Pay Circular (M&D) 6/2007

Pay and conditions for hospital medical and dental staff, doctors in public health medicine and the community health service

To: All NHS employers

Summary

This pay circular notifies employers of rates of pay for Locum Appointments for Service in the Specialty Registrar grade, of amendments to Terms and Conditions of Service for Hospital Medical and Dental Staff, Doctors in Public Health Medicine and the Community Health Service (2002) (TCS) to reflect the new training grades, and offers guidance on pay on return to training for doctors in career grades.

Agreement

- 1 The Joint Negotiating Committee (Juniors) have approved rates of pay for Locum Appointments for Service (LAS) in the Specialty Registrar grade. The rates are set out in Annex A to this Circular.
- 2 Agreement has also been reached on amendments to TCS to incorporate references to appointments in the grades of Foundation House Officer 1 and 2, and Specialty Registrar appointments in both programme and fixed-term appointments. References to the closed grades of Registrar and Senior Registrar have been removed.

Action

3 Employers should implement, and where necessary, retrospectively apply the new arrangements in full with effect from 1 August 2007.

Locum pay

In applying the locum rates employers should take full account of the level of service cover required, as they would have done in the past with mixed SHO/SpR rotas. The lower rate is payable where the locum is covering a doctor working at levels ST1 or ST2. In all other cases the higher rate will be appropriate.

Guidance on pay on return to training

5 Annex B expands on the information given in Pay Circular (M&D) 4/2007 and gives examples of the assessment of pay on return to training for practitioners re-entering training from a career grade.





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6 Employers should also note that changes made to paragraph 132 of TCS in Pay Circular (M&D) 4/2007 inadvertently excluded references to practitioners in a training grade who take up an appointment in a lower training grade. This was an oversight, and until the text of the paragraph in the TCS is amended, where a practitioner moves from a higher training grade to a lower grade as determined by the maximum point of the basic pay scale, the practitioner shall, while in the lower grade, continue to be paid on the incremental point the practitioner had reached in his or her previous appointment. Such a practitioner shall receive the benefit of any general pay awards. On reappointment to the higher grade or on appointment to another higher grade, the practitioner's starting salary should be assessed as if the period spent in the approved training post had been continuing service in the previous higher grade.

Amendments to TCS

- 7 The text of the TCS has been amended to add references to Foundation House Officers and Specialty Registrars, and to remove references to Registrars and Senior Registrars. These amendments are nominal only, and do not affect any existing entitlements.
- 8 Where practitioners are still employed in the Registrar or Senior Registrar grade, action should be taken to move these to an appropriate current grade, as the pay scales for these grades will be deleted from Pay Circulars with effect from November 2007.
- 9 A copy of the amended TCS can be downloaded from the NHS Employers website at the following web address: www.nhsemployers.org/pay-conditions/pay-conditin

Record of amendments

- **10** For ease of reference, significant amendments made to the TCS are collated in a record of amendments log. The log also records the Advance Letter, Pay Circular, or other reference under which amendments were issued.
- 11 Each significant amendment in the TCS has been given a reference number which appears in the text as a superscript number at the end of each amendment i.e., "the superscript shows that wording in this paragraph has changed¹³". The number corresponds to that given to the amendment in the log. By doing this, the reader is notified that an amendment has been made to the contract and is directed to the relevant section of the log. Links to the records of amendments are given in Annex A to this Circular.
- 12 Employers should direct enquiries to: <u>doctorsanddentists@nhsemployers.org</u>
- 13 Employees should direct personal enquiries to their employer.

Further copies

14 Copies of this circular can be downloaded from: <u>www.nhsemployers.org</u>

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Specialty Registrar and Specialty Registrar (FT):

Band	Working Arrangement	Supplement
LA	Outside Monday to Friday 9am to 5pm for shift working patterns	1.8 x basic hourly rate
LB	Outside Monday to Friday 9am to 5pm for on-call working patterns	1.5 x basic hourly rate
LC	Monday to Friday 9am to 5pm for all working patterns	1.4 x basic hourly rate
LL	Covering a post for one week or more	1.2 x total salary (basic salary banding supplement)

Hourly Rates (£) : Bands LA, LB, LC										
Band	Basic rate	LC	LB	LA						
StR (lower rate)	15.87	22.22	23.81	28.57						
StR (higher rate)	17.51	24.52	26.27	31.52						

Weekly Rates (£) : Band LL										
Band	Basic Rate	1C	1B	1A	2B	2A	3			
StR (lower rate)	761.32	913.59	1065.85	1141.98	1141.98	1370.38	1522.64			
StR (higher rate)	840.36	1008.44	1176.51	1260.54	1260.54	1512.65	1680.72			

(NB: Junior doctors in Locum Appointment for Service (LAS) posts are to be paid under the banding system above. Junior doctors in Locum Appointments for Training (LAT) are excluded from this arrangement).

EXAMPLES OF PAY ON RETURN TO TRAINING

General principles

Pay on return to training is based on the premise that doctors returning to training from substantive career grades will retain the basic salary they were receiving before re-entering training, excluding any additional sessions, notional half days or programmed activities above the basic contract. Work carried out as a trainee will be paid for on the same basis as if the work had been carried out under the career grade contract. No trainee banding supplement will be payable.

The new arrangements will apply to all posts contracted for on or after 1 August 2007 regardless of the date of re-entry to training. Doctors already paid or contracted under the previous arrangements before 1 August 2007 will continue to be so paid until the end of any currently contracted posts.

The examples given use notional salaries for the sake of clarity.

1. A staff grade doctor returning to training

On return to training the staff grade doctor has their basic salary point on their original contract protected, and while in training will continue to receive annual pay awards but will not move up the incremental scale. Additional work necessary to carry out the training duties is then paid for using additional sessions under the terms of their original staff grade contract.

Consider for the purposes of illustration a staff grade doctor who before reentering training earned £40,000 for a basic 40 hour working week with \pounds 4,000 for one additional session giving a total salary of £44,000.

Protected basic salary on return to training is £40,000 - the additional session in the original post is not protected.

In the training post they now work full shifts for an average 48 hour week i.e. basic contract plus 2 additional sessions. Under the proposals he/she will now earn £48,000, receiving £4,000 p.a. for each additional session worked in the average working week.

If the duty has an element of on-call, the provisions of AL(MD)4/97 allow for on-call work to be included within the basic 40 hours/10 sessions; if duty over and above 40 hours is required, additional sessions may be paid according to the intensity and resident/non-resident nature of the work.

2. An associate specialist doctor returning to training

Using the same scenario consider an Associate Specialist returning to training. who before re-entering training earned £55,000 for a basic 38.5 hour week with £5,000 for one temporary additional Notional Half Day (NHD) giving a total salary of £60,000. The example assumes all hours worked are in standard hours and gives a session rate of £5,000 p.a.

Their protected salary is £57,143 – the 40 hour equivalent of the AS contract which was based on a 38.5 hour week.

If in the training post they work an average 48 hour week they would earn $\pounds 68,571$. This is made up of $\pounds 57,143$ for a 40 hour week in the training post

plus £11,429 p.a. for the additional 8 hours worked in the average working week (made up of 2.29 NHD's). In addition, NHDs or fractions thereof may be contracted for where the employer considers the duties to be particularly onerous. This approach might be used to reflect out-of-hours or on-call duties. Application will reflect normal practice in the use of the national contract provisions in the employing trust.

3. A consultant returning to training.

Consider a consultant who earned £75,000 before entering training for a basic 40 hour week with £7,500 for one extra Programmed Activity (PA) giving a total salary of £82,500. The example starts by assuming all hours worked are in standard hours.

Their protected salary on return to training is £75,000 - the additional PA in the original post is not protected.

In the training post they now work an average 48 hour week (not at premium time) i.e. basic contract plus 2 additional PAs worked in the average week, earning £90,000 as a total salary.

If part of the 48 hours is in premium time, total pay might be calculated on the basis of four hours pay for each three hours of premium time. If in the previous example an average of 12 hours a week fell in premium time, the doctor would be paid an additional 4 hours making a total of three additional PAs and a total pay of £97,500. Application of these provisions will depend on normal practice in the use of the consultant contract in the employing trust.

Were the doctor required to take part in an on-call arrangement, the appropriate availability supplement should be applied to their basic salary in addition.

General

The calculation of additional payment for out of-hours work carried out by career grade practitioners in all grades should follow existing practices in the employing trust to ensure equity of application between those practitioners in training and their colleagues on the same grade holding regular appointments.

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