2003 Consultant contract in England

CCSC Model workload document for consultants in Obstetrics and Gynaecology
General notes for guidance

Introduction

Since 1991 participation in job planning has been a contractual requirement for consultants. The new consultant contract of 2003 now introduces a new enhanced system of job planning, based on a partnership approach between consultant and clinical manager. If used well by both parties, job planning should be a highly effective tool for setting out how the work of consultants and consultant teams, together with associated resources, can be most effectively and efficiently organised. This new approach to job planning most importantly should clarify the commitment expected of consultants by the NHS which should in turn help consultants to move away from the long hours that they have traditionally worked.

The structure of the new consultant contract

The new consultant contract is based upon a standard full-time commitment of 10 programmed activities (PAs) with a timetable value of four hours, but by agreement additional PAs can be worked. Programmed activities are categorised as direct clinical care, supporting professional activities, additional NHS responsibilities and external duties (for full definitions please refer to the new contract's terms and conditions of service). There should typically be an average of 2.5 supporting professional activities PAs scheduled in every consultant's job plan.

Programmed activities can be scheduled at any time during the week. By agreement, PAs can also be scheduled after 7pm at night or at any time during the weekends (premium time) but will only be three hours long with effect from 1 April 2004.

Emergency work should be assessed prospectively and built into the job plan as DCC PAs. This will be up to a maximum average of one PA per week until 31 March 2005 and a maximum average of 2 PAs per week from 1 April 2005. Consultants on an on-call rota should receive an on-call availability supplement of between 1% and 8% of basic salary as set out in the terms and conditions of service.

Posts in Obstetrics and Gynaecology

In producing this guidance the Association has been advised by the Royal College of Obstetricians and Gynaecologists on workload and other professional matters relevant to the O&G specialties.

Consultant posts may be
1) Obstetrics and Gynaecology
2) Obstetrics
3) Gynaecology

Consultant posts may also be advertised as
4) O & G with a special interest
5) Obstetrics with a special interest
6) Gynaecology with a special interest

Special interests may be related to a specific clinical skill e.g. laparoscopy, outpatient gynaecology, prenatal screening, early pregnancy problems, emergency gynaecology, ultrasound etc, also some posts have specifically asked for an education qualification and interest.

This means that job plans will be highly individual and could strongly benefit from a careful examination of diary records before the new job plan can be finalised in prospective.

The job plan

The job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. The job plan document therefore should clearly set out the following elements:

- A schedule for the consultant's working week that includes the type of activity undertaken, the timing and its location. This could be for one week or several weeks over the on-call period;
- The number of programmed activities to be carried out, including a break down between the number of direct clinical care PAs, supporting professional activities PAs, additional NHS responsibilities PAs and external duties PAs;
- Details of the on-call rota the consultant has agreed to participate in, including the frequency of on-call rota, the category of on-call availability and the percentage on-call supplement;
- The agreed objectives, including personal objectives and their relationship to the trust's wider service objectives;
- The supporting resources necessary to fulfil the job plan and achieve the set objectives, including staffing support, accommodation and equipment;
- Details relating to the consultant's private practice commitments (if applicable) and any associated obligation to offer an extra PA to the trust.

It should be noted that the College also does not, in general terms, approve job plans that include laparoscopy but not major surgery – unless there is specific cover from a consultant who undertakes major surgery. The College advises that although complications of laparoscopy requiring open surgery are infrequent, it is not appropriate for a doctor to do laparoscopy who is not doing open surgery on a regular basis.

The CCSC has produced job planning guidance and a model workload diary and job plan which is available on the BMA website at: http://www.bma.org.uk/ap.nsf/Content/CCSCjobplan

Direct clinical care for consultants in Obstetrics and Gynaecology

Below are some examples of the types of direct clinical care duties undertaken by consultants in Obstetrics and Gynaecology. They are based on a DCC commitment of 7.5PAs. It should be remembered that Direct Clinical Care PAs include time for patient administration either as part of the relevant PA or as a separately identified activity.

Both predictable and unpredictable work needs to be included in the DCC Pas.

It should be noted that any PA worked in premium time will have a three hour value from 1 April 2004.

<u>Obstetrician and Gynaecologist (generalist- more gynaecology)</u>

GOPD	1.5 (to include patient-related admin / letters)

Theatre sessions	
Day Surgery Unit (DSU)	0.5
In-patient	1.5 (to include pre and post op ward rounds)
Antenatal clinic	1.0
Labour ward	1.0
Special interest	1.0
Predictable on-call	1.0 (see below)
Total	7.5

Obstetricians and Gynaecologist (generalist – more obstetrics)

GOPD	1.0 (including admin time)
Theatre sessions:	0.5 DSU and 0.5 In-patient (or 1.0 In-patient)
plus	0.5 for ward rounds
Antenatal clinics	1.0
Labour ward	2.0
Special Interest/admin	1.0
Predictable on-call	1.0
Total	7.5

Obstetrician

ANC	2.0 (probably to include high risk clinic)
Labour ward	2.0
Ultrasound scanning	1.0
Special interest	1.0
Administration	0.5
Predictable on-call	1.0
Total	7.5

Gynaecologist

GOPD	2.0
Theatre sessions	
Inpatient	1.5
DSU	0.5
Ward rounds and admin	1.0
Special Interest	1.5
Predictable on-call	1.0
Total	7.5

Supporting professional activities for consultants in Obstetrics and Gynaecology

Individual needs are different but we believe that, as a guide, most consultants in obstetrics and gynaecology should have a minimum:

CPD	0.5
Teaching	0.5
Clinical Governance	0.5
Audit	0.5

Other sessions should be included that are appropriate to the consultant's clinical and management responsibilities and are likely to be:

Departmental meetings	0.5

Assessment of trainees	0.5
Educational supervision	0.5

Appraisal and Revalidation should also be given a value under this heading.

These normally total a typical average 2.5 PA, depending on the needs of the job.

Additional NHS responsibilities for consultants in Obstetrics and Gynaecology

Recognition may be given to other additional commitments and these may need to be additional PAs. As a general guide each of these roles is likely to involve at least 0.5 PA but often more:

College tutor	0.5 (additional to teaching or assessment)
Audit lead	0.5 (additional to clinical governance / audit above)
Labour ward lead	0.5 (additional to any of the above PAs)
Clinical Director	0.5-1.0 (depending on size of department)
CNST Lead	0.5
Training programme director	0.5
MDT	0.5 (e.g. lead in prenatal diagnosis, oncology lead)

External duties for consultants in Obstetrics and Gynaecology

Appropriate time should be allowed within the job plan for consultants to carry out other professional duties if they are required. This might include work for the College, for example College Tutor, Training Programme Director or Deanery College Adviser as well as for committee and working party work which is essential to the quality, development and standards of practice in Obstetrics and Gynaecology in the NHS.

It is important that consultants changing to the new contract keep careful diaries to show the time commitment of these duties, including a record of the actual work and contribution to the NHS this work provides.

Emergency work for consultants in Obstetrics and Gynaecology

The college has advised some standards to be included in job plans for new appointments to protect both individuals and trusts:

1) Any consultant who is to be on the gynaecology on-call rota must have a minimum of two daytime in-patient operating lists per month (to give the opportunity to maintain surgical skills for major problems that may occur on-call)

2) Any consultant who is to be on the on-call rota for obstetrics must have one fixed (daytime) session for labour ward cover (to give the opportunity to maintain practical skills).

Obstetrics and gynaecology has a significant predictable on-call commitment with post take gynaecology ward rounds and labour ward rounds. It is a requirement of CNST that on weekdays, consultants do labour ward rounds in the morning and afternoon and as a minimum an evening “telephone ward round”. At weekends consultants are expected to do at least one labour ward round per day and depending on the workload of the unit additional ward rounds or at least “telephone rounds” in the evening.

The amount of unpredictable on-call telephone calls and emergency calls-in are variable depending on the seniority of the junior staff but is increasing. It is also a requirement of CNST that the consultant on-call is available to attend labour ward within 30 minutes of being called. The on-call commitment in the new contract for either obstetrics or acute gynaecology (or both) is likely to be Category A.

Educational Role of Consultants

When considering the above variants of the job description, it is important to consider the amount of time given by consultants in their role as educators. This will increase with the coming of the new PRO two year programmes. The significance of this has been demonstrated by a paper from Trent Deanery and South Derbyshire Acute NHS Trusts[1] and the breakdown of work performed by Consultants in their teaching role is given below and should be used as a basis for time allowance within the new contract.

Time Currently Devoted to Educational Roles

Typical averages are set out below. It is of course up to each consultant or team of consultants to agree with the organisation the relative amounts of time that are spent on each activity.

Educational supervisors

Activity	Hours per month	Hours per week
Appraisal meetings (assuming 2 PRHOS; 3 x 4 month)	4.0	
Additional meetings with PRHOs in difficulty	2.0	
Personal development and other activities	2.0	
Total	**8.0**	**2.0**

College/specialty Tutors

Activity	Hours per month	Hours per week
Appraisal and Assessment	9.5	
Visits from external bodies	2.0	
Committee work, administration and interviews	7.0	
Other activities, including personal development	6.5	
Total	**25.0**	**6.25**

Training Programme Directors

Activity	Hours per month	Hours per week
Appraisal and Assessment	17.0	
Visits from external bodies	5.0	
Committee work, administration and interviews	5.0	
Other activities, including personal development	2.0	
Total	**29.0**	**7.25**

Postgraduate Clinical Tutor

Activity	Hours per month	Hours per week
Visits from external bodies	4.7	
Committee and other meetings; local, regional, national	14.4	
General administration associated with the role	24.6	
Total	**43.7**	**10.75**

[1] The full paper written by J. Straw, Medical Education Manager, South Derbyshire Acute Hospital NHS Trust and J.H Davis, strategic Business Manager, Trent Deanery can be found on the Trent Deanery website (http://www.nottingham.ac.uk/mid-trent-deanery/).

PRHO Tutor

Activity	Hours per month	Hours per week
Exit Interviews (Shortly to become requirement)	10.0	
Committee and other meetings; local, regional, national	7.0	
General administration and personal development	12.0	
Ranking CVs for ORGI rotations	4.0	
Total	**33.0**	**8.25**

Increasing educational responsibilities for medical staff

Developments indicated in Modernising Medical Careers are set to add to the existing burden of postgraduate education. More detailed information is awaited. The highlights are:

- Consultant staff will be required to take a lead role in delivering teaching, competency assessment and appraisal.

- Draft appraisal documentation gives an indication of the complexity and time consuming nature of the work which will be required for all doctors in training.

- Competency assessment will probably be undertaken in the context of clinical performance and may involve staff other than the consultant, but clearly they will have an important and central role to play.

- The NHSU strategy for the implementation of the generic curriculum for the Foundation years proposes a new teaching role of Action Learning Team Leaders who, at least in the first year have been defined as 'senior doctors'.

- There will be no diminution of the consultant's role as clinical teacher. The more clearly defined needs around appraisal and competency assessment will be in addition to the educational responsibilities which are already undertaken.

There are already a number of standing issues in modernising medical careers including:

How will the competence of doctors in training be assessed?
How long will each assessment take?
What training will be given to consultants to assess competency?
What is the time significance of for example Action Learning Team Leader?
How long will it take to complete the new appraisal process per trainee?
How long will it take to be trained to do this?

Thus there are further points that have to be considered when drawing up a job description and that job description should be flexible enough to allow reassessment of the job at the end of the first year, particularly if the new Foundation Programme has come in.

The NHS says that a new job description for a consultant should be prospective based on what the hospital wants. At present, assessment has been retrospective to see what the consultant is actually doing, but in the future, with annual agreement of job plans, the above educational requirements must be taken into account within a job plan.

Therefore the above job scenario PAs must always be considered in the light of the educational requirements within a department and should be subject to annual reassessment and changed if the consultants teaching time is exceeding the allotted PAs.