1. Introduction

The 2016 junior doctor contract introduced a completely new pay system based on stages of training rather than years of service. The pay system is “front-loaded” in that trainees receive a higher salary, compared with the previous system, earlier in their training. Basic pay was prioritised over other areas, such as pay for work out of hours. The new pay system was to be introduced in stages in the NHS depending on stage of a career and specialty.

Following consultation with the BMA and their stakeholders, the Universities and Colleges Employers Association (UCEA) decided to introduce new pay arrangements for university-employed academic trainees which would mirror the 2016 NHS pay scale for junior doctors, both in terms of pay structure and protection of basic pay.

After detailed discussion with the BMA, UCEA published a pay circular detailing the introduction of these new pay arrangements. The BMA, UCEA and NHS Employers are committed to the principle of pay parity for doctors between the NHS and academic sectors and this pay circular is a positive demonstration of that commitment.

This commentary is intended to explain the detail of these arrangements and the impact they will have on university-employed academic trainees. It should be read in conjunction with UCEA's pay circular, which is written from an employer’s perspective.

The 2016 terms and conditions of service for junior doctors only apply to those employed by an NHS organisation.
2. Pay system for clinical academic doctors and dentists in training

The following table demonstrates the way in which the structure of pay changed following the introduction of the 2016 pay scale. The current figures for the salary scale can be found in the latest UCEA pay circular on the BMA website.

<table>
<thead>
<tr>
<th>Nodal point</th>
<th>Stage of NHS training</th>
<th>Salary (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FY1</td>
<td>26,350</td>
</tr>
<tr>
<td>2</td>
<td>FY2</td>
<td>30,500</td>
</tr>
<tr>
<td>3</td>
<td>CT1 or ST1/SpR1</td>
<td>36,100</td>
</tr>
<tr>
<td></td>
<td>CT2 or ST2/SpR2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CT3 or ST3/SpR3</td>
<td>45,750</td>
</tr>
<tr>
<td></td>
<td>ST4/SpR4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ST5/SpR5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ST6/SpR6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ST7/SpR7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ST8/SpR8</td>
<td></td>
</tr>
</tbody>
</table>

Who does the new scale apply to?

This new pay scale will only apply to new appointments and those who were in training at below ST3 on 3 August 2016. This is combined with the introduction of similar pay protection arrangements as have been provided to equivalent junior doctors on the 2016 contract (see below).

Those already in training at ST3 and above on 2 August 2016 will remain on the existing pay arrangements until they exit training, until 3 August 2022, or once four years of continuous employment have elapsed, whichever is the sooner. These dates can be varied for those leaving LTFT or who take time out of training for maternity leave etc.

Those who were ST3 and above on 3 August 2016 will not be able to choose to move to the new pay scale, even if it is likely to be beneficial to them, unless they chose to leave their current role and seek reappointment to a new role. This would clearly carry some risk and should be considered very carefully.

It is also worth noting that UCEA have decided to retain the current Clinical Lecturer scale and the Senior Lecturer/Reader scale for existing trainees and doctors and dentists who have not yet progressed to a consultant, clinical academic post or equivalent (see sections 7 and 8).

The values of this scale will be up-rated annually in line with the NHS cost of living award for the junior doctor pay scale.
3. Pay premia

The 2016 junior doctor contract introduced a new range of flexible pay premia (FPPs) which are intended to encourage recruitment in certain specialties and branches of medicine and ensure that those undertaking extended or lengthened training programmes were not disadvantaged. The premia are only payable to those who are on the new pay scale (see above).

These payments are taxable, non-pensionable and made annually (paid in 12 monthly instalments) for as long as the individual meets the necessary criteria until they complete their clinical training. An individual can receive more than one FPP at a time, wherever they meet the criteria, though they cannot be eligible for the same premium twice.

These FPPs are paid pro-rata for less than full time (LTFT) trainees. For those who are eligible, UCEA have also recommended that university employers match the flexible pay premia being offered to junior doctors in the NHS, including the specific academic pay premium.

UCEA have also stated that if an individual takes maternity or other family leave whilst in receipt of a pay premium, the trainee’s maternity pay (or paternity pay etc.) will be calculated on the basis of total pay including the pay premium, giving an example of this in the pay circular.

The list of premia and an outline of the eligibility criteria are on page 4 of the circular. While the list is fairly self-explanatory, we would draw your attention to three of the premia in particular.

**Academic premium:**
The academic pay premium is worth £4,000 per annum and is paid to those who have successfully completed an approved higher degree and returned to clinical training. As such, we anticipate that the vast majority of university-employed academic trainees will be eligible.

A set of criteria, which would be applicable to both NHS and university-employed academic trainees, have been produced by NIHR and NHSE. The BMA has raised concerns with some elements of the criteria, as we are keen to ensure that they are reasonable and effectively encourage medical academia.

**General Practice premium:**
The premium is worth £8,200 per annum but, as is the case for NHS-employed trainees, is only payable while the individual is working in a general practice placement. It is not payable when they are working in a hospital or any other setting.

After discussions with UCEA, they agreed to include reference to the General Practice premium within their pay circular.

The ‘Notes’ section of the circular states that ‘Academic trainees are unlikely to be eligible for this whilst employed by an HEI as it is only payable during practice placements’. Based on our discussions with UCEA and NHSE, we believe that this is indeed the case. The majority of university-employed academic GPs (who are the only ones covered by this pay circular) are likely to be post-CCT and, as such, would not be covered anyway. However, by having it included in the pay circular, it means that any trainee who takes a less-common pathway may still be eligible to receive the premium. The only reason the phrase ‘unlikely’ is used is so that UCEA can reassure its stakeholders that this is likely to apply to only a small number of their employees.
We have also sought clarification about how the GP pay premium will apply to NHS-employed academic trainees. HEE and NHS Employers have provided reassurance that the GP pay premium would be payable in full to these academic GP trainees. This will ensure that they experience no financial disadvantage compared to their non-academic GP trainee colleagues.

**Exceptional flexible pay premia:**
The details surrounding the application of and eligibility for this criteria have not yet been determined. We anticipate that these premia are likely to be deployed in response to exceptional events, such as specific public health crises that may arise in the future. As such, given the likely importance of academia and research in responding to such events, we felt it was vital for this premia to be included in the pay circular and available to academic trainees, including when they undertake such activities as university employees.

**4. Transitional pay protection arrangements**

As outlined above, the new pay scale applies differently to different groups of trainees depending on where they are in their training. This also applies to the kinds of pay protection offered to these groups.

The two types of pay protection offered in the NHS are Category 1 and Category 2. UCEA has agreed that transitional protection of trainees’ basic pay should be replicated on a like-for-like basis.

**Implementation timetable and back-dating**
UCEA have decided to set a single date of transition for all university-employed academic trainees of **1 April 2017**. This is to simplify the process for the university employees. While this is indeed the case the consequence is that the UCEA do not recommend that employers backdate pay according to the NHS timetable. However, we believe that there would have been very few trainees to whom back-dating would have applied. In addition, the BMA has been calling for delays in implementation.

**Category 1:**
Category 1 is unlikely to apply to many university-employed academic trainees, simply because most will be at ST3 and above before they are appointed to a university post. However, we know from discussions with UCEA that some university-employed academic trainees are currently at ST1 and ST2 level. For those who were at this level on 3 August 2016, they will be entitled to ‘cash floor’ pay protection. This effectively sets a minimum level, based on the incremental pay point they were on the day before they transition to the new scale, below which their pay cannot fall. However, given the ‘front-loading’ and focus on basic pay, many academic trainees are likely to earn more under the new pay arrangements than previously and, as such, the cash floor will not be relevant.

For NHS-employed trainees, Category 1 protection also includes protection of the value of banded work undertaken for the NHS. UCEA have been clear that, as they have never been, nor should be, responsible for banding payments for NHS work, they cannot include this in calculating cash floor pay protection.

However, they have reached an arrangement with NHS Employers whereby, if the academic trainee is **continuing** to do work for which they were previously paid banding, this can be included for the purposes of calculating pay protection (by invoicing the NHS for the clinical work at the rate of protected banding). Those who are **not** or are **no longer** undertaking NHS banded work will not be able to have the value of this work factored into their cash floor protection.
As a consequence, for this group, in order to be certain that their pay will not drop, they will need to continue to undertake the NHS work for which they would previously have received banding.

**Category 2:**

Academic trainees who were at ST3 and above on 2 August 2016 will be eligible for Category 2 pay protection. This protection is more likely to apply to university-employed academic trainees, given where the majority will be in their career at the stage of university appointment.

For academic trainees employed by a university, this means that they will remain on the current Clinical Lecturer scale throughout the transitional period. While individuals in this group will not have access to the new academic pay premium, or any other premia introduced as part of the new arrangements, they will be able to access the higher HE-only spine points (set out in Appendix 1, Table 1 of the pay circular).

If they continue to undertake work for the NHS which attracted a banding payment, they will continue to receive this payment.

**Duration of transitional pay protection:**

As in the NHS, both categories of protection will be applied until:

(a) the individual exits training;
(b) until 3 August 2022; or
(c) once four years of continuous employment have elapsed, whichever is the sooner.

There are exceptions to this rule to ensure there is no detriment to those whose training is extended. Less than full-time (LTFT) will have a transition period which is increased proportionally to reflect the full-time equivalent (FTE) entitlement. Additionally, trainees who are absent from work for prolonged periods – whether for long-term sick leave or maternity/parental/adoption leave – can have their protection period increased by the length of that absence, up to a maximum of 2 years, or until 3 August 2022, or until they exit training, whichever is the sooner.

UCEA have clarified that trainees on a recognised period of out of programme (OOP), such as those undertaking a PhD, will be eligible for transitional protection provided they still hold a national training number (NTN, or in the case of academic trainees, their NTN(A)) or were part way through their foundation or core training programme when their OOP was agreed.

When the transitional protection expires, the individual, if still in academic training, will move onto the new pay scale and any protection they may have received will cease.

**Less than full-time (LTFT) allowance:**

UCEA are mirroring the provision of a less than full-time allowance for those training on a LTFT basis since 3 August 2016. The allowance is worth £1,500 and will continue for as long as the individual remains in training on that basis until the end of the transition protection period (as outlined above).

The allowance is also available to those trainees who were on maternity leave on 2 August, are receiving Category 1 protection, and subsequently return directly to work on a LTFT basis.
5. **NHS work**

We have asked UCEA to clarify to their stakeholders that university-employed clinical academic trainees are eligible, as many do presently, to undertake an out of hours rota in the NHS. These trainees will continue to be paid for this work, subject to whichever pay system they are currently on. UCEA advise that the university employer should maintain their current arrangements for invoicing the NHS for this work.

6. **NIHR Clinical Lecturer period of grace**

There are instances where Clinical Lecturers continue in university employment after they have obtained their CCT for a period of up to six months. This is known as a ‘period of grace’ (POG).

UCEA have emphasised that employers may wish to continue paying the academic pay premium during this period to mirror the arrangements in the NHS. In the interests of maintaining pay parity, this is an approach we would strongly encourage.

7. **Retention of the Clinical Lecturer scale in HE**

As outlined above in the section on Category 2 protection, UCEA have decided to keep and update (in line with recommendations made by the DDRB) the existing Clinical Lecturer pay scale, both pre-2009 and post-2009. This is to ensure that those in the Category 2 group are compensated for the longer academic training pathway by having access to these higher pay points, in lieu of access to the various pay premia. Again, this scale is included in Appendix 1, Table 1 of the pay circular.

8. **Senior Clinical Lecturer/Reader scale**

UCEA will retain and update (in line with recommendations made by the DDRB) the existing Senior Clinical Lecturer/Reader scale. This is to allow employers the flexibility to retain progression for junior doctors and dentists beyond the Clinical Lecturer scale.

While this is likely to be used infrequently, and at the employer’s discretion, it is available where those employers feel it is necessary to compensate an individual for the elongated training pathway, beyond simply paying them the academic premium. They have suggested that this is likely to be based on recognition of some element beyond length of service. It is an opportunity that you wait to be aware of and to seek with your employer if appropriate.