



Department of Health & Social Care

OFFER FOR THE CONSULTANT WORKFORCE IN ENGLAND

INTRODUCTION

This document sets out the Government's revised final offer to resolve the industrial dispute and ensure that consultants and the Government can work together to ensure that patients can receive the vital care and treatment they need. The Government, the BMA Consultant Committee in England and HCSEA's Executive Committee have all recognised that this is the best and final offer that will be put to the memberships.

PART 1: REFORM OF THE CONSULTANT (2003 CONTRACT) PAY SCALE

The Government will support the modernisation of the current NHS pay structure for consultants to better reward performance, support progression and role development, and help to address the gender pay gap in the medical profession. The newly reformed pay scale will be designed to support effective recruitment to the consultant grade and retention at all stages of the consultant career.

In order to achieve these objectives, we are:

- Reducing the length of time it takes to reach the top of the pay scale.
- Reducing the number of pay points in the pay scale.
- Increasing starting pay.
- Increasing pay at the top of the pay scale.

The proposed pay structure is at [Annex A](#).

If the offer is accepted, the effective date for the new pay structure will be 1 March 2024.

Progression structure reform

As set out in the original offer, the Government is willing to invest in the consultant paybill, adjusting pay scales in order to realise modernisation in the NHS progression structure for consultants. This is in exchange for the productivity enhancing reforms set out below.

The original offer proposed 3.45% of new investment alongside the permanent redeployment of the new Local Clinical Excellence Award funding stream as part of general remuneration from 2024/25, resulting in a further spend on progression structure of around 1.5%.

We are also now using funding released through the attrition of consolidated Local Clinical Excellence Awards to uplift the pay point value for Years of Experience 4-7.

This is in addition to the 6% pay award in 2023/24, and also in addition to the outcome of the DDRB process for 2024/25.

Expectations in return for progression structure reform

This additional investment is subject to the following contractual and operational reforms which seek to increase productivity and efficiency, support effective performance management and reduce inequalities across the workforce.

Pay progression

In tandem with reform of the pay progression structure, new arrangements will be introduced to the process authorising progression through pay points. The effective date is to be confirmed, but is expected to be after September 2024. This will ensure that there is a clearer link between pay progression and evidence of skills, competencies and experience.

Progression to pay points which result in a change of salary will be closed on the payroll system. A simple progression process will be introduced between the consultant and their clinical manager so that progression is achieved where clinical managers are satisfied certain criteria have been met. A pay progression review meeting will need to be undertaken to ensure the doctor has met the criteria. Following this, it will be the responsibility of the clinical manager to take the necessary action on the NHS pay system to open the pay point.

No pay progression review meeting will be required for progression from the second pay point value to the third pay point value.

Joint guidance will be developed to support employers implementing the new system to ensure it is applied fairly and consistently to all consultants, in line with relevant equalities legislation.

The intention is not to prevent consultants who are achieving expected standards from moving through the pay scale, but simply to ensure consistency of approach and a minimum standard for progression.

Overarching principles that apply to pay progression criteria:

- It is the expectation that consultants will be able to progress through these gateways by meeting the performance criteria 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 onto 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 relevant equalities legislation as well as with NHS' Medical Workforce Race Equality Standard (MWRES) and Equality and Diversity and inclusion improvement plan <https://www.england.nhs.uk/long-read/nhs-equality-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.

The below sets out the pay progression criteria to be satisfied. A new version of Schedule 15 of the consultant contract will be drafted. Annex B confirms in full the differences between the current arrangements in Schedule 15 and these new criteria:

- **Job Planning:** Participated satisfactorily in the job planning process (taking into account arrangements relating to mediation and appeals in accordance with Schedule 4) including:
 - Making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review.
 - Setting and meeting personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so. This would include demonstrating any service improvements (including via training and teaching) set out in personal objectives.
 - Working towards any changes agreed in the last job plan review as being necessary to support achievement of joint objectives.
- **Appraisal:** Participated satisfactorily in the medical appraisal in accordance with the GMC's requirements set out in "[Good Medical Practice](#)".
- **Statutory & Mandatory Training (SMT):** Engaged and participated in employing organisation's mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.
- **Extra programmed activities and spare professional capacity:** Taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions; In line with the provisions of schedule 6 of the 2003 consultant TCS.
- **Provisions governing the relationship between NHS work, private practice and fee-paying services:** Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.
- **No disciplinary sanctions live on the doctor's record:** 'Disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings. It does not include investigations, informal warnings, counselling or other informal activities that may come within a disciplinary policy. If a disciplinary sanction is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met. There are processes already in place as part of the Maintaining High Professional Standards (MHPS) in the NHS framework regarding the process around disciplinary sanctions which would apply here.
- **No formal capability process in place:** 'Capability process' will be as set out in the organisation's local policy for applying Part 4 of [Maintaining High Professional Standards \(MHPS\)](#) on which the Joint Local Negotiating Committee has been consulted and covers processes for dealing with lack of competence, including professional and clinical competence, and clear failure by an employee to achieve a satisfactory standard of work through lack of knowledge, ability or consistently poor performance. 'Process' means that there has been an outcome following an investigation which places the employee in a formal capability process (or as otherwise defined in local policy). Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard. If a capability process is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.

BMA rate card

As part of this agreement, the BMA agrees to continue its position of not promoting the BMA rate card for consultants in England whilst talks are ongoing and for the duration of a referendum on the offer. If this deal is accepted by the membership, the BMA will withdraw the rate card with immediate effect. The BMA reserves the right to re-introduce the BMA rate card for consultants if there is a future industrial dispute.

Where ICBs and other groups of employers collaborate on arrangements for securing extra contractual consultant work, this should be done in consultation with those employers' Joint Local Negotiating Committees.

Shared Parental Leave

The Government will amend the Terms and Conditions of Service (Consultants) 2003 in England to add the following wording to schedule 29:

A Consultant working full-time or part-time will be entitled to paid and unpaid shared parental leave and pay if:

- I. they have 12 months' continuous service with one or more NHS employers at the beginning of the 11th week before the expected week of childbirth, or at the beginning of the week in which they are notified of being matched with a child for adoption, or by the 15th week before the baby's due date if applying via a surrogacy arrangement;*
- II. they notify their employer of their wish to take shared parental leave and provide a minimum of eight weeks' notice, through the submission of a booking notification form or other local process, which will confirm:*
 - A. their intention to take shared parental leave;*
 - B. the date(s) they wish to access shared parental leave (noting that two weeks compulsory maternity or adoption leave must be taken by the mother or primary adopter before they can access shared parental leave);*
 - C. that they intend to return to work with the same or another NHS employer for a minimum period of three months after their shared parental leave has ended;*
 - D. that the mother or primary adopter has returned to work following maternity or adoption leave, or has provided the binding notice confirming that they intend to bring their maternity or adoption leave and pay entitlements to an early end.*
- III. they confirm that the other parent meets the statutory "employment and earnings test" by being an employed or self-employed earner in the UK for a total of 26 weeks (not necessarily continuously) in the 66 weeks preceding the week the child is due to be born or matched for adoption. The individual must have earned at least an average of £30 (gross) a week in 13 of those 26 weeks (not necessarily continuously). This amount can be amended from time to time by the Secretary of State.*

Local Clinical Excellence Awards (LCEAs)

As funding for Local Clinical Excellence Awards is being redeployed into remuneration, the contractual entitlement to access an annual awards round will cease. This will take effect from 1 April 2024. Any multi-year non-consolidated awards issued since April 2018 will not be impacted.

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 be reinvested to partially offset the cost of the offer.

Schedule 30 of the consultant contract will be updated to reflect these changes. As part of the process to update Schedule 30, NHS England and the Government are also prepared to consider other changes to the LCEA arrangements in order to smooth out arrangements and streamline the process.

PART 2: CHANGES TO THE OPERATION OF THE DOCTORS AND DENTISTS REVIEW BODY

The Government is committed to ensuring that the pay setting process and the Review Body on Doctors' and Dentists' Remuneration (DDRB) operates effectively and independently to maintain confidence of relevant professions and stakeholders. It recognises that all parties' input to the pay-

setting process - from the point at which remit letters are prepared onwards - should be made in this spirit, and in support of a shared commitment to use the process to maintain positive industrial relations.

The Government will therefore review and make changes to the operation of DDRB processes, taking into account the views of the BMA, BDA, HCSA, other trade unions and employers, with the intention that these changes are implemented such that they apply for the 2025/26 pay year.

These changes will address the following areas.

- **The process for appointing DDRB members** – The process for appointing members of the Review Body on Doctors' and Dentists' Remuneration (DDRB) is governed by the Governance Code on Public Appointments. The ultimate responsibility for appointments and thus the selection of those appointed rests with the relevant Minister, who is accountable to Parliament for their decisions and actions.
 - The sift and interview panels that make recommendations on appointments are apolitical, consisting of senior civil servants, PRB Chairs and an independent panel member (an individual who is independent of the department and of the body concerned). In the preparation of future job descriptions for the recruitment of DDRB members, relevant unions will be invited to work collaboratively with DHSC to prepare the job specification.
 - Selection processes should be fair, impartial and each candidate must be assessed against the same criteria for the role in question. This must be undertaken objectively against the published selection criteria for the role. As part of that selection process, one union representative will be invited to provide their assessment to the Advisory Assessment Panel at the initial sifting stage.
 - Overall, it is agreed that the members of the DDRB must be people of eminence and authority with a broad range of appropriate experience.
 - The Government will also increase the compensation available to members of the DDRB ensuring it continues to attract the appropriate calibre of appointee.
- **Remit letters** – Remit letters will not include information about inflation and wider economic performance, which will instead be addressed through Government evidence.
- **Terms of reference** - Terms of reference will be refreshed. These will guide the DDRB to consider, in making its recommendations, a range of additional factors, including:
 - the need to attract, recruit, retain and motivate doctors and dentists, including consideration of local and regional labour market factors, in view of their contribution to the health of the nation; and
 - developments in doctors' and dentists' earnings in the context of long-term trends in the wider labour market, alongside comparator professions, including relevant international comparators.

The full refreshed terms of reference are set out at Annex C

- **The timetable for the pay round process** – The parties will agree a timetable which would see awards announced earlier than in recent years and which the Government would use its best endeavours to meet. As part of this, the Government will look to implement the outcome of each year's DDRB process as soon as practically possible, with the aim of the pay award being known at the start of the financial year from the 2025/26 pay round.
- **The data submitted in Government's evidence to the DDRB** – The parties will identify ways to reduce the duplication of data provided to the DDRB, and ensuring this data offers 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.

DDRB for the 2024/25 pay round

The government has made clear in its evidence to the DDRB for 2024/25 that, if the offer is accepted, there should be a headline pay award for consultants and the Government will not suggest that the level of this award should be below awards for the wider public sector as a result of the negotiated settlement on pay scale reform.

ANNEX A



ANNEX B

Pay gateway criteria will be introduced to ensure that there is a clearer link between pay progression and evidence of skills, competencies and experience. The below provides a comparison between the new proposed gateway criteria and the current arrangements in Schedule 15 relating to progression through pay thresholds.

| | Criteria | New arrangements | Current wording in Schedule 15 |
|---|--------------|---|--|
| 1 | Job Planning | <p>New arrangements proposed:</p> <p>Participated satisfactorily in the job planning process (taking into account arrangements relating to mediation and appeals in accordance with Schedule 4) including:</p> <ul style="list-style-type: none"> • Making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review. • Setting and meeting personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so. This would include demonstrating any service improvements (including via training and teaching) set out in personal objectives. • Working towards any changes agreed in the last job plan review as being necessary to support achievement of joint objectives. | <p>Current wording in Sch15:</p> <p>“Following the annual Job Plan review, the clinical manager who has conducted the Job Plan review will report the outcome, via the Medical Director, to the Chief Executive and copied to the consultant and the Chief Executive of any other NHS organisation with which the consultant holds a contract of employment, setting out for the purposes of decisions on pay thresholds whether the consultant has:</p> <ul style="list-style-type: none"> • made every reasonable effort to meet the time and service commitments in the Job Plan; • participated satisfactorily in reviewing the Job Plan and setting personal objectives; • met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so; • worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives; |
| 2 | Appraisal | <p>New arrangements:</p> <ul style="list-style-type: none"> • Participated satisfactorily in the medical appraisal in accordance with the GMC's requirements set out in “Good Medical Practice”. | <p>Current wording in Sch15:</p> <ul style="list-style-type: none"> • participated satisfactorily in the appraisal process; |

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| 3 | Statutory & Mandatory Training (SMT) | <p>New arrangements:</p> <ul style="list-style-type: none"> Engaged and participated in employing organisation's mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so. | Not currently included in Sch15. |
| 4 | Extra programmed activities and spare professional capacity | No proposed changes to this. | <p>Current wording in Sch15:</p> <ul style="list-style-type: none"> taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions; |
| 5 | Provisions governing the relationship between NHS work, private practice and fee-paying services | No proposed changes to this. | <p>Current wording in Sch15:</p> <ul style="list-style-type: none"> met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9. |
| 7 | No disciplinary sanctions live on the doctor's record | <p>New arrangements:</p> <p>No disciplinary sanctions live on the doctor's record:</p> <ul style="list-style-type: none"> 'Disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings. It does not include investigations, informal warnings, counselling or other informal activities that may come within a disciplinary policy. If a disciplinary sanction is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met. <p>There are processes already in place as part of the Maintaining High Professional Standards (MHPS) in the NHS framework</p> | Not currently included in Sch15. |

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| | regarding the process around disciplinary sanctions which would apply here. | |
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ANNEX C - REVISED DDRB TERMS OF REFERENCE

The Review Body on Doctors' and Dentists' Remuneration was appointed in its current form in July 1971. Its terms of reference were introduced in 1998, and amended in 2003, 2007 and 2024 and are reproduced below.

The Review Body on Doctors' and Dentists' Remuneration is independent. Its role is to make recommendations to the Prime Minister, the Secretary of State for Health and Social Care, the First Minister and the Cabinet Secretary for NHS Recovery, Health and Social Care of the Scottish Government, the First Minister and the Minister for Health and Social Services of the Welsh Government and the First Minister, deputy First Minister and Minister of Health of the Northern Ireland Executive on the remuneration of doctors and dentists taking any part in the National Health Service.

In reaching its recommendations, the Review Body is to have regard to the following considerations, evaluating the weight of each independently, in parallel and non-contingently:

- The need to attract, recruit, retain and motivate doctors and dentists, including consideration of local and regional labour market factors, in view of their contribution to the health of the nation;
- Developments in doctors' and dentists' earnings in the context of long-term trends in the wider labour market, alongside comparator professions, including relevant international comparators;
- Economic and other evidence submitted by the Government, and the funds available to the Government Health Departments;
- Economic and other evidence submitted by staff and professional representatives, and others;
- Wider macroeconomic factors;
- The overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved; and
- The legal obligations on the NHS, including anti-discrimination legislation regarding age, gender, race, sexual orientation, religion and belief and disability.

The Review Body may also be asked to consider other specific issues, where agreed by relevant unions and the Government.

These Terms of Reference are intended to give all parties, including the remit groups, confidence that the Review Body's recommendations have been independently, properly and fairly determined.

Reports and recommendations should be submitted jointly to the Prime Minister, the Secretary of State for Health and Social Care, the First Minister and the Cabinet Secretary for NHS Recovery, Health and Social Care of the Scottish Government, the First Minister and the Minister for Health and Social Services of the Welsh Government, and the First Minister, deputy First Minister and Minister of Health of the Northern Ireland Executive.