Dear Colleague

SPECIALTY DOCTOR AND ASSOCIATE SPECIALIST 2008 CONTRACTS: FREQUENTLY ASKED QUESTIONS (FAQS)

Summary

1. **CEL 56 (2008), CELs 29 and 48 (2009)** provided Frequently Asked Questions (FAQs) on the Specialty Doctor and Associate Specialist (2008) contracts. Following discussions at the JNC(SAS) and with the Management Steering Group (MSG) and BMAScotland, amendments to these FAQs have been agreed and an additional new FAQ has been added. Details are set out in Annex A.

Enquiries

2. Employees should direct their personal enquiries to their employing Board, Special Health Board or NHS National Services Scotland (formerly the Common Services Agency).

3. Employers are asked to make their own arrangements for obtaining any additional copies of this CEL which is available on the SHOW website at [http://www.show.scot.nhs.sehd/pcs.asp](http://www.show.scot.nhs.sehd/pcs.asp)

Yours sincerely

[Signature]

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Deputy Director Workforce

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Addressees

For action
Chairs,
Chief Executives,
Directors of Finance, and
Directors of Human
Resources of
NHS Boards, Special
Health Boards, and
NHS National Services
Scotland

For information
Members,
Scottish Terms and
Conditions Committee,
Members, Scottish
Partnership Forum,
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ANNEX A

REVISED FAQs

Q8  How do I calculate what my on-call work is for job planning discussions?

If you are required to be on an on-call rota you will be paid an on-call supplement according to the frequency of your on-call duties. Prospective cover should not be taken into account when calculating your frequency of commitment to the rota.

Predictable emergency work arising from on-call duties (eg post take ward rounds) should be programmed into your working week as scheduled Programme Activities.

Unpredictable emergency work arising from on-call duties will also be treated as counting towards the number of Programme Activities which are contracted for. You and your employer will need to assess, on a prospective basis, the number of Programme Activities that represent the average weekly volume of unpredictable emergency work, which will be based on an assessment of the average weekly amount of work over a prior reference period. Work arising from the provision of prospective cover should be taken into account when making this assessment. You will need to agree the length of the reference period with your employer. See Schedule 6 of the Terms and Conditions of Service for more information.

The Terms and Conditions of Service provide for unpredictable work undertaken in Out of Hours to be treated as three hours being equivalent to one Programme Activity or four hours being remunerated at the rate of time and a third.

Doctors should only receive an on-call supplement if they participate in an on-call rota. The availability supplement is not paid for any other work pattern other than on-call as the supplement is to remunerate doctors for providing additional availability over and above their rostered Programme Activities (PAs).

See Schedule 6 and Schedule 8 of the Terms and Conditions of Service for more information.

Q9  Under the Specialty Doctor and new Associate Specialist contracts how may I contract for any Additional Programmed Activities (APAs)?

The full time contract will be for 10 Programme Activities (40 hours) and part time contracts will be fewer than 10 Programme Activities. If you are offered and agree to undertake any APAs these will be contracted for separately and clearly state their purpose and duration. Flexibility exists for the APAs to be worked regularly or as required over the course of the year. Further guidance on APAs is available in the Guide to Contracting for Additional Programme Activities for Associate Specialist and Specialty Doctors.
NEW FAQs

Q70 Should GP principal service be taken into account when determining a SAS doctor’s starting salary?

A doctor’s previous salaried GP experience should be taken into account when determining their specialty doctor starting salary, as per Schedule 14, paragraph 5 of the specialty doctor terms and conditions of service, as the salaried GP grade is a higher grade than the specialty doctor grade.

NHSScotland employers, Scottish Government and BMAScotland have agreed that employers should have the discretion to recognise previous principal GP service which they consider to be of an equivalent or higher level.