

## GP Registrar pay and pay protection – guidance from NHS Employers

Whilst work is underway on rewriting the “Directions to Strategic Health Authorities concerning GP registrars 2003”, we thought it would be helpful to set out some guidance in respect of pay and pay protection for GP Registrars. We hope that this will help to ensure that the provisions are both properly understood and universally applied. This guidance should be read in conjunction with the relevant paragraphs within the “Directions”.

Pay protection ensures that doctors entering GPR training are no worse off in the GP placement than they would have been had they not entered such training. Doctors in hospital training posts are currently paid on average a supplement of about 65% of basic salary – the GPR supplement maintains pay at a broadly equivalent level. Other doctors such as those entering from career grade posts simply maintain their pay at the level received before entry to GPR training, including where appropriate additional sessions and notional half days, and need no supplement. The result is to protect income so as not to disadvantage doctors entering GPR training but also not to create advantages from such a move.

When considering pay arrangements for GP Registrars it is important not to confuse the Conditions of Service for GPRs as set out in the “Directions” with those that apply to hospital practitioners. They are, in places, quite different, and it would be unwise to assume any connection when none is explicitly indicated.

Summarised below are the key points which we hope will clarify the provisions as set out in the “Directions”.

1. A practitioner entering GPR VTS whose last post was in a hospital training grade will receive an allowance based on the basic salary at the pay point they had reached in their training grade, to which shall be added the GPR supplement (currently 65%). They will receive normal incremental progression and cost-of-living uplifts.
2. A practitioner entering GPR VTS training whose last post was as a Consultant will receive an allowance equivalent to their previous salary on a mark-time basis.
3. A practitioner entering GPR VTS training from any other non-training grade shall have their allowance based on either their previous salary including allowances, or the current basic salary of the pay point reached in their last training grade post plus the GPR supplement, whichever is the greater. They will receive cost-of-living uplifts only.
4. Under no circumstances is the GPR supplement applied to a salary other than one on a scale point of a training grade.
5. A practitioner entering full-time GPR training shall have their allowance based on the full-time value of the appropriate scale point of their previous post, whether or not this was actually paid.
6. Each placement within the GPR VTS shall be treated as being entered from the grade used to determine the allowance as above. A practitioner entering GPR training from a staff grade post will, for example, be paid on hospital terms and conditions during hospital placements and will receive a salary plus supplement based on their protected staff grade salary; while employed by a practice under the Direction their allowance will be determined as described under Point 3 above as if they had entered this placement directly from the staff grade post.

It goes without saying that the funding agency (i.e. a PCT) will need to establish the correct pay point on which to base the allowance, and it will be for the employing practice to ensure that this information is readily available and unambiguous.

We recognise that the above points do not cover all possibilities, but it should cover the majority of cases that arise and using the above in conjunction with the Directions it should be possible to establish the appropriate allowance for all except the most exceptional circumstances.

It is probably also worth reiterating that the GPR supplement is not a payment for out-of-hours, intensity or responsibility – it is intended and set at such a level simply so as not to disincentivise doctors in training from entering the GPR VTS rather than hospital training. Were it to be determined on the same basis as hospital supplements currently are, it is likely that it would be rather lower.