

Consultant contract: the view of the Hospital Consultants and Specialists Association

The Hospital Consultants and Specialists Association (HCSA) has consistently argued that the new contract was 'bad for patients, bad for the NHS and bad for consultants'. The Secretary of State for Health took a different line and welcomed the contract as a good deal for all. That difference of opinion is not in itself surprising. Events over the past few weeks and months justify close scrutiny as the time approaches for consultants to decide whether to accept the new terms and conditions of service.

GOOD FOR PATIENTS?

It is quite clear that funding of the contract is becoming a major issue with shortfalls reported in most strategic health authorities. The HCSA's view has always been that the contract would expose the capacity deficit between the work consultants were doing and that which could be done by limiting contracted hours of work, even to 48 hours a week. That prediction is rapidly coming true as trusts are discovering the true costs of consultant time.

Many trusts are seeking to maintain the same excessive hours worked while insisting that they cannot pay for more than 10 or 11 programmed activities. Some are insisting that supporting activities are sacrificed in favour of more direct clinical activity. Some are threatening consultants that the notion

of 'continuing clinical activity' means that they will be expected to provide patient care even during those periods when they will not be paid. Consultants are perfectly entitled to ensure that their workload is contained within 40 or 44 hours a week. That inevitably will mean that in many areas clinical sessions will have to be reduced – and that is not good news for patients.

GOOD FOR THE NHS?

The interminable arguments and differing interpretation of the new contract between the profession's negotiators and the Department of Health does no credit to either party. They serve only to undermine credibility and, worse, have led to such confusion, antagonism and tension that real damage is being done to the profession as a whole. Division is the order of the day when harmony and teamwork should be the objective. Only when all parties reach an understanding over what has actually been agreed can confidence be restored – and in its absence that is not good news for the NHS.

GOOD FOR CONSULTANTS?

Implementation of the new contract has brought many horror stories – some beyond belief. Some trusts are seeking to reclaim waiting list initiative payments from the back pay due under the new contract. Others are seeking to

deny consultants supporting professional activity to which they are entitled. Some are insisting that no matter how many hours are expected payment will be limited only to the funds available. Some are insisting that back pay will be forfeited where no agreement was reached on the job plan by March 31 even where the timetable has slipped through no fault of the consultant.

All this is taking place against a scenario where the Department of Health's Modernisation Agency is suggesting (on yet another infamous slide) that the British Medical Association's job planning guidance is 'antagonistic' and 20% wrong. Perversely the review body recommends a 3.225% pay award for those on the new contract while those remaining on the old receive 2.5%. So is all this really good for consultants?

HCSA will continue to provide support to its members, but that short-term imperative must not disguise its determination to secure a deal that really is good for patients, good for the NHS and good for consultants. That, surely, cannot be the case as things stand at the moment. **HM**

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