

Guidelines for managing Clinical employees

These guidelines have been developed to support MRC managers, Retained HR and SSC employees in the management of Clinical employees at the MRC.

Whilst the majority of this document applies to Consultant level posts, the same principles also apply to non-Consultant level Clinical posts.

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Consultant responsibilities

Honorary Clinical Contract

Work with NHS honorary employer to ensure an updated Honorary Clinical Contract is provided to MRC retained HR.

Job Planning

Ensure that the job planning process is completed with the relevant NHS Trust and agreed with MRC.

Submit the Job Plan to MRC retained HR in a timely fashion.

Individual pay awards will not be implemented until a current Job Plan is received by retained HR/SSC.

Appraisal

Arrange and participate in a joint appraisal process between the MRC and honorary NHS employer.

Ensure MRC is in receipt of full appraisal documentation.

Revalidation

Comply with NHS honorary employer requirements in relation to revalidation.

Inform MRC of who the relevant Responsible Officer at the honorary NHS employer is in terms of revalidation.

Retained HR responsibilities:

Honorary Clinical Contract

Ensure an Honorary Clinical Contract has been provided before any Clinical appointment is made.

Ensure that Honorary Clinical Contracts are kept up to date.

Job Planning/appraisal

Ensure Consultants are aware of the timeframe for completing the job planning process and appraisals.

Make sure the appropriate dialogue takes place between Consultant, NHS Clinical Directors and the MRC Unit Director/ Managers.

Manage the completion and sign off of job plans and appraisals annually.

Pay progression

Check that the necessary criteria have been met for each year for threshold progression.

Inform Head of Reward and Recognition if pay progression to be implemented or not.

Clinical Excellence Awards/Distinction Awards

Ensure a written agreement to reimburse the costs of Clinical Excellence Awards is obtained in writing prior to any payment being made to the Consultant.

Ensure that relevant NHS Trusts are invoiced on a regular basis

Approved Additional Programmed Activities

Calculate the value of Additional Programmed Activities and inform RCUK SSC Ltd of any changes.

Ensure that relevant NHS Trusts are invoiced on a regular basis

On Call Availability Supplements

Calculate the value of On Call Availability Supplements and inform RCUK SSC Ltd of any changes.

SSC responsibilities

NHS Pay awards

Following receipt of the nationally agreed UCEA Consultant paycales, calculate all salary revisions arising from the NHS Pay award

Ensure the annual pay award is implemented.

Pay progression

Ensure mechanisms exist to indicate when each consultant is eligible for threshold progression.

Provide a list to MRC Corporate HR of all Consultants due a threshold increase over the annual pay remit period.

Provide the calculation of all salary revisions arising from threshold progression.

Ensure that threshold progression is implemented for payroll deadline.

Clinical Excellence Awards

Confirm in writing to Consultants the implementation of new/changes to existing awards.

Ensure all awards are implemented on Oracle.

Ensure all awards are annually increased in line with the NHS pay award.

Approved Additional Programmed Activities

Ensure all Additional Programmed Activities are implemented on Oracle.

Ensure all Additional Programmed Activities are annually increased in line with the NHS Pay award.

On Call Availability Supplements

Ensure all On Call Availability Supplements are implemented on Oracle.

Ensure all On Call Availability Supplements are annually increased in line with the NHS Pay award.

Corporate HR responsibilities

General

Provide corporate guidance and support to Retained HR on the management of clinical employees.

NHS Pay Awards

Provide SSC with the revised NHS Consultant paycales from UCEA each year.

Provide the list of MRC Consultants and upcoming thresholds to retained HR contacts as appropriate.

Job Planning/appraisal

Inform Retained HR with the timescales for completion and submission of Job Plans and Appraisals on an annual basis.

Liaison with local HR to ensure job plans are completed and signed off within the appropriate time frame.

Clinical Excellence Awards

Run the MRC nominating process for Clinical Excellence Awards.

Liaise with Retained HR over the status of Clinical Excellence Awards and their renewal dates/arrangements for renewing.

1. Principles

- 1.1 All Clinical appointments (whether Consultant level or not) are subject to a current Honorary Clinical Contract at an appropriate level being in place.
- 1.2 Clinicians must not undertake any work relating to the diagnosis or treatment of patients without holding a current Honorary Clinical Contract.
- 1.3 All Clinical employees must hold the requisite GMC registration with a license to practice.
- 1.4 All MRC Clinicians must undergo the annual job planning and appraisal process, and the resulting documentation will need to be provided to the MRC before any pay progression occurs.

2. Background

- 2.1 In June 2002 the UK Health Departments, the BMA and the NHS Confederation agreed a framework contract for NHS Clinical Consultants. This framework provided an effective approach to planning Consultants' time by adopting a new system of "programming activities".
- 2.2 A "programmed activity" is a unit of four hours, with a full-time consultant's working week made up of ten programmed activities (e.g. a 40 hour week) in England and eleven (e.g. a 44 hour week) in Scotland.
- 2.3 Together with the University sector, MRC adopted the basic provisions of the framework agreement, including the principle of placing its Clinical Consultant staff on NHS rates of pay.
- 2.4 MRC Clinical Consultants were offered chance to move across to the new terms, conditions and rates of pay in March 2004, backdated to March 2003, or, remain on MRC's pay structure.
- 2.5 As Clinical Consultants are eligible for Clinical Excellence Awards, all Clinical Consultants are now excluded from ASR/SAS (bonus) awards.

3. Newly Appointed Clinical Consultants

- 3.1 As with all other MRC employees appointed to clinical roles, a valid and up to date Honorary Clinical Contract must be provided by the relevant NHS Trust prior to appointment.
- 3.2 New employees with prior clinical consultant experience must provide evidence of their seniority and NHS salary level upon appointment (e.g. their contract with their previous employer).
- 3.3 An equivalent salary level will then be offered on appointment with the same timeframe for threshold progression, keeping the anniversary of their original

transfer date for threshold progression and subject to the same progression criteria and management discussions indicated in section 4.

- 3.4 Clinical Consultants that are newly qualified upon appointment to the MRC will be appointed on the normal clinical consultant starting salary will follow the threshold progression indicated subject to the same progression criteria and management discussions as detailed below.
- 3.5 In exceptional cases, discretion exists to increase the salaries of newly appointed Clinical Consultants to a higher rate than their seniority entitled them to.

4. Job Planning and Appraisal

- 4.1 Annual Job Planning and Appraisal is a contractual obligation for all Consultant Clinical Staff.
- 4.2 Job plans list all the Clinical Consultant's NHS duties, their number of programmed activities, a schedule for carrying out those programmed activities, the consultant's objectives and agreed supporting resources.
- 4.3 For MRC Clinicians a jointly agreed annual job plan is required between the MRC and honorary NHS employers.
- 4.4 MRC Consultants take part in an annual joint appraisal, between MRC and NHS managers which follow a nationally agreed timetable.
- 4.5 Clinical appraisal takes place between September and December each year and job planning between January and March. See Appendix 2 for further information on the job planning process.

More information on job planning can be found on the Department of Health's website, [Standards of Best Practice](#)

5. NHS Pay awards

- 5.1 Clinical employee pay levels are set by the Universities and Colleges Employers Association (UCEA). They follow a principle of pay parity, ensuring the increases are the same as those awarded to comparable NHS staff.
- 5.2 UCEA translates the NHS salary scale for hospital doctors and dentists, determined by the Government after considering advice from the Doctors' and Dentists' review Body (DDRB), into clinical academic pay.
- 5.3 Clinical employee pay levels are supplied to MRC from UCEA directly.
- 5.4 Basic salaries and the value of any supplements and additional programmed activities will be uplifted in line with the Government's implementation of the recommendations of the DDRB.

5.5 The rates will be uplifted from 1 April (or on such other dates/at such other intervals as may be varied from time to time in line with the Government's implementation of the DDRB recommendations).

6. Pay progression and thresholds

- 6.1 In addition to receiving the annual adjustments, MRC Clinical Consultants are able to progress through salary thresholds.
- 6.2 Threshold progression is subject to the satisfactory agreement of integrated job plans. Once agreed, the MRC line manager/director, following discussion with the NHS clinical manager (for the purposes of the honorary contract), will make a recommendation about future pay progression. Criteria related to pay progression is shown at Appendix 3.
- 6.3 The recommendation should be copied to the Consultant and the Chief Executive of the NHS organisation where the honorary contract is held. Final decisions on pay progression rest with MRC.
- 6.4 If A Consultant has not met the necessary criteria, the award of the appropriate pay threshold will be deferred for one year beyond the date on which they would otherwise have received the threshold increase.
- 6.5 Clinical Consultants can appeal against a decision to withhold threshold progression because of unsatisfactory performance or if it proves impossible to reach agreement on job plan. In the event of an appeal, the onus is on MRC to clearly demonstrate why this decision was taken referring, where appropriate, to the views of the honorary employer(s).

7. Revalidation

- 7.1 From late 2012 clinical employees that hold a licence to practise will need to revalidate, usually every five years, by having a regular appraisal that is based on the GMC core guidance for doctors, [Good Medical Practice](#).
- 7.2 For the purposes of revalidation, the NHS honorary employer will be the "designated body" where the Responsible Officer will reside. The responsible officer will usually be the medical director of the designated body. They will make their recommendation based on the doctor's appraisals over the last five years and other information drawn from their organisation's clinical governance systems.
- 7.3 Given the importance of revalidation, MRC Consultants must ensure they are prepared and ready for the requirements of revalidation and liaise with their NHS honorary employer on their arrangements.

8. Approved Additional Programme Activities (APA's)

- 8.1 Units can award Additional Programmed Activities (APA's) to Clinical Consultants when appropriate and where additional funds are available.

- 8.2 They are remunerated at the rate of 1/10th of basic salary plus any local level Clinical Excellence Award or Discretionary Point. If a consultant holds a Distinction Award or a higher Clinical Excellence Award, the pro rata increase in the payment of the APA is calculated with reference to the maximum level (e.g. level 9 local level CEA)
- 8.3 APA's may also be reimbursed by the relevant NHS Trust or University Department through written agreement on letter headed paper.

9. Clinical Consultants with On Call Availability Supplement

- 9.1 The framework contract in England and Scotland allows for an availability supplement of up to 8% of basic salary to be paid according to the frequency of a consultant's on-call rota.
- 9.2 Basic salary, for these purposes, includes pay thresholds but excludes any CEA's, Discretionary Points, Distinction Awards, London Weighting any allowances or supplements.
- 9.3 Payments are normally made by the MRC with costs reimbursed by the relevant NHS Trust through written agreement on letter headed paper.
- 9.4 The table shows the NHS method for calculation of On Call Availability Supplements:

| Frequency of Rota Commitment | Value of Supplement as a percentage of full-time basic salary | |
|--|---|------------|
| | Category A | Category B |
| High Frequency: 1 in 1 to 1 in 4 | 8% | 3% |
| Medium Frequency: 1 in 5 to 1 in 8 | 5% | 2% |
| Low Frequency: 1 in 9 or less frequent | 3% | 1% |

10. Clinical Excellence Awards and Distinction Awards

- 10.1 MRC employed consultant clinicians who hold an Honorary Clinical Contract are eligible for the NHS award schemes that recognise exceptional contribution from consultant staff – the Clinical Excellence Awards Scheme (previously Distinction Awards)
- 10.2 Guidance on Clinical Excellence Awards, including the application process is available from the MRC Head of Reward and Recognition.

- 10.3 Clinical Excellence Award payments are normally made by the MRC and the costs are reimbursed by the relevant NHS Trust. A written agreement to reimburse the costs must be obtained in writing prior to any payment being made to the Consultant.
- 10.4 Some NHS Trusts may choose to pro rata CEA's for Consultants who undertake a small number of weekly clinical Programmed Activities. To prevent this from deterring Consultants from pursuing research careers, MRC policy is to 'top up' any pro rata'ed CEA to the full-time equivalent amount. The cost of top up payments are being met by the MR
- 10.5 Clinical Excellence Awards are normally valid for five years after which time the Consultant needs to make an application to renew their award.

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Appendix 1 – Clinical Employee Checklist

All clinical employees (Consultant and non-Consultant level) must have the following on their employee file:

| | |
|--|--|
| Honorary Clinical Contract | |
| A current Job Plan | |
| An annual appraisal | |
| A schedule for reimbursement of costs from NHS Trust | |
| Revalidation – confirmation of Responsible Officer | |

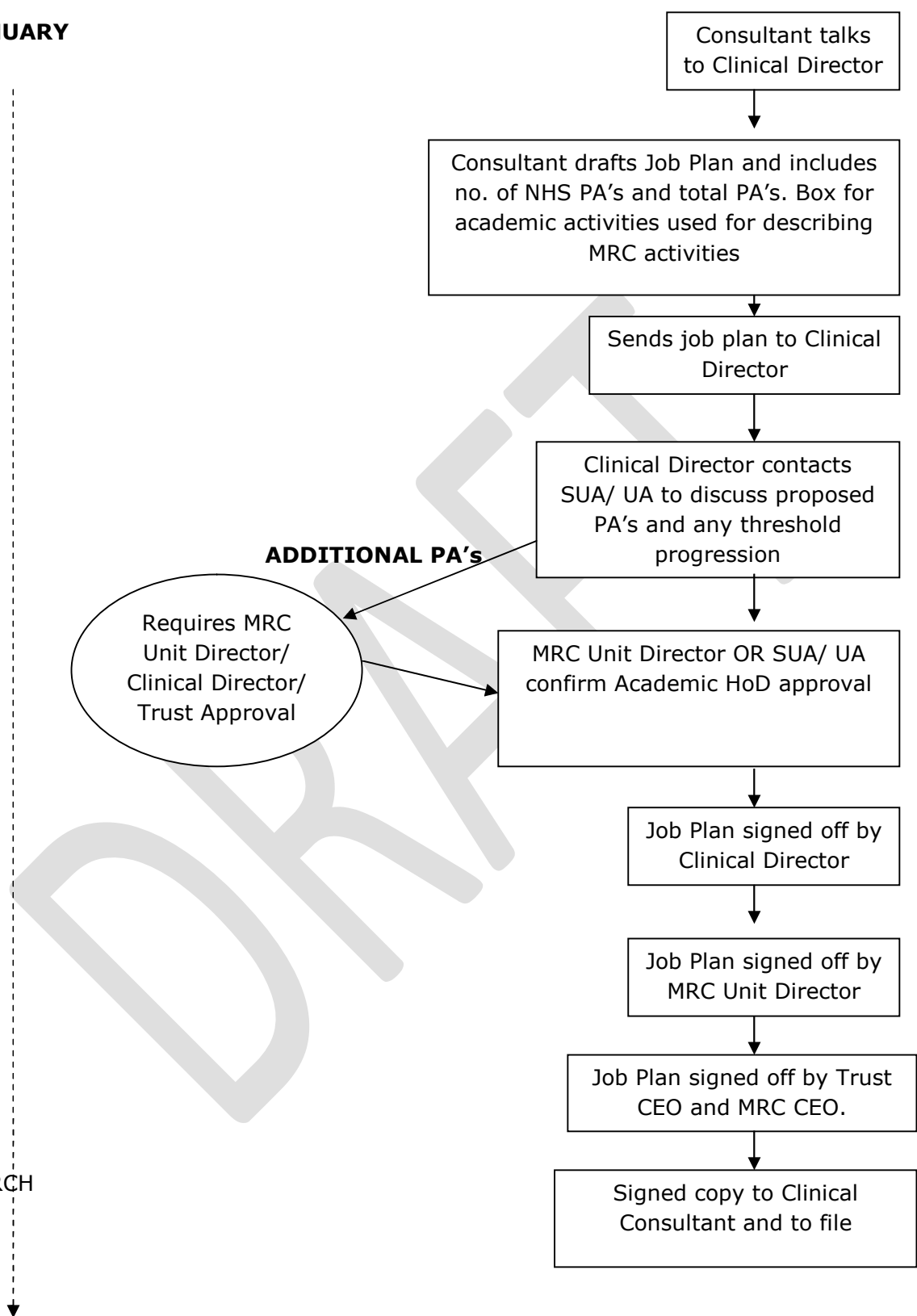
***** first step post launch is to make sure everyone has each of these on file*****

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Appendix 2 – Job Planning flowchart

JANUARY

MARCH



Appendix 3 – Criteria for pay thresholds

1. Following the annual integrated Job Plan review, the managers who have conducted the review will report the agreed outcome to the MRC and the Chief Executive of the honorary employing organisation, copied to the clinical employee, setting out for the purposes of decisions on pay thresholds whether the clinical academic has:
 - made every reasonable effort to meet the time and service commitments in the integrated Job Plan;
 - participated satisfactorily in the joint appraisal process;
 - participated satisfactorily in reviewing the integrated Job Plan and setting personal objectives;
 - met the personal objectives in the integrated Job Plan, or where this is not achieved for reasons beyond the clinical employees' control, made every reasonable effort to do so;
 - worked towards any changes identified in the last integrated Job Plan review as being necessary to support achievement of the substantive employer's, or the honorary employer's objectives;
 - taken up any offer to undertake additional Programmed Activities that either employer has made to the clinical employee;
 - met any standards of conduct, required by either employer, governing the relationship between private practice and contractual commitments.
2. The MRC informed by the joint job planning recommendation, will decide each year whether the clinical academic has met the criteria.
3. Where one or more of the criteria are not achieved in any year, the MRC will have the discretion to decide where appropriate, for instance because of ill health, that the clinical employee should nonetheless be regarded as having met the criteria for that year.
4. Clinical employees will not be penalised if objectives have not been met for reasons beyond their control. NHS Employers and clinical employees will be expected to identify problems affecting the likelihood of meeting objectives as they emerge, rather than wait until the annual integrated Job Plan review.
5. It will be the norm for clinical employees to achieve pay progression. Pay progression may only be deferred where the clinical employee has not met the specified criteria at paragraph 1 of this Appendix.
6. A clinical employee
7. consultant has the right of appeal against a decision by the MRC that he or she has not met the criteria in respect of any given year. In the event of an appeal, it will be the responsibility of the MRC (if necessary, drawing on the views of the honorary employer) to show why this decision was taken. The agreed appeal process will apply.

Appendix 4 – Non-Consultant clinical employees (Clinical Recruitment and Retention Allowance)

- 1.1 The Clinical Recruitment and Retention Allowance (CRRA) is a pensionable allowance for clinically qualified employees below Consultant level who are required to use their clinical expertise as part of their MRC contract of employment
- 1.2 Employees will be registered with the GMC and will hold a UK Honorary Clinical Contract. Employees in MRC's overseas Units who do not have a UK NHS Honorary Clinical Contract are not eligible for the allowance.
- 1.2 The allowance is payable to qualifying employees in bands 4, 3 and 2. It consists of a number of pay steps up to a maximum.
- 1.3 The current rates are set out in the document "Clinical Recruitment and Retention Allowance Rates", available from Corporate HR.
- 1.4 Eligibility for one or more levels of the CRRA will be determined by an employee's relevant NHS experience and MRC basic salary. It is expected that employees will as a norm progress up the allowance ladder until they reach the maximum level for their band.

Appendix 5 - Glossary – MRC Clinical Consultants:

Additional Programmed Activities (APA's)

APA's are units of work of 4 hours in duration over and above the standard norm of 10 PA's in England and 11 PA's in Scotland. They are remunerated at the rate of 1/10th basic salary plus any local level Clinical Excellence Award or Discretionary Point. If a consultant holds a Distinction Award or a higher Clinical Excellence Award, the pro rata increase in the payment of the APA is calculated with reference to the maximum level (e.g. level 9 local level CEA or a level 8 Discretionary Point). APA's may be reimbursed by the relevant NHS Trust or University Department.

Appraisal

Annual appraisal is an opportunity for all employees to receive feedback on past performance and continuing progress and to identify education and development needs. Appraisal for clinical consultants has additional requirements and should include data on clinical performance, training and education, audit, concerns raised and serious clinical complaints, application of relevant clinical guidelines, relationships with patients and colleagues, teaching and research activities, and personal and organisational effectiveness.

Clinical Excellence Awards

The NHS Clinical Excellence awards scheme comprises both local and national awards which are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care.

Pay threshold criteria

Following the review of an annual integrated Job Plan, the managers who have conducted the review will report the agreed outcome to the MRC and the Chief Executive of the honorary employing organisation, copied to the clinical academic, setting out for the purposes of decisions on pay thresholds whether the clinical academic has met the relevant criteria. The formal list of criteria can be found in Annex D of the main contract of employment in the Guidance for Managing MRC Clinical Consultants.

DDRB

The DDRB is the Review Body which recommends salary increases to the government for doctors' and dentists' remuneration in the NHS.

Distinction Awards

Although the scheme for rewarding exceptional contribution for clinical consultants working in England has changed to the Clinical Excellence Awards, historic Distinction Awards remain in operation for some clinical consultants.

Honorary Clinical Contract

All clinical appointments are subject to a current Honorary Clinical Contract at an appropriate level being in place. Clinicians must not undertake any work relating to the diagnosis or treatment of patients without holding a current honorary clinical contract.

Job Plan

A job plan is a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year.

Mediation and Appeals Framework

Clinical consultants can appeal against a decision to withhold threshold progression because of unsatisfactory performance in their annual appraisal or if it proved impossible to reach an agreement on a job plan.

On-call Availability Supplement

There is an availability supplement of up to 8% of basic salary to be paid according to the frequency of a consultant's on-call rota. Payments are normally made by the MRC with costs reimbursed by the relevant NHS Trust.

Programmed Activities (PA's)

Under the Consultant contract, a working week for a full-time clinical consultant is made up of 10 programmed activities (11 in Scotland), with each PA consisting of 4 hours.

Threshold Progression

Threshold progression is where clinical consultants are able to progress to a higher salary threshold by virtue of fulfilling the required number of years' service since the anniversary of their transfer to the new contract. Threshold progression is subject to the satisfactory agreement of the integrated job plan and meeting the necessary criteria.

"Top-up" policy

Some NHS Trusts may choose to pro rata Clinical Excellence Award's/ Distinction Awards/ Discretionary Points for consultants who undertake a small number of weekly clinical PA's. MRC policy is to "top-up" any pro rata'ed payment to the full-time equivalent amount to ensure clinical consultants pursuing a research career are not disadvantaged.