



## Offer for the consultant workforce in England

### **Introduction**

This document sets out the government's final offer to resolve the industrial dispute and ensure that consultants and the Government can work together to ensure that patients can receive the vital care and treatment they need.

### **Part 1: Reform of the consultant (2003 contract) pay scale**

The government will support the modernisation of the current NHS pay structure for consultants to better reward performance, support progression and role development, and help to address the gender pay gap in the medical profession. The newly reformed pay scale will be designed to support effective recruitment to the consultant grade and retention at all stages of the consultant career.

In order to achieve these objectives, with effect from 1 January 2024, we are:

- Reducing the length of time it takes to reach the top of the pay scale.
- Reducing the number of pay points in the pay scale.
- Increasing starting pay.
- Increasing pay at the top of the pay scale.

The proposed pay structure is at Annex 1.

### **Investment**

The investment Government is putting in is in exchange for a focus on modernisation of pay scales, better linking this to performance and addressing equalities issues within the current structure, alongside service and equality improvements set out below. Government is willing to spend the equivalent of up to 3.45% of the consultant paybill in 2024/25, adjusting pay scales in order to realise modernisation in the NHS progression structure for consultants. This is in addition to the 6% pay award in 2023/24, and also in addition to the outcome of the DDRB process for 2024/25.

### **Pay progression**

In tandem with reform of the pay progression structure, new arrangements will be introduced to the process authorising progression through pay points. This will ensure that there is a clearer link between pay progression and evidence of skills, competencies and experience.<sup>1</sup>

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<sup>1</sup> If the offer is accepted, the new pay thresholds will apply from 1 January 2024 and any additional payments would apply from this date. However, if the offer is accepted, the changes to pay progression will become operational on 1 April 2024, and apply after this date.



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Progression to pay points which result in a change of salary will be closed on the payroll system. A simple progression process will be introduced between the consultant and their clinical manager so that progression is achieved where clinical managers are satisfied certain criteria have been met. A pay progression review meeting will need to be undertaken to ensure the doctor has met the criteria. Following this, it will be the responsibility of the clinical manager to take the necessary action on the NHS pay system to open the pay point. Joint guidance will be developed to support employers implementing the new system to ensure it is applied fairly and consistently to all consultants, in line with relevant equalities legislation.

The intention is not to prevent consultants who are achieving expected standards from moving through the pay scale, but simply to ensure consistency of approach and a minimum standard for progression.

Overarching principles that apply to pay progression criteria:

- It is the expectation that consultants will be able to progress through these gateways by meeting the performance criteria and there is no intention to unreasonably restrict pay progression.
- Progression cannot be withheld due to financial or other non-performance related issues. Withholding progression shall not be used as a means to coerce a consultant into agreeing a proposed job plan.
- Consultants should be given the appropriate time and resource to meet the pay progression criteria.
- Where a doctor disputes a decision that they have not met the required criteria to progress to the next pay point, the mediation procedure and the appeal procedure set out in the [terms and conditions](#) should be followed.
- Where a criterion has not been achieved for reasons beyond the consultant's control, the consultant will not be prevented from progressing onto the next pay point if the other criteria have been met.
- Trusts must make every effort to ensure the performance gateway process is fair and in line relevant equalities legislation as well as with NHS' Medical Workforce Race Equality Standard (MWRES) and Equality and Diversity and inclusion improvement plan <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/>. [Employers should engage in equalities monitoring of pay progression outcomes.](#)
- If a doctor is absent from work for reasons such as parental or sickness leave when pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.

The proposed criteria to be satisfied are:

- **Job Planning:** Participated satisfactorily in the job planning process (taking into account arrangements relating to mediation and appeals in accordance with Schedule 4) including:
  - Making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review.



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- Setting and meeting personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so.
  - Working towards any changes agreed in the last job plan review as being necessary to support achievement of joint objectives.
- **Appraisal:** Participated satisfactorily in the medical appraisal in accordance with the GMC's requirements set out in "[Good Medical Practice](#)".
- **Statutory & Mandatory Training (SMT):** Engaged and participated in employing organisation's mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.
- **Extra programmed activities and spare professional capacity:** Taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions; In line with the provisions of schedule 6 of the 2003 consultant TCS.
- **Provisions governing the relationship between NHS work, private practice and fee-paying services:** Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.
- **Service/quality improvement:** Demonstrated effective use and impact of SPA time in order to generate service improvements, this can include training and teaching.
- **No disciplinary sanctions live on the doctor's record:** 'Disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings. It does not include investigations, informal warnings, counselling or other informal activities that may come within a disciplinary policy.

If a disciplinary sanction is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.

There are processes already in place as part of the Maintaining High Professional Standards (MHPS) in the NHS framework regarding the process around disciplinary sanctions which would apply here.

- **No formal capability process in place:** 'Capability process' will be as set out in the organisation's local policy for applying Part 4 of [Maintaining High Professional Standards \(MHPS\)](#) on which the Joint Local Negotiating Committee has been consulted and covers processes for dealing with lack of competence, including professional and clinical competence, and clear failure by an employee to achieve a satisfactory standard of work through lack of knowledge, ability or consistently poor performance.

'Process' means that there has been an outcome following an investigation which places the employee in a formal capability process (or as otherwise defined in local



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policy). Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard.

If a capability process is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.

### **BMA rate card**

As part of this agreement, the BMA agrees to continue its position of not promoting the BMA rate card for consultants in England whilst talks are ongoing and for the duration of a referendum on the offer. If this deal is accepted by the membership, the BMA will withdraw the rate card with immediate effect. The BMA reserves the right to re-introduce the BMA rate card for consultants if there is a future industrial dispute.

Where ICBs and other groups of employers collaborate on arrangements for securing extra contractual consultant work, this should be done in consultation with those employers' Joint Local Negotiating Committees.

### **Shared Parental Leave**

The Government will amend the Terms and Conditions of Service (Consultants) 2003 in England to add the following wording to schedule 29:

A Consultant working full-time or part-time will be entitled to paid and unpaid shared parental leave and pay if:

- i) they have 12 months' continuous service with one or more NHS employers at the beginning of the 11th week before the expected week of childbirth, or at the beginning of the week in which they are notified of being matched with a child for adoption, or by the 15th week before the baby's due date if applying via a surrogacy arrangement;
- ii) they notify their employer of their wish to take shared parental leave and provide a minimum of eight weeks' notice, through the submission of a booking notification form or other local process, which will confirm:
  - (a) their intention to take shared parental leave;
  - (b) the date(s) they wish to access shared parental leave (noting that two weeks compulsory maternity or adoption leave must be taken by the mother or primary adopter before they can access shared parental leave);
  - (c) that they intend to return to work with the same or another NHS employer for a minimum period of three months after their shared parental leave has ended;



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(d) that the mother or primary adopter has returned to work following maternity or adoption leave, or has provided the binding notice confirming that they intend to bring their maternity or adoption leave and pay entitlements to an early end.

iii) they confirm that the other parent meets the statutory “employment and earnings test” by being an employed or self-employed earner in the UK for a total of 26 weeks (not necessarily continuously) in the 66 weeks preceding the week the child is due to be born or matched for adoption. The individual must have earned at least an average of £30 (gross) a week in 13 of those 26 weeks (not necessarily continuously). This amount can be amended from time to time by the Secretary of State.

### **Local Clinical Excellence Awards (LCEAs)**

The Government will permanently redeploy the new Local Clinical Excellence Award funding stream as part of general remuneration from 2024/25, resulting in a further spend on progression structure of around 1.5%.

As funding for Local Clinical Excellence Awards is being redeployed into remuneration, the contractual entitlement to access an annual awards round will cease. This will take effect from 1<sup>st</sup> April 2024. Any multi-year non-consolidated awards issued since April 2018 will not be impacted.

Consolidated LCEAs awarded prior to reform in 2018 will be retained and these awards shall remain pensionable and consolidated. The value of these awards will be frozen. The review process for these awards will be removed. Funding released through the future attrition of consolidated LCEAs will not be reinvested.

Schedule 30 of the consultant contract will be updated to reflect these changes. As part of the process to update Schedule 30, NHS England and the Government are also prepared to consider other changes to the LCEA arrangements in order to smooth out arrangements and streamline the process.

### **Supporting Professional Activities**

From 2024, by agreement between consultant and their employer, any SPA time beyond that minimum level which is required for revalidation and appraisal, may be allocated to work to support NHS priorities such as urgent and emergency care; elective recovery; delivery of the Long Term Workforce Plan and the major conditions strategy. However, this does not permit reallocation of SPA to Direct Clinical Care. Existing Job Plans and ongoing work streams will be affected by this change only by mutual agreement. Consultants and employers will continue to work together to set Job Plans that meet their mutual priorities.

### **Part 2: Changes to the operation of the Doctors and Dentists Review Body (DDRB)**

The Government is committed to ensuring that the pay setting process and the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) operates effectively and independently, and with the confidence of relevant professions and stakeholders and maintains its independence.



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The Government will therefore review and make changes to the operation of DDRB processes, taking into account the views of the BMA, BDA, HCSA, other trade unions and employers, with the intention that these changes are implemented such that they apply for the 2025/26 pay year.

These changes will address the following areas.

- **The process for appointing DDRB members** – It is agreed that the members of the DDRB must be people of eminence and authority with a broad range of appropriate experience. The parties will work together to determine how relevant unions can feed in views on the role profile and potential candidates during the recruitment process in future recruitment rounds to ensure their suitability, in particular through a representative participating at the sifting stage. The Government will also increase the compensation available to members of the DDRB ensuring it continues to attract the appropriate calibre of appointee. The Government is open to codifying the background of DDRB members.
- **Remit letters and terms of reference** – Remit letters will not include information about inflation and wider economic performance, which will instead be addressed through Government evidence. The terms of reference will be refreshed, guiding the PRBs in making their recommendations to consider a range of additional factors, affecting attraction, recruitment and retention, including the specific labour market for consultants and encompassing local and regional factors and international comparators, with the aim of ensuring delivery of high-quality healthcare to patients. The Government agrees to refer to “wider economic factors” rather than the inflation target in the terms of reference. See below for how this will appear in the existing bullets in the current ToR.
- **The timetable for the pay round process** – The parties will agree a timetable which would see awards announced earlier than in recent years and which the Government would use its best endeavours to meet. As part of this, the Government will look to implement the outcome of each year’s DDRB process as soon as practically possible, with the aim of the pay award being known at the start of the financial year from the 2025/26 pay round.
- **The data submitted in Government’s evidence to the DDRB** – The parties will identify ways to reduce the duplication of data provided to the DDRB, and ensuring this data offers the best possible picture of the prevailing economic conditions and prices, as well as wages in the wider economy, and the impact of pensions on recruitment and retention.

### Bullets for ToR

In reaching its recommendations, the Review Body is to have regard to the following considerations:

- The need to recruit, retain and motivate doctors and dentists.
- A range of factors effecting attraction, recruitment and retention of doctors and dentists, including the specific labour market for consultants and encompassing local and regional factors and international comparators, with the aim of ensuring delivery of high-quality healthcare to patients.



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- The spending envelope of Government Health Departments.
- Wider macroeconomic factors

### **DDRB for the 2024/25 pay round**

If the offer is accepted, the government will make clear in its evidence to the DDRB for 2024/25 that there should be a headline pay award for consultants and the Government will not suggest that the level of this award should be below awards for the wider public sector as a result of the negotiated settlement on pay scale reform.



**Reform Adjustments to the 23/24 Basic Pay Structure**

