

# Consultant Contract for beginners

**BMA**

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# Essentials of the 2003 contract

1. Appointment process
2. Time
3. Types of PA
4. Job Planning
5. Money
6. Private practice
7. New contract proposals

# 1. Appointment process

Should be appointed via properly constituted **Appointments Advisory Committee** as per Regs

**Foundation Trusts** have power to vary the process – in practice they rarely do

Essential to see full job description and potential outline job plan before accepting post

Clarify resources, staff, on call arrangements, core job, additional activities

**Take advice from BMA** on any aspect of above. Better to get it right at the beginning

## 2. Time

Time based on **Programmed Activities**

Full time post defined as 10 PAs this includes any allocation for on call duties

1 PA = 4 hours in daytime 7am- 7pm weekdays

1 PA = 3 hours all other times (**Premium Time**)

Consultants may refuse any non emergency activities outside 7am -7 pm (**Schedule 3 Para 6**)

**Job Plan** agreed with clinical lead - the bit of the contract you negotiate yourself

Most consultants continue to do a lot more than they are paid for

# 3. Types of PAs

**Direct Clinical Care** – work directly on patient care, includes ward rounds, theatre sessions, OPD clinics, all administration connected with named patients

**Supporting Professional Activities** – work underpinning patient care including teaching, audit, appraisal, research, training, clinical governance and clinical management

**Additional NHS responsibilities** – sitting on appointment or disciplinary panels, CEA panels, not necessarily for own employer but for benefit of NHS, Caldicott Guardian, Guardian of Hours

**Other / External duties** – senior positions in Royal Colleges, BMA, GMC, DH working parties or negotiating groups

Balance: contract states “typically” 7.5 DCC v 2.5 SPA but this is being eroded

## 4. Job Planning

Don't have to accept more than 10 PAs

Average in acute specialities is probably 11.5 PAs

If you do accept more than 10 try to identify in the job plan which are the core 10 and which are **additional PAs** which could be dropped i.e. protect your sub speciality interests

**On call** typically valued at 1 PA but increasingly this may be unrealistic

Job plans should be **reviewed annually** or whenever there is significant change

Job plans form part of the contract and are therefore **contractually binding** on both parties

## 5. Money

- **Basic pay** per PA @ 1/10 salary rate (pay for additional PAs the same)  
[Starting salary £76,001 – 1 April 2016]

**Progression** over time through **thresholds** takes 19 years to reach top.

- **CEA points – 12 level of awards** - if awarded (1-9 local awards, bronze, silver, gold, platinum - nationally)
- Other **fees and allowances** i.e. domiciliary visits
- **On call supplements**

1 in 4 or worse	8% [return to work ]	3% [deal by phone]
1 in 5 – 1 in 8	5%	2%
1 in 9 or better	3%	1%

## 6. Private practice and fee paid work

No obligation to undertake PAs in excess of the standard 10PAs per week.

Code of Conduct for Private Practice was agreed under 2003 contract – minimise conflict of interest between a Consultants PP and their NHS Commitments.

One of the criteria for pay progression - If undertake **private work** must either **offer an additional PA** of paid time to NHS.

Or, **accept no further pay progression**

**Adherence to the code – also part of the eligibility criteria for CEAs.**



# New contract proposals 1

**Redistribution of cash envelope** to achieve better balance and to reflect new pensions arrangements which are career average not final salary schemes

**Two point pay scale** - Starting salary same as current; second pay point to be same as current top of scale by end of transitional period (2021/22); progression at 5/6 years

**Contractual** performance scheme

Pension **flexibilities** being considered

# New contract proposals 2

**Removal of S3P6** which will allow routine activities to be scheduled evenings and weekends

**Maximum 8 weekends** a year (for any type of work including elective except where pre-existing higher frequencies rotas are already in place; transitional arrangements would be agreed)

Safeguards around **evenings, nights and shift work**

**Minimum 2 SPAs** for new starters

# Questions?

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