

To: Public Health Programme Directors  
Postgraduate Deans

cc: Regional Directors of Public Health  
Regional Directors of Workforce Development

31 January 2001

Dear Colleague

**JUNIOR DOCTORS CONTRACT AND PAY DEAL - IMPLICATIONS FOR  
TRAINEES IN PUBLIC HEALTH MEDICINE**

Since the roll-out of the new junior doctors' contract late last year it has become apparent that many employers have failed to implement the new junior doctors' contract for public health medicine trainees. Subsequently many public health medicine trainees have not been notified of their final or even provisional banding.

The new contract came into effect on 1 December 2000 and all junior doctors should have completed the banding questionnaire and been informed of their pay band in time for the December payroll. **Any public health medicine trainees still without a pay band should be notified immediately.** In the event of a dispute over the pay banding the junior doctor should be assigned a provisional pay band and employers should work with the junior doctors' to resolve individual cases within guidance already circulated.

Health Service Circular (HSC) 2000/031 sets out the action required to implement the new contract and clearly states that the junior doctors' agreement applies to public health medicine trainees. Further guidance on action required and background information can be found on the NHS Website at [www.doh.nhsweb.nhs.uk/nhs/hr/juniordoctors.htm](http://www.doh.nhsweb.nhs.uk/nhs/hr/juniordoctors.htm)

It is clear that public health medicine trainees do differ in some aspects from other junior doctors, therefore, further clarification has been provided to aid effective implementation of the agreement. This can be found at Annex A.

An Advance Letter including a new Model Contract and revisions to the Terms and Conditions of Service will be issued shortly. Please note that the Department of Health is currently working with the BMA to merge the Terms and Conditions of Service for Hospital and Community/Public Health Doctors.

Yours sincerely



**Steve Barnett**  
**Deputy Director of Human Resources**

## Assessment of Working Patterns

Trainees in PHM, including those in flexible training should make a realistic assessment of their hours of work, including the amount of time spent working while on-call. Necessary travelling time to perform on-call duties would be included in hours of work.

## Out-of-hours Supplement

From 1 December 2000, Public Health Medicine trainees will no longer receive the 15% supplement for out-of-hours commitments. Under the new pay system, trainees will receive the banding supplement applicable to their hours and working arrangements.

## Pay Banding

For pay banding purposes, each training post should be considered separately, but those with identical working arrangements will be in the same band. It is clear that the banding questionnaire, which is based on general working arrangements within the NHS, cannot capture all possible working patterns. In such cases employers should come to an agreement with the PHM trainees on the most appropriate pay band.

## Monitoring

There is a contractual obligation on employers to monitor New Deal compliance and the application of the banding system (through robust local monitoring arrangements supported by national guidance) and on individual junior doctors to co-operate with those monitoring arrangements.

These arrangements will be subject to:

- a. review by Regional Action Teams;

**AND**

- b. for employers, their performance management systems.

Further details are given in the Monitoring Guidance.

## Banding Disputes

Ultimately it is for employers, working together with the junior doctors, to resolve individual cases within the guidance issued. If agreement cannot be reached, and the matter cannot be resolved within the Health Authority, advice should be sought from the local Regional Action Team.

If the parties do not accept the Regional Action Team's opinion, there will be a right of appeal – on the grounds of fact – which will be the responsibility of the employer to operate fairly and transparently. Appeals will be heard by a local committee which should be convened as soon as possible and employers are expected to do so while

the doctors remain in post. The appeal panel should constitute two representatives of the employing authority nominated by the chief executive or the medical director (one of whom will chair the panel), a junior doctor representative (agreed with the junior doctor appellant) conversant with the working patterns involved, a junior doctor from a regional list supplied by the UK JDC and an independent external assessor nominated by the Regional Action Team. No member of the panel should have been involved in the original banding allocation decision. The decision of the panel is final.

### **Study Time**

The definition of actual work set out in the guide to the new pay system states that actual work includes “periods of **formal** study/teaching” which the person is contractually required to undertake. Private study is **not** included when calculating hours of work.

### **Training Courses**

Where PHM trainees undertake full-time MSc/MPH/DPH courses and perform on-call duties, they should be assessed for banding purposes as the other trainees on the same rota. For those who do not participate in an on-call rota while on a full-time academic course, no supplement should be payable for the duration of the course.

### **Salary Protection**

Provisions for salary protection under transitional arrangements are set out in paragraphs 9 to 11 of the general guide to the new pay system. We will be issuing guidance on protection for trainees changing post or placements after December 2000 in the Advance Letter.