



SCOTTISH EXECUTIVE

Health Directorates
Health Workforce

Dear Colleague

SENIORITY PROGRESSION WITHIN CONSULTANT CONTRACT

Summary

1. Following agreement with the Management Steering Group, this letter asks NHS Boards to implement the attached documentation as an integral part of the Annual Consultant Job Plan Review, for all consultants on the new consultant contract. This process is also recommended to relevant University employers.

2. The Seniority Progression Pro-Forma (Annex A) takes into account the key criteria outlined within the Consultant Grade Terms and Conditions of Service for an individual to progress through the Seniority Scale.

Action

- Section 1 should be completed by the Medical Manager and shared with the consultant.
- Section 2 should be completed by the consultant if he/she wishes to undertake Private Practice. A summary statement of the protocol relating to consultant private practice is attached at Annex B for sharing with the consultant.
- Section 3 should be completed by the Medical Director.
- Section 4 should be completed by the Medical Director.

28 June 2007

Addresses

For action

Chairs, NHS Boards and Special Health Boards and NHS National Services Scotland
Chief Executives, NHS Boards and Special Health Boards and NHS National Services Scotland
Medical Directors, NHS Boards and Special Health Boards and NHS National Services Scotland
Directors of Human Resources, NHS Boards and Special Health Boards and NHS National Services Scotland

For information

Members, Scottish Partnership Forum
Members, Scottish Terms and Conditions Committee
Members, Scottish Workforce and Governance Group
Human Resource Directors, Universities with Medical Schools

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3. Employers are asked to implement the Seniority Progression Pro-Forma as an integral part of the Annual Consultant Job Plan Review Process.

Enquiries

4. Further assistance and advice on this issue is available from Kim Frater/Eleanor Morrison in the Workforce Modernisation Team on 01786-406619 or by e-mail as follows:

Kim.frater@scotland.gsi.gov.uk

Eleanor.morrison@arh.grampian.scot.nhs.uk or

Eleanor.morrison@scotland.gsi.gov.uk

5. Employers are asked to make their own arrangements for obtaining additional copies of this letter. This letter can also be viewed on <http://www.show.scot.nhs.uk/sehd/hdl.asp> and on the consultant contract section of the Pay Modernisation website.

Yours sincerely



JOHN TURNER

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ANNEX A

**NEW CONSULTANT CONTRACT – JOB PLAN REVIEW
JOB PLANNING YEAR _____**

**Section 1 – Progression through Seniority and Pay Points
(For completion by Medical Manager and to be shared with Consultant)**

Paragraph 5.2.3 of the Consultant Grade Terms and Conditions of Service, states that “An employer may decide to delay progression through seniority points in any year only where it can be demonstrated that, in that year, the consultant has not met the following criteria”.

	Y	N	N/A
a. Met the time and service commitments in the job plan (see Section 3, paragraphs 3.2.2 to 3.2.6).			
b. Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. (see paragraph 3.2.16 to 3.2.21)			
c. Participated satisfactorily in annual appraisal last year, job planning and objective setting for the forthcoming year;			
d. Worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review.			
e. Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (see paragraph 4.4.6 to 4.4.12); or			
f. Met required standards of conduct governing the relationship between private practice and NHS Commitments (see Section 6 and Appendix 8 of T&Cs).			

Progress through seniority points will not be deferred in circumstances where the inability to meet the requirements set out in paragraph 5.2.3 above is occasioned by factors outwith the control of the consultant, for example, absence on leave. In addition, progression through seniority points must not be related to or affected by the outcome of the appraisal process.

I can/cannot* confirm that (Name of Consultant) has met the criteria stated in Sections a) to e) (+ Section f) where appropriate) for the year.

Signed: Medical Manager

Date

(*Section 3 to be completed by Consultant and Medical Manager if any criteria are not met)

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Section 2 – Private Practice – This section should be completed by the Consultant

Paragraph 4.4.8 states that “A consultant (whether working full-time or part-time) who wishes to undertake Private Practice must first inform his/her employer in writing”.

A consultant undertaking Private Practice must abide by the standards outlined in Section 6 and Appendix 8 of the Consultant Contract.

Please confirm if you plan to undertake Private Practice next year:

Yes

No

Signed :**Consultant**

Date:

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NEW CONSULTANT CONTRACT – JOB PLAN REVIEW – ADDENDUM

Section 3

A. To be completed by consultant

What if any factors, outwith your control, have contributed to failing to meet the criteria listed in Section 1:

B. To be completed by Medical Manager

In what way has the Consultant failed to meet the criteria listed in Section 1, please include details of actions you have taken to resolve the issue eg interim job plan review.

SignedConsultant **Date**

SignedMedical Manager **Date**

This form will be passed to the Medical Director within 2 weeks of the date of the Job Plan Review Meeting. Where you (the Consultant) disagree with the terms of the report you will be entitled to invoke the Mediation Process set out in Paragraph 3.4.1 (Stage 1) Consultant Grade Terms and Conditions of Service.

C. To be completed by Medical Director

Do you recommend pay progression for year **Yes** **No**

Signed Medical Manager **Date**

The completed form should be passed immediately to the Medical Staffing Department for processing in accordance with paragraphs 5.2.7 to 5.2.10 of the Terms and Conditions.

BB003MAY2007



ANNEX B

SUMMARY STATEMENT AND PROTOCOL RELATING TO CONSULTANT PRIVATE PRACTICE AND THE NEW CONSULTANT CONTRACT

1. General Statement Re Disclosure

- 1.1 If a consultant wishes to undertake any private practice they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Medical Director (Section 4 para 4.4.8).
- 1.2 Consultants will be free to undertake private practice without approval provided such work is undertaken outside the time agreed in the job plan for programmed activities (Section 6 para 6.1.1).

2. Code of Conduct: Standards of Practice

- 2.1 The Code of Conduct for Private Practice contained at Appendix 8 of the Terms and Conditions of Service sets out recommended standards of best practice for consultants about their conduct in relation to private practice.
- 2.2 Consultants undertaking private practice are required to adhere to the Code (Section 6 para 6.1.2).
- 2.3 The Code is based on 4 Key Principles:
- 2.3.1 NHS Consultants and NHS employing organisations will work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is also important that NHS Consultants and NHS Organisation minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of perception;
- 2.3.2 the provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS Services;
- 2.3.3 with the exception of the need to provide emergency care, agreed NHS commitments should take precedence over private work; and
- 2.3.4 NHS facilities, staff and services may only be used for private practice with the prior agreement of the NHS employer.
- 2.4 The Code will be used at the annual Job Plan review as the basis of reviewing the relationship between NHS duties and any private practice.

3. Job Planning and Disclosure relating to actual or perceived conflict of interest

- 3.1 Consultants should declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties (Code of Conduct Part II).

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- 3.2 As part of the annual Job Planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out-of-hours cover.

4. Managing Private Patients in NHS Facilities

- 4.1 Consultants may only see patients privately within NHS facilities with the explicit agreement of the Medical Director and where approval is granted will be required to adhere to organisational policy and procedure in relation to private practice.

5. General

- 5.1 Consultants participating in Private Practice must familiarise themselves with the Code of Conduct and determine what action is required to them in ensuring they fully comply. Clarification can be sought from the Medical Director's office or Human Resources where required.
- 5.2 Consultants not meeting the required standards of the Code of Conduct, and sections 4.4.6 – 4.4.10 of the National Terms and Conditions of Service may have seniority progression delayed.

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