the relevant Royal College or Faculty should be given an opportunity to comment on the draft job description including the suitability of the proposed arrangements and facilities in the light of service needs.

The RHA must obtain the advice of the regional manpower committee before determining whether a RHA or DHA proposal is to proceed.

3.2 Authorities should:

3.2.1 advertise posts; and

3.2.2 offer contracts, subject to probation where appropriate, on a permanent basis, unless the Department, after consultation with the profession’s representatives, expressly approves otherwise. The Department as approved a limited scheme for personal regrading, without advertisement, from the Associate Specialist to the Staff Grade. Details of the scheme, which is available until 1 November 1989 or until 100 such regradings have been approved whichever is the sooner, are set out in Annex B.

4. APPOINTMENTS PROCEDURE

4.1. Posts should be advertised in such a way that candidates unable for personal reasons to work full time are able to apply. Provisional job descriptions and contracts based on the forms recommended at Annex A should be issued to applicants. The expenses of attending for interview and of one prior visit should be re-imbursed to shortlisted candidates.

4.2 The prospective employing authority should constitute an advisory appointments committee, comprising at least:

4.2.1 a lay chairman appointed in the case of district posts on the advice of the appropriate College or Faculty; and

4.2.3 a professional member employed in its district, appointed on the advice of the appropriate on the advice of the appropriate division.

The committee should select applicants for interview and should advise the authority on who if any of them is suitable for appointment. It need not interview every applicant, but no applicant will be appointed without interview. It may advise whether any suitable applicants should receive a starting salary above the minimum by reason of age, qualifications and experience; such advice will not be disclosed to any applicant. Where appropriate, the immigration status of practitioners who are suitable for appointment should be checked in accordance with paragraphs 26 to 28 of HC (FP) (85) 14.

5. CONDITIONS OF APPOINTMENT

5.1 A practitioner appointed to the grade:

5.1.1 shall have full registration; or, if a dentist, shall be registered; and

5.1.2 shall have completed at least 3 years' full time regular hospital service in the SHO or a higher grade, including adequate experience in the relevant specialty; or shall have had equivalent experience; such longer periods of part-time hospital service as are deemed to provide comparable experience to the prescribed period of full-time service will be reckonable for these purposes; and

5.1.3 shall have passed a medical examination arranged by the authority before taking up appointment.

The foregoing are basic requirements, and it is open to authorities to seek experience related to the needs of individual posts.

6. TENURE

6.1 An appointment to the grade will normally be for one year in the first instance and, if confirmed, may be extended without term and held until retirement under TCs paragraph 200. An authority may at its discretion waive or reduce the prescribed probationary period where the practitioner has previously held a regular appointment, other than in the HO grade, in the same unit and specialty. A fixed-term appointment may, exceptionally and subject to the Department's approval, be offered for a period of up to 5 years, renewable at yearly intervals, in which case the practitioner will be required to waive any right to claim unfair dismissal in respect of termination which consists only of expiry of the contract without renewal.

6.2 All appointments to the grade are subject to termination on three months' notice on either side, unless application of the statutory minimum period would be more favourable to the practitioner.

7. BASIS OF CONTRACT

Whole-time

7.1 Subject to the provisions of the TCS, a whole-time practitioner appointed to the grade contracts for:

7.1.1 a minimum average work commitment of 10 sessions a week, each session being equivalent to 4 hours' work; and

7.1.2 liability to deputise, so far as is practicable. for absent colleagues; and

7.1.3 such exceptional irregular commitments outside normally rostered duties as are essential for continuity of patient care; and

7.1.4 exceptionally, duty in occasional emergencies and unforeseen circumstances.

Such a practitioner will be paid at one tenth of the appropriate basic salary for each such additional session.

Part-time

7.2 A part-time practitioner appointed to the grade contracts for an average work commitment equivalent to no more than 9 sessions a week, and for the liabilities specified in paragraphs 7.1.2 to 4. Such a practitioner is eligible for the award of a temporary, but not a regular, additional session, and will be paid at one tenth of the appropriate rate of basic salary for each session. The maximum remuneration for a part-time practitioner is that appropriate to 9 sessions, including aggregate remuneration for 2 or more appointments with the same or different authorities, but excluding that from locum work, a temporary additional session and services attracting fees.

Deputising

7.3 Where a practitioner deputises for absent colleagues outside his normal contracted hours and his commitments under paragraphs 7.1.3 to 4, he will be entitled to an equivalent off-duty period, but, where such a period has not been or is unlikely to be allocated within 6 months, he will receive payment for the actual amount of duty undertaken, at one tenth of the weekly locum rate for each session and subject to a maximum of 50 sessions in any one financial year.

8. ASSESSMENT OF CONTRACT

8.1 Employing authorities should assess the average weekly number of sessions, rounded up to the nearest whole number, required for each appointment by reference to the normal roster period specified in the job description. They should satisfy themselves that the practitioner's commitment is such that substantially the whole of his contracted time is spent working. The assessment should exclude time attributable to:

8.1.1 the commitments specified in paragraphs 7.1.2 to 4;

8.1.2 travelling between the practitioner's residence and his principal hospital; and to

8.1.3 scheduled off-duty periods, including voluntary attendance and residence in hospital; but permitted breaks for refreshment while the practitioner remains on duty may be reckoned.

Starting salary

9.1 A practitioner appointed to the grade should be paid at the minimum scale point, and the incremental date should be the date of taking up appointment, but previous service should be reckoned as follows:

9.1.1 regular service in the same or a higher grade to count in full;

9.1.2 where the practitioner has held a regular appointment in the same or a higher grade, all subsequent locum service in that or the higher grade to count in full;

9.1.3 all other locum service in NHS hospitals in an equivalent or higher grade, to count at the rate on one half;

9.1.4 service outside NHS hospitals in an equivalent or higher grade, other than locum service, to be reckoned in accordance with the Department's guidance in PM(81)30;

9.1.5 all but the first 3 years of completed regular service in the SHO or a higher grade, or either equivalent, to count in full.

9.2 Where the starting salary determined as in paragraph 9.1 is at the minimum or first incremental point, the authority has discretion to fix it at the first or second point by reason of age, special experience and qualifications taken as a whole.

Annual leave

10. A practitioner appointed to the grade is entitled to 5 weeks' leave until two years' services in the grade has been completed and to 6 weeks thereafter, save that he is entitled to 6 weeks' leave if his immediately previous regular appointment attracted that entitlement.

Study leave

11. A practitioner appointed to the grade is entitled to continuing education, subject to the TCS. The recommended standard is 30 days, including off-duty days within the leave period, in any period of 3 year, in relation to leave with pay and expenses in the UK.

Removal expenses

12. A practitioner who moves:

12.1 to take up a first whole-time appointment in the Staff Grade; or

12.2 to take up a further whole-time appointment in the grade in circumstances accepted by the existing and prospective authorities as being in the interests of the service

is entitled to reimbursement of the expenses allowable under TCS paragraphs 314 to 324. No refund of expenses will be required where an authority has terminated a probationary appointment.

Other

13. All other provisions of the TCS, as currently determined or amended in accordance with paragraph 1 hereof, apply to the Staff Grade, unless the context specifically imports the contrary, with the exception of those relating to domiciliary and exceptional consultations (TCS paragraphs 140 to 157).

Superannuation

14. Payments under TCS paragraph 16 are not superannuable.

15. USE OF THE GRADE

15.1 The Department has accepted the contract described above on the understanding that:

15.1.1 practitioners in the Staff Grade are expected to work for substantially the whole time while on duty;

15.1.2 in constructing the job description, in consultation with the responsible consultant(s), authorities should have complete flexibility over the deployment, location and rostering of available sessions.

15.2 Authorities should ensure that practitioners are used in a way that secures value for money for the sessional commitments agreed. In particular:

15.2.1 practitioners should not be used as substitutes for staff in the training grades for out-of-hours work on traditional rotas unless the intensity of the work throughout the out-of-hours period is consistently high. An exception may be allowed when cover is provided for a colleague on annual or study leave – where time off in lieu cannot be granted, a maximum of 50 locum sessions a year may be allowed in accordance with TCS 108.b. In the case of cover for other absences or unfilled vacancies, a temporary additional session may be awarded in accordance with TCS 16.b where time off in lieu cannot be granted.

15.2.2 It is likely to be effective to use the Staff Grade either in duties involving little or not out-of-hours work or in specialties where the duties involve a continuously intensive work committee and shift working is practicable, e.g. Accident and Emergency. In specialties there these conditions are unlikely to apply, authorities contemplating the use of the Staff Grade should review the scope for organising out-of-hours cover in such a way that it is used when the volume of work is greatest. Illustrative examples are:

- use of the grade of an evening “shift”, say, Between 6pm and midnight;
- use of the grade for elective operating sessions or clinics at weekends.

15.2.3 Before offering a Staff Grade contract, the authority should satisfy itself, from an assessment of the actual work to be performed, that the practitioner will be working for substantially the whole time while on duty. After appointment the work content of the job should be re-assessed, at management discretion but at least every 3 years, to ensure that this condition is still fulfilled. If not, the practitioner’s job description should be adjusted after discussion with him and with the responsible consultant (s).

REVIEW OF SESSIONAL ASSESSMENT

16. It is open to a practitioner to seek a review of his sessional assessment at any time. Where agreement is reached on a revised assessment, the practitioner shall be entitled to protection of his earning from basic and regular additional session in accordance with TCS paragraph 17.b. Where an assessment is disputed, and without prejudice to the practitioner's right of immediate or subsequent recourse to the procedures available under Section 32 of the GWC Conditions of Service, authorities are asked to refer the matter to an appropriate professional advisory committee. Disputes which cannot be resolved on the basis of the committee's recommendations may have to be referred to the GWC machinery.

MONITORING

17. The Department will closely monitor the actual deployment of practitioners in the Staff Grade, the nature and intensity of any out-of-hours duties they are required to perform, and authorities' experience in providing 24-hour cover in the acute specialties. For this purpose, authorities will be required, for at least the first few years' experience of the grade, to submit annual returns to the Department, showing for each practitioner employed:

- 17.1 the specialty and nature of duties;
- 17.2 the number of sessions, distinguishing between those in the normal working week and those outside;
- 17.3 the nature and work intensity of the out-of-hours commitment, eg rota commitments;
- 17.4 the periods (if any) for which temporary additional sessions were granted; and
- 17.5 for each newly advertised post, the qualifications and relevant previous experience of short-listed applicants, and commenting in general terms on the authority's experience of the use of the grade.

Further guidance will be given shortly on the form and timing of returns on this and other aspects of the "Plan Action".

PART-TIME MEDICAL OFFICERS EMPLOYED UNDER TCS PARAGRAPH 94

18. Following the introduction of the Staff Grade, no further paragraph 94 appointments of six notional half days (NHDs) or more may be made unless the practitioner is an unrestricted principal in general practice. As an exception, for an interim period, the appointments procedure may continue in cases where the appointment has been authorised by the RHA on advice from the Regional Manpower Committee before 1 November 1988.

However, no such appointments may be made after 31 January 1988.

19. Those practitioners holding an appointment under paragraph 94 for 6 NHDs or more per week who are already in post on 31 January 1989 may continue on the same terms for the duration of the appointment in accordance with the Secretary of State's Direction set out in Annex C. When vacated by the present holder, these appointments will lapse.

AMENDMENTS TO THE TERMS AND CONDITIONS OF SERVICE

20. Amendments to the TCS arising from the above arrangements are set out in Annex D. Replacement pages for TCS handbooks will be issued in due course.

SECRETARY OF STATE'S APPROVAL

21. The Secretary of State has approved the revised terms and conditions of service of hospital medical and dental staff set out in Annex D. The approval is recorded at Annex C.

ACTION

22. Authorities should:-

22.1 notify all appropriate staff, including practitioners in the Associate Specialist grade and those holding appointments under TCS paragraph 94, of these arrangements,

22.2 ensure that any posts they require in the Staff Grade are established, advertised and filled in accordance with the procedures described in paragraphs 2 to 16 thereof;

22.3 keep such returns, specified in paragraph 17, as will be required, and make the returns described at Annex B paragraph (vii) to the following address:-

Department of Health and Social Security
Branch MME (A)4
Room 411
Eileen House
Newington Causeway
LONDON SE1 6EF

From:

Family Practitioner Service Division LA
Room 624 Eileen House
80-94 Newington Causeway
LONDON SE1 6EF

Tel: 01-703 6380 Ext 3710

MDC/1/25

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