



Member briefing

# Revised reform package for consultants in England

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**H**CSA consultants in England sent a clear message by rejecting the previous reform package in January. In saying No to the deal, members were equally clear on the reasons why: fears over the possible reallocation of SPA time, the fairness of pay spine reform distribution, the level of investment involved in the package, and concerns over the inadequacy of reforms to the DDRB.

In February, HCSA's negotiators engaged in intensive negotiations on behalf of members to reflect these concerns. These talks have resulted in movement in several key areas, to the extent that HCSA's Executive has now voted to put this deal to members with a clear recommendation to vote Yes.

We do so in the knowledge that this deal will not make up for a lost decade on pay which has seen consultants' real-terms income fall. However, there has been movement in all four key areas. The Executive's recommendation is based on the view that this is the best deal that could be achieved at this time and is a firm step in the right direction. HCSA reserves the right to ballot members in future on the issue of consultant pay.

You, as HCSA consultant members, will now be asked to give the final judgement in a fresh referendum, which will run from March 14th until April 3rd.

Acceptance will draw the immediate industrial dispute to a close. Rejection will mean that the package is withdrawn by the government and the next step will likely be strike action.

This guide outlines the changes to the previous agreement and details the improvements which have been made. While we will also be publishing the full offer document, I hope that this briefing will prove useful in making your own decision on the revised package.

**The package includes:**

1. Pay spine reform with additional investment and reinvestment of future and old-style LCEAs
2. Changes to pay progression
3. Reinvestment of future LCEA awards with protections for existing old-style LCEA holders
4. Enhanced shared parental leave
5. DDRB reforms

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# Changes to the previous reform package

**T**he revised package represents an improvement over the previous offer in several substantive areas. We asked HCSA members who voted No to the offer why they had done so.

The top reasons were clear:

- Fears over the possible reallocation of SPA time
- The fairness of pay spine reform distribution
- The level of investment involved in the package
- Concerns over the inadequacy of reforms to the DDRB.

HCSA negotiators therefore entered talks in order to seek improvements in all four areas. This has resulted in a number of changes to the offer.

## SPA CLAUSE

The revised deal recognises concerns among HCSA members at the wording around SPA time, which has been removed entirely from the new offer.

## PAY SPINE REFORM

HCSA pressed the case that the reforms, while bringing a marked improvement to the basic pay at many points of a new, four-tier scale, left those at the lower-mid end of the scale waiting several years before receiving an uplift.

As a result it was agreed to add a new 2.85 percent (£3,000) uplift to years 4-7. This is a permanent change which will benefit current and future consultants.

The parties were unable to agree an outcome which would retain a four-tier pay scale. Instead, the final offer includes a separate tier at year 3, with progression between years 3 and 4 automatic rather than consultants having to meet any gateway requirements. The result is a five-tier pay scale.

## INVESTMENT LEVELS

As a result of the changes at years 4-7, which will be funded by redirecting old-style LCEAs previously set to be lost from the consultant pot, the overall future level of funding has increased compared to the previous deal.

## DDRB REFORM

The government has already followed through on its commitment to ask the DDRB pay review body to recommend a pay rise for consultants no less than that proposed for other groups, which means that all consultants are expected to receive a further uplift in 2024-5, back-dated to April.

However, alongside the financial components of the proposed deal and the usual annual pay process, HCSA is of the strong view that securing improvements to the workings of the DDRB is important to be able to address longer-term pay erosion.

Talks therefore focused on areas of reform and negotiators were able to secure changes to the previous outline agreement.

Trade unions will participate in the formulation of job specifications for DDRB posts, and they will have a role in the sifting process for new applicants. Remit letters sent to the DDRB by the government will no longer refer to economic context or inflation, and it has committed to ensure that the process is run in the spirit of positive industrial relations. This is designed to avoid situations such as the recent exclusion of junior doctors from an uplift following the covid pandemic.

There are also improvements to the Terms of Reference which govern the deliberations of the DDRB.

This includes a new requirement to consider hospital doctors' pay in the context of long-term trends.



# 1. Pay spine reform

**T**he revised package reforms the pay spine and permanently uplifts several pay points. This guarantees immediate pay uplifts for most and future increases for all consultants progressing upwards.

## FASTER PROGRESSION

This reformed pay spine would reduce the number of tiers from 8 to 5.

It would also reduce the time it takes a consultant to reach the top of the pay spine from 19 years to 14 years.

## PAY UPLIFTS

Most pay points would receive an immediate pay uplift under the proposal. Everyone would receive an uplift within a year, with those at year three benefiting from automatic pay progression to an uplift in pay at year four.

Full details of the proposed pay spine are available on the next page.

- Starting pay would increase by 6.26 percent to £99,532 – an increase of £5,866
- Final pay would increase by 4.5 percent to £131,964 – an increase of £5,683
- Consultants on years of experience 14 to 18 would have their basic pay uplifted by 10.59 percent (full-year value of £12,641)
- Consultants on years of experience nine to 13 would have their basic pay uplifted by 5.81 percent (full-year value of £6,528)
- Consultants at year eight would receive a 12.8 percent uplift (full-year value of £13,494).
- Consultants from years four to seven would receive a 2.85 percent uplift (full-year value £3,000)
- There are also uplifts at years one (3.04 percent) and three (2.85 percent), representing full-year values of £2,933 and £2,925 respectively.

## FUNDING ENVELOPE

The funding for the uplifts equates to an increase of 4.95 percent to the current consultant pay bill, made up of:

- 3.45 percent new investment

- 1.5 percent recycled funding redirected from ending new annual LCEA rounds

However, the new deal will also see funding released through the attrition of consolidated LCEAs recycled back into the consultant pay pot. Under the previous plans this was set to be lost.

## INTERACTION WITH ANNUAL PAY AWARDS

Pay scale reform would come in addition to the 6 percent already applied via the DDRB 2023/24 process.

For 2024/25, the government has already asked the DDRB to make a recommendation for consultants, and followed through on a commitment not to suggest that the DDRB make an award lower than the rest of the public sector as a result of this pay spine reform. Any 2024/25 rise would be applied to the new spine should members accept this offer.

## EFFECTIVE FROM MARCH

The award would be effective from 1st March 2024. It will be backdated should members accept the offer.



# Pay spine: proposed changes





## 2. Pay progression

**T**his aspect of the award is a shift from current arrangements, but many of the parameters already exist as contractual requirements. Instead of automatic pay progression, the proposal introduces a review process between a consultant and their clinical manager with criteria to be met before a consultant can progress upwards on the pay spine.

### REVIEW CRITERIA

A pay progression review meeting between the manager and consultant would be set up to consider whether the consultant has met criteria in the following areas:

- Participating satisfactorily in the job planning process and appraisals
- Completing mandatory training
- For those who do private sector work, meeting standards of conduct & complying with Schedule 6 of the Consultant Contract
- No formal capability process nor live disciplinary sanctions on record.

### SAFEGUARDS

There would be some safeguards built in to protect consultants navigating this system:

- The package states it is expected consultants will be able to progress through gateways and there is no intention to unreasonably restrict pay progression
- Progression cannot be withheld due to financial or other non-performance related issues. Withholding progression shall not be used as a means to coerce a consultant into agreeing a proposed job plan
- Consultants should be given the appropriate time and resource to meet the pay progression criteria
- Where a doctor disputes a decision that they have not met the required criteria to progress to the next pay point, the mediation procedure and the appeal procedure set out in consultant terms and conditions should be followed

- Where a criterion has not been achieved for reasons beyond the consultant's control, the consultant will not be prevented from progressing to the next pay point if the other criteria have been met
- Trusts must make every effort to ensure the performance gateway process is fair and in line with relevant equalities legislation as well as with the NHS Medical Workforce Race Equality Standard (MWRES) and equality, diversity and inclusion improvement plan. Employers should engage in equalities monitoring of pay progression outcomes
- If a doctor is absent from work for reasons such as parental or sickness leave when pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.



## 3. LCEAs

### End of future LCEA awards

**To enable funding for Local Clinical Excellence Awards to be redeployed into pay, the contractual entitlement to access an annual awards round will cease.**

This will take effect from 1st April 2024. Any multi-year non-consolidated awards issued since April 2018 will not be impacted.

### Old-style LCEA awards retained and frozen

**Consolidated LCEAs awarded prior to reform in 2018 will be retained and these awards shall remain pensionable and consolidated. The value of these awards will be frozen.**

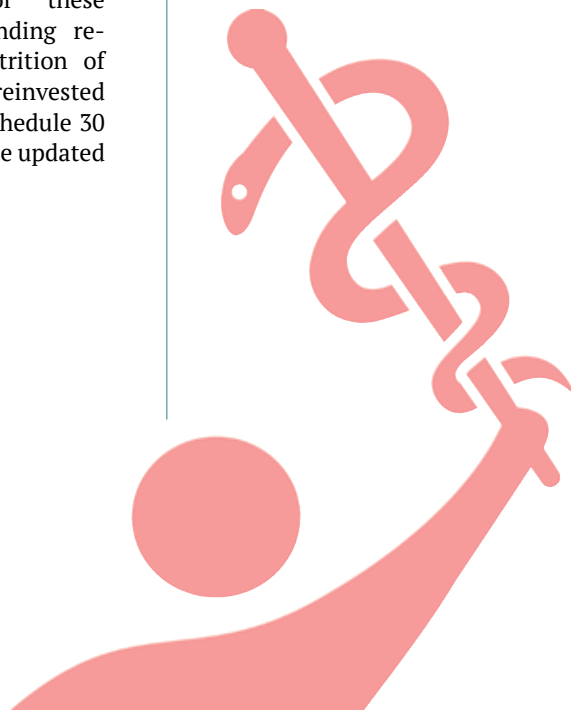
The review process for these awards will be removed. Funding released through the future attrition of consolidated LCEAs will be reinvested into wider pay spine reform. Schedule 30 of the consultant contract will be updated to reflect these changes.

## 4. Enhanced shared parental leave

**The package includes a commitment from Government to amend the Terms and Conditions of Service (Consultants) 2003 in England to add an entitlement to paid and unpaid shared parental leave and pay. This brings the consultant group into line with other NHS staff groups.**

If approved, this will result in a new clause in the consultant contract which would mean those who would like to share parental leave with the other parent will receive pay that is above the statutory minimum for this period.

This is similar to current arrangements for consultants on maternity leave, who have enhanced maternity pay beyond statutory minimum.





# 5. Reform of the DDRB

**T**he most recent negotiations delivered greater detail on reforms to the DDRB process. It is planned that changes would be implemented in time for the 2025/26 pay round.

## APPOINTMENT OF DDRB MEMBERS

Under the current DDRB process, appointments are overseen by the Secretary of State for Health and Social Care with no union involvement. The proposed reform will see unions work jointly with the Department for Health and Social Care to revise the role profile for DDRB members, and a trade union representative taking part in the shortlisting of potential candidates.

## REMIT LETTERS

Presently, the government sets the remit for the DDRB. Government instigates the process in a letter which instructs DDRB on what to consider in reaching its decision. In the proposed reforms, the government will not be able to include information about inflation and wider economic performance in the remit letter.

## TERMS OF REFERENCE

The DDRB Terms of Reference will be refreshed to instruct the pay review body to have regard to the following, “evaluating the weight of each independently, in parallel and non-contingently”:

- The need to attract, recruit, retain and motivate doctors and dentists, including consideration of local and regional labour market factors, in view of their contribution to the health of the nation
- Developments in doctors’ and dentists’ earnings in the context of long-term trends in the wider labour market, alongside comparator professions, including relevant international comparators
- Economic and other evidence submitted by the government, and the funds available to the government health departments
- Economic and other evidence submitted by staff and professional representatives, and others
- Wider macroeconomic factors

- The overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved; and
- The legal obligations on the NHS, including anti-discrimination legislation regarding age, gender, race, sexual orientation, religion and belief and disability.

By agreement between medical unions and the government, the DDRB can also be asked to look into other areas regarding the medical workforce.

## TIMETABLE

The UK government presently has tight control of the timetable. The new proposal involves all parties (including unions) jointly agreeing the timetable with the aim of the pay award being known earlier than at present. The government has committed to “use its best endeavours” to deliver an earlier outcome, “with the aim of the pay award being known at the start of the financial year from the 2025/26 pay round”.

## DATA SUBMITTED

Commitments have been made to improve data submitted to the DDRB, with the aim of providing “the best possible picture of the prevailing economic conditions and prices, as well as wages in the wider economy, and the impact of pensions on recruitment and retention.”



# What next for members?

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## Revised reform package for consultants in England

Member briefing

**H**CSA's Executive has agreed in light of improvements to the previous reform package to recommend that members vote Yes.

However, the decision on whether to do so is yours alone, and HCSA will be bound by the collective vote of members. It is important therefore that you familiarise yourself with the contents of the proposal. This document and the official offer document are available on the HCSA website ([www.hcsa.com](http://www.hcsa.com)).

A consultation of HCSA consultant members employed in the NHS in England will open on March 14th 2024 and close on April 3rd 2024. The HCSA Executive will meet on April 4th to consider the result, and results will be publicised on April 5th.

Should members vote to accept the deal, that will bring the immediate industrial dispute to a close. Should you collectively vote to reject the deal, then this makes further strike action likely.



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