

Model terms and conditions of service for a salaried general practitioner employed by a Primary Care Trust (“PCT”)

Notes

- (i) These are model terms and conditions for use by PCTs in England and the definitions will need to be changed where the contract is used in other countries in the UK.
- (ii) The model terms and conditions are to be used in conjunction with an offer letter, which will form the basis of a contract between the PCT and the employed doctor. An example of an offer letter is attached.
- (iii) The offer letter should refer to and incorporate these model terms and conditions or terms which are no less favourable.
- (iv) The model terms and conditions are based on the GPC’s and NHS Confederations’ understanding of the position which will pertain at 1 April 2004 but they may be subject to amendment in the intervening period if there are changes in policy or the applicable law and will be amended to reflect the position in other countries. The model terms may be used before 1 April 2004 subject to suitable amendment.

Model terms and conditions

Definitions

- 1.1 1977 Act means the National Health Service Act 1977 as the same may be amended, supplemented or modified from time to time.
- 1.2 1997 Act means the National Health Service (Primary Care) Act 1997 as the same may be amended, supplemented or modified from time to time.
- 1.3 Hospital Conditions of Service means the Whitley Council Terms and Conditions of Service for Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service, September 2002 edition (last updated 21st October 2002).
- 1.4 General Whitley Council Handbook means the Whitley Councils for Health Services (Great Britain) General Council Conditions of Service.
- 1.5 Job Plan means a plan identifying the nature and the timing of the practitioner’s commitments.
- 1.6 List Regulations means the National Health Service (General Medical Services Supplementary List) Regulations 2001 or any successor regulations which may from time to time be in force including comparable regulations applicable to the provision of personal medical services under the 1997 Act.
- 1.7 NHS Employment means the total of the periods of employment by a National Health Service Trust, Primary Care Trust, Strategic Health Authority or Special Health Authority, or any of the predecessors in title of those bodies or the equivalent bodies in Wales, Scotland and Northern Ireland, together with the total of the periods during which the practitioner provided or performed Primary Medical Services.
- 1.8 PCT Facilities means premises, accommodation, equipment and services provided by a PCT.
- 1.9 Practice means the practice of one or more general practitioners together with others as the case may be providing Primary Medical Services in the area of the PCT, together with a Practice providing Primary Medical Services operated by a PCT.

- 1.10 Primary Medical Services means medical services which are either provided as personal medical services pursuant to the provisions of the 1997 Act or general medical services provided pursuant to the provisions of the 1977 Act or any equivalent services provided by the PCT.
- 1.11 Regulations means Regulations and Directions from time to time in force pertaining to the provision of primary medical services.

Appointment to, and tenure of, posts

2. Practitioners holding medical posts must be fully registered medical practitioners and their name included in a list in accordance with the List Regulations.
3. The employment will be subject to the provisions hereof and subject to the terms of notice set out herein and subject to clause 36 (Termination of Employment) shall be for [xx] or until either party gives notice or until otherwise agreed.

Basis of contract

4. Full-time general practitioners will normally be contracted to work for 37½ hours per working week ("contracted hours") such hours being divided into nine nominal sessions. Such sessions may be divided up into specific working periods by mutual agreement.
5. A part-time practitioner shall be remunerated on a pro rata basis to a full-time practitioner's salary.

Additional sessions

6. A PCT may agree with a practitioner that he or she should undertake work which is not specified in his or her Job Plan by way of additional nominal sessions or fractions thereof. The extra session(s) shall be remunerated on a pro rata basis to a full-time practitioner's salary. Any such agreement shall be reviewed when required but at least annually and will be terminable at three months' notice on either side.

Contractual duties of practitioners

7. Salaried general practitioners will agree with their PCT a Job Plan for the performance of duties under the contract of employment. The practitioner may be required to work at any of the surgery premises in the PCT area and to provide primary medical services to patients of the Practice by way of (inter alia) surgeries, clinics and relevant administrative work together with such other duties as may be required by the PCT in providing such services in accordance with the 1977 Act.
8. The commitments set out in the Job Plan may be varied with the agreement of the practitioner and the PCT. The Job Plan will be subject to review each year and revisions may be proposed by either the PCT or the practitioner, who shall use their best endeavours to reach agreement on any revised Job Plan. Where agreement is not reached, and the PCT notifies the practitioner of its intention to amend the Job Plan, the practitioner may require the proposed amendment to be determined in accordance with the PCT's dispute resolution procedures.

Continuity of employment

9. For the purposes of assessing the period of continuous employment the employment under this contract shall be deemed to have commenced on [xx] being the date on which the practitioner last commenced in NHS employment.

Working Time Directive

10. Practitioners employed in salaried posts will have the basic rights and protections as the Working Time Regulations provide, as follows:
 - (i) a working time limit of an average working week of 48 hours a week which a worker can be required to work (though workers can choose to work more if they sign an individual waiver form). The standard averaging period for the 48 hrs week is 17 weeks, but this can be extended to 26 weeks if the workers are covered by one of the "exceptions" or up to 52 weeks under a workforce agreement;
 - (ii) a working limit of an average of 8 hours work in each 24 hour period over an averaging period of 17 weeks, which nightworkers can be required to work;
 - (iii) a right for night workers to receive free health assessments;
 - (iv) a right to 11 uninterrupted hours rest in each 24 hour period;
 - (v) a weekly uninterrupted rest period of 24 hours or one uninterrupted rest period of not less than 48 hours in each 14 day period;
 - (vi) a right to a minimum 20 minutes' rest break where the working day is longer than 6 hours;
 - (vii) a right to a minimum of four weeks paid leave per year which period is extended by clause 40 of these terms and conditions to a period of 30 working days paid leave per year for full-time practitioners.

Retention of other fees

11. Practitioners may not charge fees for work arising within the normal course of their duties save as set out in the Regulations.
12. Practitioners may not charge fees for issuing any certificates listed in the Regulations.
13. Also provided free of charge (for initial claims and short reports or statements further to certificates, but not for work in connection with appeals and subsequent reviews) are certificates for patients claiming Income Support and sickness and disability benefits, including Incapacity Benefit, Statutory Sick Pay, Disability Living Allowance and Attendance Allowance.

Outside activities and private practice

14. Practitioners may undertake private practice or other work, provided that it does not conflict with their Job Plan, and save by mutual agreement is not undertaken during the contracted hours.

Lecture fees (additional to those stated in the agreed Job Plan)

15. Where a practitioner gives a lecture on a professional subject for which a fee is payable and the lecture is given in or substantially in contracted hours, the fee shall be paid directly to the PCT or on receipt by the practitioner remitted to the PCT. If a fee is payable for a lecture given substantially outside contracted hours the fee may be retained by the practitioner.

Publications, lectures, etc

16. A practitioner shall be free, without prior consent of the PCT, to publish books, articles, etc. and to deliver any lecture or speech, whether on matters arising out of his or her NHS service or not provided that the work is not undertaken during contracted hours.

Use of PCT facilities

17. Where, in accordance with clause 14 the practitioner undertakes professional medical duties, private practice or other activities which involve the use of PCT facilities, any charge made by the practitioner shall be represented by two elements comprising:
 - (i) a payment for professional services; and
 - (ii) a payment for the use of NHS services, accommodation and facilities.
18. The proportion of the fee recovered in respect of the second element at 17(ii) shall either be paid directly to the PCT or on receipt by the practitioner remitted to the PCT.
19. All charges in respect of professional services shall be a matter of agreement between the practitioner and the person or third party concerned.

Practice meetings

20. The practitioner is required to attend and participate in regular Practice meetings (if employed to work in a Practice) including those relating to clinical governance issues or in PCT meetings. If these meetings are held outside normal working hours, reasonable notice will be given and will be paid on a pro rata basis to a full-time practitioner's salary adjusted by time off in lieu for such attendance if agreed in advance by the PCT. The practitioner is also required to participate in and operate clinical governance methods and systems approved by the PCT, eg medical audit or quality assurance initiatives. The PCT and Practice undertake to provide the practitioner with copies of all local PCT policies and procedures, notices of local educational meetings, and professional compendia, such as the BNF and MIMS.

Equipment

21. Subject to the terms of this Agreement, where the practitioner is employed to work in a Practice(s) the PCT will use its best endeavours to ensure that the Practice(s) shall provide for use at the surgery premises and maintain in good and substantial repair and condition, the under-mentioned equipment which is hereinafter referred to as "the equipment" (but excluding the personal equipment of the practitioner):
 - (i) medical and other equipment, apparatus, instruments and implements customarily used in the exercise of the profession of general medical practice; and
 - (ii) all other furniture and things incidental to the exercise of the profession of medicine;the items referred to in 21(i) and 21(ii) above having been identified by the Practice(s) to the practitioner on the [day] of [month 200x].
22. Subject to the terms of this Agreement the PCT will endeavour to ensure that the Practice(s) shall also provide at the surgery premises which the practitioner is generally required to attend, the under-mentioned services which are hereinafter referred to as "the services":
 - (i) the services of such staff as are usual for the administration of a general medical practice and assisting a medical practitioner including the maintenance of the accounts and records hereinafter referred to;
 - (ii) such materials, drugs and supplies as are customarily used in general medical practice; and
 - (iii) the services of medical support staff when they are on duty at the surgery premises.
23. The practitioner shall not without the prior consent of the provider of Primary Medical Services use at the said surgery premises any equipment or services of the nature referred to in sub-clauses 21(i) and 21(ii) (Equipment) other than the equipment and services provided pursuant to this Agreement.

24. The practitioner shall at all times utilise the facilities in a proper manner and only upon and subject to the terms of this Agreement and shall indemnify the PCT against all costs of any repair or replacement of equipment occasioned by any negligent act and/or omission by the practitioner.
25. The PCT shall not be under any liability to the practitioner in respect of any failure to make any or all of the facilities available for a continuous period of less than three working days, unless such a failure is due to the default of the PCT.
26. The PCT shall cause the facilities to be available during normal surgery hours and days and the practitioner shall use every reasonable endeavour to utilise the facilities during the said hours.
27. Outside the aforesaid hours the practitioner shall have reasonable access to the surgery premises which the practitioner is generally required to attend for the emergency treatment of patients or for purposes other than the provision of treatment and attendance on patients but connected with the practice of medicine.

London Weighting Allowance (where applicable)

London zone and extra-territorially managed units

28. A practitioner whose place of work is within the boundaries of the PCT designated by sections 55a, 55b and 56 of the Hospital Conditions of Service shall be paid London Weighting at the rate specified.
29. A practitioner whose place of work is in one of the units designated by sections 55a, 55b and 56 of the Hospital Conditions of Service shall be paid London Weighting at the rate specified.

Fringe zone

30. A practitioner whose place of work is within the boundaries of the PCT designated by sections 55a, 55b and 56 of the Hospital Conditions of Service shall be paid London Weighting at the rate, unless he or she is employed at a unit described in paragraph 29 above.

Part-time appointments

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

Job sharing

32. Subject to the provisions of these Terms and Conditions of Service where appropriate, arrangements for the job sharing of a post in any grade shall be determined in accordance with the provisions of section 11 of the General Whitley Council Handbook.

Salary range and starting salaries

33. Except as provided elsewhere in these Terms and Conditions of Service practitioners on appointment will be paid at an appropriate point on the relevant range is set out in Appendix 1 for their post. GPs salaried to the PCT will not receive separate seniority payments but these will be reflected in their overall salary.
34. PCTs shall have discretion to fix the practitioner's salary for the first year of his employment at a figure higher than the minimum salary range point having regard to one or more of the practitioner's:
 - (i) equivalent service;
 - (ii) service in HM forces or in a developing country;
 - (iii) special experience;
 - (iv) qualifications;
 - (v) local job market requirements;

- (vi) time working as a GP principal whether in GMS or PMS;
- (vii) geographical considerations; and
- (viii) the requirement for the practitioner to work out of hours where such service cannot otherwise be provided.

Medical indemnity

35. The practitioner is required to effect and maintain full registration with the General Medical Council. The practitioner is also required to provide written proof and evidence of such registration. The practitioner, as an employee of the PCT, will be identified through the Crown Indemnity Scheme. Any work carried out other than for the PCT will require membership of a medical defence organisation which will be paid for at the practitioner's expense.

Termination of employment

36. This Agreement shall be subject to termination forthwith by the PCT (in line with PCT employment procedures) if the practitioner:
- (i) has his/her name removed from the Medical Register (except under section 30(5) of the Medical Act 1983);
 - (ii) conducts him/herself in a manner which results in his/her name being suspended from the Medical Register (except under section 30(5) of the Medical Act 1983 (whereby medical practitioners who have been written to at a certain address by the Registrar but no answer has been received from that address for six months, are erased from the Medical Register));
 - (iii) has his/her name removed or suspended from a list maintained under the List Regulations;
 - (iv) commits any gross or persistent breaches of the practitioner's obligations under this Agreement and such a power of determination shall be exercisable notwithstanding that on some earlier occasion the PCT may have waived or otherwise failed to exercise its rights to termination under this clause; or
 - (v) is guilty of illegal substance abuse or habitual insobriety.

In considering the conduct of the practitioner with regard to the provisions of clause 36(iv) the PCT shall have regard to the guidance contained in the General Medical Council's publication "*Good Medical Practice*" relating to the conduct of practitioners.

Period of notice

37. The agreed minimum period of notice by both sides shall be three months.

Application of minimum periods

38. These arrangements shall not prevent:
- (i) a PCT or a practitioner from giving, or agreeing to give, a longer period of notice than the minimum;
 - (ii) both parties to a contract agreeing to a period different from that set out;
 - (iii) either party waiving its rights to notice on any occasion, or accepting payment in lieu of it; or
 - (iv) either party treating the contract as terminable without notice, by reason of such conduct by the other party as enables it so to treat it at law.

Personal and professional disciplinary procedures

39. The relevant Hospital Conditions of Service shall apply subject to the disciplinary procedures of the PCT as they apply to medical staff or other employees.

Annual leave

40. Full-time practitioners shall be entitled to 30 working days annual leave in each year.

Part-time staff

41. The 30 working days' annual leave entitlement for full-time practitioners shall be taken on a pro rata basis by part-time practitioners.

Leave years

42. The leave year of practitioners shall run from the beginning of [xx] to the end of [xx] and holiday entitlement shall be taken pro rata.

Public holidays

43. The leave entitlement of practitioners are additional to ten days' statutory and public holidays to be taken in accordance with section 2 of the General Whitley Council Handbook, as amended, or days in lieu thereof. In addition, a practitioner who in the course of his or her duty was required to visit a patient or be present at premises designated for the provision of health services under the practitioner's contract of employment between the hours of midnight and 9 am on a statutory or public holiday should receive a day off in lieu.

General

44. Practitioners shall notify their PCT 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. Approval should not be unreasonably withheld. Locums should be employed by the PCT where it is not possible for other practitioners to deputise for an absent colleague.

Hospital Conditions of Service

45. The provisions of paragraphs 205 to 217 of the Hospital 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 Director of Postgraduate Medical Education or College or Faculty Adviser to be part of a suitable programme of training, or to undertake voluntary service, the practitioner may carry forward any outstanding annual leave to the next regular appointment, provided that:

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

Sick leave

Scale of allowances

46. A practitioner absent from duty owing to illness, injury or other disability shall, subject to the provisions of paragraph 48 (calculation of allowances), be entitled to receive an allowance in accordance with the NHS scale contained in paragraph 225 of the Hospital Conditions of Service.

47. The PCT shall have discretion to extend the application of the foregoing scale in an exceptional case. A case of a serious nature, 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 PCT.

Calculation of allowances

48. 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 in accordance with paragraphs 225–244 of the Hospital Conditions of Service.

Study/professional leave

Definition

49. Subject to paragraph 51 study leave will be granted for postgraduate or continuing professional development (CPD) purposes approved by the PCT, and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.
50. Practitioners will also be required to comply with the requirements for appraisal and revalidation as may from time to time apply. Furthermore, at least four hours per week on an annualised basis shall be protected for activities related to professional development as outlined in the agreed Job Plan. Appropriate provision for activities relating to professional development will be provided for part-time practitioners.

Conditions

51. The following conditions shall apply:
- (i) where a practitioner is employed by more than one PCT, the leave and the purpose for which it is required must be approved by all the PCTs concerned;
 - (ii) where leave with pay is granted, the practitioner must not undertake any remunerative work without the special permission of the leave-granting PCT.

Special leave

Special leave with and without pay

52. The provisions of section 3 of the General Whitley Council Handbook shall apply, with the following qualifications:
- (i) **Attendance at court as witness.** For practitioners attending court as medical or dental witnesses such attendance is governed by paragraphs 30 to 37 and 40 to 42 of section 3;
 - (ii) **Jury service.** Normally medical and dental practitioners are entitled to be excused jury service;
 - (iii) **Contact with notifiable diseases.** In general, the situation will not arise in the case of medical practitioners because of their professional position.

Maternity leave

53. The provisions of section 6 of the General Whitley Council Handbook shall apply.

Special leave for domestic, personal and family reasons

54. The provisions of section 12 of the General Whitley Council Handbook shall apply.

Local Medical Committees

55. The LMC voluntary levy shall be paid by the PCT and the method of payment will be agreed between the PCT and the practitioner.

Expenses

56. Expenses shall be paid at the rates appropriate to all NHS practitioner employees (as per all other NHS employees).

Miscellaneous

Application of General Whitley Council Handbook

57. The provisions of sections 7 (Equal Opportunities), 8 (Harassment at Work), 9 (Child Care), 10 (Retainer Schemes) subject where appropriate to the particular provisions of the Doctors' and Dentists' Retainer Schemes set out in Annex B of PM(79)3 and EL(90)222 respectively, 27 (Reimbursement of telephone expenses), 33 (Dispute Procedures), 41 (Health Awareness for NHS Staff), 45 (Arrangements for redundancy payments), 52 (Position of Employees elected to Parliament), 53 (Membership of Local Authorities), 54 (Payment of Annual Salaries), 59 (NHS Trusts – Continuity of Service), and 61 (Annual Leave and Sick Pay Entitlements on Re-Entry and Entry into NHS Employment) of the General Whitley Council Handbook shall apply.

Appendix 1

Salary range

Note: To be included following the DDRB's recommendation.