

**Response to a report by the Review
Body on Doctors' and Dentists'
Remuneration (DDRB) Contract
reform for consultants and doctors
and dentists in training –
supporting healthcare services
seven days a week**

By the Association of Anaesthetists of Great Britain &
Ireland

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THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

The AAGBI

The AAGBI is the professional membership organisation representing more than 10,000 NHS anaesthetists and intensive care consultants. Anaesthesia is the largest hospital subspecialty in the NHS, with >16% of the total number of consultants. The AAGBI is not a trade union, and is not participating in the contract negotiations. The advancement of patient safety is the AAGBI's primary objective, and it believes that ever safer patient care can only be delivered by a workforce that is properly trained, motivated, adequately and equitably rewarded, and working under conditions that mitigate against fatigue and other threats to wellbeing.

The Report

Against a background of the UK Government ignoring recent DDRB recommendations on consultant pay, the DDRB was asked to make recommendations on a new trainee contract and observations on a new consultant contract (not in Scotland). Both the AAGBI and the Group of Anaesthetists in Training (GAT) presented evidence to the DDRB. The AAGBI supports many of the general principles that underpin the report, and in particular the acknowledgement that doctors must have trust and confidence in any new arrangements. Further, it shares the DDRB's concerns about risks to trainees' and consultants' work-life balance, and wholeheartedly endorses its statement that 'contractual safeguards are necessary given that management practice appears to be highly variable'.

Seven-day services

The AAGBI is clear about its approach to the care of patients admitted as emergencies outside of normal working hours. It believes that the clinical care given to these patients should be at least as good as that given to those admitted during the working week. The commitment of the AAGBI and its members to excellent out-of-hours care is evident to those working in the NHS: consultant anaesthetists and intensivists are already two of the groups of specialists most commonly seen working in the hospital at night and at the weekends. Further improvements in the quality of seven-day services will require a commitment by all acute clinical specialties to an increase in consultant presence in hospitals out-of-hours, and significant investment in the diagnostic, laboratory and support services that underpin the effective delivery of consultant-led care. Further, it will require a commitment from the Government to support, expand and reward those acute specialties whose consultants will be spending a greater proportion of their time working away from home during unsocial hours.

Safe patients; healthy doctors

The AAGBI is very concerned that the work-life balance and health of doctors may be adversely affected by a combination of the removal of the contractual ability to opt out of planned activity outside of normal working hours, increased demands for consultant presence out-of-hours and a drive towards increased elective NHS work at the weekend. Without an expansion in consultant numbers and contractual protection to ensure all staff groups and grades comply with the Working Time Regulations, the safety of patients may be put at risk by a workforce that is overworked, fatigued and, with the changes made to the Statutory Pension Age, working irregular hours at an age when this may have a significant impact on their ability to deliver consistently safe care to the sickest patients in the hospital.

The imposition of a new consultant contract

The AAGBI is in favour of the introduction of a new consultant contract that will support the provision of seven-day emergency services and will give additional reward to those consultants whose jobs place them in hospitals treating the sickest patients at unsocial hours. However, the AAGBI strongly believes that any new contract should be the result of successful negotiation between NHS Employers and the BMA, and that there is no place for the Government's imposition of a new contract that newly-appointed consultants would be obliged to accept. This would lead to a divided, two-tier consultant body that would not best serve the interests of patient safety, and a situation in which some Trusts would attempt to place intolerable clinical burdens on younger consultants.

Pay progression and equity

The DDRB report proposes a two-tier or three-tier pay scale for consultants, with progression dependent on the demonstration of excellence at appraisal. The AAGBI opposes the effective decrease in consultant salaries that these changes, as detailed in the DDRB report, would represent. Even more importantly, the AAGBI opposes the use of the NHS consultant appraisal system for this purpose. The current system of appraisal is in no way designed to support this function, and the introduction of such a system would fundamentally change the important relationship between appraiser and appraisee for the worse. Further, the AAGBI has considerable concerns about linking pay progression to "excellence" in an NHS whose current system for the assessment of consultant excellence (Clinical Excellence Awards - CEA) results in appalling inequity between clinical specialties. In the current CEA process, those specialties that work hardest for the NHS out of normal working hours, such as Anaesthesia and Emergency Medicine, are those given the least reward for excellence. The AAGBI believes that any system used to inform pay progression must be objective and equitable if the quality and commitment of doctors entering the most important acute specialties in the NHS is to be maintained and thereby patient safety promoted and maintained.