

Frequently Asked Questions for SAS contract reform 2021

Funding and processes

1.1 Will HRPTS be ready for implementation of the changes to pay by April 2021?

We are working with colleagues in Payroll Shared Services to ensure that the system is ready to support the changes to the pay, however there is likely to be a time lag between the confirmation of a position ballot and the changes being made to system. Every effort will be made to affect the changes to HRPTS as soon as possible to enable the implementation of the contract to take place.

1.2 How much investment has been made available for reform?

Investment has been agreed to cover the reforms to pay and TCS for SAS doctors currently on national contracts of employment who transfer to the new specialty doctor and specialist doctor contracts. The total investment in contract reform is equivalent to up to 3% per annum on average per person for full time equivalent doctors who transfer to the new contracts. The level of investment will vary per person as each doctor who chooses to transfer will have an individual pay journey with certain changes to their pay scale. Doctors who choose to remain on the current TCS will be subject to the normal pay review body processes for annual pay uplifts.

Funding has been secured in Northern Ireland for year one of the multi-year contract deal, with future bids being made for years two and three.

1.3 What will happen if funding is not secured in each of these two years?

It is anticipated that funding will be secured, however in the event that funding is delayed, doctors who have transferred to the new contracts will progress incrementally through the pay scales rather than through the transitional points, this may result in it taking slightly longer for doctors to reach the full transitional value of the new pay scales.

1.4 Will it be for employers to fund the new Specialist grade posts themselves or will this be funded centrally?

Employers will be expected to use their overall allocations to fund new specialist posts themselves. The modelling for the SAS deal took into consideration the expected creation of new specialist grade posts in organisations using workforce data from the past 10 years and a survey of employers describing their intended use of the new grade.

1.5 How is the 1% held back from the last Doctors' and Dentists' Pay Review Body (DDRB) round included in the cost envelope?

In the first year the 3% incorporates the 1% carried over from the NI Executive's response to 2019/20 DDRB recommendations.

1.6 Does the additional funding take into account the reduction in the number of pay points and the faster progression?

Yes, all aspects of reform have been fully considered in the cost modelling of the proposed deal.

1.7 What will happen at the end of the three year period?

The default position for pay awards from 1 April 2024 would be a return to the standard process of the NI Executive responding to pay recommendations from the DDRB.

1.8 Are Scotland, Wales and England going to have the same deal?

Negotiations occurred on a three-country basis between England Wales and Northern Ireland. Whilst all three deals are underpinned by the same principles, there are slight variances between each deal. Scotland is negotiating their own deal for SAS contract reform.

2. Pay

2.1 Will all staff be better off financially under this agreement?

The funding represents the level of investment being offered for contract reform as a whole, some of which has been focused on making changes to the existing pay scale.

This happens gradually over 3 years, using temporary transitional pay scales to reduce from 11 pay points to five in the Specialty doctor scale. The overall funding is applied differently to different points on the scale. Individual pay journeys are detailed in the framework agreement.

2.2 What happens to incremental dates under the proposed deal? Will these be changed?

No, everyone will retain their existing incremental dates, but this will now be called the pay progression date. For new entrants to the HSC, their pay progression date will be the date that they commenced employment in the grade.

2.3 Where should we place doctors who are appointed to a role from abroad on the new pay scales?

As was already the case under the 2008 Specialty Doctor contract, employers may set basic salary at a higher pay point than the bottom of the pay scale to recognise non-HSC experience in the specialty at an equivalent level. It will be for employers to determine whether an applicant's experience is equivalent to that of the Specialty Doctor or Specialist roles, in line with existing national guidance for the roles.

3. Pay Progression

3.1 How does pay progression work during the 3 years of the deal?

Due to the transitional nature of the pay scale over the 3 years of the deal, SAS doctors pay changes every year rather than every three years as intended in the final pay structure from 23/24 onwards.

For this reason parties agreed to not introduce the pay progression review meeting element of the new contract until 1 April 23. This is in order to make the process less burdensome for both employers and SAS doctors during the transitional period.

For the first two years of the deal, employers should continue to use their local processes to manage pay progression against the pay progression requirements that are set out in the respective SD and Specialist grade contracts. Staff will retain their existing incremental date throughout the transition, but this will now be called their 'pay progression date'. On this date each year, it is expected that SAS doctors will move to the next pay point reflecting their additional complete year of experience, unless as is the case now, a doctor has not met their pay progression requirements.

Employers should continue to manage progression as per their local arrangements and progression can be withheld if the required standards set out in Schedule 13 are not met.

In the third year of the deal, starting on 1st April 23, the new pay progression review meeting arrangements will start, and automatic progression in HRPTS will be turned off. Employers must follow the new process outlined in Schedule 13 of the TCS.

3.2 Is it expected that staff will successfully progress through their pay progression points?

Yes. Employers should plan and budget on the basis that all SAS doctors are expected to progress on time. The exception will be where an individual has not met the criteria for progressing to the next pay point, and there are no mitigating factors sufficient to justify this. Schedule 15 covers situations where progression may be delayed. Employers have a responsibility to ensure that doctors have the support needed to enable them to meet the requirements for incremental and career progression.

3.3 If automatic annual progression in HRPTS is being turned off, is it possible to turn it back on again locally?

No, not once it is turned off. Automatic progression will continue to be available in HRPTS up until 31 March 2023. From 1 April 2023, automatic progression will end for all SAS doctors on the 2021 contracts and employers will have to follow a process to 'switch on' pay progression for individuals.

3.4 What happens if someone is off on sick leave or maternity leave when their pay progression is due?

The law prevents anyone from being treated less favourably in certain circumstances, for example if they are on maternity leave. Schedule 15 sets out the

process to follow when a SAS doctor is absent from work when their pay progression is due.

3.5 How long should it take to progress from the bottom to the top of the speciality doctor or the new specialist pay scales?

The minimum length of time it should take to progress from the bottom to the top of the Speciality Doctor pay scale is 12 years, subject to individuals meeting progression criteria. For the specialist grade, this is six years subject to meeting progression criteria.

3.6 Can organisations let SAS doctors get to top of the pay scale more quickly than the minimum periods set out?

No, allowing people to progress more quickly would undermine the principles of the pay system and place additional unfunded costs on to the employer.

3.7 How will the new progression system work when SAS doctors move employers?

A SAS doctor's pay progression date will remain the same and move with them to the new employer. If a doctor moves to a new employer shortly before pay progression is due, the new employer will be expected to carry out the review required, within three months of the date that the doctor begins work for the new employer. If progression is granted, pay shall be backdated to the pay progression date.

3.8 Does an informal process or investigation into capability or conduct count as a reason to defer pay progression?

No, the pay progression criteria explicitly references formal capability processes and disciplinary sanctions, setting out the circumstances in which these can be reasons for deferring pay progression. These note that specifics of such processes are set out in local policy, though such policies will need to take account of the provisions of the Maintaining high Professional Standards framework to which doctors and dentists in the HSC continue to be subject.

4. Terms and conditions (TCS)

4.1 How many additional days of annual leave have been agreed?

Upon entry to the grade doctors will be entitled to 5 weeks plus 2 days (27)

Those who already have an annual leave entitlement of six weeks will receive an extra 1 day upon transfer to the new contract (31)

Those doctors who have completed a minimum of 7 years in the grade will receive an additional days leave (32).

4.2 Are there any changes to Supporting Professional Activities (SPA) time in the contract?

The contracts continue to set a minimum of one PA to be allocated to SPA time. The contracts now make explicit that this minimum of one SPA is specifically designated for job planning and meeting requirements for appraisal and revalidation.

We have produced further guidance on SPA to assist employers and doctors in

jointly identifying the benefits such activity offers for individual development and supporting organisational objectives.

5. Specialist grade

5.1 What is the entry criteria to the new Specialist grade?

The entry criteria for a doctor/dentist requires:

- Full registration and a licence to practice with the General Medical/Dental Council.
- A minimum of 12 years medical/dental work (either continuous period or in aggregate) since obtaining a primary medical/dental qualification, of which a minimum of six years should have been in a relevant specialty in the specialty doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical/dental grades including from overseas will also be accepted.
- To meet the criteria set out in the specialist generic capabilities framework.

The 12 year minimum is applicable to both full time and part-time employees.

5.2 What is the specialist generic capabilities framework and how should it be used?

The specialist generic capabilities framework has been developed in partnership between the Academy of Medical Royal Colleges, the British Medical Association and NHS Employers. All the capabilities listed in the Framework are taken from the General Medical Council's Generic Professional Capabilities Framework. It outlines the core capabilities and skills expected across all specialties for safe working practices at this senior level. Doctors/ dentists will need to evidence they meet these criteria in order to successfully enter the grade.

The framework is intended to support employers to create individual person specifications, which will be tailored to the specific requirements of the role. As the overarching framework is generic in content, any specialty-specific, practical or surgical skills that are required will need to be defined in the person specification. A template person specifications to help employers develop a clear description of the requirements for an individual role has also been produced.

The appointment process for the specialist grade will not be incorporated into the TCS; support on how to appoint to these roles will be provided in guidance. This will include engagement with the medical and dental Royal Colleges.

5.3 How is the entry criteria structured in the generic capabilities framework?

The entry criteria is detailed in the generic capability framework under the following themes:

- Professional Values and Behaviours, Skills and Knowledge

- Leadership and Teamworking
- Patient Safety and Quality Improvement
- Safeguarding Vulnerable Group
- Education and Training

5.4 How are the medical Royal Colleges and the Faculties supporting this process?

The Academy of Medical Royal Colleges, the British Medical Association and NHS Employers have agreed to work together on the appointment of staff to ensure that the highest standards of professional medical practice in NHS employing organisations are maintained in the interests of patients and the quality of care provided by those organisations. The parties agree that independent professional medical advice has an important role to play in the ability of NHS employing organisations to make the best possible appointments to the newly formed Specialist grade.

The appointments process should include external input from the relevant Royal College, the details of which will be set out in a formal concordat jointly agreed between the parties [to follow]. The concordat will confirm the process for developing Specialist person specifications and the recruitment and involvement of Royal College/Faculty assessors in the appointment process.

5.5 How is a person specification for a new Specialist grade created?

The clinical lead from the employing organisation should draw up the person specification using the person specification template provided, identifying more specialty-specific capabilities that may be required and the evidence needed to support these through a review of the relevant part(s) of the College or Faculty curricula. Where the clinical lead judges that further input is required, they should look to work with the College or Faculty's Regional Adviser (or equivalent) in developing this person specification and reviewing the curricula. The clinical lead should inform the employer position on the relevant sections of the curricula and the appropriate levels of competence that would need to be reached, taking into account the advice offered by the College or Faculty's Regional Adviser (or equivalent) where this has been sought.

Where there is an accepted national standard or statutory requirement for a specialty-specific competence (e.g. child protection), this should be stipulated in the person specification and will need to be demonstrated by candidates to the appropriate level.

5.6 Determining which capabilities are 'key' for the post and those that are 'required but not key'

As all the capabilities listed in the Framework are taken from the General Medical Council's Generic Professional Capabilities (GPCs) Framework, they are required of all doctors. We expect the majority of capabilities listed will be key for the posts, but some may not be as relevant in certain roles, e.g. where there is no active involvement in formal research or teaching and training. Rather than using the language 'essential' or 'desirable' in the template person specification, all capabilities

should therefore be categorised by the employer as 'key for the role' or 'required but not key'. For those which are 'required but not key', the same depth or level of expertise may not be needed.

Capabilities listed should not be removed by employers in developing individual person specification. However, some may need to be amended or contain additions to reflect specialty-specific skills. If, in certain instances, an employer considers a capability 'not applicable' they should indicate this and, in the interests of transparency, explain their decision.

5.7 How should employers use the person specification template for a new Specialist grade post?

The capabilities framework for the new Specialist grade have been created using the General Medical Council's (GMC) Generic professional capabilities framework. The GMC's framework sets out the essential generic capabilities needed for safe, effective and high quality medical care in the UK and is required of all doctors. The expectation is that the majority of capabilities listed in the framework for the new Specialist grade would be considered key for the role, but it is the employer's responsibility to ensure that the depth of knowledge and expertise required is appropriately reflected in the person specification, which will be based on the specific requirements of the post being created.

In addition to consulting the relevant College/Faculty curriculum to support the development of the person specification, employers should refer to the 'Notes on person specification template - examples of specialty-specific criteria and guidance for reference'. This supporting document provides illustrative examples indicating where specific capabilities may need to be amended or strengthened for particular specialties.

5.8 When considering the capabilities in respect of Professional Values and Behaviours, Skills and Knowledge there is a requirement to clinically evaluate and manage patients (ref. 1.3). What is meant by the term 'appropriate management plan'?

This refers to the plan for treatment of the patient, and depending on the nature and responsibilities of the role, can include decisions about discharge and discharge planning, referral and follow ups as appropriate.

5.9 What is the rationale for a minimum of 12 years medical/dental work (since obtaining a primary medical/dental qualification, of which a minimum of six years should have been in a relevant specialty in the specialty doctor and/or closed SAS grades) to be set as entry criteria to the new grade?

Employers needed to ensure that progression from the junior doctor grade to the consultant grade remains an attractive career pathway. Setting the criteria to below 12 years to enter the new Specialist Grade would most likely create unwelcome incentives that could encourage juniors into that grade rather than progressing to a consultant grade. Employers also wanted to ensure that the Specialty Doctor is viewed as a destination grade with attractive pay scales. Reducing the entry requirement to below 12 years would mean that the Specialist grade would be a financially attractive option part way through the Specialty Doctor grade. Additionally,

entry into a Consultant post requires a minimum of 10 years of experience through the training pathway. Completion of the training pathway (CCT secured) is not a requirement to enter the Specialty Doctor or Specialist grades so it is reasonable to extend the entry criteria in recognition of the different training pathways undertaken.

5.10 If an assessor is not available how should an employer ensure that their appointment processes are robust enough to secure suitable appointments to the grade?

Input from the Royal Colleges is beneficial for all parties and should be included early in the recruitment process to secure the appropriate input and time commitment. Where no assessor is available local arrangements should be made to secure the appointment of suitable candidates.

5.11 What happens if the appointed assessor has concerns about how the employer has applied the capabilities framework to inform the development of the person specification?

Any concerns on the grounds of patient safety will need to be directed to the employer for local resolution. Since the role of the Royal Colleges is to provide advice, their views may sometimes differ from those of the employing organisation but we find that discussion should enable a mutually satisfactory agreement, facilitating a good appointment

6. Transition

6.1 How do the transitional arrangements work?

The process of transition for existing SAS doctors currently on national contracts is set out in section 5 of the framework agreement [\[link\]](#) and schedule 20 of the new Specialty Doctor and Specialist contracts. Annex C of the framework agreement also includes transfer flowcharts for both of the new contracts.

We have also produced a checklist and template transfer letter to assist employers with the process [\[link\]](#).

6.2 If a doctor transfers to one of the new contracts what happens to their incremental date?

The incremental date will not change, but it will now be called their pay progression date.

6.3 Will doctors on local or trust grade contracts be able to move to the new 2021 SAS contracts?

The negotiations did not cover those doctors who are on local or trust grade contracts and the costs of transferring these doctors have not been factored in the modelling. 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 any individual to accept the new contracts.

6.4 What happens if a doctor is on maternity leave, sick leave or other approved absence during the period when the new contract is being offered?

If a doctor is absent for a significant period of time during the choice window, doctors should be given an extended period, to be agreed between the doctor and the employer, in which they can raise an expression of interest.

6.5 Can an Associate Specialists move to the new Specialist contract (and Specialty Doctors to the new Specialty Doctor contract) after the six-month window of opportunity?

Once the choice window has ended, SAS doctors will lose their right to transfer to the new TCS. An employer and an Associate Specialist/ Specialty Doctor can agree that they be allowed to transfer to the new contracts outside of the window of opportunity, provided they meet the necessary entry criteria. This transfer and the arrangements of transfer are at the discretion of the employer and the transitional arrangements set out in Schedule 20 do not automatically apply.

There are exceptions to the 6-month window for exceptional circumstance where someone is out on long-term absence during that period, such as those on sickness absence or parental leave.

6.6 As the contracts introduce HSC enhanced shared parental leave, what happens to those who go on such leave during the choice window?

If a doctor is absent from work for a significant period during the choice window, for example for reasons such as caring/ sick leave or a secondment, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result. Doctors will be given an extended period, to be agreed between the doctor and the employer, in which they can raise an expression of interest to transfer to these terms and conditions.

Under the principal of fair and equal treatment, such employees will then fall under paragraph 9 of Schedule 20 which enables backdating of any additional or reduction of payment to the Effective Date due to the enhanced Shared Parental leave arrangements.

7. Other

7.1 If an employer is offering a secondment opportunity to a SAS doctor, for example to allow them to gain further experience to support them in CESR processes, under what contractual arrangements should they be employed?

It will be for an employer to decide on what the terms the secondment is being offered. The simplest option, to facilitate their clinical activity and to ensure that there are no concerns about indemnity or clinical governance, is to offer an honorary contract that is aligned with the terms of the 2021 Specialty Doctor or Specialist contracts.

