



Statement on COVID-19 working patterns for consultants and consultant clinical academics in England

The COVID-19 pandemic and the demands it has placed on the NHS have represented and continue to represent a substantial challenge for consultants and consultant clinical academics, who have demonstrated absolutely extraordinary levels of care and service in responding to the pandemic. Throughout this year, consultants and consultant clinical academics have consistently gone above and beyond in order to meet the increased demands of the service. The toll that this has taken on the workforce has been stark and unfortunately – and all too often – these substantial efforts have not always been recognised nor fairly remunerated.

The recent rise in infection rates as well as a return to more stringent restrictions in attempt to reduce infection rates have shown that we may be heading towards a second peak of the COVID-19 pandemic. Consultants and consultant clinical academics may be called upon again to work varying contractual patterns and patterns outside the scope of their normal hours or contractual arrangements. It is crucial that consultants and consultant clinical academics are not pressured to work unsafe working patterns or in clinical roles they do not feel competent in or asked to work without appropriate remuneration.

The 2003 Consultant Contract specifies that any changes to working patterns must be reached by mutual agreement with the individual consultant, and this is crucial to ensuring that consultants are not forced to work patterns that may compromise their safety and that of patients. Moreover, there are some working patterns that are not described in the contract as they were not anticipated as necessary for consultants and consultant clinical academics. Consultants and consultant clinical academics must be properly remunerated for any additional work they undertake, this applies particularly to work outside of contract definitions: extra-contractual working patterns require extra-contractual rates. There is no obligation for any consultant to work additional and/or extra-contractual hours unless you specifically choose to, and these should be properly remunerated with additional payment for these additional hours, with the rates negotiated locally and in advance, confirmed in writing. The safety of patients and consultants must be paramount when considering any changes to working patterns.

During the first spike of COVID-19 infection many consultants and consultant clinical academics worked extraordinary hours under stressful and exacting conditions; fatigue became a serious issue, exacerbated for some by the cancellation of leave bookings. The second spike suggests that our response to COVID-19 may well be much longer term. In that case appropriate provisions for rest and taking of annual leave must be part of any working patterns; consultants must be allowed to take planned leave. It is not acceptable to have to work for extended periods without being able to take proper leave, as was the case for many in the first peak, and as we know has proven to be unsustainable.

In this second peak the NHS now also faces a huge backlog of elective work, along with the usual winter pressures. There is currently no expressed intention to move away from elective work to focus on emergency cases as happened previously. This suggests two corollaries: the first being that it is less likely that consultants and consultant clinical academics would be asked to transfer to other specialty areas outside of their usual practice, since they are likely to continue to be needed to deliver patient care in their customary roles. It should be noted that consultants and consultant

clinical academics changing to alternative clinical roles should be by agreement with the doctor concerned. The second is more daunting: the conjunction of these elements – winter pressures, a huge planned care backlog and a second peak – suggest that this surge may be more difficult to deal with than the first. Consequently, it is prudent to ensure that all changes to working arrangements are agreed in advance in writing, appropriately job planned and that rates of pay are agreed and properly signed off.

We are aware of reports that some consultants and consultant clinical academics have not been paid or not properly paid for additional work undertaken during the first peak – if you are one of them please contact the BMA for support at support@bma.org.uk or on 0300 123 1233. It is important that consultants are properly recognised for the vital work they do. The BMA will be releasing job planning guidance for consultants in the very near future.

Everyone knows that consultants and consultant clinical academics have shown extraordinary levels of commitment throughout this pandemic and will continue to do so. It is vital that this goodwill is not exploited, that adequate rest is built into working patterns, and that no doctor is forced to undertake extra-contractual work or agree to unsafe working patterns. The BMA will provide support and advice to any members who are otherwise pressured to work outside of their contracted hours.