



## **Pay mitigation due to impact of Covid-19 on doctors and dentists in training in England**

### **Agreed guidance for employers from UCEA, the BMA, BDA and UCU**

NHS Employers have published [guidance](#) to address the careers earning impact of Covid-19 on doctors in training in England. The guidance sets out the measures to address the career earnings impact for Annual Review of Competency Progression (ARCP) for trainees at a critical progression point in their training - known as outcome 10.2 (see below) - when they commence in consultant posts. The guidance has been produced in association with the BMA.

Having consulted with UCEA's Clinical Academic Staff Advisory Group (CASAG), the BMA, BDA and UCU - and in accordance with the principle of pay parity with the NHS - UCEA **recommends** that HEIs and their NHS partners apply the mitigations to clinical academic staff.

### **Background**

The Covid-19 pandemic has had specific impacts for doctors and dentists in training, including academic trainees, in relation to trainee recruitment, rotation, assessment and progression. The Department for Health and Social Care (DHSC) and Health Education England (HEE) have introduced a number of measures to mitigate the impact of Covid-19 on training progression.

### **ARCP**

The ARCP is an annual review of evidence of achievement over the course of a year of training. It is the process by which doctors in training are reviewed to ensure they are offering safe, quality patient care. It is also the means by which a full scope of work review is undertaken to satisfy revalidation requirements. The process decides whether an individual trainee can progress to the next stage of training.

ARCP outcomes 10.1 and 10.2 are new no-fault outcomes which recognise that whilst the progress of the trainee has been satisfactory, the acquisition of competences/capabilities by the trainee has been delayed due to disruption by Covid-19.

- ARCP outcome 10.1 is used where trainees are not at a critical progression point which means they can be allowed to progress to the next stage of training where they can obtain the relevant competencies/capabilities.
- ARCP outcome 10.2 is used when the trainee is at a critical progression point in the programme and additional training time is required before the trainee can progress to the next stage in their training or Certificate of Completion of Training (CCT). As a result of this delay, a trainee's later career earnings can be impacted.

### **Impact on pay progression**

The 2016 contract for doctors and dentists in training introduced a pay scale of nodal points that are linked to stages of NHS clinical training, rather than to incremental annual progression. The five nodal pay points recognise trainees for the level of training at which they are working, see UCEA's [Pay briefing – 2019 clinical academic trainee pay system in England](#) for further information. When an outcome 10.2 prevents a trainee from moving to

the next stage of training, at some points of training this will impact progression to a higher nodal point.

The mitigation for the pay impact of delays in training due to Covid-19 is the flexibility regarding starting salary in the [2003 consultant terms and conditions](#). The aim is to ensure that additional training time required due to disruption by Covid-19 is recognised in the same way that additional time in training is recognised for less than full time trainees by amending the starting point in accordance with schedule 14, paragraph 6 of the 2003 consultant terms and conditions.

The new guidance includes an example to illustrate how the mitigation would work under which a doctor who commences their consultant post a year later than initially expected will commence employment on a higher pay point.

NHS Employers, the BMA and the DHSC also recommend that employers should recognise part years by moving the progression date to one other than the anniversary of appointment. This is however in breach of schedule 14 of the consultant terms and conditions and employers will need to consider and manage the risks locally as it would also entail moving the date of the annual job plan review. The guidance includes two examples of recognising part years including starting on a higher pay point and amending the incremental date.

#### **Clinical academic trainees**

Clinical academic trainees who received an ARCP outcome 10.2 and on completion of their training, apply for substantive NHS posts, are eligible for pay mitigation under the guidance.

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