

Consultant contract: the view of the British Medical Association

The new consultant contract marks a major opportunity for all consultants. For the first time it allows them to truly identify their workload and the resources needed through proper job planning, and allows them to clearly indicate to trusts, strategic health authorities and primary care trusts what they are paying for, or what they need to pay for.

The starting point nearly 6 years ago was to deliver a contract that stopped the spiralling workload of consultants, rewarded them fairly for the work they do, recognized their on-call commitment and rewarded merit appropriately. It has been a long journey. As we move through the implementation phase towards the future of working with the new contract, what does the new contract bring for consultants, for trusts, but most of all for our patients?

For consultants it brings the opportunity to engage with their trusts in often detailed and difficult discussions as to what services are provided, how much consultant time is required for this and how working practices can be altered to maximize care for patients. To enable this trusts must take a partnership approach with their consultants. A belligerent response to reasonable requests will cost them significantly in the longer term as the goodwill, vital to the running of the NHS, will go. Consultants will always maintain their professionalism, they will always put their patients first, but they will not work for free.

It is vital that trusts realize the importance of maintaining consultant goodwill, and of engaging with their most senior clinicians. In a couple of months all trusts will have to meet the legal limits of the Working Time Directive for trainees. This will necessitate a radical reform of many working practices to succeed. This will need to be led by con-

sultants, but there will be service commitment that cannot be dropped. Some of this must fall to consultants and trusts need to realize that cutting back now will limit their ability to achieve the legal necessities of the summer.

One key way for consultants to take hold of the future direction of trusts for the benefit of their patients is through the objectives within their job plans and the need to identify resources to achieve these objectives.

There is little point in trusts putting government targets in as objectives, as they are largely outside the control of consultants and thus unenforceable. What is required are objectives that truly allow consultants to push forward care for patients – these should be considered now and reviewed regularly. The greater unity the consultant body can maintain through this process and in the future the better chance they have of grabbing the agenda. This will require some to look beyond the salary facts where some, with heavier commitments, are paid more than others, to the wider benefits of a robustly united consultant body.

THE NEED FOR QUALITY

Quality must be a key watchword for all consultant practice. The new contract clearly identifies the need for supporting professional activity (SPA) to underpin the direct clinical care the service requires. The 2.5 SPAs for this represent the significant time that all consultants need to ensure this quality, both for their own individual practice (appraisal, continuing professional development, job planning) and that of others (teaching trainees, doing departmental and wider NHS work). Those with significant commitments to trust management (additional programmed activities) and the wider NHS (external duty programmed activities) should

have these adequately recognized. Ignoring the former will limit the effectiveness of the trust. Failure to back the latter shows a lack of interest in maintaining quality across the NHS.

In pure financial terms, the new contract increases consultants' lifetime earnings significantly and boosts their pensions by 24%. This represents long overdue recognition of the value consultants give to the NHS. The ability to recompense for work done on-call and a supplement (albeit minimal) for the disruption caused by being on-call are steps forward that can be built upon. In general terms the clarity of the new contract and the better appeals process will give greater protection to consultants than the old contract.

The terms and conditions of service and guidance with the contract give consultants the tools to achieve much for themselves and their patients. By working together locally and regionally the unified consultant body can use these tools to reassert major influence on the direction of their trusts.

The British Medical Association will support consultants as they come to terms with the new contract. The Central Consultants and Specialists Committee (CCSC) will continue to enable the current implementation and robustly push the needs of its members. The CCSC will also ensure that the contract moves forward to allow it to deliver continued improvement to the working lives of consultants, but most importantly to allow consultants to deliver the excellence in care that patients deserve. **HM**

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