

Advice on Supporting Professional Activities in consultant job planning

The Academy of Medical Royal College's understanding of Supporting Professional Activities (SPAs) is that they reflect time spent undertaking teaching, training, education, CPD (including reading journals), audit, appraisal, research, clinical management, clinical governance, service development etc; activities that are essential to the long-term maintenance of the quality of the service but do not represent direct patient care.

SPAs should not include major additional NHS responsibilities such as those of a Medical Director or Clinical Director, training programme director or Postgraduate Dean. SPAs should not include agreed external duties such as acting as an examiner, peer assessor, College/DH/GMC work etc.

This matter lies partly in the realm of negotiations of terms and conditions of service, which is a responsibility of the British Medical Association (BMA) and the Hospital Consultants and Specialist Associations (HCSA) and is outside the remit of the Medical Royal Colleges; but it also impacts directly on maintaining and improving the quality of the service, which is a direct and legitimate interest of Medical Royal Colleges. Many Royal Colleges have managed this problem simply by referring to the recommendations made in the Consultant Contract as negotiated between the BMA and the Department of Health. This recommends 2.5 SPAs in a 10 Programmed Activity (PA) contract, with a higher proportion of SPAs for those working part time. Some Colleges have taken this as a recommendation that 2.5 SPAs should be a minimum. Others have taken 2.5 SPAs to be an appropriate average across a department, with some consultants having slightly more SPAs and others slightly less. In this context it is important to note (as explained above) that those with heavy managerial workloads should regard their managerial work as 'additional duties', not as SPAs.

It is difficult to produce specific guidance on an appropriate number of SPAs on the basis of the area in which the Colleges have a legitimate interest; that is, maintenance of service quality. This is not only because the demands of different jobs differ, but also because of a genuine lack of information on how much time a typical consultant needs to monitor, maintain and improve his or her standards of practice.

The uncertainty is exacerbated by the introduction of medical revalidation. The process of revalidation, and also the work that underlies it (e.g. Continuing Professional Development, audit, multi-source feedback, patient feedback, critical incident review etc.) is all work that has to be accommodated within SPA time. There is consensus that the introduction of revalidation will result in some increase in time spent in such work, but the size of that increase is unknown. One of the purposes of the revalidation pilot schemes (taking place in 2010 – 2011) is to get a better estimate of this requirement; but even these pilots will generate no more than an estimate. Consequently any current recommendation of SPA requirements

can only be a temporary estimate; it will be necessary to review this when the impact of revalidation is better understood.

However, such a review may result in difficult discussions and negotiations, especially in the current financial climate. The Colleges are concerned that they should not be drawn inappropriately into negotiations of terms and conditions of service. Consequently we recommend that despite the current uncertainty any estimate of SPA requirements should include some allowance for the introduction of medical revalidation.

At present, before the introduction of medical revalidation, those Colleges that have estimated the minimum time required solely for a consultant to keep up to date have suggested 1 SPA or 1.5 SPAs. This does not include the agreed annual study leave allowance.

In view of the uncertainty around revalidation, discussed above, the Academy therefore proposes that the minimum number of SPAs allowed for this purpose should be 1.5 per week, not including annual study leave.

However, a contract that includes only 1.5 SPAs and 8.5 Programmed Activities would have no time at all for other SPA work such as teaching, training, research, service development, clinical governance, contribution to management etc. It is unthinkable that a consultant could be employed with absolutely no involvement in management, if only attendance at departmental meetings, reading and responding to messages from management *etc.* Similarly it is difficult to envisage a post that never involves any teaching or training of any sort; most NHS employers receive funding for undergraduate and postgraduate teaching and should be able to explain how this is used. A post that does not permit any involvement in service development or clinical governance would be contrary to our concept of the consultant role. From this it follows that 1.5 SPAs in total would be inadequate and that the original recommendation in the Consultant Contract of 2.5 SPAs as typical seems reasonable.

We have noticed a trend for newly appointed consultants to be offered a contract with considerably fewer SPAs than this, along with a verbal promise that the number of SPAs will be reviewed annually as part of the job planning process and will be increased if an increase is justified. It is argued that new consultants typically have less involvement in management and teaching than their more experienced colleagues. We regard this as inappropriate for four reasons:

- It places the onus on a new and inexperienced consultant to argue subsequently for a change in the job plan merely to achieve what has been agreed nationally as a reasonable number of SPAs. Reallocating clinical sessions to colleagues is usually difficult
- This manoeuvre eliminates the previous agreement that there should be input from the relevant Royal College into the design of the new consultant's job plan, unless the College is also involved in the subsequent review; we are aware of no instances where employers have invited such involvement
- New consultants should be encouraged to get involved in clinical innovation, management, teaching and training not discouraged

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- A new consultant is likely to need additional time for orientation and being mentored in the new role, and may need additional CPD to develop any specialist aspects of the post that were not adequately covered by training to CCT level. This would require more SPA time, not less.

On the basis of this analysis we make the following recommendations, which will be subject to review as our experience of medical revalidation accumulates.

1. New consultant posts should continue to be advertised with a job plan which typically includes 2.5 SPAs, with an expectation of annual review.
2. If a consultant is employed with 2 or fewer SPAs, any problems with revalidation should lead to an urgent review of the SPA allocation.

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