

## Appendix 1: Recruitment and retention premia schemes in the English NHS

Scheme name	Target profession	Target area(s)	Funding source	Description	Amount of funding allocated per individual	Number of places	Impact against objectives
<b>Targeted Enhanced Recruitment Scheme<sup>1</sup></b>	GP trainees	Hard-to-recruit, deprived or rural/remote areas	Health Education England	2016-present Initiative that offers a one-off payment of £20,000 to GP Specialty Trainees. This is one element of a national recruitment and retention strategy and has been expanded to reflect the fact that trainees who are attracted to these areas by the scheme usually stay on after training as they discover these locations' hidden attractions	£20,000, subject to tax. If trainee leaves the scheme before it ends, they must make a pro-rata repayment.	800 (2022/23) 500 (2021/22) 285 (2020/21) 105 (2019/20)	Fill rates were 100% in "recent years" <sup>2</sup> . However, impact on retention is not clear.  A pilot for medical trainees taking up specialty posts in North Cumbria found that fill rates increased compared to before the study period, and 63% of trainees believed that TERS would positively impact their decision to stay in Cumbria <sup>3</sup> .

<sup>1</sup> <https://gprecruitment.hee.nhs.uk/recruitment/ters/england>

<sup>2</sup> <https://www.hee.nhs.uk/news-blogs-events/news/targeted-enhanced-recruitment-scheme-support-gp-trainees>

<sup>3</sup> <https://madeinheene.hee.nhs.uk/Portals/107/Quality/qualityconf19/Abstract%20Posters/12%20TERS%20Poster.pdf?ver=2019-11-21-135150-563>

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<b>New to Partnership Payment<sup>4</sup></b>	Health care professionals in primary care	Offered nationally	NHS England and NHS Improvement to practices	2020-present. The aim of the scheme is to grow the number of practice partners working in primary care, stabilise the partnership model and increase participation.	£20,000 and on-costs of up to £4,000 (pro-rata), plus up to £3,000 for training, which is non-superannuable.	Decided by NHS England & NHS Improvement	Too soon to tell
<b>Local recruitment and retention premia<sup>5</sup></b>	All Agenda for Change staff	Offered by individual trusts	NHS trusts	2004-present. Premia can be applied to specific posts where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in sufficient numbers at the normal salary.	Up to 30% of an employee's basic salary and offered as either short-term (one-off/fixed-term; non-superannuable) or long-term (long-term basis; superannuable)	At trusts' discretion	Oxford University Hospitals showed reduced turnover for targeted staff groups, with an annual cost of around £1.4m <sup>6</sup> .

<sup>4</sup> <https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/>

<sup>5</sup> <https://www.nhsemployers.org/publications/tchandbook>

<sup>6</sup> <https://www.ouh.nhs.uk/about/trust-board/2017/may/documents/TB2017.50b-appendix-2.pdf>

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<b>Local recruitment and retention premia<sup>7</sup></b>	Very senior managers	Offered by individual trusts	NHS trusts	<p>2013-present.</p> <p>Premia can be applied to an individual post (or specific group of posts) where market pressures would otherwise prevent the employer from being able to recruit and retain staff for the post(s) concerned at the normal basic salary.</p>	Up to 30% of an employee's basic salary and offered as either short-term (one-off/fixed-term; non-superannuable) or long-term (long-term basis; superannuable)	At trusts' discretion	
<b>Local recruitment and retention premia<sup>8</sup></b>	Medical consultants	Offered by individual trusts	NHS trusts	<p>2003-present.</p> <p>Premia can be awarded under certain circumstances, either as a single sum or on a recurrent basis. Employers must set out evidence that they have adequately considered non-pay solutions to help recruitment and retention.</p>	Up to 30% of the normal starting salary for a consultant, not typically lasting more than 4 years	At trusts' discretion	Not known

<sup>7</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/211964/Pay\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/211964/Pay_Framework.pdf)

<sup>8</sup> <https://www.nhsemployers.org/articles/consultant-contract-2003>

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<b>Flexible pay premia<sup>9</sup></b>	Doctors in training	Specific training programmes	NHS trusts	<p>2016-present.</p> <p>Premia are given to doctors in training as part of specific training programmes – such as those considered “hard-to-fill” (emergency medicine, psychiatry, oral and maxillofacial surgery, histopathology).</p> <p>Flexible pay premia are given to GP specialty trainees to ensure there is not a pay disincentive to enter GP specialty training. This is because the previous banding system placed a significant emphasis on hours worked and out of hours working patterns, which occur less frequently in general practice compared to hospital settings.</p>	Depends on the specialty – rates per year range from £2,789 and £9,144 (pro-rata)	Varies by training programme	Fill rates for previous years indicate challenges with uptake, but rates for the most recent recruitment round appear high <sup>10</sup> . However, impact on retention is not clear.

<sup>9</sup> <https://www.bma.org.uk/media/4650/bma-junior-doctors-contracts-pay-tables-october-2021.pdf>

<sup>10</sup> <https://www.nuffieldtrust.org.uk/chart/specialty-training-by-specialty-in-april-2017-to-2019>

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<b>High cost area supplements (Agenda for Change)</b>	All Agenda for Change staff	Inner London, Outer London and fringe (see Appendix 3 for more details)	Department of Health & Social Care to NHS trusts	1974-present. Due to the expense of living in London, NHS staff that work in central London are entitled to 20% uplift their pay. Staff working just outside London are entitled to a 15% uplift and those that work in the fringe zone of London are entitled to a 5% uplift.	Rates from April 2021 (see Appendix 3)	20.3% of staff receive this payment (equivalent to 268,314 staff, based on staff headcount as at June 2021)	Research suggests that higher cost of living leads to increased leaving rates for nurses in acute trusts <sup>11</sup> . It is not clear whether these high cost area supplements help reverse attrition.

<sup>11</sup> <https://ifs.org.uk/publications/15313>

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<b>London weighting allowance (medical and dental staff)</b>	Doctors (including salaried GPs <sup>12</sup> ) and dentists	London, extra-territorially managed units and fringe zones	Department of Health & Social Care to NHS trusts (for doctors in training, some cost is covered by Health Education England)	1979-present. The Department of Health & Social Care views use of London weighting for doctors as an indication of a labour market issue, whereas the BMA and NHS England and NHS Improvement view this supplement as cost compensation, recognising the higher cost of living.	Rates (per year) <sup>13</sup> : London zone: Non-resident staff - £2,162 Resident staff - £602 Extra-territorially managed units: Non-resident staff - £527 Resident staff - £147 Fringe zone (excludes those on new junior doctor contract): Non-resident staff - £149 Resident staff - £38 Zone boundaries defined in Section 56 of the General Council Conditions of Service <sup>14</sup>	25.8% of doctors receive this payment (equivalent to 33,929 hospital doctors based on June 2021 headcount)  It is unclear what proportion of salaried GPs receive this payment, and whether it is consistently applied to posts.	London weighting has remained unchanged since 2006 as the Pay Review Body does not feel that there is a recruitment and retention issue of doctors in London.

<sup>12</sup> [https://www.bma.org.uk/media/3479/salaried\\_gp\\_model\\_contract\\_and\\_model\\_offer\\_letter\\_nov20.pdf](https://www.bma.org.uk/media/3479/salaried_gp_model_contract_and_model_offer_letter_nov20.pdf)

<sup>13</sup> <https://www.nhsemployers.org/sites/default/files/2021-08/Pay-and-Conditions-Circular-MD-3-2021.pdf>

<sup>14</sup> <https://www.nhsemployers.org/sites/default/files/2021-12/General-Whitley-Council-Handbook.pdf>

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<b>National clinical impact awards</b>	Consultant doctors and dentists and academic GPs	Offered nationally	NHS England and NHS Improvement, awarded by the Advisory Committee on Clinical Excellence Standards	1948-present. National clinical impact awards are a mechanism to recognise and reward excellent performance to improve staff retention.	Rates from April 2022 (per year, lasting 5 years): National 1: £20,000 National 2: £30,000 National 3: £40,000  Rewards are no longer pensionable or pro-rated. At the time of writing, national and local awards cannot be held concurrently.	600 awards available annually (in addition to local clinical excellence awards)  Previous research has reported that 61% of consultants hold either a national or local award <sup>15</sup>	Some commentary suggests motivation of additional financial rewards usually sits below a maximum of 5% of basic salary, which is lower than the proportion that CIAs currently sit at (which is approximately 20% of mean basic salary) <sup>16</sup> .  It is unclear what the impact of these schemes are on retention.

<sup>15</sup> <https://www.nao.org.uk/wp-content/uploads/2013/03/Hospital-consultants-full-report.pdf>

<sup>16</sup> <https://www.hsj.co.uk/comment/medical-pay-reaping-your-just-rewards/5061344.article>