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New Contracts for Associate Specialist and Specialty Doctors – Introduction for Employers

April 2008

New contracts for staff and associate specialist doctors have been agreed and are due to be implemented from 1 April 2008. This *Briefing* provides an overview of the contract arrangements and looks at implications for employers.

Background

In July 2003 the Department of Health (England) published a series of recommendations in *Choice and opportunity: modernizing medical careers for non-consultant career grade doctors*. Reform of these grades was seen as critical to the Modernising Medical Careers (MMC) programme and long overdue. The recommendations spelt out clear ways in which the work of non-consultant career grade doctors could be better recognised, rewarded and valued by the NHS.

In April 2005 NHS Employers received a mandate from the UK health departments to conduct a review of the pay and terms and conditions for staff and associate specialists, also known as non-consultant career grade doctors.

NHS Employers began negotiations with the BMA on new contract proposals in May 2005. The negotiating team, chaired by Heather Lawrence, Chief Executive at Chelsea and Westminster Healthcare NHS Trust, included a range of senior clinical and human resources managers from across the NHS in England and representatives from Scotland, Wales and Northern Ireland.

Negotiations with the BMA continued until late 2006 when a joint proposal was submitted to the UK health departments. The Government agreed the new contracts in December 2007, subject to the adoption of changed transitional arrangements (see below).

Key points

The new arrangements will be available to over 400 existing non-consultant career grade doctors in the HSC and will apply to all entrants to the new specialty doctor grade.

Pay

By the end of the transition period – from 1 April 2008 to 1 April 2009 – the new arrangements will mean an average pay increase of:

- 9 per cent to 12 per cent for those going to the new grade of specialty doctor
- 6 per cent to 13 per cent for the revised associate specialist grade.

The salary ranges (at 2007/08 rates) are:

- specialty doctor: £35,131 to £65,512
- associate specialist: £49,225 to £81,079.

Other components of pay

- on-call availability supplement (based on frequency of commitment to the rota) – between 2 per cent and 6 per cent of basic salary.
- work outside 7am to 7pm and at weekends – equivalent to time and a third.

Job planning and appraisal

Core to the new contract is annual appraisal, job planning and objective setting, which will encourage doctors to build a portfolio of evidence on how they progress in the grade.

Benefits

There will be greater clarity of objectives and more effective systems for engaging doctors in joint action to improve performance and modernise patient care.

Contract proposals

The proposal introduces a new grade, which will be called 'specialty doctor', with its own model contract and terms and conditions.

From 31 March 2008 the associate specialist (AS) grade will close to new entrants, although eligible doctors – for example, current staff grade doctors – will have the opportunity to apply for personal re-grading until 31 March 2009. A new model contract and schedule of terms and conditions will also apply for the AS grade.

The new contracts make annual job planning and appraisal a core requirement for all specialty doctors and associate specialists. This aligns them with colleagues in the consultant grade, allows better team planning and continuing development for doctors in the specialty and associate specialist grades.

At 2007/08 rates, the salary range for the specialty doctor grade will be £35,131 to £65,512, and for existing associate specialists £49,255 to £81,079. On-call commitments, work outside 7am to 7pm and work at weekends will attract

additional payments.

Transitional arrangements will deliver a phased salary increase for both specialty doctors and associate specialists in the first year of implementation. On moving onto the new contracts, doctors will receive the equivalent of half an increment on assimilation (anticipated 1 April 2008), with the remaining half increment on 1 April 2009.

Initially, doctors will move up the pay scale through a number of increments. They will need to provide evidence that they have participated in annual job planning and appraisal. There are two thresholds within the pay ranges. To cross the thresholds and reach the higher pay points there are specific criteria to be met to show that individual doctors have developed their knowledge, skills and experience while in the role in order to progress.

A trust-level facilitation and appeals process will ensure that any disagreements over either salary progression or career development processes are dealt with quickly, fairly and transparently.

The working week will be made up of ten programmed activities (PAs) of four hours each. This includes a minimum of one PA for full-time doctors for supporting professional activities.

Subject to agreement of job plans, all non-consultant career grade doctors who wish to transfer to the new arrangements will assimilate to the new specialty doctor grade, with the exception of associate specialists who may transfer to the new AS grade.

The proposals include pay protection arrangements for doctors returning to specialty training, and these have already been brought into effect by a 2007 amendment to the contract for doctors in training.

Benefits for patients, doctors and employers

Throughout the negotiations, the aim was to ensure the contracts would support employers in the improvement of patient services. We believe they will enable trusts to provide or redesign services to more easily meet patients' needs. The new contracts, with annual appraisal and job planning at their core, provide employers with an improved ability to manage doctors' time in ways that best meet local service needs and priorities. This, combined with greater clarity over objectives, will provide more effective systems for engaging doctors in joint action to improve performance and modernise patient care.

Strengthened job planning processes will make it possible to ensure that the work of individual doctors is fully aligned to the objectives of the organisation to ensure improvements for patients.

Through better alignment with other medical contracts, employers have the opportunity to better integrate doctors within multi-disciplinary teams and bring this group of doctors into line with reward systems operating for other senior doctors, contributing to improved morale and motivation among specialty and associate specialist grades.

Career planning

One of the essential elements of MMC is to establish 'career grade' opportunities that provide attractive career options and enable doctors to move in and out of the training grades. The new contracts support this aim and fairly reward trained doctors who are committed to developing knowledge and skills in the role, while providing consistent and high-quality services for patients.

The job planning and appraisal systems will encourage doctors to log their clinical achievements, evidence that will be invaluable to doctors when applying for training opportunities, and will provide evidence to back up applications to enter the specialist register through Article 14.

Job planning

Process

A job plan is a prospective agreement which sets out a doctor's duties, responsibilities and objectives for the coming year. The main items to be included in a job plan are:

- the doctor's main duties and responsibilities
- scheduling of commitments
- the support needed in fulfilling the job plan
- personal objectives in line with wider service objectives.

Except for newly appointed doctors, the job planning process needs to start by reviewing any current job plan in the light of future service needs.

Collecting information prior to the job plan meeting

It might be helpful to collect the following information prior to the job plan meeting:

- quantity and quality targets for the directorate
- clinical audit/governance issues
- any changes in services being required or offered
- a knowledge of the available resources in the directorate
- an understanding of any planned initiatives within the directorate and trust.

It might be helpful to ask the doctor to provide the following information:

- their previous year's job plan (if one exists) or:
 - a list of their main clinical responsibilities
 - information on suggested activities that could be included in SPA time
 - a list of any previously agreed additional duties and responsibilities
 - a list of any proposed external duties
 - information on any private practice/fee paying services commitments
- any clinical audit/governance issues
- their ideas for improving the service
- their personal development plan.

The publication, *Job planning standards of best practice for associate specialist and specialty doctors*, will provide further advice and guidance on the job planning process.

Next Steps

Once documents are finalised, employers should invite all eligible doctors to express their interest in taking up the new contract. Doctors will have 12 weeks in which to express an interest. Employers and doctors should then undertake the job planning process. When job plans have been agreed, doctors will move onto the new contract, with pay backdated to 1 April 2008.

Further information

Contract documents, FAQs and details of the transitional pay arrangements will be available from the Department's website at:

www.dhsspsni.gov.uk/index/hrd/pay_and_employment.htm

For further information or enquiries about interpreting and implementing the contract, e-mail: sas.doctorscontract@dhsspsni.gov.uk