

# TEACHING, TRAINING AND RESEARCH UNDER THE NEW CONSULTANT CONTRACT

## BACKGROUND INFORMATION AND GUIDANCE ON THE DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING FOR JOINT WORKING

### Background

1. A number of different initiatives now being delivered across the HPSS have a direct impact on the undergraduate and postgraduate teaching responsibilities of both HPSS consultants and joint appointment consultants. These require to be addressed coherently and in a way which takes account of consultants' commitments to direct clinical care.

### *The Follett Report*

2. The report of the Follett Review [<http://www.dfes.gov.uk/follettreview>], which was set up in the wake of the Alder Hey Inquiry establishes that a key principle for HPSS and university organisations involved in medical education and research should be 'joint working to integrate separate responsibilities', while emphasising that whatever the contractual arrangements, there should be no uncertainty about lines of responsibility, reporting arrangements of individual HPSS consultants, and staff management procedures. It concludes that joint bodies should be established to manage local HPSS/university partnerships.

### *The new consultant contract*

3. The new consultant contract, which became operational from 1 April 2004, establishes a contract for HPSS consultants and for joint appointment consultants' commitments based on a more transparent planning of each consultant's activity. For a full time consultant this activity, unless otherwise agreed, is typically divided between 7.5 weekly programmed activities for direct clinical care and 2.5 weekly programmed activities for supporting professional activities. There should be local flexibility and agreement to facilitate variances in the typical normal allocation of PAs between the HPSS and the University.
4. Teaching and training the future cohort of trained doctors is vitally important to the future of the HPSS. HPSS and joint appointment consultants are expected to continue to carry out the undergraduate and postgraduate teaching and training required for this task, and to continue to commit to such work as is reflected in their new job plan subject to future changes in teaching/training and in the design of services.
5. The new contract is predicated on a fundamental re-examination of consultant activity now underway, with a view to maximising consultants' contribution to the

HPSS. This exercise includes an appraisal of all consultant responsibilities, including undergraduate teaching, supervision of post-graduate training, and research.

### **Framework for joint working – key objectives**

6. Modernising Medical Careers sets out a new approach to post-graduate training of the medical workforce involving a move towards a programmed-based approach to learning for doctors, greater flexibility in training pathways, and a greater emphasis on quality rather than quantity of training through the delivery of more structured supervision and teaching by consultants.
7. There are likely to be great benefits to be gained from addressing these developments within a common corporate framework across HSS Trusts, the Universities and NIMDTA and commissioning organizations. The Common Corporate Framework will include high level strategies and agreements on the requirements for undergraduate and postgraduate teaching and training across the HPSS. HSS Trusts have a responsibility to contribute to the education of their future medical workforce at all levels and an interest in recruiting and retaining medical school graduates. The University needs to work closely with the HPSS to deliver its teaching, training and research commitments and to ensure that its joint appointment staff maintain the current balance between clinical service, teaching and research detailed in their job plans.
8. The Memo of Understanding to be drawn up by HSS Trusts, NIMDTA and the University will:
  - outline clear principles by which the University, NIMDTA and HSS Trusts will work jointly to organise and deliver clinical services, teaching, training and research in an integrated way informed by the common corporate framework;
  - identify the processes and protocols by which these activities will be carried out and define the agreements which will govern them (see also paragraphs 13-15 below);
  - identify the individuals responsible for co-ordinating this work across the medical (or medical/dental) school, relevant HSS Trust and NIMDTA – the postgraduate and undergraduate deans will clearly be pivotal figures;
  - address the undergraduate and postgraduate teaching and training requirements outlined in the Common Corporate Framework, and detail how those requirements are to be delivered across the HPSS and joint appointment consultant cohort through the new consultant contract;

- make clear what the average weekly commitment to teaching, training and research will be for each clinical directorate;
- make clear the mechanisms for joint review of any agreements.

## Teaching, training and research

### *Teaching and training*

9. Joint appointment consultants will undertake formal undergraduate teaching (see below) under the terms of the university element of their joint contracts and postgraduate training under the terms of the HPSS element of their joint contract.
10. *Undergraduate teaching:* Undergraduate teaching by HPSS consultants may be categorised as **formal** (i.e. preparation for and delivery of activity where the student is the main focus of the activity as in a lecture, small group teaching or individual supervision, or where an examination is being administered or assessed) or **service-linked** (i.e. where provision of clinical service is the main focus of the activity as in a normal outpatient clinic, ward round or theatre session). Commitments to course organisation or participation in educationally related activities such as student support, student assessments, or student admissions would also be categorised as formal teaching.
11. Within the envelope of the basic weekly contractual commitment of any one individual, both formal and service-linked undergraduate teaching may take place. Service-linked teaching will be subsumed within time allocated for direct clinical care and, although clearly requiring time within direct clinical care programmed activities and impacting on productivity, will not displace such programmed activities in the job plan. Formal teaching should be undertaken within weekly programmed activities designated for supporting professional activities and will normally be accommodated as such.
12. For those HPSS consultants who have formal responsibilities for managing or coordinating undergraduate teaching (e.g. Associate Deans/Teaching Deans), the amount of work will need to be determined locally and there should be local agreement as to the number of supporting professional activities required to undertake this work.
13. Teaching will be delivered via service level agreements between the relevant HPSS Bodies and the University. The key objectives of these service level agreements will be to define the quantity of teaching to be provided on behalf of the University by individual clinical directorates (or equivalent management structures), to specify the lines of accountability and reporting, and to note any relevant procedures.

14. Joint appointment consultants will undergo joint consultant appraisal and joint job plan review.
15. An arrangement whereby clinical directorates (or equivalent management structures), or specialist clinical groups within clinical directorates, undertake to deliver defined amounts of undergraduate teaching in particular specialties, may have advantages for the HPSS and University in terms of flexibility and continuity of both service provision and teaching. Such arrangements should in all circumstances be formally considered by the relevant HPSS bodies and the University working together. They are consistent with individual job planning and accountability, and can be achieved by means of service level agreements (as outlined at paragraph 13) and implemented via individual job plans.
16. ***Supervision of postgraduate training:***

Supervision of postgraduate training is of vital importance in helping to deliver the future medical workforce for the HPSS. It is important that HPSS systems support and commit to postgraduate training. The Postgraduate Dean (NIMDTA) has the responsibility for overseeing such training. In the case of the PRHO year (foundation year 1), the Postgraduate Dean carries out this work on behalf of the University. Each individual's postgraduate teaching and supervising responsibilities should be quantified and defined in his/her job plan. There will be service-linked teaching (eg, ward rounds, clinics, operating theatres and clinical supervision activities) which takes place within direct clinical care programmed activities. Specific formal teaching (eg, tutorials, case presentations and mentoring) will take place within supporting professional activities. The exact amount of these formal activities will vary from consultant to consultant and there may be roles which require to be recognised beyond time provided within supporting professional activities (see paragraph 19b). The key principle which should underpin service-linked postgraduate teaching, as with service-linked undergraduate teaching, is flexibility, and it is important that arrangements allow a flexible approach to such teaching to continue.

17. Formal postgraduate teaching events and formal supervision of postgraduate education (for example, tutorials, formal SHO training programmes, appraisal, RITAs and careers advice) should take place within supporting professional activities, (subject to what is outlined at paragraph 19b in terms of addressing levels of activity that cannot be accommodated within time allowed for supporting professional activities).
18. Arrangements whereby clinical directorates (or equivalent management structures), or specialist clinical groups within clinical directorates, undertake to deliver a defined amount of postgraduate training in particular specialties, should in all circumstances be formally considered by the relevant HPSS body and the Postgraduate Dean working together.

19. Support for postgraduate training and education is provided through two broad groups of consultants:

a) *Those who have a direct supervisory role for education of doctors in training.*

The majority of HPSS consultants are involved in direct supervision and teaching of doctors in training. On average these are likely to devote only a small proportion of their weekly programmed activities to *formal* (SPA) training; and much of the training activity would be service-linked teaching which forms part of their direct clinical care, without displacing direct clinical care programmed activities. However, there must be a recognition of the effect on productivity of such service-linked teaching. Some flexibility in job planning will be required for this cohort. It is recognised and in some circumstances may be desirable that individual consultants continue to provide a significant greater contribution to training and teaching and this could be facilitated through a hospital clinical team based approach to job planning. An integrated approach to educational provision is most likely to be effective when a team agrees apportionment of time across individual team members' job plans.

b) *Those consultants who have formal responsibilities for managing or coordinating training*, such as training programme directors, educational supervisors, regional specialist advisers and postgraduate tutors. This group makes a significant contribution to training, and is pivotal to delivering training programmes. The natural home for this activity is in supporting professional activities. However the amount of activity will vary from consultant to consultant according to specialty and location. The amount of work will therefore need to be determined locally and similarly there should be local agreement as to whether the required weekly commitment is such that it needs to be recognised in ways beyond time provided within supporting professional activities.

### *Research*

20. With regard to HPSS consultants' research activity, research can take place as part of a consultant's SPA and will not displace direct clinical care programmed activities. Overall it is therefore important to retain a flexible approach to the scheduling of research activity, as with the scheduling of teaching and training commitments.
21. The natural home for research activity that does not take place as part of a consultant's direct clinical care will be in the time allowed for supporting professional activities. However there will be some HPSS consultants who are more research-active than others. It is reasonable for the consultant to expect the employer to use his/her best endeavours to seek to arrive at an agreement which balances the employer's need for activity and quality of direct patient care with research that is relevant to and in the interests of the wider HPSS in accordance with Research Governance framework requirements, either through

revision of that individual's job plan or through a broader re-assessment of commitments across a hospital clinical team of consultants. There should be flexibility within the job planning process to seek to accommodate this. The weekly commitment to be given to research will be a matter to be determined on an individual basis, including agreement on whether the required commitment is such that it needs to be recognised in ways beyond time provided for supporting professional activities.

22. Some HPSS consultants may also wish to pursue commercially-funded research. This may only impact on HPSS activities by prior agreement with the relevant clinical director, and managed within the Research Governance framework.
23. Some consultants may also serve on research ethics committees. The scheduling of consultant time for this activity is a matter for local determination, on the basis that the natural home for such work is within time allowed for supporting professional activities.