



Western Health
and Social Care Trust

**OPTIONAL POINTS POLICY
(STAFF GRADE PRACTITIONERS)
AUGUST 2008**

Policy Title	Optional Points Policy (Staff Grade Practitioners)
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Responsible Officer	Director of Human Resources

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1. INTRODUCTION

Following the issue of Circular HSS (TC8)1/98 the Trust and the Local Negotiating Committee have reached agreement on the operation of the arrangements for the payment of optional points to Staff Grade Medical Staff. Decisions on payments will be made by the Decision Making Group (see paragraph 3.6 below for membership) and details of the arrangements are given below.

2. SCOPE

These arrangements apply to all Staff Grade Practitioners to whom national terms and conditions of service apply and who have reached the top of their salary scale at 1 April in the year concerned.

Locum staff are not normally eligible.

3. GENERAL PRINCIPLES

- 3.1 The Decision Making Group is established to decide which Doctors should receive optional points and the number of points to be awarded in each case.
- 3.2 The Committee will be accountable to the Trust Board.
- 3.3 The Committee will meet at least annually to decide the points to be awarded from 1 April that year subject to the provisions of Circular HSS (TC8) 1/98.
- 3.4 The Decision Making Group will:-
 - (i) Consider the award of optional points for Staff Grade Doctors staff i.e. those who have achieved the maximum of the salary scale.
 - (ii) Award such points on the basis of the nationally and locally determined criteria [see Appendix A) that demonstrate skills and expertise beyond what would normally be expected of a practitioner in the Grade and make an above average contribution to the service.
 - (iii) Ensure that it has the confidence of the relevant medical staff in reaching its recommendations.
- 3.5 The Chair of the Committee will be the Medical Director.
- 3.6 The Decision Making Group (DMG) membership will be
 - Medical Director
 - Director of Human Resources
 - A Consultant not responsible for any of the Doctors nominated
 - A Staff Grade doctor not eligible to receive optional points or where this is not appropriate an Associate Specialist.
- 3.7 The Group may secure professional input from other sources as required so that decisions are well informed.

4. NOMINATIONS PROCEDURE

- 4.1 Eligible Staff grades will be invited to apply each year for optional points.
- 4.2 Eligible Staff Grade Doctors' performance in relation to the optional points criteria should be discussed in the job plan review. As a result of the review, the responsible consultant should decide whether to support the Staff Grade Doctor's case for an optional point. While citations are not required, no more than two from other professional colleagues may accompany applications.
- 4.3 Eligible Staff Grade Doctors' performance in relation to the optional points criteria should be discussed in the job plan review. As a result of the review, the responsible consultant should decide whether to support the Staff Grade Doctor's case for an optional point.

5. AWARD OF POINTS

- 5.1 The Decision Making Group will complete all proceedings by the end of March each year to ensure that all recipients are advised by 1 April.
- 5.2 The award of optional points will be communicated directly to the recipients in writing by the Chair of the Decision Making Group.
- 5.3 Where no points have been awarded to a nominee they will be informed in writing by the Chair of the Decision Making Group.
- 5.4 Awards will be made from 1 April each year.
- 5.5 The deliberations of the Decision Making Group are strictly confidential but records will be kept.
- 5.6 Decisions of the Decision Making Group will be made by majority vote of the members of the Decision Making Group

Below 24	0 optional points
24 – 35	1 optional point
36 – 47	2 optional points
48+	3 optional points

6. APPEAL ARRANGEMENTS

- 6.1 An appeal may take place where a Staff Grade Practitioner is dissatisfied with the outcome or where there are issues concerning the operation of the scheme e.g. failure to adhere to agreed procedures, claim under sex/religious discrimination, equal pay legislation etc.
- 6.2 Any appeal must be registered in writing to the Chief Executive within 4 weeks of the Decision Making Group's deliberations stating the grounds of the appeal.
- 6.3 On receipt of an appeal the Decision Making Group will review its decision and notify the appellant in writing of the outcome of this review.
- 6.4 If the doctor concerned remains dissatisfied he/she will have the right to present an appeal to a panel. This panel will comprise Chief Executive/Member of Medical Staff

Committee Consultant/Staff Grade SAS Committee/ a doctor from outside the Trust in the same specialty as the appellant.

- 6.5 The Appellant will also have the right to appear personally before the Appeal Panel.
- 6.6 The decision of the Appeal Panel will be final and will exhaust the appeal process.

7. REVIEW

This procedure will be monitored and reviewed at regular intervals in consultation with the Local Negotiating Committee and not later than one year.

8. EQUAL OPPORTUNITIES/HUMAN RIGHTS

As an equal opportunity employer, the Trust will seek to promote equality in the implementation of this policy regardless of the person's gender, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age or sexual orientation. In pursuance of this objective officers should ensure that they apply fairness and consistency to all decisions within their department.

These provisions have been developed with the context of Equality and Human Rights statutory obligations and requirements.

9. STATUS OF AGREEMENT

- 8.1 These arrangements were agreed between the Trust and the Local Negotiating Committee on 18 July 2008 and was approved by the Trust Board at its meeting on.

Signed: _____

Dated: _____

for the Trust Board

Signed: _____

Date: _____

for Local Negotiating Committee

APPENDIX A

CRITERIA FOR OPTIONAL POINTS FOR STAFF GRADE PRACTITIONERS

The following principles should apply locally to the award of staff grade optional points:

1. Optional points are not seniority payments, nor automatic annual increments.
2. Staff grade practitioners in all specialties and all types of posts are equally eligible to be considered for optional points, once they have reached the top of the automatic incremental scale.
3. Optional points are separate and distinct from consultants' and associate specialists' discretionary points. Staff doctors should therefore not be in competition with more senior colleagues when decisions are made about points.
4. The normal expectations associated with staff grade practitioners must be taken into account when decisions are made about optional points. In particular, it should be recognised that a significant amount of staff doctors' time is likely to be spent in the service of patients and therefore clinical expertise and commitment to personal clinical development must be major determinants of suitability for optional points. Evidence of personal development might include obtaining higher degrees or similar qualifications whilst in the staff grade.
5. To warrant payment of an optional point, staff doctors will be expected to demonstrate skills and expertise beyond what would normally be expected of a practitioner in the grade and make an above average contribution to the service.
6. Progression at each step up the optional point scale will reflect an increasing quality and range of contribution made by the staff grade practitioner. To attain the maximum of the optional scale staff doctors will be expected to demonstrate an outstanding contribution to services.
7. The criteria for payment of optional points should focus primarily on contributions to the quality of patient care. In judging the service contribution expected and provided, account should be taken of overall workload and workload intensity, together with staff and facilities available. Where this has not been taken into account in the basic salary, optional points provide an opportunity to recognise irregular or unsocial hours of work.
8. In addition to their clinical commitment, some staff doctors make contributions in other areas that should be taken into account. The following in particular should be considered:
 - I. contributions to professional and multidisciplinary team working
 - II. clinical audit
 - III. administration
 - IV. teaching, research, innovation and improvement in the service

V. wider contribution to the work of the health service nationally

The intensity of a doctor's workload may be taken into account in assessing their contribution to the above.

9. In making awards of optional points, employing bodies should ensure staff grade doctors are treated equally, regardless of their colour, race, gender, religion, politics, marital status, sexual orientation, membership or non-membership of trade unions or associations, ethnic origin, age or disability.