

**Medical & Dental Staff
STARTING SALARIES FOR CONSULTANT MEDICAL
AND DENTAL STAFF
(MD 20)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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Date of Issue:	March 2022	Next Review Date:	March 2024
Version:	1.1	Last Review Date:	March 2021
Author:	Medical Workforce		
Directorate:	Workforce and Organisational Development		
Approval Route			
Approved By:		Date Approved:	
JLNC		September 2017	
Medical Workforce		March 2021	
Medical Workforce		March 2022	
Links or overlaps with other policies:			
<i>Need to list all policies that are referred to, or have links to this policy. List them in numeric order.</i>			
Recruitment and Retention Premia H26			

Amendment History

Issue	Date	Reason for Change	Authorised
1	Sept 2017	New policy template & logo	JLNC
1.1	March 2021	General review. Removal para 6.3 as duplicated with para 5.3. Updated contract details.	Medical Workforce
1.2	April 2022	Recruitment and Retention Premia linked to Trust policy	Medical Workforce

Rapid Equality Impact Assessment

Policy Title (and number)		Starting Salaries for Consultant Medical & Dental	Version and Date	March 2021 Version 1.1	
Policy Author		Medical Workforce			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>		
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To provide Guidance on Consultant appointments, which with certain specified exemptions, are made by Torbay and South Devon NHS Foundation Trust on the advice of an Appointments Committee (AC), a legally constituted committee established by the Trust.					
Who was consulted when drafting this policy?					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>		
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>		
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Medical HR Manager				

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1 Policy Statement

- 1.1 Under these arrangements pay progression is linked to consistently meeting job plan requirements, making best endeavours to meet agreed individual objectives, and demonstrating commitment to the NHS.

2 Introduction

- 2.1 Consultant appointments, with certain specified exemptions, are made by Torbay and South Devon NHS Foundation Trust on the advice of an Appointments Committee (AC), a legally constituted committee established by the Trust.
- 2.2 The Trust advertises all posts on the basis of the new consultant contract entitled 'Terms and Conditions – Consultants (England) 2003'.

3 Scope

- 3.1 This policy applies to all consultant medical and dental staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

4 Equality and Diversity Statement

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 First Appointment as an NHS Consultant

- 5.1 For consultants whose first appointment as an NHS consultant is after 31 October 2003, progression through pay thresholds will be on the anniversary of appointment, subject to being continuously employed in the NHS.
- 5.2 Where a consultant's training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification, the Trust will, where necessary, set basic salary on commencement at a higher threshold to ensure that the consultant is not prevented from reaching the pay threshold they would have attained had they trained on a full-time or single qualification basis. e.g. training extended by two years counts as the equivalent to two years' seniority as a consultant on first appointment as a consultant.

5.3 Dual accreditation is not the same as dual qualification. The following list gives illustrative situations or qualifications that are **not** covered by the definition as set out above, and **would not** increase seniority:

- Dual accreditation for a consultant post
- The possession of MD/PhD/MS
- Subspecialty qualifications
- Medical Royal College fellowship/membership
- GP training for subsequent DPH's
- Intercalated undergraduate degree
- Switch from one career or course to another, e.g. Science to Medicine

5.4 On commencement, basic salary will be the first of the thresholds, however, this may be set at a higher threshold to reflect any consultant level experience that a consultant has gained before their first appointment as an NHS consultant.

5.5 The Trust will, at its discretion, consider any equivalent Consultant level experience in another EEA Member State and service outside of the NHS, for example:

- service outside the EEA
- voluntary service for charitable organisations
- service in the independent sector
- service in HM armed forces

However, the individual must demonstrate or provide evidence that the training received before the experience was to a standard equivalent to CCT (Certificate of Completion of Training).

5.6 The Trust will also recognise Qualified General Practitioner experience including GP Principal where that experience has been gained in Primary Care. Seniority will be extended by 50% e.g. an individual who has 4 years GP experience will have the seniority extended by 2 years.

5.7 The Trust may, at its discretion, count locum consultant service towards seniority, however, the length of service would only count if it was equivalent to a substantive post, i.e. the locum had carried out the full range of duties and responsibilities. The locum service would have to be continuous, i.e. six months or longer before it counts towards seniority.

6 Consultants Transferring From Within the NHS

6.1 The definition of seniority is to be measured as the sum of the number of whole years completed as an NHS consultant, plus the point of the salary scale when appointed, together with any additional credited seniority (in whole years) to reflect non-NHS consultant level experience for flexible training. It will be the individual's responsibility to provide evidence of the pay threshold point or incremental point on which they were first appointed as an NHS Consultant if this appointment was not with Torbay & South Devon NHS Foundation Trust.

- 6.2 The Trust will credit appropriate additional seniority to reflect any consultant level experience gained outside the NHS consultant system, taking care to ensure that there is no double counting of this where additional seniority at appointment has been recognised by way of a higher point on the salary scale.
- 6.3 When determining the starting salary, service as a part-time or honorary consultant will count in the same way as equivalent service in a whole-time appointment.
- 6.4 Service in the hospital service of Northern Ireland, Scotland, Wales, the Isle of Man and the Channel Islands shall count as service in the equivalent grade.
- 6.5 Consultants who hold existing distinction awards or discretionary points will retain them and will be eligible to apply for new Clinical Excellence Awards (CEAs).

7 Recruitment and Retention Premia

- 7.1 Recruitment and retention premia are additions to the pay of a post or group of similar posts where market pressures would otherwise prevent the Trust from being able to recruit or retain staff in sufficient numbers at the normal salary for jobs of that weight.
- 7.2 Determining the Need for Recruitment & Retention Premia
 - I. The case for payment of RRP must be robust enough to resist the challenge of an equal pay/equal value claim.
 - II. The main factors that will indicate a prima-facie case for consideration of RRP are a repeated failure to recruit to a specific post(s) and/or a high level of staff turnover in a specific post(s). Thus, in determining whether RRP is appropriate, the following evidence should be gathered:
 - III. Evidence that all the new vacancies have been advertised in relevant local, regional, national and/or professional media.
 - IV. Evidence that recent adverts have produced insufficient applications to fill all vacancies.
 - V. Where recent adverts have produced insufficient suitable applications. The following information should be ascertained:
 - The media used
 - Number of application packs requested.
 - Number of applications returned.
 - Reasons why those who applied were not suitable.
 - The quality of the recruitment documentation (advert, Job Description, Person Specification etc) should be scrutinized.
 - Where an applicant(s) was offered a position but rejected the offer, the reasons for not accepting the position.
 - Relevant national vacancy data.
 - Local labour market information, where appropriate.

- Any expected increase in the supply of staff suitable for the post (e.g. new trainees).
 - The turnover rates for the staff group concerned.
 - The stability index for the staff group concerned (has turnover risen sharply recently after a long period of stability? Is it only recently appointed staff who leave etc?)
 - Where possible, local turnover rates should be compared with national rates.
 - The position of neighbouring Trusts in relation recruitment and/or retention of the staff group concerned.
- 7.3 Evidence should be provided against all the key bullet points above or if it is not possible to provide evidence an explanation as to why it is not possible to supply evidence should be documented (e.g. it is not possible to detail turnover rates because it is a newly developed post or role etc).

For full details on the retention and recruitment Premia please see the full policy [Recruitment and Retention Premia \(H26\)](#).

8 Locum Appointments

- 8.1 Initial locum appointments should be made for no more than six months, subject to a satisfactory review of the locum consultant's performance. If the Trust is satisfied by such a review they may extend a locum appointment for a further six months.
- 8.2 All elements of the new consultant contract 'Terms and Conditions – Consultants (England) 2003' will apply to locums.
- 8.3 Locum consultants who have not at any time held a substantive consultant post will be paid at the first point of the salary scale. However, previous locum service of twelve months or more should be counted towards seniority where the locum was equivalent to a substantive post.
- 8.4 Locum consultants who hold a substantive consultant post (either with the employing Trust or with another NHS employer) and will continue to hold such a post beyond the tenure of the locum post shall be remunerated at a rate consistent with their current pay threshold including any Distinction Awards, Discretionary Points, or Clinical Excellence Awards.
- 8.5 Locum consultants who do not currently hold, but have previously held, a substantive consultant post (e.g. retired consultants) shall be remunerated at a rate consistent with their most recent pay threshold as a substantive consultant or, for those who have not previously held employment under these Terms and Conditions, their calculated seniority, subject to the provision for pay progression.
- 8.6 Locum consultants will also be eligible for pay progression. On completion of 12 months locum service (continuous or cumulative) the Trust will assess whether or

not the locum has fulfilled the pay progression criteria for the year, taking into account, where necessary, locum service carried out in other Trusts.

9 Contact Details

12.1 Any queries regarding this policy should be directed to the Medical HR team of the Directorate of Workforce and Organisational Development.

- Medical HR department – sdhct.Medicalhr@nhs.net

10 Monitoring, Audit and Review Procedures

13.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.