



Member briefing

Reform package for SAS doctors in England

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Dr Naru
Narayanan
President, HCSA

On November 15, HCSA senior doctors returned a 77 percent vote for strike over pay. HCSA dispute committee was clear from the outset that as the union founded to represent hospital consultants and specialists, we would ballot senior doctors as one. Too often, SAS doctors have been left behind in the workplace. Our members tell us they are denied the opportunity to progress and not treated with the status their skills merit.

As President of HCSA, I am clear this has to change. We will work with all allies in the campaign to address the inequities faced by SAS doctors.

This briefing is launched alongside a ballot on a proposed reform package. The package was negotiated by the Department of Health and Social Care, NHS Employers and the BMA. HCSA was not involved in negotiating this package, but the offer pertains to the dispute of our SAS members and it is only right that your voices are heard.

You, as HCSA SAS members, will be asked to vote on the package of proposed changes to the 2021 pay spine and other initiatives proposed to support career development of SAS and LEDs.

Your vote will guide next steps for HCSA. An acceptance will draw the dispute to a close for HCSA members, while a rejection will be considered carefully by HCSA's Executive in the light of our live strike mandate.

This briefing has been informed by the views of HCSA SAS representatives, and has been produced to support you in making a decision on whether to accept or reject the package. While HCSA's Executive has not been able to support this offer, we urge you to consider this briefing carefully before coming to a personal decision.

The package contains three main elements:

1. Pay uplift to 2021 contract
2. Career development
3. New proposals on locally employed doctors

HCSA - The hospital
doctors' union

1 Kingsclere Road
Overton
Basingstoke
Hampshire
RG25 3JA

01256 770999
conspec@hcsa.com
www.hcsa.com



1. Pay uplift to 2021 contracts

This is the most significant element of the package for SAS members. It provides an uplift of between 6.1-9.22 percent for those on SAS 2021 contracts dependent on spinal point.

This would be backdated to January 1st 2024 and paid in April. **There is no award for SAS doctors on old-style contracts.**

SPECIALIST (2021 CONTRACT)

Pay Scale code	Pay Scale Uplift (£)	Pay Scale Uplift (%)	Pay Scale with effect from 01/01/24
MC70-01	£7,555	9%	£91,500
MC70-02	£7,555	9%	£91,500
MC70-03	£7,555	9%	£91,500
MC70-04	£5,469	6.1%	£95,079
MC70-05	£5,469	6.1%	£95,079
MC70-06	£5,469	6.1%	£95,079
MC70-07	£5,814	6.1%	£101,089

SPECIALTY DOCTOR (2021 CONTRACT)

Pay Scale code	Pay Scale Uplift (£)	Pay Scale Uplift (%)	Pay Scale with effect from 01/01/24
MC75-01	£3,295	6.27%	£55,825
MC75-02	£3,295	6.27%	£55,825
MC75-03	£3,295	6.27%	£55,825
MC75-04	£3,796	6.27%	£64,315
MC75-05	£3,796	6.27%	£64,315
MC75-06	£3,796	6.27%	£64,315
MC75-07	£4,231	6.27%	£71,696
MC75-08	£4,231	6.27%	£71,696
MC75-09	£4,231	6.27%	£71,696
MC75-10	£4,684	6.27%	£79,359
MC75-11	£4,684	6.27%	£79,359
MC75-12	£4,684	6.27%	£79,359
MC75-13	£7,600	9.22%	£90,000
MC75-14	£7,600	9.22%	£90,000
MC75-15	£7,600	9.22%	£90,000
MC75-16	£7,600	9.22%	£90,000
MC75-17	£7,600	9.22%	£90,000
MC75-18	£7,600	9.22%	£90,000

The pay uplift is presented as a remedy for the pay erosion experienced by those on SAS 2021 contracts. The government locked this group out of recent DDRB pay awards after a multi-year deal was agreed.

HCSA understands around 50 per cent of the SAS workforce to be on 2021 contracts. Members in this position should check the tables on this page to understand how their own pay will be affected.

Members who are not on 2021 contracts have the option to move over to the 2021 contract.

We advise any members in this position to carefully consider the impact this would have on their own pay and terms and conditions, seeking expert advice from HCSA if required.

The offer also commits the government to ask the DDRB to make a recommendation for SAS doctors for 2024/5 and does not seek to place a ceiling on this award.



HCSA Executive view

While we welcome all improvements to pay for SAS doctors, we also have some fundamental concerns on the specifics of this package.

The offer would immediately benefit around 50 percent of SAS doctors, increasing the upper limit on specialty doctor pay by 9.22 percent and on specialist pay by 6.1 percent. These sums would be significant for many members. However, we are disappointed to see that the rest of the SAS workforce are not set to receive any uplift through this offer.

We also note that the new pay spine continues to fall short of equivalent pay for some members currently on 2008 associate specialist contracts. It is therefore unlikely that this offer would produce the intended effect of encouraging large numbers of SAS doctors to move to the new contract.

The offer also falls short of reversing the real-terms pay erosion that SAS doctors have experienced since 2008/9 of around a third. Members should therefore consider whether this award is enough to draw an end to the dispute on historic pay erosion.

It is of note that this offer, if accepted, would be in addition to the usual DDRB pay round, so SAS doctors could expect another award later in the year.





2. Career development

The second substantial element of this offer is investment in the creation of new specialist roles. The offer proposes a £5 million pot to be available for employers to access in the financial year 2024/5.

The aim is for employers to use this fund to create and implement permanent specialist roles.

The intention is to give more top-band specialty doctors a progression pathway to become specialists.

Further cited measures include:

- A commitment to promote the job planning process for SAS doctors
- New guidance to support career progression of SAS doctors
- A recommendation to employers that they convert associate roles into specialist roles and advertise roles internally in the first instance
- A recommendation to employers that they engage with SAS advocates on trust vacancies
- A project board to carry out research by summer 2024 into why specialist roles are not being created.

HCSA Executive view

This serves as a welcome acknowledgement of the constraints on career progression for specialty doctors. Too many highly skilled doctors are working beyond their grade without reward. This leaves many of our members undervalued, contributing to the retention crisis in the NHS.

It is, however, of note that the career progression funding is aimed at the top end of the specialty doctor scale and therefore does not make any funds available for progression of specialist doctors.

It is crucial that new jobs are permanent rather than temporary, so the creation of roles must not be seen as a one-off investment, but rather a long-term commitment. We are yet to be convinced that a one-off £5 million funding envelope is enough investment to create a sustainable specialist workforce, especially once we consider that there are 42 ICBs in England calling for investment.

There is not yet enough information available to understand how this money will be applied and so, for members, it is difficult to say whether new roles will be available in your own workplace.

Other than the employer fund, much of this aspect of the offer is aspirational: welcome, but unlikely to produce widespread change.

There are a minority of trusts already demonstrating best practice in SAS progression and we support plans to understand how this model can be reproduced elsewhere. However, in our view, those trusts which are reluctant to create progression pathways for SAS doctors will continue to ignore recommendations, leaving SAS doctors “stuck”. These trusts must be compelled rather than encouraged.





3. Locally employed doctors

The offer includes a section on LEDs, recognising the rapid growth of this workforce, which includes many doctors working at SAS level but without the benefit of national terms and conditions.

The package includes:

- The establishment of a joint project between DHSC, NHS England and NHS Employers to determine how LEDs can be supported to progress in their careers
- The aim of developing a process that gives LEDs offer of a permanent SAS role after 24 months
- Agreement to promote the statutory right of LEDs with four years of continuous service to be made permanent
- Local joint negotiating committee involvement in monitoring how many LEDs are moving over to SAS at a local level.

HCSA Executive view

LEDs are subject to exploitative practices, often fulfilling a role like any other SAS doctor, yet without full contract entitlements. HCSA is aware of many LEDs who are not paid at the same rate as their peers and have no contractual right to Supporting Professional Activities time.

We therefore welcome the intention of these proposals to support this workforce and promote their statutory rights.

Yet we feel the proposal could go further. For example, instead of aiming to create a process where LEDs “should” be given the offer of permanent roles, we would prefer a firm commitment to mandate that trusts must make this offer to LEDs.



What next for members?

Reform package for SAS doctors in England

Member briefing

The HCSA Executive is asking you, as a member, to familiarise yourself with the entire proposal and come to a personal decision on whether you would like to accept or reject the pay reform package.

Although the HCSA Executive has not been able to support this package, we will be led by the views of our members.

If members accept the package, this will draw the pay dispute to a close for HCSA SAS members. If members reject, HCSA's Executive will consider all possible next steps including strike action.



The professional association and trade union for hospital doctors, wherever you are in your career