

The Associate Specialist grade

Terms and Conditions of Service

November 1991

NHS Management
Executive

The associate specialist grade

Terms and conditions of service

Not an autonomous grade - work to a named consultant

Executive summary

From 1 December 1991:

- associate Specialists (ASs) on the national Terms and Conditions of Service should be paid on the basis of an inclusive professional contract;
- performance supplements will be introduced to reward ASs who by their skills, expertise and hard work are providing a service beyond that normally expected of the grade;
- extra Duty Allowance will be phased out over the next three years, but ASs with particularly onerous duties will be eligible for up to 1, or exceptionally 2, additional notional half-day(s).

Action

Health authorities and Trusts employing ASs who have retained the national Terms and Conditions of Service should:

- introduce performance supplements for ASs (see booklet paragraphs 2 - 6);
- put into practice transitional arrangements for ASs receiving Extra Duty Allowance (see booklet paragraph 7);
- review with professional advice the workloads of all ASs and contract for the appropriate number of temporary additional notional half-days for those with particularly onerous duties (see booklet paragraphs 8 - 9);
- implement new annual leave allowances for ASs (see booklet paragraph 10).

RHAs and the SHAs for the London postgraduate teaching hospitals should establish a committee to advise on performance supplements (see booklet paragraph 4).

Approvals

The Secretary of State for Health under Regulations 2 and 3 of the National Health Service (Remuneration and Conditions of Service) Regulations 1991 (SI 1991 No 481) has approved the changes to the Terms and Conditions of Service attached at Annexes A, B and C, the reduction in the value of the extra duty allowance to £50.00 per unit, and the introduction of the performance supplement for ASs at the rate of £2,780 per year, with effect from 1 December 1991.

HSG(91)18

The associate specialist grade
Terms and conditions of
service

12 November 1991

Addressees

For action:
Regional Health Authorities
District Health Authorities
Special Health Authorities
NHS Trusts

For information:
Community Health Councils
Directly Managed Units

From

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Telephone: 071-872 9302 ext.

To: Regional Health Authorities
District Health Authorities
Special Health Authorities
NHS Trusts

Copy for information: Community Health Councils
Directly Managed Units

20 November 1991

ASSOCIATE SPECIALISTS - HSG(91)18 - CORRECTION

You will by now have received your copies of this HSG and the attached booklet introducing new arrangements for Associate Specialists. Our attention has been drawn to a possible ambiguity in paragraph 2 (Performance supplements) and paragraph 8 (Additional notional half-days) of the booklet.

These paragraphs state that performance supplements and additional NHDs are payable from 1 December 1991. It will not always be possible to complete the first workload review, or the first consideration of eligibility for a performance supplement, before 1 December. Where this is the case:-

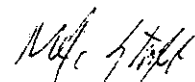
- a. performance supplements should be backdated to 1 December for those ASs who are eligible for a supplement at that date;
- b. additional NHDs should be backdated to 1 December where the AS was undertaking the onerous duties for which the NHD was granted on that date, or to the date on which the duties commenced where he or she took on such duties after 1 December but before the date of the workload review.

Enquiries on this letter, or the HSG, should be made to:-

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HAP6B Room 430
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London W1N 5TB

Tel: 071 972 8292

Yours sincerely



MARTIN STANIFORTH

THE ASSOCIATE SPECIALIST GRADE

1. It has been agreed that in future Associate Specialists should be remunerated on the basis of an inclusive professional contract. Performance supplements will be introduced to reward ASSs who by their skills, expertise and hard work are providing a service beyond what would normally be expected for the grade. Extra Duty Allowance will be phased out, but ASSs with particularly onerous duties will be eligible for up to 1, or exceptionally up to 2, additional notional half-day(s).

PERFORMANCE SUPPLEMENTS

2. With effect from 1 December 1991, Associate Specialists who are on the maximum or on the penultimate point of the AS salary scale will be eligible for a performance supplement. The value of the performance supplement has been set at 7.5 per cent of the maximum of the AS salary scale (£2,780 per year with effect from 1 December 1991). The performance supplement is payable from 1 December 1991. When performance supplements are paid, whole-time ASSs should receive the performance supplement in full; those on maximum part-time contracts should be paid ten-elevenths of the supplement, and part-time ASSs should be paid the performance supplement pro rata to the notional half-days, excluding any temporary additional NHDs, for which they are contracted. The amendments to the Terms and Conditions of Service are shown in Annex A.

3. The criteria for the performance supplement are that the Associate Specialist has demonstrated skills and expertise beyond what would normally be expected of a practitioner in the grade and is making an outstanding contribution to the service. The following factors should be considered:

- clinical (or para-clinical) excellence;
- research, innovation and improvement in the service;
- outstanding administrative or management effort;
- teaching and training;
- hard work and outstanding service to the NHS.

4. Each Regional Health Authority should establish a committee to advise on performance supplements. The committee should be chaired by the Vice-Chairman of the Regional Distinction Awards Committee or by a consultant nominated by the Vice-Chairman. The Regional Director of Public Health (RDPH) should be a member of the committee, and should be responsible for consulting the general managers of the Units where the Associate Specialists under consideration work. The members of the committee should be chosen by the RHA on the basis of a recommendation by the RDPH, following consultation with the Regional Consultants and Specialists Committee, and should include members from the main groups of specialties in which ASSs work. In the second and future years, 2 ASSs from within the Region and themselves in receipt of performance supplements should be members of the

committee. ASs employed by the Special Health Authorities for the post-graduate teaching hospitals should be considered by a committee established by the SHAs in a similar way. ASs who have transferred to Trust employment should be considered by the regional committee if they have retained their Terms and Conditions of Service or if the Trust wishes them to be considered for a performance supplement. Where a regional committee is to consider ASs employed by Trusts, it should include Trust representation.

5. Nominations for a performance supplement may be provided from any source, including colleagues and Royal Colleges. There will be a ceiling on the proportion of Associate Specialists who can receive supplements. The number of performance supplements paid by health authorities and Trusts should be not more than the following percentages of the numbers of ASs, including those employed by Trusts but who are on the national Terms and Conditions, in the Region:

Year	Percentage
1991-92	15
1992-93	20
1993-94	25
1994 onwards	30.

6. The performance supplement will be subject to 5-year review by the body which awarded it. The regional committee should consider representations by or on behalf of an AS before making a decision to discontinue the AS's performance supplement. An AS who had his or her supplement withdrawn would have salary protection; the salary, including any London Weighting and the performance supplement held, will be frozen until the maximum of the AS salary scale (plus any London Weighting) has caught up with the mark-time pay.

EXTRA DUTY ALLOWANCE

7. The principle of an inclusive professional contract implies that payments for additional time worked should be exceptional. However, transitional arrangements are necessary to provide a degree of salary protection and to recognise the service commitment of Associate Specialists with particularly onerous duties. ASs in receipt of Extra Duty Allowance (EDA) payments may continue to receive such payments at the rates set out below, unless they have accepted an additional notional half-day contract under the arrangements set out in paragraph 8 below. There will be no new EDA eligibility after 30 November 1991. The value of each EDA unit will be reduced as follows:

Year	£
1991-92, from 1 December 1991	50
1992-93	35
1993-94	20

No EDA payments will be made for duty or on-call after 31 March 1994.

ADDITIONAL NOTIONAL HALF-DAYS

8. Health authorities and Trusts may enter into a contract for up to one temporary additional notional half-day or, where duties are exceptionally onerous, up to 2 temporary additional NHDs, as provided for in paragraph 14 (as amended) of the Terms and Conditions of Service. General Managers, with professional advice, including that of the consultants responsible for the work of ASs, and in consultation with individual ASs, should review the workloads of all ASs and consider which (if any) ASs have particularly onerous duties, reflecting hours worked, which may qualify them for additional NHDs. The first review should be carried out in 1991-92; the additional NHDs are payable from 1 December 1991. In future, workloads should be subject to review each year.

9. An appeal in relation to the provisions of paragraph 8 may be made only to the employing authority or Trust. Where an appeal is made, the employing authority or Trust should establish an appeal panel. The panel will be chaired by the Director of Public Health or a senior medical or dental officer of the authority or Trust, and will include a lay member and a senior officer. If either party judges that it would be helpful, a medical or dental adviser acceptable to each party should be co-opted to the panel. The panel should submit its advice to the authority or Trust, which shall then determine the appeal. The amendments to paragraphs 14 and 28 of the Terms and Conditions of Service are shown in Annex B.

ANNUAL LEAVE

10. Associate Specialists shall be entitled to annual leave of 6 weeks. Paragraphs 205 and 206 of the Terms and Conditions of Service are shown as amended at Annex C.

TRUSTS

11. Trusts should introduce the pay arrangements set out in this circular for those Associate Specialists who have retained the national Terms and Conditions of Service. They may adopt these arrangements, including performance supplements, for ASs on new terms and conditions.

EVALUATION

12. Health authorities and Trusts should monitor the operation of these new arrangements, including recording the number of additional NHDs agreed, for Associate Specialists in directly managed units and Trust hospitals.

November 1991

ASSOCIATE SPECIALISTS

AMENDMENTS TO THE TERMS AND CONDITIONS OF SERVICE

New sub-paragraph 1c

c Performance supplements shall be payable to individual Associate Specialists where the authority has agreed, at the rate given in Appendix I.

Amendments to paragraphs 42 and 63

42a Insert after "award" (line 5),
"or any performance supplement" (, but excluding any other fees,
.....).

63 Insert after "award" (line 5),
"or any performance supplement held" (, subject to the maximum
.....).

AMENDMENTS TO THE TERMS AND CONDITIONS OF SERVICE

Paragraph 14

a In line 1, delete "Subject to sub-paragraphs d and e", insert "Subject to sub-paragraphs d, e and f".

c At end, delete "d and e.", insert "d, e and f."

New sub-paragraph 14f

f An authority may, at their discretion, enter into a separate contract with an Associate Specialist for a temporary additional notional half-day or fraction thereof, where the practitioner is considered by the authority to have particularly onerous contractual duties, or exceptionally up to 2 temporary additional notional half-days. Such a contract may be made with a maximum part-time Associate Specialist, without prejudice to his or her private practice rights, or with any other part-time Associate Specialist. The provisions of sub-paragraph a above shall otherwise apply.

Paragraph 28

New sub-paragraphs 28h and i

h Extra duty allowance shall not be payable to practitioners who have entered into a separate contract under paragraph 14f.

i Extra duty allowance shall not be payable to practitioners who were not in receipt of extra duty allowance before 1 December 1991.

AMENDMENTS TO THE TERMS AND CONDITIONS OF SERVICE

Replacement paragraphs 205 and 206

ANNUAL LEAVE

Six weeks per year

205 The following practitioners shall be entitled to leave at the rate of 6 weeks a year:-

Consultants;

SHMOs;

SHDOs;

SRs;

Practitioners appointed under the terms of paragraphs 94 or 107;

Hospital practitioners;

Associate Specialists;

Practitioners in the staff grade who have completed two years' service in the grade or who had an entitlement to 6 weeks' leave a year in their immediately previous appointments.

Five weeks per year

206 The following practitioners shall be entitled to leave at the rate of 5 weeks a year:-

Registrars;

SHOs;

Practitioners in the staff grade other than those mentioned in paragraph 205.

APPENDIX I

ASSOCIATE SPECIALISTS

New provision

Paragraph	Nature of Fee, Charge or Allowance	£ per year
1c	Performance Supplement	2,780

With effect from 1 December 1991

Amendment to Appendix I, Table 3

Paragraph	Nature of Fee, Charge or Allowance	£ per unit of EDA
27	Extra Duty Allowance	50.00

With effect from 1 December 1991

This Amendment supersedes the rates for each EDA unit set out in Amendment no 13 and Amendment no 14 (AL(MD)1/91).