



BMA Industrial Action

Junior Doctor Strike Action 2024

Employers Medical and Dental Pay Rate Reference Guide

Version 9 Updated 15th March 2024

The purpose of this Pay Rate Reference Guide is to provide clarity on relevant Medical and Dental national terms and conditions (including Welsh Health Circulars) and maximum levels or “caps” for enhanced rates paid **during this strike action**.

This has been requested collectively by employers with the aim of achieving consistency across NHS Wales.

Any additional hours provided to support safe patient care, by staff on Agenda for Change (AfC), or Executive and Senior Posts (ESP) Terms and Conditions will either be paid or managed as set out within the relevant terms and conditions of service.

1. Contractual working hours relevant to this period of Strike action

Consultants 2003 Contract

Standard working hours - 09.00 – 17.00 Monday to Friday

Out of Hours - Outside 9.00 – 17.00 Monday to Friday

Speciality and Specialist Doctors 2021 Contract

Standard working hours – 07.00 to 21.00 Monday to Friday

Out of hours –Outside 07.00 to 21.00 Monday to Friday

Specialty and Associate Specialist Doctors 2008 Contract

Standard working hours – 07.00 to 19.00 Monday to Friday

Out of hours – Outside 07.00 to 19.00 Monday to Friday

2. Contractual Obligation to provide (Strike) cover/act down.

The references below set out what is contained within the relevant terms and conditions/contracts. However, any requests must meet the following tests:

- Any request must be meet the “is it reasonable” test.
- Doctors should not be expected to undertake multiple roles at the same time (i.e. undertake their own role and the role they are being asked to cover).
- Doctors should not be expected to undertake work they are not competent or confident to do safely.
- All requests and arrangements must be made in accordance with Working Time Regulations and in doing so, doctors should not suffer detriment in terms of pay.

Consultants

Paragraph 106 of the Medical and Dental Staff (Wales) Handbook December 2003 confirms:

Practitioners shall be expected in the normal run of their duties to deputise for absent colleagues in these grades (Consultants and Associate Specialists) as far as is practicable, even if on occasions this should involve interchange of staff between hospitals. However, where the normal duties of an AS colleague involve sharing a duty rota with staff in the grades of SR, SpR, R, SHO or HO, then consultants will not be expected to cover that part of the AS colleague's duties.

There is therefore a **contractual obligation to cover for absent Associate Specialist/Specialist doctors** (unless these include duties normally undertaken by junior doctors) but **not** to cover for Junior doctors.

The impact of this is that, technically, any such cover for Junior doctors and or Junior doctor duties is extra contractual.

For Consultants covering out of hours the BMA and NHS Wales Employers are clear that the provisions of Chapter 3, paragraph 3.8 of the 2003 Contract/Amendment **must** apply (**i.e. not an extra contractual or strike rate**). This is reflected in the table below.

Paragraph 3.8 confirms:

3.8 In exceptional circumstances where the Consultant is requested and agrees to be immediately available, i.e. 'resident on call', this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale, excluding commitment awards and Clinical Excellence awards. In such circumstances, there will be an agreed compensatory rest period the following day.

For these purposes, a session will comprise four hours and apply between 5pm and 9am weekdays and across weekends.

Specialist and Speciality Doctors 2021 Contract

Specialty and Associate Specialist 2008 Contract

Schedule 3, paragraph 3

Doctors will be expected to be flexible and to cooperate with reasonable requests to cover for their colleagues' absences where they are safe and competent and where it is practicable to do so.

Under most circumstances, cover for the unexpected absence of colleagues where they are part of the same rota should be for no longer than 72 hours from the time the cover begins, unless mutually agreed, after which suitable locum cover should be found or clinical activities rescheduled.

Doctors and employers should not engage in internal cover that breaches working hours and rest breaks and periods set out in the Working Time Regulations or these Terms and Conditions of Service. Where doctors undertake duties in accordance with this paragraph and such duties take place outside of their contracted hours, they will receive either an equivalent off duty period or remuneration. Where this adversely impacts on the Job Plan and/or opportunities for individual doctors, a temporary variation to the Job Plan will be agreed for the period of cover.

There is therefore **a contractual obligation to cover for absent Junior Doctors.**

Employers **should seek to rely on this term** to request that SAS doctors provide cover for junior doctors. Agreement should be reached on the basis that the doctors concerned are competent and confident to undertake the duties requested and appropriate consideration is given to their health and wellbeing and requirements under Working Time Regulations etc.

3. Remuneration for Strike Cover

Whilst it is recognised that these are specific circumstances. It is important that before utilising the rates below, employers are clear that they have exhausted the rates contained within the Medical and Dental Pay Circular 06/2023 (v.4) and have considered the locum, rate caps set out in Welsh Health Circular 2017/04 (relevant extracts at Appendix 1 and 2).

It is important that the differences between the Terms and Conditions for Consultants and SAS Doctors are clear and that any cover arrangements reflect this.

It is acknowledged that this may result in a feeling that this is unfair or inequitable, or a signal of the value placed on SAS colleagues. This is not the case but rather a commitment to respect and apply the terms of each of the nationally negotiated and agreed contracts.

SAS Doctors in particular are **contractually required** to act flexibly and co-operatively to cover absent colleagues is part of their contractual terms and conditions if the request is reasonable, where they are safe and competent, and it is practicable to do so.

SAS Doctors are under no contractual obligation to prolong their working day to undertake work that has not been performed by colleagues taking industrial action. However, they do have a professional responsibility for continuity and coordination of care, and for the safe transfer of patients between different teams and they must ensure that they meet the professional obligations set out in the GMC's Good Medical Practice.

3.1. Consultants

As there is no provision within the Consultant contract to "act down" and provide cover for junior doctors on strike (see detail in 2. above), any changes to duties during scheduled working time need to be agreed with the Consultant. Subject to the nature of

these duties, there **may** be an expectation/requirement to agree a “top up” payment **if** the Consultant considers this to be extra contractual. This should be managed on a case-by-case basis in the first instance.

Extraordinary Strike Rate – ¹Consultants Acting down to cover Junior Doctors

Additional hours (Over contracted hours)

Standard working hours - Clinical work on site - £161 per hour (EMDSR)

Out of Hours - Clinical work on site - ²£171.26 per hour (Contractual)

Out of Hours/³Bank Holiday – Clinical Work on Site - £171.26 per hour (Contractual) for shift worked plus Compensatory Rest paid period at Basic Rate/plain time. (EMDSR).

Out of Hours –On Call off site - ⁴£86 per hour (EMDSR)

Additional/Different Duties (within contracted hours or displaced to Out of Hours by agreement)

Standard working hours - Clinical Work on site - top up of ⁵basic hourly rate to £161 per hour (EMDSR)

Out of Hours –Clinical work on site – top up of ⁶basic hourly rate to £171.26 per hour (Contractual) plus Compensatory Rest paid period at Basic Rate/plain time (EMDSR).

Scenarios for illustration

Scenario	Remuneration
Consultant is due to work as part of contracted hours and Job Plan but agrees to cover junior doctors' duties which results in different work.	Top up of basic hourly rate to £161 per hour.
Consultant works <u>additional</u> sessions <u>in-hours</u> above contracted hours to cover a junior doctor	Additional hours at £161 per hour
Consultant covers work usually undertaken by a junior doctor <u>out of hours</u> (present on site after end of usual contracted day)	Para 3.8 - £171.26 p/h – Contractual Payment. Not required to work the following day (Compensatory rest) but hours “counted” as though worked
Consultant converts an <u>in-hours</u> job planned session to an <u>out of hours</u> session (e.g. DCC or SPA planned for the afternoon is repurposed to a session after the end of usual working day.)	The difference between Para 3.8 (£171.26 p/h) and basic rate

¹ Includes Public Health Consultants on Non-Medical Contracts

² Para 3.8 3xpoint 6 of consultant PayScale (exc. Awards) calculated as 4-hour sessions - £119,079/52.147/40x3.

³ Statutory Bank Holidays only. DOES NOT apply to normal weekends.

⁴ This is an extra contractual rate and should only be used for non-resident on call session over and above contracted hours and only when all other methods of cover have been exhausted.

⁵ Inc. CA's

⁶ Exc. CAs

Consultant is due to work as part of contracted hours and Job Plan, but normal activity cancelled so undertakes other work that is not directly covering a gap caused by strike action	No additional remuneration required
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3.2. Associate Specialists (2008) and Specialist Doctors (2021) Contract

If SAS Doctors are asked to cover work within the limits of their contract during their scheduled working hours, then they will already be being paid for that time.

If they are required to undertake additional contracted hours, they would be paid the rate below. However, if they are required to cover work **outside of their rostered hours of work** e.g. displacing sessions, there may be a requirement to agree a “top up” payment if this is clearly extra contractual.

Employers Exceptional Strike Rate – Autonomous (i.e. recognising Doctors who are normally on the Consultant rota)

This rate would only be paid if the doctors existing duty hours cannot be repurposed (reasonably). If daytime hours are changed to overnight, the rate would only be paid as a top up.

Specialist Doctor 2021 Contract

Associate Specialist – 2008 Contract

Additional hours (Over contracted hours)

Standard working hours - Clinical work on site - £161 per hour (EMDSR)

Out of Hours - Clinical work on site - £171 per hour (EMDSR)

Out of Hours/⁷Bank Holiday – Clinical Work on Site - £171 per hour for shift worked plus Compensatory Rest paid period at Basic Rate/plain time. (EMDSR).

Out of Hours –On Call off site - ⁸£86 per hour (EMDSR)

Additional/Different Duties (within contracted hours or displaced to Out of Hours by agreement)

Standard working hours - Clinical Work on site - top up of basic hourly rate to £161 per hour (EMDSR)

Out of Hours –Clinical work on site – top up of basic hourly rate to £171 per hour (EMDSR) plus Compensatory Rest paid period at Basic Rate/plain time. (EMDSR).

⁷ Statutory Bank Holidays only. DOES NOT apply to normal weekends.

⁸ This is an extra contractual rate and should only be used for non-resident on call session over and above contracted hours and only when all other methods of cover have been exhausted.

Scenarios for illustration

Scenario	Remuneration
Associate Specialist/Specialist (who is normally on the Consultant Rota) is due to work as part of contracted hours and Job Plan but agrees to cover junior doctors' duties which results in different work.	Top up of basic hourly rate to £161 per hour.
Associate Specialist/Specialist (who is normally on the Consultant Rota) works additional sessions in-hours above contracted hours to cover a junior doctor	Additional hours at £161 per hour
Associate Specialist/Specialist (who is normally on the Consultant Rota) covers work usually undertaken by a junior doctor out of hours (present on site after end of usual contracted day)	Additional hours at £171 per hour Not required to work the following day (Compensatory rest) but hours "counted" as though worked
Associate Specialist/Specialist (who is normally on the Consultant Rota) converts an in-hours job planned session to an out of hours session (e.g. DCC or SPA planned for the afternoon is repurposed to a session after the end of usual working day.)	The difference between £171 per hour and basic rate

3.3. Specialty Doctors (2008) and (2021) Contracts

If SAS Doctors are asked to cover work within the limits of their contract during their scheduled working hours, then they will already be being paid for that time.

If they are required to undertake additional contracted hours, they would be paid the rate below. However, if they are required to cover work **outside of their rostered hours of work** e.g. displacing sessions, there may be a requirement to agree a "top up" payment if this is clearly extra contractual.

Employers Rates and Exceptional Strike Rate Cap – Supervised

This rate cap would only be paid if the doctors existing duty hours cannot be repurposed (reasonably). If daytime hours are changed to overnight, the rate would only be paid as a top up.

Specialty Doctor – 2021 Contract

Specialty Doctor – 2008 Contract

Additional hours (Over contracted hours)

Standard working hours - Clinical work on site - £70 per hour (Rate) £92 (EMDSR Cap)

Out of Hours Clinical work on site - £80 per hour (Rate) £153 (EMDSR Cap)

Scenarios for illustration

Scenario	Remuneration
SAS Doctor is due to work as part of contracted hours and Job Plan but agrees to cover junior doctors' duties which results in different work.	No additional remuneration
SAS Doctor converts an <u>in-hours</u> job planned session to an <u>out of hours</u> session.	The difference between Time and a Third and basic rate
SAS Doctor works <u>additional</u> sessions <u>in-hours</u> or <u>out of hours</u> above contracted hours to cover a junior doctor	Additional hours paid at appropriate EMDSR (supervised)

4. Provisions for staff on agenda for change terms and conditions of service providing extra hours to support safe patient care.

Provision of safe patient care is usually if not always supported by a multi-disciplinary team with colleagues in nursing, allied health professions etc undertaking key tasks as part of their normal day to day duties.

If these colleagues are prepared to provide additional support/hours to ensure care can be provided safely during strike action, they should be compensated in accordance with their terms and conditions of service and/or using the flexible workforce provisions already in place within organisations.

4.1. Agenda for Change provisions

Section 3 of the Handbook extract

3.1 For the purposes of this section 3, overtime is those hours worked in excess of 37.5 per week. All staff in pay bands 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time-and-a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.

3.2 Overtime payments will be based on the hourly rate provided by basic pay plus any long-term recruitment and retention premia.

3.3 Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed 37.5 hours in the week that the additional hours are worked.

3.4 The overtime rates set out in 3.1 above will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime.

3.5 Staff may request to take time off in lieu as an alternative to overtime payments. However, staff who, for operational reasons, are unable to take time off in lieu within three months must be paid at the overtime rate.

3.6 Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments.

3.7 Time off in lieu of overtime payments will be at plain time rates.

4.2. Internal Temporary/Flexible Workforce “Bank”

In times of extreme pressure, deployment of (internal) bank workers to support provision of safe patient care is an option available to employers where there is no mechanism under national terms and conditions to pay additional hours.

This option should be carefully considered, particularly for more senior roles (bands 8 or 9) and an assessment undertaken to determine the balance of risks in each case.

In the event this option is used, advice re framing and communicating this to mitigate risks of precedent etc can be obtained from NHS Wales Employers.

4.3. Exceptional Clinical Strike Support.

Due to the extended requirement to support clinical services due to BMA strike action, employers may seek approval from the respective Remuneration Committees to agree to the payment of additional hours worked by clinical staff Band 8a and above, where these additional hours would support the mitigation of risks of patient harm directly linked to the loss of Junior Doctor contribution.

To reiterate, it is not envisaged that non-medical staff will directly “cover” medical staff.

Grŵp Iechyd a Gwasanaethau Cymdeithasol

Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Health Boards/Trusts

Directors, Workforce & Organisational Development – NHS Health Boards/Trusts/Special Health Authorities

Directors of Finance – NHS Health Boards/Trusts/Special Health Authorities

Director of NHS Wales Employers

Our Ref: M&D(W) 06/2023 Pay Circular (v3)

29 November 2023

Dear Colleague

Summary

This pay circular informs employers of the pay arrangements for employees covered by medical and dental terms and conditions of service in Wales

Please note this pay circular has been reissued due to the following amendments:

- The Minister for Health and Social services has made a decision to consolidate the pay award for those Specialty doctors on the top pay point of the 2008 contract from the 1st April 2022. This affects those on MC46 pay point 10. Details on how this will be applied are outlined in the action points below.
- The Training Supplement for Band A dentists has been increased from the 1st April 2023 inline with previous pay awards (Annex A: section 12).
- The Intensity Supplements for Consultants have increased from the 1st April 2023 inline with the 2023/24 pay award (Table 6)

Previous Action

The revised pay scales for 2023/24 as set out in this circular apply from 1 April 2023 and are as follows:

- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for consultants;
- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for junior doctors;
- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for SAS doctors on the 2008 contract
- To continue to pay individuals on the top pay point on the 2008 Specialty Doctor contract (MC46 pay point 10) who received a monthly non-consolidated payment pro-rated by contracted sessions/hours paid during 2022/23 into 2023/24.
- To increase the pay scales by 1.5% uplift to basic pay, back dated to 1 April 2023, for SAS doctors on the 2021 contract
- To increase the pay scales by 5% uplift to basic pay, backdated to 1 April 2023, for salaried GMPs and GDPs

New Action

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- To consolidate the 4.5% pay award to the pay scale for the top pay point of the 2008 contract (MC4610) back to 1 April 2022 at £83,015
 - To then apply the 1.5% pay award back to 1 April 2022 for MC4610 at £84,261.
 - To then apply the 5% pay award to MC4610 back to 1 April 2023 at £88,475.
 - As the previous pay award for MC4610 in 2022/23 was non-consolidated the pension contributions will need to be paid as the award is now consolidated and will also be back dated to 1 April 2022.
 - To increase the Intensity Supplements for Consultants (Table 6) by 5%, back dated to 1 April 2023.
 - To increase the Training Supplement for Band A dentists to £2,391 (Annex A: section 12), back dated to 1 April 2023.

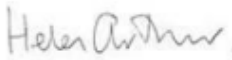
Allowances and awards

- A freeze on the value of awards for consultants i.e., Clinical Excellence Awards, Clinical Impact awards and Commitment Awards
- All other allowances, with the exception of those outlined in Annex A section 8, will increase by 5%
- There is also an increase of 5% to the GMP trainers' grant and the GMP appraisers' rate.

Enquiries

1. **Employees** are to contact their local payroll or workforce team regarding any queries.
2. **Employers** should direct enquiries to HSSWorkforceOD@gov.wales
3. Copies of this circular can be downloaded from the [HOWIS](#) website.

Yours sincerely



Helen Arthur
Director of Workforce and Corporate Business
Cyfarwyddwr y Gweithlu a Busnes Corfforaethol

Annex A: Section 1a: Basic rates of pay per annum, effective from 1 April 2023
 Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09
Consultant	ZM81 / ZK81 / ZL81 / ZC81	£91,722	£94,644	£99,529	£105,201	£111,682	£115,377	£119,079			
Specialty Registrar (Full)	MN37	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925	£52,277	£54,630	£56,981	£59,336
Specialty Registrar (Core Training)	MN39	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925				
Specialty Registrar (Fixed Term)	MN35	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925				
Dental Core Training	MN21	£35,488	£37,810	£40,129	£42,451	£44,770	£47,092	£49,412			
Foundation House Officer 2	MN15*	£35,315	£37,625	£39,933							
Foundation House Officer 1	MN13*	£28,471	£30,249	£32,028							

Annex A: Section 1b: Basic rates of pay per annum, effective from 1 April 2023, for closed Pay Scales
 Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

N.B. Shaded areas below denote closed pay scales

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09	10	11	12	13
Associate Specialist	MC01 ¹	£48,588	£53,736	£58,878	£64,026	£69,171	£74,317	£81,112	£87,001	£89,446	£92,634	£95,821	£99,010	£102,199	£105,392
Staff Grade Practitioner	MH01 ¹	£43,958	£47,447	£50,936	£54,423	£57,914	£61,400	£64,892	£68,380						
Staff Grade Practitioner	MH03 / 05 ¹⁰	£43,958	£47,447	£50,936	£54,423	£57,914	£61,400	£64,892	£68,380	£71,869	£75,358	£78,845	£82,335		
Specialty Registrar	MN25 ¹	£39,371	£41,321	£43,269	£45,220	£47,572	£49,924	£52,278	£54,629	£56,981	£59,335				
Hospital Practitioners/Session	MD01-41 ¹	£5,728	£6,061	£6,395	£6,726	£7,058	£7,388	£7,719							

Annex A: Section 2b Specialty doctors (2021 contract) basic pay

Specialty Doctor

Specialty doctor pay scale:

Pay scale code	Scale Value (2021 – 2022)	Basic Salary (£)
MC75 – 01	Min	52,542
MC75 – 02		52,542
MC75 – 03		52,542
MC75 – 04	1	60,532
MC75 – 05		60,532
MC75 – 06	2	60,532
MC75 – 07	3	67,480
MC75 – 08		67,480
MC75 – 09		67,480
MC75 – 10	4	74,691
MC75 – 11		74,691
MC75 – 12		74,691
MC75 – 13	5	82,418
MC75 – 14		82,418
MC75 – 15		82,418
MC75 – 16		82,418
MC75 – 17		82,418
MC75 – 18	6	82,418

Annex A: Section 2b Specialists basic pay

Specialists (2021)

Specialists pay scale

Pay scale code	Scale Value	Basic Salary
MC70 – 01	Min	83,963
MC70 – 02		83,963
MC70 – 03		83,963
MC70 – 04	1	89,630
MC70 – 05		89,630
MC70 – 06		89,630
MC70 – 07	2	95,296

Annex A: Section 2

Specialty Doctor & Associate Specialist (2008) Pay Scales effective from 1 April 2023 Closed scales

Scale Value*	Associate Specialist 2008 MC41	Specialty Doctor MC46	Period before eligibility for next pay point	Payroll Code and Grade Step
Min	£66,520	£47,447	1 Year	MC46-01/MC41-01
01	£71,867	£51,502	1 Year	MC46-02/MC41-02
02	£77,212	£56,778	1 Year	MC46-03/MC41-03
03	£84,271	£59,603	1 Year	MC46-04/MC41-04
04	£90,392	£63,674	1 Year	MC46-05/MC41-05
05	£92,928	£67,732	2 Years	MC46-06/MC41-06
	£92,928	£67,732	1 Year	MC46-07/MC41-07
06	£96,242	£71,878	2 Years	MC46-08/MC41-08
	£96,242	£71,878	1 Year	MC46-09/MC41-09
07	£99,556	£76,028	2 Years	MC46-10/MC41-10
	£99,556	£76,028	1 Year	MC46-11/MC41-11
08	£102,867	£80,178	3 Years	MC46-12/MC41-12
	£102,867	£80,178	2 Years	MC46-13/MC41-13
	£102,867	£80,178	1 Year	MC46-14/MC41-14
09	£106,182	£84,326	3 Years	MC46-15/MC41-15
	£106,182	£84,326	2 Years	MC46-16/MC41-16
	£106,182	£84,326	1 Year	MC46-17/MC41-17
10	£109,497	£88,475	1 Year	MC46-18/MC41-18

Annex A: Section 9

Locum Tenens appointments

Locum Consultant	ZC82	£105,401
Other Locum Consultant - A consultant who has returned and who before retirement was paid at the scale maximum current at the time of retirement	ZC83	£119,080

	Rate (£): Per Week	Rate (£)/ PA/ Session / notional half day
Speciality Doctor – MC47	£1073.02	£107.32
Associate Specialist (2008) – MC42 (CLOSED)	£1459.28	£145.94
Associate Specialist – MC03 (CLOSED)	£1258.68	£114.43
P/T Medical/Dental Officer (Paras 94-105) – ME11 (CLOSED)		£112.20
Hospital Practitioner – MD02 (CLOSED)		£128.90
Staff Grade – MH02 (CLOSED)	£1061.56	£106.17

WHC 2017- 042

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 23 October 2017

STATUS: ACTION

CATEGORY: WORKFORCE

Title: Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales

Date of Review 31 March 2018

For Action by: Chief Executives of Health Boards and Trusts

Action required by: 3 November onwards
A schedule of actions required as result of this Circular and the deadlines is included at section 4.

Sender: Andrew Goodall, Chief Executive, NHS Wales.

HSSG Welsh Government Contact(s) :
Helen Arthur or Stephanie Sampson, Pay and Contracts Team, Workforce and OD Directorate.
Contact payandcontracts@wales.gsi.gov.uk or by telephone 0300 0258404

Enclosure(s):

To all Chief Executives
Health Boards and Trusts in Wales

C.C. CMO, Directors of Finance, Directors of W&OD, Medical Directors

Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales

Action required – A schedule of actions required as result of this Circular and the deadlines is included at section 4.

Introduction

1. This Circular sets out the arrangements for a programme of coherent and coordinated system wide action across the NHS in Wales aiming to drive down agency and locum deployment and expenditure whilst maintaining the delivery of a safe and sustainable service across Wales. The proposals have been developed in partnership with the NHS in Wales and detailed work undertaken by the Wales Medical Workforce Efficiency Group.
2. We want the programme to encourage return of people to the NHS labour market so improving regular workforce supply and quality and consistency of care to patients; increasing the equity and transparency of reward systems and reduction of internal wage competition; and reduce the overall spend whilst we focus on the underlying causes. We will focus on the delivery of these benefits throughout the programme.
3. The Agency and Locum programme will comprise:
 - A clear national control framework of limits and targets for agency and locum deployment and expenditure.
 - Clear roles and responsibilities for implementation across the system.
 - A rigorous, transparent performance management regime, with
 - Individual organisations preparing and delivering implementation plans and projections to meet nationally set targets;
 - National and Board level scrutiny of performance against plans and targets;
 - Central capacity for scrutiny, identifying and sharing effective practices and targeted interventions to tackle specific issues or priorities through the establishment of a Workforce Delivery Unit.
4. **The new arrangements will start on 13 November 2017.**

5. The intention is to further develop the programme based on developing knowledge and evidence about implementation and its impact, and to drive the benefits from the programme over a number of years.
6. This Welsh Health Circular sets out the requirements of the programme and action to be taken within Health Boards and Trusts to prepare for and during implementation.
7. **A schedule of actions required as result of this Circular and the deadlines is included at section 4.**
8. **The rules set out in this WHC apply only to NHS Wales medical and dental staff.**
9. **General Practitioners** - are not covered by the above rules at present however further work will be undertaken to understand the level of expenditure in this area and consider whether there would be benefit in including them within the arrangements in the future.
10. **Nurses** - Work is already underway on the reduction of agency nursing deployment and significant change has been achieved so far. We will continue to monitor this progress alongside the work on medical agency and locum and consider whether more needs to be done in the future.

Page 6

15. **Note ii - Ad hoc locum cover** can be provided by substantive staff on an additional (i.e additional to contracted hours/sessions) shift by shift basis or by individuals secured on ad hoc terms of engagement. The terminology used to describe the type of ad hoc cover referred to above varies to include:
 - Additional Duty Hours;
 - Internal locum cover;
 - Internal Medical Bank;
 - Ad hoc locum cover.
16. For the purposes of the price cap this type of cover will be defined as 'Internal Ad Hoc Locum Cover' and will be inclusive of the descriptions used above.
17. Internal ad hoc locum pay rates cannot be increased or re-negotiated upwards from 13th November 2017, and must not be in excess of the rates set out in Annex i.

Annex I – Cap hourly rates

Grade and shift type		Cap hourly rate
Foundation year 1	Core	£32.54
Foundation year 2	Core	£40.36
Registrar (SP1-2) / Core Medical Training	Core	£45.76
Registrar (SP3+)	Core	£57.05
Dental core training	Core	£56.15
Specialty Doctor / Staff Grade	Core	£66.43
Associate Specialist	Core	£82.21
Consultant	Core	£97.22

Note:

Price caps are exclusive of VAT.

This is the total rate to be paid to agencies supplying medical and dental staff in Wales. It includes all additional costs, for example agency commission, allowance for holiday pay, travel costs and accommodation costs.

For staff providing internal Ad Hoc Locum cover this sum covers all costs but does not include employer's on-costs and not the employee's on-costs.

