BMA

Valuing consultants

The consultant charter for the NHS in England

The consultant charter has been developed to provide an overview of the standards you should expect your employers to meet and help identify where they are falling short. It will help both doctors and employers to recognise what good and bad employment practice for consultants looks like, covering areas such as job planning, safe working patterns, flexible working, Local Clinical Excellence Awards (LCEA) schemes and workplace environment and facilities. The charter also provides onward direction to more detailed BMA guidance so that you understand exactly what provisions and protections are contained within the national consultant terms and conditions of service.

The aim of this charter is:
- To facilitate and provide support for the work of Local Negotiating Committees (LNCs)
- To recognise the expertise that consultants bring as senior leaders who have responsibilities for services, teaching, education the next generation, as well as direct clinical responsibilities
- It is not intended to be exhaustive but aims to provide a framework to enable consultants to feel empowered in their professional life

Good practice in consultant job planning

- Job plans are part of your contract of employment. They are an annual agreement that sets out your duties, responsibilities and objectives for the coming year. The BMA has extensive resources and guidance to support your job planning.
- The job planning process should be collaborative and must be mutually agreed, not imposed. Key elements include but are not limited to:
  - a timetable of activities
  - a summary of all the Programmed Activities or sessions for all the type of work you do (including direct clinical care (DCC), supporting professional activities (SPAs), additional responsibilities, and external duties)
  - on-call arrangements
  - a list of SMART objectives or outcomes
  - accountability arrangements
  - any agreed flexible working arrangements.
- We know that being able to undertake wider professional roles helps with job satisfaction for consultants and improves both recruitment and retention and extends consultant careers.[1]
- If you are applying for your first post, the application pack should include a proposed job plan, although accepting the job after a successful interview doesn't mean that this advertised job plan is then the fixed outcome – there should still be a proper job planning discussion before you start.
- A key part of job planning is making sure your job plan reflects the reality. Ensuring you track your time accurately and evidencing your workload will help inform job planning meetings if you need to adjust the PAs allocated for each part of your work. The BMA's Dr Diary has been designed specifically for this purpose.
- For consultant clinical academics job planning should be a process undertaken jointly with the substantive university employer and honorary NHS employer in compliance with the Follett Review Principles.[2] Hence, where the employer is referred to in this guidance, for clinical academics it refers to both their NHs and university employers.

1 (PDF) Academic factors in medical recruitment: evidence to support improvements in medical recruitment and retention by improving the academic content in medical posts on behalf of Medical Academic Staff Committee of the British Medical Association (researchgate.net)

2 A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties A report to the Secretary of State for Education and Skills, by Professor Sir Brian Follett and Michael Paulson-Ellis September 2001 Microsoft Word – folletreview.doc (bristol.ac.uk)

Good practice	Poor practice
A good employer will recognise the need for a job plan that balances Direct Clinical Care (DCC) activity with the other essential aspects of a consultant role, such as medical education and training, medical research, personal education and professional development, clinical governance roles, and appraisal and revalidation. These are all categorised as Supporting Professional Activities (SPAs)	The absolute minimum time required for SPAs in a job plan is 1.5 PAs (6 hours) per week, though this will only cover the time required for individuals to meet appraisal and revalidation requirements. Any employer that limits consultant SPA time to 1.5 PAs could not expect them to perform other critical elements of the consultant role, such as training others and administrative tasks
Your job plan will also need to accommodate other NHS responsibilities and external duties, which are also vital to the functioning of the health system. NHS Employers and the Department of Health & Social Care both endorse the importance to the wider NHS of work beyond local healthcare delivery	To limit SPA time to less than the minimum 2.5 PAs recommended is a very short-sighted approach and represents poor practice. If all employers took such an approach, work that is essential to training and governance would be critically affected and the health system would cease to operate effectively. The importance of consultants having time for educational and training roles is addressed in more detail later in this document.
Given the range of roles and responsibilities that consultants are usually expected to take on, as senior doctors and leaders of a service, an appropriate job plan will allow for a minimum of 2.5 PAs (10 hours) of SPA time per week, as per the model contract (paragraph 7.3).	We know that some employers have sought to further reduce SPA time available to consultants and have limited or refused their involvement in other NHS responsibilities (such as clinical governance or educational roles) and external duties (such as administering assessments and examinations for their specialty). Additional time must be agreed for performing trade union duties and such activity should not be discouraged or subject to pressure or harassment by an employer
Recognising that consultants need more than 1.5 PAs of SPA time to deal with other administrative tasks (emails, meetings, etc.)	
SPA allocation should be sufficient to cover the full scope of practice including medical management and clinical leadership roles.	
Ensuring that the job planning process enables discussion of, and gives equal weight to, supporting resources that are necessary for fulfilling elements of the job plan	
Job plans will be reviewed annually to ensure that the PAs allocated to specific activities match what is actually being worked (Schedule 3, paragraph 17)	
A good employer will implement systems to facilitate interim reviews of job plans (which both parties can request, as per Schedule 3, paragraph 22). Where consultants demonstrate that their workload exceeds 15% above their PA allocation, a job planning meeting will automatically follow	
Providing time off in lieu (TOIL) for consultants when they attend training courses or conferences for their role	

Effective medical appraisal

- A medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of your work which culminates in an annual meeting between a doctor and their appraiser (or appraisers in the case of consultant clinical academics).
- Medical appraisal can be used for several purposes. Crucially, the supporting evidence you gather is key to demonstrating your GMC fitness to practise. It can also help you to plan your professional development, identify learning needs and to demonstrate you are remaining up-to-date and fit-to-practice.
- Whilst appraisal has bearing on job planning and vice-versa, these must remain as separate processes to mitigate potential conflicts of interest.
- You can read more about the elements of the appraisal process here, and more detailed guidance and updates to appraisals in the context of COVID-19 here.

Good practice	Poor practice
Providing systems and processes that allow for the effective gathering of evidence to support appraisal and revalidation	Using the appraisal as a box ticking exercise, focused solely on organisational objectives, rather than considering broader professional career development
Using the appraisal process to create a safe and supportive space for reflection and thinking about career development	Creating a judgemental or combative environment which might limit the opportunity for critical self-reflection or examination
Ensuring that the full scope of a consultant's practice is covered and is valued.	Failing to communicate with sufficient notice about appraisal timescales and detail about what needs to be covered
Working collaboratively with consultants to identify individual learning needs and develop a plan for how those needs might be met	Merging or dissolving the distinction between the appraisal and the job plan, rather than keeping these processes distinct
Being understanding and flexible about the impact of the pandemic response on evidence gathering and meeting of objectives/personal development plans (PDPs)	Failing to maintain the confidentiality that is fundamental to a supportive and effective appraisal process (unless in exceptional circumstances where there is a safeguarding issue)
Timely communication about when appraisals are due to take place and what evidence will and won't be expected	For academics, failing to engage with the university/other employers
Assisting consultants in selecting an appraiser who is not their line manager and need not be in the same department	
Providing consultant appraisers with adequate time and support to undertake their role	
For academics, working jointly with the university and other employers as required	

Managing safe patterns of working and avoiding burnout

- Compensatory rest refers to time taken to recover after undertaking work which otherwise interrupts the time that would ordinarily be spent rest. It is essential for patient safety and for doctors' wellbeing that they are able to rest appropriately.
- The BMA has comprehensive guidance about appropriate arrangements and the amount of compensatory rest to which consultants are entitled. The key elements are:
  - If you are unable to take 11 hours of continuous rest per day, you are entitled to compensatory rest
  - You should not have to "pay back" any activity missed during your period of compensatory rest
  - If your rest period is interrupted, the clock should be "reset" so that you receive a full and uninterrupted 11 hours of rest.

Good practice	Poor practice
Putting in place simple local systems for consultants to inform their managers that they are too tired to work due to unpredictable activity while on-call and will instead be taking compensatory rest	Taking a 'minute for minute' approach to compensatory rest, where, for example, a 10-minute call requires only 10 minutes of compensatory rest. This clearly ignores the true impact of a disturbance on an individual's sleep patterns
Creating a culture in which it is recognised that it is not in anyone's interest for employers to compel doctors to continue working when tired, and not to pressure consultants to avoid or defer taking compensatory rest when it is necessary	Making a consultant 'pay back' activity missed during their compensatory rest. This would mean undertaking rescheduled work for no additional pay, meaning that their compensatory rest time is effectively unpaid. This irresponsible approach only serves to discourage doctors from actually taking it, even if their tiredness means that it is entirely justified
Accommodating potential on-call sleep disturbance by scheduling 'predictable on call' sessions on a supernumerary basis the following day. If the consultant is not disturbed, they will be able to attend and assist with the on-call duties. However, if they are disturbed, they will be able to take compensatory rest within the predictable on-call session without detriment to the service or the consultant	Seeking to schedule 'zero hour' days, or similar, after individuals' on-call as this again means that compensatory rest is unpaid
Taking into account commitments to other employers, including university employers	Scheduling SPA time for the day following a night on-call, on the cynical basis that the employer is unconcerned whether such activity is undertaken then or is made up in an individual's free time
	Failing to agree and implement an appropriate policy to address cover for absent trainees; there is no contractual obligation for consultants to provide such cover and therefore the onus is on the employer to agree arrangements to address this situation
	Failing to recruit to address workforce shortages and instead relying on existing consultant staff to compensate and cover for vacant posts. It is not acceptable for employers to allow posts to go unfilled in order to generate savings; to do so has serious implications for patient safety and the wellbeing of those expected to pick up the slack. To address this in the short-term, employers should be making agreed intensity payments to compensate.
	Failing to give appropriate consideration to academics undertaking research activities the following day, or assuming that it does not matter if they are tired to do so

Less Than Full Time/Flexible Working & Shared Parental Leave (SPL)

- Less Than Full Time working (LTFT) or part-time and flexible working is an attractive option for many consultants and can improve recruitment and retention. The BMA has worked with the Department of Health and the NHS Confederation in England to reach agreement on LTFT working under the NHS contract, and has produced detailed guidance.
- Those whose training has been lengthened by virtue of being in a flexible training scheme (such as those who have trained on a LTFT basis) should have their starting salary on appointment to the consultant grade adjusted to ensure that they are not prevented from reaching the pay threshold they would have reached had they trained on a full-time basis (Schedule 14, paragraph 6).
- Offering a form of Shared Parental Leave (SPL) is an important means of providing greater flexibility to parents and adopters. It allows both parents to share caring responsibilities rather than them falling to only one parent and can be a way of mitigating the gender pay gap.
- The statutory SPL provisions currently available to consultants are significantly less than what most doctors would usually expect to earn. SAS doctors, junior doctors and other NHS staff, however, have access to Enhanced Shared Parental Leave (ESPL) which is paid at the same levels as occupational maternity and adoption pay, meaning it reflects the pay doctors actually earn. Regardless of the contractual provisions of consultants at a national level, a good employer will offer ESPL to consultants in the interests of fairness and the pursuit of pay equality.

Good practice	Poor practice
Creating a culture in which individuals feel able to express an interest in LTFT or flexible working patterns	Asking about intentions around LTFT working prior to appointment. Basing appointment decisions around any such intentions is not legally permitted. You are not obliged to discuss this with your prospective employer before you are appointed
Developing and communicating various flexible working options, including LTFT patterns; compressed hours patterns to allow work to be condensed into fewer days, or to accommodate caring responsibilities; job sharing arrangements; flexible retirement, etc.	Discouraging or shutting down reasonable enquiries about flexible working. Employers must give all requests for flexible working a fair hearing and must provide objectively justifiable reasons where they believe such arrangements are not practicable
Embedding discussions of the range of flexible working options in annual job plan discussions; making open conversations about wellbeing a fundamental part of the job planning process	Restricting opportunities available for development and leadership from LTFT consultants
Where an LTFT contract is offered, recognising that these consultants have the same time and resource needs around appraisal and revalidation, and allocating proportionately greater levels of SPA to accommodate this	Financially disincentivising doctors from seeking more equal caring responsibilities by not offering Enhanced Shared Parental Leave (ESPL) to consultants
Ensuring that LTFT consultants are not treated less favourably in respect of accessing professional leadership and development opportunities	
Being mindful of adjustments to Job Plans of LTFT Consultants that may need to be made in order to assist them in meeting KPIs, targets and other performance indicators set by the Employer	
Encouraging doctors to take more equal caring responsibilities by offering enhanced shared parental leave to consultants, promoting flexible working as an option for men and providing resources to help with the costs of childcare	

Clinical Excellence Awards (principles)

- In the absence of a national agreement, how the 2022/23 round will be run locally will be determined by local negotiations at the JLNC. We believe that all LNC's should seek to reach agreement locally for the continuation of the equal distributions mechanisms as seen during the 2021/22 rounds, including the full eligibility and participation of the consultant clinical academics with honorary contracts with the Trust.
- Equal distribution means all consultants are rewarded for the work they do, impacting on morale and wellbeing in a positive way at a time when many consultants have indicated they are likely to retire early or seek work outside of the NHS. Taking this approach also means that employer time and resources can instead be directed towards ongoing pandemic efforts and tackling the backlog of care.

Good practice	Poor practice
Reaching agreement to maintain the fair approach of equally distributing the available funding for Local CEAs among the eligible consultant body, including clinical academics with honorary NHS consultant contracts	Failing to spend the full amount of contractual funding available in each year, unless it is agreed with the LNC that such funding can be carried over into a subsequent year. Failure to do so constitutes a breach of contract.
Engaging actively and constructively with the Local Negotiating Committee to ensure that any agreed changes to the local awards scheme are fair, transparent and are approved by the consultant body	Seeking to redirect LCEA funding for other purposes, such as rewarding other staff groups or improving staff facilities. LCEA funding is a contractual element of consultant pay and it is not appropriate to use it to supplement an employer's other obligations
Working with the LNC to develop processes which seek to address the current disparities in awards application rates that are contributing to the gender pay gap, and funding ways to eliminate any inequalities that may exist within the scheme	Seeking to set unreasonable criteria for award eligibility, such as setting targets or objectives that have not been agreed as appropriate or are not solely within an individual's control. One example would be requiring 100% completion of mandatory training without allocating the necessary time to complete it
Ensuring that doctors who are not employed on the 2003 consultant terms and conditions of service (such as those on the pre-2003 consultant contract) are treated as eligible for the scheme, both contributing to the per FTE figure on which total funding is calculated and being eligible to receive it	
Where all funding is tied up in the payment of old-style Existing LCEAs, making additional funding available to ensure that new awards are appropriately valuable	

Retire and return/Adapted working patterns for a late consultant career

– Consultants at a later stage of their career are immensely valuable to the NHS, both in terms of the provision of care and of leadership. This value is heightened in the current environment, where the global pandemic has further stretched the capacity of the NHS to provide secondary care after decades of underinvestment in the workforce.
– It follows that employers should make concerted effort to retain experienced consultants considering retirement and explore ways to re-engage those who already have retired. There are several employment pathways available to peri-retired consultants (including locum work), but employers can and should consider offering attractive working arrangements under a retire and return model.
– The BMA has extensive guidance on working in the peri-retirement period, which is summarised here.

Good practice	Poor practice
Recognising the principle that retaining consultant medical staff in the workforce is beneficial goal and having them return under different working arrangements is vastly preferable to losing their experience and expertise altogether	Refusing to discuss the possibility of retire and return arrangements with individuals. Doing so is unlikely to dissuade individuals from retiring and will only mean losing experience and knowledge from their organisation which could otherwise have been retained in some form
Allowing consultant staff to go part-time or to relinquish parts of their role that they can no longer safely sustain (including but not limited to on-call or other onerous out-of-hours commitments)	Failing to create a clear and consistent retire and return policy or failing to communicate the existence of such a policy. These arrangements should be available across the organisation rather than be used as a retention tool on an individual basis, and the contract and terms offered should not significantly vary
Considering how to make best use of the expertise at a later stage of their career consultant, including mentoring roles	Seeking to use returners solely to deliver clinical work. Consultants at an advanced stage of their career will have a great deal of experience, including in clinical leadership, and employers should seek to draw on the full range of their expertise
Developing a clear offer around 'retire and return' arrangements that is well communicated and applied consistently across an organisation	Refusing to offer recycling of employer pension contributions to those who are no longer part of the NHS Pension Scheme. There is nothing to prevent employers from paying contributions to the individual – this is a component of consultant pay and, as an offer, makes the prospect of returning after retirement more attractive
Offering a contract to returners that is consistent with the 2003 consultant terms and conditions of service, allows them to resume their prior job plan, is set at a pay point appropriate to their service, maintains their continuity of service (for the purposes of employment benefits, such as leave entitlements), and that is substantive	
Managing returners' reduced commitments carefully and being mindful of minimising detrimental impacts on others within a clinical team. Sensible discussion and broad agreement within a clinical team will be needed to ensure that such changes are effectively managed. Departments must also ensure that the additional burden created by someone returning on a reduced hours contract is not simply redistributed among others in the team; they must either seek to fill those gaps with recruitment or ensure that the additional work offered to others in the team is remunerated at appropriate rates	
Developing a policy which allows for full employer pension contributions to be paid to the consultant's pension scheme or to them directly if this is their preference and better suited to their personal circumstances	
Continuing to offer SPA time and CPD opportunities to returners	
Developing a policy on managing menopause, including arrangements for menopause leave	

Health and wellbeing support

- Employers have a duty of care to their staff and it has never been more important that they take steps to ensure that consultants' health and wellbeing are protected.
- In a BMA survey in 2021, one in two doctors said they were suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition, with 38% reporting that this had become worse since the pandemic.[3] This is especially alarming when considered in conjunction with the additional physical health risks associated with doctors' work in responding to Covid-19.
- Employers need to place the health of consultants and other staff at the forefront of their considerations, rather than being an afterthought. The BMA's recommendations on maintaining and improving doctors' health and wellbeing are set out in its 2018 report on this issue.
- Consultants should have timely access to a specialist-led occupational health service that is free, comprehensive, consistent, and meets the individual needs and requirements of doctors working across all settings. OH therefore needs to be adequately funded in order to deliver high-quality services.
- It is especially important to ensure that those involved in employment disputes or subject to complaints processes, which can take a significant psychological toll on doctors, are properly supported.

Good practice	Poor practice
Implementing and utilising the BMA's mental wellbeing charter	Providing limited or no support for staff subject to workplace disputes or complaints processes
Developing mentoring schemes and support for new starters, and those experiencing difficulties or disputes	Providing no or delayed access to occupational health and counselling services
Where a dispute or complaints process is ongoing, providing a specific name for staff liaison in HR and establishing a clear timeline for the processDeveloping and supporting formal and informal support networks	Fostering a negative workplace culture where consultants are discouraged from taking time to process psychologically challenging work events or openly discussing them in a supportive forum
Providing timely access to counselling and mediation services to resolve workplace disputes and support wellbeing. One positive example is of a psychologist appointed to provide mental health support to staff working in emergency departments	Failing to make appropriate adjustments to the working environment to minimise Covid-19 transmission risks
Ensuring appropriate ventilation and access to adequate personal protective equipment (PPE)	Failing to provide easily accessible, replaceable and sufficiently high-quality PPE
Fostering a culture in which inappropriate or bullying behaviours are not tolerated; clearly signposting existing processes for dealing with bullying and harassment. A good employer will have developed policies that enable challenging of unacceptable behaviours.	Failing to embed and use the contractual *Maintaining High Professional Standards* processes as the principal means of addressing and remedying concerns about professionalism and performance; resorting to or threatening GMC referral in the first instance rather than making use of these contractual processes
In particular, having clear policy for challenging bullying behaviours against those with protected characteristics, and additional wellbeing support and resources for the victims of such bullying, in line with good practice set out in the BMA's Racism in Medicine report	
Ensuring that consultant clinical academics and other honorary consultants have access to the health and wellbeing support provided by the Trust, if necessary, in consultation with the substantive university employer	

3 https://www.bma.org.uk/bma-media-centre/thousands-of-overworked-doctors-plan-to-leave-the-nhs-bma-finds

Working with disability or long-term health condition

- Doctors with a disability or long-term health condition make vital contributions to the health service and should be provided with all support necessary to ensure the longevity of their career. This applies to all consultants, who may find that as they advance through their career that particular activities and working patterns are more onerous and take a greater physical toll.
- Employers are obliged to make reasonable adjustments – changes to their usual processes or facilities – to remove barriers individuals face because of disability or a long-term health condition. These adjustments will be specific to the individual and context and can change over time.
- If you have or develop a health condition, you should expect timely access to occupational health (OH) services. OH professionals should work with you to develop a plan for making adjustments to your duties or working environment which address your specific needs. For example, if an onerous on-call pattern begins to have a significant detrimental impact on your health, an OH professional may recommend to your manager that you be taken off that rota.
- Recommendations made by an OH professional should be followed by an employer in all but exceptional circumstances and we would have serious concerns about decisions to diverge from these recommendations.
- During the pandemic, greater capacity for electronic/remote working was developed to support those who were ill or shielding, demonstrating that significant operational adjustments are possible where these are properly resourced.

Good practice	Poor practice
Demonstrating that colleagues with disabilities and ill-health requirements are valued as highly as any other member of staff Providing timely access to OH services where an individual requests it Making any reasonable adjustments recommended by OH professionals as soon as is practicable Being mindful of disabilities that are not visible and recognising that these may also necessitate adjustments to regular ways of working Fostering a culture where doctors are not reluctant to be open about their health Ensuring that job planning conversations take account of disabilities and tailor work patterns accordingly Conducting regular audits of disabled staff and support they are being offered Promoting access and supporting disabled staff support networks; encouraging consultants to be part of them Ensuring that consultants with disabilities are not disadvantaged by local awards/ recognition processes Ensuring that consultants with disabilities receive equal access and encouragement to take on leadership and research opportunities	Limiting or delaying access to OH services for those with or developing a disability or ill-health condition Refusing to make adjustments recommended by OH professionals in a timely way – where such recommendations are made we would expect these to constitute 'reasonable adjustments' within the employer's capabilities and therefore they have a legal duty to make them Failing to make regular audits of disabled staff and support they are being offered

Career breaks/sabbaticals

- A sabbatical is paid or unpaid time away from work to undertake training, other employment, or to pursue personal interests.
- The NHS is facing an ongoing workforce crisis driven by doctors seeking early retirement due to exhaustion and burnout. In order to address this, employers will need to take drastic steps to make doctors' working lives more manageable and sustainable. One means of achieving that could be more pragmatic and widespread use of sabbatical and career break options. Doctors with disabilities or with childcare responsibilities may also seek to explore any career break options that are available to them.
- Sabbaticals are allowed for by the consultant contract, noting that they may be applied for in line with an employer's sabbatical/employment break policy. Discussions about them should form part of the annual job planning process and are something that a good employer will be open to and supportive of.

Good practice	Poor practice
Providing access to sabbaticals using a clear and accessible policy, creating minimal obstacles Recognising that building in capacity for career breaks will increase the longevity of doctors' careers and reduce workforce attrition over the medium and long-term Fostering a job planning culture that is open and supportive when discussing career breaks Developing roles with a built-in sabbatical component, allowing for relevant experience to be secured abroad or in other working contexts and brought back to enhance the service being delivered	Taking a short-termist approach to workforce issues and seeking to shut down conversations about sabbaticals/career breaks

Consultants as clinical leaders

- Consultants are leaders of their profession and take ultimate responsibility for their patients, often over many years and with great continuity. They lead the teams in which they work, train the future medical workforce, drive forward the medical research and innovation strategy for the NHS, and work collaboratively with Trusts and other employers to achieve the best for their teams, patients and departments.
- Good employers recognise the value that consultants bring to the health service, as an indispensable source of expertise and experience as a senior decision maker, with vital insights into healthcare delivery and service design. Employers should seek to harness these skills and knowledge and facilitate greater engagement of consultants in the planning and development of services.
- Employers should recognise and engage with staff representatives, such as LNC Chairs and BMA officers, who will often be consultants, when considering service redesign. Rather than superficially consulting with them, they should seek their input at the earliest opportunity to ensure that consultants are able to shape and improve the care being delivered.

Good practice	Poor practice
Valuing consultants as innovators and leaders; consultants should be integral to service development and key decision makers and should be empowered to drive change	Failing to recognise the importance of, and appropriately promoting, clinical leadership
Valuing the clinical expertise that consultants can bring and how this can support and enhance the contributions of non-clinical management	Only informing or engaging with consultants at a late stage of service design, rather than at a point where their expertise can help shape it
Job planning clinical leadership and medical management roles appropriately; ensuring that time is properly recognised and remunerated, whether as SPA activity, additional PAs, or a separately contracted leadership role.	Expecting or imposing additional leadership responsibilities outside of the consultant's role profile without properly accommodating it within the job plan
Identifying the mentoring and leadership that is regularly delivered by consultants and ensuring that it is recognised within the job plan	Failing to recognise the opportunities of staff mentoring, or failing to recognise when it is already being undertaken and the value this brings to a service
Taking a broad and positive view of what constitutes quality improvement; recognising leaders as bringing improvement in quality	Taking a narrow view of quality improvement and restricting it to audits and quantitatively measured performance outcomes
Being flexible in the opportunities and pathways available for leadership	Setting a rigid and defined career path for leadership rather than utilising all available talent
Developing a support network for clinical leadership	Discouraging consultants from speaking out about issues or concerns they have identified and creating a culture that is intolerant of criticism or perceived dissent
Supporting consultants in roles for external organisations, in line with the letter about appropriate release for work of benefit to the wider health system, produced by the Chief Medical Officer, the NHS, AoMRC and GMC.	Disregarding or diminishing the contributions of elected medical leaders and viewing them less favourably than those in Trust-appointed roles
Fostering an environment in which consultants, as clinical leaders, feel free to speak up about clinical and professional concerns without fear of negative consequences	
Acknowledging the benefit of active engagement with elected medical leaders, such as Local Negotiation Committee (LNC) and Regional BMA committee chairs	

Consultants as educators and trainers

- Consultants play a vital role in the education and supervision of medical students and the training and supervision of junior doctors and other healthcare trainees. Without this commitment to sharing their knowledge and expertise the NHS would not have the doctors and other healthcare professionals it needs for the future. Consultant clinical academics play a particular role in developing the curricula and quality assurance procedures in medical education and in developing academic trainees – the consultant clinical academics of the future.
- To underpin these roles and help ensure the continued provision of high-quality care, employers should value the continuing education and training of its professional staff.
- Professional or study leave is granted for consultants for postgraduate purposes approved by the employing authority. It covers study (usually but not always on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.
- For all consultants, there is a contractual entitlement of 30 days of study and professional leave with pay and expenses within each three-year period (Schedule 18, paragraph 13). Some employers will interpret this as 10 days per year but, where this happens, it is important that study leave funding should be carried over for the full three-year period and not lapse at the end of each year. While no clear distinction is made in the contract between professional and study leave, the two are not the same there will be courses or conferences intended specifically for professional development, separate from study, which will equally require leave allocation.
- Employers should not seek to set a cap on the amount spent on study leave in a given year. Appropriate CPD should be fully funded. The Department of Health & Social Care has also said that it is unreasonable for employers to pre-determine the level of expenses which they are prepared to approve

Good practice	Poor practice
Ensuring that consultants that take on teaching and training responsibilities have the time, skills and resources to undertake it effectively and are appraised and valued for this work Developing a clear local policy on how study leave should be applied for and approved, and what the arrangements for claiming expenses are Where a study leave application is accepted, paying all reasonable expenses associated with that period of leave Recognising that some valuable learning opportunities only arise irregularly and will not fall within the three-yearly cycle and allocation. Employers will therefore need to be flexible to ensure that those opportunities can be taken up, to the mutual benefit of the employer and consultant Using employer discretion to grant professional or study leave in addition to the 30 days with pay and expenses where this is appropriate	Seeking to limit study leave budgets by setting a notional cap Turning down reasonable study leave applications on non-educational grounds, such as financial constraints Seeking to classify work that should be categorised as additional NHS responsibilities or external duties (such as sitting on advisory appointments committees) as a professional leave activity and requiring consultants to use their leave allocation to attend

Consultants as researchers

Many consultants undertake or support medical research, often continuing to do it in their own time. The Keogh report of his *Review into the quality of care and treatment provided by 14 hospital trusts in England* published in July 2013 demonstrated that Trusts that lacked a commitment to and support for research activity provided lower quality care. Hence, it is in the interests of Trusts and patients to foster the spirit of inquiry amongst consultants and to facilitate and support research activity.[4]

Workplace and facilities

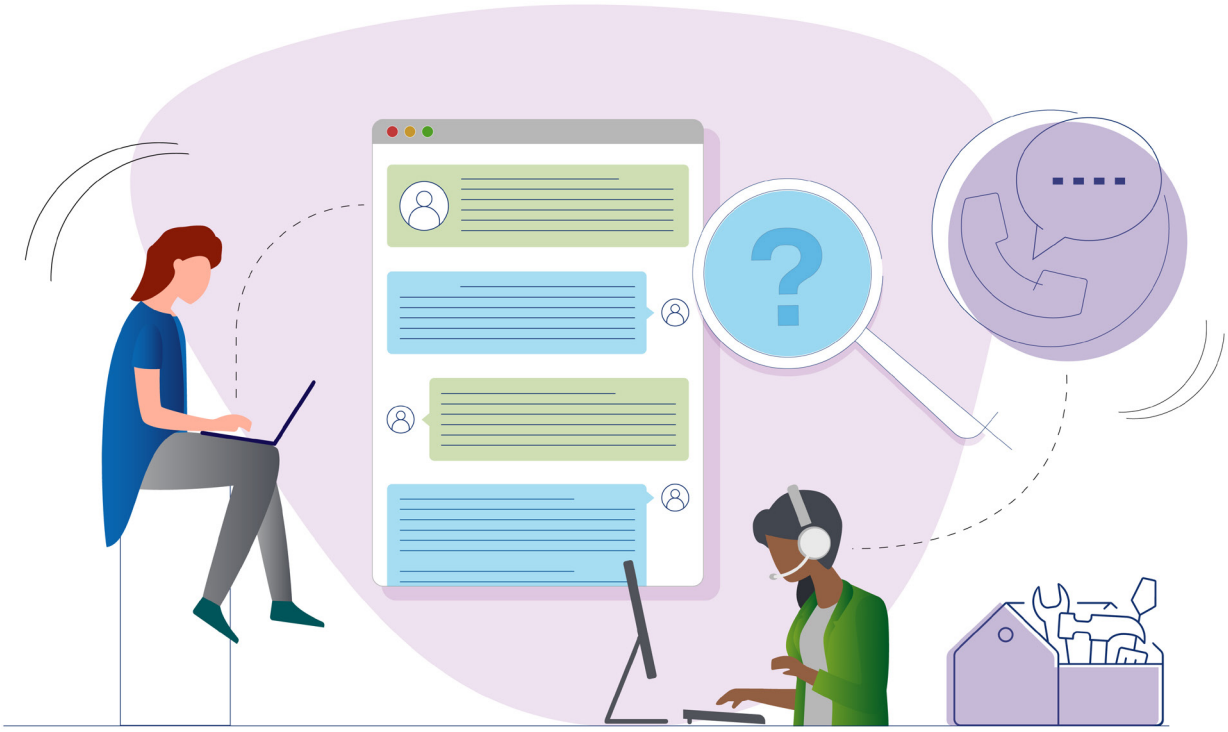
- The consultant contract recognises the importance of doctors having access to necessary resources and facilities in order to work effectively. As part of the job planning process, specific discussions should be had about 'agreed supporting resources, which may include facilities, administrative, clerical or secretarial support, office accommodation, IT resources and other forms of support', as well as how any obstacles to these can be removed (Schedule 3, paragraph 14-16). These should be specifically written into the job plan.
- Doctors need suitable office space to ensure confidentiality of patient information, conduct sensitive meetings and phone calls in private, have a quiet environment in which to read and undertake work, and have a place to store materials and equipment necessary for their work. Other appropriate office facilities and resources (such as internet access and secretarial support) will also be needed. Without these, a consultant will be hindered in their ability to properly perform their role.
- Equally important is appropriate rest and refreshment facilities, particularly given the increase in work undertaken in unsocial hours. These facilities should be available at whatever time a consultant is expected to work. There is ample evidence to demonstrate that ensuring staff have access such facilities, and remain rested and refreshed while working, is beneficial for patient care and is likely to prevent adverse incidents.

Good practice	Poor practice
Providing access to an appropriate space in which materials, books and specialty-specific equipment can be stored, accessed and used	Providing no or limited private office space, such as only using hot-desking arrangements, in which materials and equipment cannot be safely stored or sensitive patient data or conversations cannot be appropriately handled
Providing access to a secure private office space in which sensitive conversations or activities, such as handling patient data, can be undertaken when required	Providing no or poor-quality rest facilities; allowing these to fall into a poor state of hygiene or repair
Ensuring that suitable internet/phone connections and secure networked storage are available, as well as office equipment such as filing cabinets	Failing to maintain access to high quality, nutritious food and drink during unsocial hours
Making arrangements for appropriate secretarial support to ensure that consultants are freed up to deliver their clinical and administrative work; ensuring that any absences are covered	Allowing other facilities, such as changing or shower areas, to fall into disrepair or failing to have them cleaned regularly
Providing rest facilities which are clean and in a good state of repair, and where individuals can have adequate undisturbed rest	
Providing access to high quality, nutritious food at whatever time of day or night the consultant is expected to be working	
Making available properly equipped changing and shower facilities, appropriately located, with secure access	
Providing appropriate and dedicated spaces for education and training, such as seminar rooms near to the relevant department, including standard teaching and electronic equipment	
Providing high quality breastfeeding facilities for those who are nursing	

4 Keogh Report (2013): keogh-review-final-report.pdf (improvementacademy.org)

Employment advice for BMA members

If you're a BMA member with a question about your contract, pay or any other aspect of your working life, our advisers are here to help you.



Call 0300 123 1233

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