



Department of  
**Health, Social Services  
and Public Safety**

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# **Staff and Associate Specialists – Frequently asked Questions (FAQs)**

**March 2011**

**Staff & Associate Specialist (SAS) Contract 2008**

**Frequently Asked Questions (NI)**

(Dates given depend on an implementation date of 1 April 2008)

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## **Contract**

### **Q1. I am currently on an associate specialist contract of 38.5 hours per week but the new associate specialist contract is based on a working week of 10 Programmed Activities (PAs). Will my hours need to be rebased?**

The existing associate specialist contract is based on a notional 38.5 hour week so it will need to be rebased to a 40 hour week, which will mean an addition of 1.5 hours paid work. If, however, you wish to remain on a 38.5 hour contract your pay will be calculated at 38.5 hours instead of 40 (0.96 WTE).

### **Q2. How will contracts for clinical medical officers (CMOs), senior clinical medical officers (SCMOs), hospital practitioners (HPs) and clinical assistants (CAs) be rebased?**

Full time CMOs/SCMOs currently work 37 hours per week so their contracts will need to be rebased to 40 hours. If they choose to remain on a 37 hour contract their pay will be calculated at 37 hours instead of 40 (0.93 WTE).

Doctors who work part time (including CMOs/SCMOs, HPs and CAs) will be offered a proportionate number of Programmed Activities and their salary will be pro rata to that of a full time doctor.

### **Q3. What will happen if my current contracted hours do not exactly equate to Programmed Activities?**

You can choose to take up the contract on the number of Programmed Activities (which have a nominal timetable value of four hours) and, if appropriate, half Programmed Activities (which have a nominal timetable value of two hours) nearest to your contracted hours of work.

You will need to agree with your employer an assessment of the hours that you undertake. For part time doctors transferring onto the new contract, any increase or reduction in hours will only be by agreement and will be paid appropriately. This will be undertaken as part of the prospective job plan discussion.

### **Q4. If I currently undertake fee paying services what will happen to these fees under the new contract?**

Fee paying services are defined in Schedule 11 of both the specialty doctor and the new associate specialist terms and conditions of service. The general principle is that where fee paying services have been agreed as part of the job plan and occur within Programmed Activities then you will not be paid an additional fee. This is to avoid paying twice for the same period of time.

If you provide a fee paying service during a Programmed Activity, the default position is that the fee shall be remitted to the employing organisation (see Schedule 12 of the specialty doctor or the new associate specialist terms and conditions of service).

However, you may be able to retain a fee in certain circumstances (see Schedule 12 of both the specialty doctor and new associate specialist terms and conditions of service). For example you may be able to retain a fee if the employer has agreed that the fee paying service, (including any family planning work), carried out during HSC time causes "minimal disruption" to HSC work (this is the same for consultants). What constitutes 'minimal disruption' will depend upon the circumstances. If, for example, you were to see a full list of HSC vasectomy patients during Programmed Activity time, you would be expected to remit the fee to your employer. However, a single such patient added to a list may be considered by your employer to be "minimally disruptive" and you may be able to retain the fee. This example is for illustrative purposes only and will be for local discussion.

You can retain any fee that is paid for fee paying services carried out in your own time or during annual or unpaid leave. If such work is undertaken partly during Programmed Activity time and partly in your own time, a local agreement will need to be reached as to whether fees are partly or wholly retained or one or more Additional Programmed Activities allocated. For example, for work such as report writing (e.g. forensic psychiatry) relating to HSC patients.

**Q5. Can I be required under the new contract to undertake family planning work?**

It continues to be the case that you do not have to agree to undertake family planning work if you have ethical or other objections to doing so.

**Q6. Will I be expected to work at locations other than my principal place of work?**

Your principal place of work will be as set out in your contract. You may be required to work at any site within your employing organisation. This will be discussed with you and set out in your job plan.

**Q7. Do I have to undertake non-emergency work out of hours and at the weekend?**

For specialty doctors, it is expected that any requirement to undertake such work will be discussed as part of a job plan review. If you subsequently feel unable to agree such a job plan then you can seek mediation and, if necessary, lodge an appeal, in accordance with Schedule 5 of the specialty doctor terms and conditions of service.

For associate specialists, non emergency work out of hours and work at the weekends will only be scheduled by mutual agreement and you will have the right to refuse such work.

**Q8. Under the specialty doctor and new associate specialist contracts how may I contract for any Additional Programmed Activities (APAs)?**

The full time contract will be for 10 Programmed Activities (40 hours) and part time contracts will be less than 10 Programmed Activities. If you are offered and agree to undertake any APAs these will be contracted for separately and clearly state their purpose and duration. Flexibility exists for the APAs to be worked regularly or as required over the course of the year. Please refer to the Department of Health, Social Services and Public Safety APA guidance.

**Q9. If I assimilate on to the specialty doctor or new associate specialist contracts what happens to my incremental date?**

If you assimilate on to the new contract you will retain your existing incremental date.

**Q10. I cannot recall my incremental date. What should I do?**

You should consult the relevant member of staff in your employer's HR Department who will be able to advise you of the date that you started in the grade.

**Q11. Under the 2008 SAS arrangements is it possible to work resident on call? (new 24 Feb 09)**

There is no concept in the SAS contract for resident on call working. (The European Working Time Directive means this working pattern is highly impractical.) If SAS doctors are required to be present at work they should be remunerated for it with the appropriate number of Programmed Activities. They should **not**, however, receive an on call availability supplement.

**Q12. Can we change a SAS doctors working arrangements during the assimilation process? (new 24 Feb 09)**

During assimilation the assessment of work to be carried out under the new arrangements should be based on work currently expected by the employer. In job planning discussions in the future employers may feel that, because of a change in service need, it is necessary to alter SAS doctors working patterns. Any new working pattern should be agreed following a job planning meeting or review.

**Q13. How will my salary be calculated if my incremental date is 1 April?**

Your new basic salary will be determined by your pay scale point on the day before you transfer. If you received an incremental point on 1 April 2008 your salary would be based on your salary on 31 March 2008 with an added increment from day one.

Eg. A Staff Grade on point 2 of the current contract (38,544) has an incremental date of 1 April 2008. Your new salary would be as follows (the figures are all at 2008/09 rates):

31 March 2008 – Point 2 of the Staff Grade 38,544

1 April 2008 – Assimilated to point 2 of the Specialty Doctor scale 40,755 (first half of the assimilation increase.)

Then on the same day move to point 3 of the Specialty Doctor scale 43,145 on receipt of incremental increase.

1 April 2009 – Remain on point 3 of the Specialty Doctor scale which increases to 45,104 (second half of the assimilation increase.)

Then on the same day move to point 4 of the Specialty Doctor scale 48,186 on receipt of an incremental increase. (new 12/08/09)

**Structure**

**Q13. What are the minimum entry criteria for the specialty doctor grade?**

In order to be eligible to enter the new grade a doctor must have: full registration with the General Medical Council or registration with the General Dental Council; a minimum of four years' postgraduate training (or the equivalent), two of which must be in a relevant specialty or have equivalent experience and competencies (see Schedule 1 of the specialty doctor terms and conditions of service).

**Q14. What grades of doctors and dentists are eligible to assimilate onto the specialty doctor contract?**

The contract has been negotiated to cover the following doctors and dentists:

- staff grades
- associate specialists
- clinical assistants and hospital practitioners (excluding those who work in primary care and / or GPs who are providing a primary care service in the secondary care setting or community hospitals)
- senior clinical medical officers (SCMOs)
- clinical medical officers (CMOs)

**Q15. How long should it take to progress from the bottom to the top of the specialty doctor or the new associate specialist pay scales?**

The minimum length of time it should take to progress from the bottom to the top of each grade is 17 years subject to meeting incremental and threshold criteria.

**Q16. Is there a mechanism to enable employers to appoint doctors who have relevant experience to a higher incremental point?**

Doctors already in post and assimilating will move to the new pay scales as set out in Tables 1 and 2. For new appointees to Specialist Doctor after assimilation, employers may appoint a doctor with relevant non HSC experience at an appropriate level. For further information please refer to Schedule 14 paragraph 6 of the specialty doctor terms and conditions of service.

**Q17. Where do I find more details of pay progression and thresholds in the specialty doctor and new associate specialist grade?**

See Schedule 15 of the specialty doctor and new associate specialist terms and conditions of service.

**Q18. Under the proposals, do the specialty doctor and new associate specialist pay scales include optional or discretionary points?**

No. The new contracts incorporate the scale points made for optional or discretionary points into the new pay scale so that movement through the scale will be contingent on meeting the criteria set out in Schedule 15 of the specialty doctor or new associate specialist terms and conditions of service.

**Q19. Are the new contracts based on the consultant contract?**

The structure and terms of the specialty doctor and new associate specialist contracts have been largely based on the 2004 consultant contract, but there are some variations between them to take into account the differences between the work of specialty doctor and associate specialist grades and consultants.

**Q20. I employ a number of Clinical Assistants/Hospital Practitioners who are also practising GPs or Dentists. I'm still not sure whether the new arrangements have been offered to these practitioners. Can you clarify? (new 30.07.08)**

Employers have a range of options for contracting for services from these practitioners, depending on the type of work that is being carried out. The new Specialty Doctor arrangements may be the most appropriate way to contract with these practitioners. Alternatively, you may use the Salaried GP/Dentist arrangements, or contract via an SLA.

It is expected that the arrangements will not be used to contract with Practising GPs who are providing a general practitioner function in a secondary care setting.

**Q21. What will happen to Non standard/Trust Grades and those on non standard contracts? Will they be offered the contract?**

The negotiations did not cover those doctors who are on non-standard/trust contracts. We hope that the new contract package will be sufficiently attractive for employers to offer to those on local contracts. However, there is no obligation for employers to offer this contract to those not already on national contracts and there is no obligation for anyone to accept the new contracts.

**Q22. How do I calculate what my on-call work is for job planning discussions?**

If you are required to be on an on-call rota you will be paid an on-call supplement according to the frequency of your on-call duties. Prospective cover should not be taken into account when calculating your frequency of commitment to the rota.

Predictable emergency work arising from on-call duties (eg. Post take ward rounds) should be programmed into your working week as scheduled Programmes Activities.

Unpredictable emergency work arising from on-call duties will also be treated as counting towards the number of Programmed Activities which are contracted for. You and your employer will need to assess, on a prospective basis, the number of Programmed Activities that represent the average weekly volume of unpredictable emergency work, which will be based on an assessment of the average weekly amount of work over a prior reference period. You will need to agree the length of the reference period with your employer. Both the BMA and NHS Employers have model diaries and guidance on keeping a workload diary on their web-sites. See Schedule 6 of the Terms and Conditions of Service for more information.

The Terms and Conditions of Service provide for unpredictable work undertaken in Out of Hours to be treated as three hours being equivalent to one Programmed Activity or four hours being remunerated at the rate of time and third. See Schedule 6 and Schedule 8 of the Terms and Conditions of Service for more information.

**Q23. What will happen if shortly after the operative date of the new contract I am due to receive incremental progression? If I assimilate on to pay point 6 or pay point 9, how long should I wait until I progress to the next pay point?**

Your existing incremental date will be used to calculate progression. Pay progression will be determined by your position on the scale after assimilation in respect of the thresholds. Below threshold 1 you will receive an increment annually. If you pass threshold 1 during the assimilation period, or fall between thresholds 1 and 2 on assimilation, then your next increase in pay will occur on the second anniversary of your incremental date after the operative date of the contract. If you pass threshold 2, your next increase in pay will occur on the third anniversary of your incremental date after the operative date of the contract. This is the same for both grades.

As examples, assuming an implementation date of 1 April 2008 and a doctor with an incremental date of 1 September:

- If the doctor assimilated below threshold 1, they will receive an increment on 1 September 2008 and annually thereafter until the point before threshold 1 was reached.
- A doctor assimilating between thresholds 1 and 2 will get their next increment on 1 September 2009 and every 2 years thereafter until the point before threshold 2 was reached.
- A doctor assimilating above threshold 2 will get their next increment on 1 September 2010 and every 3 years thereafter until the top of the scale was reached.

Thresholds can only be crossed after assimilation by meeting the criteria as set out in Schedule 15 of the relevant terms and conditions of service.

**Assimilation**

**Q23. How will I know when the new contract becomes available? (amended 24 Feb 09)**

Your employer will write to you inviting you to make an expression of interest within 12 weeks of the date of that letter. Your employer should make a reasonable effort to ensure you are aware the new contract is available and that you have the opportunity to express an interest of moving on to it. If you do not receive a letter inviting an expression of interest you must contact your employer to have one sent/re-issued to you. An expression of interest will not place you under obligation to accept the new terms and conditions of service. It will trigger a job planning discussion with your employer. You and your employer will be expected to make every effort to take forward the job planning process swiftly following any expression of interest.

**Q24. If I make an expression of interest to accept the new contract, when will I be able to move to that contract?**

Once the job planning process has been completed you will be offered the contract on the basis of the prospective job plan.

**Q25. What should happen if a SAS doctor is off on maternity leave when they are due to pass through a threshold? (new 24 Feb 09)**

If the doctor managed to demonstrate that they met the criteria to pass through a threshold prior to going on maternity leave they should pass through the threshold and their pay, while on maternity leave, should increase accordingly. If they had not demonstrated the criteria to pass through a threshold prior to maternity leave then they should not pass through the threshold automatically while on maternity leave. Instead, on return to work they should be given a reasonable time to demonstrate that they meet the criteria. If they are successful they should progress through the threshold and receive back pay to when they would have gone through the threshold had they not been on maternity leave.

**Q26. Can we change a SAS doctors working arrangements during the assimilation process? (added 12/08/09)**

The purpose of the assimilation process is to accurately reflect the current timetable of activities undertaken by the SAS doctor at the time of assimilation. The initial job plan should therefore be based on the doctor's current timetable and programme of work previously agreed between the doctor and employer. Employers may feel that, in the future, because of a change in service need, it is necessary to review and alter a SAS doctor's working pattern. Any new working pattern should be agreed as part of the job-planning process.

**Q27. How do I set the starting salary for a doctor in an existing career grade assimilating to Specialty Doctor in an existing post, or taking up a new post as a Specialty Doctor?**

This guidance covers those doctors in existing career grade posts who choose to move to the Specialty Doctor grade after the initial assimilation exercise, and also those doctors who move to the Specialty Doctor grade on taking up new posts.

Current Staff Grade point	Pay scales for Specialty Doctors				Pay scale codes		
	01-Apr-08		01-Apr-09		Pay Point	Reckonable service	Pay Code/ Steps
	01-Apr-08	01-Apr-09	01-Apr-10				
11	10	64,632	67,959	68,638	10	17	M215/18
10	9	60,677	64,772	65,419	9	16	M215/17
9	8	57,539	61,586	62,201		15	M215/16
8	7	54,641	58,399	58,983		14	M215/15*
7	6	51,752	55,211	55,764	8	13	M215/14
6	5	49,095	52,025	52,546		12	M215/13
5	4	46,006	48,909	49,398	11	M215/12*	
<b>Threshold 2</b>							
4	3	43,145	45,781	46,239	7	10	M215/11
3	2	40,755	43,610	44,046	7	9	M215/10*
2	1	37,439	39,559	39,955		8	M215/09
1	0	34,584	36,443	36,807	6	7	M215/08*
0	0	34,584	36,443	36,807	5	6	M215/07
<b>Threshold 1</b>							
4	4	46,006	48,909	49,398	4	5	M215/06*
3	3	43,145	45,781	46,239		4	4
2	2	40,755	43,610	44,046	3	3	M215/04
1	1	37,439	39,559	39,955	2	2	M215/03
0	0	34,584	36,443	36,807	1	1	M215/02
	0	34,584	36,443	36,807	0	0	M215/01

This table has been produced to assist in determining salaries and pay codes for doctors assimilating to or taking up new appointments in the Specialty Doctor grade subsequent to the introduction of the new contract in April 2008.

Doctors assimilating ('level transfer') to the Specialty Doctor contract in an existing post in the Staff Grade or other career grades such as Hospital Practitioner or Clinical Assistant should have their new salary in the same post determined by equating the actual or notional full-time basic salary to a Staff Grade pay point\* and using the above table to determine the appropriate Specialty Doctor starting pay point. On moving to the new grade their initial pay code will be that against the relevant pay point in the Pay Scale Code table on the right, moving to the next higher M215 pay code on their existing incremental date. Where there is more than one pay code shown against a pay point, the code starred/coloured should be used. The existing incremental date will be unchanged. For doctors working less than 40 hours a week, please refer to the answer to Q2 of this FAQ.

Doctors taking up a new appointment in the grade will commence on a point within the Specialty Doctor pay scale appropriate to their cumulative service in the Staff Grade or higher posts; there is no pay protection on transfer from a higher grade to a lower non-training grade. On starting in the post their pay code will be that against the relevant number of whole years of reckonable service in the Pay Scale Code table on the right, moving to the next higher M215 pay code on their existing incremental date.

\* The full-time basic salary used shall be based on a 40 hour week. If necessary the salary in the old grade at the time of assimilation should be re-based to 40 hours. The full-time basic salary thus determined should be compared to the Staff Grade salary scale in place at the time of assimilation; the Staff Grade point to be used in the assimilation will be fixed at the point on the Staff Grade scale equal to the previous full-time basic salary, to the next point above that basic salary if there is no exact equivalent, or to the maximum of the scale if the previous salary was higher.

**Note:** The above is subject to the provisions of Schedule 14 of the T&Cs in respect of starting salaries and the determination of incremental date.

## **Back Pay**

### **Q28. Will I receive back pay?**

You will receive backdated pay if:

- You return an expression of interest form back to your employer within the twelve week period, and;
- You accept an agreed job plan and salary package offer within 21 days of a formal offer being made (subject to facilitation and appeals)

In this situation the contract and pay will be back dated to 1 April 2008.

Following facilitation or appeal a contract accepted within 21 days of a formal offer will be backdated to 1 April 2008.

You will not receive backdated pay if:

- You do not make an expression of interest within the twelve week period or;
- You do not accept an agreed job plan and salary package offer within 21 days of a formal offer being made (subject to facilitation and appeals);

and you will move to the new contract only on the date that you commence work in accordance with the agreed job plan.

### **Q29. How will any back pay be calculated?**

- Your new basic salary will be determined by your pay scale point on the day before 1 April 2008.
- Then, after completing the job planning process, your new salary package will be calculated.
- If you meet the backdating criteria your pay will then be back dated to 1 April 2008 and back pay will be determined by the difference between the pay you received on your old contract and the pay you would have received had you been on the new contract during that period, less any payments received for fee paying services undertaken as part of your job plan during the back pay period. (See also Q37).

- Back dated pay should be remitted to you within one pay period following an agreed job plan being accepted.

**Q30. What will happen to my back pay if I have had an increment awarded in the time between 1 April 2008 and assimilation?**

- In this case your new basic salary will still be determined by your pay scale point on the day before 1 April 2008.
- Once you have completed the job planning process your new salary package will be calculated.
- If you meet the backdating criteria your pay will then be back dated to 1 April 2008 and will be determined by the difference between the pay you received on your old contract and the pay you would have received had you been on the new contract during that period up until you received your incremental award.
- For the period between your increment date and assimilation date you will receive the difference between your increment point and your assimilation point.
- Payments for fee paying services undertaken as part of your job plan during the back pay period should be deducted from the amount due.

To summarise, the amount of back pay will be determined by the difference between the pay you received on your old contract and the pay you would have received under the new arrangements, less any payments for fee paying services undertaken as part of your job plan during the back pay period. (See also Q37.)

**Q31. How will my salary be calculated if I have received an optional or discretionary point between 1 April 2008 and assimilation? (amended 14 Jan 10)**

Your new basic salary will be determined by your pay scale point on the day **before** you transfer. If you were awarded an optional or discretionary point for the 2007/08 year which was incorporated into your salary on 1 April 2008 you would need to agree an assimilation date of no earlier than 2 April 2008 to which pay could be back-dated having completed and agreed the job-planning process and met the back pay criteria. For the period between 2 April 2008 and the date you completed the process you would be paid the point. When you move to your new contract, you will lose one days back pay, but your new salary point will be based on the salary you received under your previous contract including the discretionary/optional point.

**Q32. If I don't want to move to the new grade at the time of implementation, but decide to do so at a later date, how will I be assimilated onto the new grade and will I still have my pay protected if necessary?**

Moving onto the new grade after the implementation date should not be a problem.

Assimilation should take place based on the salary you are receiving under your current contract. Your employer should assimilate you onto the new contract in the same way as if you had been assimilated at the time of implementation subject to any time limits on back dating of pay to the contract implementation date. If your current salary exceeds the salary offered on assimilation, pay protection arrangements will apply subject to your working arrangements in your new, agreed, job plan being of the same time and nature as your work paid under your current contract on national terms and conditions of service.

**Q33. What if I am not happy with my prospective job plan? Can I appeal the decision, and if I make an appeal will I still get back pay?**

If you do not accept the prospective job plan offered, you are entitled to refer the job plan to facilitation and formal appeal in accordance with the provisions of Schedule 5 of the terms and conditions of service.

Following either an agreement reached through facilitation or the decision of an appeal panel the job plan or a revised job plan will be offered to you and you will have a further 21 days to accept or reject it. If you accept the offer within 21 days your pay will be backdated to 1 April 2008 (provided always that you made an expression of interest within twelve weeks as referred to in Q.20). If you reject the offer following the decision of an appeal panel you may decide to remain on your existing contract.

**Q34. What if I am unhappy about the salary package offered to me after the assimilation job planning process?**

If you are unhappy with the salary package you may submit a grievance to your employing organisation.

**Q35. What happens if I am on maternity leave, sick leave or other approved absence during the period when the new contract is being offered? How will my assimilation onto the new contract be affected?**

Your employer should make every effort to contact you while you are on an approved absence giving you the opportunity to express an interest to move on to the new contract. If you express an interest to move on to the new contract within twelve weeks of receiving this letter and, on return to work, you accept an agreed job plan and salary package offer within 21 days of a formal offer being made (subject to mediation and appeals) as set out in Q.20 your pay will be backdated to 1 April 2008.

**Q36. Which contract will a senior clinical medical officer (SCMO) or a clinical medical officer (CMO) be assimilated onto?**

SCMO and CMO doctors may choose to assimilate onto the specialty doctor contract. If eligible under the normal criteria for entry to the grade, they will then be able to apply for re-grading to the new associate specialist contract during the Window of Opportunity. Alternatively, they may elect, if eligible, to apply directly from their existing contract for re-grading to associate specialist during the Window of Opportunity.

**Q37. Under the proposals, if I do not sign the new contract can I still get a pay increase in line with the specialty doctor or new associate specialist grade?**

No. You will progress up your existing pay scale as before. The old pay scales will only be increased by the annual awards recommended by the Doctors' and Dentists' Review Body (DDRB) and accepted by Government.

**Q38. Under the proposals, am I obliged to be assimilated onto the proposed new grade structure?**

No. Terms and conditions of your contract can only be amended with your explicit consent. The Department of Health, Social Services and Public Safety has confirmed that the contract will be offered on an optional basis. This is also corroborated by BMA legal advice which says that you cannot be obliged to accept the terms and conditions of the specialty doctor or new associate specialist contract.

**Q39. Under the proposals, if I decided not to accept a new contract, will I still be able to access optional / discretionary points?**

The terms and conditions of the current contracts are expected to remain the same (subject to essential contract maintenance) and therefore you will continue to be able to apply for optional / discretionary points if you remain on your current staff grade/associate specialist contract. However, due to the discretionary nature of the current system, the awarding of points in the future cannot be assumed.

**Q40. I have expressed an interest in moving to the new arrangements from 1 April 2008 but my employer has not yet set a date for a job plan discussion. I am worried about losing any back pay which may be payable.**

If you expressed an interest in moving to the appropriate new contract within 12 weeks of your employer writing to you then you retain the right to receive back pay once you have agreed a job plan with your employer.

If job planning discussions are protracted but agreement on a job plan is reached your back pay will still be backdated to your assimilation date.

Transitional arrangements can be found in Schedule 27 of the Specialty Doctor and Schedule 28 of the Associate Specialist (2008) TCS.

**Q41. What happens if I move Trusts, retire or move grade during the assimilation period? Will I still be eligible for back pay? (added 12/08/09)**

If a SAS doctor expressed an interest in moving to the new contract but left the trust prior to them actually doing so they should receive back pay from 1 April 2008 (or alternative date agreed) to the date that they left the trust. This should be calculated as the difference between what they were paid and what they would have been paid had they worked that period under the new contract. It would be the trust that they were working for at the time that would be responsible for paying back-pay for that period.

**Staff Grade Assimilation**

**Q42. As a staff grade, how will I be assimilated onto the new specialty doctor contract?**

You will assimilate onto the new contract based on your position on the existing staff grade pay scale, and receive an additional assimilation increment in two steps over a period of 1 year and 1 day. For example, if on the day before 1 April 2008 you are on point 3 of the existing scale, on 1 April 2008 you will assimilate on to point 3 of the transition (2008) pay scale and receive an additional half increment. On your incremental date you will receive your normal full increment, moving to point 4 on the transitional scale. Finally, on 1 April 2009 you will move to point 4 on the final (2009) scale, receiving the remaining half increment. (The example given is of a doctor assimilating below the first threshold – those assimilating at a higher point have different arrangements for annual increments.)

**Table 1: Transitional pay scales shown at 2007/08 rates: Specialty Doctor**

Current point	Current Staff Grade salary at 2007/08 rates	1 April 2008 <i>Doctors assimilated to transitional points with half increment</i>		Incremental progression in 2008/09 <i>for doctors assimilated below Threshold 1</i>		1 April 2009 <i>Doctors receive second half increment.</i>		Pay scales for Specialty Doctors at 2007/08 rates		
		Point	Salary	Point	Salary	Point	Salary	01-Apr-08	01-Apr-09	
Optional points	11	60,968	10	63,240	10	65,512	10	63,240	10	65,512
	10	58,383	9	59,370	9	62,440	9	59,370	9	62,440
	9	55,800	8	56,300	8	59,368	8	56,300	8	59,368
	8	53,216	Threshold 2		Threshold 2		7	53,464	7	56,296
	7	50,632	7	53,464	6	53,224	6	50,637	6	53,224
	6	48,049	6	50,637	5	50,152	5	48,038	5	50,152
Incremental points	5	45,924	Threshold 1		Threshold 1		4	45,015	4	47,148
	4	42,882	4	45,015	3	44,133	3	42,216	3	44,133
	3	40,298	3	42,216	2	42,040	2	39,877	2	42,040
	2	37,714	2	39,877	1	38,135	1	36,633	1	38,135
	1	35,131	1	36,633	0	35,131	0	33,839	0	35,131
	0	32,547	0	33,839	0		0		0	

Doctors joining the pay scale in 2008/09 will join on the transitional point and receive a half increment on 1 April 09 except that doctors joining the pay scale on Point 0 in 2008/9 after 1 April 2008 will not receive increment ③ but will move to the next point on their incremental date in 2009/10.

**Associate Specialist Assimilation**

**Q43. As an associate specialist, how will I be assimilated onto the new associate specialist contract?**

The new associate specialist full time contract is based on 10 Programmed Activities (40 hours) rather than 11 Notional Half Days (38.5 hours). The existing associate specialist scale has 14 pay points; on the new scale the bottom 3 points have been removed. This will mean that doctors on the first four points (0 to 3) of the existing scale will move onto the first point of the new scale. Doctors on higher points (4 to 13) will assimilate to the new pay scale based on their current full time salary, rebased to 40 hours; all will receive an additional assimilation increment in two steps over a period of 1 year and 1 day. For example if you were at 31 March 2008 on point 5 at a salary of £55,029, you will assimilate onto the new 40 hour contract on 1 April 2008 on point 3 of the transitional (2008) scale at £59,787, receiving an additional half increment. On your incremental date you will receive your normal full increment, moving to point 4 on the transitional scale. Finally, on 1 April 2009 you will move to point 4 of the final (2009) scale, receiving the remaining half increment. (The example given is of a doctor assimilating below the first threshold – those assimilating at higher points have different arrangements for annual increments.)

**Table 2: Transitional pay scales shown at 2007/08 rates: Associate Specialist**

	Current point	Current AS salary at 2007/08 rates	Salaries rebased to 40 hours and lower points removed	1 April 2008 Doctors assimilated to transitional points with half increment	Incremental progression in 2008/09 for doctors assimilated below Threshold 1	1 April 2009 Doctors receive second half increment.		Pay scales for Associate Specialists at 2007/08 rates	
								01-Apr-08	01-Apr-09
Discretionary points	13	78,039	81,079	10+	81,079	81,079	10	10+	81,079
	12	75,676	78,624	10	79,852	78,624	9	10	79,852
	11	73,315	76,171	9	77,398	76,171	8	9	77,398
	10	70,954	73,718	8	74,945	73,718	7	8	74,945
	9	68,593	71,265	7	72,492	71,265	6	7	72,492
	8	66,232	68,812	6	70,039	68,812	5	6	70,039
Incremental points	7	64,422	66,932	6	67,872	66,932	4	5	67,872
	6	60,061	62,401	4	64,666	62,401	3	4	64,666
	5	55,029	57,173	3	59,787	57,173	2	3	59,787
	4	51,219	53,215	2	55,194	53,215	1	2	55,194
	3	47,408	49,255	1	51,235	49,255	0	1	51,235
	2	43,598		0	49,255			0	49,255
	1	39,788							
	0	35,977							

Doctors joining the pay scale in 2008/09 will receive a half increment on 1 April 09 except that doctors already at the top of the final scale will be paid on the top point of the scale protected to the full 2009 value of the top point; doctors joining this scale in 2008/9 at the minimum will not receive a half increment on 1 April 2009 as they are already receiving the full value of the pay point; they will move to the next point on their incremental date in 2009/10.

**Q44. As an associate specialist choosing to accept the new contract, when will I get my assimilation increment?**

As outlined in question Q33, associate specialists will get an assimilation increment in two stages over a period of 1 year and 1 day. This is an automatic increment, even in cases where this takes you across a pay threshold. You will retain your personal incremental date and will thus also be eligible for any further incremental progression that is due on that date.

No increments will be available to those who through the assimilation process or otherwise have already reached the top point of the salary scale.

**Q45. Under the proposals, if I'm at the top of the current pay scale (receiving the maximum number of optional or discretionary points) – where will I be assimilated?**

If you are either a staff grade or an associate specialist at the top of the current optional or discretionary parts of the pay scale you will be assimilated to the top of the new scale under the assimilation arrangements.

**Q46. I am a staff grade doctor but I have been working as a locum associate specialist for a period of time. What options will I have for assimilating onto the new contracts?**

You will assimilate to the new contract based on the salary you received in your last substantive post. You may be eligible to apply to re-grade to the associate specialist grade through the window of opportunity.

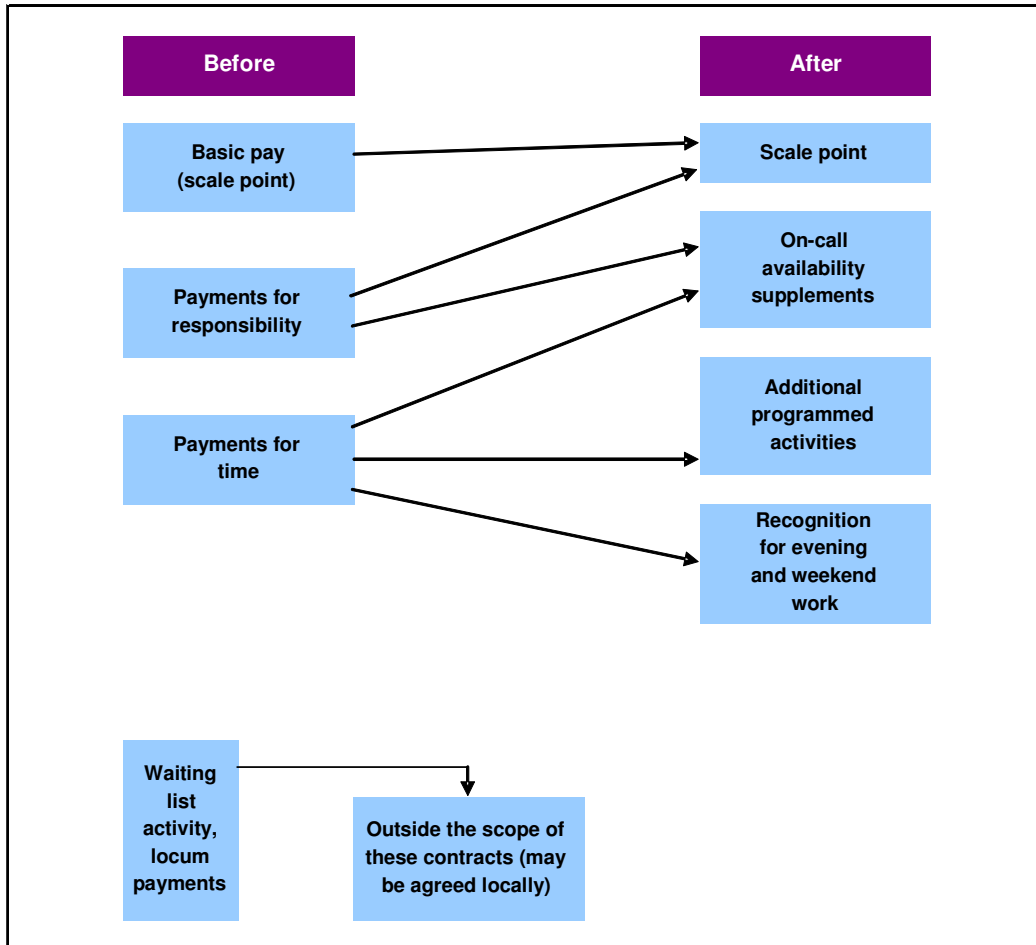
If you successfully re-grade to an associate specialist post through the window of opportunity, previous HSC locum service in that grade shall count towards incremental credit at the rate of half of the time that was served as such a locum.

**Q47. On assimilation, will my existing payments for either time or additional responsibility be recognised?**

Where agreed and incorporated in the prospective job plan, any payments for time should be converted into Additional Programmed Activities. Payments for additional

responsibility may be factored into the basic salary on an individual basis and by local agreement. Please refer to Schedule 14, paragraph 13 of the terms and conditions of service.

**Table 3:** This illustrates how current payments should assimilate to the proposed new arrangements. This will apply to both contracts.



**Q48. I'm an associate specialist doctor on the top point of the existing scale. Will I be protected for additional payments for responsibility made under my existing contract?**

Yes, if your existing salary includes payments for additional responsibility, such payments will be protected on a mark time basis as basic salary will already be at the top of the grade. There will be no new pay point in excess of the new scale maximum, however under these circumstances your protected salary may be in excess of the new scale maximum.

**Q49. What will happen if my current salary is higher than it will be under the new contract?**

It is envisaged that the vast majority of doctors will receive an increase in pay under these arrangements. However, pay protection arrangements on assimilation for those who require them are as follows: subject to the work contracted for in the new

contract being of the same time and nature as work done under the old contract, then any remuneration paid to an individual doctor under the national contract in force at the time will be protected. Protection will be at mark time of the value of payments as of 1 April 2008 plus the value of any annual pay increase recommended by the Doctors and Dentists Review Body and accepted by the Minister for Health, Social Services and Public Safety in Northern Ireland and agreed by the Department of Finance and Personnel for 2008/09 only.

**Q50. If on assimilation I move through a threshold, will I have to meet any criteria as set out in Schedule 15?**

No. If on assimilation you move through a threshold following the arrow marked ① on the relevant table then progress is automatic, and it will be assumed that you have met the relevant criteria.

**Q51. What will happen if shortly after the operative date of the new contract I am due to receive incremental progression? If I assimilate on to pay point 6 or pay point 9, how long should I wait until I progress to the next pay point?**

Your existing incremental date will be used to calculate progression. Pay progression will be determined by your position on the scale after assimilation in respect of the thresholds. Below threshold 1 you will receive an increment annually. If you pass threshold 1 during the assimilation period, or fall between thresholds 1 and 2 on assimilation, then your next increase in pay will occur on the second anniversary of your incremental date after the operative date of the contract. If you pass threshold 2, your next increase in pay will occur on the third anniversary of your incremental date after the operative date of the contract. This is the same for both grades.

As examples, assuming an implementation date of 1 April 2008 and a doctor with an incremental date of 1 September:

- If the doctor assimilated below threshold 1, they will receive an increment on 1 September 2008 and annually thereafter until the point before threshold 1 was reached.
- A doctor assimilating between thresholds 1 and 2 will get their next increment on 1 September 2009 and every two years thereafter until the point before threshold 2 was reached.
- A doctor assimilating above threshold 2 will get their next increment on 1 September 2010 and every three years thereafter until the top of the scale was reached.

Thresholds can only be crossed after assimilation by meeting the criteria as set out in Schedule 15 of the relevant terms and conditions of service.

**Q52. If shortly after assimilation I become eligible to move through a threshold, how will this be managed?**

If you are on pay point 4 of the existing staff grade contract or pay point 6 of the old associate specialist contract, you will assimilate to point 4 of the relevant transitional (2008) scale. If shortly after the operative date of the contract you would expect to receive an increment taking you to pay point 5, a move shown in the tables by the arrows marked ② which will require you to cross threshold 1, you will need to meet the criteria for that threshold before a move to the higher pay point can be made.

In such a situation your employer should give you priority and allow you a period of 12 months from your acceptance of the contract to submit evidence to meet the criteria. If the criteria are met then pay will be backdated to your incremental date.

**Q53. As a Senior Clinical Medical Officer, how will I be assimilated onto the new specialty doctor contract?**

Assuming transition with effect from 1 April 08, a full-time SCMO on point 4 if the current scale and with an incremental date of 1 May would first have their salary rebased to 40 hours from the full-time SCMO contract of 37 hours. The rebased salary would be used to assimilate onto the specialty doctor transitional scale at point 9, effective from 1 April 2008. They would not receive an increment on 1 May 2008, but would, on 1 April 2009 move to point 9 on the SD final scale. Their next increment would be on 1 May 2010 to point 10 of the SD final scale – subject to Schedule 15 arrangements.

**Window of Opportunity**

**Q54. If I apply for re-grading to the associate specialist grade before 1 April 2008 and am successful, which associate specialist contract will I be placed on?**

If you successfully apply for re-grading before 1 April 2008 then you will be deemed to have applied for the existing associate specialist contract. You may then choose to remain on the old associate specialist contract or assimilate onto the new associate specialist contract.

The current associate specialist grade will be closed to new applicants from 1 April 2008. All applications made after this date will be to the new associate specialist contract.

**Q55. How long will the Window of Opportunity remain open for?**

The Window of Opportunity will stay open until midnight on 31 March 2009. If you wish to apply for personal re-grading, you will need to submit your application by this date. If you are successful in your application, your new contract will be backdated to the date your application was submitted.

**Q56. If I am a staff grade doctor opting to accept the specialty doctor contract, can I apply for re-grading to associate specialist doctor during the Window of Opportunity at the same time?**

You may apply for re-grading at any time during the Window of Opportunity to the new associate specialist grade.

**Q57. If I am a staff grade doctor and I do not accept a contract as a specialty doctor can I still apply for re-grading under the Window of Opportunity?**

Yes. You may apply for re-grading to the new associate specialist contract at any time whilst the Window of Opportunity remains open.

**Q58. Is there any guarantee that employers will appoint new associate specialists during the Window of Opportunity?**

Employers will use the existing criteria to make the decision on re-grading according to service need. When submitting an application for re-grading it is therefore important, wherever possible, to provide evidence of providing a service at this level for your employer, thus demonstrating the service need.

For further information on how to apply for re-grading to the associate specialist grade, please see Circulars HSS (TC8) 4/03 and HSS (TC8) 8/2000.

**Q59. Does it matter if an employer takes a while to make a decision about re-grading to the associate specialist grade, and the decision then falls outside of the Window of Opportunity period?**

No. Employers will consider any application made before 1 April 2009. Any successful application will be backdated to the date of application.

**Associate Specialist Grade**

**Q60. Under the proposals, will associate specialists remain a separate grade until there is no one left in the grade?**

The associate specialist grade will remain a separate, closed grade whilst doctors remain in that grade. From the contract implementation date, the “old” associate specialist grade will be closed and no further associate specialist posts will be advertised. The window of opportunity for personal re-grading will remain open until midnight on 31 March 2009 for doctors wishing to apply to re-grade to the new associate specialist contract. Eligible doctors who have submitted applications for re-grading by that time will still be able to enter the grade if their application is successful. Successful applicants will have their new associate specialist salaries backdated to the date they submitted their application.

**Q61. Under the proposals, will associate specialist doctors on the new contract be able to move posts — do they risk being frozen in their current jobs?**

The associate specialist grade will be closed from 1 April 2008 so no new associate specialist appointments will be advertised after the operative date of the contract. This will restrict the movement of associate specialists into other associate specialist posts but movement into training or application to the specialist register via PMETB may be an option.

**Q62. What will the basic pay arrangements for the new associate specialist contract be?**

In the proposed contract associate specialist doctors are eligible to progress up a single pay scale starting at a salary of £50,339 up to £82,863 (at 2008/09 rates) at the top of the grade. Those who take up the new contract will assimilate based on their current pay and are then eligible to progress up the increments of the pay scale, passing through two thresholds. Specified criteria must be met in order to move up the pay scale and pass through the thresholds (see Schedule 15).

**Q63. Will the closure of the associate specialist grade mean it will be more difficult for staff and associate specialist grade doctors to obtain a Postgraduate Medical Education and Training Board (PMETB) Certificate of Eligibility for Specialist Registration (CESR) and be included on the Specialist Register?**

No. The closure of the associate specialist grade will not impact on a doctor’s ability to apply for a CESR. Doctors will have the opportunity to progress towards gaining admittance to the Specialist Register via a CESR as they do now. The new contract will support individual development through doctors having a job plan. Doctors will also be required to develop a portfolio which will help them to keep a record of their work.

**Q64. Will there be re-grading to the (old or new) AS grade after 31 March 2009 in the new contract?**

No. There will be no applications accepted for (old) AS appointments after 31 March 2008 and no re grading applications will be accepted after 31 March 2009 for the AS (2008) grade when the Window of Opportunity closes. The above dates refer to applications only, and as the re-grading process can be prolonged, it is recognised that appointments will continue for some time after those dates.

**Q65. Will it be possible for an AS to move to another AS post after March 2008?**

After 31 March 2008 this will be a closed grade. There will be no new AS appointments. Within the Window of Opportunity a current Associate Specialist could be appointed as a Specialty Doctor in another trust and apply to regrade before 31 March 2009. However, appointments to the AS grade depend not only upon the needs of the applicant but also upon there being a clear service need for the post.

**Training**

**Q66. How will doctors who wish to move in and out of training posts be able to do so?**

There are potentially a number of formal and informal measures to assist movement into and out of training.

Return to formal training may occur through two routes:

1. A doctor may apply for a job in a training grade via open competition and be accepted. In this situation the doctor will accept the placement and relinquish their current post. Terms and conditions for doctors in training will apply, subject to new pay protection arrangements for career grade doctors.
2. To meet the requirements for entry to the Specialist Register under Article 14, a doctor may have the opportunity for a secondment from their current post to undertake top-up training. During secondment they will remain on their current contract and career grade terms and conditions of service. Such secondment opportunities are not expected to last longer than 12 months.

**Q67. Can training opportunities be guaranteed?**

No. Under the proposed contract training opportunities are not guaranteed, and will continue to be determined by service requirements. Whilst the specialty doctor grade is not a training grade post it is hoped that doctors will be assisted by employers if they wish to access top-up training.

Portfolio development and discussions with employers will be crucial to accessing secondment opportunities but doctors are free to apply to re-enter training by applying for training posts in open competition with other doctors.

**Continuing Education and Professional Development (CPD)**

**Q68. How much time has been allocated for personal development in the new contract?**

For full time doctors, most Programmed Activities will be devoted to Direct Clinical Care (DCC) and a minimum of one PA will be allocated for Supporting Professional Activities (SPAs).

As a doctor becomes more experienced and takes on a broader role, the employer will need to keep all elements of the job plan under review. Employers have a responsibility to ensure that doctors have the support needed to enable them to meet the requirements for incremental and career progression. Threshold two requires evidence of demonstrating a contribution to a wider role which may require reassessment of the balance between SPA and DCC allocations and duties.

It will be important for doctors to use their job planning meetings as an opportunity to discuss their development needs. Doctors will need to provide evidence if they consider that more than one SPA is needed to meet the CPD expectations of their specialty, to support development as a professional and to ensure that they are able to meet the criteria for progression through the grade.

### **Pensions**

#### **Q69. Will additional Programmed Activities over the 10 PA standard contract be pensionable?**

No. The current pension arrangements do not allow for more than 10 Programmed Activities to be pensionable.