

TIME FOR COLLEGE DUTIES FOR CONSULTANT PHYSICIANS IN THE NHS – WHAT IS GOOD PRACTICE?

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Background

The NHS relies on the support and goodwill of consultants for carrying out a number of external duties which benefit the whole of the NHS. These duties can be working for the Colleges, the GMC, external assessors, sitting on advisory panels etc. These duties are usually not remunerated. This paper covers guidance on good practice to facilitate this work.

The Contract

The Terms and Conditions – Consultants (England) 2003 refers to College and other National professional bodies as work under External Duties. These are defined as duties not included within the definition of the fee-paying services or private professional services but undertaken as part of the Job Plan by agreement between the Consultants and employing organisation. Such duties might include reasonable quantities of work for the Royal Colleges and other national bodies e.g. GMC in the interests of the wider NHS. Although the definition of reasonable is not defined we suggest that this should be a matter of local negotiation and should involve the Medical Director and staff within the speciality.

The practicalities

The College would expect that before individuals allow their name to go forward for a role in the College or other Bodies they would discuss this matter with their Medical Director and their colleagues and obtain support in advance. This is stated as a requirement in College literature when vacant roles are advertised. However we suggest that this process needs to become more specific and formalised through the Medical Director. In the past, individuals considered for these types of posts have been physicians in 'good standing' and valued by their hospital. The additional knowledge and expertise that individuals could provide to their Trust in various fields as a result of their College role are such that one would hope that they would be supported in this and agreed programmed activities allowed in their Job Plan.

Medical Directors should be encouraged to promote this actively, and should be asked to give written reference to confirm the individual's 'good standing' in the hospital

Implications for College

National Level

The number of programmed activities would vary according to the post in question and the volume of work involved. In the case of a senior College Officer such as President, vice-President, Registrar or Treasurer, this is substantial. A lesser but significant amount of time would be required for other key Officers such as the Director of the Medical Workforce Unit. It should be recognised that the benefits to the Trust and the wider health economy are proportional to the time involved, and benefit the wider work of the NHS, for example, early access to regional & national innovation or other developments. Also, there is potential for involvement in pilot projects and access to networks with the potential to

influence leading thinkers. Moreover, the recognition of excellence in the clinician who has been selected adds to the reputation and prestige of the Trust.

The appointment of medical staff to posts as senior college officers should be promoted as part of excellence in staff development by the Trust and widely publicised to the health economy and the public e.g. in Annual Reports etc

At local levels

College Tutors are vital for the delivery of Core Medical Training as well as that for general & acute medicine. These appointments should be made by the Trust with an input from the Post Graduate Dean and the College Regional Adviser. (See Academy of Medical Royal Colleges document of 2004). As part of that appointment process, the number of programmed activities for the task must be agreed, together with objectives and a plan for appraisal against those objectives. A result of that appraisal might be change in the number of programmed activities, either upwards or downwards. Although this input cannot be purely on financial grounds, it is important that these posts deliver against their objectives. The process should be transparent and again should be publicised via the educational annual report.

For a Physician undertaking the duties of a *Regional Advisor* (whether for *training* – a role crucial to delivery of education and training in a Deanery, *or service*, which will be key in local revalidation programmes as well as other service matters), this would normally be about 4½ programmed activities. The *Associate Regional Advisor* might require 3-4 supporting programmed activities. There should be a clear and transparent process in identifying the number of programmed activities which have been allocated – there should be flexibility in the use of the SPA activity in the individual's job plan up to 1.5 PA s allowing 1 SPA for personal development. This should be left to discretion of the Trust and would also be dependent on the speciality concerned. This would help facilitate applicants from smaller hospitals and small specialities.

There needs to be flexibility from the individual as well as the Trust. The use of an annualised job plan is one option for Trusts to consider as this would give the individual flexibility as well as ensure the Trust still had a productive member of the Team.

The danger for small hospitals or small specialities

If only larger hospitals produce the leaders, input can be imbalanced and could have unintended consequences. It is important that smaller hospitals are represented. Agreement about this should be reached on a national basis. Small specialities have to provide the same number of representatives from a smaller pool.

In cases of concern

In cases where local agreement cannot be reached then it is recommended that the Medical Director of the Trust speaks directly to the Registrar of the College so that the issues involved can be explored. This has always been successful in the past and it is hoped that Trusts and the College will be able to continue their close working relationship in the future for the benefit of patients and both organisations. This informal discussion cannot interfere with the agreed disputes process. If there is still no resolution the issue should be raised with the Director of Public Health at the SHA.

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Registrar

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