

JULY 2015

DOCTORS' AND DENTISTS' REVIEW BODY REPORT CONCLUSIONS

The independent Doctors' and Dentists' Review Body (DDRB) has made observations on the consultants contract and recommendations on new contractual arrangements for doctors and dentists in training. This document highlights some of the key conclusions.

DDRB observations on the consultant contract

Removal of the opt-out clause from the consultant contract, ending consultants' option to refuse to work outside the normal working week except in emergencies

While many doctors work during the evenings and weekends, the existence of the opt-out allows some senior doctors the unique opportunity to negotiate higher pay rates for undertaking non-emergency work out of hours.

The British Medical Association (BMA) accepted the removal of the opt-out subject to the introduction of appropriate safeguards, which included a contractual guarantee that no doctors would be required to work more than 13 weekends in a year or more than a 40 hour week without consent.

Contractual safeguards to ensure hours and rest periods are maintained

The DDRB agreed with our proposal for the inclusion of contractual safeguards. Extensive safeguards have been offered within an amended contract, supported by a new code of conduct and jointly agreed implementation guidance. These included:

- a clear contractual prioritisation for patients according to clinical need
- limits on working hours (standard 40 hours contract)
- protections from excessive working out-of-hours (including weekend working limited to no more than 13 weekends in a year)
- meaningful engagement prior to any service changes.

Reforming local clinical excellence awards as payments for achieving excellence

Our proposals offered contractual performance payments for distribution at a local level on the basis of personal, team and organisational performance. These would be linked to objective-based performance appraisal and the job planning process. The level of funding available to support this element of reward package would be in line with current arrangements.

These proposals, developed as part of the negotiations, would put a stronger focus on achievement of the core, patient-focused roles that are linked to organisational objectives. The DDRB has broadly endorsed the proposals, suggesting they are called payments for achieving excellence.

A separate payment for working unsocial hours

Our proposals seek to limit the range of hours covered by the out-of-hours premium, to make wider service hours affordable in the long term. The challenge is to set the revised pay rates at a level that continues to incentivise and reward consultants working out-of-hours while remaining within the existing overall costs.

Recommendations on the junior doctors contract

A new professional contract based on work schedules, work reviews and exception reporting and the end of banding payments

For some time, employers, DDRB, and junior doctors have been calling for an increase in basic pay, rather than non-pensionable banding supplements. We proposed basic salary would increase significantly, and payment would be made for any additional scheduled hours, hours worked at nights or Sundays, or for those entitled to a flexible pay premium. Availability supplements would also be payable for those required to be on standby to return (variable depending on frequency of commitment). Work during the on call period would be separately remunerated as additional working hours.

An extension to the normal working day (plain time)

The DDRB support proposals that plain time should be 7am-10pm, Monday to Saturday 'as the basis for further discussion/negotiation'. They recommended unsocial hours periods should be the same for all staff groups. Under our proposal, nights would attract a 50 per cent supplement and Sunday days a 33 per cent supplement. We want to reward those who work during the most unsocial times. Basic pay would also rise significantly under this proposal.

Contractual safeguards

In addition to the legal safeguards the working time regulations (WTR) provide, NHS Employers proposed:

- an absolute limit on weekly hours of 72
- no shift to exceed 13 hours
- no more than five consecutive long days or four consecutive night shifts
- no doctor to be on duty for more than seven consecutive on call periods.

The DDRB support this proposal, and some rotas would need to change (for example those containing seven long days or nights in a row). The DDRB have also suggested that the requirement to comply with WTR, or any successor legislation, should be in the contract.

Pay should be based on stages of training and actual progression to the next level of responsibility, evidenced by taking up a position at that level

This means the current system where pay increases every year based on time served, even when a doctor fails to progress, is absent from work, or is part time, would end. NHS Employers believe the new proposed system is fairer to all parties.

Flexible pay premia could be used in some circumstances

The DDRB have made some additional recommendations that there should be the ability to recognise, where appropriate, those who take a break from training or choose to retrain in a different specialty. The DDRB also said the contract should include the potential use of flexible pay premia to incentivise hard-to-fill specialties. The current GP supplement is effectively a recruitment and retention premium (RRP), so there is a model for specialty RRP. We would hope to discuss flexible pay premia with the BMA, to ensure they can be managed in the most suitable and effective way.

Further information

For details of our resources related to our employer proposals, the full DDRB report and the government's response to the DDRB report go to the NHS Employers website or email doctorsanddentists@nhsemployers.org

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