EQUITABLE PAY FOR FLEXIBLE MEDICAL TRAINING

Pay for doctors in training has been an issue for all concerned for some time. We are optimistic that the system proposed in this paper and the mechanism for implementation will address the concerns of doctors, deaneries/NES and employers and in doing so facilitate the movement into flexible training of those that need to do so.

The system proposed is one where the basic salary is determined by the actual hours of work, as derived initially from the rota and confirmed by monitoring.

A division into 4-hour bands based on hours of actual work enables some averaging to take place, and the pay for each band is based on the lower hours limit.

Thus:

F5 is 20 or more and less than 24 hours of actual work a week and attracts 0.5
F6 is 24 or more and less than 28 hours of actual work a week and attracts 0.6
F7 is 28 or more and less than 32 hours of actual work a week and attracts 0.7
F8 is 32 or more and less than 36 hours of actual work a week and attracts 0.8
F9 is 36 or more and less than 40 hours of actual work a week and attracts 0.9

Added to this is a supplement, paid as a proportion of the basic salary identified above, to reflect the intensity of the duties.

This system has the advantage of proportionality, and loses the image of 'a full basic salary plus a supplement' for part-time work that the service finds so difficult to accept. It also benefits from being based on hours of actual work, and is thus demonstrably equitable.

Total salary = salary* +
$$\begin{bmatrix} 0.5 \\ salary* \times 0.4 \\ 0.2 \end{bmatrix}$$

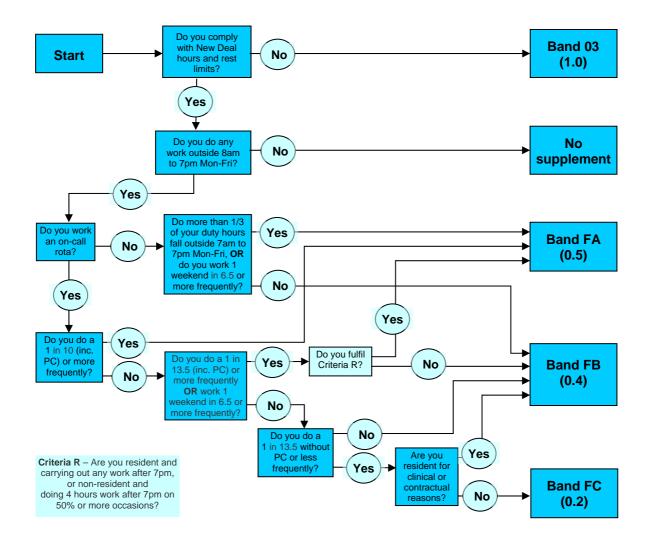
*salary = F5 to F9 calculated as above.

The supplements will be applied on the basis as set out below using the flowchart attached.

- Band FA trainees working at high intensity and at the most unsocial times.
- Band FB trainees working at less intensity at less unsocial times..
- **Band FC** all other trainees with duties outside the period 8am to 7pm Monday to Friday.

Band	Supplement payable as a proportion of the calculated basic salary
FA	50%
FB	40%
FC	20%

BANDING FLOWCHART (FLEXIBLE TRAINEES)



The parameters are used in the same way and on the same matrix as used for full-time trainees in Band 1, with the exception that the frequency of on-call and weekend working have been adjusted to take account of the lower frequencies expected of flexible trainees. The values chosen are those applicable to a trainee contracted for 60% of full time. This value was chosen because most flexible trainees currently contract for this proportion of full time. Should it become apparent that the majority of trainees are not contracted for this proportion of full time hours, the criteria will be adjusted accordingly.

Implementation

The duties of those working flexibly comprise both educational and service elements, in common with other doctors in training. It is essential that responsibility for each component is properly allocated, with those responsible for payment having appropriate control over their own costs. This has formed a major obstacle to the employment of flexible trainees in the recent past.

Basic principles

- The deanery/relevant NES region funds the basic hours of the trainee contracted for educational purposes.
- The trust, or equivalent body, funds the intensity supplement, and any additional hours worked over and above the level contracted for educational purposes

Practical application

Stage	Example
The deanery agrees a training contract with the trainee.	70% of the work of a full-time trainee in the same specialty or on the same rota.
2. The trainee agrees working arrangements with the employer, identifying total hours of work which will include out-of-hours and/or on-call duties. The agreement will include an assessment of intensity banding.	Total working hours add up to 33, putting the trainee's basic pay at F8.
	Banding FB (40%)
3. The deanery/NES funds the trust, or equivalent body, at the agreed proportion of full basic salary for the training contract.	0.7 x Full Basic Salary (FBS)
The trainee starts work and is paid on the basis of the agreed sessions and banding.	Basic Pay = 0.8 x FBS
	Supplement = 0.4 x 0.8 x FBS
	Total = 1.12 x FBS
In this example the deanery/NES contributes 0.7 FBS, the employer 0.42 FBS	
5. The post is then monitored.	Total hours of actual work should be between 32 and 35 per week.
6. Monitoring shall take place twice a year unless otherwise agreed.	

Under this arrangement, the trainee is paid appropriately for the work they actually perform, with the supplement payable as a proportion of a basic salary based on actual hours worked.

PAY PROTECTION

- Protection will apply to trainees who have agreed specific posts before the date of implementation of the new arrangements; they will be paid under the revised provisions.
- Trainees in post at the time of implementation of the new arrangements, whose pay when calculated under the new arrangements is higher than existing pay, will move to the new arrangements and no protection will be necessary.
- Trainees in post at the time of implementation of the new arrangements, whose pay as calculated under the new arrangements would be lower than existing pay, shall have their pay protected under the provisions applicable to re-banding. These provisions are set out in the relevant Terms and Conditions of Service and in Advance Letter (MD)

- 1/2001 in England; Advance Letter (MD)(W)1/2001 in Wales, NHS Circular PCS(DD) 2001/3 in Scotland, Circular HSS(TC8)1/01 in Northern Ireland, and in any subsequent agreed guidance.
- After the date of implementation, pay protection for trainees then in post, and for flexible trainees contracted under the new arrangements, will be as set out in the relevant Terms and Conditions of Service and in Advance Letters (MD)1/2001 and (MD)4/2003 in England, Advance Letters (MD)(W)1/2001 and (MD)(W)4/2003 in Wales, NHS Circular PCS(DD) 2001/3 in Scotland, Circulars HSS(TC8)1/01 and HSS(TC8) 2/04 in Northern Ireland, and in any subsequent agreed guidance.
- Posts that are non-compliant (Band F3) will be pay protected at a rate of the basic salary calculated as above, multiplied by 1.8 (i.e. the basic salary plus 80% of the basic salary).

Annex A

AMENDMENTS TO TERMS AND CONDITIONS OF SERVICE FOR HOSPITAL MEDICAL AND DENTAL STAFF AND DOCTORS IN PUBLIC HEALTH MEDICINE AND THE COMMUNITY HEALTH SERVICE

(ENGLAND AND WALES)

Replacement Paragraphs 21a and 22g to 22j.

PRACTITIONERS IN THE GRADES OF SR, SpR, R, SHO, HO and PRHO

Payment

Paragraph 21:

a. Full time practitioners in the grades of SR, SpR, R, SHO, HO and PRHO receive a base salary. Part time practitioners in these grades receive as base salary a proportion of the full-time base salary based on average weekly hours of actual work. An additional supplement will be paid according to one of the pay bands, in accordance with the assessment of their post as described in paragraph 22 below, at the rates set out in Appendix I.

Assessment of Pay Supplements

Paragraph 22:

- g. Band FA shall apply to part-time practitioners who work within the controls on hours applicable to their working arrangement as described in paragraphs 20 and 22.a above, and who work on average less than 40 hours of actual work per week; and:
 - (i) to practitioners on on-call rotas who work an on-call rota of 1 in 10 including prospective cover or more frequently; or
 - (ii) to practitioners on on-call rotas who either work an on-call rota of 1 in 13.5 including prospective cover or more frequently, or who work 1 in 6.5 weekends or more frequently; and who have an expectation that, for 50% or more of their out-of-hours duty periods, either they will work after 7pm and will be required, for clinical or contractual reasons, to be resident at their place(s) of work when on duty out-ofhours, or they will be non-resident and required to work, for clinical or contractual reasons, for 4 hours or more after 7pm; or
 - (iii) to practitioners on partial or full shifts or hybrid arrangements for whom one third of their hours of duty fall outside the period 7am to 7pm Monday to Friday; or who work 1 in 6.5 weekends or more frequently.
- h. Band FC shall apply to part-time practitioners who work within the controls on hours applicable to on-call rotas as described in sub-paragraphs 20.a and 22.a above, and who work on average less than 40 hours of actual work per week; and who work an on-call rota of 1 in 13.5 without prospective cover or less frequently and are not required to be resident, for clinical or contractual reasons, at their place(s) of work when on duty out-of-hours.
- i. Band FB shall apply to part-time practitioners who work within the controls on hours applicable to their working arrangement as described in paragraphs 20 and 22.a above, and who work on average less than 40 hours of actual work per week; and who do not fulfil the criteria for Band FA or FC described in sub-paragraphs 22.h and i above.
- j. No supplement shall apply to:
 - (i) full-time practitioners who work within all the controls on hours applicable to their working arrangement as described in paragraphs 20 and 22.a above, and who work on average 40 hours or fewer all between 7am to 7pm, Monday to Friday;
 - (ii) part time practitioners who work within all the controls on hours applicable to their working arrangement as described in paragraphs 20 and 22.a above, and who work on average less than 40 hours all between 7am to 7pm, Monday to Friday.