

SAS rate card guidance

Dear Colleague

This document is designed to remind Speciality Doctors/Dentists, Associate Specialists and Specialists of their rights in respect of work that is not covered under SAS' standard terms and conditions of service ('non-contractual work').

All non-contractual work is work that is outside the terms of the SAS doctor's or dentist's contract and only need be undertaken if the doctor/dentist has agreed with the employer to do it. To reach such agreement, it will be necessary to identify the work to be done and the other terms, including the payment to be made for the work. This agreement should be confirmed in writing in advance of undertaking the work.

SAS doctors and dentists are within their rights to negotiate their own rates of pay for non-contractual work and are not obliged to undertake this work if they deem the rates of pay to be inadequate.

Waiting list initiative work (WLI)

Work which the employer identifies as needed to address national or local waiting list targets is defined as ad hoc Waiting List Initiative work (WLI work) **if you are on the 2022 SD or Specialist contract** then WLI work **is** covered by these contracts and if WLI is undertaken it will be paid at an agreed rate of twice the hourly rate for the top of the Specialty Doctor or Specialist payscale as applicable to the individual. Therefore in this case the rates set out in the rate card do not apply.

If you are on the 2008 contracts – this work is not covered by existing SAS 2008 Specialty Doctor or AS contractual provisions and the rates set out in the rate card do apply.

The following are examples of non-contractual activity where the performance of the work, and the rate of pay/PA allowance/time off in lieu attached to it, must be agreed by you and your employer in advance.

Examples of work which may fall outside of direct contractual requirements:

1. **Additional clinics (e.g. covering for absent colleagues)**
2. **Extra lists at the weekend (including trauma lists)**
3. **Covering long term absence due to sickness**
4. **Additional shifts or additional on-call (e.g. in emergency departments or ICU)**
5. **Ward rounds, post on-call ward rounds or ward cover** outside of 7am to 7pm Monday to Friday and excluding those that are job planned for Saturday 9am to 1pm by agreement
6. **Acting down for junior colleagues where there is no resident on-call policy agreed**
7. **Cover for vacancies or rota gaps**



PLEASE NOTE: If you are on the 2022 contracts then you are expected to provide cover for unexpected absence for the first 72 hours (Schedule 3 paragraph 4) and the rates for this work are set out in the contract (Schedule 10 paragraph 23). A doctor is expected to be flexible and to cooperate with reasonable employer requests to provide short-term cover for the unexpected absence of their usual colleagues, where it is safe and practicable, and the doctor is competent to do so. In this instance the rate card will not apply.

The above list is not exhaustive. There are other types of work that are undertaken by SAS doctors/dentists over and above their standard contracted work and constitute non-contractual work/overtime to which the rate card rates would be applicable.

It is important not to refuse to do, or to demand extra payment for, work that is currently part of your negotiated and agreed job plan. The guidance below addresses the steps to take in relation to non-contractual work.

If you are in any doubt about the status of a particular activity, please contact our employment advisors at support@bma.org.uk

What is a doctor/dentist worth?

For now, we are writing specifically about overtime/additional hours and other activity worked outside the agreed contract commitments. The decision to do non-contractual work rests with the doctor/dentist. It is entirely up to the individual to decide firstly if they are willing to do the work and secondly whether the rate of pay offered by their NHS employer is enough recompense for them for undertaking this additional work.

There is wide variation around Scotland in the remuneration for this work and, in order to achieve uniformity, fairness and consistency, we have developed the BMA rate card. This can be used to help you consider the value of your work and whether the rate your employer is offering is appropriate, fair, and how this compares with what is paid elsewhere in your service.

Doctors' skills, knowledge, work and health have been undervalued for too long. The rates on the card are increasingly being paid by NHS employers elsewhere in the UK. Considering the huge responsibility and onerousness of undertaking additional clinical work, we believe this represents a reasonable rate of pay for non-contractual work.

Due to the current economic context, with inflation increasing and inadequate cost-of-living increases recommended by the DDRB, these rates will be reviewed and updated regularly. The current rates can be found and on the BMA website.

Additional hours for those working less than full-time (LTFT)

SAS doctors/dentists working less than full-time (LTFT) who undertake extra-contractual work are entitled to the same overtime rates as their full-time colleagues for work conducted over and above their contract. Some employers argue that, for those on LTFT contracts, any PAs of additional work up to the 10 of a full-time contract must be paid at standard contractual rates, but this is not the case. Any work beyond your agreed contractual commitment is, by definition, non-contractual and if your employer wishes to secure your agreement to undertake it, the remuneration should represent your value, and may reflect the rate card rates. For further advice or support please contact our employment advisors at support@bma.org.uk

Professional obligations

The clinical and professional responsibility medical and dental staff have for their patients does not mean that they are required to provide services over and above those for which they are contracted.

Indeed, the overall responsibility for maintaining clinical services lies with the employer and not individual doctors or dentists.

That said, in emergency situations arising at the place of work there may be a duty, implied from Good Medical Practice, to intervene even if action is not strictly required by the terms of the contract. The difference, however, is between such situations and where a doctor is required to act on a planned or regular basis, or where the doctor is asked to intervene because of a colleague taking industrial action.

Next steps

You will need to carefully consider whether the rates of pay offered by your NHS employer are worth the loss of your free time, and whether they represent the realistic market value of your training and skills. If not, then you may wish to decline the work unless a suitable rate is paid.

Example responses to employer statements

Below are some responses you may hear from your employers when negotiating rates for non-contractual work and answers you may want to consider.

'You cannot hold the department to ransom'

This work is non contractual, so I am not obliged to do it and if I agree to do it I can value my time appropriately. My rate reflects the BMA rate card so I am charging £X (or X PAs). The average speciality doctor/dentist or AS take-home pay is down nearly 24% compared to inflation since 2008/09, and it is not unreasonable to earn appropriate rates for additional work I do outside of my contract. I would like to help my employer by doing extra work, but if they are not paying a fair rate, I can decline the work as I am not required to undertake it.

'You have a responsibility to the patients'

I take that responsibility very seriously and will continue to fulfil all aspects of my contract and continue to deliver excellent care. However, I cannot be forced or made to feel guilty about not undertaking extra work in my own time for inadequate rates of pay.

'This is a GMC matter'

It is not a matter for the GMC and indeed, threatening referral and using the GMC as a threat to make me work extra in my own time is wholly inappropriate. I continue to deliver everything expected of me as required under my contract and Good Medical Practice. Whether or not I undertake additional non-contractual work is my choice.

'You are taking money from other staff'

The funding of the health service is a matter of political choice for the government. I am only asking to be paid fairly for work I undertake that is outside of my contract.

'You are taking money from patients'

The government have a responsibility to staff and fund the health service, it is not the responsibility of individuals. Part of that responsibility is to pay staff enough to motivate them. It's a political choice.

'Your colleagues are agreeing to less money'

Being non-contractual work it's a matter for personal choice.

'You're just being greedy'

My pay should reflect the value of my training, skills and experience. Take home pay for medical and dental staff has fallen by nearly 24% in real terms since 2008/09; seeking appropriate redress for this work is not being greedy.

'You're already well paid'

Our pay has fallen compared with comparators and the private sector (our true comparators);

'There is a financial crisis'

It's not fair that the public sector is expected to pay for every financial crisis when others in the economy do not. We cannot expect NHS staff to subsidise the service.

'It is not in our budget'

It is not my responsibility to ensure that sufficient budget is allocated to adequately pay doctors to provide the service.

'It's not professional'

What I do outside my contract is a personal choice and plenty of other professionals decline extra work if the remuneration is not appropriate.