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Pay Modernisation: NHS Consultant Contract

Cwm Taf Health Board

We found that while there is a job planning process in place it needs to improve and neither the Health Board nor consultants are yet getting all the possible benefits from the consultant contract.

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Summary

1. The NHS consultant contract is the national framework that governs the working conditions and salary grades of consultants. The Amendment to the National Consultant Contract in Wales came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948. The contract brought in a number of benefits for consultants: a new salary scale; improved arrangements for on-call remuneration; new arrangements for clinical commitment and clinical excellence awards; and a commitment to improve flexible working. The intention of all these benefits was to aid recruitment and retention of consultants.
2. Effective job planning underpins the implementation of the amended contract and is mandatory for all consultants. The job planning process is designed to ensure the individual consultant and their employer agree the content and scheduling of activities that comprise the working week. The contract is based upon a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours each, bringing them in line with other NHS staff. The working week should typically comprise seven sessions of Direct Clinical Care (DCC), such as clinics and ward rounds, and three sessions for Supporting Professional Activities (SPAs), such as research, clinical audit and teaching. Job plan reviews are expected to be carried out annually as part of the contract.
3. The amended contract was introduced explicitly to facilitate the following benefits:
    - to improve the consultant working environment;
    - to improve consultant recruitment and retention; and
    - to facilitate health managers and consultants to work together to provide a better service for patients in Wales.
4. In 2004, the Assembly Government commissioned the Audit Commission in Wales to review the implementation of the consultant contract, with a focus on the job planning process. Since then, the Assembly Government has monitored implementation of the contract through an annual reporting process, which ended in 2009.
5. Significant sums of money have been involved in implementing the contract in Wales through set up costs, additional session payments to consultants and funding a Consultant Outcome Indicators project (COMPASS), which has now been discontinued. However, no independent external audit work has been done to examine whether the intended benefits from the amended contract are being achieved and, in particular, whether job planning is now fully embedded as an organisational tool in NHS bodies to help define and review consultants' contribution to service delivery. This audit has been undertaken at each Health Board and NHS Trust that employs significant numbers of consultants and each body will receive a local report. An all-Wales report will be published following the completion of local fieldwork.

6. In April 2008, the former Pontypridd and Rhondda and North Glamorgan NHS Trusts merged, bringing together service and consultant teams who inevitably brought forward different working practices. This merger was quickly followed in October 2009 by the NHS reorganisation, and formation of Cwm Taf Health Board (the Health Board). At the time of our audit in September 2010, the Health Board employed 221 consultants, managed across three divisions.
7. This audit seeks to answer the question: 'Are the intended benefits of the new consultant contract being delivered?' In particular, we focused on the extent to which job planning was embedded in the Health Board as an annual process and how effective it was in facilitating service improvement. We also considered the working environment of consultants, which was part of the contract's wider aim for the NHS to provide ongoing improvements to the quality of consultants' working lives. The intention of these benefits was to aid recruitment and retention of consultants although we did not consider this directly as part of the audit.
8. Appendix 3 provides further details of our audit methodology. This included an online survey for all consultants at the Health Board. We received responses from 46 consultants, a response rate of 20 per cent.
9. We found that while there is a job planning process in place it needs to improve and neither the Health Board nor consultants are yet getting all the possible benefits from the consultant contract.

Recommendations

10. This review has identified a number of recommendations which could help the Health Board improve its current approach to job planning and delivering consultant contract outcomes. In commenting on our draft report, the Health Board indicated that a training session on the job planning process was planned for 3 March 2011, involving all clinical directors and directorate managers. Emphasis was to be placed on the use of supporting professional activity (SPA) sessions with clearly agreed and identifiable outcomes aligned to service improvement and redesign, as well as to consultants' personal development. The Health Board also indicated its intention to communicate with all consultant colleagues to ensure that there was a shared understanding about the job planning process and the requirement to have an agreed outcome at the end of the process.

R1	The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review.
R2	The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning including its approach to developing smart outcomes.
R3	Where a specialty does not have access to good quality performance information, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties.

R4	The Health Board needs to strengthen existing arrangements by ensuring that in all directorates both the Clinical Director and General Manager attend the job plan review meeting.
R5	The Health Board needs to introduce arrangements that ensure a job plan is formally agreed by the individual consultant and clinical director, and that agreement of the job plan is documented.
R6	The Health Board needs to set out a clearer message about what constitutes SPA activity and that all SPAs have clearly defined outcomes included in the job plan review.

While there is a job planning process in place, not all consultants undertake an annual review, and better use needs to be made of performance data and the setting of smart outcomes

Although the Medical Director identified the improvement priorities for job planning not all consultants have had a review meeting in the last year

11. The former Medical Director (who left the Health Board in September 2010) set up a new job planning framework when Cwm Taf NHS Trust was formed. The current Medical Director is pursuing the same framework. The former Medical Director briefed the clinical directors and directorate managers on the priorities in advance of each round of job planning. The briefing meeting for the most recent round of job planning took place in January 2010 with the following priorities identified:
    - to take a more robust approach to SPAs;
    - to move towards annualised sessions, for example, schedule more sessions during term time than school holiday time; and
    - to improve objective setting.
12. Our interviews found that the clinical directors and directorate managers accept these priorities and are committed to making them work in practice.
13. The Health Board has a specialty doctor and associate specialist (SAS) and consultant contract steering group in place. Its terms of reference say that it meets monthly. The Medical Director leads this group, which reports into the Executive Management Team. The purpose of the group is to ensure the Health Board keeps a continual focus on job planning. It is the forum where individual issues go for action, for example, when the consultant and Health Board cannot agree the job plan. As a result of this forum, the Health Board and Local Negotiating Committee (who represent the views of medical staff within employing organisations) consider the job planning process works well. The Board has not received any specific reports on the consultant contract and job planning, because of this perception.
14. Our review has found that most consultants have a current job plan and seventy-one per cent (30 of 42) of survey respondents said that their job plan is reviewed annually. However, while half of survey respondents (23 of 46, 50 per cent) then said that they have had a job plan review meeting within the last 12 months, 11 (24 per cent) said their last review was more than 12 months ago and seven (15 per cent) indicated that it was more than 18 months ago. This suggests that there may be some weaknesses in the current approach and the Board should seek assurance that all consultants receive a job planning review annually.

15. In addition, our job plan review found that very few of the job plans provided had been signed by both the consultant and the clinical director. This may be because they are electronic copies but the Health Board needs to ensure that agreement of the job plan is documented.
16. Some consultants reported that they are not clear about the job planning process. The Health Board does not formally cascade the briefing sessions to individual consultants and it does not provide consultants with any guidance about job planning. Some consultants said that they rely on information from the British Medical Association about job planning. As a result, the Health Board needs to provide more guidance to the consultant body on job planning in advance of the next round.

Arrangements for the job plan meetings are generally sound but the quality and use of performance data have been variable

Some managers and consultants prepare well for job planning but others do not

17. Good preparation can improve the quality of the job plan meeting. The consultants and managers we interviewed reported a range of experiences in terms of information and preparation in advance of the job plan meeting. For example, some directorates, such as rehabilitation and clinical support, ask consultants to complete their appraisal and job plan paperwork in advance of the meeting or provide evidence for the job plan and appraisal meeting in advance. Some consultants also said that they completed diaries before the job plan meeting. In contrast, other consultants said that they get no paperwork in advance of the meeting or are not aware of any requirement to bring supporting evidence to the meeting.
18. The managers and consultants we interviewed said consultants get two to six weeks' notice of the meeting and they all considered this is adequate. This was confirmed in the survey where 31 of 39 respondents (80 per cent) said they get adequate notice of the meeting. However, with 20 per cent saying not enough notice was given, managers still need to ensure that notice of meetings is adequate so that all consultants can prepare appropriately.

In most, but not all, directorates the job plan meeting was jointly led by the clinical director and general manager following the appraisal

19. Where clinical directors and managers have a shared understanding of job planning, they are better placed to plan the service more effectively. In most directorates we reviewed, the clinical director and directorate manager are involved in the job plan meeting. Typically, job planning and appraisal are conducted in back-to-back meetings. While only the clinical director undertakes the appraisal, the directorate manager joins the meeting for the job plan review. Most survey respondents (34 of 41, 83 per cent) thought that the right managers are involved in the job plan meeting.

20. In two directorates we found that the directorate manager had not been involved in the last round of job planning. The Health Board needs to ensure that wherever possible clinical directors and general managers are both fully involved in the job planning process.

The quality and use of performance data to inform job plan reviews have been variable

21. Performance against a range of indicators is a feature of the regular directorate meetings. Consultants and health boards can get the best from the job plan review by including a review of relevant data and information that will provide evidence of the consultant's performance in the previous year. Much of this same data will also be used at the consultant's appraisal. The types of data that could be used include:
    - activity data such as performance information, activity assumptions, activity diaries that consultants keep, clinical outcomes and costs;
    - governance information such as complaint numbers, patient surveys, legal claims, clinical audit data and critical incident reports;
    - workforce information such as existing staffing levels, staff expansion plans and timetables, sickness absence and turnover data; and
    - safety information such as data relating to infection control and radiation safety.

22. Consultants in the Health Board have different experiences of how they use data as part of the job plan meeting. Some consultants we interviewed reported very little use of data, such as activity data, at the job plan meeting. One reason for this is that for some specialties there are few useful indicators, for example, in mental health. Other consultants told us they receive a good range of activity and performance data before the meeting.

23. Thirty-seven of 46 (80 per cent) survey respondents said they brought their own data to the job plan meeting which was the most popular choice of information source. Less popular was information from local clinical/management information systems to support discussions which 16 of 43 (37 per cent) respondents said that they used. Radiology consultants told us that they generally considered the most useful source of data came from the hospitals' own systems, such as Radiology Information Systems (RadIS). Some consultants interviewed indicated that due to changes in local information systems less data has been available for the last round of job planning than in the past.

24. One source of data that was available to consultants was the COMPASS. Building upon existing benchmarking data, the Assembly Government developed this to support the new consultant contract and appraisal. Thirty-one of 42 survey respondents (74 per cent) were aware of COMPASS data although few considered the data to be useful with just two of 39 (five per cent) having confidence in the accuracy of this data.

On call arrangements, travel time and management responsibilities are documented in the job plans

25. If job plans are to provide an accurate description of consultants' work, it is important they capture the full range of their activity and responsibilities. The contract states that the job plan should cover on-call and out-of-hours commitments. Regular, predictable commitments arising from on-call responsibilities should be scheduled into sessions and rota commitments will also be specified. Our review of the job plans found that 26 of 41 job plans clearly showed on-call commitments for consultants, which were either recorded as a rota or as hours per week. It is not clear whether the 15 job plans that do not mention on-call commitments are only for those consultants without on-call responsibilities.

26. Travel time between NHS sites is properly included in DCC sessions. Fifteen job plans included an explicit reference to travel time, for example travel time of 45 minutes to get to a specific clinic. Some consultants reported that travel time was an issue; one had seen an increase in travel time at the expense of DCC activity while another did not believe their travelling time was fully recompensed. As far as possible, work should be scheduled to minimise travel between sites during the working day and there is evidence that this is occurring in some directorates.

27. Management responsibilities are also recorded in job plans. In the sample of job plans we examined we noted responsibilities in 12 of the job plans such as post-graduate organiser and Medical Director. The Assembly Government database shows that 24 consultants have management sessions recognised in their job plans.

The SPAs are not aligned to the Health Board's strategy and the Health Board cannot evidence it gets value for money from SPA

28. Supporting Professional Activity covers a number of different types of activities which underpin DCC, including teaching, continuing professional development and research. The consultant contract states that the typical contract should have three SPA sessions for a full-time consultant. The average number of SPAs allocated to consultants in the Health Board is 2.32, which is below the Welsh average of 2.60. The number has remained steady over the last three years (see Exhibit 1).

29. Although some managers and consultants told us that the job plan meeting includes an assessment of what is achieved within a consultant's SPA, this is not the case for most consultants. Consultants are not generally required to provide evidence of their SPA and specific objectives are not set for the SPA. Discussions about SPA tend to be general and might cover clinical audit and teaching responsibilities. It is normal for these topics to be discussed at appraisal and some consultants do bring their portfolios to the job plan review.

30. According to the Assembly Government database, four consultants have no SPA sessions at all which means that they have no time to carry out essential continuing professional development activities let alone other teaching or research. On the other hand, some consultants say they struggle to achieve their SPA and that they do clinical work in some of their SPA time as clinical work is the priority.

31. The contract states that up to one SPA session can be delivered off site although none of the job plans reviewed had any information about the location of SPA activity. However, there is no requirement to specify this session in the job plan and the Health Board does not monitor this. In contrast, most job plans clearly specify the site of DCC sessions.

32. In early 2010, the Medical Director signalled to clinical directors and directorate managers that evidencing SPA was a priority for the next round of job planning. This message has filtered down to consultants and all consultants understand the requirement to evidence their SPA activity. However, there is some way to go before this is routinely done and the Health Board can demonstrate it gets value for money from SPA activity.

Only a minority of job plans include smart expected outcomes linked to the Health Board's strategy

33. The job plan should include expected outcomes that set out a mutual understanding of what the consultant and Health Board want to achieve over the following 12 months. Outcomes need to be appropriate, identified and agreed. The guidance provided by the medical director to clinical directors makes it explicit that they should use job planning to develop SMART[1] outcomes. Our review of job plans shows wide variation in the use of expected outcomes in job planning. A minority of job plans have smart outcomes and few consultants have outcomes that are explicitly linked to the Health Board's strategy. An example of an outcome that could be more clearly worded is 'be involved in redesign of services'. Some job plans have no outcomes at all. The relationship between the outcomes of the appraisal and those of the job plan are not clear to everyone.

34. Fourteen of 41 (34 per cent) survey respondents say they have outcomes linked to service improvement. Unless smart outcomes are routinely set as part of the job plan review, the Health Board is missing an opportunity to align consultants' activity to delivery of its strategy.

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[1] SMART – Specific, measureable, achievable, realistic and timed.

Some weaknesses in job planning have meant that not all the intended benefits of the consultant contract have been fully realised

Service modernisation is taking place but more use could be made of job planning to facilitate change

Regular directorate meetings are facilitating service modernisation although more use could be made of job planning to facilitate change

35. The contract reiterates the requirement for consultants and employers to work together to identify appropriate ways of better organising and delivering their services. Most directorates have regular team meetings. Here managers, consultants and other professionals meet to review service issues and jointly work to resolve any local problems. Topics of discussion include waiting times and developing new ways of working. Relationships between the consultants and managers at directorate level are generally good.

36. Since the two NHS Trusts merged and particularly since the Health Board came into being, many consultants say that they feel disconnected from the Board. Consultants told us they have no ability to access the key decision makers and the feel their contribution is undervalued.

37. This perception has been recognised by the Health Board and senior staff are addressing this through directors' 'walk about' and using 'no meeting Fridays' to meet those on the front-line. The senior executives have committed themselves to meeting the consultant body regularly. Without developing a sense of strong clinical engagement, the Health Board will struggle to deliver its strategy.

38. A significant amount of service modernisation is happening across the Health Board. Examples of service changes include extended hours in A&E and the hospital-at-night service. New workers who have taken on activity traditionally done by consultants include nurse practitioners, a Parkinson's nurse and radiographers. New services include swallowing and memory clinics and more community based services, such as for diabetes and chronic pain.

39. Job planning is a useful tool for agreeing changes to service delivery. However, fewer than half (18 of 31, 44 per cent) of survey respondents thought that job planning is linked to service redesign. This suggests the Health Board needs to strengthen the current job planning arrangements to include discussions about service priorities and modernising delivery.

There was not always a shared understanding of how resources could be used better

40. Capacity planning and consultant job plans are clearly linked and the annual review provides an opportunity to discuss these issues on an individual basis. Our review found that while directorates undertake capacity planning, consultants are not closely involved with this work and many consultants' understanding of capacity planning is weak.

41. Many consultants interviewed know how their directorate is performing against waiting time targets and, in the past, they have provided extra capacity through waiting list initiatives. However, few consultants had a clear understanding of the overall demand for their service and how this links to the capacity defined in their job plans. This suggests the Health Board has scope to improve the current arrangements and engage consultants more in capacity planning and improving performance.

42. In 2009, waiting times reduced because the Health Board asked consultants to run extra sessions, known as waiting list initiatives. However, this proved expensive. The Health Board proposes to increase job plans' sessions temporarily as a more cost-effective way of increasing capacity. In September 2010, the chair and chief executive held a meeting with consultants to appraise the consultant body of the financial position and enlist their help in finding sustainable solutions.

The Health Board recognises it is not yet using annualised hours to get the best from its consultant workforce

43. The Health Board seeks to move towards annualised job plans but this is not yet in place. In early 2010, the Medical Director signalled to clinical directors and directorate managers that annualised job planning should be a priority. Directorates are beginning to consider how they might take this forward but, so far, none are using annualised job planning. A key benefit of annualised job planning is that it provides for more flexible working. For the Health Board this can mean consultants' activity is aligned to meet demand more closely. For consultants, for example, it can be used to support professional development or research activities by enabling consultants to allocate SPA time in a concentrated block. Some directorates, such as clinical support and integrated medicine, are starting to develop annualised hours.

Some directorates use job plan rotas to provide a more flexible service but team job planning remains an aspiration

44. Team job plans can be a mechanism for directorates to manage work across the consultant team more equitably. The Health Board's aim is for directorates to discuss job planning initially as a division and team and then go on to individual job plans. This is not yet standard practice. Ten of 42 (24 per cent) of survey respondents said their job plan was undertaken as part of a team.

45. Some directorates, such as radiology and cardiology, use team rotas successfully. In medicine, consultants do three months on the wards and three months in outpatients. Sub specialisation limits the potential for team job plans in some specialties.

Many consultants believe their workloads are not fully recognised by the Health Board within the job planning process

46. One aim of the consultant contract was to improve the working conditions of consultants by reducing the working week to 10 sessions over 37.5 hours and to promote flexible working. For this reason, all Health Boards are working with consultants to reduce the number of sessions that they work to 10 a week. Most newly appointed consultants are appointed on 10 sessions with a split of seven DCCs and three SPAs.

47. Exhibit 1 shows the average number of sessions identified in Cwm Taf job plans in 2009-10 and how they are distributed between DCC, SPA, other and management activities. The total number of sessions reported at Cwm Taf is below those for the Welsh average and only Public Health Wales has fewer average sessions than Cwm Taf.

Exhibit 1: Health Board/Trust average sessions 2009-10

Health Board/Trust	DCC	SPA	Other	Manage-ment	Total
ABM	8.49	2.41	0.26	0.04	11.19
Aneurin Bevan	8.20	2.83	0.01	0.22	11.25
BCU Central and East	8.48	2.72	0.08	0.16	11.44
BCU West	8.65	2.28	0.37	0.09	11.38
Cardiff and Vale	8.23	2.84	0.15	0.13	11.34
Cwm Taf	**8.26**	**2.32**	**0.15**	**0.14**	**10.87**
Hywel Dda	8.49	2.37	0.01	0.00	10.89
Public Health Wales	7.65	2.86	0.03	0.00	10.55
Powys	7.87	1.67	1.26	0.36	11.16
Velindre	7.84	2.85	0.00	1.15	11.84
Wales Average	**8.34**	**2.60**	**0.14**	**0.13**	**11.21**

Source: Cwm Taf Health Board and Welsh Assembly Government

48. Exhibit 2 shows that in 2007-08 Pontypridd and Rhondda NHS Trust had an average job plan that was almost one full session less than in North Glamorgan NHS Trust. These tables show that Cwm Taf has moved the average towards a 10-session contract.

Exhibit 2: Change in average sessions 2007-08 to 2009-10 for Cwm Taf Health Board

	DCC	SPA	Other	Management	Total
2009-10					
Cwm Taf	8.26	2.32	0.15	0.14	10.87
Wales average	*8.34*	*2.60*	*0.14*	*0.13*	*11.21*
2008-09					
Cwm Taf	8.21	2.28	0.15	0.24	10.88
Wales average	*8.36*	*2.57*	*0.22*	*0.14*	*11.29*
2007-08					
North Glamorgan	8.89	2.47	0.02	0.14	11.51
Pontypridd and Rhondda	7.74	2.33	0.25	0.23	10.54
Wales average	*8.45*	*2.61*	*0.26*	*0.14*	*11.46*

Source: Cwm Taf Health Board and Welsh Assembly Government

49. However, of the 32 interviews that we carried out with consultants, clinical directors and managers, 21 said that the Health Board had created problems for services and individual consultants by moving to contracts with 10 sessions as standard. While some of the consultants were content with their contracts even when they were working more hours than contracted, others said they were feeling stressed and overworked. Ten of those interviewed also felt that they were working harder than consultants in other health boards and consequently were paid for fewer, more intense, sessions.

50. Many consultants felt this had contributed to:
    - waiting lists for some services increasing because the existing consultants do not have enough time to deliver the service;
    - use of premium rates to pay consultants for additional sessions under waiting list initiatives, although the Health Board has now stopped this;
    - although some directorates had used the additional sessions to create new posts as expected under the contract, the work load had increased since then and existing teams were struggling even with service modernisation; and
    - some specialties placed all consultants onto 10 sessions in 2004 even though they were able to demonstrate they were doing more hours which meant that they could not take sessions from them to create new posts.

51. The Health Board is trying to address some of these problems. One solution is to temporarily increase the number of sessions for consultants to 11 or 12, which is more cost effective than paying premium rates.

52. Fifteen of 40 (38 per cent) of survey respondents said job planning has helped them set priorities and reduce excessive workload. However, those consultants who are dissatisfied have not found job planning to be an effective forum for resolving excessive workloads. Consultants in radiology, for example, told us they can demonstrate that their workload has increased significantly over time. The minutes of the SAS and consultant contract steering group show that the group has discussed radiologists' concerns although they are yet to be resolved.

53. In 2009-10, 25 of Cwm Taf's consultants had job plans that exceed 12 sessions and this is 11 per cent of the consultants employed by the Health Board. This is a reduction from 33 in 2008-09 and 38 in 2007-08. Some consultants told us that they consider there is little value in raising workload issues at job planning. They felt that the Health Board is unlikely to offer extra sessions given the financial constraints and they perceive the Health Board caps sessions at 10. The former Medical Director recognised this as a long-standing source of concern for consultants. The Health Board could consider further exploration of these views and look for solutions within the SAS and consultant contract steering group.

Most consultants consider their facilities, such as secretarial support, office space and IT equipment, to be satisfactory

54. The contract states that the NHS should be seeking to make ongoing improvements to the quality of consultants' working lives, which included ensuring suitable consultant office space and support are available. During our review, we sought to find out whether consultants had appropriate office support to allow them to undertake their commitments without being disturbed. Most consultants report they have access to satisfactory facilities although many would like more secretarial support and a private office. Fourteen of 40 (35 per cent) of those who responded to the survey say their working environment had improved.

55. A minority of consultants interviewed considered their facilities were poor. For example, the consultant anaesthetists at Royal Glamorgan Hospital and ENT surgeons at Prince Charles Hospital consider their office accommodation and access to computers to be inadequate. ENT and pathology say that they have requested extra facilities but that the Health Board has not made these available.

Appendix 1

Session benchmarking

Specialty analysis 2009-10: Health Board averages

Specialty	DCC	SPA	Other	Management	Total
Cwm Taf					
Accident and Emergency	8.30	2.47	0.18	0.00	10.94
Anaesthetics	8.30	2.22	0.15	0.00	10.67
Cardiology	8.74	2.27	0.13	0.15	11.29
Chemical Pathology	7.70	2.97	0.21	0.00	10.88
Child and Adolescent Psychiatry	7.70	2.38	0.16	0.26	10.50
Dermatology	7.13	3.27	0.23	0.00	10.63
Endocrinology	7.66	3.00	0.21	0.00	10.87
ENT	7.77	2.72	0.19	0.28	10.97
Gastroenterology	7.78	2.75	0.16	0.00	10.69
General Medicine	8.97	2.08	0.13	0.09	11.27
General Surgery	8.54	2.17	0.13	0.36	11.20
Genito Urinary Medicine	8.13	1.96	0.14	0.00	10.22
Geriatric Medicine	7.94	2.63	0.19	0.09	10.85
Gynaecology	8.83	2.14	0.14	0.00	11.11
Haematology (Clinical)	9.77	2.25	0.16	0.00	12.17
Histopathology	7.84	2.28	0.11	0.13	10.35
Medical Microbiology	8.00	2.00	0.14	0.00	10.14
Mental Illness	7.97	2.40	0.16	0.30	10.82
Old Age Psychiatry	8.20	2.67	0.19	0.00	11.06
Ophthalmology	7.15	2.14	0.12	1.05	10.45
Oral Surgery	8.66	2.42	0.17	0.33	11.58

Specialty	DCC	SPA	Other	Management	Total
Cwm Taf					
Orthodontics	8.60	1.65	0.12	0.00	10.36
Paediatrics	7.98	2.20	0.14	0.08	10.40
Palliative Medicine	8.13	2.71	0.19	0.00	11.03
Radiology	9.00	2.42	0.16	0.00	11.58
Restorative Dentistry	8.47	2.13	0.15	0.00	10.75
Rheumatology	7.60	2.48	0.18	0.04	10.30
Thoracic Medicine	7.68	2.84	0.20	0.18	10.90
Trauma and Orthopaedic	8.59	1.87	0.12	0.12	10.70
Urology	7.82	2.88	0.15	0.00	10.86
LHB average	**8.26**	**2.32**	**0.15**	**0.14**	**10.87**

Specialty analysis 2009-2010: all Wales averages

Specialty	DCC	SPA	Other	Management	Total
Accident and Emergency	8.07	2.58	0.18	0.12	10.95
Anaesthetics	8.27	2.64	0.04	0.08	11.03
Audiological Medicine	7.62	2.69	0.00	0.00	10.31
Cardiology	8.79	2.58	0.06	0.15	11.58
Cardiothoracic Surgery	9.76	2.70	0.00	0.00	12.46
Cellular Pathology	8.86	2.86	0.00	0.00	11.71
Chemical Pathology	7.91	2.89	0.02	0.27	11.08
Child and Adolescent Psychiatry	7.94	2.47	0.24	0.14	10.80
Clinical Biochemist	9.00	3.00	0.00	0.00	12.00
Clinical Genetics	7.75	3.33	0.31	0.10	11.48
Clinical Immunology and Allergy	9.00	3.00	0.00	0.00	12.00
Clinical Neuro-physiology	7.00	3.00	0.00	0.00	10.00

Specialty	DCC	SPA	Other	Management	Total
Clinical Oncology	8.16	2.61	0.13	0.90	11.81
Clinical Pharmacology and therapeutics	9.33	3.33	0.69	0.38	13.74
Community Medicine	7.08	2.69	0.00	0.38	10.15
Dental Medicine Specialties	7.82	2.97	0.00	0.18	10.96
Dermatology	7.62	2.66	0.09	0.13	10.49
Endocrinology	7.50	2.62	0.39	0.12	10.63
ENT	8.78	2.55	0.17	0.05	11.55
Forensic Psychiatry	7.95	2.75	0.24	0.55	11.49
Gastroenterology	8.10	2.57	0.16	0.05	10.87
General Medicine	8.35	2.61	0.05	0.11	11.12
General Surgery	9.38	2.29	0.19	0.14	12.00
Genito Urinary Medicine	7.70	2.69	0.27	0.00	10.66
Geriatric Medicine	8.48	2.72	0.19	0.09	11.47
GP Other	7.00	3.00	0.00	0.00	10.00
Gynaecology	8.47	2.56	0.13	0.10	11.27
Haematology (Clinical)	8.61	2.45	0.31	0.11	11.48
Haematology (non-clinical)	8.50	2.50	0.00	0.50	11.50
Histopathology	9.03	2.60	0.32	0.04	11.98
Infectious Diseases	10.17	3.63	1.00	1.33	16.13
Learning Disabilities	7.87	3.41	0.07	0.06	11.41
Medical Microbiology	7.93	2.82	0.07	0.01	10.84
Medical Oncology	7.92	2.60	0.17	0.15	10.84
Mental Illness	7.58	2.66	0.21	0.22	10.66
Nephrology	8.72	2.94	0.32	0.05	12.03
Neurology	8.06	2.75	0.19	0.00	11.01

Specialty	DCC	SPA	Other	Management	Total
Neurosurgery	9.35	2.28	0.20	0.00	11.83
Occupational Medicine	7.71	2.59	0.07	0.00	10.37
Old Age Psychiatry	7.19	2.90	0.39	0.05	10.53
Ophthalmology	8.13	2.56	0.08	0.13	10.90
Oral Surgery	8.86	2.84	0.02	0.05	11.76
Orthodontics	8.19	2.74	0.02	0.19	11.14
Paediatric Dentistry	7.82	2.18	0.00	0.00	10.00
Paediatric Neurology	9.29	2.38	1.13	0.00	12.80
Paediatric Surgery	10.54	2.00	0.12	0.00	12.66
Paediatrics	7.90	2.68	0.19	0.23	11.01
Palliative Medicine	7.14	2.76	0.41	0.48	10.79
Plastic Surgery	8.75	2.04	0.56	0.00	11.34
Psychotherapy	8.08	2.31	0.00	0.00	10.38
Public Health Medicine	7.54	2.88	0.06	0.00	10.48
Radiology	8.47	2.54	0.13	0.15	11.29
Rehabilitation	8.00	2.40	0.40	0.43	11.23
Restorative Dentistry	7.81	2.72	0.01	0.00	10.54
Rheumatology	7.58	2.82	0.07	0.16	10.63
Thoracic Medicine	7.48	2.98	0.33	0.07	10.86
Trauma and Orthopaedic	9.03	2.27	0.06	0.05	11.41
Urology	9.57	2.28	0.06	0.08	11.99
All Specialties average	**8.34**	**2.60**	**0.14**	**0.13**	**11.21**

Consultant survey: Health Board results

No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
1	Total number of responses		46		580
4	Percentage of consultants received adequate notice of the date of their last job plan review meeting	Yes	32	80.0%	87.8%
5	Percentage of consultants that had access to information from local clinical/management information systems to support discussions about their existing work	Yes	16	37.2%	53.4%
6	Percentage of consultants that use each of the following categories of information to help prepare for their job plan review meetings:	Health Board or Trust information	12	26.1%	26.2%
		Your own information	37	80.4%	67.2%
		None	3	6.5%	5.7%
		Other *	5	10.9%	8.4%
7a	Percentage of consultants that prior to the job planning meeting were able to consider last year's work	Yes	36	92.3%	89.6%
7b	Percentage of consultants that prior to the job planning meeting were able to consider their current pattern of work and activities	Yes	39	92.9%	95.9%

No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
7c	Percentage of consultants that prior to the job planning meeting were able to consider pressures and constraints that were causing them difficulties	Yes	37	88.1%	88.2%
7d	Percentage of consultants that prior to the job planning meeting were able to consider any clinical governance and clinical audit issues that have arisen	Yes	35	89.7%	85.1%
7e	Percentage of consultants that prior to the job planning meeting were able to consider the impact of internal and external initiatives (e.g. NHS reform, changes in health needs of the community and junior doctor training requirements)	Yes	29	72.5%	68.7%
7f	Percentage of consultants that prior to the job planning meeting were able to consider any ideas they had for improving the service	Yes	35	83.3%	80.1%
7g	Percentage of consultants that prior to the job planning meeting were able to consider their own personal development plan from their appraisal	Yes	36	85.7%	81.7%
8	Percentage of consultants that had a chance to see and comment on the information that was used by the managers involved in their review	Yes (either all or some of the information)	15	35.7%	44.1%
9	Percentage of consultants where the NHS is their primary employer	Yes	45	97.8%	93.6%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
10	Percentage of consultants that hold an academic contract	Yes	1	2.2%	11.3%
11	Percentage of consultants holding an academic contract, where the University was involved in the process to agree a single overall job plan	Yes	0	0.0%	21.6%
12	Percentage of consultants that have their job plan reviewed annually	Yes	30	71.4%	61.5%
13	Percentage of consultants that whose last job plan review was:	Within the last 3 months	3	6.5%	14.4%
		Between 3 months and 6 months ago	2	4.3%	14.7%
		Between 6 months and 12 months ago	18	39.1%	26.3%
		Between 12 months and 18 months ago	11	23.9%	17.2%
		More than 18 months ago	7	15.2%	19.1%
		I've never had a job plan review	5	10.9%	8.3%
14	Percentage of consultants whose last job plan review lasted:	Less than one hour	19	46.3%	60.7%
		One to two hours	22	53.7%	35.7%
		More than two hours	0	0.0%	3.6%
15	Percentage of consultants that said that their last job plan review was	About right?	30	71.4%	78.6%
16	Percentage of consultants that said that the right managers were involved in the job plan review	Yes	34	82.9%	87.3%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
17	Percentage of consultants whose last job plan review was undertaken as part of a team	Yes	10	23.8%	17.4%
18	Percentage of consultants whose last job plan review was undertaken as part of a team that were given the opportunity to agree individual commitments at a subsequent meeting	Yes	7	70.0%	52.8%
19a	Percentage of consultants that felt their job plan review was conducted in a constructive and positive tone	Yes	33	78.6%	85.4%
19b	Percentage of consultants that felt their job plan review was held in an appropriate location	Yes	38	90.5%	93.9%
19c	Percentage of consultants that felt their job plan review helped them to prioritise work better and reduce an excessive workload	Yes	15	37.5%	36.1%
19d	Percentage of consultants that felt their job plan review provided a stimulus to discuss steps that could be taken to improve clinical practice	Yes	18	43.9%	46.3%
19e	Percentage of consultants that felt their job plan review provided an opportunity to discuss modernising services and introducing innovation and new ways of working	Yes	18	43.9%	47.1%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
19f	Percentage of consultants that felt their job plan review allowed discussion of the constraints and pressures they face and agree the actions to address them	Yes	24	60.0%	61.9%
19g	Percentage of consultants that felt their job plan review identified issues relevant to other staff groups, clinical teams or service providers	Yes	21	51.2%	53.0%
19h	Percentage of consultants that felt their job plan review helped in delivering their personal development plan from their appraisal	Yes	26	63.4%	54.6%
20	Percentage of consultants that said a set of outcome indicators had been agreed for their job plan	Yes	15	36.6%	34.3%
21	Percentage of consultants that felt they have confidence with the accuracy of the outcome indicator information	Yes	5	17.2%	26.8%
22	Percentage of consultants that felt that the outcomes indicators used are appropriate and provide a true reflection of the work	Yes	5	19.2%	23.4%
23	Percentage of consultants that were involved in any discussion about the type and relevance of the indicators	Yes	8	26.7%	31.8%
24	Percentage that take part in the CHKS Compass Clinical Outcomes Indicator (COI) programme?	Yes	31	73.8%	77.0%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
25	Percentage that have confidence in the accuracy of the CHKS Compass COI reports?	Yes	2	5.1%	8.5%
26	Percentage of consultants that felt their job plan:				
	clarifies the commitments expected of them	Yes	33	71.7%	65.0%
	clearly schedules their commitments	Yes	35	76.1%	60.2%
	helps to tackle excessive workloads	Yes	7	15.2%	18.6%
	identifies the resources and support needed to deliver their job plan	Yes	9	19.6%	19.7%
	provides an appropriate balance between the sessions Direct Clinical Care (DCC) and Supporting Professional Activity (SPA) commitments	Yes	26	56.5%	54.7%
	clearly identifies the outcomes from their SPAs	Yes	11	23.9%	27.1%
	allows them to work more flexibly, for example, by varying the clinical commitment, allowing for part time, term time working, and "chunking" time	Yes	9	19.6%	24.7%
27	Percentage of consultants that in overall terms have found job planning to be:	Either useful or very useful	21	48.8%	37.2%
28a	In relation to the consultant contract and job planning, percentage that agreed: The time I spend on clinical care has increased	Either strongly agree or agree	20	54.1%	53.7%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
28b	In relation to the consultant contract and job planning, percentage that agreed: Patient care has improved	Either strongly agree or agree	12	30.8%	28.1%
28c	In relation to the consultant contract and job planning, percentage that agreed: I now have clear personal objectives linked to service improvements	Either strongly agree or agree	14	34.1%	26.2%
28d	In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is better able to plan clinical activity	Either strongly agree or agree	18	43.9%	23.8%
28e	In relation to the consultant contract and job planning, percentage that agreed: My work is better planned	Either strongly agree or agree	18	43.9%	32.4%
28f	In relation to the consultant contract and job planning, percentage that agreed: My working week is more transparent	Either strongly agree or agree	27	65.9%	55.0%
28g	In relation to the consultant contract and job planning, percentage that agreed: I am able to work more flexibly	Either strongly agree or agree	11	26.8%	27.1%
28h	In relation to the consultant contract and job planning, percentage that agreed: Team working has improved in my speciality	Either strongly agree or agree	15	38.5%	30.0%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
28i	In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is able to measure my performance and contribution to service delivery	Either strongly agree or agree	14	34.1%	25.0%
28j	In relation to the consultant contract and job planning, percentage that agreed: My job plan now reflects the specific demands of my specialty	Either strongly agree or agree	19	46.3%	41.5%
28k	In relation to the consultant contract and job planning, percentage that agreed: My job plan accurately reflects my working hours and commitments	Either strongly agree or agree	21	51.2%	40.4%
28l	In relation to the consultant contract and job planning, percentage that agreed: The support and resources identified in my job plan to help deliver my objectives have been provided	Either strongly agree or agree	9	22.5%	15.0%
28m	In relation to the consultant contract and job planning, percentage that agreed: My emergency workload is more fairly recognised	Either strongly agree or agree	15	42.9%	32.7%
28n	In relation to the consultant contract and job planning, percentage that agreed: I have been able reduce my working hours	Either strongly agree or agree	9	22.5%	13.6%
28o	In relation to the consultant contract and job planning, percentage that agreed: I am able to take most or all of my annual leave	Either strongly agree or agree	34	85.0%	75.9%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
28p	In relation to the consultant contract and job planning, percentage that agreed: My SPA commitments are fairly recognised	Either strongly agree or agree	20	50.0%	26.9%
28q	In relation to the consultant contract and job planning, percentage that agreed: My SPA outcomes are clearly identified	Either strongly agree or agree	12	30.0%	26.9%
28r	In relation to the consultant contract and job planning, percentage that agreed: The relationship between clinicians and managers has improved	Either strongly agree or agree	9	22.5%	18.3%
28s	In relation to the consultant contract and job planning, percentage that agreed: I have a positive relationship with management	Either strongly agree or agree	22	53.7%	55.3%
28t	In relation to the consultant contract and job planning, percentage that agreed: The working environment has improved for the better	Either strongly agree or agree	14	35.0%	17.2%
28u	In relation to the consultant contract and job planning, percentage that agreed: Medical workforce planning has improve	Either strongly agree or agree	10	25.6%	13.3%
28v	In relation to the consultant contract and job planning, percentage that agreed: Some of the work I do can now be done by other staff groups or more junior doctors	Either strongly agree or agree	16	40.0%	32.1%

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No.	Question	Answer	Cwm Taf number giving answer	Cwm Taf % giving answer	All Wales % giving answer
28w	In relation to the consultant contract and job planning, percentage that agreed: My salary better reflects my workload	Either strongly agree or agree	8	20.5%	31.7%
28x	In relation to the consultant contract and job planning, percentage that agreed: The balance between my NHS commitments and other commitments is clear	Either strongly agree or agree	17	47.2%	44.0%
28y	In relation to the consultant contract and job planning, percentage that agreed: The Contract has changed the way I work for the better	Either strongly agree or agree	11	27.5%	20.4%

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Appendix 3

Methodology

We interviewed over 30 staff from across the Health Board in September 2010. Those interviewed were the associate medical director, clinical directors, general managers, and staff from HR, finance and data management who were involved in job planning. We also interviewed a sample of consultants selected by the Health Board and the Local Negotiating Committee.

We reviewed a sample of job plans from each directorate. We also reviewed relevant documentation provided by the Health Board.

During September and October 2010, we asked consultants in the Health Board to complete an electronic survey. We designed this primarily to establish their views of the consultant contract. Forty-six consultants responded to the survey which is a response rate of 20 per cent.

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