Salaries
Salaries

Junior doctors are paid on national pay scales which are set each year. The DDRB (Doctors and Dentists Review Body) receives evidence from the BMA, the UK Health Departments and NHS Employers. The DDRB then reports to the Secretary of State for Health and to the equivalent for Scotland, Wales and Northern Ireland with their recommendations on how to set the pay scales for the year. The report is later made public, with each government making the final decision on whether to implement it in each of the four nations. Any change is usually effective from 1 April each year.

If an announcement is made after the 1 April then any increase will be backdated to that date. The DDRB may recommend an increase to the pay scales but it may also recommend that pay should remain the same. Each of the health departments then has the ability to accept the recommendations of the DDRB or, as is sometimes the case, reduce what is recommended due to the availability of funding.

Each grade has its own pay scale. There are currently:
- three points on the foundation doctor 1 scale
- three points on the foundation doctor 2 scale
- 10 points on the SpR (specialist registrar scale)
- 10 points on the StR (specialty registrar scale)
- six points on the specialty registrar (core training) scale; and
- six points on the specialty registrar (fixed-term) scale.

The top three points of the SpR and StR scale are in theory ‘discretionary’. In practice the award of the points should be automatic unless, for example, an employer is already taking action in respect of unsatisfactory performance. Advice should be sought from our team of advisers on 0300 123 1233 if problems occur in this area.

Summary

This chapter provides information on salaries for junior doctors including information on: salary scales, the importance of checking payslips, starting salaries, incremental dates, counting of previous service and additional payments such as London weighting and private fees.
Further information
- Pay Letters for Wales: www.wales.nhs.uk/nhswalesaboutus/workingfornhswales/payconditions/payandconditionsresources

Check your payslip
You should always check your payslip when you change post, or change employer, as this is when most errors tend to occur. The key things to look for on your payslip are basic salary, incremental date, superannuation, NI (National Insurance) number and your tax code. Your salary may change for a number of reasons:

- **Pay banding** – Your pay banding remunerates you for additional work you undertake over your basic hours, and for the antisocial nature of your hours. By ensuring you are on the correct point of the pay scale you will also ensure that supplementary payments reflecting your pay banding are correct.

- **Annual increment and your grade on the pay scale** – Sometimes an increase in pay banding supplements could mean that you are not aware of a decrease in your basic salary. A junior doctor’s basic salary (excluding pay banding supplement) should increase on promotion to a higher scale.

- **DDRBB award** – Each year the DDRBB considers evidence from the BMA, the UK Health Departments and the employers, and then issues a report outlining its recommended pay award for the next 12 months. This is in addition to your annual increment. Although the DDRBB report is published in the spring it takes time for new pay scales to be issued. Assuming there is a pay award for that year then you normally will not see it in your payslip until May. You will normally receive pay on the new scale one month,
followed by arrears of pay for preceding months back to April in the following month. It cannot be guaranteed that the DDRB will recommend a pay increase every year but on those years that an increase in basic pay is recommended make sure you check your payslip carefully.

– **Other deductions** – The main deductions are income tax and National Insurance contributions, as explained above, as well as student loan and pension contributions. However you may also have other deductions on your payslip – eg for car parking permit, childcare vouchers. These deductions can only be made by your employer with your consent. You should raise any queries regarding these direct with your employer (normally the payroll department).

There is detailed guidance on the BMA website which can help you check your payslip and details how pay changes and what to look out for, particularly when changing post: bma.org.uk/practical-support-at-work/contracts/juniors-contracts

**Starting salaries and retention of higher grade salaries**

Junior doctors are normally paid at the minimum of the salary scale on appointment to a grade. However, if junior doctors have previous service, employers should appoint them to a salary level beyond the minimum of the scale and sometimes even to the maximum point that previous service allows. They cannot, however, appoint to an incremental point of a grade which is different to the grade being entered unless protected salary arrangements apply.

**Further information**

– Terms and conditions of service para 121
– BMA website bma.org.uk/practical-support-at-work/pay-fees-allowances/juniors-payslip-explained

**Incremental dates**

The incremental date will usually be the date of taking up the post in a new grade, although there are some exceptions:

– where previous service is counted, the number of completed months’ service will determine the incremental date.
Further information
– Terms and conditions of service paras 122 to 125

Counting of previous service

Regular appointments
Where a junior doctor is appointed to a post in a grade having already given regular service in one or more posts in that grade, or in a higher grade, all such service will be counted in full in determining starting salary and incremental credit.

Hospital service in all UK nations, the Isle of Man and the Channel Islands, should be counted as service in the equivalent grade for the purposes of incremental credit and protection of salary.

Locum posts
Where a junior doctor has held a regular appointment in a grade or higher grade, all subsequent locum service in that grade (or higher grade) will count towards incremental credit as though it had been service in a regular post.

All other locum service counts towards incremental credit as though it had been service in a regular post but only at half rate. However, only service of three or more continuous months duration will be considered. Service by agency locums counts in the same way as that by NHS locums. Service in a LAT (Locum Appointment in Training) post counts in full for incremental credit, even if this is the trainee’s first appointment in the specialist registrar/StR grade.

Counting of service while on annual leave
Absence on annual leave counts for incremental purposes.

Counting of service while on maternity leave
Absence on maternity leave counts for incremental purposes.

Service outside NHS hospitals
Equivalent service or service in a higher grade outside NHS hospitals including overseas service, other than locum service, may be considered for incremental purposes. Details are available to members from our team of advisers on 0300 123 1233.
Practitioners in the training grades who are required as part of their approved training programme to work in non-NHS organisations shall be guaranteed continuity of service for employment purposes.

**Further information**
- Terms and conditions of service, paras 81(a) and 125

**Promotion increase**
Where a junior doctor has been paid in their previous regular appointment at a rate of salary higher than or equal to the rate which they would be paid at the bottom of the scale on taking up their new appointment, then the starting salary in the new appointment should be fixed at the point in the scale next above that previous rate, or at the maximum of the scale if the previous rate had been higher.

A junior doctor’s basic salary (excluding banding supplement) should not decrease on promotion to a higher grade. The rate of salary paid in previous appointments only includes basic pay for these purposes.

If, prior to taking up a regular appointment as a specialist/specialty registrar, a doctor has undertaken a locum appointment in this grade, the incremental date can be brought forward. If a doctor has not held a regular appointment in the grade before the locum service, completed locum service of at least three months will be counted at half rate. If the locum service followed a regular appointment in the grade, it will be counted in full.

**Increments on first appointment to a grade**

**Specialty registrar**
On first appointment as a specialty registrar, one increment and one only should be given for any more than two years’ service spent previously in the F2 and/or SHO grade.

**Further information**
- Terms and conditions of service, paras 130 and 133
Protection of higher grade salary
Where a practitioner takes an appointment in a lower grade for the purpose of obtaining approved training (which could include training to enable the junior doctor to follow a career in another specialty), the doctor, while in the lower grade, is eligible to receive pay protection provided they have been in the higher grade for 13 months or more. Such a practitioner will receive either their protected salary or the appropriate training grade salary including banding supplement, whichever is more beneficial. Total pay with respect to the protected salary will include payment for additional hours and duties as if those duties had been carried out under the terms of the previous (higher grade) contract.

On re-appointment to the higher grade, the starting salary should be assessed as if the period spent in the approved training grade had been continuous service in the previous higher grade. A junior doctor seeking to retain their higher grade salary should make an application to do so to the new employer prior to taking up the new post.

Junior doctors will need to prove to their new employer that the appointment in the lower grade has been taken in order to further a postgraduate training programme. Therefore, written evidence to this effect should be obtained from the former employer and/or regional postgraduate tutor or dean.

If a junior doctor takes a lower graded post in order to fulfil examination criteria, the employer is under no obligation to grant retention of the higher salary automatically. Such applications should be considered on their individual merits by the employer.

Further information
– Terms and conditions, paras 132 and 135e
Overpayment or underpayment of salary
There may be occasions where salaries have either been over- or underpaid. In cases where overpayment has been established the BMA would expect there to be a negotiated repayment schedule, rather than repayment in a lump sum, to avoid any financial hardship. No monies should be deducted without consent and no interest should be charged on the monies owed. We would however expect that any underpayment be repaid at the earliest opportunity and in full.

In both situations, members are advised to contact our team of advisers on 0300 123 1233.

London weighting
Junior doctors should be paid London weighting if their hospital is within a specified area. There are two zones – a London zone and a fringe zone – and different rates apply to each. Members may obtain further information or clarification on whether their hospital is within a particular zone by contacting our team of advisers on 0300 123 1233. A reduced rate of London weighting is payable to resident staff who receive their accommodation free of charge or who are paying lodging charges. However, compulsorily resident doctors occupying free single accommodation who also maintain a separate home within reasonable daily travelling distance of the hospital should receive the full rate of London weighting.

Doctors on rotations moving from posts that do not attract London weighting to posts which do, or from posts attracting the fringe London weighting to posts attracting the inner London weighting, in their second or subsequent placement in a rotation, may exercise the option to receive the appropriate London weighting allowance in place of excess travelling expenses.

Medical academic staff
Provided junior doctors have an honorary NHS contract in addition to their university contract, they should be eligible for the above provisions. Those with university contracts only may find their conditions vary according to each university.

Refer to the medical academics section, chapter 23, for more details, or see the BMA’s Medical academic handbook.
Private fees for junior doctors
Junior hospital doctors can earn fees for their services to private patients in some circumstances. Where junior doctors attend private patients outside their contracted hours they are entitled to receive payment. In carrying out private work, junior doctors’ total hours of work should not exceed New Deal limits. If the private work is done in a self-employed capacity then the EWTD limit of 48 hours per week does not apply. However, for junior doctors it is unlikely that this work will be undertaken in a self-employed capacity. If the work is being done as an employee then the EWTD limit of 48 hours applies across all contracts.

If the attendance is arranged privately, the fee is negotiated between doctor and patient, although junior doctors should be aware that medical insurers will usually only pay for consultant services and all such income is taxable.

If the work is required by the employer as part of its general arrangements for the treatment of private patients, payment is the responsibility of the employer under the normal contractual arrangements and no additional fees are payable.

Fee paying work
Junior doctors, like other hospital doctors, may charge a fee for certain types of medical work. The overriding principle for junior doctors is that work relating to ‘diagnosis’, treatment or prevention of illness’ of NHS patients forms part of their ordinary contractual duties. Examinations and reports ‘reasonably incidental’ to those contractual duties also form part of their NHS obligations and must therefore be provided without charge. Other examinations and reports, which are not ‘reasonably incidental’ to their NHS duties may be charged for; these are described as ‘category 2’ or fee paying work.

Examples of category 2 work are listed in the Terms and Conditions of service in paragraphs 36 and 37. Further guidance can be found on the BMA website: bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-junior-contract/payments-for-category-2-work

If you have any problems with payments for category 2 work, contact our team of advisers on 0300 123 1233.
Pay banding and monitoring
Pay banding and monitoring

Pay banding

The junior doctors pay banding system has been in place since December 2000, and aims to remunerate junior doctors fairly according to the actual hours worked and the frequency of their out-of-hours work. A full-time junior doctor’s contract consists of 40 hours of work plus such further contracted hours as are agreed with the employer including:

- all out-of-hours work
- agreed prospective cover for annual/study leave of colleagues
- any other regular commitments, eg early starts and late finishes
- any duty hours necessary for continuity of patient care.

However, as detailed in chapter 8, junior doctors’ contracts and working arrangements are subject to the strict limits on total hours and minimum rest requirements imposed by both the EWTD and the New Deal. The pay bands reflect whether the post is compliant with the New Deal hours controls and rest periods, and also whether the doctor works up to 40, 48 or 56 hours a week, the type of working pattern, the frequency of out-of-hours duty and the unsocial nature of the working arrangements.

The pay banding system covers both full-time and part-time doctors and dentists in training, in posts and placements in the HCHS (Hospital and Community Health Service), including public health medicine trainees, but excluding GP trainees in posts in general practice. These posts or placements are in the training grades of F1 & F2, SpR, StR, StR(CT) and StR(FT) including locums in those grades (see chapter 13 for further details on locums).

How the system works

Full-time junior doctors

Every full-time junior doctor on national terms and conditions will be working on a rota that falls into either one of three pay bands or will be unbanded:

- **Band 3** includes all rotas that are not compliant with the New Deal’s hours limits or rest requirements. These will be rotas that require more than 56 hours of actual work per week, or that do not deliver the required rest or natural breaks.
– **Band 2** includes all posts that are compliant with the New Deal and require over 48 hours of actual work and up to and including 56 hours per week.

– **Band 1** includes all rotas that are compliant with the New Deal and require between 40 and 48 hours of actual work per week.

– **Unbanded**: full-time doctors, whose entire working week consists of a maximum of 40 hours between 7am and 7pm, Monday to Friday, receive no additional supplement and their post is therefore not allocated to one of the pay bands.

Bands are subdivided on the basis of the amount of anti-social work. Band 2 is split into Bands 2A and 2B, and Band 1 is split into Bands 1A, 1B and 1C such that:

– **Bands 2A and 1A** include all rotas that, within their respective hours’ limits, require the most frequent work at the most antisocial times, as defined by the banding criteria.

– **Bands 2B and 1B** include all rotas that, within their respective hours’ limits, require less frequent and less anti-social out-of-hours work.

– **Band 1C** includes all rotas that require juniors to work between 40 and 48 hours per week with a low frequency non-resident on-call pattern of work.

### Total salary

The total salary of all junior doctors will comprise the basic salary (on the national incremental scale for each grade) plus a **bANDING supplementation**, calculated as a percentage of the basic salary, according to the band to which the doctor’s rota is allocated, as set out below. Figures in brackets show total salary expressed as a multiple of the full base salary:

<table>
<thead>
<tr>
<th>Band</th>
<th>Percentage supplement (salary multiplier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>100% (2.0)</td>
</tr>
<tr>
<td>Band 2A</td>
<td>80% (1.8)</td>
</tr>
<tr>
<td>Band 2B</td>
<td>50% (1.5)</td>
</tr>
<tr>
<td>Band 1A</td>
<td>50% (1.5)</td>
</tr>
<tr>
<td>Band 1B</td>
<td>40% (1.4)</td>
</tr>
<tr>
<td>Band 1C</td>
<td>20% (1.2)</td>
</tr>
<tr>
<td>Unbanded*</td>
<td>0% (1.0)</td>
</tr>
</tbody>
</table>

* This applies to doctors working on average 40 hours or fewer per week (unless training less than full time). Doctors in grade FHO1 only will receive a 5% uplift.
The DDRB is responsible for reviewing the value of the pay banding supplements annually and recommending changes accordingly. Any future changes to the value of pay bands will be posted on the BMA website.

**Banding since August 2012**
Since August 2012 no doctor should be working more than 48 hours a week taken over a six month average. This means that there should be no posts in band 2 or band 3 although some busy posts may slip into Band 3 through over-running shifts or missed rest.

No changes have been made to the value of banding supplements since 2002, but from 1 April 2010, all UK F1s with no out-of-hours work will receive a 5 per cent (1.05) banding supplement.

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**Further information**
- Terms and conditions of service paras 18-22
- Information on pay banding, including *Junior doctors guide to pay banding* available at bma.org.uk/practical-support-at-work/pay-fees-allowances/pay-banding
- Pay Letters for Wales: www.wales.nhs.uk/nhswalesaboutus/workingfornhswales/payconditions/payandconditionsresources

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**LTFT or flexible trainees**
Pay for LTFT trainees (junior doctors who work less than 40 hours of actual work per week) is calculated differently to full-time pay. However, as for full-timers, it is based on a system of pay bands. The current system has been in place since 2005 and was agreed between the JDC, NHS Employers, COPMeD and the Departments of Health with the aim of widening access to LTFT training.
Basic salary under this system is determined by the trainee’s actual hours of work, and there is an additional banding supplement paid as a percentage of basic salary according to the frequency and anti-social nature of the trainee’s out-of-hours work.

LTFT trainees’ hours of actual work are divided into five discrete time categories and labelled F5-F9. Each category attracts a proportion of the full-time basic salary, as below:
- F5 is 20 or more, and less than 24, hours of actual work a week and attracts 0.5 or 50 per cent of full-time basic salary
- F6 is 24 or more, and less than 28, hours of actual work a week and attracts 0.6 or 60 per cent of the full-time basic salary
- F7 is 28 or more, and less than 32, hours of actual work a week and attracts 0.7 or 70 per cent of the full-time basic salary
- F8 is 32 or more, and less than 36, hours of actual work a week and attracts 0.8 or 80 per cent of the full-time basic salary
- F9 is 36 or more, and less than 40, hours of actual work a week and attracts 0.9 or 90 per cent of the full-time basic salary.

The banding supplement is calculated as a proportion of the calculated basic salary as below:

- FA 50%
- FB 40%
- FC 20%

**Total salary**

Total salary for LTFT trainees is calculated as follows:

\[
\text{Total salary} = \text{salary}^* + \text{salary}^* \times 0.5 + \text{salary}^* \times 0.4 + \text{salary}^* \times 0.2
\]

* salary = F5 to F9 calculated as above.
The supplement for a LTFT post that is not compliant with the New Deal is applied at a rate of 100 per cent of the calculated basic salary. This is Band F3.

Flexible trainees who work less than 40 hours per week and perform no duty outside 7am to 7pm, Monday to Friday, receive no supplement.

Further information

– Information on flexible working available at bma.org.uk
– Terms and conditions of service, paras 21-22

Supplements for on-call or out-of-hours work for medical academics

These should be paid by the substantive employer according to the amount of work undertaken in exactly the same way as for NHS doctors. The Follett Principles on joint working should mean that both employers work together to ensure the clinical academic is paid the total salary due and the reimbursement of monies owed to the substantive employer in respect of on-call/out-of-hours work undertaking in the NHS.

Definition of work and rest

Actual work: all time carrying out tasks for the employer, including periods of formal study/teaching. ‘Actual work’ does not include rest while on-call. For the purposes of defining work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty* and time spent giving advice on the telephone.

Rest: all time on duty when not performing or waiting to perform* a clinical or administrative task, and not undertaking a formal educational activity; but including time spent sleeping. Natural
breaks do not count as ‘rest’. A natural break is at least 30 minutes continuous break after approximately every 4 hours on duty, without an interruption requiring you to do something. Under the New Deal, natural breaks count as ‘work’.

* For example, a doctor waiting for the operating theatre to be prepared. ‘Waiting to perform a clinical duty’ does not include a doctor on duty who has been notified of a need to return to the hospital or unit, but not immediately: this period of time would count as rest.

**Definition of weekend**  
A weekend worked is one that involves a doctor being on duty at any time during the period from 7pm Friday to 7am Monday.

**Definition of out-of-hours work**  
The concept of out-of-hours is relevant for determining rest entitlements, and covers any time outside 9am to 5pm, Monday to Friday. (Note that unbanded posts can involve work that runs into these OOH periods, provided it remains within 7am to 7pm, Monday to Friday and to a maximum of 40 hours.)

**Definition of working patterns**  
The type of working arrangement in place will have an effect on the rota’s banding. While the following definitions apply under the junior doctors national contract (often referred to as the ‘New Deal’), it is important to remember that the EWTD imposes different limits on the number of hours of continuous work and stipulates further rest periods in between (or requires compensatory rest to be given where prescribed rest is not achieved). Where there is conflict, the shorter of the duty hours and longer of the rest periods between duty periods will prevail. For further information on different working patterns see chapter 7.

**On-call rota:** doctors on on-call rotas usually work a set working day on weekdays, from Monday to Friday. The out-of-hours duty period is covered by doctors working ‘on-call’ in rotation. Juniors are rostered for duty periods of more than 24 hours.

**EWTD caveat:** resident on-call rotas will be unlikely to be EWTD compliant.

**Partial shift:** on most weekdays doctors on partial shifts work a normal day. But, at intervals, one or more doctors will work a
different duty for a fixed period of time, eg evening or night shifts. Doctors can expect to work for a substantial proportion of the out-of-hours duty period, during which time they will expect to achieve some rest in addition to natural breaks. Juniors will be rostered for duty periods of not more than 16 hours.

EWTD caveat: due to the requirement to achieve 11 hours rest in every 24 hours, periods of duty can only be resident if shifts are 13 hours or shorter (unless compensatory rest is given).

24-hour partial shift: weekdays are usually worked as normal days. In rotation, a duty period is rostered, not exceeding 24 hours including handovers, for the weekend and out-of-hours cover. Juniors will be rostered for duty periods of more than 16 hours, but less than or equal to 24 hours.

EWTD caveat: periods of duty can only be resident provided shifts are 13 hours or shorter (unless compensatory rest is given).

Full shift: a full shift will divide the total working week into definitive time blocks with doctors rotating around the shift pattern. Doctors can expect to be working for the whole duty period, except for natural breaks. Juniors will be rostered for duty periods that do not exceed 14 hours.

EWTD caveat: shifts must be no longer than 13 hours unless compensatory rest is given.

Hybrid working arrangement: a hybrid working pattern involves a combination of two or more of the above patterns (refer HSC 1998/240 Annex D, MEL(1999)40 Appendix D in Scotland). Each component duty pattern must conform to its appropriate definition and hours’ controls as above.

Resident/non-resident on-call: a working pattern is defined as resident if it is carried out on site, ie at the hospital. A non-resident on-call duty period can be performed off site, eg from the practitioner’s own home.

Definition of prospective cover
Prospective cover is in place when the doctor is contracted to provide internal cover for colleagues when they are on annual and/
or study leave, ie if no locums are provided. Prospective cover is also in operation when on-calls are required to be swapped when taking leave or when leave is fixed in advance. When a doctor on the rota acts as a ‘floater’, ie covering any doctors on the rota who are away on holiday, prospective cover is not in operation. More information on prospective cover is available in chapter 11.

Further information
- TCS para 19, 20 & 22k

Complex rotas and pay banding
All junior doctors who share the same rota and who work identical shifts should be assigned the same banding. Where junior doctors do not have identical duties and responsibilities to the others on the rota their working pattern should be assessed separately and they should be banded accordingly.

Pay banding supplements for GP specialty registrars
The supplements payable for GPStRs while in GP posts are as follows:
- 45 per cent for contracts made after 1 April 2009
- 50 per cent for contracts made between 1 April 2008 and 31 March 2009
- 55 per cent for contracts made between 1 April 2007 and 31 March 2008
- 65 per cent for contracts made before 1 April 2007.

For further information on pay and terms and conditions for GP specialty registrars, see Framework for a written contract of employment: guidance for GP specialty registrars (a separate framework is in place in Scotland where GP trainees are employed by NHS Education Scotland – see information available on the BMA website).
Pay banding for clinical academics and other junior doctors who work for more than one employer

Academics and other junior doctors who work for more than one employer will normally receive their base salary from their main employer. Where an academic or other junior doctor is working the same frequency of rota and/or length of hours as the NHS junior doctors in the rota, the same system will operate and the academic or other staff will receive the pay band supplement applicable to the rota in which they perform their out-of-hours duties. Where such doctors do not have identical duties and responsibilities to the rest of the doctors on their rota, they should be assessed separately taking into account the overall number of hours worked per week and frequency of out-of-hours work.

Junior doctors in academic posts should always hold either a substantive or honorary contract with an NHS employer while in training. For further information on pay and terms and conditions for junior clinical academics, see the BMA Medical academic handbook available on the BMA website.

Monitoring of work and rest

Employers are contractually obliged to monitor junior doctors’ New Deal compliance and the application of the pay banding system. The individual doctor’s contract also states that doctors too have an obligation to cooperate with monitoring arrangements. While a rota’s theoretical banding can be determined ‘on paper’, it is only through monitoring that its formal banding can be confirmed. Monitoring therefore is absolutely vital in ensuring junior doctors are being paid properly for the work they do.

Monitoring:

– requires the collection of a variety of different data, including contracted hours, hours of duty and when those hours occur, hours of actual work and when those hours occur, and total and continuous rest periods
– should occur under representative conditions of work intensity (ie not at exceptionally quiet or busy periods, and not when many or no doctors are away on leave)
– should usually occur once every six months.
In Northern Ireland, the HSC Board Liaison Group has a policy which allows for consistently stable rotas to be moved to monitoring on an annual rather than bi-annual basis. Any rotas put forward for consideration will be scrutinised closely by the Board Liaison Group prior to obtaining approval under the terms of the policy.

The monitoring process
Although monitoring is contractually required to confirm or determine the banding of a rota it may also, in many cases, serve to check EWTD compliance as well. A monitoring period of two weeks is usually sufficient but, to be more representative, it can be carried out over a longer period or over a cycle of the rota.

Hours information must use the agreed local recording methods (eg diary cards) and many employers now require junior doctors to supply monitoring information online.

The two main systems for recording hours online are DRS and Zircadian/Allocate. Each system has a different interface but with both systems it is important to ensure that you understand how they work so that you can record your hours accurately.

Employers should not require doctors to seek approval for working beyond their working hours, or explain why they were required to stay late. It can be useful to record reasons for shift overruns but this is not a requirement as part of the monitoring process and should not affect the validity of monitoring.

Further information:
– BMA information on monitoring systems: bma.org.uk/monitoringguide

If junior doctors have any concerns over their employers’ monitoring processes, contact our team of advisers on 0300 123 1233.

Before and after monitoring
Whichever system is in place, junior doctors should be notified well in advance of the monitoring period, they should be clearly advised of their obligations and have the opportunity to ask any questions they feel necessary. They should be informed where to
send the information recorded and how to get feedback on the outcome of their participation. Employers are obliged to publish the results of monitoring within 15 working days of the last day of the monitoring period. Hours should be recorded during the agreed monitoring period, preferably during or at the end of each duty period, rather than by less reliable methods. Where juniors believe monitoring has taken place during an abnormal and unrepresentative period, they should request that their employers carry out a further round of monitoring.

A ‘valid’ monitoring round
Monitoring data must be provided by 75 per cent of the junior doctors on the rota and for 75 per cent of the shifts worked during the monitoring period. If the monitoring data submitted by junior doctors does not reach this threshold the monitoring round will be deemed invalid. A further period of monitoring must take place (see below).

When monitoring does not occur or is invalid
If monitoring does not occur, or is felt to be unrepresentative, this should be brought to the attention of the employer’s human resources department and contact our team of advisers on 0300 123 1233.

What should happen if employers fail to monitor?
Employers are contractually obliged to monitor. Arrangements for addressing any failure to do this vary across the UK so contact the BMA for advice if your employer is not monitoring properly.

What should happen if junior doctors fail to monitor?
If a junior or a group of juniors fails, without good reason, to supply monitoring data, they should receive written notice from their human resources or medical staffing department reminding them of their contractual obligation to cooperate, and be required to participate in a further round of monitoring. Juniors should be aware that persistent failure to comply with monitoring arrangements represents a breach of contract and may result in disciplinary procedures. If juniors still fail to supply monitoring data, the employer can determine what it regards as the correct pay band, on the basis of the available information. It is essential, therefore, that junior doctors always cooperate with monitoring.
When monitoring reveals a different banding may be appropriate
If a monitoring period has been properly carried out using the employer’s agreed procedure and analysis of the data calculates a different banding to the rota’s existing formal banding, the employer is obliged to take action. If the analysis reveals a higher banding is appropriate, the employer should make arrangements to pay the junior doctors at the higher band until a further period of monitoring dictates otherwise. The employer may decide to reband the rota into the higher band (see the section on rebanding below) or they may decide to amend the rota to ensure the working pattern fits comfortably into the original banding. If the rota reveals a lower banding, the employer must continue to pay the current junior doctors at the original banding until they leave the rota. This is because the junior doctors contract operates a system of pay protection when bandings go down (see the section on pay protection below). The employer may decide to amend the rota formally while the doctors remain in post and/or reband the post, or they may wait until the doctors leave the rota and reband for the new staff.

Junior doctors are entitled to examine their employer’s analysis of their monitoring data and dispute the results if they believe it has not been carried out correctly. Most employers use an analysis software package, but usually the methodology can be examined using the package’s reporting mechanisms. Employers should not deny requests from junior doctors for analysis reports. BMA members should always contact the BMA for assistance and advice if they are in dispute with their employer over banding. There is a formal appeal mechanism within the contract for junior doctors to use in such instances (see the section on banding appeals below).

Fraud
Juniors who knowingly and intentionally attempt to allocate their rota to a wrong band could face serious consequences. If juniors intentionally complete monitoring forms inaccurately (eg to avoid a change to a different type of working pattern) they are denying all members of the rota, and their successors, the correct pay according to the banding allocation for their post. They are also letting their employer leave non-compliant working patterns unresolved. It is unacceptable for managers to pressure junior doctors into under-reporting their hours. If members experience this type of pressure they should contact the BMA for support.
Further information

- *Your guide to monitoring*, JDC (2010) bma.org.uk/monitoringguide
- JDC guidance: Monitoring factsheet and monitoring FAQs bma.org.uk/monitoringguide
- Template letters for junior doctors bma.org.uk/practical-support-at-work/contracts/juniors-contracts/template-letters
- *SJDC guide to monitoring* (2008) (Scot) at bma.org.uk

Rebanding

Since the pay banding system was introduced in 2000, employers have constantly needed to review and change working patterns for junior doctors in order to comply with New Deal and EWTD requirements. Even though the EWTD is now fully in force for all juniors there will still be cause to redesign and change the banding of rotas on an ongoing basis. Any decisions to alter working patterns must not result in juniors being told, with little or no notice, that their rotas will change and that they will be paid less as a result. This lack of notice is not allowed under the terms and conditions of service. Juniors must always be involved in the planning of changes to their rotas.

The ‘rebanding protocol’

There are very specific rules about how a post’s banding can be changed. These are contained in the agreed ‘rebanding protocol’ available on both the Department of Health and BMA websites. An example of the rebanding ‘pro forma’ is also attached at Appendix 2. (See HDL(2002)33 for Scotland.)

A summary of the steps involved in rebanding a rota is listed in the table below. The pro forma lists all the steps and requires each one to be authorised through signing-off by all parties. If each step has not been signed off formally, the post will be deemed not to have been rebanded properly and the salary should remain at the previous level. The pro forma for Scotland can be found in circular HDL(2002)33.
If members have any concerns about proposed changes or pressure to agree to them, they should be raised with our team of advisers on 0300 123 1233.

**The stages necessary to reband a training post**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Evidence required</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Approval of majority of current/incoming postholders**</td>
<td>Template signed by employer junior doctor representative confirming agreement of majority of current/incoming postholders</td>
</tr>
<tr>
<td>1b</td>
<td>Full details of proposed working arrangements and/or rota summary</td>
<td>Letter signed by action team chair or delegated authority confirming theoretical compliance of working arrangements</td>
</tr>
<tr>
<td>1c</td>
<td>Full details of proposed working arrangements</td>
<td>Letter signed by dean or delegated authority confirming educational acceptability of working arrangements</td>
</tr>
<tr>
<td></td>
<td>Comments of action team</td>
<td></td>
</tr>
</tbody>
</table>

If exceptionally and because of the impracticality of full implementation of new working arrangements an employer wishes to offer future posts at an expected banding in advance of actual monitoring, approval must be sought from the regional action team or equivalent (as many parts of the UK do not now have RATs) in advance of making any such offer. Any offer made in these circumstances will be strictly provisional, and must be confirmed by monitoring following the implementation of new working arrangements.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Evidence required</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Signed letter from employer giving reasons for inability to fully monitor before rebanding</td>
<td>Letter signed by action team chair or delegated authority authorising an offer of provisional banding</td>
</tr>
<tr>
<td></td>
<td>Evidence of full or partial testing/monitoring of proposed arrangements</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Completed monitoring returns from 75 per cent of doctors on rota over full two-week period</td>
<td>This signed template [Meaning whole pro forma as explained above table]</td>
</tr>
<tr>
<td></td>
<td>Summary of monitoring results</td>
<td></td>
</tr>
</tbody>
</table>

* The requirement for the junior doctors approval of changes does not permit demands to remain in Band 3 but does allow junior doctors to ensure the rota is workable and agreed by those concerned.

** Incoming postholders’ includes anyone who knows they will be rotating into that post.
If changes are to be introduced at the change of postholders, agreement should be obtained from both outgoing and incoming doctors. A clear indication of the proposed change should be detailed in the job advertisement and job description. Before starting a new post, junior doctors are advised to contact the previous postholders to clarify their current working arrangements, and then to check if they are being offered something different.

It should not be a condition of appointment that a prospective postholder agrees to a change resulting in him/her working longer hours than the present incumbent. If members have any concerns, they should seek advice from our team of advisers on 0300 123 1233 before signing their contract.

**Banding appeal process**

If either the junior doctors or the employer disputes the results of the monitoring process, and/or if the rota’s correct banding cannot be resolved, there is a right of appeal. It is the responsibility of the employer to operate the appeal process fairly and transparently. Appeals will be heard by a committee which must be convened by the employer as soon as possible and employers are expected to do so while the doctors remain in post. Appeals should be decided on the basis of the facts available, and the decision of the committee is final. The effect of the decision will be backdated to the date of the change in banding in question.

The BMA and NHS Employers have agreed a process for banding appeals to ensure that they run fairly and transparently and this is available at bma.org.uk/practical-support-at-work/pay-fees-allowances/pay-banding/tools-and-information

It is essential that members who are considering making an appeal contact our team of advisers on 0300 123 1233 for advice and support. Joint BMA/NHS Employers guidance clarifies the arrangements for banding appeals.

**Backdating of pay on rebanding after monitoring**

Where monitoring after a change of staff shows that a higher banding is appropriate, pay at the higher band will be backdated to the start of the post.
Where routine monitoring shows that a higher banding is appropriate, even though there has been no formal change to the working pattern, pay at the higher band will be backdated to the point three months after the first day of the previous valid monitoring round except:

- where this is the first monitoring round of the post, in which case pay is backdated to the first day in post; or

- where there have been intervening attempts by the employer to monitor but which have not been successful, in which case pay is backdated to the first day of the monitoring period that first showed a higher band was appropriate; or

- where valid monitoring at the request of the postholders showed a higher band, in which case pay is backdated to the date of the request to monitor if this is less than three months from the first day of the previous successful monitoring round

- where a previously non-compliant rota is shown on valid monitoring to fall into a compliant pay band, the employer must write to the doctors to inform them of the change, and pay at the protected level of Band 2A must be paid from the first day of the following month.

**Rotational pay protection**

The junior doctors contract includes a provision that allows juniors to retain their higher pay if the rota on which they are working is rebanded to a lower band.

Current postholders will have their total salary* protected at the rate applicable at the time of rebanding for so long as it remains favourable and for the duration of the post/placement.

For rotations, future posts that have been formally accepted by the appointee and that are rebanded to a lower band shall have their salary* protected at the rate applicable at the time of rebanding as above. There are some differences in how the rebanding protocol applies across UK nations. Contact the BMA for more advice.

* Protected pay will be increased only to take account of increments in the base salary.
### Further information

- TCS paras 21 & 22
- JDC guidance: rebanding factsheet at [bma.org.uk/rebanding](http://bma.org.uk/rebanding)
- HDL(2001)76 Junior doctor banding appeals arrangements (Scotland)
- CEL17(2008) (Scot) Junior doctor banding appeals: good practice guidance for junior doctors and employers
- HSC Board Liaison Group: Monitoring guidance for junior doctors, monitoring outcome and banding appeals good practice guidance
Important note for Scotland
Please note that as a result of the Certificate of Death (Scotland) Act, from August 2014 there will only be one certificate issued to certify death. As of April 2015, the certifying doctor will not receive any payment for completing this form. Forms B and C will no longer be used and the fee that was attached to these forms is no longer available.

Further information
– Terms and conditions of service, paras 32 to 39