

Hospital medical and dental staff (England and Wales) : terms and conditions of service.

Contributors

Great Britain. Department of Health and Social Security.

Publication/Creation

London : DHSS, 1986.

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NATIONAL HEALTH SERVICE

HOSPITAL MEDICAL AND DENTAL STAFF (England and Wales)

TERMS AND CONDITIONS OF SERVICE

APRIL 1986

(Revised)

DHSS

K50497

ISBN 1 85197 056 8

£2.15 net



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NATIONAL HEALTH SERVICE

TERMS AND CONDITIONS OF SERVICE OF HOSPITAL
MEDICAL AND DENTAL STAFF
(ENGLAND AND WALES)

INTRODUCTION

i. This Handbook sets out the Terms and Conditions of Service of Hospital Medical and Dental Staff in England and Wales. It supersedes the booklet issued in April 1981, and incorporates the amendments agreed between the Secretary of State and the Staff Association subsequent to that date.

HOSPITAL MEDICAL AND DENTAL STAFF
(ENGLAND AND WALES)

ii. The provisions and conditions of service set out in this Handbook have been approved by the Secretary of State under Regulation 7 of the National Health Service (General) Regulations 1982 (SI 1982 No 198).

TERMS AND CONDITIONS OF SERVICE

iii. The Terms and Conditions of Service set out in this Handbook shall apply to all staff employed in the National Health Service in England and Wales who are employed in the posts specified in the Schedule to this Handbook, and who are employed on the basis of full-time or part-time employment.

APRIL 1986

(REVISED)

iv. The Terms and Conditions of Service set out in this Handbook shall apply to all staff employed in the National Health Service in England and Wales who are employed in the posts specified in the Schedule to this Handbook, and who are employed on the basis of full-time or part-time employment.

DHSS

v. This Handbook is published by the Secretary of State for Health, 10 Whitehall, London SW1A 2HQ. It is available free of charge to all staff employed in the National Health Service in England and Wales who are employed in the posts specified in the Schedule to this Handbook.

(1)

EMPLOYMENT HISTORY	
DATE	POST

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CROMWELL HOSPITAL

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NATIONAL HEALTH SERVICE

TERMS AND CONDITIONS OF SERVICE OF HOSPITAL

MEDICAL AND DENTAL STAFF

(ENGLAND AND WALES)

INTRODUCTION

- i. This handbook sets out the Terms and Conditions of Service of Hospital Medical and Dental Staff in England and Wales. It supersedes the booklet issued in April 1981, and incorporates the amendments agreed between the Secretary of State and the medical and dental professions subsequent to that date.
- ii. The remuneration and conditions of service set out in this handbook have been approved by the Secretary of State under Regulation 3 of the National Health Service (Remuneration and Conditions of Service) Regulations, 1974 (SI 1974 No 296).
- iii. The Terms and Conditions of Service set out in this handbook shall incorporate, and be read subject to, any amendments which are from time to time the subject of negotiation by the appropriate negotiating bodies and are approved by the Secretary of State after considering the results of such negotiations. The record of amendments, at the back of this handbook, should be kept up-to-date.
- iv. The approved provisions of this handbook are the Terms and Conditions of Service determined from time to time for the purposes of the contracts of hospital medical and dental staff and have been so determined by the Secretary of State for the purpose of those contracts requiring his determination. The fees and allowances set out in Appendix IV do not form part of these Terms and Conditions of Service, and are included solely for the convenience of users.
- v. Where reference is made in these Terms and Conditions of Service to the Secretary of State, this shall be taken to mean the Secretary of State for Social Services or the Secretary of State for Wales as appropriate; and Department means the Department of Health and Social Security or the Welsh Office as appropriate.

vi. Where reference is made to health authorities in these Terms and Conditions of Service this should be taken as including the Special Health Authorities for the London Postgraduate Teaching Hospitals.

vii. This handbook should be read in conjunction with the General Whitley Council Conditions of Service; those sections of the General Council Conditions of Service which apply to hospital medical and dental staff are listed in Appendices II and III to this handbook.

viii. The following abbreviations for grades have been used

SHMO/SHDO : Senior hospital medical/dental officer
AS : Associate Specialist
SR : Senior registrar
R : Registrar
SHO : Senior house officer
HO : House officer

ix. All provisions apply to both medical and dental staff, except where the text specifically indicates the contrary.

x. The term "regular appointment" excludes locum appointments.

RATES OF PAY

1. a. Practitioners shall be paid at the rates set out in Appendix I.
 - b. Distinction and Meritorious Service awards shall be payable where these have been recommended for an individual consultant by the Advisory Committee on Distinction and Meritorious Service Awards, at the rates given in Appendix I.
2. Not allotted.

APPOINTMENT TO, AND TENURE OF, POSTS

Consultant

3. Consultants holding medical posts must be fully registered medical practitioners; consultants holding dental posts must be registered dental practitioners or fully registered medical practitioners.

Closed Grades

4. Entry to the career grades of Senior Hospital Medical and Dental Officer, and of child psychiatrist appointed to a personal substantive post under circular HC(79)7, is closed. The terms of service of such child psychiatrists are, unless otherwise specified, the same as those of officers in the grade of SHMO/SHDO.

Associate Specialist

5. a. A medical practitioner appointed to the AS grade shall have served in the hospital service for at least three years since first obtaining temporary, limited or full registration, including normally at least two years in the grade of registrar in a relevant specialty, or shall have had equivalent experience. All medical practitioners first appointed to the AS Grade after 31 December 1982 must have full registration.
- b. A dental practitioner appointed to the AS grade shall have served in the hospital service for at least four years since registration, including normally at least two years in the grade of registrar, or shall have had equivalent experience.

c. Appointments shall be for one year in the first instance.

d. A medical practitioner shall have full or limited registration and a dental practitioner shall be registered.

Hospital Practitioner grade

6. a. Appointments to the grade of hospital practitioner shall be in accordance with HC(79)16 (WHC(PC)(79)8 in Wales). A practitioner appointed to the grade shall be a principal providing general medical or dental services under Part II of the National Health Service Act 1977. A medical practitioner appointed to the grade shall have been fully registered for at least four years; a dental practitioner shall have been registered for at least five years.

b. Appointments shall be for one year in the first instance, except where a practitioner had previously occupied a post as part-time medical or dental officer or as an AS in the same unit.

c. A medical practitioner shall have full registration and a dental practitioner shall be registered.

d. Posts shall be limited to a maximum of five notional half-days each week.

Tenure of post

7. Appointments in the grade of consultant, SHMO, SHDO; and appointments in the grade of AS and hospital practitioner, if confirmed after the first year where this is appropriate, may be held until retirement age under paragraph 200 unless terminated under the provisions of paragraphs 190 to 192 or 195 to 198; provided that an appointment as hospital practitioner shall cease if the practitioner ceases to be a principal in general medical or dental practice.

Senior Registrar

8. On appointment as SR a medical practitioner shall have full or limited registration and shall normally have at least four years' postgraduate

experience, and a dental practitioner shall normally have been registered for at least four years. Posts shall be held for the duration of a programme of training typically of three or four years.

Registrar

9. On appointment as registrar a medical practitioner shall have full or limited registration and shall normally have at least two years' postgraduate experience and a dental practitioner shall normally have been registered for at least two years. Posts shall normally be held for two or three years, but the appointment may be for one year in the first instance.

Senior House Officer

10. On appointment as SHO a medical practitioner shall have at least twelve months' postgraduate experience in hospital posts; and shall have full registration or, if provisionally registered, shall obtain full registration within fourteen days of taking up his appointment; or shall have limited registration. A dental practitioner shall normally have been registered for at least one year. Posts shall normally be held for one year.

House Officer

11. A medical practitioner may have full, limited or provisional registration; a dental practitioner must be registered. Posts shall be held for twelve months or six months, but may include rotations (including rotations between different employing authorities) for shorter periods within that twelve months.

12-14. Not allotted.

BASIS OF CONTRACT

CONSULTANT, SHMO/SHDO AND AS

15. a. When a whole-time consultant or AS appointment is made in the National Health Service it may be held on either a whole-time or maximum part-time basis. A practitioner who opts for the maximum part-time contract is, like a whole-time practitioner in these grades, expected to devote substantially the whole of his professional time to his duties in the NHS. Subject to any controls that may be exercised from time to time by the Health Departments, employing authorities may offer part-time appointments to be held by consultants and ASs; and by any SHMO or SHDO who is already employed by them.

b. A maximum part-time practitioner is paid ten elevenths of the whole-time salary set out in Appendix I and of a distinction award if applicable. Such a practitioner has a minimum work commitment equivalent to ten notional half-days, which should be assessed on the basis set out in paragraph 61 and 62. Any such consultant in post on 31 December 1979 electing to do so may retain a personal maximum part-time contract paid at nine elevenths of the whole-time salary.

c. A part-time practitioner is paid on the basis set out in paragraphs 61 to 69.

Additional session

16. a. In exceptional circumstances, an authority may, at their discretion, enter into a separate contract with a practitioner in any of these grades, other than one with a maximum part-time contract (subject to sub-paragraph c. below), for an extra notional half-day to undertake work which is not part of his normal contractual duties (including his obligations under paragraph 108). Such contracts shall be reviewed not less often than annually and will be terminable at three months' notice on either side without formality. The provisions of paragraphs 190 and 191 do not apply to notional half-days contracted for under these arrangements. The notional half-day shall be remunerated at the rate of one eleventh of the appropriate whole-time salary. A locum practitioner will be eligible

for this session on the same basis as other practitioners, subject only to the period of notice for the additional session not exceeding that of his locum contract.

b. When family planning work undertaken by a gynaecologist consists largely of counselling or examination, then, subject to the agreement of the employing authority, and irrespective of the nature of his contract, he may be contracted for extra sessions (in addition to existing contracted sessions) to carry out such work. These sessions should be assessed in accordance with paragraph 61 below.

c. An authority may, at their discretion, award an additional session to a maximum part-time consultant without prejudice to his private practice rights where he is:

i. appointed a part-time general manager and his clinical sessions have not been reduced sufficiently to take full account of his general manager duties; or

ii. the immediate colleague of a consultant appointed part-time general manager, and is called upon to take on additional work to cover clinical sessions temporarily relinquished by the general manager.

This discretion to award a temporary additional session to a maximum part-time consultant applies specifically and only in the above circumstances.

17. Not allotted.

PRACTITIONERS IN GRADES OF SR, R, SHO AND HO

18. Practitioners in the grades of SR, R, SHO and HO undertaking to work for a standard working week contract for:

a. a minimum of ten units of medical time (UMTs) per week, each unit being four hours of duty. This minimum period of duty for a full-time practitioner shall be the standard working week;

b. such further agreed UMTs as are required to meet the needs of the service;

c. exceptionally, duty in occasional emergencies or unforeseen circumstances (see paragraph 110).

Payments additional to standard salary

19. a. Practitioners in the grades of SR, R, SHO and HO may receive payments additional to their standard salary for UMTs (each unit being four hours of duty) performed in excess of ten units (forty hours) per week.

b. Payments shall be made for Class A (standing by or working in hospital) or Class B (available on call) units at the rates set out in Appendix I.

c. The fact that a practitioner is at home should not necessarily preclude him from being assessed and paid at the Class A UMT rate (standing by or working at hospital), where the practitioner's availability is such that he is as fully on stand by as if he were on stand by at the hospital.

d. Where a practitioner reaches agreement with his employing authority on a revised rota commitment after 1 July 1983, the UMTs shall be re-assessed in accordance with paragraphs 18 to 23, effective from the date of the change. For so long as it is more favourable, however, and so long as the practitioner remains in the same post, he shall retain the overall salary (including payments made under the provisions of this paragraph, but not any payments made under the provisions of paragraphs 111 and 112) he was receiving immediately before the change. The salary shall be increased only to take account of increments on the old scale, save that, if granted before 1 January 1984, it shall be increased on that date to take account of the second part of the 1983 pay settlement then due.

e. If a practitioner in a rotational appointment has accepted appointment to a future post in that rotation on the basis of a firm job description, including the assessment of UMTs, and if the rota

commitments of that future post have been changed before the practitioner actually takes it up, then sub-paragraph 19.d. shall apply, and the practitioner shall be treated as if he had already been occupying the post at the time of the change.

Minimum time off-duty

20. It is recommended that, in the assessment of contracts, a minimum of eighty-eight hours per week of assured periods of off-duty, including freedom from on-call liability, should be made available to practitioners, always provided that the needs of patients permit.

Construction of rotas

21. a. For practitioners in the grades of SR R, SHO and HO, regular duty rotas shall be constructed in such a way as to ensure that, on average, at least half the week nights, half the Saturdays and half the Sundays (including Saturday and Sunday nights) during the rota period are assured periods of time off-duty, including freedom from on-call liability.
- b. Sub-paragraph a. shall not apply in the circumstances described in sub-paragraph 110.d.

Assessment of remunerable time

22. Subject to paragraph 24 below, the assessment of remunerable time for staff in the grades of SR, R, SHO and HO shall be made as follows:

- a. The average weekly UMTs shall be assessed by reference to the period covered by the normal duty roster. It should also take account of such commitments outside normally rostered duties as are necessary for the continuity of patient care, and should include any additional UMTs contracted for under the provisions of b. below. All UMTs thus assessed are remunerable, and for the purpose of calculating and paying earnings it should be assumed that this average weekly assessment continues throughout the year irrespective of a practitioner's own absence on leave;
- b. In circumstances where, under the provisions of sub-paragraph 110.c., practitioners contract prospectively to cover the annual and study leave of colleagues, the appropriate number of Class A or B UMTs should be added to the average weekly assessment in a. above to take account of such prospective cover.

Full pay

23. The total remuneration calculated on the basis of paragraph 22 represents full pay for the purpose of the agreements relating to leave in the Terms and Conditions of Service of Hospital Medical and Dental Staff and of the General Whitley Council. Provisions as to other rates of pay should be construed accordingly.

Retention of existing contracts

24. Where contracts had been entered into before 1 June 1978 on the basis of the then current paragraphs of the Terms and Conditions of Service relating to the assessment of workload, that basis should continue in force until the expiry of that contract and should not now be amended.

25. Not allotted.

ASSOCIATE SPECIALIST

Minimum time off-duty

26. Subject to paragraphs 27 and 28 below, and always provided that the needs of patients permit, the following assured periods of time off-duty, including freedom from on-call liability, or the equivalent of these periods taken at other times, shall be made available as a minimum to practitioners in whole-time or maximum part-time appointments as AS:

- i. one afternoon a week;
- ii. two nights off in three (from Monday to Thursday);
- iii. two weekends off in three (being the nights of Friday, Saturday and Sunday and the days of Saturday and Sunday).

Extra duty allowance

27. Subject to the conditions of paragraph 28 below, a practitioner who fails to receive his entitlement to the minimum recommended in paragraph 26 during

which he should neither be on duty nor on-call shall be granted an extra duty allowance at the rate set out in Appendix I.

Conditions for payment of extra duty allowance

28. a. A practitioner shall be deemed to be on duty or on-call when he has a specific commitment either to be immediately available for duty in hospital, or to stand by for re-call to duty if required. Work in the hospital during periods in which the practitioner is not required to remain on duty on hospital premises or to stand by shall not count for the purposes of extra duty allowance payments.

b. A night, a day and an afternoon shall be such periods as shall accord with the schedule of duties for the relevant hospital or hospitals; and shall each be valued at one unit. A weekend shall thus be valued at five units. The minimum entitlement to time off-duty in any period of twenty-one days shall be twenty-one units.

c. Encroachment of more than two hours from the commencement of a unit of time off-duty shall count as a unit of extra duty. The number of units of time off-duty shall be calculated every six weeks. Any excess of units of time off in any one period of six weeks shall not be reckonable against any extra duty in any other period of six weeks.

d. Periods of absence on leave shall be treated as if a practitioner has received his minimum time off-duty.

e. A claim for payment of extra duty allowance shall be endorsed by a consultant and submitted to the employing authority within four weeks of the period to which the claim relates.

f. Extra duty allowance shall not be payable to practitioners who are being paid an allowance for acting-up as consultant.

g. A practitioner who shares an on-call rota with one or more practitioners to whom paragraph 19 applies and whose hours on-call are reduced solely as a result of a new and less onerous rota introduced after 1 July 1983 shall be credited with an additional number of hours on-call in each six week extra duty allowance period equal to the

difference between the old rota commitment and the new. These hours shall be included in the calculation of extra duty allowance under sub-paragraphs 28.a. to f. Any resulting units will be paid at the rate applicable immediately before a change in rota commitments. The rate per unit shall not be increased to take account of subsequent pay settlements, save that, if this sub-paragraph is applied before 1 January 1984, the rate shall be increased from that date to take account of the second part of the 1983 pay settlement then due. This sub-paragraph shall apply for as long as the practitioner remains in post or it is more favourable than a calculation made solely in accordance with sub-paragraphs 28.a. to f. with the resultant units paid at the rates currently in force.

29. Not allotted.

CONTRACTUAL DUTIES OF PRACTITIONERS

30. A practitioner's duties under his contract of employment should be agreed in that contract or its associated job description. The duties will include work relating to the prevention, diagnosis or treatment of illness which forms part of the services provided by his employing authority under section 3(1) of the National Health Service Act 1977, including services provided to patients who have elected to receive services under section 65(1) of the Act. They may also include work related to services provided under the following sections of that Act:

- a. under section 5(1)(b)(relating to contraceptive services);
- b. for local authorities under section 26(3)(in connection with their functions relating to social services, education and public health) and under section 26(1)(in relation to staff health schemes);
- c. under section 58 (relating to the provision of services to third parties).

The work will also include the provision of reports which are reasonably incidental to his work. Illustrations of such work (for which charges may not be made) are set out in Category 1 of the Schedule (paragraph 36), while illustrations of work which is regarded as not related to services provided under these sections and therefore is not part of the practitioner's duties under his contract are set out in Category 2 of the Schedule (paragraph 37): see also paragraph 33.

Section 58 Services

31. Where an employing authority proposes to provide services to a third party under section 58 of the National Health Service Act 1977 which will involve a practitioner, then the prior agreement of that practitioner should be obtained. The practitioner may negotiate separately with, and obtain fees from, a third party for any such medical or dental work he undertakes; such fees will count as part of his gross income from private practice for the purposes of sub-paragraph 42.a. Alternatively, by mutual consent, a sessional assessment may be made within the practitioner's NHS contract.

Fees payable by employing authorities

32. A practitioner shall receive fees from his employing authority for undertaking the following work, provided it does not form part of his duties under paragraph 30:

- a. work related to the services referred to under sub-paragraphs 30.a. and b.;
- b. radiology and pathology tests required as part of examinations and reports illustrated in Category 1(b)(vi) of the Schedule in paragraph 36, where either time is not allocated to such work in a practitioner's contract or the volume of work does not justify a separate arrangement. The fee for this work is shown in Appendix I.

Retention of other fees

33. Provided that it would not in the opinion of his employing authority interfere with other hospital activities, or with the proper discharge of his contractual duties, and the person or third party concerned accepts that a fee is payable, a practitioner may undertake and retain fees for the following work, whether at a hospital or elsewhere:

- a. examinations, reports, etc. (illustrations of which are set out in Category 2) which do not fulfil any of the conditions referred to in Category 1 of the Schedule or fall within the definition of private practice; and
- b. general practitioner services given by a hospital medical officer under Part II of the National Health Service Act 1977 to members of the hospital staff who are on his list.

Use of hospital facilities

34. Where, in the carrying out of work referred to in sub-paragraph 33.a., hospital laboratory, radiological or other technical facilities are used, the charges made by the practitioner to the person or third party shall represent two elements:

a. payment for professional services; and

b. payment of hospital costs;

and one third of whatever payment is made for the item of service provided shall be remitted to or retained by the health authority in respect of b. Where such facilities are not used, no charge shall be made under b. and any payment by the person or third party will be in respect of professional services only. All charges in respect of professional services shall be a matter of agreement between the practitioner and the person or third party concerned, and shall be collected by the practitioner, or, by agreement with the authority, collected by the authority and remitted to the practitioner.

Schedule

35. The items of service listed in the two Categories of the Schedule below are not exhaustive. The application of the principles which the Schedule illustrates shall determine to which Category other similar services belong, and consequently whether or not the work is or may be part of the practitioner's contractual duties.

36. CATEGORY 1: work undertaken by hospital medical and dental staff for which charges may not be made.

a. Examination and diagnosis and the furnishing of any report reasonably required in connection therewith on a person referred to the health services for this purpose from a medical source for a second opinion. For this purpose, reference from a medical source means reference from a medical and dental practitioner (including, for example, a medical board) who, having clinically examined a person, requires a second opinion for any reason; but does not include reference for examination included in Category 2 or reference from an administrative medical officer who has not clinically examined the person referred.

Examples of a. are:

i. examination of and report on a person referred by a general practitioner;

- ii. examination of and reports on members of HM Armed Forces (including members of overseas forces serving on duty in the UK) and their families referred by medical officers who are treating them;
 - iii. examination of and reports on persons referred in connection with diagnosis or treatment by a medical practitioner in the Community Health Service; (but examinations of and reports required on employees or prospective employees for the purpose of superannuation schemes fall within Category 2);
 - iv. examination of and report on a person referred by a medical interviewing committee set up by the Department of Health and Social Security to advise disablement resettlement officers of the Department of Employment or the Manpower Services Commission on the working capacity of disabled persons;
 - v. examination of and report on a person referred by a medical officer of a Medical Boarding Centre (Respiratory Diseases) of the Department of Health and Social Security for the purposes of diagnosis and treatment; but when the examination is carried out in connection with a compensation or social security claim, this falls in Category 2(ii);
 - vi. examination of and report on a person referred by an occupational health physician or employment medical adviser following an accident or incident which may give rise to occupational disease or where, exceptionally, an employment medical adviser, following a clinical examination of a person or persons, suspects the possibility of occupational disease and seeks an investigation and a second medical opinion.
- b. Examination and reports on persons for the purposes of the prevention of illness, under arrangements approved by the Secretary of State after consultation with the profession. But examination and reports required by a person or third party primarily to serve the interests of the person, his employer or other third party, in such contexts as insurance, superannuation, foreign travel, emigration or sport and recreation, fall within Category 2. Examples of b. are:

- i. where the need for preventive measures arises from the necessity to investigate contacts of a patient with a transmissible disease, eg., tuberculosis, epidemic diseases, such as smallpox, typhoid, etc., or venereal disease;
- ii. examination and reports in respect of transmissible disease on entrants to colleges for training as teachers, applicants for teaching posts, teachers, and other persons whose training, prospective occupation or occupation brings them in close and prolonged contact with children;
- iii. examinations and reports on employees or prospective employees (not otherwise covered by ii. above) of health authorities and of local authority educational, social services and environmental health departments who may be at particular risk of acquiring or spreading transmissible diseases by reason of their employment or prospective employment, or voluntary workers and employees of voluntary bodies similarly at risk;
- iv. examinations and reports in connection with individual screening measures (eg., cervical cytology) for the benefit of particular people who, by reason of age, sex or other constitutional or environmental factors, are particularly at risk of developing specific diseases. Routine screening of workers is covered by sub-paragraph (b)(vi) below, and Category 2 (xvi) and (xvii);
- v. where the defined duties of the practitioner specifically include such work, examinations and reports on prospective employees (other than those covered in sub-paragraphs (b)(ii) and (iii) above) of health and local authorities;
- vi. where the defined duties of the practitioner specifically include such work, examinations and reports (other than those in sub-paragraphs (b)(ii) and (iii) above) in connection with the routine screening of employees of health and local authorities, to such extent as may be approved by the Secretary of State after consultation with the profession; (but see paragraph 32).

c. X-ray examination of any persons resorting to or referred to the mass radiography service and the furnishing of a report if required, of the results of such examination.

d. Recommendations under Part II of the Mental Health Act 1983:

i. if given by a doctor on the staff of the hospital where the patient is an in-patient;

ii. if given following examination at an out-patient clinic;

iii. if given as a result of a domiciliary consultation carried out at the request of a general practitioner.

e. The furnishing of a medical or dental report to a patient who is currently under observation or treatment at the hospital or, with his consent, to an interested third party, when the information required is reasonably incidental to such observation and treatment and can be given readily from knowledge of the case without a separate examination or without an appreciable amount of work in extracting information from case notes (but if a special examination of the patient is required, or the information requested cannot be given readily from knowledge of the case, or where extracts from case notes are required and an appreciable amount of work is involved to provide information which will neither be misleading nor prejudicial medically to the patient, the work falls within Category 2, unless such work is specifically included in the practitioner's contractual duties as provided by paragraph 30 above).

Examples are:

i. doctors' statements given to the patient for social security purposes;

ii. reports required by the Department of Health and Social Security on a person who is under hospital observation or treatment;

iii. reports required by the Manpower Services Commission, on the working capacity of disabled patients;

iv. reports required by employers (including government departments and local authorities) on employees who are under observation or treatment (eg., reports required in connection with sick leave or premature retirement on health grounds, but excluding information required to serve the interests of the person or his employer, in such contexts as insurance, superannuation, foreign travel or emigration);

f. attendance at court hearings as a witness as to fact by a practitioner giving evidence on his own behalf or on behalf of his employing authority in connection with a case with which he is professionally concerned; (but attendance at coroners' courts is normally work falling within Category 2).

37. CATEGORY 2: the following are examples of examinations, reports, etc., for which, when they do not fulfil any of the conditions referred to in Category 1, charges may be made:

i. a report on a patient not under observation or treatment at the hospital at the time the report is requested, or a report which involves a special examination of the patient or an appreciable amount of work in making extracts from case notes - other than in circumstances referred to in Category 1;

ii. examinations and reports in respect of a person referred by a Senior Medical Officer of the Department of Health and Social Security, or by a Medical Board (including a pneumoconiosis medical panel or board) or a Medical Appeal Tribunal, for the purposes of the Social Security Acts or any other benefits administered by the Department of Health and Social Security;

iii. examination and report on a person referred by a medical referee appointed under the Workmen's Compensation Act 1925 or under a scheme certified under section 31 of that Act;

iv. examination and report on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;

v. examination and recommendations under Part II of the Mental Health Act 1983 (except where this falls within Category 1(d)):

1. if given by a doctor who is not on the staff of the hospital where the patient is examined; or

2. if the recommendation is given as a result of a special examination carried out at the request of a local authority officer at a place other than a hospital or clinic administered by a hospital authority.

Where fees are payable under 1 or 2 above, they will be paid where the practitioner has carried out a special examination whether or not, as a result, he completes a recommendation;

vi. examinations and reports on prospective emigrants including x-ray examinations and blood tests;

vii. examinations and reports required by a patient or interested third party to serve the interests of the person, his employer or other third party, in such contexts as insurance, superannuation, foreign travel, emigration, or sport and recreation (but not including examinations in respect of the diagnosis and treatment of injuries or accidents);

viii. examinations of and reports on persons in connection with legal actions other than reports which can be given under Category 1 (e) and reports associated with cases referred to in Category 1 (e);

ix. examinations and reports required for life insurance purposes;

x. examinations and reports for coroners, and attendance at coroners' courts as medical witnesses;

xi. examinations and reports requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to in Category 1(f);

xii. Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;

xiii. examinations and reports for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;

xiv. services performed by members of hospital medical staffs for government departments as members of medical boards;

xv. work undertaken on behalf of the Manpower Services Commission in connection with research/survey work, ie., the medical examination of work people intended primarily to increase the understanding of the causes of an occupational disease or the effects of a known cause, other than to protect the health of people immediately at risk (except where such work falls within Category 1(a)(vi));

xvi. examinations and reports in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employer by specific regulation or a voluntary undertaking by the employer in pursuance of his general liability to protect the health of his workforce;

xvii. examinations (including chest radiographs) and reports on prospective students of universities or other institutions of further education, provided that they are not covered by Category 1(b)(ii).

38. For the avoidance of doubt, and in accordance with the requirements of section 1(2) of the National Health Service Act 1977, a practitioner shall not

otherwise than pursuant to these Terms and Conditions of Service demand or accept any fee or other remuneration for the provision of the services which he is required to provide by virtue of his contract of employment.

39. Not allotted.

PRIVATE PRACTICE

Definition

40. The expression "private practice" in these Terms and Conditions of Service includes:

- a. the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under section 65(2) or section 66(1) of the National Health Service Act 1977), excluding however work of the kind referred to in paragraph 33; and
- b. work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", eg., members of the hospital staff).

Entitlement to undertake private practice

41. Subject to the limits set out in paragraph 42 below, all practitioners (including locums) may undertake private practice or other work, provided that practitioners in grades other than consultant may undertake it only outside the time for which they are contracted to an employing authority.

Limitation of private practice

42. a. A whole-time practitioner in one of the career grades must certify annually (if his employing authority request this, by the production of fully audited accounts) that his gross income from private practice (excluding any payments made for the use of NHS hospital facilities) does not exceed 10% of his gross salary (including any distinction award, but excluding any other fees, whether payable under these Terms and Conditions of Service or otherwise).

b. Where a whole-time consultant's or AS's certified private practice income exceeds 10% of his gross salary (as defined) for two consecutive years beginning 6 April, his contract will automatically be deemed to be a maximum part-time contract and his remuneration adjusted accordingly,

with effect from 1 April in the year following, unless by that date he can show that he has taken effective steps to reduce his private practice commitments to enable him to comply with sub-paragraph 42.a. and this is substantially confirmed by his earnings return due at that time.

c. When a consultant or AS has been regraded under 42.b. above, he will not be able to exercise an option to return to whole-time status until two consecutive years have passed in which he can show that his private practice earnings have not exceeded the limit of 10%.

d. A whole-time practitioner in one of the career grades (other than a consultant or AS) whose certified private practice income exceeds 10% of his gross salary (as defined) in any year ending 5 April shall thereupon take effective steps to reduce his private practice commitments to enable him in his next earnings return to comply with sub-paragraph 42.a. above.

e. Where private practice is undertaken by a whole-time practitioner outside the NHS hospitals where he is contracted to provide a service, it shall be so limited that significant amounts of his time are not taken up in travelling to and from private commitments.

f. An employing authority may interpret failure to provide a certificate that his private practice earnings have not exceeded 10% of his whole-time NHS salary within three months of request as evidence that the practitioner concerned has private practice income in excess of 10% of his salary.

43-48. Not allotted

MEDICAL SUPERINTENDENTS AND DEPUTY MEDICAL SUPERINTENDENTS

49. a. A medical superintendent or deputy medical superintendent graded as consultant, SHMO or AS who is normally engaged for at least thirty-two hours a week in clinical work shall be remunerated in respect of the whole of his duties at the appropriate rate for his grade.

b. An allowance shall be paid to a clinician (whether whole-time or part-time) who holds an appointment as medical superintendent of one or more psychiatric hospitals or an appointment the duties of which require him to be the chief officer of such hospital or hospitals for the whole of the therapeutic sphere. This allowance will be superannuable. A deputy medical superintendent shall receive no part of this allowance.

c. The salaries of a medical superintendent and a deputy medical superintendent engaged wholly or partly in administrative duties who are not covered by sub-paragraph a. above shall be determined on an individual basis by the Joint Negotiating Committee. A medical superintendent whose duties are partly clinical and partly administrative and who holds an appointment of the kind specified in sub-paragraph b. shall be entitled to the additional allowance under that sub-paragraph.

50-54. Not allotted.

LONDON WEIGHTING ALLOWANCE

London Zone and extra-territorially managed units

55. a. An officer whose place of work (ie., the hospital where his principal duties lie) is within the boundaries of the health authorities designated by paragraph 3 of section 56 of the General Council Conditions of Service shall be paid London Weighting at the rate specified in that paragraph.
- b. An officer whose place of work (ie., the hospital where his principal duties lie) is in one of the units designated by paragraph 7 of section 56 of the General Council Conditions of Service shall be paid London Weighting at the rate specified in that paragraph.

Fringe Zone

56. An officer whose place of work (ie., the hospital where his principal duties lie) is within the boundaries of the health authorities designated by paragraph 9 of section 56 of the General Council Conditions of Service shall be paid London Weighting at the rate specified in that paragraph, unless he is employed at a unit described in sub-paragraph 55.b. above.

Resident Staff

57. A reduced rate of allowance is payable to resident staff who receive free accommodation or pay a national charge for residence under the provisions of paragraph 174. However, compulsorily resident doctors occupying free single accommodation who also necessarily maintain a separate home within reasonable daily travelling distance of the hospital should receive the full rate of London Weighting.

Part-Time Appointments

58. Part-time practitioners shall receive the appropriate proportion of London Weighting.

Locum Tenens

59. Practitioners engaged as locums to posts which attract London Weighting may exercise the option to receive the appropriate allowance in place of any

travel expenses permitted under the terms of paragraph 289, or, where these are payable, subsistence allowances paid under the provisions of Section 22 of the General Council Conditions of Service.

Rotational Appointments

60. Practitioners in rotational appointments moving from posts which do not attract London Weighting to posts that do, or moving from posts attracting the outer London allowance to posts attracting the inner London allowance, in their second or any subsequent post in such linked appointments, may exercise the option to receive the appropriate London Weighting allowance in place of any excess travelling expenses permitted under the terms of paragraph 320.

PART-TIME APPOINTMENTS

Assessment of duties

61. For part-time practitioners in the grades of consultant, AS, SHMO, SHDO, hospital practitioner and part-time medical or dental officers (paragraph 94 or paragraph 107 appointments), the authority shall make a general assessment, in terms of notional half-days and fractions thereof, of the average time per week required by an average practitioner in the grade and specialty to perform the duties of the post, a notional half-day being regarded as the equivalent of a period of three and a half hours. In making this assessment, the authority shall take into account out-patient clinics, ward rounds, operating sessions, laboratory work, emergency visits and so on in their hospitals, including occasional visits to outlying hospitals for consultation, diagnosis or operative work. The authority shall also include time given, eg., as consultant adviser to the authority on special branches of the service or by way of "pastoral visits" to outlying hospitals; and time necessarily required in travelling between home or private consulting room, whichever is the nearer, and the hospital or hospitals served (unless the journey is one which the practitioner would undertake irrespective of his work for the authority) subject, unless the circumstances warrant exceptional treatment, to a maximum of half an hour each way in respect of journeys to his main hospital. There should be excluded from the computation any element of time for committee work and for the care of private patients under sections 65(2) and 66 of the National Health Service Act 1977. There shall also be excluded time required for domiciliary consultations (for which special fees are payable) and any time contracted for, and remunerated separately, under the provisions of paragraph 16. This paragraph shall also be used as the basis for assessing the minimum work commitment of maximum part-time practitioners - see sub-paragraph 15.b.

Rounding Up

62. Where a practitioner's appointment is with a single employing authority and in one grade only, any fraction of a notional half-day resulting from the assessment made in accordance with paragraph 61 above shall count as a notional half-day, so that the notional half-days resulting from the general assessment of duties of his appointment shall always be in terms of whole numbers of notional half-days.

Remuneration of Part-Timers

63. Except as provided in paragraph 66, the salary of a part-time practitioner in the grades of consultant, SHMO, SHDO and AS shall be one eleventh of the appropriate whole-time salary for each notional half-day, together, in the case of a part-time consultant, with the same proportion of any distinction award held, subject to the maximum in paragraph 69.

Part-time practitioners in grades of SR, R, SHO and HO

64. a. A practitioner in the grades of SR, R, SHO and HO may contract with one or more employing authorities for an aggregate of less than ten standard UMTs per week together with additional units payable at Class A and Class B rates. Provided that the aggregate maximum of nine standard UMTs is not exceeded, a UMT shall be contracted for at the standard rate in circumstances where a practitioner contracted for a standard working week would work a UMT at the standard rate.

b. Remuneration for a part-time practitioner in these grades shall be one tenth of the appropriate salary given in Appendix I for each standard UMT contracted for.

65. Not allotted.

Practitioners appointed before 1 January 1960: preserved rights

66. The following classes of practitioners, viz.:-

a. practitioners holding part-time consultant, SHMO or SHDO posts on 31 December 1959;

b. practitioners holding whole-time consultant, SHMO or SHDO posts on 31 December 1959, who subsequently transfer to part-time service in the same grade;

c. whole-time or part-time SHMOs and SHDOs in post on 31 December 1959, who subsequently become part-time consultants, and whole-time or part-time SRs in post on 31 December 1959, who subsequently become part-time consultants or part-time SHMOs or part-time SHDOs

shall be paid the proportion indicated below of the appropriate whole-time salary, together, in the case of a part-time consultant, with the same proportion of the value of any distinction award held:

Number of notional half-days	Proportion of salary
1	115% of one eleventh
2	115% of two elevenths
3	115% of three elevenths
4	109% of four elevenths
5	109% of five elevenths
6	109% of six elevenths
7	103% of seven elevenths
8	103% of eight elevenths
9	103% of nine elevenths

67-68. Not allotted.

Maximum remuneration of part-time appointments

69. a. The maximum remuneration for part-time appointments shall be that for nine notional half-days, except for hospital practitioners, for whom it shall be five notional half-days.
- b. Where a practitioner holds part-time appointments with more than one authority, these maxima shall apply to the aggregate remuneration from all the authorities concerned.
- c. These maxima shall not include payments made for an additional notional half-day contracted under paragraph 16 or in respect of exceptional consultations performed for an authority with whom the practitioner is not in contract, payment made in respect of work as locum tenens, payments for domiciliary consultations, fees paid for items of service related to family planning, and any allowance paid to practitioners holding appointments as medical superintendents of psychiatric hospitals.
70. Not allotted.

MULTIPLE APPOINTMENTS

71. Where a practitioner holds appointments in more than one grade other than the grades of SR, R, SHO and HO and/or with more than one authority, his remuneration in respect of each appointment shall be calculated in accordance with the method set out in paragraphs 72 to 75. However, a notional half-day arising from an additional session contracted under the terms of paragraph 16 shall not be included in the calculation.

Multiple appointments in one grade

72. Where a practitioner holds appointments in one grade only:

- a. each authority shall assess the number of notional half-days and fractions thereof per week in respect of the contract with that authority;
- b. the total number of notional half-days so assessed shall be aggregated. Where the aggregate number of half-days includes a fraction of a half-day the total shall be rounded up to the next whole number;
- c. the remuneration due under each contract shall be a fraction of the total salary calculated accordingly: the fraction being the number of notional half-days assessed by the authority under sub-paragraph 72.a. divided by the total number of notional half-days aggregated under sub-paragraph 72.b. before any fraction of a half-day in the total has been rounded up.

Multiple appointments in more than one grade

73. Where a practitioner holds appointments in more than one grade (whether with one employing authority or more), his remuneration shall be calculated as follows;

- a. the total number of notional half-days shall be assessed as in sub-paragraphs 72.a. and b.;
- b. for each grade in which a contract is held the notional total salary that would be payable if all the contracts were in that grade shall be calculated;

c. the remuneration due under each contract shall be a fraction of each notional total salary calculated as in sub-paragraph 73.a.; the fraction being determined as in sub-paragraph 72.c.

Paragraph 66 appointments

74. Where, however, one contract (or more) is remunerated under paragraph 66, the remuneration due under such contract or contracts shall be calculated separately from the remuneration due under any other contract. The procedure set out in paragraph 72 shall, in such cases, therefore, first be carried out in respect of appointments remunerated under paragraph 66 without any regard to any other appointments the practitioner may have, and then quite separately in respect of such other appointments.

Discounting of notional half-days in excess of limit

75. If the number of notional half-days for separate appointments (or groups of appointments) when added together exceeds the limit for that type of appointment, there shall be excluded from the calculation (at all its stages) such number of notional half-days and fractions thereof as may be necessary to ensure that the limit is not exceeded, the practitioner being entitled to determine under which contract or contracts these notional half-days and fractions thereof shall be discounted.

76-77. Not allotted.

78. Where a consultant holds appointments with one authority or more and with the Medical Research Council and/or a University, which together constitute whole-time employment (excluding any notional half-day contracted under paragraph 16), and where the Medical Research Council or University appointment involves clinical work, he shall have the option of being treated either:

- a. as though he were employed on a part-time basis with each employing authority. In such a case the provisions of paragraphs 61 to 66 and 69 to 75 will apply for the purposes of calculating his remuneration from the authority; or
- b. as though he were employed jointly on a whole-time basis.

Where the consultant elects to be treated under b., the salary rate paid by each separate employing authority shall be in accordance with the appropriate rates in the respective fields and the proportions of the whole-time rates payable shall be in accordance with the proportion of time spent in each part of the joint appointment. For the purposes of paragraphs 30 to 38, 40 to 42 and 275 to 324, he shall be treated as if he were a whole-time practitioner.

79-80. Not allotted.

Honorary appointments

81. Holders of clinical posts in medical or dental schools or with the Medical Research Council, and teachers, (including part-time clinical professors or heads of university clinical departments) who devote part of their time to hospital work, shall hold honorary (unpaid) appointments with the appropriate authority, but shall receive reimbursement of travelling expenses, expenses of candidates for appointment, subsistence allowances and postage and telephone expenses incurred in the performance of NHS duties. Such practitioners who hold honorary consultant appointments shall, however, be eligible for distinction awards, which shall be paid in accordance with paragraphs 82 to 86.

Whole-time posts

82. Whole-time clinical teachers and research workers shall receive a proportion of any distinction award made to them according to the average time per week for which they are engaged in clinical work, as follows:

Average number of hours of clinical work per week	Proportion of award payable
21 or more	The full amount
17½ or more but less than 21	80%
14 or more but less than 17½	65%
10½ or more but less than 14	50%
7 or more but less than 10½	35%
3½ or more but less than 7	25%
an assessable amount of clinical work but less than 3½ hours	15%

Practitioners engaged in private practice

83. Whole-time clinical teachers who are, exceptionally, permitted to engage in private practice and to retain the fees therefrom, or to receive a consolidated sum in return for handing these fees to their employer, shall, for the purpose of determining the amount of any distinction award payable, be treated as part-time clinical teachers and the provisions of paragraph 84 shall apply to them.

Part-time posts

84. Part-time clinical teachers and research workers shall be paid fractions of any awards made to them on the same basis as part-time clinicians according to the amount of time spent in clinical work, subject to a maximum of that appropriate for nine notional half-days.

Teaching duties undertaken by part-time consultants

85. Consultants who hold paid part-time appointments with an authority and who undertake teaching duties concomitantly with their clinical work shall be permitted to retain any remuneration they may receive from the University or School in recognition of their teaching duties.

Joint appointments

86. Consultants who hold appointments of the kind described in paragraph 78 and who have elected to be treated as whole-time practitioners under the provisions of sub-paragraph 78.b. shall, where necessary, also hold honorary appointments with the authority covering access to the hospital for clinical work arising out of the Medical Research Council or University part of the appointment and shall be eligible for distinction awards on the following basis.

a. the amount of the distinction award payable in respect of the contract with the health authority (or authorities) shall be the same fractional proportion of the full award as the salary is of the whole-time consultant salary;

b. the amount of the distinction award payable by the authority (or authorities) in respect of the contract with the University or Medical Research Council shall be calculated in relation to the proportion which, on average, the time spent on clinical work arising from the University or Council contract bears to the total time under that contract, on the following basis:

Where the average time spent on clinical work under the University or Medical Research Council bears to the total time under that contract a proportion greater than or equal to:	The amount of the distinction award payable shall be the following proportion of the difference between the value of the full award and the amount payable under a. above:
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6/11ths	The full amount
5/11ths	80%
4/11ths	65%
3/11ths	50%
2/11ths	35%
1/11th	25%

an assessable amount of clinical work but less than 1/11th	15%
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Staff Fund

87. The health authority shall create a staff fund in respect of each hospital in which medical services are provided by general practitioners where they take full clinical responsibility for their patients. The fund shall be shared among the general practitioner staff as they may themselves determine.

In-patients

88. A payment should be made to the fund for each eligible bed (other than private pay-beds and maternity beds) in the hospital or unit. An eligible bed shall be defined as follows:

- a. in a hospital or unit in which average bed occupancy during the preceding calendar year exceeded 70%, the average number of staffed available beds during that year;
- b. in a hospital or unit in which average bed occupancy during the previous calendar year was 70% or less, the average daily number of occupied beds during the preceding calendar year multiplied by 1.2.

Beds under the control of a consultant

89. Where beds in these hospitals or units are under the control of a consultant, the beds shall:

- a. be included in computing the staff fund if, in the absence of the consultant, responsibility for attending the patients is shared by the general practitioner staff;
- b. be excluded from the calculation if one or more general practitioners or other medical staff hold contracts with the health authority whole-time or for a certain number of notional half-days for the purpose of attending to the patients in these beds, under the direction of the consultant.

Casualty work

90. Where a health authority decides:

- a. that it is necessary to maintain a casualty service in a hospital in which general practitioners have beds under their control, or exceptionally, where they do not; and
- b. that the casualty service can be most appropriately staffed by relying at all times at which service is offered upon general practitioners organising the service themselves and acting on their own clinical responsibility

payment should be made through the staff fund for such casualty work.

Basis of payment

91. Except where the number of casualties seen is very small (for which, see paragraph 93 below) payment into the fund shall consist of:

- a. a flat-rate payment, to reflect the availability of the service; this being at the higher rate if the authority wish a twenty-four hour service to be provided and at the lower rate if a service is offered only for twelve hours or less (ie., only by day or only by night). Payment shall be made pro-rata to the appropriate rate if a service is not offered every day of the week;
- b. a sum calculated according to the annual number of notional half-days of actual clinical work required by the authority in order to provide the casualty service. A notional half-day shall be assessed in accordance with paragraphs 61 and 62 of these Terms and Conditions of Service.

Limit on number of sessions

92. The number of sessions under which payment is made under sub-paragraph 91.b. above shall not exceed nine sessions a week where a twelve hour (or less) service is provided and eighteen sessions per week for a twenty-four hour service, unless the Department after consultation with the profession's representatives shall otherwise direct.

Very small casualty units

93. Where the number of new casualty attendances is expected to be less than two hundred a year, a sum shall be paid into the fund for each new attendance seen by a member of the staff participating in the fund.

APPOINTMENTS HELD ONLY BY PART-TIME PRACTITIONERS

Part-time medical officers

94. a. In convalescent homes, general practitioner maternity hospitals or other types of hospital where no other rate is appropriate, including general practitioner hospital units in respect of work not covered by payments into the staff fund, payment shall be made at the rates set out in Appendix I for each weekly notional half-day or less a year, the notional half days being assessed as in paragraph 61.
- b. Where a practitioner holds appointments under this paragraph with more than one authority or holds one or more appointments under this paragraph and one or more part-time appointments under paragraph 61, his remuneration in respect of each appointment shall be calculated in accordance with the methods set out in paragraphs 71 to 75.

95-105. Not allotted.

Occasional work in the Blood Transfusion Service

106. Where a practitioner is not in contract with a health authority and undertakes occasional work for the Blood Transfusion Service but is not engaged sufficiently frequently to make a part-time appointment under paragraph 94 appropriate, payment shall be made, irrespective of the qualifications of the practitioner, on a sessional basis at the rates set out in Appendix I.

Part-time General Dental Practitioners

107. The remuneration of part-time general dental practitioner appointments shall be as provided for part-time medical officers in paragraph 94.

Consultant, SHMO/SHDO and AS

108. Subject to paragraphs 112 and 113, practitioners shall be expected in the normal run of their duties to deputise for absent colleagues in these grades so far as is practicable, even if on occasions this should involve interchange of staff between hospitals. However, where the normal duties of an AS colleague involve sharing a duty rota with staff in the grades of SR, R, SHO or HO, then consultants, SHMOs and SHDOs will not be expected to cover that part of his duties. Where appropriate these will fall to the AS's colleagues on the rota under sub-paragraph 110.c. When deputising is not practicable the authority (and not the practitioner) shall be responsible for the engagement of a locum tenens, but the practitioner shall have the responsibility of bringing the need to their notice. The authority shall assess the number of notional half-days required, a notional half-day being regarded as the equivalent of three and a half hours, the basis of the assessment being as in paragraphs 61 and 62.

Hospital Practitioner

109. A practitioner who holds a hospital practitioner post under the provisions of sub-paragraph 69 a. may also act as a locum in a hospital practitioner post, provided that his total number of locum sessions shall not exceed twenty-five in any one financial year.

SR, R, SHO, and HO

110. a. Subject to paragraphs 112 and 113, and to sub-paragraphs b. to g. below, practitioners in the grades of SR, R, SHO and HO shall be expected in the normal run of their duties, and within their contract and job description, to cover for the occasional brief absence of colleagues as far as is practicable (for the purposes of paragraph 110, a colleague is another practitioner participating in the same duty rota).

b. Sick colleagues will normally be covered only for short periods of absence and then only during the standard working day. Any additional cover required for sickness should be provided under the terms of sub-paragraph e. below.

c. Subject to g. below, account should necessarily be taken in their job descriptions of the need for them to provide cover for annual and study leave of colleagues, provided always that the resulting increase in duties is reasonable in the circumstances. Such prospective cover shall not extend to other forms of leave or to vacant posts.

d. In addition, they will be prepared to perform duties in occasional emergencies and unforeseen circumstances without additional remuneration, in accordance with the provisions of circular DS 378/75. Commitments arising in such circumstances are however exceptional and practitioners should not be required to undertake work of this kind for prolonged periods or on a regular basis.

e. In circumstances other than those in b. to d. above, eg., where cover is required for a practitioner on maternity leave or for a temporarily vacant post, the employing authority (and not the practitioner) shall be responsible for the engagement of a locum tenens to undertake work which in their view must be carried out, but the practitioner shall have the responsibility of bringing the need to their notice. The practitioners involved shall assess the number of UMTs required and shall recommend accordingly to the employing authority. Practitioners may be employed as on a locum tenens basis by their own employing authority in their own hospitals but not within the hours for which they are already contracted.

f. Arrangements for engaging locums should, wherever practicable, be made in advance of need.

g. Practitioners on a 1 in 2 rota shall not be obliged to contract prospectively to cover for a colleague during the latter's absence on annual or study leave. Where cover is required, every effort should be made to obtain a locum under the terms of sub-paragraph 111.b. Where such a locum cannot be obtained, the employing authority may contract with a practitioner to provide locum cover under the terms of sub-paragraph 111.a.

h. In other cases a requirement to cover for annual or study leave should not be included in contracts where the normal practice prior to 15 December 1977 had been to engage a locum under the terms of sub-paragraph e. above and the circumstances of the post have not changed.

Locum practitioners: basis of contract

111. a. A practitioner employed in the grade of SR, R, SHO or HO, accepting an appointment as on a locum basis (cf. sub-paragraph 110.e.) in any of these grades, in a hospital identified in the job description applicable to his main employment, will contract for each UMT in such appointments at one-tenth the standard weekly rate set out in Appendix I or shall be entitled to receive a day's leave for each week night (the night of Friday/Saturday is classed as a week night) or complete Saturday (including the night of Saturday/Sunday) or Sunday (including up to the start of normal duty on Monday morning) of additional duty. The taking of such leave should be subject to the needs of the service and to the authority's approval. Any such leave which has not been taken within twelve months or by the end of the practitioner's contract, whichever is the earlier, shall be relinquished. Payment shall then be made retrospectively under the terms of this sub-paragraph for the actual amount of additional duty undertaken at the time and for which the practitioner has not otherwise been paid and has been unable to take leave in compensation.

b. A practitioner engaged as a locum for the standard working week in the grade of SR, R, SHO or HO in circumstances other than those described in a. above shall contract for 10 UMTs per week at the standard weekly rate set out in Appendix I, with any additional UMTs assessed as Class A or Class B being paid for at the appropriate rates.

c. A practitioner engaged as a locum for less than 10 standard UMTs per week in the grade of SR, R, SHO or HO in circumstances other than those described in a. above, shall contract for units of medical time on the basis set out in paragraph 64 and at the rates set out in Appendix I.

Acting-up allowances

112. An acting-up allowance shall be payable to a practitioner who with the approval of the authority takes over the full range of duties and

responsibilities of a grade senior to his own, subject to the following provisions:

a. when a consultant is absent for more than a qualifying period of fourteen days other than on annual or professional leave within the recommended standard for the senior grade, and arrangements cannot be made either for cover by other consultants or for a locum to be engaged, a practitioner below the grade of consultant shall be paid for acting-up if the authority consider it is practicable for him to take over the full range of duties and responsibilities of the absent consultant without supervision;

b. the allowance shall be such as to bring the practitioner's rate of pay to the rate of pay he would receive on promotion to the senior grade;

c. payment of the allowance shall have effect from the first day of the qualifying period;

d. for the purposes of paragraphs 1, 15 to 24, 27 and 28, 49, 121 to 134, 140 to 149, 165 and 166, 205 and 206, 277 to 284 and 311, periods acting-up in a grade shall be treated as service in that grade. Paragraphs 190 and 191 shall not apply to a practitioner in respect of an appointment in which he is acting-up. Provision for protection of salary in paragraph 131 excludes acting-up allowances;

e. continuity of a period of acting-up will not be broken by days on which the practitioner is not required to be on duty; continuity will normally be broken by absence on leave of any kind of more than fourteen days and a further qualifying period of fourteen consecutive days will be required after such absence. Where a practitioner acts-up for a long period, he will be entitled to take in addition, without breaking continuity, whatever annual leave in excess of fourteen days he has earned in the grade in which he is acting up;

f. exceptionally, a practitioner may be paid for acting-up in a post below the grade of consultant where the health authority, in consultation with the responsible consultant, finds that no other means of reallocating the duties and responsibilities of a post are practicable.

Consultants

113. a. Payment shall be made to a locum engaged to fill a consultant post at the rates set out in Appendix I. The higher rate is payable to a retired consultant, who before his retirement was paid at the maximum point of the salary scale. In this context, a retired consultant is a practitioner who does not hold any regular paid appointment under these Terms and Conditions of Service and whose last regular appointment as a consultant (whether paid or honorary) came to an end either:

- i. when the practitioner was at or over the minimum age at which he could receive an age retirement pension under his scheme; or
- ii. as a result of compulsory redundancy, irrespective of the age at which this occurred.

b. A locum consultant may receive domiciliary consultation fees.

c. Such a locum must have full registration.

Associate specialists

114. Payment shall be made to a locum AS at the rate set out in Appendix I.

Other posts

115. Locums engaged to fill posts in other grades shall, subject to paragraph 111, be paid at the rates set out in Appendix I.

Maximum remuneration for part-time locum consultants, AS and SHMO/SHDO

116. The maximum remuneration (excluding fees) of a locum practitioner engaged on a part-time basis in these grades shall be that appropriate to nine notional half-days a week.

Application of Terms and Conditions of Service to locum practitioners

117. The following paragraphs of these Terms and Conditions of Service do not apply to practitioners engaged as a locum tenens: 1 to 11, 190 and 191, 196 to 198 and 201 to 210. Paragraphs 314 to 324 (removal expenses) shall only apply subject to the provisions of paragraph 323. All other provisions of these Terms and Conditions of Service apply to locums, subject to the provisions of paragraphs 147, 211 to 213, 241, 243 and 289.

Registration of locum practitioners

118. A medical practitioner engaged as a locum consultant shall be fully registered. A medical practitioner engaged as a locum for any other grade of staff shall have full or limited registration, save that a medical practitioner with provisional registration may be engaged as a locum in an HO post that is normally occupied by a doctor with such registration. A dental practitioner engaged as a locum consultant should be a registered dental practitioner or a fully registered medical practitioner. For dental posts other than consultant, practitioners appointed as locums should be either registered or temporarily registered dental practitioners, or fully or limited registered medical practitioners.

119-120. Not allotted.

STARTING SALARIES AND INCREMENTAL DATES

121. Except as provided elsewhere in these Terms and Conditions of Service, a practitioner shall on appointment be paid at the minimum point of the scale for a post in the grade to which he is appointed; and his incremental date shall be the date of taking up his appointment.

COUNTING OF PREVIOUS SERVICE

Regular appointments

122. Where a practitioner is appointed to a post in a grade having already given regular service in one or more posts in that grade or a higher grade (measured in terms of the current maximum rate of whole-time or full-time salary), all such service shall be counted in full in determining his starting salary and his incremental date; provided that service:

- a. in the consultant grade prior to 1 April 1975; or
- b. in the AS grade, or in grades treated as equivalent thereto, prior to 1 April 1978,

shall count at the rate of one half.

Locum posts

123. a. Where a practitioner has held a regular appointment in a grade or higher grade, all subsequent locum service in that grade (or higher grade) shall count towards incremental credit as though it had been service in a regular post.

- b. Except as provided for below, all locum service in other cases of three or more continuous months' duration (as defined in paragraph 213) in the same or a higher grade shall count towards incremental credit at the rate of one half on regular appointment to that grade.

c. Service before 1 April 1975 as a locum consultant or before 1 April 1978 in a locum capacity as an AS, or in a grade treated as equivalent thereto, shall, subject to the conditions in sub-paragraph b. above, count at the rate of one quarter.

Counting of service while on leave

124. Absence on leave with pay under paragraphs 205 to 211, 214 to 242 and 250 to 273, or absence on leave without pay in the circumstances referred to in paragraph 192, shall count for incremental purposes.

Service outside NHS hospitals

125. Employing authorities will in determining the starting salaries of hospital medical and dental staff take into account equivalent service or service in a higher grade outside NHS hospitals, other than as locum tenens, subject to any guidance issued by the Department.

INCREMENTS ON FIRST APPOINTMENT TO A GRADE

Consultants

126. When a consultant is appointed, his starting salary shall be determined in accordance with paragraphs 121 to 125. Where a consultant with less than two years' equivalent service (paragraph 125) is first appointed to the grade, authorities shall have discretion to fix the starting salary at either of the two next incremental points above the minimum by reason of:

- a. equivalent service; or
- b. any or all of the following - service in HM Forces, or in a developing country, age, special experience, qualifications,

provided the total salary does not exceed the second incremental point of the scale.

Associate specialist

127. When an AS is appointed to the grade, his starting salary shall be determined in accordance with paragraphs 121 to 125, provided that:

a. all but the first two years of completed registrar service or service in a higher grade or their equivalent (paragraph 125) may be counted for incremental purposes, subject to paragraphs 122 to 124;

b. where the starting salary so determined is at the minimum or first incremental point, the authority shall have discretion to fix the starting salary at the first or second incremental point by reason of age, special experience and qualifications taken as a whole.

Senior registrar

128. On first appointment as SR, one increment should be given for each year or part of a year in excess of three spent as a registrar, up to a maximum of two increments.

Registrar

129. On first appointment as registrar, one increment and one only shall be given for any year or part of a year in excess of two spent previously in the SHO grade.

Hospital practitioner

130. Authorities shall have discretion to fix the starting salary of a hospital practitioner on first appointment to any of the three next incremental points above the minimum of the scale by reason of age, special experience and qualifications taken as a whole.

PROTECTION

131. Where a practitioner takes an appointment in a lower grade which is recognised by the appropriate authority as being for the purpose of obtaining approved training (which may include training to enable the

practitioner to follow a career in another specialty), he shall, while in the lower grade, continue to be paid on the incremental point he had reached in his previous appointment. Such a practitioner shall receive the benefit of any general pay awards. On reappointment to the higher grade or on appointment to another higher grade, his starting salary should be assessed as if the period spent in the approved training post had been continuing service in the previous higher grade. Practitioners whose previous appointment was in the Northern Ireland, Isle of Man or Channel Islands hospital service are eligible for protection of salary under the terms of this paragraph.

PROMOTION INCREASE

132. a. Subject to sub-paragraph b. below, where a practitioner has been paid in his previous regular appointment at a rate of salary higher than or equal to the rate at which he would (were it not for this provision) be paid on taking up his new appointment, then his starting salary in the new appointment shall be fixed at the point in the scale next above that previous rate, or at the maximum if that previous rate were higher.

b. Where the previous appointment was as a part-time medical or dental officer under paragraph 94 or 107, sub-paragraph a. shall apply only where that appointment has been held for twelve months or more.

HARD TO FILL CONSULTANT POSTS

133. If a consultant post has been vacant for at least a year and has been unsuccessfully advertised at least twice, an employing authority may advertise the post at the maximum of the salary scale. When such a post is filled, other consultants whose principal commitment is in the same hospital and specialty as the principal commitment of the advertised post shall be entitled to be advanced to the maximum of the salary scale from the date that their new colleague takes up his post.

INTERPRETATION

134. For the purposes of paragraphs 121 to 133:

a. the rate of salary for a part-time practitioner shall be taken to be the corresponding point in the salary scale, except for a practitioner employed as a part-time medical or dental officer under paragraphs 94 or 107, for whom it shall be the maximum amount payable in such an appointment;

b. service in a part-time or honorary appointment shall count in exactly the same way as service in a whole-time appointment;

c. the rate of salary in the previous post shall be taken to be the present rate of remuneration for such a post, whether or not this rate was in fact paid;

d. the rate of salary in the previous post of a practitioner shall be inclusive of any allowance paid for acting as Medical Superintendent and of the allowance to SHMOs or SHDOs occupying posts graded as consultants. It shall exclude London Weighting, extra duty allowance, or other fees payable by the health authority or allowances for junior doctors in peripheral hospitals;

e. the rate of salary paid in the previous appointment shall also not include any payments for an additional notional half-day under paragraph 16 or for Class A or Class B UMTs, as appropriate, for which the practitioner was contracted in that appointment. He will, however, be entitled to payment for an additional notional half-day under paragraph 16, or for Class A and Class B UMTs, as appropriate, which are contracted for in the new appointment, and these should be paid at the appropriate proportion of the salary determined under these provisions.

135. For the purposes of paragraphs 121 to 130, service in the hospital service of Northern Ireland, the Isle of Man and the Channel Islands shall count as service in the equivalent grade in an NHS hospital.

136-139. Not allotted.

Definition

140. A domiciliary consultation shall, for the purposes of these Terms and Conditions of Service, be understood to mean a visit to the patient's home, at the request of the general practitioner and normally in his company, to advise on the diagnosis or treatment of a patient who on medical grounds cannot attend hospital. Visits not falling within this definition include:

- a. a visit made at the instance of a hospital or specialist to review the urgency of a proposed admission to hospital or to continue or supervise treatment initiated or prescribed at a hospital or clinic;
- b. a visit for which a separate fee is payable as part of work undertaken in the community health services;
- c. in the case of dental staff, a visit undertaken as part of a practitioner's responsibilities within the community dental services.

Fees

141 a. Subject to the provisions of b. below and paragraphs 143 to 145 and 148, a fee shall be paid for each consultation at the standard rate set out in Appendix I.

b. Where a practitioner is called for domiciliary consultation and sees on the same occasion in the same residence or institution more than one clinically related case, a consultation fee shall be payable at the standard rate for the first such case seen, and at the intermediate rate for up to three such further cases. Where more than four clinically related cases are seen, no additional fees shall be payable for such subsequent cases.

Additional fees

142. An additional fee shall be payable:

a. at the intermediate rate where an operative procedure other than obstetrics is undertaken or where the practitioner uses his own electrocardiograph, portable x-ray or ultra-sonography apparatus, or portable audiometer;

b. at the standard rate for an obstetric operation, or for the administration of a general anaesthetic for any operative procedure.

Anti-coagulant therapy

143. When a pathologist carries out a series of domiciliary consultations in connection with anti-coagulant therapy, a fee at the standard rate shall be payable for each consultation. Unless a general practitioner, for clinical reasons, considers that a patient requires more than three visits, the payment shall be limited to an overall maximum of three consultation fees during any one illness.

Use of cytotoxic drugs

144. When a pathologist carries out a series of domiciliary consultations to supervise treatment with cytotoxic drugs, the fee shall be payable at the standard rate for each consultation. Unless a general practitioner, for clinical reasons, considers that a patient requires more than three visits, the payment shall be limited to an overall maximum of three consultation fees during any one illness.

Ophthalmologists

145. Where an ophthalmologist completes form BD8 under collaboration arrangements, in the course of or following a domiciliary visit for hospital purposes, i.e., without a further visit being necessary, a combined fee shall be paid (by his employing authority).

Long distance payment

146. The authority shall make a payment in respect of travelling time, additional to the fees set out above and to the normal travelling and subsistence expenses, at the lower rate for a journey to a place over twenty and up to forty road miles distance, with an additional fee at the lower rate for every further twenty miles outward.

Locum tenens

147. Locum consultants shall receive fees for domiciliary consultations in the same way as consultants holding permanent appointments.

Maximum number of visits

148 a. A practitioner shall not receive fees for more than three hundred domiciliary consultations in a year.

b. Where a practitioner is called for domiciliary consultation and sees on the same occasion in the same residence or institution more than one clinically related case, this shall count as a single domiciliary consultation for the purpose of a. above.

Replacement of drugs

149. Where an anaesthetist provides his own consumable drugs in the course of domiciliary visits, he shall be entitled on request to secure replacement of these drugs free of charge through the hospital service, except where he is paid an additional fee.

150-154. Not allotted.

EXCEPTIONAL CONSULTATIONS

Consultants

155. A consultant who has no contract with the employing authority but who is called in exceptionally for a special visit (eg., because of his unusual experience or interest) shall be paid a fee (see Appendix I), to include any operative work, etc. This, however, shall not apply in respect of calls of this kind made on the services of retired consultants who hold honorary (unpaid) appointments.

156. Not allotted.

General practitioners

157. A general practitioner not on the staff of a hospital, but called in exceptionally to render a specific service in emergency, shall be paid a fee (see Appendix I), unless the service rendered falls within his terms of service under Part II of the National Health Service Act, 1977.

158-164. Not allotted.

LECTURE FEES

Lectures to non-medical or non-dental staff

165. Fees for lectures to nurses and other non-medical and non-dental staff shall be at the rates set out in Appendix I. Any fees shall be limited to the number of lectures authorised for the subject in question.

Lectures to doctors or dentists

166. Where a practitioner gives a lecture on a professional subject to a group of doctors and/or dentists - whether or not general practitioners or other professional staff are present - a fee shall be payable to the lecturer by the authority which employs the majority of the hospital staff expected to attend, or, where this does not apply, by the authority employing the lecturer, subject to the following conditions:

- a. the lecture shall form part of a programme of postgraduate education approved by the authority (in Wales, in consultation with the Committee for Postgraduate Medical Education in Wales); and
- b. a fee shall not be payable by some other body in respect of the same lecture; and
- c. a fee shall not be payable to a practitioner for teaching, during the course of his clinical duties, other practitioners who are working under his clinical supervision.

Where a fee is payable, travelling and subsistence expenses may also be paid where appropriate.

167-172. Not allotted.

Compulsorily resident practitioners

173. a. A practitioner who is required, whether as a condition of his appointment, or statutorily, to reside in a hospital, or to stay overnight in the hospital on one night in three or more often shall be provided with accommodation without charge, except where the practitioner elects to occupy a house, flat or apartment for which a rental is appropriate; in such a case an appropriate abatement from that rental will be made.

b. Where any other practitioner, other than one to whom paragraph 174 applies, is required to stay overnight in the hospital while on duty, no charge shall be made for his necessary accommodation.

Voluntarily resident practitioners

174. A practitioner who resides in hospital voluntarily shall pay a lodging charge which may be deducted from his remuneration. When he occupies a house, flat or self-contained apartment, the charge shall be assessed on a rental basis in accordance with standing instructions to health authorities. Where accommodation is not self-contained, a lodging charge, to include cleaning, heating and laundry of bed linen, shall be made as set out in Appendix I.

Abatement of voluntary lodging charges

175. a. If the size of the accommodation falls below 120 sq ft per room by more than 10%, the lodging charge shall be abated by half of the proportion between the actual size and 120 sq ft.

b. If (i) the furniture (ii) the soft furnishings, or the general standard of (iii) the accommodation or (iv) the communal facilities, such as bathroom, kitchens or the junior staff mess, is unsatisfactory, the lodging charge shall be abated by 5% each in respect of any or all of (i) - (iv) above (subject to a maximum of 20% in all).

c. Abatements given in sub-paragraphs 175.a. and b. are both to be calculated on the unabated lodging charge.

d. By local agreement, an average abatement can be applied to a block or group of rooms rather than to individual rooms.

e. Practitioners who are required to stay overnight in the hospital one night in seven or more often, but who are not eligible for free accommodation under paragraph 173, shall pay the following proportion of the lodging charge:

REQUIRED TO STAY OVERNIGHT	PROPORTION
one night in four	35%
one night in five	55%
one night in six or seven	75%

These proportions shall be applied to the lodging charges as abated at a. to d. above.

Charges during annual leave

176. The charges set out in paragraph 174 are calculated on the basis that the practitioner has the use of the accommodation for fifty-two weeks. Subject to paragraphs 177 and 178, the charges should be deducted pro rata from the practitioner's remuneration over the whole period during which he has the use of the accommodation. No charge should be made for any weeks during which the accommodation is vacated.

Charges during sick leave

177. Residence charges shall not be abated during the first week of sick leave, but thereafter, if a practitioner is suffering from an illness for which hospital treatment as an in-patient is required, or is absent from hospital on sick leave, no charge shall be made.

Charges during study or special leave

178. No charge shall be made when a practitioner is absent on study leave or special leave for more than a week and is not being paid any expenses in respect of his subsistence away from the hospital.

179-181. Not allotted.

CHARGES FOR MEALS

182. All practitioners, whether resident or non-resident and whether on-duty or off-duty, shall, other than in exceptional circumstances, pay for meals and other refreshments they take in hospital.

183-185. Not allotted.

186. The passing of a medical examination shall be a condition of appointment of all practitioners within the scope of the National Health Service Superannuation Scheme, other than those who were transferred under the National Health Service Act, 1946, or who held hospital appointments at 4 July 1948. The fee for examination shall be paid by the appointing authority, except that, where, at the instance of a candidate who has failed to pass the first examination, a second examination is carried out by one or more doctors approved by the appointing authority, any fee for such examination shall be paid by the candidate.

Form of certificate

187. The examining doctor shall be asked to certify that the candidate is "free from any disease or physical defect which now impairs his capacity satisfactorily to undertake the duties of the post for which he is a candidate".

HOs

188. Despite the foregoing requirement, a medical or dental practitioner who fails to pass the medical examination shall not be refused an appointment as HO unless his employment is likely to be prejudicial to the health of his patients or colleagues. In the case of practitioners so appointed, however, the passing of a medical examination shall be an essential condition of appointment to a post in any grade other than HO.

DISCIPLINARY PROCEDURES

189. Section 40 of the General Council Conditions of Service shall apply subject to the reservations set out in paragraph 1 thereof.

TERMINATION OF EMPLOYMENT

Representations against dismissal

190. Where a consultant, SHMO, SHDO, AS, child psychiatrist (appointed to a personal substantive grade under Circular HC(79)7) or hospital practitioner considers that his appointment is being unfairly terminated, he shall be entitled to send a full statement of the facts to the Secretary of State, who will obtain the written views of the authority concerned and place the case before a professional committee (consisting of representatives of the Secretary of State and representatives of the profession, under the chairmanship of the Chief Medical Officer or, if he is unable to act, a Deputy Chief Medical Officer) for their advice. The committee shall have discretion to interview both parties if they think fit. In the light of their advice, the Secretary of State may confirm the termination of services, or direct that the practitioner's employment should continue, or arrange some third solution agreeable to the parties concerned, such as re-employment in a different post. This procedure shall be completed before the authority's decision to terminate the appointment is carried into effect; and, where the Secretary of State's decision cannot be given before the expiry of the notice given, such notice shall be extended for a month or longer period by the authority until the Secretary of State's decision is given.

Alternative employment

191. It is understood that, where a local change of organisation in the hospital and specialist services involves displacement or serious disturbance of the services of a practitioner to whom paragraph 190 applies, the authority recognises that it has a moral obligation to render the greatest possible assistance to the practitioner with a view to his obtaining comparable work in another hospital.

Appointment for limited period

192. Where an authority grants leave without pay to a practitioner to permit him to accept a short-term appointment of not more than three years in an overseas university or other position of similar standing, the vacancy so created may be filled by another appointment for a limited period. Paragraphs 190 and 191 shall not apply to a practitioner appointed for a limited period in these circumstances in respect of the termination of his appointment at the end of that period. If the practitioner is in the appropriate grade, the procedure set out in paragraph 190 shall apply if his appointment is being terminated in other circumstances.

193-194. Not allotted.

Statutory minimum period of notice

195. An employing authority shall give as the minimum period of notice to terminate the employment of a practitioner (unless the period specified in paragraph 196 is longer) who has been continuously employed for at least four weeks:

- a. one week's notice if the period of continuous employment is less than two years;
- b. one week's notice for each year of continuous employment if the period of continuous employment is at least two but less than twelve years;
- c. twelve weeks' notice if the period of continuous employment is twelve years or more.

The minimum period of notice to be given to his employing authority by a practitioner who has been continuously employed for at least four weeks shall be one week.

The period of continuous employment shall be computed in accordance with Schedule 13 of the Employment Protection (Consolidation) Act 1978.

Contractual minimum period of notice

196. The agreed minimum period of notice by both sides for practitioners in regular appointments shall, unless the statutory minimum periods specified in paragraph 195 are longer, be as follows:

HO	two weeks
SHO	one month
R, part-time medical or dental officer (paragraphs 94 and 107)	two months
All other practitioners	three months.

Application of minimum periods

197. These arrangements shall not prevent:

- a. an employing authority or a practitioner from giving, or agreeing to give, a longer period of notice than the minimum set out in paragraph 195
- b. both parties to a contract agreeing to a period different from that set out in paragraph 196;
- c. either party waiving his rights to notice on any occasion, or accepting payment in lieu of it; or
- d. either party treating the contract as terminable without notice, by reason of such conduct by the other party as enables him so to treat it at law.

Pay during notice

198. For the minimum period of notice appropriate to his case set out in paragraph 195, the practitioner shall have rights which would be available to him if Schedule 3 of the Employment Protection (Consolidation) Act 1978 applied. This applies whether the employing authority gives notice to the practitioner or whether the practitioner gives notice to his employing authority.

199. Not allotted.

200. a. When a practitioner reaches age sixty-five, his employment shall come to an end. If the employing authority consider it would be in the interests of the service, however, they may offer to extend his contract for one year or any lesser period, and so from time to time until age seventy.

b. Practitioners aged sixty-five or over may be employed as locums for periods no longer than a year at a time.

c. No authority shall employ a practitioner aged seventy or over.

Honorary or emeritus contracts

201. In the case of a consultant or SHMO or SHDO who has been filling a post graded as consultant, the authority may on his retirement allow him an honorary (unpaid) contract.

202-204. Not allotted.

ANNUAL LEAVE

6 weeks per year

205. The following practitioners shall be entitled to leave at the rate of six weeks a year:-

Consultants

SHMOs

SHDOs

SRs

Practitioners appointed under the terms of paragraphs 94 or 107

Hospital practitioners

ASs who have completed two years' service in the grade, or who had an entitlement to six weeks' leave a year in their immediately previous appointments.

5 weeks per year

206. The following practitioners shall be entitled to leave at the rate of five weeks a year:-

Rs

SHOs

ASs other than those mentioned in paragraph 205.

207. Not allotted.

Part-time staff

208. Annual leave entitlements shall be the same for part-time as for whole-time staff, as set out in paragraphs 205 and 206 above.

Leave years

209. The leave year of practitioners (other than locums) in the following grades:

a. Consultant

SHMO

SHDO

AS

Practitioners appointed under the terms of paragraphs 94 or 107

Hospital practitioner

shall run from their incremental date for salary purposes, or its anniversary where the practitioners are on the maximum of the scale, or the anniversary of the date of appointment where there is no incremental progression; practitioners previously conditioned to a leave year running from 1 June to 31 May may retain that leave year;

b. SR

R

SHO

shall run from 1 November to 31 October.

HOs

210. HOs are entitled to leave at the rate of five weeks a year. The leave period of an HO shall correspond with the period of tenure of a post. Not more than four days' leave may be carried forward from one post into subsequent appointments, or may be anticipated from such subsequent appointments.

Locum tenens: leave entitlement

211. Subject to paragraph 212, practitioners acting as locums for practitioners in the grades not mentioned below shall be entitled to leave at the rate of six weeks per twelve months' continuous locum service; practitioners acting as locums for Rs, SHOs and HOs shall be entitled to leave at the rate of five weeks per twelve months' continuous locum service.

Locum tenens: leave arrangements

212. The following conditions shall govern the taking of leave by locums:

- a. the taking of leave shall be subject to the needs of the hospital or hospitals in which the practitioner is employed;
- b. wherever possible, leave shall be taken during the occupancy of the post. Where this not possible, leave may be carried forward to the next succeeding appointment, or payment in lieu of leave earned and not taken may be made;
- c. the total leave taken in any one period of twelve months shall not exceed the annual leave entitlement.

Continuous locum service

213. For the purposes of paragraphs 123, 211, 212 and 243, "continuous locum service" shall be taken to mean service as a locum in the employment of one or more authorities uninterrupted by the tenure of a regular appointment or by more than two weeks during which the practitioner was not employed in the hospital and specialist services.

Public holidays

214. The leave entitlements of practitioners in regular appointments are additional to ten days' statutory and public holidays to be taken in accordance with Section 2 of the General Council Conditions of Service, as amended, or days in lieu thereof. Where the needs of the service permit, locums should be allowed statutory and general national holidays or days in lieu in the same way as practitioners in regular appointments.

General

215. Practitioners shall notify their employing authority when they wish to take annual leave, and the granting of such leave shall be subject to approved arrangements having been made for their work to be done during their absence. Paragraphs 108 to 111 provide for the employment of locums where it is not

possible for practitioners to deputise for an absent colleague. Subject, however, to suitable arrangements having been made, consultants, SHMOs and SHDOs may take short periods of up to two days of their annual leave without seeking formal permission beforehand, provided that they give notification when they take this leave.

General Council Conditions

216. The provisions of Section 1 of the General Council Conditions of Service shall apply to practitioners in regular appointments, save that, where a practitioner has arranged to go overseas on a rotational appointment or on an appointment which is considered by the Postgraduate Dean or College or Faculty Adviser in the specialty concerned (if necessary, with the advice of the consultant) to be part of a suitable programme of training, or to undertake voluntary service, he may carry forward any outstanding annual leave to the next regular appointment, provided that:

- a. the next regular appointment is known in advance of his leaving the NHS to go overseas; and
- b. the practitioner takes no other post outside the NHS during his break in service, apart from limited or incidental work during the period of the training appointment or voluntary service.

Changes of grade

217. Where a practitioner moves between grades carrying different leave entitlements, his leave allowance for the year in which the move occurs shall be determined on a proportionate basis.

218-224. Not allotted.

SICK LEAVE

Scale of allowances

225. A practitioner absent from his duty owing to illness, injury or other disability shall, subject to the provisions of paragraphs 226 to 244, be entitled to receive an allowance in accordance with the following scale:

During the first year of service:	One month's full pay and (after completing four months' service) two months' half pay.
During the second year of service:	Two months' full pay and two months' half pay.
During the third year of service:	Four months' full pay and four months' half pay.
During the fourth and fifth years of service:	Five months' full pay and five months' half pay.
After completing five years of service:	Six months' full pay and six months' half pay.

The authority shall have discretion to extend the application of the foregoing scale in an exceptional case. A case of a serious character, in which a period of sick leave on full pay in excess of the period of benefit stipulated above would, by relieving anxiety, materially assist a recovery of health, shall receive special consideration by the employing authority.

HOs who have not passed a medical examination

226. The application of the above scale of allowances in the case of a practitioner appointed as HO who has failed to pass the medical examination and has been employed under the terms of paragraph 188 shall be subject to an overriding maximum period of paid sick leave on the basis of one week for each completed month of service.

Calculation of allowances

227. The rate of allowance, and the period for which it is to be paid in respect of any period of absence due to illness, shall be ascertained by deducting from the period of benefit (under paragraph 225) appropriate to the practitioner's service on the first day of his absence the aggregate for the periods of absence due to illness during the twelve months immediately preceding the first day of absence. In aggregating the periods of absence, no account shall be taken of any absence:-

- a. on unpaid sick leave; or
- b. due to injury resulting from a crime of violence not sustained on duty but connected with or arising from the practitioner's employment or profession, where the injury has been the subject of payment by the Criminal Injuries Compensation Board; or
- c. due to injury as at b. above which has not been the subject of payment by the Criminal Injuries Compensation Board on grounds that it has not given rise to more than three weeks' loss of earnings, or was one for which compensation of less than the minimum provided for under the Scheme would be given (subject in such cases to the provision of satisfactory proof that the injury was sustained as a result of a crime of violence).

The employing authority may at its discretion also take no account of the whole or part of the periods of absence due to injury (not on duty) resulting from a crime of violence not arising from or connected with the practitioner's employment or profession.

Previous qualifying service

228. a. For the purpose of ascertaining the appropriate allowance of paid sick leave under paragraph 225, all periods of service (without any break of twelve months or more, subject to sub-paragraph b. below) under any employing authority constituted under the National Health Service Acts of 1946 or 1977, or any local authority, or in the Civil Service or the teaching service, or any other service approved by the Secretary of State

for the purposes of Regulation 82(1) of the National Health Service (Superannuation) Regulations 1980, shall be aggregated .

b. Where a practitioner has broken his regular service in order to go overseas on a rotational appointment, or on an appointment which is considered by the Postgraduate Dean or College or Faculty Adviser in the specialty concerned (if necessary, with the advice of the consultant) to be part of a suitable programme of training, or to undertake voluntary service, his previous NHS or approved service, as set out in subparagraph a. above, shall be taken fully into account in assessing entitlement to sick leave allowance, provided that:

i. the practitioner has not undertaken any other work outside the NHS during his break in service, apart from limited or incidental work during the period of the training appointment or voluntary service; and

ii. the authority considers that there has been no unreasonable delay between the training or voluntary service abroad ending and the commencement of the NHS post.

Limitation of allowance when Insurance or other benefits are payable

229. The allowance made to a practitioner during absence on sick leave when added to:

a. the amount of sickness benefit, severe disablement allowance, invalidity benefit or statutory sick pay receivable under the National Insurance and Social Security Acts;

b. compensation payments under the Workmen's Compensation Acts, where the right to compensation arises in respect of an accident sustained before 5 July 1948;

c. any element in compensation payments under the Employers' Liability Acts or under common law which is attributable to immediate loss of remuneration; and

d. the dependency element of any amount received as a treatment allowance from the Department of Health and Social Security (the personal element of this allowance will not be taken into account)

shall not exceed the practitioner's normal salary for the period, and the occupational sick leave allowance shall be restricted accordingly where necessary, except that no deduction shall be made under a. above in the case of a practitioner on whose behalf the employing authority makes no National Insurance contributions.

Sums to be taken into account

230. The benefits, compensation payments and allowances to be taken into account under paragraph 229 shall be those for the practitioner's own incapacity, including allowances for adult and child dependants.

Practitioners on half pay

231. Where a practitioner is entitled to an occupational sick pay allowance equivalent to half pay and to statutory sick pay, the occupational sick pay allowance shall be increased by an amount equivalent to the amount of statutory sick pay due, except that the sum of the occupational sick pay allowance and statutory sick pay payable shall not exceed the practitioner's normal pay for the period.

232. Not allotted.

Married Women

233. A married woman who chooses not to pay standard rate National Insurance contributions (ie., chooses to pay reduced Class 1 contributions) shall, for the purposes of this agreement, be deemed to be receiving the full rate of social security benefits that would have been receivable had she chosen to pay standard rate National Insurance contributions.

Definition of "one month"

234. For the purposes of calculation of allowance, twenty-six working days shall be deemed to be equivalent to "one month".

Submission of doctor's statements

235. A practitioner who is incapable of doing his or her normal work because of illness shall immediately notify the employing authority in the manner laid down by them. If an absence because of sickness continues beyond the third calendar day, the practitioner shall submit a statement of the nature of his illness within the first seven calendar days of absence. Further statements shall be submitted to cover any absence extending beyond the first seven calendar days. These further statements shall not normally be submitted more frequently than once every succeeding seven calendar days. Unless the authority otherwise prescribes, they shall take the form of medical certificates completed by a doctor other than the sick practitioner. Exceptionally, the authority may, in a particular case, require statements to be submitted at more frequent intervals.

Practitioners admitted to hospital

236. A practitioner entering a hospital or similar institution shall submit a doctor's statement on entry and on discharge in substitution for periodical statements, unless the period of absence from duty does not exceed seven calendar days. If the period of absence is seven calendar days or less, the practitioner shall submit a self-certificate, as under paragraph 235.

Accident due to sport or negligence

237. An allowance shall not be paid in a case of accident due to active participation in sport as a profession, or in a case in which contributory negligence is proved, unless the employing authority decide otherwise.

Injury sustained on duty

238. A period of absence due to injury sustained by a practitioner in the actual discharge of his duty and without his own default shall not be recorded for the purposes of this scheme.

Recovering of damages from third party

239. A practitioner who is absent as a result of an accident shall not be entitled to an allowance if damages are recoverable from a third party in respect of such accident. In this event, the employing authority may, having regard to the circumstances of the case, advance to the practitioner a sum not exceeding the sickness allowance which would have been payable under these provisions but for this condition, subject to the practitioner undertaking to refund to the authority the total amount of such allowance or a portion thereof corresponding to the amount in respect of loss of remuneration included in the damages received. Any period of absence in such a case where a refund of the monies advanced is made in full shall not count against the practitioner's sick leave entitlement. Where, however, the refund is made in part only, the employing authority may, at its discretion, decide to what extent, if any, the period of absence may be taken into account. This paragraph does not apply to compensation awarded by the Criminal Injuries Compensation Board.

Medical examination

240. The employing authority may at any time require a practitioner who is unable to perform his duties as a consequence of illness to submit to an examination by a medical practitioner nominated by the authority. Any expense incurred in connection with such examination shall be met by the authority.

Termination of employment

241. The sick leave provisions of these Terms and Conditions of Service shall cease to apply to a practitioner on the termination of his employment by reason of permanent ill-health or infirmity of mind or body, of resignation, of age, or any other reason; provided that, where a practitioner is in receipt of sick leave allowance at the time of expiry of a contract in a regular appointment as a SR, R, SHO, or HO, that allowance shall be paid during his illness, subject as a maximum to his entitlement to allowances under the provisions of paragraph 225 and 226.

Forfeiture of rights

242. If it is reported to the employing authority that a practitioner has failed to observe the conditions of this scheme, or has been guilty of conduct prejudicial to his recovery, and the authority is satisfied that there is substance in the report, the payment of the allowance shall be suspended until the authority has made a decision thereon, provided that, before making a decision, the employing authority shall advise the practitioner of the terms of the report, and shall afford him an opportunity of submitting his observations thereon and of appearing or being represented before the authority or its appropriate committee. If the employing authority decide that the practitioner has failed without reasonable excuse to observe the conditions relating to the granting of sick leave, or has been guilty of conduct prejudicial to his recovery, then the practitioner shall forfeit his right to any further payment of allowance in respect of that period of absence.

Locum tenens

243. For the purposes of sick leave allowances, a practitioner's service shall be taken to include locum service. A practitioner who has reached age sixty-five, and who does not hold a contract under paragraph 200, shall not be entitled to sick leave allowance, unless immediately beforehand he has completed at least three months' continuous locum service; three months' continuous locum service having the meaning assigned to it in paragraph 213.

Appointments, under paragraphs 87 to 93

244. Practitioners holding appointments under paragraphs 87 to 93 shall not be eligible to receive occupational sick pay under the terms of paragraphs 225 to 243. Section 57 of the General Council Conditions of Service shall not apply to these practitioners.

245-249. Not allotted.

Definition

250. Professional or study leave is granted for postgraduate purposes approved by the employing authority, and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.

Recommended standard for professional and study leave in the United Kingdom

251. Subject to the conditions in paragraph 254, professional or study leave will normally be granted to the maximum extent consistent with maintaining essential services in accordance with the recommended standards, or may exceptionally be granted under the provisions of paragraph 252. The recommended standards are:

- a. Consultants
SHMOs and SHDOs
ASs
Hospital practitioners

Leave with pay and expenses, within a maximum of thirty days (including off-duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom.

- b. SRs

In addition to an aggregate, normally equivalent to at least one day per week for individual study and specific research projects, professional leave with pay and expenses within a maximum of an annual rate of ten days over a period of three years; this allowance being cumulative over three years, provided that the total amount due in three years is not taken until one year of the appointment has been served. This allowance may be carried over within the three year period on promotion to a permanent post in grades listed at a. above.

c. Rs

SHOs

HOs and post-registration medical HOs

i. Practitioners in these grade should receive either day release with pay and expenses for the equivalent of one day a week during University terms; or leave with pay and expenses within a maximum calculated at a rate of thirty days in a year (the year for this purpose being counted from 1 October). This allowance may accumulate over the period of the appointment, provided that the total amount due in the period of appointment is not taken until one year of the appointment has been served.

ii. Such practitioners may also receive leave with pay and expenses (other than examination fees) for the purpose of sitting an examination for a higher qualification, except that, where the authority considers that this would be contrary to the interests of the individual or the service, leave may be refused (for example, repeated sitting and failing of the same examination could be held to be an unjustifiable use of paid leave). Expenses may be paid only where taking the examination is the natural culmination of a course of study approved by the authority.

d. Pre-registration HOs should be allowed reasonable time within working hours for attending, within the hospital, clinico-pathological conferences and ward rounds with other firms.

Additional periods of professional and study leave in the United Kingdom

252. Authorities may at their discretion grant professional or study leave in the United Kingdom above the periods recommended in paragraph 251 with or without pay and with or without expenses or with some proportion thereof.

Professional and study leave outside the United Kingdom

253. Authorities may at their discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof.

Conditions

254. The following conditions shall apply:

- a. where a practitioner is employed by more than one authority, the leave and the purpose for which it is required must be approved by all the authorities concerned;
- b. where leave with pay is granted, the practitioner must not undertake any remunerative work without the special permission of the leave-granting authority;
- c. where an application is made under paragraphs 252 or 253 for a period of leave with pay, and this exceeds three weeks, it shall be open to the authority to require that one half of the excess over three weeks shall be counted against annual leave entitlement, the carry forward or anticipation of annual leave within a maximum of three weeks being permitted for this purpose (this condition shall not be applied to practitioners attending certain courses of specialist training notified to authorities for this purpose by the Department).

255-259. Not allotted.

Special leave with and without pay

260. The provisions of paragraphs 1 and 2 of Section 3 of the General Council Conditions of Service shall apply.

Compassionate leave

261. Special leave with pay shall be granted at the discretion of the employing authority in cases of urgent distress (eg., bereavement). As a normal rule, the period of absence so authorised shall not exceed three days, but, since much may depend on individual circumstances, the authority shall have discretion, on general and humanitarian grounds, to extend the period in cases of special hardship up to a further three days - ie., up to a maximum of six days in all.

Attendance at court as witness

262. The provisions of Section 9 of the General Council Conditions of Service shall apply, except to practitioners attending court as medical or dental witnesses. Such attendance is governed by paragraphs 30 to 37 and 40 to 42.

Jury service

263. The provisions of Section 8 of the General Council Conditions of Service shall apply where necessary. Normally, however, medical and dental practitioners are entitled to be excused jury service.

Attendance of witnesses at appeal hearings

264. The provisions of Section 15 of the General Council Conditions of Service shall apply.

Attendance at Whitley Council meetings

265. The provisions of Section 14 of the General Council Conditions of Service shall include attendance at meetings of negotiating bodies recognised by the Secretary of State.

Local government activities

266. The provisions of Sections 12 and 53 of the General Council Conditions of Service shall apply.

Parliamentary candidates

267. The provisions of Section 11 of the General Council Conditions of Service shall apply. See paragraph 334 for the position of a practitioner elected to Parliament.

Contact with notifiable diseases

268. Where a medical or dental practitioner is required to absent himself from duty, the provisions of Section 7 of the General Council Conditions of Service shall apply. In general, the situation will not arise in the case of medical practitioners because of their professional position.

Maternity leave

269. The provisions of Section 6 of the General Council Conditions of Service shall apply.

Leave for candidates for appointment

270. The provisions of Section 4 of the General Council Conditions of Service shall apply.

Leave for training with the Reserve and Cadet Forces

271. The provisions of Section 13 of the General Council Conditions of Service shall apply.

Magisterial duties

272. The provisions of Section 10 of the General Council Conditions of Service shall apply.

Leave for attendance at meetings of health authorities and community health councils

273. The provisions of Sections 16 and 17 of the General Council Conditions of Service shall apply.

274. Not allotted.

EXPENSES

General

275. Travelling, subsistence, and other expenses shall be paid to meet actual disbursements of practitioners engaged in the service of authorities, and shall not be regarded as a source of emolument or reckoned as such for the purposes of pension.

Submission of claims

276. In preparing claims, practitioners shall indicate adequately the nature of the expenses involved; claims shall be submitted normally at intervals of not more than one month, and as soon as possible after the end of the period to which the claim relates.

TRAVELLING EXPENSES AND MILEAGE ALLOWANCES

General Council Conditions applied

277. a. The provisions of Section 23 (except paragraphs 2.4 and 4) of the General Council Conditions of Service shall apply to all grades.

b. The term 'headquarters' in the General Council Conditions of Service shall be understood to mean 'the hospital where the practitioner's principal duties lie' ('principal hospital').

c. Where a practitioner has a joint contract with more than one employing authority, then the terms 'headquarters' or 'principal hospital' shall be interpreted as meaning the hospital where his principal duties lie within that joint contract, irrespective of employing authority.

Mileage allowances payable to all practitioners

278. Mileage allowances, in accordance with paragraphs 293 to 303, shall be payable where a practitioner uses his private motor vehicle for any official journey, on behalf of his employing authority, including travel in connection with domiciliary consultations. No allowance shall be payable for his normal

daily journey between his house or his practice premises, and his principal hospital, except as provided for in paragraphs 280 to 284 and 286 to 289, which also specify the rules for payment of allowances for journeys between his home and other places (including subsidiary hospitals).

Emergency visits

279. A practitioner called out in an emergency shall be entitled to mileage allowance in respect of any journey he is required to undertake.

HOME TO HOSPITAL MILEAGE

PRACTITIONERS IN THE GRADES OF CONSULTANT, SHMO, SHDO, OR AS

Official journeys beginning at home

280. Mileage allowance will be paid for official journeys on behalf of the employing authority, where a practitioner in these grades travels by private motor vehicle between his home or his practice premises and places other than his principal hospital, subject to a maximum of the distance between a practitioner's principal hospital and the place visited, plus ten miles, for each single journey (twenty miles for a return journey).

Subsequent official journeys

281. In addition, a practitioner in these grades may claim mileage allowance for one return journey daily between his home or his practice premises and his principal hospital, up to a maximum of ten miles in each direction, on days when he subsequently uses his car for an official journey.

Liability to make emergency visits

282. A practitioner in these grades with commitments under the same contract to visit more than one hospital which includes a liability to make emergency visits to subsidiary hospitals or other institutions, or a consultant or SHMO with a liability to make emergency domiciliary visits may, if the employing authority decide that his liability is so extensive as to make it desirable that his car should always be available at his principal hospital, claim mileage allowances for normal daily journeys between his home and principal hospital up to a maximum of ten miles in each direction.

Scattered hospitals

283. Where, in exceptional circumstances, a consultant is required by his employing authority, as a condition of his contract, to live within a specified area at a distance of more than ten miles by road from his principal hospital, in order to provide adequate emergency cover to a group of widely scattered hospitals or other institutions, then mileage allowances at the approved rate shall be paid for the whole of the journey between his home and his principal hospital.

PART-TIME PRACTITIONERS IN ALL GRADES: RESERVED RIGHTS

284. A part-time practitioner who, at 31 December 1959, was receiving expenses for journeys between his home or private consulting room and the hospital where his principal duties lay, shall continue for the time being to receive expenses in accordance with the Terms and Conditions of Service then in force.

285. Not allotted.

JOURNEYS BEGINNING OR ENDING AT HOME: OTHER STAFF

(ie., practitioners in the grades of SR, R, SHO, HO and Hospital Practitioner, or employed under the terms of paragraphs 94 or 107).

Full-time staff

286. a. Subject to b. below, where a full-time practitioner in these grades travels between his home and his headquarters (ie., "the hospital where his principal duties lie") before and/or after an official journey, or journeys direct from his home to the place visited and/or returns direct to his home from the place visited, mileage allowance shall be payable for the whole distance travelled, subject to a maximum based on the return journey from the practitioner's headquarters to the place visited plus twenty miles.

Mileage allowance shall be paid for the distance equal to the return journey between the practitioner's headquarters and the place visited. The additional (maximum) twenty miles shall be paid for as follows:-

i. if the practitioner is the holder of a current season ticket for travelling between his home and his headquarters - mileage allowance in accordance with paragraphs 291 to 303;

ii. if the practitioner is not a season ticket holder - mileage allowance less the appropriate "public transport" rate set out in Appendix I.

b. No allowance shall be paid in respect of home to headquarters mileage to a full-time practitioner in these grades whose normal practice is to travel from his home to his headquarters by private motor vehicle even when the vehicle is not required for the purposes of making an official journey.

Application of paragraph 286

287. Paragraph 286 shall be applied as follows:-

a. A full-time practitioner in these grades who travels by car only on the days when he requires it to make an official journey which attracts mileage allowance, other than at the "public transport" rate, shall be paid mileage allowance calculated in accordance with sub-paragraph 286. a. above.

b. Except as provided in c. below, a practitioner whose normal practice is to travel to his headquarters by car shall, if he uses it on any day to make an official journey, be paid mileage allowance by reference to the excess, if any, of the total distance travelled over the normal return journey between home and headquarters.

c. A practitioner whose normal practice is to travel to his headquarters by car, but who satisfies both of the following requirements, may, if the employing authority by resolution so decide, be treated as in a. above; ie., he may, in respect of the days on which he actually uses the car to make an official journey which attracts mileage allowance, other than at the "public transport" rate, be paid mileage allowance calculated in accordance with sub-paragraph 286. a. above.

The practitioner to whom this arrangement applies is one who has a claim to special consideration because:-

i. he has a definite commitment to make an official journey every day for which the use of his car is justified, or, alternatively, his duties are such that he is liable to be called upon to make official journeys by car which cannot be arranged in advance, and that liability is so extensive and the journeys in practice so frequent as to make it desirable that his car should always be available at his headquarters; and

ii. he would not otherwise require to travel to his headquarters by car.

d. in the foregoing, "car" means any private motor vehicle in respect of which mileage allowance is authorised.

e. Subject to the agreement of the employing authority, the maximum of twenty miles (additional to the return journey from the practitioner's headquarters to the place visited) in sub-paragraph 286.a. shall not apply if:-

i. the practitioner is a SR, R, SHO or HO who owned the home before taking up the appointment; or

ii. the home is within ten miles of one of the hospitals involved in a rotational appointment, or is conveniently situated for several of the hospitals in the rotation but is more than ten miles from one or more of them.

Part-time practitioners

288 a. In the case of a part-time practitioner to whom paragraphs 280 to 284 do not apply, journeys between his practice premises or place of residence and any hospital where he is employed, other than the hospital where his principal duties lie, shall be regarded as a journey in the service of the authority, provided that no expenses shall be allowed for any such journey or part of such journey which would have been undertaken by the practitioner, irrespective of his employment with the authority.

b. Where a part-time practitioner travels between his practice premises or place of residence and the hospital where his principal duties lie

before and/or after an official journey, expenses shall be payable for the whole distance, provided that, for journeys to and from the hospital where the practitioner's principal duties lie, no expenses shall be paid for any distance exceeding ten miles each way, unless circumstances warrant exceptional treatment.

LOCUM TENENS

289. Where a practitioner engaged as a locum travels (including, where he takes up temporary accommodation at or near the hospital, his initial and final journeys) between his practice premises or place of residence (whichever is the nearer) and the hospital where his principal duties lie, expenses shall be payable in respect of any distance by which the journey exceeds ten miles each way, unless the application of the rules in paragraphs 279 to 288 is more favourable.

290. Not allotted.

RATES OF MILEAGE ALLOWANCE

Regular user allowances

291. Allowances at regular user rates shall be paid to practitioners who are required by their employing authority to use their own motor car on NHS business and, in so doing, either:

- a. travel an average of more than 3,500 miles a year; or
- b. travel an average of at least 1,250 miles a year, and:
 - i. necessarily use their car on an average of three days a week; or
 - ii. spend an average of at least 50% of their time on such travel, including the duties performed during the visits; or
- c. are consultants who are classified as essential users.

Essential users (consultants)

292. An essential user is a consultant who:

- a. travels on average at least 1,250 miles (other than normal travel between home or practice premises and principal hospital) each year; and
- b. has ultimate clinical responsibility, or on-call responsibility normally controlled by a rota system, for the diagnosis and treatment of patients in hospital with emergency conditions which require him to be immediately available for recall; and
- c. is expected to be recalled to hospital in emergency at an average rate (taken over the year but excluding periods of leave) of twice or more during a working week.

Change in circumstances

293. If there is a change in a practitioner's duties or if the official mileage falls below that on which a regular or essential user classification was based and which is likely to continue, the application to the practitioner of the regular user agreement should be reconsidered. Any decrease in the annual official mileage or the frequency of travel, etc., which is attributable to circumstances such as prolonged sick leave or the temporary closure of one place of duty should be ignored for this purpose.

Non-classification as regular user

294. Where an authority does not consider that a practitioner should be classified as a regular or essential user, and this gives rise to any serious difficulty, the practitioner shall have the right to request that the Department should be consulted: they will seek the views of the Staff Side of the Joint Negotiating Committee on the appropriate solution.

Payment of lump sums

295 a. Payment of the annual lump sum allowance shall be made in equal monthly instalments over a period from 1 April in any year to 31 March in the succeeding year.

b. In the case of a practitioner who takes up an appointment with an employing authority or leaves the employment of his authority after 1 April in any year, the total allowance payable should be so calculated that the amount payable is directly proportionate to a full year's allowance. The calculation of the mileage allowance should thus be in accordance with the following procedure:

The mileage allowance to be paid at the higher rate would, at 9,000 miles per annum, be equivalent to 750 miles per month of service. The excess over 750 miles per month of service would be paid at the intermediate, and if appropriate, the lower rate. For example, where the total service in the period 1 April in any year to 31 March in the succeeding year is five months, then up to 3,750 miles would be paid at the higher rate and any excess at the intermediate, and if appropriate, the lower rate. Similarly the lump sum should be divided into twelve monthly payments.

When a practitioner leaves the employment of an employing authority, a calculation shall be made in respect of his entitlement for the portion of the year served with the authority and any adjustments made thereafter.

Part months of service

296. Part months of service shall be regarded as complete months for the purposes of paragraph 295 above. However, a regular user who leaves the service of one authority and enters the employment of another authority during the same month shall receive only one lump sum instalment for that month, payable by the former employing authority.

Cars out of use

297. When a practitioner entitled to the regular user allowance does not use his car as a result of a mechanical defect or absence through illness:

a. the lump sum payment should be paid for the remainder of the month in which the car was out of use and for a further three months thereafter. For the following three months, payment should be made at the rate of 50% of the lump sum payment. No further payments should be made if the car is out of use for six months or longer;

b. during the period when the car is "off the road" for repairs, out-of-pocket expenses in respect of travel by other forms of transport should be borne by the employing authority, in accordance with the provisions of paragraph 2 of Section 23 of the General Council conditions of service.

Protection of existing standard rates

298. a. Practitioners referred to in paragraph 291 above who prior to 30 May 1975* received mileage allowance calculated by reference to the standard rate of allowance may continue to claim payment of their expenses in accordance with those arrangements, but at the following rates, for so long as they remain in the same grade and in the employment of the same employing authority as on 30 May 1975*:

	up to 1000cc	1001 to 1750cc	Over 1750cc
Rate per mile	14.2p	16.5p	18.8p

b. In addition, where practitioners transferred under the National Health Service Reorganisation Act 1973 or the National Health Service (Scotland) Act 1972 and in post on 30 May 1975*, other than in a training post, subsequently take up their first substantive post in the reorganised National Health Service, similar protection shall last for so long as they remain in the grade appropriate to that post and in the employment of the authority making that substantive appointment.

*30 March 1976 for practitioners holding part-time appointments on 30 March 1976.

Standard mileage rates

299. Mileage allowances at standard rates will be paid to practitioners who use their own vehicles for official journeys, other than in the circumstances described at paragraphs 291, 298 and 300; provided that a practitioner may opt to be paid mileage allowances at standard rates, notwithstanding his entitlement to payment at regular user rates.

Public transport mileage rate

300. The foregoing rates shall not apply if a practitioner uses a private motor vehicle in circumstances where travel by a public service (eg., rail, steamer, bus) would be appropriate. For such journeys, an allowance at public transport rate shall be paid, unless this is higher than the rate that would be payable under standard or regular user rates.

Passenger allowances

301. Where other employees or members of an employing authority are conveyed in the same vehicle on the business of the National Health Service and their fares by a public service would otherwise be payable by the authority, passenger mileage allowance shall be paid.

Garage expenses, tolls and ferries

302. Subject to the production of vouchers wherever possible, practitioners using their private motor vehicles on an official journey at the standard or regular user rates of mileage allowances shall be refunded reasonable garage and parking expenses and charges for tolls and ferries necessarily incurred, except that charges for overnight garaging or parking shall not be reimbursed, unless the practitioner is entitled to night subsistence allowance for overnight absence. Similar expenses may also be refunded to practitioners only entitled to the "public transport" rate of mileage allowance, provided that the total reimbursement for an official journey does not exceed the cost which would otherwise have been incurred on public transport, including the fares of any official passengers.

LOANS FOR CAR PURCHASE

303. a. The provisions of sub-paragraph 303. b. apply to practitioners who qualify for the first time as regular car users in the NHS, other than those who are offered, or provided with, a suitable Crown car or who, prior to 1 April 1980, have been paid the rates of mileage allowances which are protected under the provisions of paragraph 298.
- b. Such practitioners are entitled to a loan at 2½% flat rate of interest, provided that the request for the loan is made within three months of such classification, or of taking up the post (whichever is the later).
- c. At the discretion of employing authorities, all other regular or essential car users may be granted a loan at the Treasury rate of interest current at the time the loan is taken up and under the other terms of this agreement, except where they are offered or provided with a suitable Crown car.
- d. Loans shall be made in accordance with the provisions of paragraphs 16 to 22 of Section 24 of the General Council Conditions of Service.
- e. In determining whether a car is "suitable" for the purposes of this paragraph, various factors may need to be taken into account, such as the total official mileage to be driven, reliability, the need to carry heavy or bulky equipment and local road conditions, etc.
304. Not allotted.

ALLOCATION OF OFFICIAL VEHICLES

305. a. Authorities may provide Crown cars instead of paying allowances, at their absolute discretion, but only by agreement with the practitioner. When a Crown car has already been allocated, or the practitioner's agreement has been given, two years' notice shall be given by either side of any proposal to terminate the arrangements, unless a shorter period of notice is mutually acceptable.

b. Crown cars should normally not have a larger engine capacity than 1250cc.

c. Authorities should ensure that proper arrangements are made for the efficient, effective and economical maintenance of allocated cars, and that suitable provision is made for the supply to them of petrol and oil.

d. Practitioners have the right, on application to the authority, to private use of a Crown car allocated to them, subject to the arrangements set out in paragraphs 24, 25, 27 and 28 of Section 24 of the General Council Conditions of Service.

Journeys from home to work (allocated vehicles)

306. a. Practitioners will normally be asked by employing authorities to take their allocated vehicles home in order to be able to respond to emergency calls. These journeys between home and principal hospital are considered as official journeys for tax and insurance purposes; but the practitioner will be charged at the "public transport" rate for the use of the vehicle to get home and for the first normal journey to his principal hospital each day, unless the journey is one for which a mileage allowance would be payable under paragraphs 280 to 284 or 286 to 289. (See sub-paragraph c. for emergency calls).

b. Where a practitioner is not required to take the vehicle home by his employing authority but chooses to do so, then all home to base and return mileage will be considered as private and will be charged accordingly. In these circumstances, the vehicle must be taxed and insured for private use.

c. When practitioners who have taken their allocated vehicles home at the end of their normal working period are asked to go out again in response to emergency calls, all mileage in these circumstances is counted as official, and no charge should be paid by the practitioner.

307-310. Not allotted.

Subsistence allowances

311. The provisions of Section 22 of the General Council Conditions of Service shall apply, with the following provisos:

- a. The term "headquarters" shall be understood to mean, "the hospital where the practitioner's principal duties lie", except in the case of practitioners who work occasional sessions with the Blood Transfusion Service (see c. below);
- b. no day allowance shall be payable in respect of any period spent at a hospital as part of the regular duties of the practitioner concerned;
- c. where a practitioner is engaged in accordance with paragraph 94 or paragraph 106 for the purposes of working occasional sessions in the Blood Transfusion Service, his headquarters shall be regarded as being the Regional Headquarters of the Blood Transfusion Service.

Postage, etc.

312. Any expenditure necessarily incurred by a practitioner on postage or telephone calls in the service of an authority shall be reimbursed, through the periodical claim for travelling and subsistence.

Expenses of candidates for appointments

313. The provisions of Section 25 of the General Council Conditions of Service shall apply; expenses shall only be withheld in accordance with paragraph 5 of that Section.

REMOVAL EXPENSES

General

314. Any reference to reimbursement of removal expenses in paragraphs 314 to 323 shall mean payments made in accordance with Section 26 (except for paragraphs 4, 6, 7 and 9 to 15) of the General Council Conditions of Service and at the rates specified therein, subject to the provisions of paragraph 324.

Removal is required and arrangements are reasonable

315. Expenses shall be reimbursed and grants paid only when the employing authority is satisfied that the removal of the practitioner's home is required and that the arrangements proposed are reasonable - see paragraph 5.3 of Section 26 of the General Council Conditions of Service.

Agreement to remain in service of authority

316. The employing authority may require a practitioner taking up an appointment in the consultant or AS grades, as a condition of receiving payment of removal expenses, to sign an undertaking that he will not leave the service of the authority within a period of two years (in the case of married practitioners or single practitioners with equivalent responsibilities) or one year (in the case of other practitioners), unless the practitioner's further move is the result of unforeseen circumstances which are serious enough to justify releasing him from his undertaking. Where the practitioner otherwise breaks the undertaking, he may be called upon to refund the whole or part of the expenses paid save that no refund shall be required where an authority has terminated an initial appointment made in accordance with sub-paragraph 5.c.

Appointments of six months' duration

317. The provisions of paragraphs 22 to 33 of Section 26 of the General Council Conditions of Service shall not apply to appointments of six months' duration. However, where a practitioner has an established commitment to take a subsequent appointment in the same locality, for which a further move would not be required, authorities may treat the two appointments as one for the purpose of considering entitlement to removal expenses.

First appointment or transfer

318. The following groups of practitioners, provided they are moving from a regular post in the employment of a body listed in Group 1 or Group 2 of Appendix B of Section 26 of the General Council Conditions of Service, shall be reimbursed the full amount of their removal expenses:

a. practitioners taking up a whole-time first appointment in the grade of consultant or AS or a full-time first appointment in the grade of SR, R or SHO;

b. practitioners in the grades of HO, SHO, R and SR who transfer on, or just before, the expiry of their appointment to full-time posts in these grades for the purpose of gaining further experience; save that a practitioner may be treated as though he had so transferred where he has broken his NHS service in order to go overseas on a rotational appointment which is considered by the Postgraduate Dean or College or Faculty Adviser in the specialty concerned (if necessary, with the advice of the consultant) to be part of a suitable programme of training, or to undertake voluntary service, provided the authority is satisfied that:

i. He has not undertaken any other work outside the NHS during his his break in service, apart from limited or incidental work during the period of the training appointment or voluntary service; and

ii. There has been no unreasonable delay between the ending of the training or voluntary service and the commencement of the next regular appointment;

c. consultants moving to take up a further whole-time consultant appointment in circumstances accepted by the old and new employing authorities (taking into account the criteria specified in paragraphs 11.1 and 11.2 of Section 26 of the General Council Conditions of Service) as being in the interests of the service.

Maximum part-time practitioners

319. Where a practitioner moves to take up a "maximum part-time" contract, he shall be reimbursed ten elevenths of the normal expenses to which a

practitioner appointed to a whole-time post would be entitled under paragraph 318. Where a whole-time practitioner changes to a "maximum part-time" contract within two years of taking up his appointment, he shall be required to refund one eleventh of the expenses paid.

Rotational appointments

320. Practitioners who are required to move their homes in the course of planned rotational training appointments may be reimbursed the full amount of their removal expenses. A practitioner who would qualify for such reimbursement if he needed to move in the course of his appointment may, however, choose not to move his home on taking up the second or subsequent posts in the rotation, but to travel daily the greater distance between his home and the hospital: in such cases he may be paid excess travelling expenses. Similarly, if he has a home convenient to the hospital in which the second or subsequent part of the appointment is to be held, he may elect to travel the extra distance to the hospital in which the previous post or posts are held, and may be paid excess travelling expenses. Payment of such expenses should be at the rates specified in paragraphs 18.1 to 18.3 of section 26 of the General Council Conditions of Service, except where a practitioner uses his own car in circumstances which satisfy the authority that the use of public transport would not be appropriate.

Compulsory transfer

321. A whole-time or full-time practitioner required by his employing authority to transfer without promotion to new headquarters within the service of the same employing authority shall be eligible for reimbursement of his removal expenses.

Hospital accommodation

322. A whole-time or full-time practitioner required to move, without changing his headquarters, out of or into hospital accommodation which he was or is required to occupy as part of his terms of service shall be eligible for reimbursement of his removal expenses.

Removal expenses for locums

323. a. Removal expenses are not payable to practitioners taking up locum appointments, except in the case of practitioners initially engaged for one year or more in the circumstances described in paragraph 192.
- b. Removal expenses are only payable, by the new employing authority, to practitioners moving from locum appointments where the practitioner has established himself as a householder (as defined in paragraph 5.4 of Section 26 of the General Council conditions of service), either in the area of a locum post which he has held for more than six months or of a previous substantive appointment.

Miscellaneous expenses grant

324. a. Practitioners moving into accommodation which has not been provided by the health authority and who have not (other than in the circumstances set out in sub-paragraph d. below) during the previous two years taken up a post for which a miscellaneous expenses grant has been paid at the rates set out in paragraph 43 of section 26 of the General Council Conditions of Service are entitled to payment at those rates.
- b. For other practitioners, payment of a miscellaneous expenses grant shall not exceed expenditure actually incurred. Employing authorities may make such payments conditional upon the furnishing of a statement of such expenditure.
- c. The two years mentioned in a. shall be determined by reference to the date of taking up post.
- d. Miscellaneous expenses grant will be paid at the rate set out in sub-paragraph a. where a practitioner is required to move within two years to take up a second or subsequent post as part of a formal rotational commitment.

325-329. Not allotted.

MISCELLANEOUS

Publications, Lectures, etc

330. A practitioner shall be free, without the prior consent of the employing authority, to publish books, articles, etc., and to deliver any lecture or speech, whether on matters arising out of his hospital service or not.

Machinery for settling differences; regional appeals machinery

331. The provisions of Section 32 of the General Council Conditions of Service shall apply.

Arrangements for redundancy payments

332. The provisions of Section 45 of the General Council Conditions of Service shall apply.

Equal opportunities in employment

333. The provisions of Section 51 of the General Council Conditions of Service shall apply.

Employees who are elected to Parliament

334. The provisions of Section 52 of the General Council Conditions of Service shall apply.

Membership of local authorities

335. The provisions of Section 53 of the General Council Conditions of Service shall apply.

Payment of annual salaries

336. The provisions of Section 54 of the General Council Conditions of Service shall apply.

Disputes procedures

337. The provisions of Section 33 of the General Council Conditions of Service shall apply.

338-339. Not allotted.

APPLICATION

340. All salary scales and conditions of service apply equally to men and women, and uniformly throughout England and Wales, provided that the practitioner has full, limited or provisional registration as a medical practitioner with the General Medical Council, or is registered as a dental practitioner with the General Dental Council.

Former trainees in general practice

341. Where a practitioner's immediately previous post was as a trainee in general practice, he should be treated for the purpose of these Terms and Conditions of Service as if the post had been a regular post in the hospital service. His salary shall be taken to have been the point on the hospital scale to which the salary payable under paragraph 38.6(e) of the Statement of Fees and Allowances corresponds (ie., after deduction of the addition for out-of-hours commitments). This provision does not apply to practitioners who were Principals or Assistants in general practice.

307. The provisions of Section 23 of the General Council's Conditions of Service shall apply.

Discipline procedures

308. All safety and health matters shall be dealt with in accordance with the provisions of the relevant legislation and the provisions of the relevant codes of practice.

309. All safety and health matters shall be dealt with in accordance with the provisions of the relevant legislation and the provisions of the relevant codes of practice. The provisions of the relevant legislation and the provisions of the relevant codes of practice shall apply to all safety and health matters.

Discipline procedures

Discipline procedures

310. Where a practitioner's immediate previous post was as a trainee in general practice, he should be treated for the purpose of these Terms and Conditions of Service as if the post had been a regular post in the hospital service. His salary shall be taken to have been the point on the hospital scale to which the safety and health matters paragraph 30.5(a) of the Statement of Fees and Allowances corresponds (i.e., after deduction of the addition for out-of-home consultants). This provision does not apply to practitioners who were Principals or Assistants in general practice at the time of their appointment.

311. Where a practitioner's immediate previous post was as a trainee in general practice, he should be treated for the purpose of these Terms and Conditions of Service as if the post had been a regular post in the hospital service.

Discipline procedures

312. Where a practitioner's immediate previous post was as a trainee in general practice, he should be treated for the purpose of these Terms and Conditions of Service as if the post had been a regular post in the hospital service.

Discipline procedures

313. Where a practitioner's immediate previous post was as a trainee in general practice, he should be treated for the purpose of these Terms and Conditions of Service as if the post had been a regular post in the hospital service.

TERMS AND CONDITIONS OF SERVICE OF HOSPITAL MEDICAL AND DENTAL STAFF

TABLE 1: BASIC RATES OF PAY PER ANNUM effective from 1 June 1985.

Grade	Pay Scale code	Minimum (rate of pay where there is no scale)	Minimum					
			1st	2nd	3rd	4th	5th	6th
Consultant	MC21	21,460	23,020	24,580	26,140	27,700		
Senior Hospital Medical or Dental Officer	MC11	21,460						
Associate Specialist	MC01	13,160	14,580	16,000	17,420	18,840	20,260	21,680
Child psychiatrists*		21,920						
Senior Registrar	MB41	12,380	13,030	13,680	14,330	14,980	15,630	
Registrar	MB31	10,760	11,300	11,840	12,380	13,030		
Senior House Officer	MB21	9,480	10,120	10,760				
House Officer	MB11	7,610	8,100	8,590				
House Officer with provisional registration	MB01	7,610	8,100					
Hospital practitioners per session	MD01-41	1,615	1,705	1,795	1,885	1,975	2,065	2,155

*who were formerly employed by local authorities in the community child adolescent psychiatric services.

TABLE 2: LOCUM TENENS APPOINTMENTS (Paragraphs 113 to 115) effective from 1 June 1985.

	£ Rate: Per week	£ Rate: per notional half-day	£ Rate: per standard unit of medical time	£ Rate: per A unit of medical time	£ Rate: per B unit of medical time
A consultant who has retired and who before retirement was paid at the scale maximum current at time of retirement	532.40	48.40			
Other Consultants	485.10	44.10			
Associate Specialist Senior Hospital Medical or Dental Officer	330.00	30.00			
Part-time medical or dental officer (paragraphs 94 and 107)				31.30	
Hospital Practitioner				36.05	
Senior Registrar	270.00		27.00	8.10	2.70
Registrar	226.50		22.65	7.70	2.27
Senior House Officer	192.50		19.25	7.30	1.93
House Officer	156.50		15.65	5.95	1.57

TABLE 3: OTHER FEES, CHARGES AND ALLOWANCES effective from 1 June 1985.

Paragraph	Nature of fee, charge or allowance	Payable for each	£ Rate
1.b.	Distinction Awards for Consultants		
	A+ awards		24,930
	A awards		19,200
	B awards	year	10,970
	C awards		4,890
4	Senior Hospital Medical or Dental Officer occupying a post graded as Consultant allowance	year	3,120
19.b.	Units of medical time (UMTs): Class A (standing by or working in hospital): House Officer	UMT	38% of one tenth of salary for standard working week
	Senior House Officer	UMT	38% of one tenth of salary for standard working week
	Registrar	UMT	34% of one tenth of salary for standard working week
	Senior Registrar	UMT	30% of one tenth of salary for standard working week
	Class B (available on call): All grades	UMT	10% of one tenth of salary for standard working week

APPENDIX I (Contd)

TABLE 3: OTHER FEES, CHARGES AND ALLOWANCES

Paragraph	Nature of fee, charge or allowance	Payable for each	£ Rate	
27	Extra Duty Allowance for Associate Specialists	unit of EDA	44.70	
32.b.	Radiology and pathology tests (routine screening of employees)	item of service	1.25	
49	Medical Superintendent of Psychiatric Hospital: Allowance	year	1,775	
55 to 57	London Weighting:	year		Non-resident staff Resident staff
	London Zone		877	243
	Extra-territorially managed units		527	147
	Fringe Zone		149	38
	STAFF FUND			
91.a.	Payment for each eligible bed:	year	230.80	
	Payment for provision of a casualty service:			
	higher rate	year	2,840	
	lower rate	year	1,420	
	12 hrs per day Mon-Fri	year	1,015	
91.b.	Payment for each notional half-day of clinical work per week:	year	1,165	

TABLE 3: OTHER FEES, CHARGES AND ALLOWANCES

Paragraph	Nature of fee, charge or allowance	Payable for each	£ Rate
91.b.	Payment for one hour or less of clinical work per week:	year	430
91.b.	Payment for one hour but not more than two hours of clinical work per week:	year	860
93	Payment for each casualty seen, where the number is less than 200 per annum:	case	9.25
94 and 107	Payment to part-time medical and dental officers per weekly notional half-day	year	1,615
"	Maximum annual payment	year	14,535
"	Where the number of hours per week is not more than 2:		
	Payment for 1 hour or less:	year	430
	Payment for more than 1 hour but not more than 2 hours:	year	860
106	Payment for occasional work in the Blood Transfusion Service	Hour or part of an hour	8.75
"	Maximum payment per session	session	26.25

TABLE 3: OTHER FEES, CHARGES AND ALLOWANCES

Paragraph	Nature of fee, charge or allowance	Payable for each	£ Rate
141 and 142	DOMICILIARY CONSULTATIONS		
	Standard Rate	Item of service	28.25
	Intermediate Rate	"	14.15
143 and 144	Maximum fee in connection with anti-coagulant therapy or treatment with cytotoxic drugs	series of visits	84.75
145	Combined fee for completion of form BD8	Item of service	43.00
	For re-examination (provided previous form BD8 available)	"	36.80
146	Lower rate	Item of service	7.05
155	Exceptional consultation by a consultant	consultation	52.95
157	Exceptional consultation by a general practitioner	"	18.20
165	Fees for lectures to nurses, etc.		
	Consultants	lecture	20.40
	Senior Hospital Medical and Dental Officers	lecture	16.65
	Associate Specialists, Senior Registrars, Hospital Practitioners and Practitioners holding appointments under paragraph 94	lecture	13.55
	Other grades	lecture	11.30

TABLE 3: OTHER FEES, CHARGES AND ALLOWANCES

Paragraph	Nature of fee, charge or allowance	Payable for each	£ Rate
166	Lecture fee for Postgraduate Medical Education	lecture	26.50
174	Lodging charges		
	Where the practitioner occupies a single (bed-sitting) room	year	970
	Where the practitioner occupies separate bed and living room	year	1,434

TABLE 4: MILEAGE ALLOWANCES (paragraphs 277 to 306) as at 1 April 1986

1.	Public transport rate: 14.0p per mile.				
2.	Regular user rates:				
	Motor cars with three or four wheels*:				
	Engine Capacity (cc)	501 to 1,000	1,001 to 1,500	1,501 to 2,000	over 2,000
	Lump sum (£)	399	475	580	580
	Up to 9,000 miles (p)	18.7	21.3	25.2	28.2
	9,001 to 15,000 miles	11.6	12.9	15.1	18.0
	Thereafter	9.9	10.7	12.3	15.3
3.	Standard rates:				
	Motor cars with three or four wheels*:				
	Engine Capacity (cc)	501 to 1,000	1,001 to 1,500	1,501 to 2,000	over 2,000
	Up to 3,500 miles (p)	25.8	29.7	35.5	38.5
	3,501 to 9,000 miles	21.5	24.6	29.2	32.2
	9,001 to 15,000 miles	11.6	12.9	15.1	18.0
	Thereafter	9.9	10.7	12.3	15.3
4.	Other motor vehicles**:				
	Engine capacity rate per mile (cc) (p)	150 or less	151 to 250	over 250	
		7.8	11.7	15.7	
5.	Passenger allowance: each passenger: 2p per mile				

* a practitioner using a four-wheeled motor car under 501cc shall be paid at the rates for cars of 501 to 1,000cc engine capacity.

** includes motor cycles and combinations, motor scooters, mopeds and motor-assisted bicycles.

This Appendix sets out by reference to the General Council Handbook which General Council agreements have been applied to hospital medical and dental staff and in what way.

Section	Subject	See paragraph:
1	ANNUAL LEAVE ENTITLEMENT (this Section does not apply to locums)	216
2	STATUTORY AND PUBLIC HOLIDAYS	214
3	LEAVE FOR SPECIAL PURPOSES - GENERAL PROVISIONS	260
4	LEAVE FOR CANDIDATES FOR APPOINTMENT	270
6	MATERNITY LEAVE	269
7	ABSENCE FROM DUTY FOLLOWING CONTACT WITH A CASE OF NOTIFIABLE DISEASE (These provisions are not in general applicable to hospital medical and dental staff because of their professional position. If, however, a practitioner is required to absent himself from duty the rules in paragraphs 2 to 4, about adjustment of full pay on account of sickness benefit, apply).	268
8	LEAVE FOR JURY SERVICE (This applies where necessary to hospital medical and dental staff. Normally, however, practitioners are exempt from jury service).	263
9	LEAVE FOR ATTENDANCE AT COURT AS A WITNESS (This applies to hospital medical and dental staff, but not in relation to attendance at court as a medical or dental witness).	262
10	LEAVE FOR MAGISTERIAL DUTIES	272
11	LEAVE FOR PARLIAMENTARY CANDIDATURE	267
12	LEAVE FOR LOCAL GOVERNMENT ACTIVITIES	266
13	LEAVE FOR TRAINING WITH THE RESERVE AND CADET FORCES	271
14	LEAVE FOR WHITLEY COUNCIL MEETINGS	265
15	LEAVE FOR ATTENDANCE AS WITNESS AT APPEAL HEARINGS	264
16	LEAVE FOR ATTENDANCE AT MEETINGS OF HEALTH AUTHORITIES	273
17	LEAVE FOR ATTENDANCE AT MEETINGS OF COMMUNITY HEALTH COUNCILS	273
22	SUBSISTENCE ALLOWANCES (This applies subject to the modifications set out in paragraph 311)	
23	TRAVELLING EXPENSES (This applies subject to the modifications set out in paragraphs 277 to 302)	
25	EXPENSES OF CANDIDATES FOR APPOINTMENT (This applies to hospital medical and dental staff, subject to the proviso that the withholding of expenses under paragraph 5 thereof should be limited to cases where the candidate refuses the post as advertised).	313
26	REMOVAL EXPENSES AND ASSOCIATED PROVISIONS (Paragraphs 4, 6, 7 and 9 to 15 thereof do not apply. The remainder applies subject to the modifications set out in paragraph 314 to 324).	

Section	Subject	See paragraph:
32	PROCEDURE FOR SETTLING DIFFERENCES IN REGARD TO CONDITIONS OF SERVICE	331
33	DISPUTES PROCEDURES	337
38	FACILITIES FOR STAFF ORGANISATIONS	337
39	JOINT CONSULTATION MACHINERY	
40	DISCIPLINARY PROCEDURES (This applies subject to the reservation set out in paragraph 1 thereof).	189
45	ARRANGEMENTS FOR REDUNDANCY PAYMENTS	332
46	PAYMENT OF SUPERANNUATION AND COMPENSATION BENEFITS ON PREMATURE RETIREMENT	
51	EQUAL OPPORTUNITIES IN EMPLOYMENT	333
52	POSITION OF EMPLOYEES ELECTED TO PARLIAMENT	334
53	MEMBERSHIP OF LOCAL AUTHORITIES	266 and 335
54	PAYMENT OF ANNUAL SALARIES	336
55	PREPARATION FOR RETIREMENT	
56	LONDON WEIGHTING (only paragraphs 3, 7 to 11 and 14 to 16 thereof apply)	55 to 60
57	STATUTORY SICK PAY: QUALIFYING DAYS (This applies subject to the modification set out in paragraph 244)	
58	NHS REORGANISATION 1974 - CONTINUITY OF EMPLOYMENT	
62	NHS REORGANISATION - STAFFING ARRANGEMENTS (ENGLAND)	
63	NHS REORGANISATION - APPEALS (ENGLAND)	
65	NHS REORGANISATION - STAFFING ARRANGEMENTS (WALES)	
66	NHS REORGANISATION - APPEALS (WALES)	
68	NHS REORGANISATION - STAFFING ARRANGEMENTS (SCOTLAND)	
69	NHS REORGANISATION - APPEALS (SCOTLAND)	
70	DISMISSAL APPEALS TRIBUNAL - EMPLOYEES TRANSFERRING FROM, TO OR WITHIN SCOTLAND	
71	SUPPLEMENT TO INDUSTRIAL TRIBUNAL AWARDS FOLLOWING SUCCESSFUL APPEALS AGAINST UNFAIR DISMISSAL FOR EMPLOYEES TRANSFERRING FROM, TO OR WITHIN SCOTLAND	
74	NHS REORGANISATION - PROTECTION OF PAY AND TERMS AND CONDITIONS OF SERVICE	

This Appendix sets out by reference to the subject matter the General Council agreements which apply to hospital medical and dental staff.

Subject	Section(s) of General Council Handbook
ANNUAL LEAVE	1*
APPEALS MACHINERY	32
ASSISTANCE WITH HOUSE PURCHASE	26*
CANDIDATES FOR APPOINTMENT:	
EXPENSES	25*
LEAVE	4
DISCIPLINARY PROCEDURES	40*
DISPUTES PROCEDURES	33
EQUAL OPPORTUNITIES IN EMPLOYMENT	51
EXCESS RENT ALLOWANCE	26*
HOUSE PURCHASE, ASSISTANCE WITH LEAVE:	26*
ABSENCE FROM DUTY FOLLOWING CONTACT WITH A NOTIFIABLE DISEASE	7*
ANNUAL LEAVE	1*
APPEAL HEARING, ATTENDANCE AS A WITNESS	15
CANDIDATES FOR APPOINTMENT	4
COMMUNITY HEALTH COUNCIL MEETINGS	17
COURT, ATTENDANCE AS WITNESS	9*
HEALTH AUTHORITY MEETINGS	16
JURY SERVICE	8*
LOCAL GOVERNMENT ACTIVITIES	12
MAGISTERIAL DUTIES	10
MATERNITY	6
PARLIAMENTARY CANDIDATURE	11
PUBLIC HOLIDAYS	2
RESERVE AND CADET FORCES, TRAINING WITH	13
SPECIAL PURPOSES, GENERAL PROVISIONS	3
WHITLEY COUNCIL MEETINGS	14
JOINT CONSULTATION MACHINERY	39
LOCAL AUTHORITIES, MEMBERSHIP OF	53
LONDON WEIGHTING	56*
MATERNITY LEAVE	6
MILEAGE ALLOWANCES	23*
NHS REORGANISATION	58, 62, 63, 65, 66, 68, 69, 70, 71, 74
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PUBLIC HOLIDAYS	2
REDUNDANCY PAYMENTS	45
REMOVAL EXPENSES*	26*
CONTINUING COMMITMENTS ALLOWANCE	26 paragraph 49
FURNITURE REMOVAL	26 paragraphs 36 to 37

*= but see note in Appendix II

Subject	Section(s) of General Council Handbook
FURNITURE STORAGE	26 paragraphs 38 to 41
HOUSE PURCHASE AND SALE	26 paragraphs 22 to 33
MISCELLANEOUS EXPENSES GRANT	26 paragraph 43
RETIREMENT, PREPARATION FOR	55
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STAFF ORGANISATIONS, FACILITIES FOR	38
STATUTORY SICK PAY, QUALIFYING DAYS	57*
SUBSISTENCE ALLOWANCES	22*
TRAVELLING EXPENSES	23*

*= but see note in Appendix II

OTHER FEES AND ALLOWANCES, EFFECTIVE FROM 1 JUNE 1985

NOTE: The following fees and allowances do not form part of the Terms and Conditions of Service for Hospital Medical and Dental Staff, and are included in this handbook solely for the convenience of users.

1. The allowance for a consultant, general medical practitioner, or general dental practitioner member of a District Management Team appointed to represent their District Medical Committee shall be £3,005 per annum.

The maximum fee for a clinician acting as a unit medical representative shall be £2,600 (see HC(85)9 paragraph 12). The maximum fee for a clinician appointed as unit general manager and acting unit medical representative shall be £4,050 per annum. (See HC(85)9 paragraph 16).

2. FAMILY PLANNING FEES

	Operating fee £	Anaesthetist's fee £
i. Fee per case of male sterilisation performed		
a. as a separate procedure	41.50	20.45
b. during the course of another procedure	28.10	13.60
ii. Fee per case of female sterilisation performed		
a. as a separate procedure	56.20	27.45
b. during the course of another procedure	37.55	18.35
iii. Fee for the reversal of male sterilisation	63.90	31.90
iv. Fee for the reversal of female sterilisation	89.35	44.70
v. Fee per case for the insertion or removal (on family planning grounds) of an intra-uterine contraceptive device.		
a. as a separate procedure	28.10	20.45
b. during the course of another procedure	18.60	13.60
c. where removal of a misplaced device involves laparoscopy or laparotomy	89.35	44.70
	Payable to	
vi. Examination and report on pathological specimens referred in connection with NHS family planning cases	case	7.65
vii. Radiological services provided in connection with NHS family planning cases	case	7.65
viii. Notional half-day special family planning session	session	47.80
3. Junior hospital doctors in "peripheral" hospitals	Allowance per year:	£840.00
4. Fee for College or Faculty nominee attending a consultant Advisory Appointment Committee	Full day	£ 44.10
	Half day	£ 22.05

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TERMS AND CONDITIONS OF SERVICE OF HOSPITAL
MEDICAL AND DENTAL STAFF (ENGLAND AND WALES)
RECORD OF AMENDMENTS

Amendments to this handbook will normally be notified in the form of replacement pages attached to an Advance Letter in the MD (medical and dental) series. Revised material will be indicated by a vertical marginal line. Please make amendments immediately they are received and keep the following record of amendments up to date.

Amendment number	Advance Letter number	Date inserted	Amendment number	Advance Letter number	Date inserted
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RECORD OF MEMBERSHIP
 MEDICAL AND DENTAL STAFF (RETIRED AND WAIVED)
 YEARS AND CONDITIONS OF SERVICE OF MEMBERS

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