To all NHS consultants and Specialist Registrars in England

When I wrote to you on 23 January 2003, it was in the aftermath of the vote against the proposed framework for a new consultant contract. The design of the framework was based on more than two years of detailed negotiations between the UK Health Departments, the British Medical Association and the NHS Confederation.

The ‘no’ vote was very disappointing given that all the parties to the negotiations felt able to recommend to consultants, without reservation, acceptance of the new contract.

It was, and is, a contract that will fairly reward consultants properly for the excellent and complex work they do and properly address issues of workload and quality. It took at least two years to reach agreement on the contract. A re-negotiation could only be protracted and delay still further the significant new investment in consultant pay that is now available.

For these reasons we cannot see the grounds for re-negotiating a contract which, even with hindsight, seems an excellent deal for doctors, for patients and for the NHS.

However, I have listened carefully to the views of doctors who rejected the contract. Many doctors have told us they voted ‘no’ because they felt that the framework appeared to convey the notion of compulsion to work on weekends or late evenings and they considered this inconsistent with a professional contract. Doctors who have made this point to me have said that scheduling of work should always be a matter for agreement between local medical managers and consultants.

Having listened, I am very prepared to be flexible on this point. We have already made clear that the contract was not in any way intended to force consultants into working at weekends or in the evening. I now intend to go further by asking local NHS Trusts to make clear that, if they and their consultants decide to implement the contract locally, they will not schedule non-emergency work at weekends or in the evenings without the agreement of individual consultants. I hope this will remove one important barrier that some consultants have said stands in the way of them accepting the new contract.
Elsewhere, we intend – as proposed in January – to give NHS Trusts and consultants the flexibility to design other ways of providing extra rewards for consultants who achieve the most for NHS patients. These alternative approaches can combine annual incentive payments and (from 2004/05) extra investment in the new system of clinical excellence awards. The new clinical excellence award scheme will be open to all consultants, whatever their contractual arrangements.

The biggest concern raised in response to our proposals for incentive payments was that the new approach appeared to suggest that consultants should work longer than they already do. This was not our intention. The great majority of consultants work extremely hard for the NHS, and we are committed to helping the service find better ways of controlling workload – for instance through consultant expansion, more effective job planning and greater delegation of roles to other staff. Our intention is that there should be greater rewards for consultants who meet high standards of quality and efficiency through their overall work for the NHS. The new investment is not intended to pay for extra sessions.

Incentive schemes should of course apply to all specialties, to clinical academics, and equally to consultants on whole-time and part-time contracts.

In line with our earlier proposals, we are also today publishing proposed standards for consultant job planning and a Code of Conduct for private practice. The job planning standards are designed to help employers and consultants plan the best possible use of resources, clarify the support consultants can expect from employers, and support varied consultant careers. We are also continuing to work up more detailed proposals for a new system of sabbaticals, which we will begin to implement from next year.

The Code of Conduct is designed to provide a clear set of standards governing the relationship between private practice and NHS work. This will improve transparency and protect consultants from any perceived conflicts of interest.

I have written today to the BMA and NHS Confederation setting out the next steps in more detail. The letter also explains how we are developing a new approach for responding to concerns about a doctor’s practice, with the emphasis on keeping doctors up to date and fully competent for the job they are doing. My letter to the BMA and the Confederation, together with the revised framework for consultant incentives and rewards, the new job planning standards, and the Code of Conduct for private practice, can all be found on www.doh.gov.uk/consultantframework.
I believe these revised proposals provide a very strong basis for ensuring that the new investment – of £133 million from April this year, rising to around £215 million by 2005/06 – gives extra rewards for consultants to recognise the excellent quality of care they provide and delivers significant benefits for NHS patients and for NHS consultants.

The revised proposals give significant flexibility for NHS Trusts and consultants locally to invest these new resources in ways that are sensitive to local circumstances. We would now urge NHS employers and consultants locally to engage in a sustained dialogue about how to make the most of these new opportunities, both to improve recognition for the excellent work carried out by so many NHS consultants and to help drive up further the quality and efficiency of patient services. The resources are now available to NHS consultants. I hope that early local agreements can now be reached so they can be spent for this purpose.

I would strongly encourage you to discuss locally with medical managers how best to take forward these major new opportunities.

Yours sincerely,

[Signature]

ALAN MILBURN