

Guidance on the new pay system for less than full time trainees

Introduction

The pay system in the 2016 contract replaces the basic salary and banding system used in the 2002 New Deal contract with the system described in Schedule 2 of the 2016 terms and conditions of service (TCS), namely:

- Basic pay based on a nodal point for 40 hours per week
- Pay for additional hours over 40 per week
- A 37 per cent enhancement for night hours
- A weekend allowance
- An on-call availability allowance (and payment for on-call hours worked)
- flexible pay premia (where applicable).

This guidance focuses specifically on how the new pay system works for less than full time (LTFT) trainees. For more general guidance, see the range of resources available on the [NHS Employers website](#).

Under the 2002 contract trainees were paid under a slightly different system to full timers, consisting of broad bands (F6, F7 etc) based on hours worked, with banding supplements (FA, FB etc) based on patterns of work. LTFT trainees on the 2016 contract will be paid under the same system as full timers, but on a pro-rata basis.

This means that they will be paid proportionally the same as full time trainees, ending the anomaly under the previous pay system where some LTFT doctors benefited unfairly by being paid a higher salary proportionate to their hours than their full time colleagues received.

IMPORTANT NOTE

For some calculations regarding transitional protection, the banding of previous rotas (full time and LTFT) will need to be known. Therefore it is essential that employers keep accurate records of this information from October 2015 going forwards. This information may be needed until at least August 2022 when transition is due to end for all doctors.

It is the sole responsibility of the employer to keep (and supply to other employers where required) accurate records of historic banding information. Employees have no obligation to supply this information to the employer, but may of course help by providing the information if it is available to them.

Basic pay

Basic pay for LTFT trainees on the 2016 contract is pro-rata to full time pay, as described in Schedule 2 paragraph 2 of the terms and conditions of service (TCS).

Example

A full time trainee on nodal point 3 is paid a basic salary of £36,100 for a 40 hour week (on a work schedule where total hours are 45 per week – 40 + 5 additional hours). A 60 per cent LTFT trainee's work schedule shows that their average hours are 27 per week (45 x 60 per cent = 27).

Therefore, the basic pay for the LTFT doctor would be:

$$\begin{aligned}\text{£}36,100 / 40 &= \text{£}902.50 \\ \text{£}902.50 * 27 &= \underline{\text{£}24,367.50}\end{aligned}$$

This pro-rata calculation will be done by your rota software and/or the electronic staff record (ESR) system, based on the hours of work that are entered and the doctor's nodal point.

In the same way as the previous contract, full time constitutes 40 hours per week, so a less than full time doctor must be working less than 40 hours per week. It is not possible to have a LTFT doctor working 40 hours per week or more.

Weekend allowance

The weekend allowance is paid to LTFT trainees on a pro-rata basis, based on the proportion of the full-time commitment to the weekend rota they make, see para 6 of Schedule 2 in the TCS.

Example 1

The full time doctors on a rota work 1 weekend in 4, so are entitled to a 7.5 per cent weekend allowance. On nodal point 3, this equates to £2,708 per annum.

The LTFT doctor on the rota works 1 weekend in 7. It is irrelevant what their LTFT percentage is, or how many hours they do. The only thing relevant is their individual weekend frequency. This should be available from your rota software.

As the full time commitment is 1 in 4, and the LTFT trainee does 1 in 7, then their [commitment to the full time](#) weekend rota is 57.14 per cent.

Therefore, they should receive 57.14 per cent of the full time weekend allowance. In this example, this would be £2,745 * 57.14 per cent = **£1,547.43** per annum. As a monthly figure (divided by 12) this would be £128.95 per month.

Example 2

The full time doctors on a rota work 1 weekend in 5, so are entitled to a 6 per cent weekend allowance. At nodal point 3, this is £2,166 per annum.
The LTFT doctor on the rota works 1 weekend in 9.

As the full time commitment is 1 in 5, and the LTFT trainee does 1 in 9, then the [LTFT commitment to the full time](#) weekend rota is 55.56 per cent.

Therefore, they should receive 55.56 per cent of the full time weekend allowance. In this example, this would be £2,166 * 55.56 per cent = **£1,203.33** per annum. As a monthly figure (divided by 12) this would be £100.28 per month.

Example 3

The full time doctors on a rota work 1 weekend in 2, so are entitled to a 10 per cent weekend allowance. At nodal point 3, this is £3,610 per annum.

The LTFT doctor on the rota also does 1 weekend in 2.

As the full time commitment is 1 in 2, and the LTFT trainee does 1 in 2, then the [LTFT commitment to the full time](#) weekend rota is 100 per cent.

Therefore, they should receive 100 per cent of the full time weekend allowance, i.e. **£3,610** per annum. As a monthly figure (divided by 12) this would be £300.83 per month.

There is a tool on the [NHS Employers website](#) which will calculate the LTFT commitment to the full time rota, and therefore the allowance that should be paid.

On-call availability allowance

The principle for the LTFT on-call availability allowance is the same as for the LTFT weekend allowance. As per Schedule 2 paragraph 10, LTFT trainees will be paid the on-call availability allowance pro-rata, based on their commitment to the full time rota.

Example 1

The full time doctors on a rota are available on-call, so they receive the flat 8 per cent on-call availability allowance. At nodal point 3, this is £2,888 per annum.

The frequency of the on-call is 1 in 4. Note that the fulltime allowance is a flat rate not based on frequency, but the frequency is required in order to work out what proportion of the full on-call is done by the LTFT trainee.

The LTFT doctor on the rota is also available on-call (note that if they were not available on-call, no allowance would be payable). Their individual on-call frequency is 1 in 7.

As with the LTFT weekend allowance, it is irrelevant what their LTFT percentage is or how many hours they do. The only thing relevant is their individual on-call frequency. This may be available from your rota software, but may have to be worked out manually.

As the full time on-call commitment is 1 in 4, and the LTFT trainee does 1 in 7, then the [LTFT commitment to the full time](#) on-call is 57.14 per cent.

Therefore, they should receive 57.14 per cent of the full time on-call availability allowance. In this example, this would be £2,888 * 57.14 per cent = **£1,650.29** per annum. As a monthly figure (divided by 12) this would be £137.52 per month.

Example 2

The full time doctors receive the flat 8 per cent availability allowance for being on-call. At nodal point 3, this is £2,888 per annum. The full time doctors are on-call 1 in 5. The LTFT doctor's on-call frequency is 1 in 9.

As the full time on-call commitment is 1 in 5, and the LTFT trainee does 1 in 9, then the [LTFT commitment to the full time](#) on-call is 55.56 per cent.

Therefore, they should receive 55.56 per cent of the full time on-call availability allowance. In this example, this would be £2,888 * 55.56 per cent = **£1,604.44** per annum. As a monthly figure (divided by 12) this would be £133.70 per month.

Example 3

The full time doctors on an on-call rota do a 1 in 4. They get the flat rate on-call availability allowance, at nodal point 3, this is £2,888 per annum.

The LTFT doctor on the rota does the same on-call as the full timers, i.e. a 1 in 4.

As the full time commitment is 1 in 4, and the LTFT trainee does 1 in 4, then the [LTFT commitment to the full time](#) on-call is 100 per cent.

Therefore, they should receive 100 per cent of the full time on-call availability allowance, i.e. **£2,888** per annum. As a monthly figure (divided by 12) this would be £240.67 per month.

There is a tool on the [NHS Employers website](#) which will calculate the LTFT commitment to the full time rota, and therefore the allowance that should be paid.

Payment for hours undertaken whilst on-call

Doctors will be paid for the hours of actual work they undertake whilst on call, at the appropriate hourly rate (for instance either their basic hourly rate, or their basic hourly rate plus 37 per cent) depending on when the work takes place. This work will be prospectively estimated and included in the doctors work schedule, in exactly the same way as it will be for full time doctors. This is explained in Schedule 2 paragraphs 12-13 of the 2016 TCS.

Hours that attract a pay enhancement

LTFT doctors will be paid a 37 per cent enhancement on top of their hourly rate, for any hours worked which attract an enhancement. This will work in exactly the same as for full timers, and is described in Schedule 2 paragraphs 14-16 of the 2016 TCS.

Flexible pay premia

The 2016 TCS specify that where flexible pay premia are payable to LTFT trainees, they will be paid pro-rata to the agreed proportion of full time work, as per Schedule 2 paragraph 23.

Example

The full time flexible pay premia for those in general practice training programmes during their practice placement is £8,200 per annum.

If the doctor is LTFT, and their agreed LTFT percentage is 60 per cent, they would be entitled to $£8,200 \times 60 \text{ per cent} = £4,920$ per annum.

If their agreed LTFT percentage was 70 per cent, they would be entitled to $£8,200 \times 70 \text{ per cent} = £5,740$.

Pro-rating flexible pay premium based on the doctors LTFT percentage ensures that, over the course of a training programme, a LTFT doctor gets proportionally the same a full time doctor would receive.

Note – for the less than full time transitional pay premium see later on in this document.

London weighting

London weighting is paid pro-rata to doctors working less than full time as per Schedule 2 paragraph 56 of the 2016 TCS.

Example

London weighting for full time medical staff (40 hours per week) is £2,162 per annum. LTFT doctors receive London weighting pro-rata as a proportion of 40 hours, depending on how many hours they work.

So a doctor working 20 hours per week is doing 50 per cent of 40 hours, and therefore would receive 50 per cent of the full time London weighting $\pounds 2,162 \times 0.5 = \pounds 1,081$ per annum.

A doctor working 32 hours per week is doing 80 per cent of 40 hours, and therefore would receive 80 per cent of the full time London weighting $\pounds 2,162 \times 0.8 = \pounds 1,729.60$

Pension arrangements

Pension arrangements are detailed at Schedule 2 paragraphs 57-59 of the 2016 TCS. They are the same for full time and LTFT trainees.

Note - all hours worked up to 40 hours per week are pensionable. For full time doctors you will enter 40 hours in to ESR as pensionable pay, and then it is likely you will also enter some additional hours above 40, and these will be entered as non-pensionable. Therefore it is important when entering LTFT trainee's hours in to ESR to remember to include all hours below 40 as pensionable.

Transitional arrangements

Schedule 14 of the TCS details transitional arrangements for eligible doctors moving on to the 2016 contract. These doctors will either fall under section one of Schedule 14 and receive a cash floor, or section two of Schedule 14, and continue to be paid under the New Deal pay system. Information on the LTFT pay system under the 2002 contract can be found as an appendix to this document.

There is a tool on the [NHS Employers website](#) to help determine if a doctor is eligible for pay protection under Schedule 14, and show which category of pay protection they fall under.

Transitional pay protection is valid for four years, however doctors who are LTFT will have the four year transition period extended in proportion to their LTFT percentage. It will be possible that during the transition period, a doctor decides to increase or decrease their LTFT percentage, and therefore their individual transition end date (and the value of their cash floor if applicable) will need to be recalculated. NHS Employers have produced a [ready reckoner to assist in working out when a doctor's transitional end date should be](#), and what it should be upon a change from one whole time equivalent percentage to another.

Example 1 – full time doctor going LTFT

A doctor is full time when they transition to the 2016 contract and is entitled to transitional pay protection. They therefore have an entitlement to pay protection for 4 years, or until August 2022, whichever is sooner.

The doctor transfers to the 2016 contract in December 2016, so their transitional end date is 4 years later, **December 2020**.

They work for a year full time, but are then approved to go LTFT at 80 per cent. Therefore, the date that their transition period will end needs to be recalculated, because they are entitled to have their transitional period extended in proportion to their whole time equivalent.

Using the [ready reckoner on the NHS Employers website](#), it can be seen that on changing from full time to 80 per cent after one year results in the end date of transition changing to **September 2021**.

Example 2 – LTFT doctor increasing WTE before going full time

A doctor is a 50 per cent LTFT trainee, and remains at this LTFT percentage when they transition to the 2016 contract in February 2017. Their 4 years of transition is therefore extended to 8 years, in direct proportion to their percentage of full time. However, giving the doctor 8 years of transitional protection would mean that their transition end date would be in February 2025. As transition comes to an end in August 2022, then this doctor's transition end date is capped at **August 2022**.

In February 2018, the doctor gets approval to increase their LTFT percentage to 70 per cent. After recalculating their transitional end date using the [ready reckoner on the NHS Employers website](#), their transitional end date remains at **August 2022**, because even though increasing the whole time equivalent has shortened the transitional period, it is still beyond the August 2022 cut-off date.

In February 2019, the doctor becomes full time. Their transition end date is again adjusted accordingly using the ready reckoner on NHS Employers website, and is now shortened sufficiently enough to be before the August 2022 cut-off date. The new end date of transition for this doctor becomes **November 2021**.

The end date of transition will need to be adjusted every time a doctor changes their whole time equivalent. It is possible that this could be several times.

Cash floor (section one pay protection)

The basis for how the cash floor is calculated is set out at paragraph 11 of Schedule 14, and is:

- the incremental pay point the day before starting on the 2016 contract plus
- the banding supplement as at 31 October 2015 for the rota the doctor was working on the day before starting on the 2016 contract, or if that rota did not exist on 31 October 2015, the banding that applied on appointment when the doctor joined the rota.

Note - paragraph 11 sets out caps on the maximum banding that can be used in the cash floor calculation.

A LTFT trainee's cash floor will be pro-rata to the full time equivalent, and will be adjusted proportionally should their LTFT percentage be formally adjusted, as per Schedule 14 paragraph 10 of the 2016 TCS.

A LTFT doctor transitioning to the 2016 contract will have their cash floor calculated based on their 2002 contract basic salary (based on their F number), and their F banding. See the appendix at the end of this document for information on the 2002 contract LTFT pay system.

Example 1

A 60 per cent LTFT doctor transfers to the 2016 contract. The day before they transition they are paid at F7 on point 1 of the Specialty Registrar scale, £22,510.

The doctor was working on a rota where they earned an FA banding (50 per cent). The banding of that rota was also FA (50 per cent) on 31 October 2015.

Therefore the doctor's cash floor is £22,510 plus FA (50 per cent) banding, **£33,765**.

If the doctor subsequently changes their LTFT percentage then the doctors cash floor will need to be recalculated (presuming of course that their F number and F banding doesn't stay the same).

As the cash floor is based on a point in time (for instance the day before transitioning to the new contract) then it becomes difficult to assess what the F number and F banding would have been on that day had a doctor been a different LTFT percentage. Therefore, it is advised that the following method is used where a doctor changes their LTFT percentage, and therefore needs to have their cash floor adjusted:

- the F banding used originally to calculate the cash floor should remain unchanged, for example if the doctors F banding was FA, it will remain FA when they change their LTFT percentage.
- the F number for the purposes of basic salary to use in the cash floor calculation should be adjusted by looking at how many actual hours the doctor will be doing under their new LTFT percentage, and therefore what their new F number would be.

Example 2

The 60 per cent LTFT doctor in example 1 changes their LTFT percentage to 80 per cent so their cash floor needs to be recalculated.

The doctor in example 1 had an F banding of FA (50 per cent), this remains unchanged.

Their F number is F7, as they work 30 hours per week (28 or more hours a week and less than 32). When they change their LTFT percentage to 80 per cent, on their new rota they will be doing 37 hours per week. This means that they will be F9 (36 or more hours and less than 40).

Point 1 of the Specialty Registrar scale at F9 is £28,941.

Therefore the doctor's new recalculated cash floor is £28,941 plus FA (50 per cent) banding, **£43,411.50**.

Clearly if a doctor goes full time, they will also have to have their cash floor recalculated. As a principle, a LTFT doctor going full time cannot end up with a cash floor greater than what their full time colleagues would have received, i.e. the cash floor when recalculated cannot be more than 100 per cent of the cash floor for a doctor on the equivalent full time rota.

Example 3

After a couple of years the 60 per cent LTFT doctor from example 1 goes full time and therefore needs to have their cash floor recalculated.

The basic salary to use in the cash floor calculation will be the full time pay point the doctor would have been on the day before they transitioned to the 2016 contract had they been full time at that point. In this example, this will be the full time point 1 of MN37 - £32,156 (taken from the 2016 pay circular, as that is when the doctor transitioned).

The banding to use in the cash floor calculation will be the full time banding that was underpinning the LTFT F banding. For example, the doctor at the time was working an FA (50 per cent) rota, but this was based on the full time rota which was a 1B (40 per cent). The rota was also 1B at 31 October 2015.

Therefore the doctors new recalculated cash floor is £32,156 plus 1B (40 per cent) banding, **£45,018.40**.

Note that the FA (50 per cent) banding is not used, because the full time doctors had their cash floor calculated based on a 1B (40 per cent) banding. Using a 50 per cent banding would mean that the LTFT doctor going full time gets a higher cash floor than their full time colleagues, going against the principle set out above.

It would be advisable where you have LTFT doctors transitioning to the 2016 contract to keep a record of the banding of the corresponding full time rota (and its banding on 31 October 2015) so this information is readily available should a LTFT doctor subsequently go full time.

If the doctor subsequently returns to LTFT, their cash floor would be calculated with reference to their original LTFT cash floor (see example 2).

If a full time doctor decides to go LTFT after transition, their pro-rata cash floor will be calculated as follows:

Example 4

A full time doctor transitions to the 2016 contract and has their cash floor set at £45,453 (the minimum of the MN37 scale, £30,302 scale plus a 1A banding).

The doctor subsequently requests and is approved to go LTFT at 60 per cent. Their new recalculated cash floor is therefore £45,453 x 60 per cent = **£27,271.80**.

Should the doctor subsequently change their LTFT percentage then their full time cash floor will be pro-rated to their LTFT percentage, as above. Should they return to training full time, their cash floor will revert to the £45,453 figure.

Note – remember when recalculating cash floors to use the pay values from the year the doctor transitioned to the new contract. E.g. do not use uplifted salary scales or take in to account increments. The principle is that the cash floor is set once at a set point in time – and we are doing an adjustment to reflect a change in whole time equivalent.

Less than full time transitional pay premium

During transition only, doctors entitled to section one pay protection will be paid an additional £1,500 per annum if they were LTFT on 3 August 2016, or were absent on maternity leave on 2 August 2016 and return from maternity leave LTFT. The additional £1,500 per annum will cease to be paid when the doctor ceases to train LTFT. Otherwise, if the doctor remains LTFT, it will be paid until their transition end date.

For the avoidance of doubt, the less than full time transitional pay premium is not paid to those under section 2 pay protection, as they continue to be paid according to the previous pay system.

The £1,500 per annum does not depend on the LTFT percentage. A 50 per cent LTFT trainee and a 90 per cent LTFT trainee will both get £1,500 per annum if eligible.

The LTFT transitional pay premium is detailed in paragraph 17 of Schedule 14 of the 2016 TCS.

The reason behind the additional transitional payment is to recognise that the previous LTFT pay system advantaged LTFT trainees over their full time colleagues. Now that this advantage has been removed by ensuring pay is properly pro-rata, it was agreed to make an additional payment to existing LTFT trainees during transition to ensure that the loss of this current advantage is smoothed during the move to a fair pay system.

Section two pay protection

On moving on to the 2016 contract, doctors entitled to section two pay protection will have their pay expectations protected by continuing to be paid as if they were still on their previous 2002 arrangements. This means that they will continue on their existing incremental pay scale, and will receive a banding supplement (if applicable) calculated according to the banding questionnaire at Annex B of the 2016 TCS. The banding questionnaire includes questions for full time and LTFT trainees.

The TCS specify that doctors under section two pay protection will continue to be paid on the MN37 pay scale (or for the very small number of pre-2007 Specialist Registrars, MN25). This is the pay scale for full time doctors, but it is likely that LTFT trainees will currently be paid on the

equivalent LTFT pay scale which is MT59. It is the MT59 pay scale which should continue to be used for LTFT trainees for this purpose.

It is important to note that under the 2002 TCS doctors basic pay is not calculated as a straight pro-rata proportional to the hours they work like under 2016 arrangements. Under the 2002 arrangements for LTFT, the hours of work fall in to one of five bands, which give the doctor their F number. The doctor is then paid a proportion of full time salary based on this F number. As doctors under section two pay protection are paid according to the previous pay system, then this F number process should be used for determining basic pay for LTFT doctors on section two pay protection.

Information on the LTFT pay system under the 2002 contract is included as an appendix to this document.

Doctors on section two pay protection who change their LTFT percentage/go from full time to LTFT/go from LTFT to full time, will have their pay changed in exactly the same way as under the 2002 contract, ie it will simply be determined what the new F number/basic salary is by looking at the new actual hours worked, and what the new F banding/banding supplement on the new rota should be (note this will be done using the banding flow chart at Annex B of the 2016 TCS).

Appendix - Information taken from equitable pay for flexible medical training

Equitable pay for flexible medical training is the document which explains how to pay LTFT trainees under the 2002 TCS. It describes how basic salary is determined by actual hours of work, which are used to place the doctor into a four-hour band, giving them an F number. The pay for each band is based on the lower hours limit.

F number	Hours of actual work a week	Proportion of full time salary paid
F5	20 or more and less than 24	0.5
F6	24 or more and less than 28	0.6
F7	28 or more and less than 32	0.7
F8	32 or more and less than 36	0.8
F9	36 or more and less than 40	0.9

Equitable pay for flexible medical training goes on to detail how a percentage banding supplement is then added to this LTFT salary depending on the doctors working pattern. The LTFT banding flowchart is contained within Annex B of the 2016 TCS. The LTFT banding supplement will be one of the following:

Band	Percentage of salary payable
FA	50 per cent
FB	40 per cent
FC	20 per cent
No supplement	0 per cent