Thank you for agreeing to take part in this exercise being carried out by the Academy of Medical Royal Colleges on behalf of all Royal Colleges and Faculties.

This briefing explains the background to the exercise and what we are seeking from participants completing the exercise.

Your individual response should be in the attached spreadsheets.

**Background**

Colleges and Faculties are concerned that increased service demands on trusts and the corresponding workload pressures on staff are squeezing the time made available for consultants to undertake both supporting professional activities (SPA) and also work for the wider NHS outside their own organisations.

In Scotland and now in some trusts in England contracts are being offered to new consultants on the basis of a 9:1 split between direct clinical care and other activity.

Medical Royal Colleges are clear that issues directly relating to contracts and terms of conditions are not within their remit and a matter for negotiation between the BMA and employers. However Colleges do have a fundamental interest in clinical quality and standards of care for patients as well as standards and delivery of post-graduate medical education and revalidation.

A consistent theme of the Government and NHS’s response to the wave of recent problems the service has experienced is that quality and patient safety must be at the core of both individual and organisational behaviour. These messages are at the core of the Francis and Berwick reports. Indeed the first recommendation from Don Berwick is that the “NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning” and this has to be achieved by focussing continually on improvement.

College concerns are therefore expressed within that context and because they are concerned that current arrangements regarding SPAs in some trusts could jeopardise those standards.

**Academy position**

The Academy Council has been asked to take up this issue and make a public statement on SPA time. This could address whether in current circumstances having 2.5 SPAs (i.e. a quarter of the contracted week) as the norm remains realistic. However at its last meeting the Academy Council recognised that there is very little real evidence as to what a “right” amount of SPA time should be. Without this the danger is that the argument becomes a somewhat sterile debate about one conjectured figure or another.
The Council therefore agreed to seek evidence from a range of sources as to the amount of time consultants are actually spending on supporting and other activity within their jobs. Besides this exercise with individual consultants we are seeking views from the GMC, CQC and the Revalidation Support Team.

**Diary Exercise**
The core part of this exercise is seeking information from College members about their actual experience on the ground. We want to understand what is happening in practice and whether consultants believe they are getting sufficient time to carry out non Direct Clinical Care activities. This is not intended to be a quantitative survey but we are keen to get a spread of geographical, organisational and specialty responses.

We do not want the exercise to be too burdensome but do need to be able to collect sufficient detail.

We are asking those taking part to
- Complete a diary exercise for two weeks. The weeks do not have to be consecutive and you can start on whichever day you want provided it runs for a seven days.
- Detail your activity into categories of 30 minute periods
- Record the activity on the attached spreadsheets (one spreadsheet per week). You simply record your activity under the relevant category and the spreadsheet will then calculate daily and weekly totals
- Give a very brief description of your non-DCC activity
- Complete the short general questionnaire
- Complete the exercise by the end of May

**The contractual position**
The formal definitions of the different types of “Programmed Activity” under the 2004 consultant contract are set out below. These are
- Direct Clinical Care (DCC)
- Supporting Professional Activities (SPAs)
- Additional NHS responsibilities
- External Duties
- Travel Time
You should select only one category for each thirty minute period. If you did a mixture of activity within the thirty minutes please just record the activity which took the majority of time

**Queries and return of diary sheets**
If you have any queries please contact Alastair.Henderson@aomrc.org.uk and return your completed forms by **Sunday 1 June**
Annex A

Contract definitions of types of consultant activity

**Direct Clinical Care:** “Work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation ….. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes)”

**Supporting Professional Activities** “activities that underpin Direct Clinical Care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities”

In addition to SPA activity the contract identifies the following possible activity that could be undertaken by a consultant:-

**Additional NHS Responsibilities** - “special responsibilities – not undertaken by the generality of consultants in the employing organisation – which are agreed between a consultant and the employing organisation and which cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. These include being a Medical Director, Director of Public Health, Clinical Director or lead clinician, or acting as a Caldicott guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list.

**External Duties (2003 wording)** “Duties …undertaken as part of the Job Plan by agreement between the consultant and employing organisation. These might include trade union duties, undertaking inspections for the Commission for Health Improvement (or its successor body), acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive.

**Travel Time** Where consultants are expected to spend time on more than one site during the course of a day, travelling time to and from their main base to other sites will be included as working time.