

# BMA SCC guidance

## NON-DCC WORK: INFORMING JOB PLANNING

### Important notes:

- In the consultant job plan, the working week is divided into a number of 'programmed activities' (PAs). A PA is 4 hours of work if done within the normal working week (8am–8pm Monday to Friday), or 3 hours of work out of hours at other times and on Public Holidays. A standard job plan for a full-time consultant comprises 10PAs.
- All PAs are categorised in the Terms and Conditions of Service (TCS) according to whether the work is 'direct clinical care'(DCC),'supporting professional activity'(SPA),
- 'additional responsibilities' (AR) or 'external duties' (ED). SPA, AR and ED work are often grouped together under the single heading of 'SPA time'; however this is erroneous and can result in the importance of AR and ED work being downgraded so in this guidance we use the term 'non-DCC' for these types of work. Further details of the work falling under each of the non-DCC headings are given in the [APPENDIX](#) to this guidance.
- This guidance should specifically help to address the imbalance in some consultants' job plans between DCC and non-DCC work. More comprehensive job planning guidance for [new consultants](#) and preparing for the [job plan review](#) is also available.



# 1

## Background

The Scottish consultant terms and conditions of service provides, unless otherwise agreed, for a default balance of 7.5 DCC PAs and 2.5 non DCC PAs within a standard 10 PA contract. For those consultants working LTFT the TCS set out a higher than pro rata allowance. There is provision for variation (either up or down) from the 7.5:2.5 default by agreement between the individual consultant and their employer.

In recent years, considerable and sustained financial pressure on the NHS has created an environment in which non-DCC work is likely to be 'squeezed' in an attempt to maintain what are perceived to be the more urgent priorities of patient-facing care. Some NHS Scotland employers have chosen to advertise consultant posts with job plans which offer significantly less than 2.5 non-DCC PAs, with some as low as 1 PA. There has also been significant downward pressure in some NHS boards on the non-DCC PA allocation for established consultants.

An appropriate balance of duties between direct clinical care and non-DCC work is essential for all consultants. Non-DCC work enables and supports consultants to be at their very best when caring for their patients, ensures their skills are maintained, quality of care is monitored, service improvements are developed and tested and future generations of consultants have their training appropriately prioritised to provide care of the highest standard to patients.

The aim of this guidance is to provide support for consultants who are concerned about the non-DCC component of their job plan and the medical managers who are responsible for agreeing job plans with consultants. It promotes working together in an evidence-based way to achieve an appropriate and sustainable balance of DCC and non-DCC work that benefits the individual consultant, the patients they care for and the long-term interests of the NHS.

# 2

## 'Core' non-DCC work

Although it is not recognised in the consultant terms and conditions of service, some NHS board employers have adopted the concept of 'core SPA' or 'core non-DCC' time. It is often presented as describing the minimum non-DCC allocation required for all consultants to meet the requirements for appraisal and revalidation.

We have used this approach in our non-DCC PA allocation tool (see Appendix). However, it can sometimes be little more than a cover for an NHS board to inappropriately reduce the allocation of non-DCC PAs. In our tool, we have set out what we consider to be the 'core' areas of non-DCC activity required for all consultants to properly fulfil the consultant role. **It is our considered view that these activities could not realistically be undertaken in fewer than 2 PAs for a consultant role with all the expectations associated with such a role.** We would therefore advise anyone who is offered a consultant post with a lower non-DCC element in the proposed job plan to fully consider the actual and potential implications of this in advance of accepting the post.

Even a consultant with 2 non-DCC PAs would find it very difficult to take any active role in undergraduate or postgraduate teaching and training, let alone wider activities such as service design, management roles or being an appraiser. Over time, the absence of such responsibilities may prejudice their ability to make a wider contribution, making such an allocation unsustainable for both the consultant and the employer in the longer term.

Some NHS board employers contend that 'new' consultants need fewer non-DCC PAs. We cannot agree with that view, as consultants at the start of their career have just as much to offer in teaching, training and managerial roles and have as much need for professional development. For these reasons, our position is that offering new consultants fewer non-DCC PAs is not justified, and that newly appointed consultants should not be disadvantaged in bringing their full range of skills to bear for the NHS compared to their longer-serving colleagues.

# 3

## Calculating the PA allocation for non-DCC work

An important principle is that non-DCC work is work, just like DCC activity, and there is a shared interest for both the consultant and their employer in ensuring it is utilised in a productive and appropriate way. All non-DCC work should be agreed through the job plan review process and be explicit in the job plan. Consultants should be able to demonstrate, for example through a diary exercise, that their actual non-DCC activity reflects what was agreed in their job plan if requested so to do. Likewise, no consultant should be expected to undertake non-DCC work in their own time, 'for free'. This includes for example, an LTFT consultant who does not normally work Fridays but is expected to attend occasional departmental meetings on Friday mornings.

Calculation of the time required to undertake non-DCC work should include:

- working/meeting time
- travel time (if required) preparation/reading time
- phone calls, e-mail and other correspondence time to complete actions arising from meeting

If a consultant is finding it difficult to estimate a PA allocation on a straight weekly basis, eg the work is very irregular, then an alternative approach would be to estimate the number of hours for a whole year, divided by 42 (the number of weeks worked in the year, omitting leave) to give a weekly number of hours, and then divide again by 4 (on the basis that it takes place in normal working hours) to give a weekly PA allocation.

For some non-DCC activity, there may be a role profile, which can provide a useful starting point. Alternatively, colleagues who have undertaken the same or similar work may be able to advise on the time it takes to complete it, although not everyone works in precisely the same way nor at the same pace and there may be some legitimate variation between individual consultants. Where the work involves a completely new role, it may be necessary to agree a provisional PA allocation which is then revised as necessary through a further interim or annual job plan review.

**When calculating the non-DCC PA allocation, it is important to avoid double counting of work.** For example, teaching medical students during a two hour ward round should only count as 0.5 PA of work, either 0.5 DCC or 0.5 SPA, though it could, by agreement, be recorded as 0.25 DCC and 0.25 SPA. For example, teaching medical students during a two hour ward round should only count as 0.5 PA of work, usually DCC, and not 0.5 DCC and 0.5 SPA. While it could, by agreement, be recorded as 0.25 DCC and 0.25 SPA, if the ward round still takes place in the absence of medical students it is probably more appropriate to record it as DCC.

Similarly, AR or ED activity, such as clinical audit lead or work for a Royal College or Specialist Society, may involve attending meetings that take place at irregular times and cannot easily be scheduled into the job plan. This is covered in more detail in [section 5](#) below. Where attending such meetings takes place instead of other activity already scheduled in the job plan, eg an outpatient clinic or core SPA, then it should not also be counted for the purposes of PA allocation. If on the other hand, the other activity is not cancelled, but rescheduled for another time, and the additional AR or ED work increases the consultants' overall time commitment, then that needs to be recognised when calculating the overall non-DCC, and indeed the overall PA allocation.

# 4

## Tariffs

For some areas of non-DCC activity, indicative PA allocations, sometimes known as 'tariffs', may have either been agreed locally at departmental level or between the NHS Board and the BMA Local Negotiating Committee (LNC) or in some cases set nationally, eg by NES. This approach is most commonly used for specific roles, eg educational supervisor, appraiser etc.

Where such agreed indicative allocations exist, it is reasonable that they should form the basis for job planning. However, where a consultant can show, eg through a diary exercise, that in practice the time required to undertake the role exceeds the stated tariff (e.g. there are additional duties that accrue to the role or the role involves travel time from a consultant's base hospital) then this should be recognised through an adjustment to the PA allocation in the job plan.

It should be noted that a job plan is an agreement between an individual consultant and their employer. There is no provision in the terms and conditions for any concept of 'departmental' non-DCC allocations. It may well be appropriate for the employer to consider that a necessary number of its consultants participate in specific roles (eg: under and post graduate education and appraiser roles), and for this need to contribute to team service planning. This however should not negatively impact on an individual consultant's non-DCC activity, nor should it adversely prejudice the potential for a given consultant to negotiate additional non-DCC activity within their job plan. Further guidance on the relationship between team service planning and individual job planning is available [here](#).

# 5

## Scheduling non-DCC work in the job plan

Some non-DCC work, such as those included in 'core' SPA activities will take place at regular, predictable times and so can be scheduled into the job plan in exactly the same way as DCC work.

Other non-DCC work such as appraiser and some aspects of educational roles, and typically the kind of roles that fall under the AR and ED headings, may take place at irregular times and therefore be less easy to schedule on a weekly basis. However, a weekly PA allocation will still need to be agreed for the non-DCC role that is being undertaken, based on an estimation of the time involved. For roles that involve a predictable but infrequent number of meetings, it may be easiest to calculate the estimated time commitment over a year, and then divide by 42 to give a weekly allocation. As already mentioned, care should be taken to avoid double counting both the non-DCC activity and any other activity scheduled in the job plan that is subsequently cancelled (rather than time-shifted) as a result of undertaking the work. An alternative approach could be an agreed provision for additional activity where it cannot be time-specified in advance, eg a number of PAs can be specified as 'available' to replace other activities, which would not therefore impact on the overall PA allocation trigger the need for further formal job plan review.

Every effort should be made to schedule irregular non-DCC work as far in advance as possible, normally with a minimum 6 weeks' notice, to minimise the impact on patients. The usual mechanism for a consultant to give such notice is through the employer's leave booking system. However, it is important to understand that the consultant is not actually taking leave but rather paid work for their employer, and it does not count in any way towards any leave allocation.

# 6

## Flexibility

The consultant terms and conditions of service allow for non-DCC work to be both scheduled flexibly and undertaken off site by agreement with their employer. Some NHS boards or individual medical managers are resistant to this, but there is no legitimate reason for NHS boards to refuse agreement where:

- the consultant is able on request to show evidence of the time having been spent undertaking the activity (eg availability of a log or other evidence thereof)
- there is no need for the consultant to be on site for any specific reason
- where appropriate\*, any need for the consultant to be contactable has been satisfied

[\* non-DCC time should usually be protected and free of clinical interruption. If there is a need to be contacted for any urgent matters then contact arrangements will need to be clear for this – for example when non-DCC time falls during an on-call period]

Any non-DCC time which the NHS board employer expects to be undertaken on site must be supported with appropriate quiet office facilities for that purpose.

At times of exceptional clinical burden (eg severe emergency service pressures) it may be necessary for the NHS board employer to ask, where non-DCC activity can be reasonably time shifted, for it to be postponed in order to ensure continued provision of a safe clinical service. Such circumstances should be infrequent and of short duration (no more than two weeks) in order that the deferred non-DCC activity can be recovered in a reasonable time frame. It should be agreed between the consultant and their medical manager that reciprocal cancellation of subsequent elective work may be a necessary approach to recovering the missing non DCC work.

Efficient use of infrastructure may also lead to consideration of prospectively flexing non-DCC work out of given weeks to enable increased DCC care those weeks with reciprocal changes in other weeks to recover the non-DCC activities. For example, Consultant A may 'free up' a rate limiting resource (eg operating theatre capacity) whilst on leave. Consultant B who is not on leave may postpone their non-DCC time (where it is not time sensitive) to allow them to utilise this rate limiting resource. Consultant B can recover their non-DCC time in subsequent weeks by cancelling equivalent periods of DCC activity which are not rate limiting (eg clinics).

In all such cases a mechanism for recovering non-DCC sessions should be explicitly agreed.

# 7

## Reaching agreement on non-DCC work – the job plan review

The process for agreeing any **changes** to a consultant's non-DCC PA allocation is, as with all aspects of a consultant's workload via the [job plan review](#). Given the pressure in many departments to maximise consultant clinical time at the expense of non-DCC work, this can sometimes be a difficult conversation for both the consultant and their medical manager. To help facilitate what should be very much an evidence-based discussion, we recommend the following approach:

In advance of seeking any proposed changes the consultant should keep a work diary for a representative period eg 3 months to inform the job planning discussion of their current burden of work. This could be either the agreed [model diary](#) in the consultant terms and conditions of service or the BMA's own [Dr Diary app](#).

1. For each job planning cycle the consultant should consider the content and balance of non-DCC (alongside their DCC) activities that they have undertaken in the previous year. They should explain what they expect to undertake in the year ahead, drawing their plans from:
  - their current job plan and any diary exercise
  - their personal development plan and their own appraisal
  - team, service and organisational plans
  - any specific roles or tasks, eg educational supervisor, appraiser
2. All non-DCC work/roles should include realistic time for preparation, travel, meetings and any consequent time to fulfil actions arising from the role.
3. It is important to remember to avoid double counting.
4. Where a consultant is looking to take on new non-DCC work or a role which is likely to significantly impact on the overall capacity of the team, we recommend that, as a matter of courtesy and to facilitate agreement, they raise this with their colleagues and medical manager as early as possible, and certainly well before the job plan review.
5. We have developed a tool (see [Appendix](#)) to help consultants and their medical managers in calculate an appropriate non-DCC allocation.
6. Where agreement cannot be reached at the job plan review, the consultant or their medical manager should refer to the [joint BMA/MSG guidance on resolving such disagreements](#). BMA members may wish to seek advice from a [BMA adviser](#).
7. Where in practice, non-DCC commitments consistently exceed or fall short of the job planned PA allocation, then a further job plan review would be appropriate, supported by real-time diary and other relevant evidence.

# Appendix

## Non-DCC PA allocation tool

The purpose of this tool is to help consultants and their medical managers to jointly identify and quantify all the non-DCC elements of an individual consultant's role, for job planning purposes.

The way it works is that together, the consultant and medical manager agree how many hours per week should reasonably spent on each activity. Current and projected allocations might usefully be recorded on this tool separately if there is a proposed change.

For some consultants with complex and irregular commitments it may be easier to calculate the total number of hours workload over a year. In such cases the PA allocation is achieved by first dividing the number of hours worked by 42 to obtain a weekly equivalent, and then by 4 to give a PA allocation per week.

**It is important to avoid double counting, eg when teaching of medical students takes place in the course of DCC activity, or when irregular non-DCC work such as a clinical governance committee meeting or LNC meeting takes place instead of rather than in addition to regular scheduled activity such as an outpatient clinic, ward round etc.**

To facilitate discussion, we have categorised non-DCC activity under two main headings:

- those 'core' non-DCC elements that are essential to consultant practice
- 'other' non-DCC activities that not all consultants will undertake, although we expect that most consultants would undertake at least some of them

### Core non-DCC work

Enter the time/hrs required in your job (including preparation/travel etc) for each of the following components:

#### 1. Non-clinical admin

INCLUDE: Job planning, departmental planning meetings, dealing with generic queries and non-clinical emails, Short listing and Interviewing, Reference writing for colleagues etc, Service planning & supervision of nccgs, rota management etc

DO NOT INCLUDE: MDT meetings, Time responding to patient related queries, dealing with results etc

#### 2. Audit and clinical governance

INCLUDE: Audit projects, Quality improvement projects, Significant Event Analyses, Registry data collection/participation, PROM collection/analysis time.

DO NOT INCLUDE: M&M meetings

#### 3. CPD

INCLUDE: Time to read journals, time to undertake online courses which support your areas of practice, case research, time to consider new techniques

DO NOT INCLUDE: Formal approved study leave time, Mandatory/Statutory Training

#### 4. Statutory and mandatory training

INCLUDE: Employer required & H&S courses/meetings/training/reading

DO NOT INCLUDE: Optional training done at your own instigation/for personal interest

#### 5. Appraisal and revalidation

INCLUDE: Time not counted elsewhere to gather necessary information for appraisal and revalidation. Include time to undertake patient and colleague feedback. Include time for reflection on other activities. Include time to enter data in to SOAR, to meet with appraiser and to finalise form 4.

DO NOT INCLUDE: Any time counted elsewhere; time undertaking an appraiser role

# Appendix

## 6. Supervising clinician role (for anyone working with trainees)

INCLUDE: Work placed based assessments, feedback to trainees or other staff  
DO NOT INCLUDE: Education delivered during DCC time (ie already counted), formal NES roles, eg educational or clinical supervisor

## Total weekly 'core' non-DCC hours

NB: this should not be below 8 hours per week

## Other non-DCC work

Enter the time/hrs required to fulfil any of the following roles that you hold (including preparation/travel etc).

## 7. Teaching and training

INCLUDE: Time to teach medical students, trainees or others (AHP, PAs, GPs, Nurses etc) not already within DCC.

Include lectures, prep time, marking of papers etc

Include NES mandated ES and CS [1h per week per trainee]

DO NOT INCLUDE: Time already counted as part of DCC, time as a supervising clinician

## 8. Research

INCLUDE: Time acting in publication peer review or editorial capacity, Cochrane reviewer or similar roles, time to undertake original research or to prepare review articles (BUT only include time you would be able to justify/evidence in a job plan review).

DO NOT INCLUDE: Vague aspirational time

## 9. Appraiser

INCLUDE: All time spent acting in the appraiser role including preparation, travel, meeting with the appraisee and entering data onto SOAR (Scottish Government guidance suggests 2h per week for 10 appraisees)

DO NOT INCLUDE: Time spent on your own appraisal

## 10. Contribution to service management and planning

INCLUDE: Specific roles, eg on behalf of the department, regarding a proposed service change or development

DO NOT INCLUDE: responsibilities such as a clinical lead or medical manager role, which should be included under "Additional Responsibilities" below

## 11. Additional responsibilities:

Defined as:

'duties of a professional nature carried out for or on behalf of the employer or the Scottish Government, which are beyond the range of the supporting professional activities normally to be expected of a consultant'.

INCLUDE: Caldicott guardians, Clinical audit leads, Clinical governance leads, Undergraduate and postgraduate deans, Clinical tutors, Regional education advisers, Formal medical management responsibilities, Other additional responsibilities agreed between a consultant and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities and travelling time associated with these duties.

This category also includes Board Medical Advisory Committees and other Board and hospital committees. The time allocated will be greater if serving as an office bearer.

DO NOT INCLUDE: Any activity which replaces activity already scheduled in the job plan.

# Appendix

## 12. External duties:

Defined as:

'those duties not included in any of the three foregoing definitions and not included within the definition of fee paying work or private practice, but undertaken as part of the job plan by agreement between the consultant and the employer. They comprise work not directly for the NHS employer, but relevant to and in the interests of the NHS.'

INCLUDE: Professional Association Duties (Local representative roles, National representative roles, Office bearing duties), External member of Consultant Appointment Panel, Assessment work on behalf of NES, Work for other NHS bodies (eg HIS), Royal College Work, GMC or other regulatory body work, NHS disciplinary procedure roles, Appeals procedure roles, Trade Union Duties Locally – LNC meetings, JNC meetings with management, Representative meetings on behalf of LNC (eg colleague representation, Discretionary point committees etc). Include any training, admin & travel time for these roles. DO NOT INCLUDE: Any activity for which you would instead take professional/study leave, or any activity which replaces activity already scheduled in the job plan.

### Total weekly 'core' non-DCC hours

NB: this should not be below 8 hours per week

### PA calculation:

'Core' hours

'Other' hours

Total hours

/4 =

Total non-DCC PAs

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