



# **SPECIALTY & ASSOCIATE SPECIALIST CONTRACTS**

## **FREQUENTLY ASKED QUESTIONS (ENGLAND)**

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## **1. Contract**

### **Q 1.1 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).

### **Q 1.2 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).

It is unlikely that both employers and doctors who work part time under the CMO/SCMO, HP and CA contracts would wish to work full time upon transferring to the new specialty doctor or associate specialist contracts. However, should both parties agree to full time working then their contract should be rebased to 40 hours.

Doctors who wish to continue to 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.

### **Q 1.3 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.

### **Q 1.4 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 NHS time causes "minimal disruption" to NHS 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 NHS 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 NHS patients.

**Q 1.5 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.

**Q 1.6 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.

**Q 1.7 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.

**Q 1.8 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 fewer 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 NHS Employers APA guidance and model contracts on the BMA and NHS Employers websites.

**Q 1.9 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.

**Q 1.10 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.

E.g. At 31 March 2008 a staff grade on point 2 of the contract (£37,714) has an incremental date of 1 April 2008. To calculate the back pay see FAQ 4.2. Your new salary would have been as follows:

31 March 2008 Point 2 of the staff grade £37,714



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 an incremental increase.

1 April 2009 Remain on Point 3 of the specialty doctor which increases to £45,781 (second half of the assimilation increase).

Then on the same day move to point 4 of the specialty doctor scale £48,909 on receipt of an incremental increase.

**Q 1.11 What happens to non-standard/trust grades and those on non-standard contracts? Are they 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.

**Q 1.12 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 2003 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.

## **2. Structure**

**Q 2.1 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).

**Q 2.2 I employ a number of clinical assistants/hospital practitioners who are also practicing GPs or dentists. I'm still not sure whether the new arrangements can be offered to these practitioners. Can you clarify?**

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 if they are carrying out a secondary care function, whereas the salaried GP/dentist arrangements may be more appropriate for practitioners who are providing a primary care function. Alternatively you could contract via an SLA.

**Q 2.3 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.

**Q 2.4 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 specialty doctor after assimilation, employers may appoint a doctor with relevant non NHS experience at an appropriate level. For

further information please refer to Schedule 14 paragraph 6 of the specialty doctor terms and conditions of service.

**Q 2.5 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.

**Q 2.6 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.

**Q 2.7 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 (e.g. post take ward rounds) should be programmed into your working week as scheduled Programmed 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 websites. 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.

Doctors should only receive an on call supplement if they are available on-call, not if they are working a shift. The on-call availability supplement is to remunerate doctors for providing additional availability over and above their rostered PAs. Doctors working a full shift do not provide additional on-call availability so they are not eligible for this supplement. Instead they are fully remunerated for the work they do via their PAs.

See Schedule 6 and Schedule 8 of the Terms and Conditions of Service for more information.

**Q 2.8 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.

**Q 2.9 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; by the nature of the schemes point(s) are not awarded to every applicant every year.

**Q 2.10 What should happen if a SAS doctor is off on maternity leave when they are due to pass through a threshold?**

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.

**Q 2.11 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 a salary increment on 1 September 2008 and annually thereafter until the point before threshold 1 is reached.
- A doctor assimilating between thresholds 1 and 2 will get their next salary increment on 1 September 2009 and every two years thereafter until threshold 2 is reached.
- A doctor assimilating above threshold 2 will get their next salary increment on 1 September 2010 and every three years thereafter until the top of the scale is 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.

### **3. Assimilation**

**Q 3.1 If I wish to move onto the new contract, when will I be able to do that?**

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

**Q 3.2 Can we change a SAS doctor's working arrangements during the assimilation process?**

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.

**Q 3.3 Which contract will a senior clinical medical officer (SCMO) or a clinical medical officer (CMO) be assimilated onto?**

SCMO and CMO doctors are eligible to assimilate onto the specialty doctor contract. If eligible under the normal criteria for entry to the Associate Specialist grade, they would have been able to apply for re-grading to the new associate specialist contract during the Window of Opportunity.

**Q 3.4 Am I obliged to be assimilated onto the new grade structure?**

No. Terms and conditions of your contract can only be amended with your explicit consent. NHS Employers has confirmed that in England 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.

**Q 3.5 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.

**Q 3.6 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 (but not GPs who are providing a general practitioner function/primary care service in the secondary care setting or community hospitals)
- senior clinical medical officers (SCMOs)
- clinical medical officers (CMOs)

Any doctor working within the above remit should be offered the opportunity to take up the new specialty doctor contract, with the exception of AS's, who should be offered the opportunity to take up the AS (2008) arrangements.

**Q 3.7 I didn't want to move onto the new contract at the time of implementation but I am now interested in doing so. 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 pay point you are on 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. The new contract should start from the date that you expressed an interest in assimilating. 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. (See also Q.14.1 and 15.1)

**Q 3.8 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?**

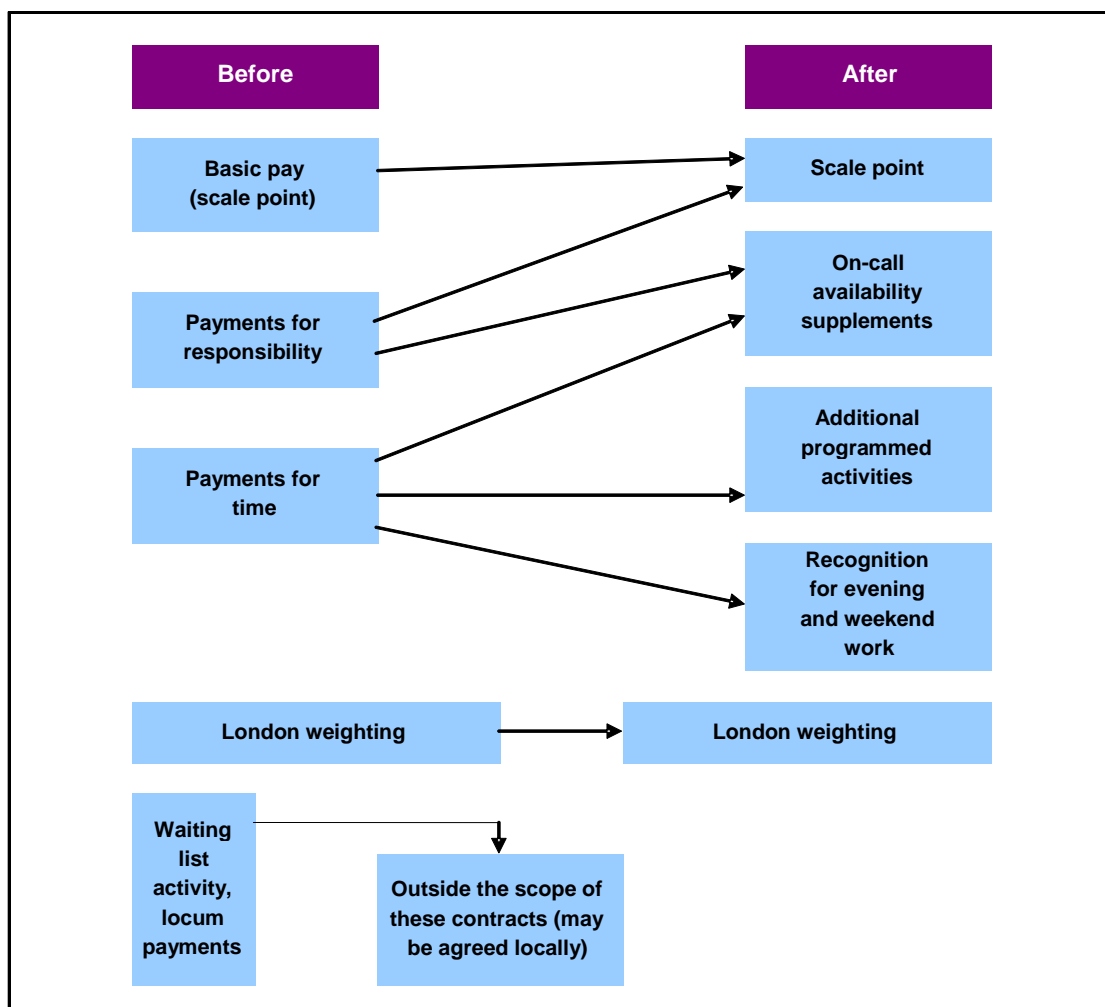
If you are either a staff grade or an associate specialist at the top of the current optional or discretionary parts of the pay scale you will be assimilated to the top of the new scale under the assimilation arrangements.

**Q 3.9 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.

See table below for more information on payments that assimilate to the new contract.

This illustrates how payments as of 31 March 2008 should have assimilated to the proposed new arrangements. This applied to both contracts



**Q 3.10 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.

**Q 3.11 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 new (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.

**Q 3.12 Where can we find more details on the transitional arrangements? This is a complex topic.**

The Governments in England, Ireland and Wales have announced phasing arrangements for the contract. You can see a detailed explanation of these, including examples here:

<http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFSASdocumentation1007/> or here [www.nhsemployers.org](http://www.nhsemployers.org)

## **4. Back Pay**

**Q 4.1 Will I receive back pay?**

You will receive backdated pay if:

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

In this situation the contract and pay will be back dated to 1 April 2008. (see Q4.4 for exceptions)

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

**Q 4.2 How will any back pay be calculated?**

- Your new basic salary will normally be determined by your pay scale point on the day before 1 April 2008. (see Q4.4 for exceptions)

- 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 (or later agreed date) 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 Q40)
- Back dated pay should be remitted to you within one pay period following an agreed job plan being accepted.

**Q 4.3 What will happen to my back pay if I'm still on the incremental part of my pay scale and I have an annual increment due between 1 April 2008 and the date of my acceptance of the new contract? (England, Wales & NI)**

- While you are still paid under the old contract you will move up a salary point on the old scale on your incremental date.
- Once you have completed the job planning process your new salary package will be calculated.

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 Q3.10)

E.g. At 31 March 2008 a staff grade on point 2 of the contract (£37,714) has an incremental date of 1 May 2008. They express an interest in April 2008 and complete job planning and confirm their prospective job plan by August. The formal offer is made of new TCS and they accept on 1 September 2008. The doctor is paid from 1 October on the speciality doctor pay scale with back pay payable from 1 April.

Hence –

- From 1 April to 30 June 2008 they are paid at SG point 2 (£38,544)
- From 1 May 2008 to 31 September 2008 they are paid at SG point 3 (£41,185)
- From 1 October 2008 they are paid at SD point 3 (£43,145)
- Back pay from 1 April to 30 June would be calculated on the difference between what was due under the new contract, SD point 2 (£40,755), and what was actually paid, SG point 2 (£38,544)
- Back pay from 1 May to 1 October would be calculated on the difference between SD point 3 (£43,145) and SG point 3 (£41,185)

Their pay on 1 April 2009 would move to SD point 3 (£45,781). On 1 May 2009 (their incremental date) they would move to SD point 4 (£48,909).

**Q 4.4 How will my salary be calculated if I have received an optional or discretionary point between 1 April 2008 and assimilation?**

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 backdated 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 1 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.

**Q 4.5 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 mediation and formal appeal in accordance with the provisions of Schedule 5 of the terms and conditions of service.

Following either an agreement reached through mediation 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 or a later agreed date (see Q.4.4) (provided always that you made an expression of interest within twelve weeks as referred to in Q.3.1). If you reject the offer following the decision of an appeal panel you may decide to remain on your existing contract.

**Q 4.6 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 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.

**Q 4.7 What happens if I move Trusts, retire or move grade during the assimilation period? Will I still be eligible for back pay?**

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.

## **5. Staff Grade Assimilation**

**Q 5.1 As a staff grade that expressed an interest when the contract was originally offered, 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 31 March 2008 you were on point 3 of the SG scale (£40,298), on 1 April 2008 you would assimilate to point 3 of the specialty doctor pay scale (£43,145) and in the process receive an additional half increment. On your incremental date you would receive your normal full increment, moving to point 4 on the SD scale (£46,006). Finally, on 1 April 2009 the value of point 4 of the SD scale would be re-valued (£48,909) (to give you 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.) More worked



examples can be found in the transitional pay and incremental arrangements document which can be found on the BMA and NHS Employers websites.

**TABLE 1 : Transitional scales and pay codes – Specialty Doctor**

		A	B	C	D	E	Pay scales for Specialty Doctors			
		Current point	Staff Grade salary at 31/03/08	1 April 2008 Assimilation 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.	01-Apr-08	01-Apr-09	01-Apr-10	
Optional points	11	60,968		10	64,632	67,959	10	64,632	67,959	68,638
	10	58,383		9	60,677	64,772	9	60,677	65,419	
	9	55,800		8	57,539	61,586	8	57,539	62,201	
	8	53,216		Threshold 2		Threshold 2		Threshold 2		
	7	50,632		7	54,641	58,399	7	54,641	58,983	
	6	48,049		6	51,752	55,211	6	51,752	55,764	
Incremental points	5	45,924		5	49,095	52,025	5	49,095	52,546	
	4	42,882		Threshold 1		Threshold 1		Threshold 1		
	3	40,298		4	46,006	48,909	4	46,006	49,398	
	2	37,714		3	43,145	45,781	3	43,145	46,239	
	1	35,131		2	40,755	43,610	2	40,755	44,046	
	0	32,547		1	37,439	39,559	1	37,439	39,955	
				0	34,584	36,443	0	34,584	36,807	

Pay Point	Year 1	Year 2	Year 3
10	MC46/18		
9	MC46/15	MC46/16	MC46/17
8	MC46/12	MC46/13	MC46/14
7	MC46/10	MC46/11	
6	MC46/08	MC46/09	
5	MC46/06	MC46/07	
4	MC46/05		
3	MC46/04		
2	MC46/03		
1	MC46/02		
0	MC46/01		

Doctors assimilated to the pay scale in 2008/09 will join on the transitional point and receive a half increment on 1 April 09 through a revaluation of their pay point except that doctors appointed to the grade on Point 0 in 2008/9 after 1 April 2008 will not receive increment (3) but will move to the next point on new incremental date in 2009/10. Doctors assimilating from 1 April 2008 will have their point on the 11-point scale (Column C) determined by their salary on 31 March 2008 (Column B). Their actual pay code with effect from 1 April 2008 will be as under Year 1 in the Pay Scale Code table on the right, moving to the next higher MC46 pay code on their incremental date.

- all new entrants to the grade take their initial pay code from this column

If, during this assimilation only, a threshold would be passed (arrows marked ① on table 1) the move will be automatic with no requirement to meet the relevant criteria.

During the course of Year 1, doctors assimilated to points 0 to 4 below threshold 1 on the transitional (2008) scales will move up one increment on that scale at their usual incremental date; if as a result of this increment threshold 1 would be passed the doctor must evidence meeting the threshold criteria before the move can be made; pay will be backdated to the incremental date so long as this is achieved within 12 months.

Doctors assimilating to point 0 on the transitional (2008) scales will move up one increment on that scale at their usual incremental date.

Doctors regrading through the Window of Opportunity and joining the pay scale on Point 0 in 2008/9 after 1 April 2008 will remain on Point 0, receive the second half of the assimilation increment on 1 April 2009, and will move to the next pay point on their incremental date in 2009/10.

## **6. Associate Specialist Assimilation**

### **Q 6.1 As an associate specialist, that expressed an interest when the contract was originally offered, 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 new AS scale at £61,103, receiving the first half of the assimilation increment. On your incremental date you will receive your normal full increment, moving to point 4 on the new AS scale (£66,089). Finally, on 1 April 2009 point 4 of the new AS scale would be re-valued (£69,432) to give you 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.) More worked examples can be found in the transitional pay and incremental arrangements document which can be found on the BMA and NHS Employers websites.

**TABLE 2 : Transitional scales and pay codes – Associate Specialist**

	A	B	C	D	E	
	Current point	AS salary at 31/03/08	Salary 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.
Discretionary points	13	78,039	81,079	10+ 82,863		10 84,106
	12	75,676	78,624	10 81,609		9 81,560
	11	73,315	76,171	9 79,101		8 79,015
	10	70,954	73,718	8 76,594		
	9	68,593	71,265	7 74,087	Threshold 2	7 76,471
	8	66,232	68,812	6 71,580	Threshold 2	6 73,926
	7	64,422	66,932	5 69,366	Threshold 1	5 71,381
Incremental points	6	60,061	62,401	4 66,089	Threshold 1	4 69,432
	5	55,029	57,173	3 61,103		3 64,731
	4	51,219	53,215	2 56,409		2 59,308
	3	47,408	49,255	1 52,363		1 55,202
	2	43,598		0 50,339		0 51,095
	1	39,788				
	0	35,977				

Pay scales for Associate Specialists			
	01-Apr-08	01-Apr-09	01-Apr-10
10+	82,863	84,106	84,948
10	81,609	81,560	82,375
9	79,101	79,015	79,805
8	76,594		
Threshold 2			
7	74,087	76,471	77,235
6	71,580	73,926	74,665
5	69,366	71,381	72,095
Threshold 1			
4	66,089	69,432	70,126
3	61,103	64,731	65,378
2	56,409	59,308	59,901
1	52,363	55,202	55,754
0	50,339	51,095	51,606

**PAY SCALE CODES**

Pay Point	Year 1	Year 2	Year 3
10+	MC41/19	MC41/18	MC41/18
10	MC41/18		
9	MC41/15	MC41/16	MC41/17
8	MC41/12	MC41/13	MC41/14
7	MC41/10	MC41/11	
6	MC41/08	MC41/09	
5	MC41/06	MC41/07	
4	MC41/05		
3	MC41/04		
2	MC41/03		
1	MC41/02		
0	MC41/01		

Doctors joining the pay scale in 2008/09 will receive a half increment on 1 April 09 through a re-valuation of their scale point 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 move to the next point on their incremental date in 2009/10. Doctors assimilating from 1 April 2008 will have their point on the 11-point scale (Column C) determined by their salary on 31 March 2008 (Column B). Their actual pay code with effect from 1 April 2008 will be as shown under Year 1 in the Pay Scale Code table on the right, moving to the next higher MC41 pay code on their incremental date.

- all new entrants to the grade take their initial pay code from this column

If, during this assimilation only, a threshold would be passed the move will be automatic with no requirement to meet the relevant criteria.

During the course of Year 1, doctors assimilated to points 0 to 4 below threshold 1 scales will move up one increment on the scale at their usual incremental date; if as a result of this increment threshold 1 would be passed the doctor must evidence meeting the threshold criteria before the move can be made; pay will be backdated to the incremental date so long as this is achieved within 12 months.

For the sake of completeness and although we do not anticipate any doctors moving to the AS grade on Point 0 during the Window of Opportunity, doctors joining this pay scale on Point 0 in 2008/9 after 1 April 2008 will remain on Point 0 until they move to the next pay point on their incremental date in 2009/10.

**Q 6.2 As an associate specialist who chose to accept the new contract when originally offered, when will I get my assimilation increase?**

As outlined in question Q2.9, associate specialists will get an assimilation increase (equivalent to an increment) in two stages over a period of 1 year and 1 day. This is an automatic increase, even in cases where this takes you across a pay threshold (see Q.3.11). 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.

**Q 6.3 I am a staff grade doctor but I have been working as a locum associate specialist for a period of time. What options do I have for assimilating onto the new contracts?**

You will assimilate to the new specialty doctor contract based on the salary you received in your last substantive post.

**Q 6.4 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.

## **7. Window of Opportunity**

**Q 7.1 If I applied for re-grading to the associate specialist grade before 1 April 2008 and was / am successful, which associate specialist contract would I have been / will I be placed on?**

If you applied for re-grading before 1 April 2008 and you were successful (even if your application for re-grading was approved **after** 1 April 2008) then you will be deemed to have applied for the old associate specialist contract. You could then choose to remain on the old associate specialist contract or to assimilate onto the new associate specialist contract.

The previous associate specialist grade was closed to new applicants from 1 April 2008, therefore all applications for regrading made after this date will be to the new associate specialist contract.

**Q 7.2 How long did the Window of Opportunity remain open for?**

The Window of Opportunity was open until midnight on 31 March 2009. If you wished to apply for re-grading, you needed to have submitted your application by this date. If you were successful in your application, your new contract will have been backdated to the date your application was submitted.

**Q 7.3 If as a staff grade doctor, I opted to accept the specialty doctor contract, could I have applied for re-grading to associate specialist during the Window of Opportunity at the same time?**

You could have applied for re-grading at any time during the Window of Opportunity to the new associate specialist grade.

**Q 7.4 If I was a staff grade doctor and I did not accept a contract as a specialty doctor could I still have applied for re-grading under the Window of Opportunity?**

Yes. You could have applied for re-grading to the new associate specialist contract at any time whilst the Window of Opportunity remained open.

**Q 7.5 Was there money in the financial allocation for regrading in the Window of Opportunity?**

There was £4 million set aside as part of the joint financial modelling for regrading within the Window of Opportunity (open until 31 March 2009 for eligible doctors). However, this was not ring-fenced in any way and was given to Trusts in England via PCT allocations. Financial reasons should not prohibit regrading in this time but regrading will be in accordance with the standard regrading procedures, as outlined in Annex 2 to EL(97)25.

**Q 7.6 Was there any guarantee that employers would appoint new associate specialists during the Window of Opportunity?**

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

Further information on how to apply for re-grading to the associate specialist grade in England was provided in Annex 2 to EL(97)25.

**Q 7.7 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 / has fallen 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.

## **8. Associate Specialist Grade**

**Q 8.1 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 remained open until midnight on 31 March 2009 for doctors wishing to apply to regrade 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.

**Q 8.2 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 was closed from 1 April 2008 so no new associate specialist appointments could be made after the operative date of the contract, and vacated posts are now advertised as specialty doctor appointments. This prevents the movement of associate specialists into other associate specialist posts, but movement into training or application to the specialist register via the CESR route may be an option.

**Q 8.3 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 regrading process can be prolonged, it is recognised that appointments will continue for some time after those dates.

Should an individual be successful in their re-grading application, the date of the practitioners application for re-grading will become the operative date of the new associate specialist contract and the individuals new incremental date. Doctors re-grading to the associate specialist grade will commence on a pay point with the next highest value to the career grade salary the individual was receiving immediately prior to the date of their application.

**Q 8.4 Is it possible for an AS to move to another AS post after March 2008?**

After 31 March 2008 the associate specialist grade became a closed grade. There will be no new AS appointments after this date. Within the Window of Opportunity, an associate specialist employed on the old contract could have been appointed as a specialty doctor in another trust and then could have applied to be regraded before 31 March 2009. However, appointments to the AS grade were dependant not only upon the needs of the applicant but also upon there being a clear service need for the post (see EL(91)150) and Annex 2 to EL(97)25.

**Q 8.5 What are the basic pay arrangements for the new associate specialist contract?**

In the new contract associate specialist doctors are eligible to progress up a single pay scale starting at a salary of £51,606 up to £84,948 (2010/11 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).

**Q 8.6 Will the closure of the associate specialist grade mean it will be more difficult for staff and associate specialist grade doctors to obtain a 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.

## 9. Training

### **Q 9.1 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, 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.

### **Q 9.2 Can training opportunities be guaranteed?**

No. Under the new 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.

## 10. Continuing Education and Professional Development (CPD)

### **Q 10.1 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.



## 11. Pensions

### **Q 11.1 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.

## 12. Monitoring

### **Q 12.1 Have you got details of the monitoring arrangements for the new contract?**

The data will be collected from the Electronic Staff Record and used to monitor the costs of the new arrangements. The data and the methodology used to evaluate the costs will be available to the BMA, NHS Employers and DH. Costs will be reported annually to the Doctors' and Dentists' Review Body and taken into account when setting future pay awards. Monitoring will look at the costs incurred as a direct result of implementing the new contract. It will not include costs incurred outside of implementation, for example, costs due to workforce growth, London Weighting or any future pay uplifts. Where possible, in reporting to the Review Body, salary increases will be calculated based on the actual increase received and the increase received accounting for changes in working patterns.

## 13. Funding

### **Q 13.1 Where is the funding for the new SAS contract?**

Funding to cover the cost of implementing the new SAS contracts has been included in Primary Care Trust (PCT) allocations. The national tariff is the means by which funding flows from PCTs to service providers. It includes an uplift to reflect unavoidable cost pressures in a particular year such as pay and price, and technical changes. These pay and price pressures include the costs of the SAS contract.

The detail of the local position is essentially a matter between each Trust and its Primary Care Trust, which has the discretion to spend its allocated funds in accordance with its strategic priorities.

### **Q 13.2 How do organisations which are not covered by the tariff access funding for the new SAS contract?**

Non-tariff receiving organisations are catered for in the funding flows. In these cases, the 2008/09 and 2009/10 operating frameworks state that:

“This [tariff] figure should be used as the benchmark for contract arrangements for services that are currently out of scope of the national tariff. It will be for commissioners to determine with providers to extent to which there are legitimate additions or deductions from tariff uplift when considering contracting for the delivery of non- tariff services.”

Most PCTs uplift prices for non acute activity (e.g. mental health) by the same as tariff in which case the SAS funding would be included in the uplift.

Non-tariff receiving organisations receiving funding via contracts negotiated with PCTs, therefore as indicated above, the uplift for non-acute is a matter for local negotiation. It is for PCTs and trusts to agree the balance between cost pressures and potential efficiencies to agree an appropriate uplift for non-tariff activity.

## **14. New appointments to the specialty doctor grade**

### **Q 14.1 How do I set the starting salary for a doctor in an existing career grade post assimilating to the new specialty doctor contract after the initial assimilation exercise?**

This guidance covers those doctors in existing career grade posts who did not want to move to the new specialty doctor grade at the time of implementation but decide to do so at a later date.

Where staff grades, hospital practitioners, clinical assistants, clinical medical officers and senior clinical medical officers are assimilated ('level transfer') to a specialty doctor post, without a break in service, they will enter the specialty doctor grade on the next highest pay point, based on their previous NHS basic salary.

These doctors 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\*. The existing incremental date will be unchanged. For doctors working fewer than 40 hours a week, please refer to the answer to Q 1.2 of this FAQ.

\* 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.

### **Q14.2 How do I set the starting salary for a doctor taking up a new post as a specialty doctor?**

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 moving from a higher grade to a lower non-training grade. On starting in the post their pay code will be set according to the relevant number of whole years of reckonable service in the staff grade or higher posts, moving to the next higher MC46 pay code on their existing incremental date.

**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.

### **Q 14.3 Should GP principal service be taken into account when determining a SAS doctor's starting salary?**

A doctor's previous salaried GP experience should be taken into account when determining their specialty doctor starting salary, as per Schedule 14 paragraph 5 of the specialty doctor terms and conditions of service, as the salaried GP grade is a higher grade than the specialty doctor grade.

NHS Employers and the BMA have agreed that employers should have the discretion to recognise previous principal GP service which they consider to be of an equivalent or higher level.

## 15. Assimilation to the associate specialist grade after the initial assimilation exercise

**Q 15.1 How do I set the starting salary for a doctor assimilating to the new associate specialist contract from a previous (old) associate specialist post after the initial assimilation exercise?**

This guidance covers those doctors in existing associate specialist posts who did not want to move to the new associate specialist contract at the time of implementation but decide to do so at a later date.

This table has been produced to assist in determining salaries and pay codes for doctors regrading to the new associate specialist contract following the introduction of the new contract in April 2008.

Current Pay Point	Pay scales for Associate Specialists			Pay Point	Reckonable Service	Pay Code
	01-Apr-08	01-Apr-09	01-Apr-10			
				10+	18	MC41/19
13	10+ 82,863	10 84,106	84,948	10	17	MC41/18
12	10 81,609	9 81,560	82,375	9	16	MC41/17
11	9 79,101	8 79,015	79,805		15	MC41/16
10	8 76,594				14	MC41/15
	Threshold 2				13	MC41/14
9	7 74,087	7 76,471	77,235		12	MC41/13
8	6 71,580	6 73,926	74,665		11	MC41/12
	Threshold 1				10	MC41/11
7	5 69,366	5 71,381	72,095		9	MC41/10
	Threshold 1				8	MC41/09
6	4 66,089	4 69,432	70,126		7	MC41/08
	Threshold 1				6	MC41/07
5	3 61,103	3 64,731	65,378		5	MC41/06
	Threshold 1				4	MC41/05
4	2 56,409	2 59,308	59,901		3	MC41/04
3	1 52,363	1 55,202	55,754		2	MC41/03
2					1	MC41/02
1					0	MC41/01
0	0 50,339	0 51,095	51,606		0	MC41/01

Doctors assimilating ('level transfer') to the new associate specialist contract who are in an existing post in the associate specialist grade should have their new salary in the same post determined by equating the actual or notional full-time basic salary to an associate specialist pay point\* and using the above table to determine the appropriate starting pay point under the new contract.

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 MC41 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 fewer than 40 hours a week, please refer to the answer to Q 1.2 of this FAQ.

\* 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 salary scale in place at the time of assimilation; the pay point to be used in the assimilation will be fixed at the point on the associate specialist 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.