Linkman Conference
September 2014

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BMA
Accurate job planning – essential for a new contract coming your way soon
Latest Guidance

• http://bma.org.uk/jobplanning
Job Planning

What is a job plan?

• Not just a timetable!

• Prospective (annual) professional agreement.

• Tool to drive measurable and sustainable quality improvements.
Job Planning

What is the purpose of a job plan?

- Shows link between the organisation and consultant and the desired impact on patient care.

- Enables clinicians, managers and wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.

- Gives opportunities to develop personally and professionally.
10 Key Principles of Job Planning

The job plan should...

- be collaborative and cooperative.
- be completed in good time.
- be agreed, and not imposed.
- reflect the professionalism of being a doctor.
- focus on measurable outcomes that benefit patients.
10 Key principles of Job Planning

The job plan should...

• reflect objectives.
• clarify supporting resources (for objectives).
• be transparent, fair and honest.
• respond to changing service needs.
• focus on patient outcomes and service efficiency.
The Job Plan in Context

Context

• Unprecedented structural change.

• Significant financial pressure.

• Demands for higher quality care and improved outcomes.

• Revalidation.

• 2003 contract.
### Consultant job planning diary

**Version 6.3 - 2008**

<table>
<thead>
<tr>
<th>Name:</th>
<th><strong>Dr Exemplary Consultant</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PAs:</td>
<td>10 (e.g. for 8 PAs per week contract, enter '8'; do not enter APAs)</td>
</tr>
<tr>
<td>Period:</td>
<td>31 March 2008 to 27 April 2008</td>
</tr>
</tbody>
</table>

#### Programmed activities calculated from the workload diary

- **Working weeks covered:** 0.00
- **Whole time:** 100%

#### NHS mean weekly PAs

<table>
<thead>
<tr>
<th>PAs</th>
<th>Clinical care: predictable on call</th>
<th>Clinical care: unpredictable on call</th>
<th>Total direct clinical care</th>
<th>Supporting professional activities</th>
<th>Additional responsibilities</th>
<th>Other duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td></td>
<td></td>
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</table>

This figure is the number of weeks in the diary less the number of days leave, assuming a five-day working week for whole time and corrected for part-time status. Means are calculated using 'Working weeks covered'.

Remember that this total is a record taken from the recorded diary, not a final assessment. The period recorded may not be representative of your workload. You may need to aggregate with your colleagues on an on call rota. Do not agree a contract set at this assessment without discussion of your work pattern. In particular, SPAs may be underestimated on this diary because of excess time spent on clinical work.
SMART Objectives

Objectives should be set for most of the activities set out in a job plan.

- Specific
- Measurable
- Achievable and agreed
- Relevant
- Timed and tracked
SMART Objectives in Job Planning

| Hard objectives | • 4 hour wait.  
|                 | • Outpatient waiting times. |
| Soft objectives | • Greater involvement of patients.  
|                 | • Multidisciplinary team review. |
| Personal development objectives | • Acquire new skill.  
|                                 | • Gain appropriate certification. |
| Team objectives | • Team performance more relevant.  
|                 | • Specify individual role. |
| Performance standards | • Use with care – not really objectives.  
|                      | • Where substandard performance is not acceptable. |
Job Planning

How do I use it?

• Don’t undersell yourself!

• If the Trust doesn’t want to pay for work, agree how you will reduce duration or frequency to bring this into line.

• Consider annualisation.

• Justify your position.

• Bring a colleague if you feel intimidated.
Diary

A workload diary is an important tool in job planning.

A workload diary forms the basis of an agreed timetable of work and the allocation of sufficient time.

A timetable is a prospective assessment of anticipated requirements to fulfil duties.

It works both ways by setting out reasonable expectations of the consultant and the employer.
Changing Workload

• Has workload changed in your unit?
• Anecdotes do not matter – diary evidence does!
• Increasing emergency workload?
• New “Summer Pressures”?
• Has your hospital been on bed “Red Alert”?
• Have you been busier delivering urgent and emergency care?
• Is your workload sustainable?
More Information

- https://bma.org.uk/practical-support-at-work/contracts/job-planning
- Ian Wilson (Yorkshire) – Video
- Model Diary
- Process Information
- Facilitation / Appeal
- Data is key – diary, actual work done
- PROSPECTIVE JOB PLAN
Consultant contract negotiations
Why is this happening?

- Financial challenge
- DDRB report 2014 / 15
- Quality Agenda
- Improving Patient Safety
- Seven Day services
Manpower

• Consultant numbers have risen by 62% since 1999 & expected to continue to rise
• 7 day working studies
• Quality Agenda
• Need more Consultants 7 days per week
Main Items

• Seven Day Services
• Pay Scales / Pay Progression
• Safeguards for 7 day working
• Urgent / Emergency Care / Elective Working
• CEAs / Rewards
• Need for Service Reconfiguration
• What needs to be contractual v. code of conduct v. locally agreed
Number of Consultant Posts

- No new funding available
- Need for more Consultants, especially for proposed 7 – day services
- Does more posts mean less salary for ALL consultants?
- Lower starting salary for new entrants?
- Will expansion lead to a “sub-consultant” grade?
- Will there be “two-tier” consultants – new appointees / those in post?
What are our priorities?

1. Ensuring fairness
2. Securing a national contract
3. Supporting quality and professionalism
Ensuring fairness

Rewards for consultants should be fair and transparent.

Out of hours work should be rewarded fairly.

The CEA scheme could be fairer.
Securing a national contract

Local agreements risk uncertainty.

National agreements are less vulnerable to enforced change.
Supporting quality and professionalism

Need protected time for research, innovation, teaching and CPD.

SPA time under continual threat

Need clear agreement to reduce conflict with employers.
What do employers want?

Changes to automatic pay progression.

End opt-out for non-emergency work during evenings and weekends.

Longer hours of plain time working

Banded intensity system
7 day services

• Provision of 7 day services is a Government priority.
• The BMA believes patients should receive the same high quality of care every day and that urgent and emergency services should be the priority.
• This could require greater consultant presence in the evenings and at weekends as well as supporting resources.
• However, this should not mean a greater workload for individual consultants.
• The Government has said there is no new money to pay for this.
• Discussions cover changes to the consultant contract to facilitate this and the safeguards to protect and promote the health and well-being of consultants and safe practice for patients.
7 day services - discussion

Extending 7-day services for acutely ill patients is a priority for the government. They want to make changes to consultant contracts to facilitate the increased presence of senior clinical staff in the evening and at weekends that this would require.

What do you think of this? What safeguards do you think would be need to be in place to protect consultants from working excessive hours or too many anti-social hours?
Points of principle

Changes must be fair to consultants and beneficial to patients.

No reduction in the overall money (including CEAs).
What’s at stake?

• Financial pressures in the NHS and across the whole public sector make this a difficult time to be having negotiations.

• Employers are looking at the different ways they can make savings from doctors pay and Terms and Conditions.

• Retaining a national contract was very important to consultants who responded when Heads of Terms were published.
Junior / Senior Interface

- Will there be one scale in the future?
- Will money be transferred from one current grade to another grade?
- Will there be “three contacts”?
  - Current contract and over 48.25 pension protected
  - Current contract but under 48.25 (June 2014)
  - New entrant contract
Junior Doctor Contract

- Current contract dates back over 13 years
- Banded Intensity Contract
- Has achieved its aims
- No longer fit for purpose
- Very few doctors receiving a Band 3 salary
- Is inappropriate for a CARE pension scheme
- 2015 onwards – all earnings need to be pensionable
Pension Issues

- If Banding supplements removed – pension contributions on whole of salary
- Better for CARE scheme
- Significant increase in Employer pension contributions
- Where will this funding come from?
Moving forward

- Mandates for both sides to commence negotiations have been received from both the Consultants Committee and the Department of Health
- Negotiating meetings started in October 2013
- Progress very, very slow
- Little in this for doctors
- Diary dates until October 2014 confirmed
What next?

Tight timetable – not fixed

Vote

Piloting

Implementation
What if talks fail?

• The government could decide to introduce a new contract for new starters

• CEAs are not currently contractual - the Government can make whatever changes it wants to the scheme.
Your Local LNC

- Local Negotiating Committee
- How well is it working?
- Are you a member? Are you involved?
- BMA Conference for LNC Chairmen on Monday 20th October 2014
- A strong LNC is vital to represent the interests of all doctors in negotiations with employers
- If talks fail – expect local negotiations
Court of Public Opinion

- Doctors are well paid
- Secure jobs
- Prolonged recession
- Difficult to secure “public sympathy” in current climate
- Public very fond of NHS
Challenging Times Ahead

- Difficult time to negotiate
- A ballot would be taken of BMA members following the conclusion of any process
- Ultimately it will be for members to decide whether to proceed with the implementation of any new contract offered
- Visit [www.bma.org.uk](http://www.bma.org.uk) for latest updates as matters progress
Find out more

• We want to hear what you think at consultantcontract@bma.org.uk

• We will be updating you with ongoing information on the BMA website: bma.org.uk/consultantcontract

• Look out for blogs and other information in the BMA’s e-newsletter
BMA Communities

- Online BMA discussion forum
- Let us know what you think
- Close links between AAGBI / BMA
- Anaesthesia News
Your NHS pension

AAGBI Linkman Conference 2014
Peter Maguire
AAGBI Council Member
BMA Pensions Committee
Issues to consider:

• Current position – rapidly evolving
• Impact of Lifetime and Annual Allowance reductions on your pension plans
• Contribution increases
• 2015 scheme changes
• Need for individual independent financial advice
• No two doctors have the same pension situation
## Further increases to contribution rates in 2014/15

<table>
<thead>
<tr>
<th>WTE pensionable pay</th>
<th>Rate 2013/14</th>
<th>Rate 2014/15</th>
<th>Increase</th>
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<tbody>
<tr>
<td>£15,001 to £21,175</td>
<td>5.0%</td>
<td>5.0%</td>
<td>0%</td>
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<tr>
<td>£21,176 to £26,557</td>
<td>6.5%</td>
<td>6.5%</td>
<td>0%</td>
</tr>
<tr>
<td>£26,558 to £48,982</td>
<td>9.5%</td>
<td>10.25%</td>
<td>0.75%</td>
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<tr>
<td>£48,983 to £69,931</td>
<td>11.3%</td>
<td>12.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>£69,932 to £110,273</td>
<td>12.3%</td>
<td>13.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Over £110,273</td>
<td>13.3%</td>
<td>14.5%</td>
<td>1.2%</td>
</tr>
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</table>
Proposed 2015 scheme

- 1/54 Career Average Re-valued Earnings (CARE) scheme
- Revaluation of pensionable earnings by CPI + 1.5%
- Full transitional protection of NPA and current accrual for anyone within 10 years of current NPA on 1 April 2012
- Tapering protection for those within 13.5 years of their current NPA – delayed switch to new scheme
- Normal Pension Age linked to State Pension Age
- Massively increased contributions
- “Guaranteed for 25 years”
- Retention of ‘Fair Deal’ and commitment to allow members who are TUPEd out to remain in the NHSPS
Choice 2

- Will take place in Autumn 2014
- May now be relevant to many NHSPS members
- Little incentive to move from 1995 scheme to 2008 scheme at the time of “Choice 1”
- Some members may decide to retire later and for some it may be advantageous to choose to move accrued benefits? Individual decision / individual circumstances
- No further added years possible if choice taken
Your Decision

• Calculator on NHS Pension Scheme website
• Worked examples on BMA Website
• Advice from BMA Pensions Department
• Independent financial advice from someone familiar with and knowledgeable of the NHS Pension Scheme
• Consider any additional personal private pension plan you may have – consider pension arrangements as a whole
Retirement

• The key question is “When do you ideally want to retire”?
• Many anaesthetists (e.g. those under 50) will potentially have 3 sources of pension
  • 1. Added Years – Payable at 60
  • 2. Contributions via the 1995 scheme (60)
  • 3. Contributions via the new 2015 scheme which will become payable at the State Pension Age may be 72 for current medical students
BMA members can contact the Pensions Department

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