



# Consultants' contract: Quick guide to the DDRB report

# Consultants' Contract Q&A

## What is the background to the current proposals to change the consultants' contract?

The Review Body on Doctors' and Dentists' Remuneration (DDRB) observations were released to coincide with a major speech by Secretary of State Jeremy Hunt outlining the government's aspiration for a seven-day service.

The DDRB received contributions from a variety of staff and employer organisations including the Hospital Consultants and Specialists Association.

However, its review largely reflected the position of NHS Employers.

These proposals are expected to form the basis of a new contract, with the government placing a six-week deadline on talks over the changes.

This means that we are likely to see the final shape of the proposals around the time of the Conservative Party conference in early October.

The DDRB recommended a two-stage approach to negotiations, which would first seek to remove the opt-out clause within schedule 3, paragraph 6 of the existing contract, followed by separate discussions on the other proposals.

It also agrees that the changes will need to be cost neutral, although it adds that a one-off transitional fund should be provided.

## What are the main changes?

The government is seeking to phase in major changes to the pay and conditions of Consultants and trainees.

Foremost among the DDRB proposals are:

- The removal of schedule 3, paragraph 6 from the 2003 contract. This section currently allows consultants to decline non-emergency work outside core hours. This change will allow employers to roster consultants, many of whom already work across seven days on emergency call, routinely all week.
- The replacement of Local Clinical Excellence

Awards with a system of appraisal-based payments.

- Change the way pay progression works to link it to responsibility and achievements rather than time served. The government says that the system will see faster progression for consultants at the start of their career.
- Improve terms for consultants with particularly demanding workloads and unsocial hours, such as in accident and emergency.

## Can the changes be forced upon us?

While employers cannot simply change a contract for existing employees they would be able to implement the new terms for any newly hired consultants. The new terms could also be imposed on consultants who move posts. We believe that negotiation is the best way to ensure a safe, satisfactory outcome for patients, policy-makers and staff.

## When are any changes likely to take effect?

The government hopes to implement the new contract by next April.

## What is the HCSA's position on the proposals?

Our top priority is to ensure that any changes will deliver safe seven-day services – a position that we will be emphasising publicly and in discussions with employers and the Government.

While the aspiration for a seven-day service is widely supported by hospital doctors it should



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# Key DDRB observations



not come at the expense of patient care or the health of the professionals who provide the service.

It is therefore essential that it be sufficiently resourced, staffed and funded, with the focus not just on consultants being present at the weekend but a full range of support facilities also being available.

It also remains essential that the NHS is able to retain and recruit sufficient numbers of consultants to ensure that the shift towards seven-day services does not result in an unreasonable burden being placed on a diminishing number of professionals.

Worryingly, it is not currently clear how the aspiration of a safe seven-day service will be achieved within the budgetary constraints placed upon the UK's health services.

We will be underlining our concerns at every opportunity and remain of the belief that the HCSA is well placed to bring a fresh perspective to discussions between the Government and consultants that broke down last October when the British Medical Association terminated the talks.

## Opt-out clause and weekend working

The removal of the current opt-out clause — schedule 3, paragraph 6 — which allows consultants to opt out of non-emergency work between 7pm-7am in the week and at weekends.

Insertion of mandatory contractual safeguards governing the frequency of weekend working and compensatory rest.

### What the DDRB said

*The current 'opt-out' clause is "not an appropriate provision in an NHS which aspires to continue to improve patient care with genuinely seven-day services."*

*"On that basis, we endorse the case for its removal."*

*"The contract should include a specific reference to the safeguards on hours and rest contained within the Working Time Regulations, or any successor legislation."*

## Unsocial hours

A new separate payment for working unsocial hours to replace enhanced rates currently negotiated on an individual basis. The definition of anti-social hours, currently between 7pm-7am on a weekday and all weekend, would be revisited with a possible change to 10pm-7am on weekdays. Changes to the definition in relation to weekend working are not mentioned.

### What the DDRB said

*"The guiding principle should be that it is designed around the needs of the patient and what needs to be incentivised, balanced against the benefits of having a simple system to administer."*

## National Clinical Excellence Awards

Retained, but reviewed to prevent “double payments” of local and national awards based on the same excellence criteria.

### What the DDRB said

*“We support consideration of the domains for national awards, to ensure that any payments made for achieving excellence in national awards do not reward achievements that in future would be separately recognised by local payments for their excellence.”*

## Recruitment and retention premiums

A more “flexible approach” to encourage their wider use to address recruitment issues.

### What the DDRB said

*“For example, when the RRP’s are paid, they need not be paid to every consultant in that trust in that specialty.”*

*“The parties may also wish to explore non-pay solutions to recruitment problems, such as sabbatical type leave or professional development.”*

## Allowance for specific roles

The establishment of a defined payment to cover additional responsibilities, to replace individual negotiation.

### What the DDRB said

*“An allowance for undertaking specific additional roles would allow the types of roles that we intended to be covered by the principal consultant grade to be recognised in pay.”*

## Pay progression and pay scales

The current system of progression based on meeting agreed objectives defined within job plans would be scrapped and replaced with a system where pay progression was governed by local appraisals based on national guidelines.

Current system of 19 pay points replaced with a two or three-point scale of “spot rates” based on “recognised stages” in a consultant’s career.

### What the DDRB said

*“We are able to endorse the proposal for progression to be linked to achievement of excellence (assessed at appraisal).”*

*This would require employers to be “properly resourced and supported” to implement the new system.*

*“The value of pay points should be subject to further negotiation between the parties, and should be rooted in a robust evaluation of recruitment, retention and motivation.”*

## Local Clinical Excellence Awards

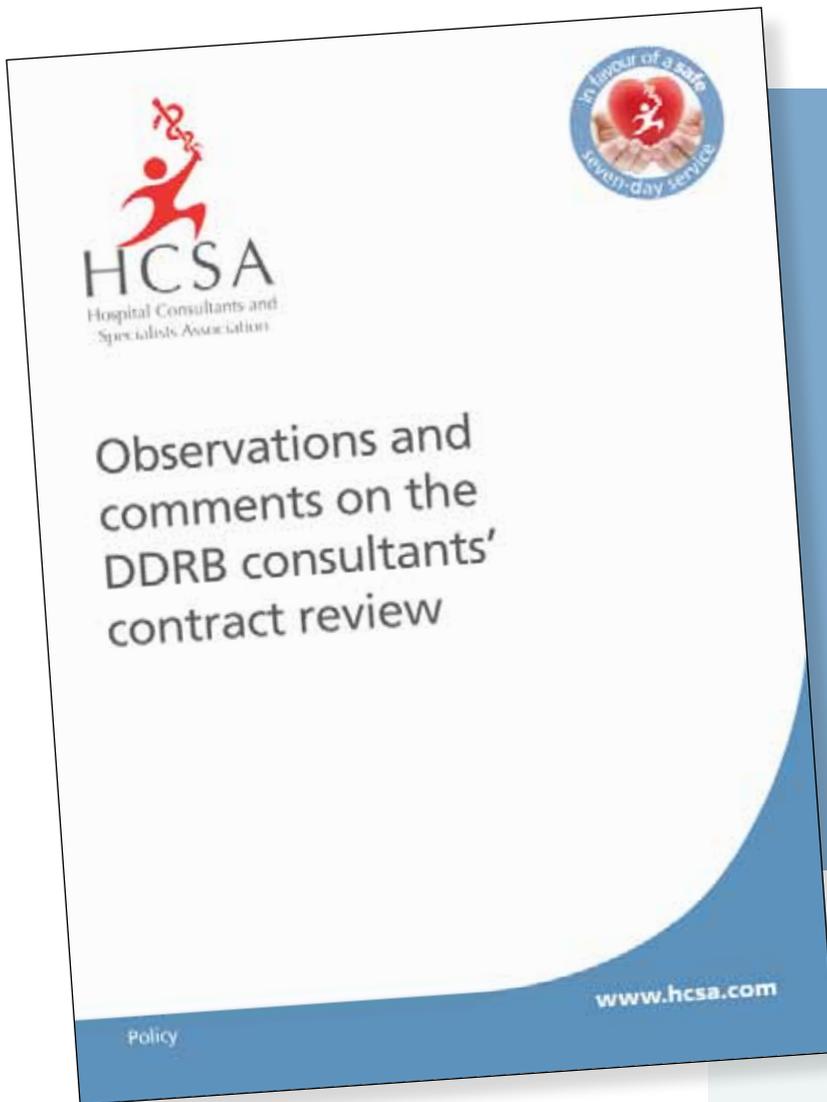
Replacement of the existing system where awards of between £2,957 and £35,384 are decided following a consultant’s application by a local employer-based panel. Instead a new rebranded “payments for achieving excellence” system would see performance-related payments linked to appraisals and meeting the “objectives” of the employing organisation.

And unlike the current local CEAs, any payments under the new system would not be pensionable. The new payments would also be contractual, meaning that all employers would take part in the scheme.

### What the DDRB said

*“The objectivity of the assessment, competence of those making it and buy-in of consultants will need to be supported by national guidance and supported by appropriate local management capacity and training.”*

*“We consider a more appropriate name would be ‘payments for achieving excellence’ to reinforce the stretching nature of objectives.”*



For more information on the HCSA's position on this issue, visit [www.hcsa.com](http://www.hcsa.com) to download our Observations and Comments on the DDRB Consultants' Contract Review

## Want to know more? Invite us to your hospital

**Our team of officers will be making a series of hospital visits to brief members and non-members on the issues raised by the DDRB document and to hear and address your concerns.**

**If you would like us to visit your hospital please get in touch with one of our national officers (see 'Key Contacts' on the 'Contact Us' section of the website) or our national office, which will be able to assist in making the necessary arrangements.**



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