

## Academy of Medical Royal Colleges and Faculties

### Guidance on the new consultant contract, and its implications for Job Plans (Programmed Activities)

#### Introduction

Although the Academy had no part in negotiations or has any formal position in relation to the contract it does have an important role in giving leadership and support to consultants. The Colleges also provide independent representation on Advisory Appointment Committees.

What follows is general advice on the implications of contracts for consultant job descriptions. It is based on a number of agreed principles. The constituent Colleges and Faculties provide fuller guidance on matters that are particular to each specialist field.

This advice covers:

- (a) New posts under consideration by Regional Advisers
- (b) Existing posts where the consultant wishes to take the new contract and agree a job plan; and
- (c) Consultants undertaking significant amounts of work for the wider NHS, particularly as agents of the Medical Royal Colleges.

#### Consultant Job Descriptions

- The new contract attaches a time value to programmed activities and “is intended to provide greater transparency about the level of commitment expected of consultants by the NHS. However, clinical managers and consultants can agree flexible arrangements for timing of work. The new arrangements are emphatically not intended to diminish professionalism or override clinical judgement” (Heads Of Agreement 17th July 2003). Thus effective job planning should be based on a partnership approach.
- The contract framework sets out different provisions for the number of programmed activities that new consultants and established consultants should typically devote to direct clinical care. Direct clinical care now incorporates work that might previously have been described separately in a job description, such as ‘administration’ and ‘outpatients’. Any activity that involves the care of individual patients should be included in programmed activities of direct clinical care.
- Within a full-time framework of 10 programmed activities (PAs) each of 4 hours (3 hours at night and at weekends – any time outside 7am –7pm Monday-Friday), it has been agreed that a full time consultant,

whether new or established, will normally devote on average 7½ PAs per week to direct clinical care and 2½ to supporting professional activities (SPAs).

- The precise balance will be agreed as part of Job Plan reviews and may vary to take account of duties in relation to Supporting Professional Activities, Additional NHS Responsibilities and External Duties.
- In advance of detailed advice for each specialty, several principles emerge:
  - Predictable emergency work out of hours (for instance, ward rounds on the Acute Medicine or Surgical Unit at evenings and weekends) should be programmed into the working week as scheduled Programmed Activity
  - Predictable involvement in the intake and care of emergency admissions during normal working hours (such as post-take ward rounds and trauma lists) should be similarly properly scheduled separate from other clinical duties such as specialty ward rounds and clinics.
  - Within 7½ programmed activities of direct clinical care there will be a minimum of 1½ and often 2½ needed for activities such as clinic letters, multidisciplinary team meetings, seeing relatives, reviewing results, x-ray meetings and case presentations.
  - Whilst 7½ / 2½ may be the 'norm', the precise balance will vary according to circumstances. Only in the most exceptional circumstances could the Colleges envisage the important supporting professional activities (that include audit, teaching, research, appraisal, continuing professional development, clinical governance and service development) being contained within less than 2½ programmed SPA sessions. Frequently they will take more.

#### Educational supervision

- Educational supervision of medical students and doctors in training requires an explicit commitment, and should be properly reflected in supporting programmed activities. This requirement is almost certain to increase with competency based training and its assessment.

#### External duties: College work

- The new contract makes particular reference to College work, refreshing previous guidance published some years ago.

- Terms and Conditions – Consultants (England) 2003 includes specific definitions of types of work. College work is detailed under External Duties:

“duties not included in any of the three foregoing definitions and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the Job Plan by agreement between the consultant and employing organisation. These might include...reasonable quantities of work for the Royal Colleges in the interests of the wider NHS”.

The definition of ‘reasonable’ is not developed and should therefore be a matter of local negotiation. Consultant Job Planning - Standards Of Best Practice (2003) states in its key points that “effective job planning is based on a partnership approach...” thereby emphasizing that there should not be unilateral coercion.

- It appears likely that discretionary (professional) leave will largely disappear and that external, non-clinical commitments will have to be factored into job planning at the outset. It is important to distinguish between regular and predictable College activities such as examining or sitting on College committees and expert advisory groups and those that require a constant involvement, such as College Tutors and Regional Advisors. While the former can be accurately estimated, the latter are far more open-ended. Both are best estimated from a diary of previous work and negotiated on the basis of an annualised commitment. Suitable guidance is available on the NHS Modernisation Agency’s website [www.modern.nhs.uk/consultants](http://www.modern.nhs.uk/consultants).
- It is important to distinguish between Supporting Professional Activities, Additional NHS Responsibilities and External Activities. The latter two are not part of the first although they can be added to or replace the 2½ programmed activities for Supporting Professional Activities.
- Within the above national guidance, and taking into account the general points made in the balance of direct clinical and supporting activities in job plans for all clinicians, the following recommendations can be made
  - Doctors who undertake the duties of a Regional Adviser, Regional Specialty Adviser, Programme Director, Tutor or similar role should expect these duties to be agreed under the rubric Additional NHS Responsibilities and External Duties.
  - A doctor undertaking the duties of a College Tutor (a role crucial to Trusts for the education and support of SHOs and SpRs) should expect it to be agreed that those duties will command significantly more than 2½ and will usually be 4 Programmed Activities.

- A doctor undertaking the duties of a Regional Adviser (a role crucial to Postgraduate Deans for the delivery of education and training to all grades in a Deanery) should expect it to be agreed that those duties will command significantly greater than 2½ and will usually be 4½ Programmed Activities.
- For the other College roles, depending upon the work involved, 3-4 Programmed Activities would normally be considered appropriate.

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