

Briefing 41

Contract proposals for specialty doctors and associate specialists

Introduction for employers

The BMA (British Medical Association) is balloting its members on proposals for new contracts for staff and associate specialist doctors. The contracts have been negotiated by NHS Employers and the BMA. If accepted, the contracts will be implemented from 1 April 2008. This *Briefing* provides an overview of the proposed contract arrangements and looks at implications for employers.

Key points

The new arrangements will be available to over 13,000 existing non-consultant career grade doctors in the NHS 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 of 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.

Background

In July 2003 the Department of Health published a series of recommendations in *Choice and opportunity: modernising 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. Subject to adoption of changed transitional arrangements (see below), the Government agreed the new contracts in December 2007.

Between 25 February and 14 March 2008 the BMA is balloting members on whether to accept the new contracts. If accepted, the contracts are expected to be implemented from 1 April 2008.

Contract proposals

The proposal introduces a new grade, which will be called 'specialty doctor', with its own model contract and schedules of 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 regrading until 31 March 2009. A new model contract and schedule of terms and conditions will also be proposed 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 mediation 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.

Resources for the new contracts have been taken into account in primary care trust (PCT) allocations. In addition, the Department of Health has just announced £7 million of funding to boost development opportunities for specialty and associate specialist doctors in 2008/09 as part of the package of initiatives linked to the approval of their new contracts.

Benefits for patients, doctors and employers

Throughout negotiations, NHS Employers aimed 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.

NHS Employers will publish a new guide to good practice in employing and supporting specialty doctors shortly after the introduction of the new contract. The guide will provide practical information and advice on how employers can support doctors in the new grade through good practice in induction, appraisal, skill development and career management.

Job plan reviews at a glance

The 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.

The publication, *Job planning standards of best practice for associate specialist and specialty doctors*, available from the NHS Employers website following the ballot outcome, provides further advice and guidance on the job planning process.

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.

If this is the first job plan, or if either you or the doctor feel that there might be need for significant change in the current job plan, then it might be useful for the doctor to keep a diary over an appropriate number of weeks.

Further information, including the checklists, are available on the NHS Employers website with more suggestions for doctors and clinical managers about the information to gather to support the job planning process.

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Timetable

The BMA is balloting members from 25 February to 14 March 2008 on whether to accept the new contract. The ballot results are expected to be released very quickly after the ballot closes. If accepted,

employers will need to invite all eligible staff to express their interest in taking up the new contract, and start discussion about job plans for those that do.

Once job plans have been agreed, doctors will move onto

the new contract, with benefits backdated to 1 April 2008.

Next steps

Assuming a positive outcome from the BMA ballot, NHS Employers will be holding a series of events to inform employers about the contract. The workshops will look at how best to implement the contract and how we can support employers with job planning to provide realistic expectations of the costs and benefits of the contract, as well as the resource commitment required.

Further information

Contract documents, FAQs and details of the transition arrangements are available from the NHS Employers at www.nhsemployers.org/sas

For further information or enquiries about interpreting and implementing the contract, e-mail sasqueries@nhsemployers.org

Timetable

25 February 2008	BMA ballot begins
14 March 2008	BMA ballot closes
After 14 March 2008	Pay circular published after contract accepted
1 April 2008	Contract implementation date
From 1 April 2008	Employers to write to doctors asking for expressions of interest in taking up the new contract
April 2008 onwards	Employers to meet with doctors who have expressed an interest in taking up the contract to discuss job planning
Summer 2008	Contract implemented: backdated to 1 April 2008
31 March 2009	End of window for regrading

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For information on how to become involved in our work, email getinvolved@nhsemployers.org

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