The staff grade

Membership guidance note – NHS employment

September 2003
Notes

• This membership guidance note gives general guidance only and should not be treated as a complete or authoritative statement of the agreement governing the grade.

• Every effort was made to check its accuracy at the time of printing but there may have been later changes.

• The staff grade was prepared by the secretariat of the staff and associate specialists committee and was edited and produced by BMA Marketing & Publications.

• The guidance note applies to the situation in England and Wales. Although similar conditions apply to Scotland and Northern Ireland, members should contact askBMA for further information.

• Members may obtain other guidance notes by calling askBMA on 0870 60 60 828. When contacting the BMA, please quote your current membership number.

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This membership guidance note is intended to provide detailed information on the staff grade for doctors who may consider entering the grade or for consultants who may wish to establish a post in the grade in their department.

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Appendix: Extract from the Terms and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), September 2002.

Supplements: Rates of pay
            Recommended form of contract
Before entering the staff grade consider the following:

The staff grade is a non-training career grade. The majority of those practitioners who enter the grade will remain in it until they retire. The opportunity to progress to another grade is limited.

It does provide a secure career. Most staff doctor contracts are subject to a probationary year but, after this, may be extended without term and held until retirement.

Practitioners are paid an equal amount for each session worked, regardless of what time of day or which day of the week. Thus individual practitioners’ working weeks may be very flexible and not necessarily adhere to a standard working week.

Introduction

1.1 The staff grade was introduced in November 1988 as one of the measures to help resolve the problems of the hospital medical staff career structure, detailed in *Hospital medical staffing: achieving a balance – plan for action.*

1.2 The intention under the plan, over the 10 year period from the end of 1987, was to expand the consultant grade, make provision for early or partial retirement for individual consultants, match more closely the number of training posts to the number of consultant vacancies, provide proper training in the registrar grade for overseas doctors and career counselling for UK doctors in the senior house officer (SHO) grade.

1 Outline available from askBMA on request
1.3 In addition, the staff grade was introduced as a non-training career grade, which would meet service requirements where necessary. Normally entered direct from the SHO grade, it should provide a secure hospital career for those doctors who are unwilling or unable to become a consultant but who wish to remain in hospital medicine.

1.4 The national ceiling on staff grade numbers (10% of the consultant workforce) that existed prior to the publication of *The Quality Framework* (EL(97)25) has been removed. Employing authorities and trusts are now responsible for individual staff grade appointments.

**Employment by NHS trusts**

1.5.1 This guidance note deals with the position of doctors employed under the national terms and conditions of service. However, NHS trusts are able to offer contracts of employment which may differ substantially from those nationally agreed. Trusts are free to offer newly appointed doctors whatever form of contract and employment conditions they choose. Furthermore, while doctors employed in the unit before it became a trust and who subsequently transfer to employment by the trust, are able to retain their NHS contracts at the point of transfer, thereafter trusts are able to propose changes in individual contracts of employment.

1.5.2 It is essential that any doctor to be appointed by a trust or facing a change in contract, making it different from the national terms and conditions of service, should seek advice from askBMA before making any formal response.

1.5.3 While trusts are able to offer any terms of service to practitioners that they choose, following the introduction of the 1997 staff grade contract the Department of Health
has stated that ‘Employers may wish to use the opportunity afforded by the new agreement to consider whether to offer existing non-standard grade doctors of the appropriate level the option to transfer to the new terms of service (AL(MD)4/97)’.

1.5.4 Practitioners in non-standard posts are encouraged to transfer to the new terms of service unless it is clearly disadvantageous to do so. It is the association’s view that this transfer should be as straightforward as possible, given that the procedure is unlikely to be repeated once the principle of appointing to standard grades has been accepted. Non-standard contracts do not afford the same protection to practitioners as nationally agreed terms of service.

1.5.5 The association has established local negotiating committees (LNCs) in trusts throughout the country to represent doctors at local level. Staff grade doctors should be represented on LNCs.

What is the staff grade?

2.1 The staff grade is a non-training career grade intended to provide a secure and satisfactory career in hospital medicine for doctors who do not wish or are unable to train for consultant status. Staff doctors exercise an intermediate level of clinical responsibility as delegated by the consultant to whom they are responsible. Their commitments relate solely to service requirements and they do not have continuous, 24-hour responsibility for their patients.

2.2 Unlike training grades, staff doctors are paid at the same rate for each contracted session on duty in hospital whether inside or outside the normal working week (see para 4.6 in respect of on-call work).
2.3 As a career grade, it is expected that the majority of practitioners who enter the staff grade will remain in it. Therefore, the decision to enter the staff grade must not be taken lightly without full consideration of all alternative opportunities.

Type of work

2.4.1 The duty commitments of the staff grade should relate to service requirements, and those in the grade are expected to work for substantially the whole time while on duty (except for meal breaks etc). Most jobs in the grade are likely to be in specialties which involve a continuously intensive work commitment and shift working is practicable, eg accident and emergency. It should be noted that the 1997 staff grade contract explicitly allows doctors in the grade to undertake out-of-hours commitments, which can be recognised through the allocation of sessions within the main contract. If necessary, additional sessions may be contracted for out-of-hours work.

2.4.2 When drawing up job descriptions for the staff grade, employing authorities have complete flexibility in consultation with the responsible consultant over the deployment, location, and rostering of the available sessions. The job description should be drawn up with the employee wherever possible. A job description agreed between the Department of Health and BMA is reproduced as a separate supplement, available from askBMA.
Eligibility

3.1 The formal requirements for entry to the staff grade are as follows:

- full registration with the General Medical Council;

- either a minimum of three years’ full time hospital service in SHO or higher grade since first obtaining full or limited registration, including adequate experience in the relevant specialty;

or equivalent experience.

Note: Longer periods of part-time hospital service, deemed to provide comparable experience to the full-time service laid down, can be taken into account for this purpose.

- passing a medical examination for personal fitness arranged by the authority before taking up appointment.

3.2 Although no longer required by the contract, membership of a recognised defence body or an approved insurance policy is advised.

3.3 Most doctors enter the staff grade directly from the SHO grade.

Nature of contract

4.1 Staff grade doctors on national terms of service will be employed on one of two contracts. Those appointed post 1997 will be on the ‘new’ staff grade contract implemented in October 1997, which provides for the payment of optional points, and the performance of on-call duties to meet service needs. Those employed prior to 1997 have the option to
retain their current terms of service, or to transfer to the new form of contract.

4.2 Staff doctors on either contract are paid at the same rate for each session on duty in hospital. An on-call commitment will have sessions allocated to it based on hours on duty and the work intensity – please refer to paragraph 4.6. Each session is a period of four hours (for pay see para 6).

Model contract

4.3 Model contracts\textsuperscript{2} for staff grade practitioners have been agreed between the Department of Health and the profession for doctors on nationally agreed terms and conditions of service. They are reproduced as separate supplements available from askBMA. Members, including those in trusts, are advised to read their contract carefully in the light of the model and, before signing, seek advice from askBMA if they have any doubts.

Whole-time

4.4.1 Whole-time staff doctors are contracted for a minimum average of 10 sessions per week (ie 40 hours). Under the 1997 terms of service for doctors in the staff grade, there is no strict limit on the number of sessions that a staff doctor may work.

Holders of pre-1997 contracts may be contracted for up to three additional regular sessions, but should be aware of the EC Directive on Working Time, which limits working time to an average 48 hours per week. Practitioners on the 1997 contract with particularly onerous workload, significant extra responsibilities or out-of-hours work commitments may be remunerated through extra sessions or part sessions paid on

\textsuperscript{2} Circular HC(88)58, Annex A/AL (MD) 4/97 Annex E
a pro-rata basis to the basic salary. In addition, up to 50 locum sessions a year may be allowed to cover for a colleague on annual or study leave, provided time off in lieu cannot be granted (see para 4.4.3 b).

4.4.2 Under the pre-1997 contract, employing authorities may enter into a separate contract for a maximum of one temporary additional session per week in exceptional circumstances to cover for any other absences or for unfilled vacancies. The contract for the temporary additional session is reviewed not less than annually, and may be terminated without formality at three months’ notice on either side.

4.4.3 Whole-time practitioners are contracted for:

a) a minimum average work commitment of 10 sessions a week, each session being equivalent to four hours’ work;

b) liability to deputise for absent colleagues in the same or other grades, who are in the same rota, in accordance with paragraph 108 of the Terms and conditions of service (see appendix).

Note: Time off should be granted in lieu; where this is not practicable, payment may be made at locum rates (see supplement, para 3)

c) such exceptional irregular commitments outside normally rostered duties as are essential for continuity of patient care, eg occasional over-running of an operating list;

d) exceptionally, duty in occasional emergencies and unforeseen circumstances.

Note: This should apply only in major emergencies; it does not apply to staff shortages or authorities’ inability to find or fund locums.
Part-time

4.5.1 Part-time staff doctors are contracted for a maximum of an average of nine sessions a week, i.e., they could, for example, work for 12 sessions in one week and six in the next, provided their average is a maximum of nine. The payment for each session is one tenth of the appropriate rate of basic salary.

4.5.2 Part-timers are eligible for the award of a temporary, but not a regular, additional session to cover for absences other than annual or study leave or for unfilled vacancies.

4.5.3 In addition, up to 50 locum sessions a year may be allowed to cover for a colleague on annual or study leave provided time off in lieu cannot be granted (see para 4.4.3 b).

4.5.4 The maximum salary for a part-time staff doctor is for nine sessions, including aggregate pay from two or more appointments with the same or different NHS authorities, but excluding that from locum work, a temporary additional session and services attracting fees.

4.5.5 Part-time practitioners are also contracted for the duties outlined in paras 4.4.3 (b), (c) and (d) above.

Out-of-hours commitments and on-call

4.6.1 The 1997 staff grade contract explicitly enables practitioners to undertake out-of-hours commitments. Wherever possible, this should be recognised in the sessional allocation of the main contract. This means that whenever a doctor is on-call out-of-hours, there should be some recognition of this via the sessional allocation, however low the call out expectation, determined by reference to previous comparable periods of work.
4.6.2 Where staff doctors work for the whole time that they are on duty out-of-hours (whether compulsorily resident or not) the allocation of sessions will be one session per four hours on-call.

4.6.3 Where staff grade doctors are required to work for 50 per cent or more of the time that they are on duty out-of-hours, and where paragraph 4.6.2 does not apply, sessions may be allocated on the basis of one session per six hours on duty.

The following scale may be useful in determining sessional allocation for periods of on-call work where staff grade doctors are required to work for less than 50 per cent of the time they are on duty out-of-hours. These figures are only a guide.

<table>
<thead>
<tr>
<th>% of time worked during a period of out-of-hours duty</th>
<th>Basis of sessional allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 25%</td>
<td>one session per 8 hours of duty</td>
</tr>
<tr>
<td>26 – 49%</td>
<td>one session per 7 hours of duty</td>
</tr>
</tbody>
</table>

Out-of-hours working is defined as any duties undertaken outside the hours of 0800 hours to 1800 hours Monday to Friday including advice given by telephone.

**Sessional assessment and review**

4.7.1 Under the new contract the average weekly number of sessions allocated shall be assessed by reference to the work commitment specified in the job plan which shall be drawn up before a post is advertised and issued to applicants for the post. It is understood that workload may change over the period of the appointment and staff doctors under either contract are able to seek a review of their sessional assessment by the employing authority at any time. The job plan, setting out the main duties and responsibilities of the
doctor, should be reviewed not less than annually by mutual agreement with the responsible consultant. The review allows changes in service needs to be accommodated, and for sessional commitments to be reassessed as necessary.

4.7.2 In undertaking the review of the sessional assessment, employing authorities must consult the responsible consultant and the staff doctor concerned. The purpose of the review is for the employing authority to satisfy itself that substantially the whole of the staff doctor’s contracted time is spent working, and for the staff doctor to assess any change in workload.

4.7.3 Should the authority decide to revise the assessment, the salary payable shall be recalculated from the date of the change. However, staff doctors are entitled to protection of their previous basic salary, i.e., all regular contracted sessions up to 13, for a period of up to 12 months. Basic salary in these circumstances covers the maximum payment for 13 contracted sessions under the pre-1997 contract or 10 sessions plus additional contracted sessions under the 1997 contract, but excludes locum and temporary additional sessions (see para 4.4). In cases in which there is a substantial downward revision, staff doctors may be eligible for redundancy payments and can therefore claim benefits based on all NHS service.

4.7.4 A staff doctor who disagrees with the revised assessment is entitled to appeal against the authority’s decision via a local mechanism established by the employing authority (ask BMA can advise members on the procedure). In cases in which there is a failure to agree on a revised assessment,

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4 General Whitley Council Conditions of service section 47 paragraphs 4-6
5 under the Employment Protection (Consolidation) Act 1978, as amended
the employing authority is obliged to seek the view of the appropriate professional advisory committee, although this must not prejudice the doctor’s right of appeal.

**Tenure**

4.8.1 In normal circumstances, appointments to the staff grade will be subject to a probationary period of one year. Authorities may at their discretion waive or reduce the prescribed probationary period in cases in which the doctor has held a regular appointment in the same unit and specialty, other than at house officer grade. If the appointment is confirmed, following the probationary year, it may be extended without term and held until retirement.

4.8.2 In exceptional circumstances, for example where the particular service is to be closed in the foreseeable future, authorities may offer fixed-term appointments, up to a period of five years, renewable each year.

4.8.3 The association would prefer contracts not to be offered on a fixed-term basis. Doctors who are offered such a contract should contact askBMA.

4.8.4 All appointments to the grade are subject to three months’ notice on either side.

**Nationally agreed terms and conditions of service**

5.1 Staff doctors employed under national agreements are subject to the *Terms and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales)*, September 2002 as negotiated between the profession and the Department of Health.
Annual leave

5.2 Staff doctors are entitled to five weeks’ annual leave per year for their first two years in the grade. After two years, the entitlement increases to six weeks. Staff doctors who, in exceptional circumstances, have been entitled to six weeks’ annual leave in their immediately previous regular appointment, will be entitled to six weeks’ annual leave from the date of taking up the appointment.

Study leave

5.3 Although the staff grade is a career, not a training, grade practitioners are entitled to some study leave in order to be able to keep abreast of their position by updating and improving their skills. The recommended entitlement of paid study leave in the UK with reasonable expenses is a maximum of 30 days, including off-duty days within the leave period, in any period of three years.

Removal expenses

5.4.1 Assistance should be granted with removal and other expenses to hospital doctors who need to move their home or incur extra daily travelling expenses:

• to satisfy the requirements of their normal professional training, or who are

• required by their employing authority to transfer to a new headquarters, or

• taking up a post which is regarded as suitable employment as an alternative to redundancy.
5.4.2 Employing authorities have discretion to grant removal and associated expenses to those who, as a result of taking up employment with the authority, either need to move their home or incur extra daily travelling expenses.

5.4.3 The scope and level of financial assistance to be provided should be agreed with the authority before the post is accepted.

**Note:** These paragraphs reflect a General Whitley Council agreement which came into effect in February 1993. A BMA membership guidance note giving further details is available from askBMA.

**Private practice**

5.5 Staff doctors are subject to the same regulations on private practice as junior hospital doctors, ie they may undertake it but only outside the time for which they are contracted to their employing authority.

**Pay and pensions**

**Basic salary**

6.1.1 Staff doctors on the pre-1997 contract are paid on an 8-point salary scale. Doctors subject to the provisions of the 1997 contract have a 6-point basic salary scale supplemented by five further ‘optional points’ of equal value (see para 6.2) awarded on merit. The basic salary covers the minimum 10-session contract. Additional and temporary additional sessions (see para 4.4) are paid at one tenth of the basic salary. Any locum sessions are paid at locum rate (see supplement).
6.1.2 As with all NHS doctors the salary scale of the staff grade is reviewed annually by the Doctors and Dentists Review Body, which advises the Prime Minister on NHS doctors’ and dentists’ pay.

Optional points

6.2.1 Optional points were introduced as part of the 1997 contract. They are consolidated payments in addition to the maximum of the 6-point salary scale, which may be paid at the discretion of the employer in the light of professional advice. Optional points are distinct from consultant and associate specialist discretionary points, and staff doctors should not be in competition with more senior colleagues when decisions are made about points. Separate guidance from the SASC on optional and discretionary points is available from askBMA.

6.2.2 Major determinants of suitability for optional points include clinical expertise, the quality of patient care and commitment to personal clinical development. Practitioners will be expected to demonstrate skills and expertise beyond what would normally be expected of the grade. In addition to clinical commitment, the following may also be considered:

a) contribution to professional and multi-disciplinary team working

b) clinical audit

c) administration

d) teaching, research, innovation and improvement in the service

e) wider contribution to the work of the NHS nationally.
6.2.3 Since 1 April 2002, practitioners transferring to the 1997 contract who have reached the top of the pre-1997 8-point salary scale will be afforded salary protection.

Starting salary

6.3.1 Staff doctors can be appointed to the grade at the minimum scale point or any higher point on the scale, and the incremental date is the date of taking up the job.

6.3.2 For those practitioners who have undertaken more than the minimum amount of hospital service, previous service is taken into account in determining starting salary as follows:

- time spent in NHS employment, including periods of locum appointment

- equivalent service outside the NHS

- relevant qualifications obtained in postgraduate education and experience gained through research and teaching.

6.3.3 Service in a part-time appointment counts in exactly the same way as service in a whole-time appointment.\(^6\)

6.3.4 Where, taking these factors into account, the starting salary would be at the minimum or first incremental point, employing authorities can also take account of age, special experience and qualifications, and have discretion to fix the starting salary at the first or second point.

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\(^6\) Paragraph 135b of the Terms and conditions of service
Pensions

6.4.1 Unless the individual staff doctor chooses to opt out of or is ineligible to join the NHS pension scheme, staff grade appointments are superannuable and pay is subject to deduction of superannuation contributions in accordance with the scheme.  

6.4.2 However, only those sessions up to the minimum whole-time commitment (ie the first 10 sessions) are superannuable. Any additional sessions are not.

6.4.3 The disadvantage of this is that the retirement pension will be based on final salary for only the 10 basic sessions even if the doctor had been contracted for 13 regular sessions.

Career prospects

7.1 Prospective staff doctors must remember that they are entering a non-training career grade, and it is likely that they will remain in the staff grade until retirement. The prospects of transferring out of the staff grade are very limited.

Regrading to associate specialist

7.2.1 After a certain period in the staff grade, some doctors may wish to apply for regrading to associate specialist. The minimum requirement for experience in the staff grade is four years of which at least two must have been in the appropriate specialty. Either the staff doctor or the employing authority will be able to propose a regrading. However, only a limited number of staff doctors will be regraded, and there will not be an automatic right to regrading.

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7 See the pensions section on the BMA website (www.bma.org.uk)
7.2.2 Details about the criteria for eligibility for associate specialist posts are given in the BMA’s membership guidance note on the grade, available from askBMA.

Other career opportunities

7.3 Exceptionally, staff doctors wishing to change their course of career may compete to re-enter the training grades. Should they be successful, they would be entitled to salary protection of their basic salary if their new post carries a lower salary.

Careers counselling and advice

7.4.1 All doctors entering the staff grade should be aware of the arrangements for receiving formal careers advice in the SHO grade and should have been counselled before making their decision to become a staff doctor. Briefly these arrangements are:

- all SHOs should receive formal careers advice shortly after entering the grade and regularly thereafter.

- the main source of careers advice and individual assessment is the consultant responsible for the junior doctor’s clinical supervision. The consultant responsible for counselling will be specified in the SHO’s job description where this is otherwise unclear.

- where the junior doctor requires more formal counselling or this is advised by the identified consultant, the SHO should seek advice from the clinical tutor. After two years in the grade in the same specialty and failure to be shortlisted for a career registrar appointment it will be mandatory for the SHO to receive formal careers counselling from the clinical tutor.
7.4.2 Careers counselling is extremely important for all junior doctors in deciding on their future career, so that all opportunities can be fully considered.

**Establishing a staff grade post**

8.1 Consultants who wish to establish a staff grade post in their department should apply to their employing authority.

8.2 Posts in the staff grade may be established by NHS employing authorities throughout the UK including NHS and primary care trusts, special health authorities and strategic health authorities.

8.3 The employing authority must be satisfied that the creation of the staff grade post is the most appropriate means of meeting service requirements.

**Appointments procedure**

8.4.1 Posts in the staff grade should be advertised in such a way that candidates unable for personal reasons to work full-time should be able to apply. Provisional job descriptions and contracts are issued to applicants (see separate supplement for model).

8.4.2 Shortlisted candidates are entitled to claim their expenses of attending for interview and of one prior visit.

8.4.3 The advisory appointments committee for staff doctors must comprise at least:

- a lay chairman
• a professional member from outside the ‘district’
  appointed on the advice of the appropriate college
  or faculty

• a professional member employed in the ‘district’ in the
  relevant specialty, appointed on the advice of the
  appropriate division.

8.4.4 The committee selects applicants for interview and makes a
recommendation to the authority on who should be
appointed. Although the committee need not interview
every applicant, no applicant will be appointed without
interview, whether or not the post was advertised.

Further information

9.1 Further information on the staff grade is contained in circular
HC(88)58 The new hospital staff grade and in Hospital
medical staffing: achieving a balance – plan for action,
published in 1987. Details of the 1997 contract can be found
in Advance Letter (MD) 4/97, which notified employers of the
new arrangements for the employment of staff grade
practitioners on national terms and conditions of service.
Reference copies of these documents are held at askBMA.
Appendix
(para 4.4.3 b refers)

Extract from the Terms and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), September 2002

‘Staff grade

108 a) Subject to paragraph 112, practitioners are liable so far as is practicable to deputise for absent colleagues in the same or other grades who participate in the same duty roster. Such liability is confined to absences due to:

i) annual and study leave; or to
ii) other forms of leave and unfilled vacancies not exceeding two weeks.

Where no liability arises, deputising shall be subject to the practitioner’s agreement. Where deputising is not practicable the authority, and not the practitioner, shall be responsible for the engagement of a locum tenens. The authority shall assess the number of sessions required, each session being regarded as four hours and the basis of the assessment being as in paragraph 17.

b) Where practitioners undertake duty in accordance with this paragraph which falls outside their normal contracted hours and their commitments under sub-paragraphs 15 iii and iv, the authority shall, where practicable, allocate an equivalent off-duty period. If it appears to the authority that such allocation has not been or is unlikely to be made within six months, or by the terminal date of the practitioner’s contract if sooner, payment shall be made retroactively for the actual amount of duty undertaken.
Payment shall be at one-tenth of the weekly locum rate set out in Appendix I for each session, subject to a maximum of 50 sessions in any one financial year.’