



# SCOTTISH EXECUTIVE

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Your ref:  
Our ref: PIM/12/12

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Dear Colleague

## Discretionary Points for Consultants

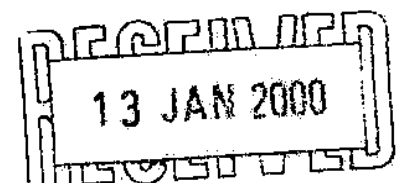
It was announced on 9 December that the Health Departments and the Central Consultants and Specialists Committee (CCSC) of the BMA had reached agreement on implementation of DDRB's recommendation of an additional £50m to consultants from April 2000 to recognise their workload, work intensity and commitment to the NHS. A joint progress report has been submitted to DDRB by the Health Departments and CCSC for their endorsement.

The Health Departments and the CCSC have agreed to introduce new payments from 1 April 2000 to recognise the work intensity of consultants. Negotiations on the detailed criteria and payment bandings will be concluded shortly and details will be communicated to the service quickly thereafter.

It has also been agreed that £6 million (GB) will be invested to increase the number of discretionary points available for each eligible consultant and to enable more consultants to benefit from them by adding extra points to the present scale and two new service-oriented criteria. This investment will rise to £12 million from April 2001.

Discretionary points are awarded by local NHS employers essentially for contributions to professional excellence. A number of changes will be introduced from 1 April 2000:

- Employers shall award a minimum of 0.35 points per eligible consultant - increased from 0.25 - employed by the Health Board or Trust as at 1 April 2000
- The criteria, under the new agreement, will be extended to allow greater recognition of service achievement
- The five point scheme will be extended by a further three (equal value) points.



When making decisions on awards for the year 2000/01, you should therefore take into account the two new criteria (5ii and iii on the attached list), the additional points available, and the fact that consultants currently in receipt of 5 discretionary points will now be eligible for consideration for an additional one or more points up to the new maximum of 8. Consultants who are in receipt of 5 discretionary points must be included in the calculation of the number of points now available.

Where employers have not begun the process of determining the award of discretionary points for 2000/01, they should take these changes to the scheme into account before they start, ensuring that consideration is given to those consultants who would not previously have been eligible.

I understand that some employers will already have started the process and, where this is the case, they should ensure that all eligible consultants are properly considered for discretionary points against the additional criteria and points available from April 2000.

The revised criteria for discretionary points are attached and, unless indicated otherwise, the other provisions of NSH Circular PCS(DD)1995/6 remain in force.

### Consultant contract negotiations

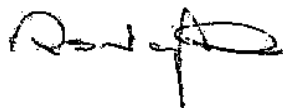
Agreement has also been reached in principle on the matters which will be discussed in contract negotiations over the next few months, including job planning, an appraisal system and career and professional development, following talks between the Government and the BMA's Central Consultants and Specialists Committee.

The Scottish Executive will be taking part in further negotiations.

Chief Executives are asked to bring this letter to the attention of Trust Chairs.

Enquiries about the content of this letter should be directed to Stephen Sadler 0131 244 2106 or Linda Middleton 0131 244 2828..

Yours sincerely



**ROBIN NAYSMITH**  
**ASSISTANT DIRECTOR OF HUMAN RESOURCES (POLICY)**

## REVISED GUIDELINES ON CRITERIA FOR CONSULTANTS' DISCRETIONARY POINTS

The following principles should underpin the local implementation of the scheme:-

1. Discretionary Points are *not* seniority payments, nor automatic annual increments.
2. Consultants in all specialties and all types of post are equally eligible and should be treated as such.
3. To warrant payment of a discretionary point, consultants will be expected to demonstrate an above average contribution in respect of one or more of service to patients, teaching, research, and the management and development of the service.
4. Progression at each step up the discretionary points scale will reflect the continuing quality and range of the contribution made by the consultant. To attain the maximum of the discretionary point scale consultants will be expected to have demonstrated an outstanding contribution to services.
5. The criteria for payment of discretionary points should allow for contributions made in following areas to be taken into account:-
  - i. professional excellence, including
    - quality of clinical care of patients
    - service development
    - professional leadership
    - improvements in public health
  - ii. *significant contribution towards the achievement of local NHS service priorities*
  - iii. *undertaking recognised significant heavy workload or responsibilities in pursuit of local NHS service goals*
  - iv. contribution to professional and multidisciplinary teamworking
  - v. research, innovation and improvement in the service
  - vi. clinical audit
  - vii. administrative or NHS management contributions
  - viii. teaching and training, including
    - training of junior staff
    - involvement in undergraduate or postgraduate teaching
    - public education and health promotion
    - contribution to training of other staff
  - ix. Wider contribution to the work of the NHS nationally

6. The differing opportunities and normal expectations associated with consultants in different fields will need to be taken into account in assessing the level of performance required in individual cases. For example, there will be a different expectation in terms of the research content of many honorary contract holders compared with consultants whose duties result in limited opportunities for research work. There would similarly be a different expectation in terms of the management and service development contribution of a consultant in public health medicine or dental public health compared with more clinically based specialties.
7. The resources available to a consultant, including supporting staff and facilities, and any particular difficulties that he or she may have had to overcome, should also be taken into account in judging the service contribution expected and provided.
8. In deciding payments employing bodies should ensure that consultants are treated equally regardless of their colour, race, sex, religion, politics, marital status, sexual orientation, membership or non membership of trade unions or associations, ethnic origin, age or disability.