



**Guidance on Contracts and Workload for  
Consultant Anaesthetists  
1997**

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## **SECTION 1 - INTRODUCTION**

Impending changes in the NHS prompted the Association of Anaesthetists to publish advice for members in two reports 'Workload for Consultant Anaesthetists' 1990 and 'NHS Management Changes' 1992. These reports offered guidance on contractual arrangements for consultants and also recommendations for managing anaesthetic services within the reformed NHS.

The purchaser/provider structure is now established with most anaesthetists employed by NHS Trusts and working in Clinical Directorates. Although most consultants continue on national terms and conditions of service, wide variations in employment and management arrangements between Trusts are developing. This causes concern to members, many of whom seek advice from the Association.

With several years experience of the 'Reforms' it now seems timely to update the guidance contained in the previous reports and clarify advice concerning common questions and problems.

This publication concentrates on Consultants' contractual arrangements and commitments and offers guidance to members relevant to employment and working practices in 1997. It should be read in conjunction with 'The Consultants Handbook' (3rd Ed, 1997) published by the Central Consultants and Specialists Committee of the British Medical Association.

## SECTION 2 - CONTRACTS FOR CONSULTANT ANAESTHETISTS

2.1 The majority of Consultants are employed under National Terms and Conditions of Service (TCS). Trusts, however, now have the power to offer different forms of contract including different pay scales not subject to national negotiations.

### 2.2 Forms of Contract

- (i) (a) National Terms and Conditions of Service and National Pay Scales.
- (b) Trust Contracts but based on National Pay Scales and subject to Review Body recommendations.
- (ii) Local Trust Contracts with variable contractual Terms and Pay Scales differing from National Pay Scales.

#### (i) **National Terms and Conditions of Service**

Contract types (i)(a) and (i)(b) above are essentially similar and may be:-

##### **Whole Time Consultants**

Whole time consultants are contracted to work for the NHS for substantially the whole of their professional time (TCS Para 13 {a}).

##### **Maximum Part Time Consultants**

The maximum part time consultant is also contracted for substantially the whole of his/her professional time in the NHS. The maximum part time consultant receives 10/11th of the salary of the whole timer.

##### **Part Time Consultant**

The part time consultant is contracted for up to 9 notional half days and will be paid 1/11th of the whole time consultant scale for each notional half day contracted.

**Honorary Consultant**

Honorary NHS consultants may have a remunerative contract with a body other than the NHS or individual trusts.

Job descriptions will vary with the activities required of the consultant

A maximum part time consultant will have 'a minimum work commitment equivalent to 10 notional half days' (TCS Para 13 {b}). The maximum part timer is 'expected to devote substantially the whole of his professional time to his duties in the NHS' (TCS Para 13 {a}). The same paragraph expresses the identical workload for the whole timer.

Further, the whole time/maximum part time option agreement reinforces the argument that the maximum part timer and the whole timer have the same clinical responsibilities in terms of total time as far as that contract is concerned. The agreement allows the maximum part timer and whole timer to change their contract without any clinical change in workload provided they work at least 10 notional half days (PM {79} 11 Para 2 and Annex A).

Therefore, by reasonable and logical inference the whole timer should also have a minimum contractual commitment of 10 NHDs.

(ii) **Trust Contracts**

Most concerns arise and the need to seek advice occurs when members are offered trust contracts. The following are examples of trust contracts:-

(a) **Fixed Term Contracts**

These contracts are offered to individuals often at salaries considerably above the national scales but limited in time e.g. a three year fixed contract. At the end of that period a new contract has to be negotiated. These contracts may cover even shorter periods e.g. as Waiting List Initiative work (para 2.6). Differential salaries between consultants in the same department may well lead to friction between colleagues unless such agreements have the support of the consultant body.

**(b) Rolling Contracts**

Rolling contracts are usually offered for a period of three to five years and are renegotiated annually or terminated at the end of the given period. There is thus some protection in that in a five year rolling contract, at the end of year one four years work or substantial redundancy payments are guaranteed.

**(c) Time Sensitive Contracts**

The existing contract is a professional contract based on Notional Half Days in recognition of the flexible nature of the consultant's work and the continuing commitment. Time sensitive contracts by definition involve a fixed number of hours per week and a limited commitment to the Trust. All additional work would then be remunerated separately e.g. on-call commitment or additional operating lists.

**2.3 How to Deal with Contractual Issues**

Trusts may offer non standard terms and conditions of service. The Association recommends that any such agreement should be negotiated by a Local Negotiating Committee (LNC) representing the medical staff. The LNC should have a collective bargaining agreement with Trust management to ensure that negotiations only occur between the LNC and representatives of the Trust. This will avoid individuals negotiating more favourable terms than those available to others. Any agreements reached by the LNC should be carefully assessed against the criteria of the national contract and national pay scales. As a matter of principle agreements should not substantially disadvantage any member as a result of changes agreed.

In making a decision as to whether or not to accept Trust contracts individual members will need to take into account both short term and long term developments. It may well be advantageous for an individual late in his career to accept additional remuneration and a change of contract. However, great care must be exercised to ensure that this does not adversely affect pension, lump sum rights or appeals under para 190 TCS.

The freedom of Trusts to set terms and conditions of service and pay scales, however, gives them the right not only to pay more each year but also to renegotiate smaller salaries in the future independent of any view taken by the Review Body.

It is worthwhile noting that financial allocations from the Treasury do not take into account such variations in salary and, therefore, if one group is paid more it inevitably means that another group is paid less or fewer people are employed. This may in the long run not be good for morale within a Department or between colleagues.

All new contract offers of employment whether for a new appointee or those already in post should be scrutinised by the local regional office of the BMA.

#### **2.4 Siting of Contracts**

Consultants may work in one unit or more than one unit and it is essential that the contractual arrangements are clear.

Consultants whose contracts are split between Trusts and who remain on national terms and conditions are deemed to be whole time employees and should be able to change from a whole time to a maximum part time or vice versa in the usual way.

#### **2.5 Contracts for Additional Work**

Consultants may be offered additional work and additional remuneration. This may be additional workload in the form of extra operating lists or waiting list initiatives or taking on roles such as Clinical Director. It is important to establish the contractual arrangements and remuneration for additional work.

- (a) Within national terms and conditions of service and for those on national pay scales there is the possibility of the payment of additional NHDs (normally up to 2) for additional work undertaken (TCS para 14). A premium rate may be sought for additional out of hours work. Such additional NHDs are not superannuable unless the doctor has a part time contract and then only up to 11 NHDs. Rights to undertake private practice are unaffected by temporary additional NHDs (Para 7.7).

- (b) Anaesthetists undertaking duties as Clinical or Medical Directors should have an agreed job description and negotiate a separate contract. Under national terms and conditions reimbursement may be by additional NHDs or relief from current clinical duties where a colleague may substitute and receive additional NHDs. The contract should be reviewed annually and is terminable by three months notice on either side.
- (c) A separate contract outwith national terms and conditions may be negotiated for which a salary will be paid. This does not affect the position of the consultant in the normal national terms and conditions of service but will count towards private income although some Trusts may choose to waive this (Para 7.6).
- (d) Any consultant who wishes to take on additional work is strongly advised to seek appropriate advice in the matter of superannuation and pension.

## 2.6 **Waiting List Initiatives**

Waiting list initiatives are usually additional to the normal fixed commitments. Pre and post-operative assessment should be included and such work should attract separate remuneration per session or per patient. Payment may be by additional NHDs (para 2.5 {a}) or by a separate contract (para 2.5 {c}). Fees should be negotiated by the Local Negotiating Committee and apply equally to both surgeon and anaesthetist. As with private practice (para 7.6) some Trusts will offer flexible arrangements for work done on site but it is important to check that this does not invalidate national terms.

Waiting list initiatives may replace previous fixed commitments as a result of variation in contracts with purchasers - such replacements should not attract a separate fee.

### SECTION 3 - BASIS OF CONTRACT

- 3.1 'A practitioner's duties under his or her contract of employment should be agreed in that contract or its associated job description. The duties will include work relating to the prevention, diagnosis or treatment of illness which forms part of the services provided by the practitioner's employing authority' (TCS 30A).
- 3.3 To clarify work patterns 'the employing authority shall make a general assessment in terms of notional half-days (NHDs) and fractions thereof of the average time per week required by an average practitioner in the Grade and Specialty to perform the duties of the post. **A notional half-day (NHD) is regarded as the equivalent of a period of 3\_ hours flexibly worked**' (TCS 61).
- 3.4 The contract which describes the consultant workload is, therefore, uniquely defined in notional half-days. Both job descriptions and job plans must recognise and use these terms. **An operating list or other fixed commitment is not the same as a notional half-day and a whole day's operating may not be the same as two notional half-days.** As the anaesthetist must arrive beforehand (pre-operative checks, preparation of drugs etc.) and patients will need to be assessed afterwards, it is clear that many lists occupy more than 3\_ hours. Conversely, some lists may occupy less time than one NHD.
- The total average hours occupied by fixed commitments (para 4.2) should be added up and divided by 3\_ to provide a figure for NHDs which will be the weekly fixed commitment.**
- 3.5 A job plan (para 5) is a detailed description of the duties and responsibilities of a consultant and also of the facilities available to carry them out.

'The job plan will identify the nature and timing of the consultant's fixed commitments : fixed commitments are to be assessed and worked in NHDs or fractions thereof and for a whole time or maximum part time consultant shall normally account for between 5 and 7 NHDs depending on specialty. For consultants on other part time contracts, including honorary contracts, at least half of the NHDs specified in the contract shall normally be accounted for by

fixed commitments. The number of fixed commitments may be varied with the agreement of the consultant and the employer taking account of other components of the job plan'. Except in an emergency the consultant shall fulfil fixed commitments unless agreed otherwise : such agreement is not to be unreasonably withheld' (TCS 30d).

- 3.6 'The job plan will be subject to review each year and revisions may be proposed by either the Employer or the Consultant who shall use their best endeavours to reach agreement on any revised job plan. If such an agreement cannot be reached and the employer were to advise the consultant of its intention to amend the job plan the consultant may appeal using locally agreed procedures.
- 3.7 Clinical Directors should have an input in setting and reviewing job plans maintaining agreement within the Department or Directorate to present a corporate response and to ensure that the workload falls equitably among colleagues.

## SECTION 4 - DUTIES OF CONSULTANT ANAESTHETISTS

- 4.1 Under national terms and conditions of service the work undertaken is divided into fixed commitments and flexible commitments.

### 4.2 **Fixed Commitments**

Fixed commitments are regular scheduled activities which substantially affect other NHS resources such as other staff or facilities. Fixed commitments should be agreed with the Chief Executive (normally via the Clinical Director) and will appear in the consultant job plan. Job plans will include a work programme which shows the time and place of the consultant's weekly fixed commitments.

For a consultant on a whole time or maximum part time contract between 5 and 7 NHDs should normally be allocated on the work programme to fixed commitments.

It must be stressed that a fixed commitment is not the same as a NHD (para 3.4). Operating lists may regularly last longer than 3<sub>1</sub> hours but other commitments e.g. ECT sessions may be completed in less than that time. It is important that the average time taken in fulfilling fixed commitments is audited over a period of several weeks and the total hours per week then divided by 3<sub>1</sub> to provide an equivalent in NHDs. Although for whole time and maximum part time consultants this number of NHDs should not normally exceed seven, the number of fixed commitments required to fulfil these NHDs will vary with the pattern of work e.g. with regular long sessions the commitments to satisfy the NHD requirement may be less than seven but in cases with a number of short commitments in a working week a consultant may require to undertake more than seven sessions to satisfy the NHD contractual obligation. This, of course, may also vary depending on the amount of flexible commitments undertaken (para 4.4).

- 4.3 Consultant anaesthetists provide a wide variety of services both individually and collectively as members of the Anaesthetic Department. The following are examples of fixed commitments:

(i) **Operating Lists**

For most anaesthetists the fixed commitment will be mainly in the operating theatres working with consultants from other specialties.

(ii) **Emergency Cover**

Where a consultant is required to be in the hospital to cover emergencies as part of day time duties this must be acknowledged as part of the fixed commitment.

(iii) **Obstetric Analgesia and Anaesthesia**

Where a consultant is required to be in hospital to provide an obstetric anaesthetic service this will constitute part of the fixed commitment.

(iv) **Intensive Care Units and High Dependency Units**

Designated consultant sessional cover is recommended and should be recognised as fixed commitments.

(v) **Pain Relief**

Pain management services including acute, chronic and palliative care require fixed commitments from consultant anaesthetists.

(vi) **Pre-operative Assessment and Outpatient Clinics**

Formal outpatient clinics or regular inter-disciplinary case conferences should be regarded as fixed commitments.

(vii) **Management**

Consultants may undertake significant management responsibilities. Individual contracts should be negotiated to reflect these commitments (para 2.6b ).

(viii) **Miscellaneous**

Some work may or may not be a fixed commitment depending on whether it is a regularly scheduled activity or not e.g. case conferences, research, audit, teaching etc.

**4.4 Flexible Commitments**

Flexible commitments include all other activities undertaken by consultants on behalf of the NHS.

(i) **Peri-operative Care**

To maintain good standards, anaesthetic services include the pre-operative assessment and preparation of patients and the provision and supervision of immediate post-operative care including the management of post-operative pain. With changing patterns of work it is not now recommended that there be a fixed ratio between time spent in theatres and time spent on pre and post-operative care. The time spent on pre and post-operative care should be assessed accurately for each fixed commitment undertaken and will be affected by the average number of patients, age, case mix, ASA status etc.

(ii) **Teaching / Training**

Consultant work includes the education of trainees, other postgraduates, undergraduate students, nursing staff, operating department practitioners and other professions allied to medicine. Time for preparation and undertaking these activities must be allowed. Duties involving hospital accreditation and postgraduate examinations must be recognised and due allowance made.

Royal College of Anaesthetists Tutors and Regional Advisers have particular responsibilities which need to be recognised.

(iii) **Medical Audit / Continuing Medical Education**

Consultants have a contractual obligation to medical audit and a professional obligation to Continuing Medical Education. This requires commitment as individuals and as members of an Anaesthetic Department and this time must be recognised.

(iv) **Research**

Consultant anaesthetists may be involved in research and will be expected to guide trainees in appropriate research methods and projects (HC91).

(v) **Committees / Professional Advice**

Consultants may be involved in a range of local, regional and national duties for the broader benefit of the NHS which must be recognised and allowance made for their completion including travelling time. This has the support of the NHS Executive (EL{95} 93). Flexible allocation of operating lists will facilitate these activities.

(vi) **Management/Administration**

Within flexible commitments allowance should be made for attendance at committees and other administrative duties involving liaison with other specialties. Clinical Directors and Medical Directors should hold individual contracts to recognise their commitment (para 2.6).

(vii) **Travelling Time**

All consultants should include travelling time between NHS sites. Part time consultants may also include travelling time between home and base hospital, up to \_ hour each way per day.

(viii) **On-call as a Flexible Commitment**

Emergency work is variable but it remains part of contractual duties and is not separately remunerated. It represents either work done or a restriction on personal liberty.

It is generally accepted that work which involves sleep disturbance is inherently more stressful than work during normal working hours. Furthermore, emergency work occurring outside normal working hours is inherently more demanding than scheduled work.

A minimum of one NHD should normally be allowed to recognise on-call commitments but it is impossible to give a rigid formula for calculating the NHD equivalents of all possible on-call arrangements. Each situation needs to be

assessed individually bearing in mind the actual workload undertaken.

When out of hours work is sufficiently frequent to allow analysis, the average number of hours spent on emergency duties should be accurately audited over a period of several weeks. The British Medical Association has recommended (CCSC 132, 1996) that to represent fairly out of hours commitment the following multiplying factors are used to convert real time in hours into NHD equivalent time : 5 p.m. to midnight x 2 actual time away from home; midnight to 8 a.m. and weekends x 3 actual time away from home. This total per week may then be divided by 3\_ to give equivalent NHDs in the flexible commitment.

It follows that consultants should reduce the number of fixed commitments where there is a large on-call commitment or where there are reduced numbers of trainee staff or where the trainee staff are inexperienced. Alternatively, additional NHDs may be sought to cover extra commitment (para 2.6).

Residence in hospital by consultants is not a contractual obligation and may only be introduced voluntarily with the express agreement of the consultant and requires to be highly remunerated.

- 4.5 The professional contract based on summation of fixed and flexible commitments permits flexibility in the working patterns of consultants but also demands responsibility to ensure that contractual obligations are satisfied. It is essential that anaesthetists not only undertake their fixed 'sessions' but also fulfil the flexible component of their contracts. The Association believes it is important that anaesthetists during their flexible NHDs **are seen** to contribute to the general work of the hospital not only in patient care but in teaching, audit, research and management.

## SECTION 5 - JOB PLANS

- 5.1 The work programme to be agreed with the employer in the job plan (para 3.5) is in two parts (see Appendix).
- (i) **Part A** of the work programme should give only the agreed fixed commitments (para 4.2 and 4.3) entered in a weekly programme.  
  
Any commitments undertaken in excess of those required to fulfil the contractual commitment should be entered in part B.
  - (ii) **Part B** of the work programme should be completed showing the work actually done as average number of hours of NHS duties in the week which will include fixed and flexible commitments. **Completion of this table does not give rise to a contractual obligation to work beyond the contracted commitment** so dividing the number of hours worked by 3.5 will give the number of NHDs actually worked. Anything over 10 represents non-remunerated contribution to the NHS for full time and maximum part time consultants (Para 2.2{i}).
- 5.2 The work programme is only part of the full job plan. There are other sections in which resources can be specified, for example, anaesthetic assistance or secretarial support with facilities including accommodation and equipment. It is recommended that a corporate response is ensured through the department or directorate. It is important that the department or directorate specify the facilities and resources required to fulfil its obligations.
- 5.3 Accurate job plans give both consultant and manager an opportunity to clarify and define existing duties. The process of discussing and agreeing a job plan and the mechanism of annual review is, therefore, an important method for establishing a case for adequate consultant staffing, for negotiating alteration in work commitments, and ensuring availability of required resources.

**SECTION 6 - HONORARY CONTRACT HOLDERS**

- 6.1 Employers should recognise the particular needs and responsibilities of clinical academic staff. They should be prepared to allow more flexibility in the way in which NHS commitments are fulfilled by members of academic departments e.g. where necessary - for the purpose of a research programme, for instance - agreeing temporary variations to the number and timing of any such fixed commitments. The number of fixed commitments to be included in each job plan should be agreed by the consultant and the Trust and in consultation with the Dean or the Head of the academic department in the context of the service commitments of university staff (HC {90} 16 para 13).

## **SECTION 7 - PRIVATE PRACTICE**

- 7.1 Under national terms and conditions permitted earnings from private practice will be dependent on the type of contract.
- 7.2 Whole time consultants are expected to devote substantially the whole of their professional time to the NHS (TCS 13a). Private practice may be undertaken by whole time consultants within the agreed limit of 10% of gross salary including distinction awards.

At the end of each financial year whole time consultants will be asked to submit a return indicating that their annual gross income from private practice has not exceeded the 10% limit in that year. Detailed accounts will not normally be required since such a system will work most satisfactorily on the basis of a large measure of trust and confidence between employing authorities and consultants. Exceptionally, however, an employing authority considering that they have grounds for seeking fuller information will be entitled to call for and receive fully audited accounts.

Whole time consultants exceeding the 10% limit for 2 consecutive financial years will be automatically regarded as maximum part time at the end of the year unless by that time they can show they have taken effective steps to reduce their private practice commitments and this is confirmed by their next earnings return. When a consultant has been regraded in this way he will not be able to exercise an option to return to full time status until 2 consecutive years have passed in which he can show that his private practice earnings have not exceeded the 10% limit.

- 7.3 Maximum part time consultants are also 'expected to devote substantially the whole of their professional time to their duties in the NHS' (TCS 13a). There is no limit to the amount of private practice that may be undertaken provided this is consistent with the fulfilment of duties in the NHS.
- 7.4 Part time consultants may undertake unlimited private practice provided they fulfil their contractual commitments to the NHS.

- 7.5 Honorary consultants will have varied options as to the amount of private practice in which they can engage depending on agreements with their employing authority.
- 7.6 Some Trusts have offered to relax the 10% limit of private practice income for whole timers in return for such private practice being carried out within the employing Trust but care must be taken regarding any unreasonable restrictions to practice and whether associated conditions invalidate other aspects of national TCS.
- 7.7 Earnings from additional contracts for temporary NHDs agreed under para 14 TCS. should not be included within the 10% limit of private practice income nor raise the basic income on which the 10% limit is calculated (para 42 TCS).

## **SECTION 8 - CONSULTANTS' DISCRETIONARY POINTS/ DISTINCTION AWARDS**

8.1 Discretionary points are consolidated payments in addition to the maximum of the consultant salary scale. They are paid at the discretion of the employer in the light of professional advice. The discretionary point scale consists of 5 points of equal value. The value of the points payable will be determined in the light of the recommendations of the Review Body on Doctors and Dentists Remuneration. Payment of Discretionary Points to eligible consultants should be made from 1st April irrespective of the consultant's incremental date

### **8.2 Eligibility**

- (i) All consultants who retain national terms and conditions of service (with the exception of existing distinction award holders) who have reached the maximum of the consultant salary scale by 1st April in any particular year. Part time consultants should be paid the appropriate proportion.
- (ii) Academics and research workers with honorary consultant contracts.
- (iii) Locum consultants are **not** eligible for Discretionary Points.

8.3 It should be noted that discretionary points are **not** seniority payments nor automatic annual increments. Consultants will be expected to demonstrate an **above average** contribution in respect of service to patients, teaching, research and the management and development of the service. Discretionary points are pensionable and consultants retain payment of discretionary points granted by one NHS employer on appointment to another NHS employer. Discretionary points should also be taken into account when calculating the rate for temporary additional NHDs (para 5.5).

For further information on the guidelines on criteria for discretionary points and the arrangements for deciding points and the professional input into the process consult the NHS Executive Advance Letter (MD) 6.95 and the CCSC Guidance (BMA August 1995).

8.4 Anaesthetists should ensure that

SECTION 8 - CONSULTANTS' DISCRETIONARY POINTS/  
DISTINCTION AWARDS

- (i) The list of consultants submitted for consideration by the appropriate local committee is complete and represents all those eligible as of 1st April each year.
  - (ii) All consultants make available meaningful information to assist nominating committees and decision making panels. The quality of documentary evidence is likely to be of prime importance in the decision making process.
  - (iii) When asked to submit a citation on behalf of a colleague, that the information is up-to-date and accurate in its content.
  - (iv) Where possible, a senior anaesthetist represents the interests of the specialty on nominating committees and/or decision making panels.
- 8.5 Higher distinction awards for meritorious service continue to be awarded on a national basis. It is important that anaesthetists are seen to be contributing to the broad development of the NHS in new techniques, research, teaching, administration and management locally and nationally. These awards are reviewed every five years (see Guidance on Distinction Awards, CCSC BMA, 1994).

## **SECTION 9 - CONCLUSIONS**

- 9.1 All consultant anaesthetists should be aware of their current contractual arrangements.
- 9.2 Each consultant should have an accurate job plan reviewed annually.
- 9.3 There is strength in retaining unity of working groups of anaesthetist in departments or directorates to jointly agree local policies which are in the majority interest.
- 9.4 Workload, particularly emergency out of hours, should be audited regularly to provide accurate NHD assessment and ensure equitable distribution.
- 9.5 Additional commitments should be recognised, contracted for and remunerated appropriately.
- 9.6 Alterations to national terms and conditions of service should be carefully examined and advice sought from the Association of Anaesthetists or other appropriate professional bodies such as the British Medical Association.

## APPENDIX

### Sample Work Programme Duties

#### Recommended Outline Work Programme for Consultant Staff

NAME *Doctor A*  
 SPECIALTY *Anaesthesia*  
 CONTRACT\* *Whole time*  
~~*Maximum part time*~~  
~~*Part time ..... NHDs*~~  
~~*Honorary ..... NHDs*~~  
 \* (delete as appropriate)

- (a) Weekly Timetable of Fixed Commitments i.e. Regular Scheduled NHS Activities in Accordance with Paragraph 30b of the TCS

		<b>Hospital/Location</b>	<b>Type of Work</b>
Monday	am	Hospital A	Theatre
	pm	Hospital A	Theatre
Tuesday	am	Hospital B	Theatre
	pm		
Wednesday	am	Hospital A	Pain Clinic
	pm	Hospital A	Pain Clinic
Thursday	am	Hospital A	Trust Management Group
	pm		
Friday	am	Hospital B	Theatre
	pm		
Weekend			

Note: only fixed commitments should be included in this timetable

Continued/...

(Appendix continued)

(b) Average Number of Hours Spent Each Week on NHS Duties

<b>Type of Duty</b>	<b>Average Number of Hours</b>
Outpatients	
Ward work	8
Theatre or special procedures	24
Teaching/training/examining/accreditation	1
Research	
Laboratory/imaging services	
Medical audit	1
Management	4
Committees e.g. local or national	1
Administration	2
Other (please specify)	
Travelling time (part time only)	

On-call for emergency (give rota arrangements) - 1 in 5  
e.g. 1:4 and number of sites covered)

Note : Completion of this table does not give rise to a contractual duty to work beyond actual contractual commitment