

Guidance for SAS transfer to 2021 contracts

August 2025

British Medical Association

About us

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers to develop a sustainable workforce and be the best employers they can be. We also manage the relationships with NHS trade unions on behalf of the Secretary of State for Health and Social Care.

About this guidance

- The guidance sets out the steps that employers and SAS doctors and dentists should follow when transferring to the terms and conditions of service (TCS) for specialty doctors and/or specialists (England) 2021.
- It informs both employers and SAS doctors the value of moving to the 2021 TCS.
- This guidance has been produced to aid staff working in human resources/medical staffing and SAS doctors and dentists.
- Read this guidance in conjunction with the TCS, pay and conditions circular, model contract documentation and other resources available on our website. A list of resources can be found at the end of this web page.
- For the purpose of this document, wherever ‘doctor’ is used in this document, it is intended to mean a doctor or dentist and the principles also apply to SAS dentists working in the SAS grades.
- When introducing this contract, each employer will need to take account of their individual Public Sector Equality Duty (PSED).

This guidance has been published in partnership with the British Medical Association (BMA).

Scope

The new contractual arrangements came into effect on 1 April 2021. The specialty doctor 2008 terms and conditions is closed to new entrants.

All new appointments to the SAS grades should be on the 2021 specialty doctor and specialist grade contracts.

Doctors and dentists who were appointed to national SAS TCS prior to their closure, and who remain on those closed grades, have the option either to transfer to the 2021 TCS or to remain on their current TCS.

The closed national SAS TCS are:

- specialty doctor/specialty dentist (2008)
- associate specialist (2008)
- associate specialist (prior to 2008)
- staff grade
- clinical medical/dental officer (CMO/CDO)
- senior clinical medical/dental officer (SCMO/SCDO)
- clinical assistant (part time medical/dental officer appointed under paragraph 94 or 105 of the 2002 TCS)

- hospital practitioner.

These contractual arrangements and transitional provisions do not apply to doctors who are not on national contracts, such as locally employed doctors (LEDs).

Locally employed doctors include, for instance, those in posts such as clinical fellow/research fellow and those appointed to posts mirroring old terms and conditions after those TCS were closed nationally, for example doctors appointed to associate specialist posts after 31 March 2008.

Changes to the implementation timeline

Doctors employed on the 2008 specialty doctor grade or closed SAS grades in England have the right to transfer to the 2021 specialty doctor contract at any time.

There was a time limited window for SAS doctors to transfer to the 2021 TCS, at the point the new contracts were introduced, this is now offered on an indefinite basis.

The original implementation timeline was developed to enable SAS doctors to have sufficient time to decide whether they wished to remain on their existing terms or transfer to the equivalent new contract as well as to enable employers to introduce the new contracts and make the necessary changes to transition existing SAS doctors in their organisation.

However, on 9 June 2022, the Joint Negotiating Committee (JNC) (SAS) agreed that doctors employed on the 2008 specialty doctor grade or closed SAS grades in England would be given the contractual right to transfer to the 2021 specialty doctor contract during any time in their employment. This process is detailed in Schedule 20 of the TCS.

Key changes to the terms and conditions of service

The following applies to both the specialty doctor and specialist TCS.

Out of hours

Any time that falls outside of the period 7am to 9pm Monday to Friday, and any time on a Saturday or Sunday, or public holiday.

On-call availability supplement

Introduction of category A and category B arrangements to bring in line with consultants.

Frequency	Value of availability supplement as a percentage of basic salary	
	Category A	Category B
More frequent than or equal to 1 in 4	8%	3%
Less frequent than 1 in 4 or equal to 1 in 8	5%	2%
Less frequent than 1 in 8	3%	1%

Safeguards

The introduction of safeguards into the job planning schedule that allows work patterns to balance flexibly and support the health and wellbeing of SAS doctors, including and not limited to:

Working out of hours

The majority (i.e. no less than 60%) of work should normally take place during standard working hours, rather than out of hours.

Weekend frequency

Doctors will not work more than 13 weekends per year (averaged over two years), unless mutually agreed.

Maximum number of consecutive shifts

Doctors will not work more than four consecutive nights, unless mutually agreed.

Annual leave

An additional day of annual leave for SAS doctors after seven years in the grade to bring them in line with the majority of NHS staff.

Temporary schedules

The removal of temporary schedules and references to the General Whitley Council, now aligning to the core common terms of the NHS Staff Handbook, including enhanced shared parental

leave and redundancy pay which will be managed through the NHS Staff Council.

Spare professional capacity

The removal of the penalty for doctors not offering an additional PA to their employer with the replacement of a provision that if a doctor intends to undertake remunerated clinical work as a locum, the doctor is strongly advised to initially offer such additional hours of work to the service of the NHS via an NHS staff bank of their choosing.

Supporting professional activity (SPA) time

The minimum of 1 programmed activity (PA) of supporting professional activity (SPA) already in the contract is to be used for job planning, appraisal and revalidation purposes.

Introduction of the SAS advocate role

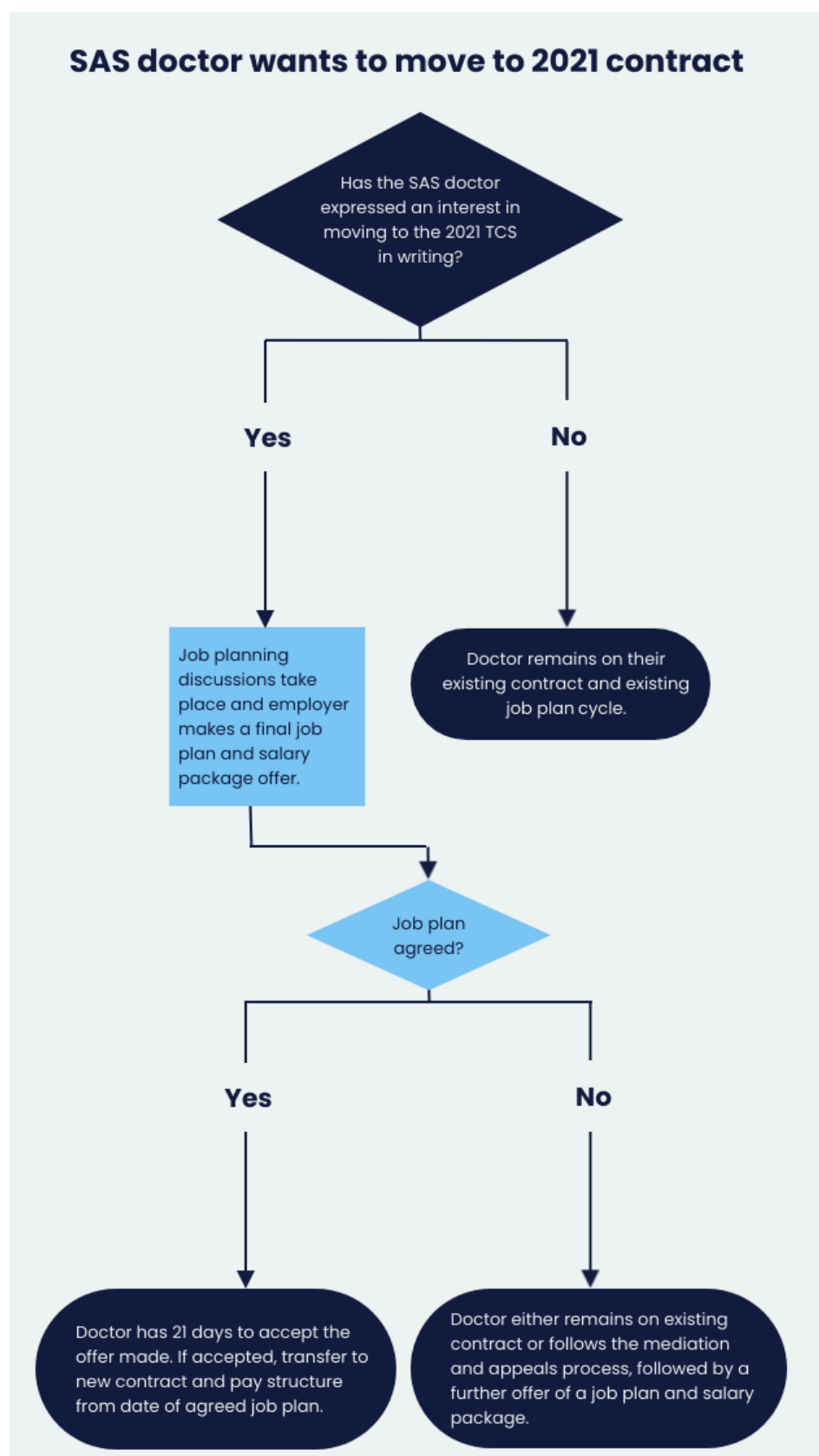
The role of the SAS advocate was introduced during the 2021 contract reform and while non-contractual, we strongly advise that employers create these roles to promote and improve the support for SAS doctors' health and wellbeing.

Transfer arrangements

Those that can transfer:

- SAS doctors employed before 1 April 2021 have the option of remaining on their current TCS or moving to the 2021 TCS.
- Doctors on the 2008 specialty doctor grade (or equivalent closed SAS grades) may transfer to the 2021 specialty doctor contract.
- Doctors on the 2008 associate specialist and pre-2008 associate specialist grades may transfer to the specialist grade contract, subject to meeting the entry criteria.
- Doctors on local terms and conditions who wish to move to the 2021 contracts do not have an automatic right but may wish to discuss with their employer if they have been in post for 24 months or more.

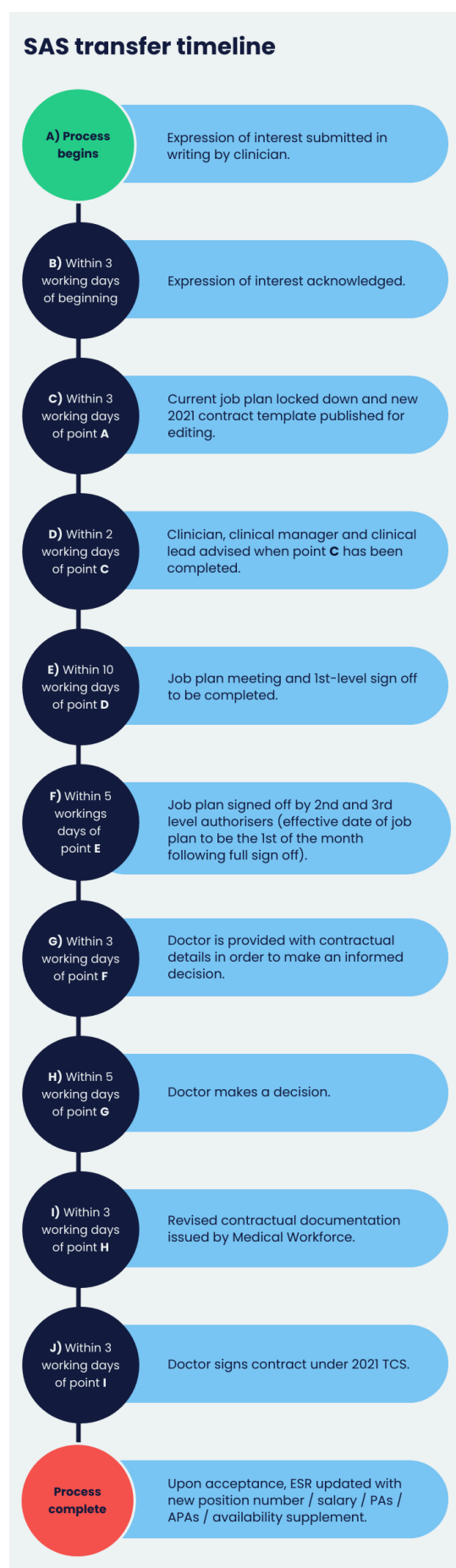
The flowchart below illustrates the contract transfer process as set out in Schedule 20 of the specialty doctor TCS.



The process set out below provides an example of best practice of the contract transfer process.

It is expected that the process detailed should take no longer than 35 working days although it is encouraged to be completed as soon as possible. If there is significant delay through no fault of the doctor in starting the new contract, the date of transfer should be backdated to the expected 35 days and should only be considered once the delayed process has been completed.

However, this policy does not intend to replace local policies that may be more favourable.



Salary on transfer

The specialty doctor will move to the corresponding pay point according to years' experience because the pay scale codes on the MC46 and MC75 both reflect years of experience. This means for example, that if a doctor is currently on MC46-08, they will move to MC75-08.

The doctor's incremental date under the 2008 contract will become their fixed pay progression date under the 2021 contract. The individual pay journeys tables have been updated to show the pay journey and are included in Annex 1 of this guidance.

Associate specialists moving to the specialist grade, who have a higher salary than the top of the scale, will be pay protected on a marked-time basis which will last until their salary on the new pay scale overtakes it.

Individual pay journeys

The pay progression date is the anniversary of the date the doctor first commenced employment in the specialty doctor grade or, for those doctors who are appointed to these terms and conditions of service, from the existing national specialty doctor national contracts, their existing incremental date. Therefore, the financial year of the first pay progression meeting may vary depending on the month of the anniversary.

Example 1, a specialty doctor transfers in October 2024, from pay code MC46-07 (2008 contract) to MC75-07 (2021 contract). They first joined the specialty doctor grade in February 2018 and their pay progression date remains the same as their existing increment date when moving to MC75-08 in February 2025 and MC75-09 in February 2026. The first pay progression review would be in 2026/27 when they progress to MC75-10 in February 2027.

Example 1

Specialty doctor (2008)			Specialty doctor (2021)		
Pay scale code	Min years exp	24/25	Pay scale code	24/25	
MC46-01	0	£51,260	MC75-01	£59,175	
MC46-02	1	£55,516	MC75-02	£59,175	
MC46-03	2	£61,049	MC75-03	£59,175	
MC46-04	3	£64,014	MC75-04	£68,174	
MC46-05	4	£68,287	MC75-05	£68,174	
MC46-06	5	£72,543	MC75-06	£68,174	
MC46-07	6	£72,543	MC75-07	£75,998	October 2024 – January 2025
MC46-08	7	£76,895	MC75-08	£75,998	February 2025 (FY 24/25)
MC46-09	8	£76,895	MC75-09	£75,998	February 2026

MC46-10	9	£81,248	MC75-10	£84,121	February 2027 (FY 26/27)
MC46-11	10	£81,248	MC75-11	£84,121	
MC46-12	11	£85,601	MC75-12	£84,121	
MC46-13	12	£85,601	MC75-13	£95,400	
MC46-14	13	£85,601	MC75-14	£95,400	
MC46-15	14	£89,953	MC75-15	£95,400	
MC46-16	15	£89,953	MC75-16	£95,400	
MC46-17	16	£89,953	MC75-17	£95,400	
MC46-18	17+	£94,306	MC75-18	£95,400	

Example 2, for a specialty doctor transferring in October 2024 onto the same pay code MC75-07, but with an existing

incremental date of May, falls within a new financial year. As such, their first pay progression review would be 2027/28.

Example 2

Specialty doctor (2008)			Specialty doctor (2021)		
Pay scale code	Min years exp	24/25	Pay scale code	24/25	
MC46-01	0	£51,260	MC75-01	£59,175	
MC46-02	1	£55,516	MC75-02	£59,175	
MC46-03	2	£61,049	MC75-03	£59,175	
MC46-04	3	£64,014	MC75-04	£68,174	
MC46-05	4	£68,287	MC75-05	£68,174	
MC46-06	5	£72,543	MC75-06	£68,174	
MC46-07	6	£72,543	MC75-07	£75,998	October 2024 – April 2025

Individual pay journeys

MC46-08	7	£76,895	MC75-08	£75,998	May 2025 (FY 25/26)
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MC46-09	8	£76,895	MC75-09	£75,998	May 2026 (FY 26/27)
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MC46-10	9	£81,248	MC75-10	£84,121	May 2027 (FY 27/28)
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MC46-11	10	£81,248	MC75-11	£84,121
MC46-12	11	£85,601	MC75-12	£84,121
MC46-13	12	£85,601	MC75-13	£95,400
MC46-14	13	£85,601	MC75-14	£95,400
MC46-15	14	£89,953	MC75-15	£95,400
MC46-16	15	£89,953	MC75-16	£95,400
MC46-17	16	£89,953	MC75-17	£95,400
MC46-18	17+	£94,306	MC75-18	£95,400

It is important that both the employer and SAS doctor are aware of this so that an informed decision is made when considering the timing of a transfer to new contract terms.

Please note that doctors on national terms and conditions of service in the 2008 specialty doctor grade, staff grades clinical medical officers, senior clinical medical officers, hospital practitioners and clinical assistants may transfer to the 2021 speciality doctor contract. The annexed tables have provided the pay journey for doctors transferring from the 2008 specialty

doctor grade to help inform both employers and SAS doctors what the SAS doctor's salary would be on transfer. For doctors wishing to transfer from the other eligible closed grades noted here, their salary will be assessed as per the provisions of schedule 12, paragraphs 4-8, with previous substantive service in those grades or equivalent or higher grades counted towards their starting salary on the 2021 specialty doctor contract.

A guide to the pay and progression system

The structure of pay and its progression is a crucial aspect of employee motivation and career development. The introduction of the 2021 contracts saw a new five pay-point structure to allow faster progression to the top of the specialty doctor pay scale.

The pay structure for the specialist grade is made up of three pay points. It will take a specialist grade a minimum of six years to reach the top of the pay scale.

Pay progression

The pay progression system for 2021 contracts will:

- enable doctors to reach the top of the pay structure more quickly
- allow doctors to progress to the next pay point after a minimum of 3 years
- remove the automaticity of pay progression
- introduce a simple progression process between SAS doctors and their clinical manager and ensure that pay progression is achieved where clinical managers are satisfied that the doctor has met the required standards.

The pay progression system is intended to enhance and strengthen existing processes, underlining the employer and doctors' mutual obligations. There is an expectation that certain standards must be met, and the system will help ensure that all

SAS doctors have the appropriate knowledge and skills they need to carry out their roles.

The specific pay progression requirements are highlighted below.

Specialty doctor

- Participated satisfactorily in the job planning process on a yearly basis, including:
 - making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review
 - meeting the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so
 - working towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives.
- Participated satisfactorily in the medical appraisal process on a yearly basis.
- Demonstrated yearly completion of the employing organisations mandatory training, or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.
- No disciplinary sanction live on the doctors' record.
- No formal capability process in place.

Progression through the higher threshold between pay point 3 and 4 (MC75-09 and MC75-10):

The criteria for passing through the higher threshold recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through the higher threshold if they have met the criteria at a, b and c, as set out below.

a) Doctors have met the standard pay progression criteria.

b) Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision.

c) Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in, or contribution to any of the following relevant areas:

- management or leadership, teaching and training of others, innovation, audit, committee work etcetera.

Specialist

As for the specialty doctor, but in addition:

- Undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/ last progression and demonstrated learning from the results.
- Performed a full audit cycle into a chosen aspect of their personal clinical practice and demonstrated any learning identified is being addressed. The audit will be chosen by the doctor and must be agreed with the clinical director as part of the job planning process.
- Demonstrated ability to deliver learning to others by completion of either clinical or educational supervisor training and/or delivery of a minimum of one educational lecture/workshop relevant to area of practice to clinicians.

The clinical/medical director will have the overall responsibility of ensuring processes are in place to sign off pay progression. The pay progression process will be as follows:

- Clinical managers will receive notification before a doctor's next pay progression date and initiate a meeting to review whether the requirements for progression have been met. This meeting will draw on the most recent medical appraisal and job plan review and consider the progression criteria set out in section two. It is not necessary to schedule appraisals and job plan reviews to coincide with pay progression dates.
- A locally determined simple form, template (Word) or checklist should be used to support this process, which should be signed by the clinical manager and the doctor.
- This will then be used as the basis for confirmation of movement to the next pay point.

Employers must ensure that the pay progression submission process is completed in a timely fashion to ensure that pay progression can be implemented in time for the doctors pay progression date.

More information on pay progression can be found in Schedule 13 in the TCS.

A guide to job planning

A number of changes have been made within the job planning schedule, to ensure that job planning discussions meet the intention of the provisions set out in the TCS and that allow work patterns to support the health and wellbeing of SAS doctors, alongside meeting service requirements to support delivery of care and meet patient needs.

The additional principles have been added to the TCS to emphasise that any regular change in doctors programmed activities should be mutually agreed within a job plan review and that any job plan review should support flexible working:

- The doctor shall not undertake regular (unless otherwise agreed) additional programmed activities outside of an agreed job plan without requesting an interim review of the job plan currently being worked.
- Job plans should support flexible working and take account of equality and diversity, to ensure that an individual doctor and specific groups are not adversely affected.

The out of hours (OOH) definition has now changed to ‘any time that falls outside of the period 7am to 9pm Monday to Friday and any time on a Saturday or Sunday, or public holiday’.

During the job planning discussion outlined in section 7 (transitional arrangements), any existing job plan that has programmed activities between 7pm and 9pm on Monday to Friday will need to be reviewed to ensure any reduction in timetabled value or enhanced rate of pay is amended accordingly.

A number of safeguards have been included into Schedule 4 of the TCS and job planning discussions should ensure that the work patterns of SAS doctors have taken these into account.

Safeguards

Working hours

For SAS doctors working a full-shift rota, unless otherwise mutually agreed, the following will apply:

1. A maximum of four consecutive nights, where at least three hours each night fall between 11pm and 6am.
 2. A maximum of four consecutive long day shifts.
 3. A minimum period of 46 hours before and after transition between day and night shifts.
- The majority (that is no less than 60 per cent) of work should normally take place in standard working hours being 7am to 9pm Monday to Friday, rather than in OOH which is 9:01pm to 6:59am Monday to Friday and all day Saturday and Sunday, unless otherwise mutually agreed. Where existing job plans contain in excess of 40 per cent of work in OOH, the employer and doctor will work towards decreasing the percentage each year until a limit of 40 per cent is reached, unless otherwise mutually agreed.
 - Elective work (defined as patient care planned and timed to suit patients and the service and booked in advance whatever the clinical setting, such as outpatient clinics and pre-booked non-emergency surgery) should not normally be scheduled to finish later than 9pm, unless mutually agreed
 - When a doctor is scheduled to work after a busy night on-call, it should be for the doctor to declare, with no detriment, that they are too tired to work. Any displaced time/activity should be rescheduled to take place at another time in a doctor's agreed work schedule, or, where possible, covered by colleagues, or, if

necessary, cancelled. Such circumstances will not affect a doctor's earnings.

Weekend working

- A doctor's job plan will not require work for more than 13 weekends, in whole or in part (defined for this purpose only as any period between 12am Saturday and 11.59pm Sunday where work is undertaken during an on call or shift) per year, averaged over two years, unless mutually agreed. This will be the case except where existing rotas of a greater frequency already exist.
- Where higher-frequency rotas already exist, they will be subject to annual review; unless mutually agreed, the shared intention would be for this frequency to be reduced to 13 weekends as a maximum by a date in the future to be agreed between the doctor and employer.

Opting out of working time regulations

- A doctor may voluntarily choose to opt out of the Working Time Regulations 1998 (WTR) as amended and replaced from time-to-time average weekly limit of 48 hours, subject to prior agreement in writing with the employer. A decision to exercise this option is individual, voluntary and no pressure may be placed on the doctor to take this option.
- Under these terms and conditions, where a doctor has opted out of the WTR average weekly working hours, overall hours are restricted to a maximum average of 56 hours per week, across all or any organisations with whom the doctor is contracted to work or otherwise chooses to work. This must be calculated over the reference period defined in the WTR.
- Under these terms and conditions, a doctor opting out of the WTR weekly hours limit is still bound by all of the other limits set out in the WTR and in these terms and conditions.

- A doctor's agreement to opt out may apply either to a specified period or indefinitely. To end any such agreement, a doctor must give written notice to the employer. The notice period shall be seven days, or a period up to a maximum of three months specified in the agreement, whichever is the longer.
- Records of such agreements must be kept and be made available to relevant recognised unions and appropriate regulators on request.

Supporting professional activity (SPA)

The minimum of one SPA designated in both of the SAS contracts is specifically designated for job planning, and the completion of Continuing Professional Development (CPD) requirements for appraisal and revalidation. Any additional SPA activity beyond these requirements would require additional SPA time in the job plan.

Activities undertaken in SPA time underpin direct clinical care work. They may include: personal appraisal and revalidation, personal job planning, CPD, teaching and training, audit, research, clinical management, local clinical governance activities and statutory and mandatory training.

Used effectively, SPAs will benefit the individual, the organisation and the wider NHS. SPAs should be used to support the individual SAS doctor in developing within their role and achieving their own agreed objectives and those of the team and organisation in which they work.

SAS doctors should have access to appropriate opportunities for personal development of their skills, to extend their clinical and professional knowledge, to work on quality improvement initiatives and to lead and develop others to improve patient experience. To

achieve this, employers will be expected to routinely discuss and consider further SPA time in addition to the contractual one SPA as part of the job plan review for every SAS doctor. The job planning process should allow for a range of SPA activities appropriate for individuals linked to personal continuing professional development requirements and the agreed needs of doctors and the service.

Where additional SPA time is agreed, activities should offer development opportunities to the individual and be used to support organisational objectives. Such activity could include teaching, research, clinical management or medical education roles. Employers may offer additional SPA time beyond the contractually mandated minimum. Doing so would allow SAS doctors to deliver activities which benefit to both the individual and the employer.

Additional guidance and resources

- [Terms and conditions of service](#)
- [Model contracts](#)
- [FAQs](#)
- [Specialist capabilities framework](#)
- [Specialist grade template person specification](#)
- [Specialist grade concordat](#)
- [Guidance on the SAS advocate role](#)
- [Model template for pay progression meetings](#)

Annex 1

Individual pay journeys for specialty doctors

These pay journeys have been provided as an illustrative example of what a specialty doctors salary would be on transfer from 2008 to 2021 TCS. It also indicates when the doctors' first pay progression meeting would be required based on if the doctor transferred in 2025/26. These tables will be reviewed and updated annually.

	Entry	Salary on transfer		Pay progression with relevant incremental dates	
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	5	153,892	MC-75-01	15	165,644
MC-05-02	1	157,738	MC-75-02	15	165,644
MC-05-03	2	162,448	MC-75-03	15	165,644
MC-05-04	3	166,576	MC-75-04	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	1	157,738	MC-75-01	15	165,644
MC-05-02	2	162,448	MC-75-02	15	165,644
MC-05-03	3	166,576	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	2	162,448	MC-75-01	15	165,644
MC-05-02	3	166,576	MC-75-02	15	165,644
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	3	166,576	MC-75-01	15	165,644
MC-05-02	4	170,704	MC-75-02	15	165,644
MC-05-03	5	174,848	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	4	170,704	MC-75-01	15	165,644
MC-05-02	5	174,848	MC-75-02	15	170,528
MC-05-03	6	178,992	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	5	174,848	MC-75-01	15	170,528
MC-05-02	6	178,992	MC-75-02	15	170,528
MC-05-03	7	183,136	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	6	178,992	MC-75-01	15	170,528
MC-05-02	7	183,136	MC-75-02	15	170,528
MC-05-03	8	187,280	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	7	183,136	MC-75-01	15	170,528
MC-05-02	8	187,280	MC-75-02	15	170,528
MC-05-03	9	191,424	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	8	187,280	MC-75-01	15	170,528
MC-05-02	9	191,424	MC-75-02	15	170,528
MC-05-03	10	195,568	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	9	191,424	MC-75-01	15	170,528
MC-05-02	10	195,568	MC-75-02	15	170,528
MC-05-03	11	199,712	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	10	195,568	MC-75-01	15	170,528
MC-05-02	11	199,712	MC-75-02	15	170,528
MC-05-03	12	203,856	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	11	199,712	MC-75-01	15	170,528
MC-05-02	12	203,856	MC-75-02	15	170,528
MC-05-03	13	207,992	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	12	203,856	MC-75-01	15	170,528
MC-05-02	13	207,992	MC-75-02	15	170,528
MC-05-03	14	212,128	MC-75-03	15	170,528
Speciality doctor (2008)			Speciality doctor (2002)		
Pay scale code	Min	Max	Pay scale code	Min	Max
MC-05-01	13	207,992	MC-75-01	15	170,528

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