



Member briefing

Reform package for consultants in England

November 2023



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On 15th November, HCSA senior doctors returned a 77 percent vote for strike over pay. HCSA negotiators have taken this mandate to the Department of Health and Social Care in a period of intense negotiations.

Negotiations have now concluded and a pay and contract reform package has been proposed.

You, as HCSA consultant members, will be asked to vote on the package of proposed changes to the core pay spine, alongside other benefits and amendments to terms and conditions.

Your vote will guide next steps for HCSA. An acceptance will draw the dispute to a close for HCSA members, while a rejection will be considered carefully by HCSA's executive in the light of our live strike mandate.

HCSA's executive has not been able to take a formal position to accept the offer. The package as it stands is complex with some concerning aspects, namely the introduction of progression gateways and changes to SPA.

The package is not a simple pay uplift, but rather a set of reforms with trade-offs for members.

The following guide has been produced to enable members to consider the full package carefully before coming to a personal decision.

The package includes:

1. Pay spine reform
2. Progression gateways replacing automatic progression
3. The end of future LCEA awards and protections for existing old-style LCEA holders
4. Changes to possible use of Supporting Professional Activities time
5. Enhanced shared parental leave
6. Limited DDRB reforms

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1. Pay spine reform

The proposed package reforms the pay spine and permanently uplifts several pay points. This guarantees pay uplifts for most and future increases for all consultants progressing upwards.

FASTER PROGRESSION

This reformed pay spine would reduce the number of pay points from 8 to 4.

It would also reduce the time it took a consultant to reach the top of the pay spine from 19 years to 14 years.

PAY UPLIFTS FOR MOST – BUT NOT ALL

Not everyone would receive an immediate award. Around 74 percent of consultants would see their pay increase, but a quarter wouldn't see any uplift (see next page).

However, consultants who were not gaining an uplift at their current pay point would have future higher pay awards locked in as they progress up the scale.

- Starting pay would increase by 6.26 percent to £99,532 – an increase of £5,866
- Final pay would increase by 4.5 percent to £131,964 – an increase of £5,683
- Consultants on years of experience 14 to 18 would have their basic pay uplifted by 10.59 percent (full year value of £12,641)
- Consultants on years of experience nine to 13 would have their basic pay uplifted by 5.81 percent (full year value of £6,528)
- Consultants from years four to seven would get nothing at this point, but the expectation of a substantial uplift of 12.8 percent at year eight (full-year value of £13,494).

FUNDING ENVELOPE

The funding for the uplifts equates to an increase of 4.95 percent to the current consultant pay bill, made up of:

- 3.45% new investment
- 1.5% recycled funding redirected from LCEAs

Over time, a proportion of the new investment would be offset by funding released through attrition of consolidated LCEAs.

These funds would no longer be recycled into the consultant pay envelope.

INTERACTION WITH ANNUAL PAY AWARDS

Pay scale reform would be in addition to the 6 percent already applied via the DDRB 2023/24 process. For 2024/25, the government have committed:

- to ask DDRB to make a recommendation for consultants for so that the consultant group has the opportunity to receive a further award
- that the government will not suggest that the DDRB make an award lower than the rest of the public sector as a result of this pay spine reform

This means it would be probable that members would receive a further award in summer – but we cannot pre-empt what the value of the award would be as this is determined by government after receiving DDRB recommendation.

EFFECTIVE FROM JANUARY

The award would be effective from 1st January 2024. However, it would not be paid until April 2024, at which point due uplifts would be backdated in pay packets to January 1st 2024.

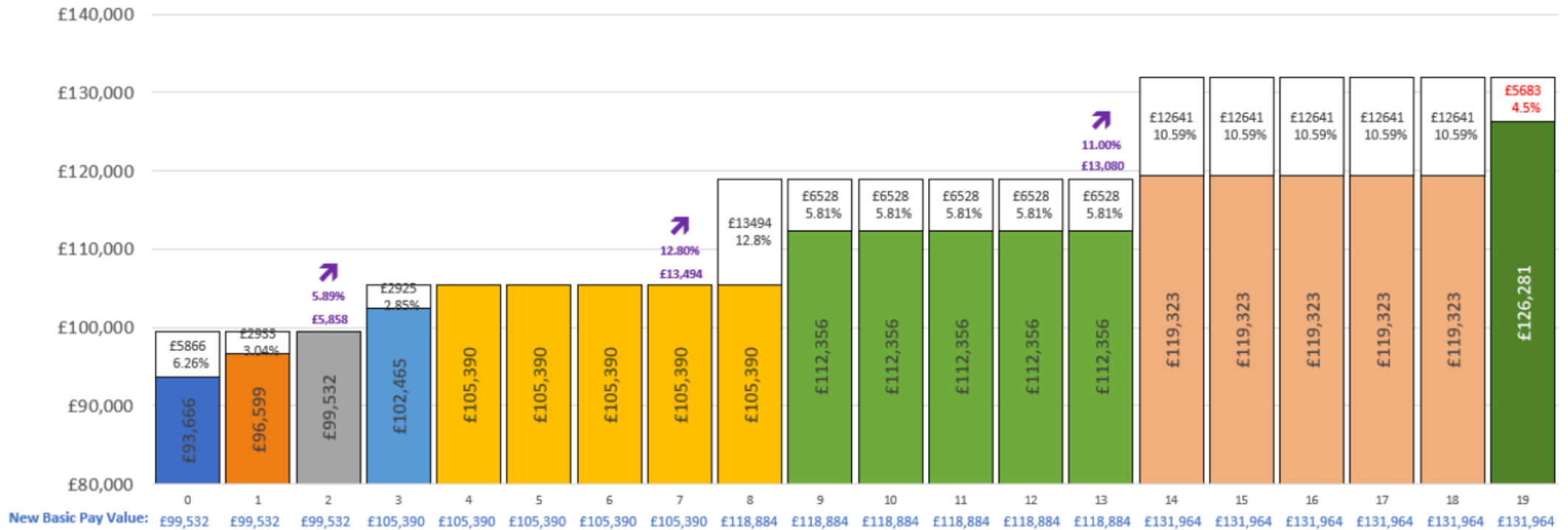
HCSA Executive view

The HCSA Executive is broadly supportive of the pay spine reform proposal. It guarantees an uplift from January for three-quarters of consultants, and locks in higher future awards for everyone. We welcome modernisation of the current pay spine, which would see new consultants progressing more quickly. It is of particular note that consultants in years four to seven would not receive an immediate uplift. It is for members to assess whether the prospect of a significant uplift at year eight and further on in the scale sufficiently mitigates this.

The reform has its limitations. HCSA would have liked greater investment from government and to see the changes backdated to 2023 and pay uplifts for everyone. However, it is noted that these uplifts are in addition to the 6 per cent uplift that was implemented from July 2023. Further, they do not prevent an award being made, nor place a ceiling on any award, for 2024-25.



Pay spine: proposed changes





2. Pay progression

This aspect of the award is a significant shift from current arrangements. As it stands, consultants move up the pay scale automatically by length of service. This is by default in most cases.

The new proposal introduces a review process between consultant and their clinical manager with criteria to be met before a consultant can progress upwards on the pay spine.

REVIEW CRITERIA

A pay progression review meeting between the manager and consultant would be set up to consider whether the consultant has met the following criteria:

- Participating satisfactorily in the job planning process and appraisals
- Completing statutory and mandatory training
- For those who do private sector work, meeting standards of conduct & complying with Schedule 6 of the Consultant Contract
- Demonstrated effective use and impact of SPA time in order to generate service improvements, this can include training and teaching
- No formal capability process nor live disciplinary sanctions on record

SAFEGUARDS

There would be some safeguards built in to protect consultants navigating this system:

- The package states it is expected consultants will be able to progress through gateways 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 to 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 with relevant equalities legislation as well as with NHS Medical Workforce Race Equality Standard (MWRES) and Equality and 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.

HCSA Executive view

HCSA's Executive is firmly of the view that the current system of automatic progression up the pay spine is far preferable, given the additional bureaucracy this proposal entails and the increased opportunity for members to be unfairly denied pay progression.

That notwithstanding, we anticipate that the majority of members will navigate easily through the gateways. Negotiators ensured that a number of safeguards were built in to help protect members in the process. We also note that many of the criteria are derived from contractual provisions that are already in place for consultants.

However, were the package to be accepted, HCSA would be calling on NHS Employers to issue robust guidance to set a fair and transparent process that places the onus on clinical managers to ensure consultants meet the prerequisites to progress.

In coming to your individual decision on whether to accept or reject the offer, HCSA encourages members to think carefully about this trade-off along with the benefits of the package.



3. LCEAs

End of future LCEA awards

To enable funding for Local Clinical Excellence Awards to be redeployed into pay, the contractual entitlement to access an annual awards round will cease.

This will take effect from 1st April 2024. Any multi-year non-consolidated awards issued since April 2018 will not be impacted.

Old-style LCEA awards retained and frozen

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.

HCSA Executive view

Previous negotiations in 2022 on the future of the Local Clinical Excellence Award schemes broke down, with HCSA unable to support a proposed system that did not achieve our goals of creating fairness while sufficiently rewarding excellence.

Since then, most employers have distributed funds equally. HCSA therefore supports moves to end the LCEA scheme, in lieu of any credible alternative, and redistribute funds into the consultant pay pot.

Meanwhile, the HCSA Executive welcomes the proposals for existing old-style LCEAs, which will ensure award-holders can keep their awards and will not be subject to any additional processes.





4. Allocation of SPA time

The pay reform package includes the following clause, which aims to widen the possible uses of SPA time to include work to support NHS priorities:

“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.”

HCSA Executive view

HCSA’s Executive is **extremely concerned** by this part of the package. Negotiators have made best efforts to limit the impact of the clause, ensuring a safeguard is inserted to deter managers from converting SPA time to Direct Clinical Care and that existing job plans and ongoing work streams cannot be altered unilaterally.

However, HCSA’s Executive takes the view that, regardless of safeguards, widening the use of SPA time in this clause is a fundamental change to the consultant contract.

It is only right that SPA time is ringfenced for the important research, professional development and educational activities for which it was intended. HCSA has long campaigned for a reversal in the trend of “SPA squeeze”, whereby employers seek to address short staffing by curtailing SPA. HCSA advocates for a normal expected SPA allocation of 2.5PAs.

We therefore caution that some employers will use this clause to take a heavy-handed approach in restricting and rediverting SPA time, especially at the time of job plan review. We would ask members to think carefully about this trade-off and the direction of travel it represents, when considering whether to accept the offer.

Were the package to be accepted by members, HCSA will continue to support any member having issues in reaching agreement on a suitable job plan.





5. Enhanced shared parental leave

The package includes a commitment from Government to amend the Terms and Conditions of Service (Consultants) 2003 in England to add an entitlement to paid and unpaid shared parental leave and pay. This brings the consultant group into line with other NHS staff groups.

If approved, this will result in a new clause in the consultants contract which would mean those who would like to share parental leave with the other parent will receive pay that is above the statutory minimum for this period.

This is similar to current arrangements for consultants on maternity leave, who have enhanced maternity pay beyond statutory minimum.

HCSA Executive view

The HCSA Executive welcomes this proposal to increase flexibility for parents.





6. Reform of the DDRB

Included in the package is a commitment from the government to work with HCSA and other unions to make some modest reforms to the operations of the DDRB with implementation from 2025.

APPOINTMENT OF DDRB MEMBERS

Under the current DDRB process, appointments are overseen by the Secretary of State for Health and Social Care with no union involvement. The proposed reform will give unions involvement on the role profile and potential candidates during the recruitment process.

REMIT LETTERS

Presently, the government sets the remit for the DDRB. Government instigates the process in a letter which instructs DDRB on what to consider in reaching its decision. In the proposed reforms, the government will not be able to include information about inflation and wider economic performance in the remit letter.

TERMS OF REFERENCE

The terms of reference to the DDRB will be refreshed to instruct the DDRB to have regard to the following:

- The need to recruit, retain and motivate doctors and dentists.
- A range of factors affecting 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.
- The spending envelope of government health departments.
- Wider macroeconomic factors

TIMETABLE

The UK government presently has tight control of the timetable. The new proposal involves all parties (including unions) jointly agreeing the timetable with the aim of the pay award being known earlier than at present. Consultants could expect to know the pay award

at the start of the financial year, rather than the present outcome which has usually come in July.

DATA SUBMITTED

Commitments have been made to improve data submitted to the DDRB, with the aim of providing “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.”

HCSA Executive view

The proposed reforms do not represent the radical overhaul of the system that many of us would prefer to see, nor a return to the original terms of reference as set by the Royal Commission.

HCSA’s position is that only a fully independent DDRB will achieve fair pay awards and reverse the trend of pay erosion for all medical groups. HCSA would prefer to see the government remit removed altogether, rather than watered down.

Our concern is that the government will continue to make requests of the DDRB such as to exclude entire membership groups from a recommendation.

HCSA will continue to push for unions to be key stakeholders in the appointments process, rather than the ambiguous “involvement” achieved in this deal.

We would also have liked to see “cost of living” added to terms of reference and economic factors removed altogether from consideration.

However, what is presented in this package is nonetheless a step in the right direction. It should see greater input from unions and a loosening of government grip on the system. When taken in conjunction with the pay uplift, these reforms represent a step towards fair pay.

Members must weigh this up with the trade-offs in terms of SPA time and pay progression gateways.

What next for members?

Reform package for consultants in England

Member briefing

The HCSA Executive is asking you, as a member, to familiarise yourself with the entire package and come to a personal decision on whether you would like to accept or reject the pay reform package.

While the member ballot is open, we will not call any strike action to allow members the opportunity to consider the package.

Although the HCSA Executive has not been able to support this package, we will be led by the views of our members.

If members accept the package, this will draw the pay dispute to a close for HCSA members. If members reject, HCSA's Executive will consider all possible next steps including strike action.



The professional association and trade union for hospital doctors, wherever you are in your career