

# **Clinical academics below consultant: revision of pay arrangements in light of the NHS junior doctor contract for England – updated 2019**

## **Pay briefing**

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## 1. Introduction

In August 2016 the NHS began to implement a new contract in England for junior doctors and dentists in training; i.e. those in training between Foundation year 1 up to the achievement of the Certificate of Completion of Training (CCT). Part of the new contract included a commitment to review arrangements in 2018.

From October 2016, the new contract introduced a completely new pay system in the NHS, which is 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. This is delivered through uplifts in salary as trainees progress through the stages of training. The 2016 system introduced an average 10.7% increase in base pay, funded by the removal of ‘banding’ pay for unsocial hours (which is being replaced by a new pay system for unsocial hours). The pay system also includes pay premia, including an academic pay premium. The pay system is being introduced via a transitional period that includes pay protection for trainees. It is expected that transitional arrangements for all trainees will have ceased by August 2025, though this is subject to review in the future (see 4.1).

UCEA has a recommended Clinical Lecturer pay scale for HEIs to use for clinical academic trainee doctors and dentists. To date the UCEA scale has mirrored the NHS junior doctor and dentist pay scale, thereby providing pay parity with the NHS. Following a UCEA member consultation at the end of 2016, and a subsequent consultation with the British Medical Association (BMA), British Dental Association (BDA) and the University and College Union (UCU), it was agreed that the HE sector would mirror the new NHS pay system for clinical academic doctors and dentists in training. Following changes introduced by the 2018 review and the BMA’s agreement to the new NHS contract in 2019, UCEA and the BMA agreed corresponding changes to this clinical academic pay briefing in order to maintain pay parity with the NHS.

This pay briefing outlines UCEA’s recommendations for how the new pay system will apply to HE, including the changes arising from the 2018 review.

## 2. Pay system for clinical academic doctors and dentists in training

The 2016 pay system is built on a pay scale of nodal points that are linked to stages of NHS clinical training, rather than to incremental annual progression. Four nodal points were introduced in 2016; subsequently, the 2018 review of the junior doctor contract introduced a fifth nodal point for trainees at ST6 and above, which will be introduced through a staggered approach beginning in October 2020 – details on how this will be managed are not yet available, but UCEA will share these with HEIs as soon as possible. .

The pay scale is also subject to 2% annual uplifts as part of a multiple-year pay deal agreed by the Department of Health & Social Care, applicable from August 2019 and backdated to April 2019.

While there is one nodal pay scale, the training grades for doctors and dentists vary slightly; therefore for ease of reference two separate tables are presented below for doctors and dentists to show how the stages of training link to the nodal points.

### Doctors in training basic pay

Grade	Stage of training	Nodal point	Value (£) 19/20	Value (£) 2020/21	Value (£) 2021/22	Value (£) 2022/23
Foundation Year 1	FY1	1	27,689	28,243	28,808	29,384
Foundation Year 2	FY2	2	32,050	32,691	33,345	34,012
	CT1	3	37,935	38,694	39,467	40,257

Specialty Registrar (StR/Core Training)	CT2					
	CT3	4	48,075	49,036	50,017	51,017
Specialty Registrar (StR run-through/higher training) / Specialist Registrar (SpR)	ST1 / SpR1	3	37,935	38,694	39,467	40,257
	ST2 / SpR2					
	ST3 / SpR3	4	48,075	49,036	50,017	51,017
	ST4 / SpR4					
	ST5 / SpR5					
	ST6 / SpR6	5	48,075	52,036	56,077	58,398
	ST7 / SpR7					
ST8 / SpR8						

#### Dentists in training basic pay 2019/20

Grade	Stage of training	Nodal point	Value (£) 19/20	Value (£) 2020/21	Value (£) 2021/22	Value (£) 2022/23
Dental Core Training	DCT1	3	37,935	38,694	39,467	40,257
	DCT2					
	DCT3	4	48,075	49,036	50,017	51,017
Dental Specialty Training*	ST1	4	48,075	49,036	50,017	51,017
	ST2	4	48,075	49,036	50,017	51,017
	ST3					
	ST4					
	ST5					
	ST6	5	48,075	52,036	56,077	58,398
	ST7					
ST8						

\*Note: in dental specialties only, dentists begin Specialty Training at ST1 following Dental Core Training, instead of ST3/4. This is purely a result of nomenclature used in dental training. Therefore, **all** dentists in Dental Specialty Training (ST1 onwards) should be placed on nodal point 4.

The pay system is only for clinical academic doctors and dentists in training, subject to the transition arrangements (see section 4) and the 'period of grace' for NIHR Clinical Lecturers (see section 5).

The system will **not apply** to those doctors and dentists below the level of consultant who are **not** in a training / run through programme and who have not completed specialist training. The current pay-scales for clinical academics below the level of consultant remain open for these groups of doctors and dentists and to those trainees covered by the transition arrangements (see section 4).

HEIs may continue to use the current Clinical Lecturer scale and/or the Senior Lecturer / Reader scale, as they do now, for other roles, for example doctors and dentists who have their CCT but have not progressed to a GP, GDP or consultant post (see section 7).

As the nodal points are linked to stages of NHS training, HEIs will need to ensure they are aware of the stage of clinical training of individual trainees. Your partner NHS organisation or Health Education England (HEE) will be able to assist with this.

UCEA will up-rate the nodal pay values annually in line with the NHS cost of living award for the junior doctor pay scale; the value of the annual uplifts from 2019-20 to 2022-23 have been fixed as part of a multiple-year pay deal at 2% per year over four years.

### 3. Pay premia

The 2016 pay system includes various flexible pay premia, outlined in [schedule 2 of the 2016 NHS terms and conditions for junior doctors](#), that are payable on top of base pay in the above pay scale. It is important to note that the premia are:

- non-pensionable, annual payments (paid in 12 monthly instalments), payable subject to eligibility criteria, until the trainee completes clinical training
- paid pro-rata for less than full-time trainees
- part of the new pay system only. Trainees who stay on the old pay system as part of the transition arrangements (see section 4) will not be eligible for the pay premia (but they will instead still have access to the HE-only spine points on the Clinical Lecturer pay scale – see Section 6 below)
- paid for by the substantive employer
- trainees may be eligible for and receive more than one pay premium

<b>Pay premia (applicable only to the new pay system)</b>			
<b>Premium</b>	<b>Full-time annual value (2019/20)</b>	<b>Eligibility</b>	<b>Notes</b>
Academia	£4,204	Paid following successful completion of a higher degree and return to clinical training	These criteria have been adjusted as part of the 2018 junior doctor contract review, as set out in paragraph 13.1 of the framework agreement, and outlined in Appendix 4 below. These adjustments come into effect as of December 2019.
Dual qualification	Dependent on length of training programme – between £2,628 and £7,006** per annum	Payable in the NHS to oral and maxillofacial surgery trainees at ST3 and above	As per paragraphs 39-41 of Schedule 2 of the NHS contract
General Practice	£8, 617	GP trainees in ST1, ST2, ST3, ST4 during GP placements only	Academic trainees are unlikely to be eligible for this whilst employed by a HEI as it is only payable

				during practice placements
Hard to fill training programmes	Psychiatry Core Training	£3,503	Payable to psychiatry core trainees	This is a premium to address a training programme that is currently hard to fill. The definition of a hard to fill specialty may change in future years. If it does change an individual in receipt of the payment retains their eligibility even if future cohorts do not. However, the value also stays constant; it does not increase or decrease if the value changes for future cohorts.
	Psychiatry Higher Training	3 year higher training programme: £3,503 4 year higher training programme: £2,628	Payable to psychiatry higher trainees	
	Emergency Medicine	Dependent on length of training programme – between £2,628 and £7,006** per annum	Payable to ST4 and above only	
	Histopathology	£4, 204	Payable to ST1 and above only	
Exceptional flexible pay premia	To be recommended by the Doctors & Dentists Review Body (DDRB_ and subject to approval by the Secretary of State	As outlined in paragraphs 42-44 of Schedule 2 of the NHS contract	These premia might be implemented in the future	

\* The values of the premia could be reviewed and increased (or decreased) annually in the NHS; pay premia linked to specialties could also be ceased, or new ones created. NHS Employers will issue a pay circular as and when values are revised; which UCEA will translate into a pay Update for HEIs. Any increases linked to a general pay award would apply to all trainees currently in receipt of such an award; any other increases / changes would only apply to trainees joining the relevant training programmes after the change has been announced.

\*\* Depending on the length of training programme. See the [NHS pay circular](#) for details.

The [eligibility criteria](#) for the academic pay premium will apply to all clinical academic trainees on the new pay system (i.e. those without transitional protection or those in ‘Section 1’ transitional protection – see 4.1 below), including existing trainees who already have a PhD. Trainees in ‘Section 2’ transitional protection will not be eligible during the transition period. These criteria were adjusted as part of the 2018 junior doctor contract review, as set out in paragraph 13.1 of the framework agreement and in Appendix 4, below, of this briefing. These adjustments come into effect as of December 2019.

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. For example, maternity pay for a trainee earning £45,750 base pay plus £4,000 pay premium will be calculated on the basis of total pay at £49,750.

In addition, as part of the transitional pay arrangements, there is a “less than full-time” allowance for part-time trainees who are on the new pay system as part of ‘Section 1’ transitional protection.

This is payable in addition to any other premia (pro-rata) which the trainee may be eligible for (see Section 4.4).

## 4. Transitional protection arrangements

### 4.1 NHS transitional scheme

NHS trainees began to move on to the new contract and pay system from 5 October 2016. Trainees in the NHS have been moving to the new contract either as new trainees, or when they moved to their next placement after the contract's initial implementation.

Not all trainees have moved or will move from the NHS 2002 terms and conditions (TCS) directly on to the new pay system. In order to seek to keep implementation cost neutral and to recognise the expectations that trainees under the 2002 TCS may have had with regard to future pay, the NHS adopted transitional arrangements which meant that trainees nearer the end of the training path would remain on the existing incremental pay system, with pay banding, which in most cases would be until after they have exited training.

Following the 2018 review, the original end date of August 2022 was extended until August 2025 for those on Section 2 protection. The new end date will also be subject to review by the BMA and NHS Employers at a later date, with the possibility of further extension if there remain trainees who are still pay protected under Section 2.

Some trainees have remained under the 2002 Terms and Conditions of Service (TCS), as part of lead employer arrangements, but since the 2016 TCS were agreed and accepted by the BMA in 2019, all trainees in England will be moved across to the 2016 TCS. Pay protection agreements for these trainees have not yet been finalised, and so these trainees should not be moved onto the updated 2016 terms until pay protection arrangements have been finalised and a transition date agreed.

The transitional arrangements include two different categories of transitional protection, depending on the trainee's stage of NHS training. These are described in Schedule 14 of the [2016 NHS Terms and Conditions](#) and are summarised below:

#### a) 'Section 1' protection

**Trainees below ST3 on 3 August 2016** will in most cases move on to the new pay system, subject to pay protection in the form of a 'cash floor' until they exit training, or until four years of continuous employment have elapsed, or until August 2022, whichever is the sooner.

- In the NHS, the cash floor will in most cases be:
  - the value of the trainee's incremental pay point on the day before they transfer to the new system, plus
  - the value of any banding or GP supplement payable on 31 October 2015 for the post in which they were working on the day before moving to the new system. However, as band 3 is no longer available, any banding element will be capped at Band 1A, or at Band 2A for trainees who have opted out of the hours limits of the Working Time Regulations.
- Where a trainee's total pay (including any premia and NHS pay for all clinical work) on the new system is lower than the cash floor, the employer needs to top up pay to meet the cash floor level. Particular amendments to the cash floor arrangements apply in HE; see section 4.2b) below.

#### b) 'Section 2' protection

**Trainees at ST3 and above on 2 August 2016** will in most cases stay on current pay arrangements (i.e. the post-2009 Clinical Lecturer pay scale), including:

- cost of living increases,
- incremental pay, and
- banding (if they do clinical work in the NHS)

until they exit training, or 3 August 2025, whichever is the sooner.

The NHS will continue to pay banding payments, as it does now, under whatever arrangements are agreed between the NHS organisation and the employing HEI.

As described in Section 3 above, the pay premia will not apply to trainees on ‘Section 2’ protection. Instead, in HE, clinical academic trainees in ‘Section 2’ will continue to have access to the HE-only spine points at the top of the Clinical Lecturer pay scale to compensate them for the longer time spent in training (compared with clinical trainees in the NHS).

A flow-chart to help to describe the two categories is provided in Appendix 3.

## 4.2 Transitional protection in the HE sector

In the UCEA member consultation on the new pay system (November 2016), all respondents were in favour of mirroring the NHS transitional arrangements. The trade unions also agreed to this at a meeting in January 2017. HEIs are therefore recommended to adopt the transitional arrangements outlined in 4.1 above, albeit with **particular amendments for HE employers** which are described below:

### a) Implementation timetable and back-dating

NHS trainees moved to the new pay system according to a [recommended timeline](#) over period October 2016 to October 2017, with different start dates within the period depending on clinical specialty and/or region. However, not all NHS employers adhered to the recommended timeline, for a variety of reasons, although they aimed to have transferred everyone (other than those under lead employer arrangements) by October 2017.

HEIs did not need to back-date a change to a clinical academic’s pay to the date at which they “would have transferred” had they remained in the NHS (if that date is earlier), as there is no set date on which such a transfer would have necessarily occurred. Instead, UCEA recommended that HEIs should move clinical academics on to the new pay system, subject to the relevant transitional section (see 4.1 above) **from 1 April 2017**. HE will, therefore, essentially be treated as a specialty in its own right, with its own transfer date, and back-pay to the NHS recommended timeline is not required.

As stated above, now that the 2016 TCS have been accepted, those on 2002 terms and conditions under lead employer arrangements will now also move across, once their transitional pay protection arrangements have been agreed between the BMA and NHS Employers.

See the separate [worked examples](#) of how clinical academics might move to the new pay system, in both sections of transitional pay protection.

### b) Cash floor for ‘Section 1’ transitional protection

As described in 4.1 above, ‘Section 1’ protection includes a cash floor that a trainee’s pay on the new system should not fall below. However, the NHS cash floor should not be replicated precisely by HEIs as it includes remuneration for banding, which HE employers have never previously had responsibility for paying, and nor should they have. As such, HEIs cannot be required to protect the level of total pay for a clinical academic.

Where a trainee is subject to ‘Section 1’ transitional protection and their new pay is lower than their old pay (and they are therefore entitled to cash floor protection), HEIs can only protect the basic salary element, unless the trainee is also undertaking additional hours in the NHS over their hours contracted with the HEI. Where a trainee is undertaking NHS work, the HEI can, in

effect, protect total pay by invoicing the NHS for the clinical work at the rate of protected banding (as this is the rate the NHS would have paid the individual were they employed by the NHS).

This means that for clinical academic trainees, cash floor is based on one of the following two figures, depending on whether the trainee undertakes additional hours in the NHS over those contracted by the HEI:

- i. **For trainees working full-time in HE\* (with no additional NHS work):** the value of the incremental pay point the trainee was on immediately before moving to the new pay system; or
  - ii. **For trainees working full-time HE\* plus an NHS rota:** the value of the incremental pay point the trainee was on immediately before moving to the new pay system plus the value of any banding supplement payable on 31 October 2015 for the post the trainee was on the day immediately prior to moving to the new pay system.
- In scenario i, the HEI will fund any cash floor costs in base pay in the new system).
  - In scenario ii, the HEI will invoice the NHS for the protection costs related to the banding element of the cash floor.

\*: Clinical lecturers, and other clinical academic trainees, employed by HEIs but who spend a proportion of their time working for or training in the NHS are still considered in these scenarios to be contracted to work “full-time” by the HEI.

UCEA expects that cases where it will be necessary for HEIs to fund cash floor costs are unlikely given the 10.7% increase in base pay in the new system.

See Appendix 2 for examples of how this would operate in practice.

If a trainee in ‘Section 1’ is not currently undertaking NHS work but does so at a later date within their pay protection period, the trainee’s cash floor would be reset to include a banding element. **(It is important therefore that HEIs, at the time of appointment, note the cash floor level both with and without banding, as both may be needed at different times).** HEIs should invoice the NHS for the protection costs related to the banding element of the cash floor at that point until the trainee stops providing NHS work or the end of the trainee’s pay protection period, whichever is the sooner.

Remember that the cash floor only applies if the trainee is subject to ‘Section 1’ (i.e. is on the new pay system) and their new pay is lower than their old pay. Trainees in ‘Section 1’ will still receive a base pay uplift under the new pay system compared with the lower base pay levels in the old pay system. See the separate FAQs (*forthcoming*) for examples of how this works in practice.

### c) Existing academic trainees

Clinical academic trainees already employed by HEIs should be moved on to the new pay system as follows:

- Trainees below ST3 (ST4 for psychiatry) on 3 August 2016: will move to the new pay system on implementation.
- Trainees at ST3 (ST4 for psychiatry) and above on 2 August 2016: will stay on the old pay system during the transitional period (see 4.3 below); after which they will move to the new pay system if they are still employed by the HEI at that point.

This means that clinical academics in the higher stages of training (ST3 and above prior to 3 August 2016) will stay on the current Clinical Lecturer scale with access to the higher HE-only spine points but not access to the new academic pay premium etc; whereas trainees who were below ST3 (ST4 for psychiatry) on 3 August 2016 will move to the new pay system (and the HE employer will need to determine whether they are entitled to be paid at the cash floor level). The

flow chart in Appendix 3 may help to determine whether a clinical academic trainee (new or existing) should be on the old or new pay system.

#### 4.3 Duration of transitional protection

Transitional protection under 'Section 1' will apply until:

- a) four years of continuous full-time employment have elapsed from the date of transfer to the new pay system, or
- b) a trainee exits training, or
- c) 3 August 2022,

whichever is sooner.

Transitional protection under 'Section 2' will apply until:

- a) a trainee exits training, or
- b) 6 August 2025 (though this date is subject to review),

whichever is sooner.

These are the limits of application for pay protection for full-time trainees. However, there are some exceptions for the following trainees under section 1 pay protection:

- Less than full-time trainees will have their transitional protection period extended to reflect the full-time equivalent entitlement. For example, a 0.8 FTE under Section 1 pay protection will have five years' protection instead of four years, provided that this is completed before August 2022.
- Trainees absent from work on maternity leave, adoption leave, shared parental leave, or long-term sick leave (more than three consecutive months): the transitional protection period can be extended by the length of that absence up to a maximum of two years, or until 3 August 2022, or until they exit training, whichever is the sooner. For example, a trainee under Section 1 pay protection taking one year's maternity leave would have five years' protection, provided that this is completed before August 2022.

Trainees on a period of out of programme (OOP) will be eligible for transitional protection provided that the trainee still holds a national training number (NTN) or equivalent [Note: Academic trainees hold NTN (A) numbers and some groups of trainees still retain their Deanery Registration Number (DRN)] or were part way through their foundation or core training programme when their OOP was agreed. Their NHS transitional protection period includes time spent in HE.]

For the purposes of 'Section 1' transitional protection, the protected level of pay for doctors and dentists absent from work or training at the point of transition shall be:

- a. the incremental pay point the trainee would have reached had they not been absent, plus
- b. the value of the banding supplement paid on 31 October 2015 for the rota the trainee would have been working on had they not been absent at the point of transition, subject to a maximum of 50 per cent (or 80 per cent for those opted out of the working time regulations);

Subject in HE to the different cash floor arrangements (see 4.2b) above).

If a clinical academic is still working in HE when their transitional protection period expires, the individual should be moved on to the new pay system at that point, with no further protection. This means that:

- **For trainees in 'Section 1':** they will stay on the new pay system but without the cash floor.
- **For trainees in 'Section 2':** they will move from the old pay system to the new pay system at the relevant pay point (which corresponds to their stage of NHS training) and pay premia (where eligible).

#### **4.4. Less than full-time allowance**

In addition to other transitional protection arrangements, trainees with 'Section 1' protection who have been training on a less than full-time (LTFT) basis since 3 August 2016 will be entitled to an annual allowance of £1,500. The allowance is payable so long as the individual continues to train on a LTFT basis, until their period of transitional protection runs out. Women who were on maternity leave on 2 August 2016, who are on the new pay system with 'Section 1' protection, who returned directly on a LTFT basis were also entitled to the LTFT allowance.

A new LTFT allowance will be introduced in December 2019, providing £1,000 per year to all LTFT trainees under the 2016 TCS, for as long as they continue to train LTFT. Trainees eligible for the £1,500 allowance will not be eligible for the £1,000 allowance on top.

#### **4.5 HE contract clauses to address transition and pay protection**

As the transitional arrangements include a period of transition of four years or more, after which a trainee's pay will move to the new pay system without a cash floor, clinical academic trainees' contracts of employment will need to include terms that allow the employer to (a) pay according to the applicable pay protection section during the transition period; and (b) move the employee to the new pay system automatically at the end of the individual's transition period.

Schedule 14 of the [2016 NHS Terms and Conditions](#) includes clauses that address this issue in the NHS. For trainees in 'Section 1', the relevant clauses are numbers 6-18 (pages 71-74). For trainees in 'Section 2', the relevant clauses are numbers 26-33 (pages 76-77). UCEA has provided suggested versions of these clauses for use by HE employers, taking into account the particular amendments for HE employers described in 4.2 above.

#### **4.6 NHS Employers' guidance**

HEIs may find it useful to view the [resources from the NHS Employers](#) on implementation of the new pay system and the transitional arrangements. However, please note that the particular amendments for HE employers (outlined in 4.2 above) are not reflected in these resources.

### **5. NHS work**

Whilst this briefing outlines the application of the new pay system in HE, HE employers should note that clinical academic trainees that they employ might undertake a rota in the NHS, for which they will be paid in accordance with the pay system that they are on. The substantive HE employer should continue invoice the NHS for work, as they do now, noting whether the individual is on the current or new pay system. There may also be additional payments incurred, for example, as a result of exception reporting processes, where access to the relevant provisions have been extended to the trainee by their NHS employer.

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

Sometimes, Clinical Lecturers continue in university employment after CCT for a period of up to six months, known as a 'period of grace' (POG). Where this happens, HEIs may not want to withdraw the academic pay premium.

NIHR is committed to pay parity and funds the base pay of NIHR Clinical Lecturers employed by HEIs. Where Clinical Lecturers continue beyond CCT, NIHR continue to fund the basic pay during the POG.

The new NHS contract (2016) states that the new pay system will continue to apply to a doctor in a training post during a period of grace approved by the postgraduate dean. As such, a trainee in the NHS in receipt of the academic pay premium would continue to receive pay premium during the POG. NIHR will meet these costs for NIHR Clinical Lecturers whilst employed by an HEI during the POG.

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

UCEA will continue to keep and update the Clinical Lecturer pay scale, both pre-2009 and post-2009. There will be two broad uses for this scale in HE:

1. Clinical academic trainees who are in 'Section 2' transitional protection during the transition period to the new pay system.
2. Other clinical academic posts, who are not doctors or dentists in training, where the HEI has made a local decision to pay in line with the Clinical Lecturer scale. There would be no change in practice for this group of staff.

Consequently, the first group of trainees – those in 'Section 2' transitional protection – will be compensated for the longer academic training pathway by progression to the HE-only spine points at the top of the Clinical Lecturer scale, rather than by the new academic pay premium (to which they will not have access).

UCEA will continue to update the Clinical Lecturer pay scale annually in line with the cost of living award for the NHS. The scale will retain the three HE-only spine points at the top of the scale. A copy of both versions of the scale is provided in table 1 of Appendix 1.

## 8. Senior Clinical Lecturer / Reader scale

This scale is made up of six pay points, the bottom three of which are the same values as the three HE-only scale points (points 10-12) at the top of the current Clinical Lecturer scale (pre-2009):

Senior Clinical Lecturer / Reader scale (2019 values)	
1	£53,244
2	£57,522
3	£61,801
4	£66,085
5	£71,543
6	£75,318

The sector will retain the Senior Clinical Lecturer / Reader scale as a separate scale and UCEA will continue to update it annually in line with the cost of living award for the NHS.

If HEIs feel that they need to retain progression for junior doctors and dentists to the three HE-only pay points, they are available, albeit only the pre-2009 values, in the bottom half of the Senior Clinical Lecturer / Reader Scale. This is likely to only be needed in rare circumstances as the academic pay premium will be the new vehicle to compensate clinical academic trainees for the longer training pathway rather than these additional incremental pay points.

The Senior Clinical Lecturer / Reader Scale is separate from the new scale for clinical academic doctors and dentists in training (2016); therefore, individuals would not move to these points via automatic progression. Instead, an HE employer would have to make a conscious decision, for a specific reason, to move a junior doctor or dentist on to this pay scale.

If an HEI were to put a junior doctor or dentist on this Senior Clinical Lecturer / Reader Scale, for whatever reason, they ought to consider:

- The basis upon which a move to this scale would be made. The academic pay premium is designed to compensate for the longer training pathway, so progression to the Senior Clinical Lecturer / Reader Scale should not be solely due to the longer time in training. Also, the new clinical academic doctors and dentists in training (2016) is based on stages of training, rather than years of service, so a move to a higher scale should be in recognition of something other than service.

- Including at least one grade boundary or gateway part-way through the scale to avoid assumptions that automatic incremental progression to the top of the scale would apply and to avoid causing concerns from an equalities perspective. For example, a grade boundary after point 2 or 3 could apply. Alternatively or additionally, HEIs could set clear progression criteria that avoided progression being solely on the basis of time served. An example of an HEI's own grade boundary might be:

1	£53,244
2	£57,522
3	£61,801

4	£66,085
5	£71,543
6	£75,318

## 9. Dentists

Junior dentists have a slightly different training pathway, but it is generally the same length (albeit one foundation year rather than two; and three core years rather than two). The NHS has applied the same pay system to dental trainees (Other than Foundation, which sits outside the NHS Terms and Conditions 2016) as they have for trainee doctors and UCEA proposes doing the same in HE. Dental trainees who undertake a PhD will have equal access to the academic pay premium. OMFS trainees will be eligible to the OMFS premium.

Career dental lecturers who are no longer in training should be moved from the doctors and dentists in training (2016) scale and placed either on the (existing) Clinical Lecturer pay scale, or the Senior Clinical Lecturer / Reader scale (to be renamed) as appropriate to their role.

## Appendix 1: summary of the pay scales

	Pre 2009	Post 2009
1	33,221	33,790
2	34,866	36,511
3	36,511	38,156
4	38,156	40,141
5	40,141	42,126
6	42,126	44,112
7	44,112	46,096
8	46,096	48,082
9	48,082	50,068
10	53,244	55,317
11	57,522	59,765
12*	61,801	64,209

Nodal point	Stage of NHS training	Salary (£)
1	FY1	27,689
2	FY2	32,050
3	CT1 or ST1/SpR1	37,935
	CT2 or ST2/SpR2	
4	ST3 / SpR3	48,075
	ST4 / SpR4	
	ST5 / SpR5	
	ST6 / SpR6	
	ST7 / SpR7	
	ST8 / SpR8	

\* Dentists only

\*\* See page 3 for a variant on the table with the dental stages of training

**Table 3**

1	£53,244
2	£57,522
3	£61,801
4	£66,085
5	£71,543
6	£75,318

**Note 1: In Table 2:** Clinical academic trainees will receive a non-pensionable academic pay premium when they have a PhD; subject to the NHS eligibility criteria. They will retain the premium until they gain the CCT.

**Note 2:** these are the 2019 pay point values. The pay scales for all three tables will be updated in line with cost of living awards in the NHS.

## Appendix 2: Examples of the 'cash floor' transitional protection in HE

The following two examples illustrate how the 'Section 1' cash floor transitional protection with and without NHS work (explained in section 4.2(b) above), operate in HE. Please note that the examples use the 2017 salaries. The principles still apply even though the salary values have since increased.

### 1. ST1 trainee (does not yet have PhD)

Basic pay (2002 pay scale):	£36,312
Banding (50%):	£18,156
<b>Total pay:</b>	<b>£54,468</b>

Cash floor (i):	£36,312
Cash floor (ii):	£54,468

#### a) Moves to new pay, no NHS work:

New basic pay (nodal point 3):	£36,100
NHS work:	N/A
<b>Total new pay:</b>	<b>£36,100</b>
Cash floor (i):	£36,312
Protected pay:	£ 212

Cost of protected pay in this example (£212) is borne by the HEI.

#### b) Moves to new pay, with NHS work (example):

Basic pay:	£36,100
NHS work:	
Additional hours above full-time (7):	£ 6,318
Enhanced pay:	£ 903
Weekend allowance:	£ 1,444
On-call allowance:	£ 0
Flexible pay premium:	£ 0
	<i>Total £ 8,665</i>
<b>Total new pay:</b>	<b>£44,765</b>
Cash floor:	£54,468
Protected pay:	£ 9,703

'Cash floor' cost in this example (b) is split:

- The HEI pays the new basic pay (£36,100), plus the £212 protected pay cost from the basic uplift.
- The NHS pays the rest: £18,156. This is made up of the remainder of the protected pay (£9,703 - £212) plus the total cost of new NHS work (£8,665). It is also equivalent to the old NHS banding payment.

## 2. ST1 trainee (does not yet have PhD)

Basic pay (2002 pay scale):	£32,156
Banding (40%):	£12,862
<b>Total pay:</b>	<b>£45,018</b>

Cash floor (i):	£32,156
Cash floor (ii):	£45,018

### a) Moves to new pay, no NHS work:

Basic pay (nodal point 3):	£36,100
NHS work:	N/A
<b>Total new pay:</b>	<b>£36,100</b>
Cash floor (i):	£32,156
Protected pay:	None

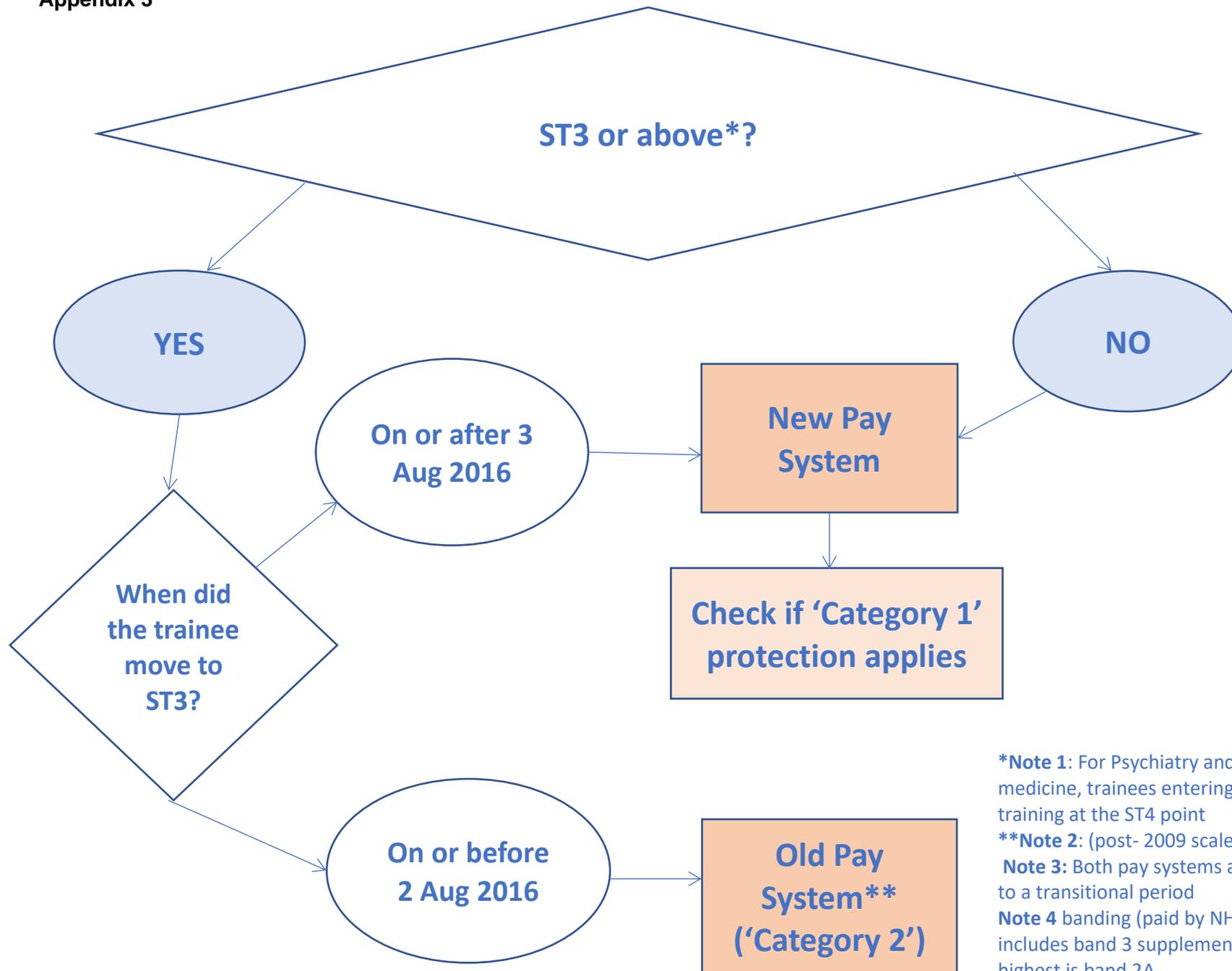
The cash floor does not apply in this scenario as the new basic pay is higher than the cash floor.

### b) Moves to new pay, with NHS work (example):

Basic pay:	£36,100
NHS work:	
Additional hours above full-time (7):	£ 6,318
Enhanced pay:	£ 903
Weekend allowance:	£ 1,444
On-call allowance:	£ 0
Flexible pay premium:	£ 0
<i>Total</i>	<i>£ 8,665</i>
<b>Total new pay:</b>	<b>£44,765</b>
Cash floor (ii):	£45,018
Protected pay:	£253

In the example above, there is £253 of protected pay due to the total new pay being lower than the cash floor (ii). The NHS would pay the protected pay as the shortfall arises from the NHS work rather than the basic pay; i.e. the new basic pay is higher than the cash floor (i) (with no NHS work in scenario a)).

Appendix 3



\***Note 1:** For Psychiatry and emergency medicine, trainees entering higher training at the ST4 point

\*\***Note 2:** (post- 2009 scale).

**Note 3:** Both pay systems are subject to a transitional period

**Note 4** banding (paid by NHS) no longer includes band 3 supplement, i.e. highest is band 2A

## Appendix 4

### Flexible pay premia – revised criteria

As part of the 2019 Framework Agreement between the NHS Employers and BMA, the eligibility criteria for the academic flexible pay premium were updated.

The relevant section of the Framework Agreement is reproduced below.

#### 13. Academic FPP

13.1 The parties agree that the eligibility criteria for the academic flexible pay premium should reflect more closely the way in which academic careers progress during training. The following changes will be made to the eligibility requirements for non-integrated academic pathways, set out under the 'other academic pathways' heading in Schedule 2 of the terms and conditions of service:

- The criteria for eligibility will now apply to research undertaken during core and run through training programmes, as well continuing to apply during higher training programmes.
- The criteria for eligibility will continue to apply to research undertaken as part of an approved out of programme activity for research (OOPR) that has been approved by the postgraduate dean. In addition, eligibility will be extended to doctors who have undertaken research on a less than full-time basis whilst continuing to undertake training also on a less than full-time basis.
- The criteria for eligibility will continue to require a trainee to return to the same training programme upon completion of the research, but will now also cover instances where a trainee returns to a different programme (provided that programme is related to their research qualification).
- Where a doctor returns to employment on a different training programme, the presumption will be that the research qualification is related to that programme. If an employing organisation is in disagreement over the relationship between the research qualification and the new programme, this will be escalated to the relevant post graduate dean to validate whether the premium should be removed.

This change applies from December 2019.