

Junior doctor contract comparison

January 2020

Topic/title	2016 TCS, pre-2018 review	2016 TCS, post-2018 review
Pay progression	4 point nodal pay scale with pay 'frontloaded' earlier in the career, with parity in earnings from ST3 onwards for those on OOP or training LTFT. Funding for new 'senior decision maker's allowance' in future to increase pay further at end of training.	<p>October 2020</p> <p>A fifth nodal point will be introduced from October 2020 trainees at ST6 and above, in order to recognise the significant high service contribution these trainees make.</p> <p>This will be introduced through a staggered approach from October 2020 as follows:</p> <ul style="list-style-type: none"> – In October 2020 the value will be £3,000 – In October 2021 the value will increase to £6,000 – In April 2022 the value will increase to £7,200
Pay protection	<p>Pay protected if you re-train in a shortage specialty (GP, emergency medicine, psychiatry), or in any other specialty for reasons relating to disability or caring responsibilities.</p> <p>Qualifying period of 6 months continuous service at the current level of basic pay, 0 months for disability reasons. GMC-led review to support appropriate recognition of experience when transferring training paths.</p>	<p>September 2019</p> <p>Pay protection on changing specialities expanded to additional specialities which the JNCJ defines as hard-to-fill.</p> <p>When switching to a hard-to-fill specialty pay protection is based on earnings had the trainee not switched, provided that they have achieved at Outcome 1 or 2 at their most recent ARCP.</p> <p>Transitional pay protection extended until 2025.</p>
Basic pay	Basic pay (40 hour week) plus range of other pay elements which could all apply, including up to 8 additional rostered hours, weekend allowance, night work enhancement, on-call availability allowance, flexible pay premia, pay for all hours of additional work done via exception reporting.	No substantial changes.



Non-resident on-call	On-call availability allowance of 8% of basic pay for on-call duty. Prospective average estimate of hours worked on-call paid, plus pay for any additional hours worked over the average estimate. On call work includes travel time, answering phone calls and non-clinical work off site.	<p>September 2019 When necessary to be resident for NROC because of emergency response requirements, employers must provide accommodation without charge.</p> <p>November 2019 Principles of the Good Rostering Guidance on NROC to be contractualised. This includes calculating prospective hours, predictable and unpredictable work, NROC design process, exception reporting for NROC and effective management of rotas.</p>
Night working	Enhancement of 37% of basic pay paid on hours worked between 9pm-7am any day of the week. Additionally shifts of 8 hours or more that start no earlier than 8pm and no later than midnight will receive the enhancement for the whole shift up to 10am the next day.	<p>September 2019 Too tired to drive home provisions, employer must provide alternative transport (including return journey) or accommodation.</p> <p>December 2019 Shifts finishing after midnight and before 4am will be paid at the enhanced rate (+37%) for the entirety of the shift.</p>
Weekend working	When work is rostered at the weekend (one or more shifts/duties starting on a Saturday or Sunday) at a minimum frequency of 1 in 8 up to a maximum frequency of 1 in 2 across the rota cycle, a weekend allowance of between 3% and 10% of basic pay will apply.	<p>September 2019 Removal of maximum 1 in 2 weekend frequency exemption for nodal point 2 trainees.</p> <p>October 2019 Clinical reason and JDF approval required to roster more than 1 in 3 weekends.</p> <p>December 2019 The following revisions to weekend frequency allowance:</p> <ul style="list-style-type: none"> – Doctors working a weekend frequency of 1 in 2 will receive an allowance of 15% of basic pay – Doctors working a weekend frequency of less than 1 in 2 but greater than 1 in 3 will receive an allowance of 10% – Doctors working a weekend frequency of less than 1 in 5 but greater than 1 in 6 will receive an allowance of 5%
Flexible pay premia	FPP of £8,282 p/a for GP trainees (when in a practice placement), £20,200 for emergency medicine, psychiatry and OMFS split across the eligible years of the training programme, £4,040 p/a for academics. Rate fixed at time of application and payable until trainee finishes.	<p>November 2019 No substantial changes to FPPs, although there were some minor changes regarding eligibility requirements for Academic FPPs.</p>
Restrictions on hours	Comprehensive list of hours restrictions and rest requirements going beyond the WTR, including new maximum limit of 72 hours in 7 consecutive calendar days, no more than 1 in 2 weekends, max limit of 8 consecutive shifts, limit of 4 consecutive night shifts.	<p>October 2019 No more than 72 hours work in a consecutive 168 hour period. 46 hours of rest required after any run of night shifts (even one), maximum of four consecutive night shifts retained.</p> <p>August 2020 Maximum seven shifts of any length worked on seven consecutive days. Maximum four long shifts on consecutive days. Although the previous limits of eight consecutive days and five consecutive long shifts can be retained by local agreement.</p>

Breaks	One 30 min break after 5 hours, a second 30 min break after 9 hours. Breaks should be taken separately but if combined must be taken in middle of shift. If breaks are missed on at least 25% of occasions the guardian will fine the trust at twice the hourly rate.	September 2019 Night shifts of 12 hours or more receive third 30 min paid break.
Locum work	Junior doctors must first offer any spare hours they have for locum work to the service of the NHS via a staff bank.	September 2019 Clarity that staff banks have authority to set rates of locum work. National locum rates outlined in pay circular and referenced in TCS have been removed. Locum clause amended to clarify trainees can offer spare time to any staff bank of their choosing and commitment to work with NHSI to improve staff banks.
Safeguards	Guardian levies a fine if juniors breach safe working limits, money split between paying junior at enhanced rate and the guardian who will spend fine, money on additional benefits for juniors at the trust and not facilities that should be provided as standard. Elected junior doctor forum to scrutinise use of fine money and spending reported in transparent accounts.	August 2019 Total value of guardian fine based on 4x multiplier of 2019 NHSI locum rate, not standard hourly rate. November 2019 Scope of guardian fines extended to include four more types of safety breach.
Pay for all work done	Exception reporting system to report breaches of the work schedule and/or safe working limits, and missed training opportunities. Pay at a penalty rate for breaches of safe limits, TOIL or pay offered for additional hours worked – TOIL for rest requirement breaches must be taken within 24 hours or the doctor is paid. Ability to claim for pay for all hours worked on-call above the prospective hours estimate. Pay for all hours of work done.	September 2019 Scope of exception reporting expanded. Pre-authorisation for additional hours of work. October 2019 Review process for exception reports revised to streamline the process and accelerate the actioning of reports. November 2019 Any untaken TOIL will automatically convert to pay at end of placement. Payment for ER must be within a month of payment outcome being agreed, with no further admin (e.g. forms) to complete.
Work scheduling	Personalised work schedule must be agreed between junior doctor and their supervisor, including both service commitments and training. Work schedule reviews can be requested at any time, with the guardian of safe working overseeing any disagreements. Step by step escalation process, with final stage panel that must include trade union representation.	October / November 2019 Principles of the Good Rostering Guidance, relating to NROC, LTFT, cover arrangements and leave are contractualised.

Guardian of Safe Working Hours	Guardian of safe working is an independent senior appointment in each trust to oversee new safe working system. The appointment panel must include 2 juniors and the whole panel must reach consensus on appointment. They are advised by the elected junior doctors' forum. Guardian must report quarterly, reports must include detail on rota gaps in trust and plans to resolve these. Separate instructions to ensure guardian role works for GP trainees in smaller practices and employ.	November 2019 Trade union involvement in reviewing and agreeing the time commitment required for the guardian role and what level of administrative support is required for the role.
Fee paying work	Junior doctors can either remit the fee to their employer, or keep the fee and make the time up later, or have the relevant amount deducted from their salary (if the fee is greater than the salary they earned for that time, for example).	No changes.
Leave	Fixed leave should not be contained in rotas. Only in exceptional circumstances, with the explicit agreement of the trainee, could allocated leave be considered – for example in cases where it would otherwise be very unlikely that the trainee could take their full leave entitlement. Special recognition given to the importance of annual leave for significant life events (eg weddings).	April 2019 Enhanced shared parental leave. Child bereavement leave of two weeks with full pay. September 2019 Leave for life changing events clarified. October 2019 Study leave must not be used by employers for statutory or mandatory training. November 2019 Re-introduction of prospective cover for study leave.