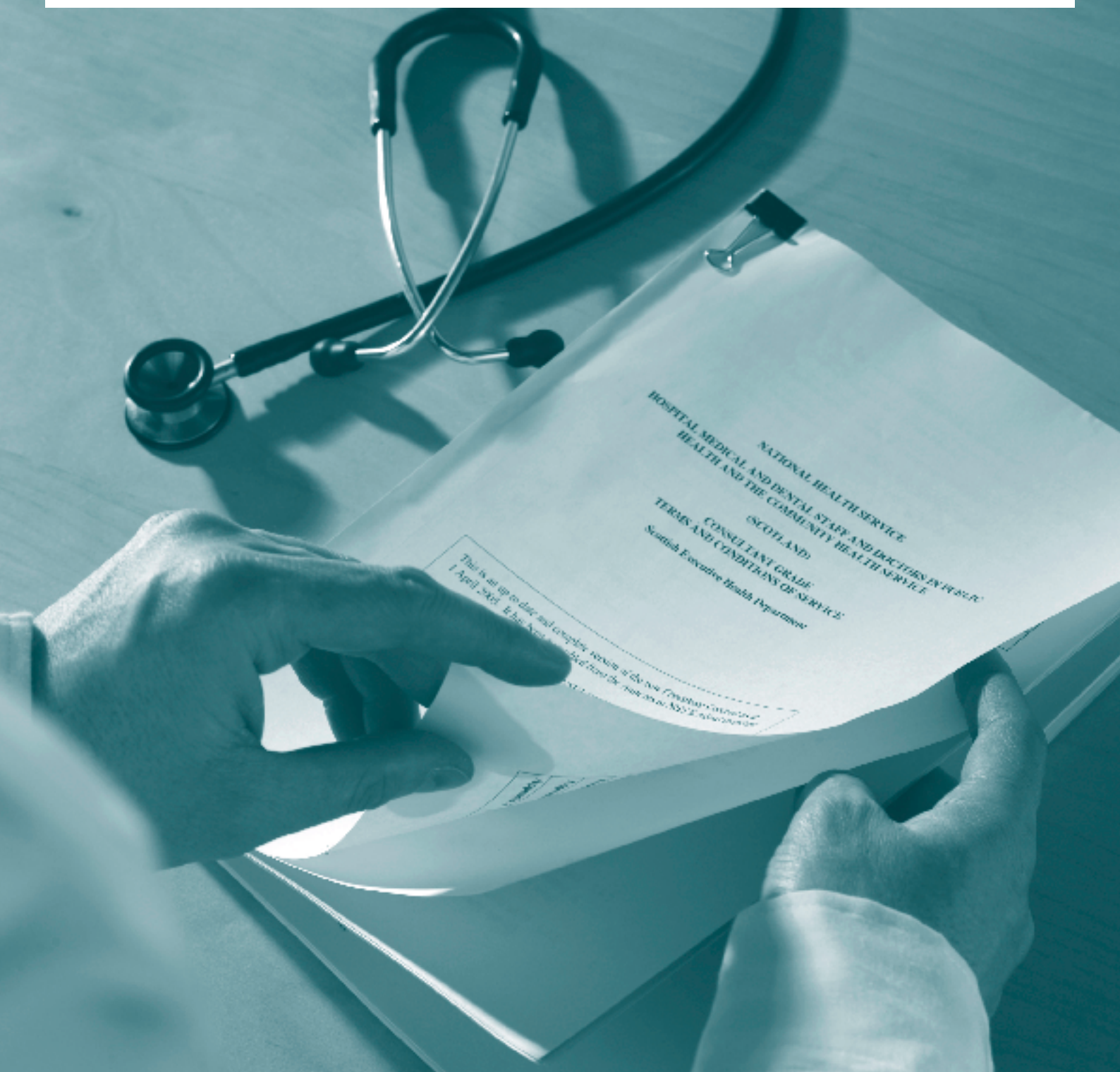


Implementing the NHS consultant contract in Scotland:

Results of the national survey of consultants

Prepared for the Auditor General for Scotland

March 2006



Auditor General for Scotland

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- further education colleges
- Scottish Water
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Acknowledgements

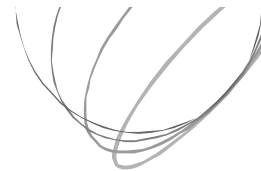
This work was carried out by Claire Sweeney, Carolyn Smith, Jillian Matthew, Kenny Reilly and Tricia Meldrum, under the general direction of Barbara Hurst.

Audit Scotland would like to thank the members of the study advisory group for their input and advice throughout the study (named in the main report). We are grateful to the Information and Services Division (ISD) for information provided to us during the study. We are also grateful to the consultants who took part in the national survey.

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Executive and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

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Introduction

1. As part of a study looking at the implementation of the new consultant contract in Scotland, Audit Scotland sent a survey to every permanent consultant in Scotland in August 2005.¹ A copy of the survey form is included in appendix 1. Out of the 3,644 questionnaires issued, 1,882 were completed, giving a return rate of 52%.
2. The survey explores issues such as why consultants chose to transfer to the new contract, their views on the contract, and what changes it has made to their work. This report provides the full data from the survey responses. Findings from the survey are included in *Implementing the NHS consultant contract in Scotland*.²

¹ The survey did not include locums, due to the timing of the survey and access to details.

² *Implementing the NHS consultant contract in Scotland*, Audit Scotland, March 2006.



Part 1. Information about the respondents

3. Exhibit 1 shows the breakdown of respondents by type of board. It shows that 65% of consultants are employed by teaching boards.
4. To check that we received responses from across all types of board, we compared our responses against the number of consultants employed within the various types of boards across Scotland (Exhibit 2). This shows that we received a good mix of responses across all board types, although special health boards had the lowest response rate. Of those who answered 'Other', most were connected to universities, or organisations such as NHS National Services Scotland (NSS).

Exhibit 1. Type of board

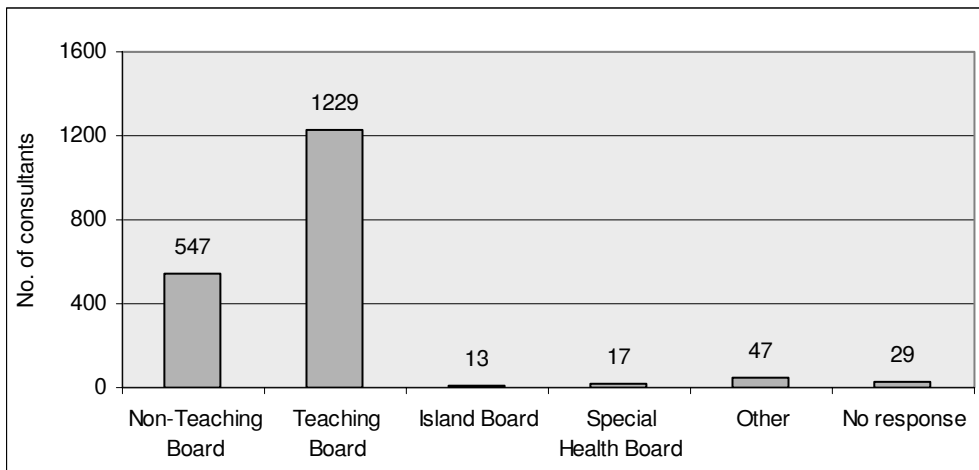




Exhibit 2. Respondents as a percentage of consultants employed in different types of boards

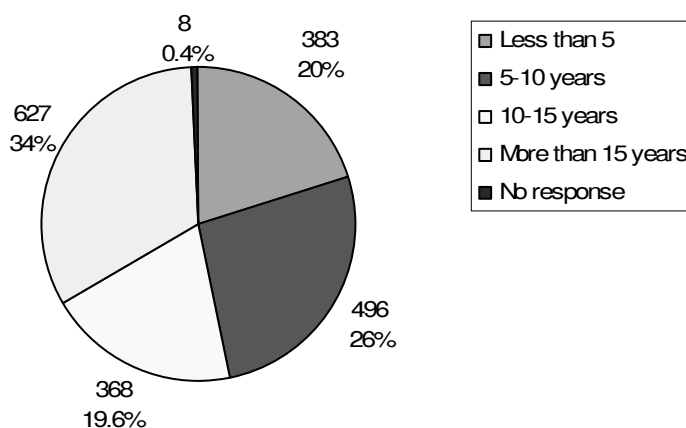
There is an appropriate mix of respondents from the main types of boards

Type of board	Number and percentage of respondents in each type of board	Number and percentage of consultants employed across Scotland in each type of board ³
Non-Teaching Board	547 (30%)	1258 (34%)
Teaching Board	1229 (66%)	2299 (63%)
Island Board	13 (0.7%)	24 (0.7%)
Special Health Board	17 (0.8%)	63 (2%)
Other	47 (2%)	n/a
Total	1853	3644

-
- The new consultant contract was available from April 2004. Almost all respondents were in post prior to the new contract being implemented, with only 4% taking up post after April 2004.
 - Exhibit 3 shows how long respondents have been employed as a consultant. Just over a third of respondents have been in post for more than 15 years.

Exhibit 3. Time as a consultant

Most respondents have been in post for at least 10 years



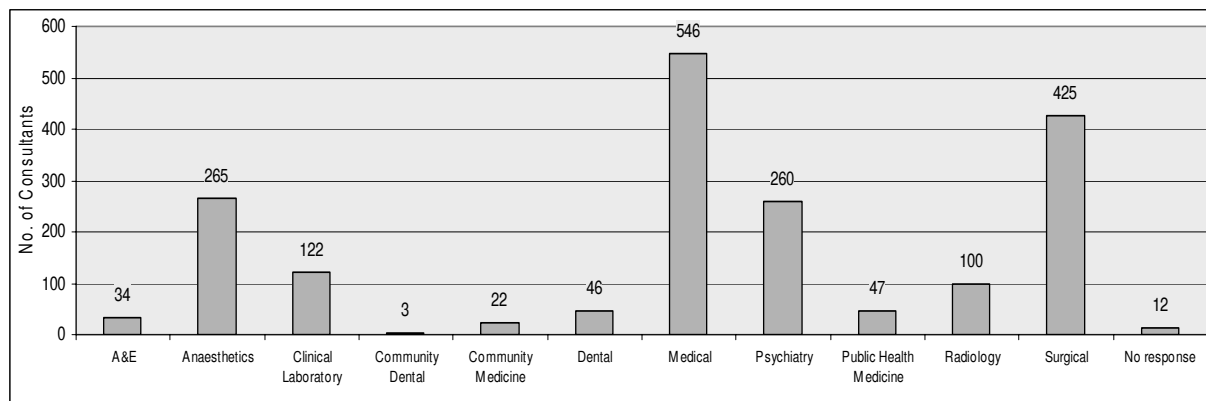
-
- We asked consultants to identify the specialty they work in. Exhibit 4 shows that most are from medical and surgical specialties.
-

³ Mailing list supplied by Information Services Division (ISD), August 2005



Exhibit 4. Specialty

Respondents come from a range of specialties



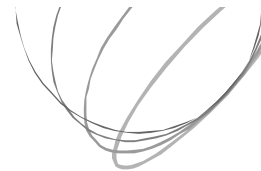
8. Exhibit 5 shows the specialty breakdown of respondents compared to the breakdown of all consultants across Scotland. There was a reasonable spread of responses.

Exhibit 5. Specialty breakdown of respondents and all consultants in Scotland

There is an appropriate mix of responses across the main specialty groupings

Specialty	Number and percentage of respondents in each specialty	Number and percentage of consultants employed across Scotland in each specialty
Accident and emergency	34 (2%)	59 (2%)
Anaesthetics	265 (14%)	523 (15%)
Clinical laboratory specialties	122 (7%)	313 (9%)
Community dental specialties	3 (0.2%)	12 (0.3%)
Community medical specialties	22 (1%)	64 (2%)
Dental specialties	46 (2%)	96 (3%)
Medical specialties	546 (29%)	916 (27%)
Psychiatric specialties	260 (14%)	455 (13%)
Public health medicine	47 (3%)	119 (3%)
Radiology	100 (5%)	225 (6%)
Surgical specialties	425 (23%)	654 (19%)
Total	1870	3436 ⁴

⁴ This number differs from the total of 3,644 consultants employed across Scotland, as some specialties were not included as distinct options in the survey.



9. Respondents are mainly employed on full time contracts (1636). Some are employed on a part time basis (163), and some indicated that they are employed on locum or honorary contracts. Eighty three consultants did not say if they are employed on a full or part time contract.
10. Of the 1,882 returns, 1,139 consultants (60%) indicated that they have at least one additional responsibility (Exhibit 6). Exhibit 7 shows how many additional responsibilities the consultants have.

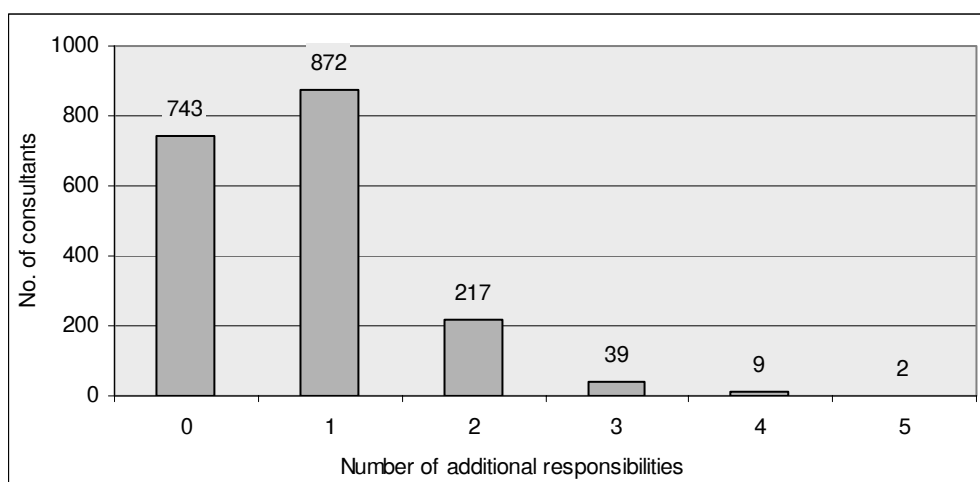
Exhibit 6. Additional responsibilities

Consultants undertake a range of additional responsibilities

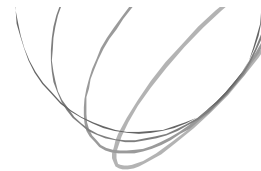
Additional responsibility	Number	Additional responsibility	Number
Clinical tutor	283	Head of service	24
Clinical director	190	Member of NHS board	21
Lead clinician	138	Educational supervisor	18
Clinical audit	112	Managed clinical network chair/lead	16
Regional education advisor	104	Foundation tutor	11
Member of local negotiating committee	88	Associate post graduate dean	8
Clinical governance lead	82	Director of public health	2
Medical director	36	Other	323
Caldicott guardian	24		

Exhibit 7. Number of additional responsibilities per consultant

Most consultants undertake at least one additional responsibility



11. We asked consultants if they had transferred to the new contract and their reasons for transferring or not transferring. Exhibit 8 shows the numbers who gave a reason. Over 95% of respondents said they have transferred to the new contract. When asked an open question on why they transferred to the new contract, it was possible to group the consultants' responses into seven broad reasons. Over



three quarters (78%) gave a single reason, while the remainder gave more than one reason (Exhibit 9).

Exhibit 8. Number of consultants who gave a reason for transferring to the new contract or not

Almost all consultants have transferred to the new contract

	Number and percentage of consultants	Number who cited a reason for transferring or not
Transferred	1793 (95%)	1300
Not transferred	72 (4%)	47
Did not reply	17	-

12. Three quarters of respondents cited increased pay as the main reason for transferring to the new contract and more than half give it as the sole reason for transferring. The ability to control working hours was also a major reason, mentioned by a third of consultants.

Exhibit 9. Reasons cited by consultants for transferring to the new contract

Many respondents mentioned increased pay and the ability to control working hours as reasons for transferring

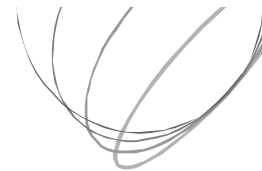
	Increased pay	Control over hours worked	Little choice	Seemed fair	Rec'd by colleagues	Improve clinical care	Job satisfaction	Other
Only reason mentioned	678 (52%)	165 (13%)	94 (7%)	39 (3%)	29 (2%)	2 (0.2%)	1 (0.1%)	12 (0.9%)
Mentioned at all	954	424	110	40	33	5	1	12

13. We asked consultants who had not transferred to the new contract their reasons. Some gave more than one reason. The responses could be grouped into four categories (Exhibit 10). Around half of those who answered the question are currently in negotiation to transfer.

Exhibit 10. Reasons for not transferring to the new contract

Some respondents are in appeals or negotiation processes

	Unable to agree job plan	In negotiation process (including appeals/mediation)	Don't agree with new contract	On advice/with colleagues
Only reason mentioned	6 (13%)	22 (47%)	13 (28%)	2 (4%)
Mentioned at all	9	24	16	2



Part 2. Activity

14. As part of the new contract, full time consultants should have ten hours per week for non-clinical 'supporting professional activities' (SPAs). These include teaching and continuing professional development. Most respondents said they have dedicated time in their contract for SPA work (87%).
15. We asked respondents to tick all supporting professional activities they undertake from a list we provided. Exhibit 11 shows that most consultants undertake most of these activities. In the 'Other' category, common answers include College work, examiners and chair of various groups, although under the contract some of these should be categorised as external activities.
16. Of the 1793 consultants who said they have transferred to the new contract, 14 (0.8%) said they do no SPAs at all, while 1061 (59%) said they do eight or more. Exhibit 12 shows the number of activities undertaken by individual consultants.

Exhibit 11. SPAs undertaken by consultants.

Respondents undertake a wide range of supporting professional activities

Supporting professional activities undertaken	Number of consultants
Continuing professional development	1765
Teaching and training	1752
Audit	1523
Appraisal	1503
Contribution to service management and planning	1397
Management of doctors in training	1353
Job planning	1304
Clinical governance	1046
Research	998
Revalidation	891
Other	172

Exhibit 12. Number of different types of activities undertaken within SPAs time

Most respondents undertake a number of different kinds of SPAs

	Number of different SPAs undertaken											
	0	1	2	3	4	5	6	7	8	9	10	11
Number of consultants	14	3	16	38	91	158	204	225	333	391	288	49



17. As part of their role, consultants are often expected to undertake external duties, such as representation on national groups and examining for Royal Colleges. We asked respondents to tick all external activities they carry out from a list that we provided (Exhibit 13). Almost half of consultants who have transferred to the new contract undertake one or two external activities, while over a quarter did not tick any external activities (Exhibit 14).

Exhibit 13. Types of external activities undertaken by consultants

The most common external activity is work for the Royal Colleges

External activities undertaken	Number of consultants
Work for the Royal Colleges	850
External member of an advisory appointments committee	454
Undertaking assessment for NHS Education for Scotland, Quality Improvement Scotland or similar bodies	451
Trade Union and professional association duties	203
Work for GMC or other national bodies	129
NHS disciplinary procedure	79
NHS appeals procedures	68
Other	303
None	504

Exhibit 14. Number of different types of activities undertaken within 'external activities' time

Most consultants undertake at least one external activity

	Number of different external activities undertaken								
	0	1	2	3	4	5	6	7	8
Number of consultants	504	483	397	234	114	45	21	8	4

18. We asked respondents if they have dedicated time in their contract for external work. Most respondents said they do not (70%). Ninety three consultants did not answer this question.

19. Most respondents said they have on call responsibilities (88%). We asked consultants about the intensity of their on-call rota (Exhibit 15). The most intensive frequency of rota is 1 in 1.

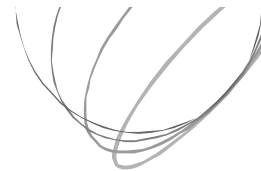
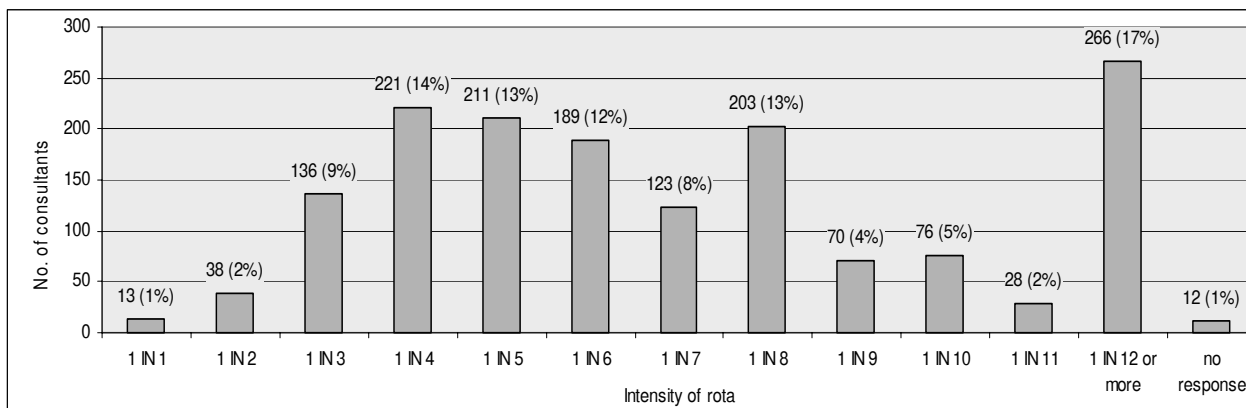


Exhibit 15. Rota frequency

39% of respondents said the frequency of their rota is 1 in 5 or more intensive



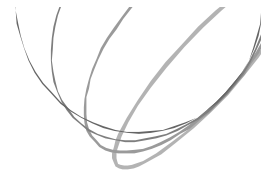
20. Exhibit 16 shows rota frequency by specialty. This shows that A&E, Clinical Laboratory Specialties and Dental Specialties are more likely to be working more intensive rotas.

Exhibit 16. Rota frequency by specialty

Some specialties tend to have more intensive rotas

Specialty	1 in 1 to 1 in 4 %	1 in 5 – 1 in 8 %	1 in 9 – 1 in 12 or more %
Accident and emergency	84	16	0
Anaesthetics	10	62	28
Clinical laboratory specialties	68	28	4
Community dental specialties	0	100	0
Community medical specialties	13	63	24
Dental specialties	60	0	40
Medical specialties	27	46	27
Psychiatric specialties	4	20	76
Public health medicine	45	35	20
Radiology	18	66	16
Surgical specialties	33	53	14

21. Under the new contract, consultants' on-call frequency is categorised in two ways. This is called level 1 if the consultant is required to return to the hospital or provide complex telephone consultations, or level 2 if the consultant can attend a place of work later or respond by non-complex telephone consultation later. Most respondents said that their on-call intensity is at the higher level i.e. level 1 (69%). Of the 1586 respondents who have on-call responsibility, 187 did not answer this question.



22. The new contract aims to limit the working hours of consultants. Full-time consultants receive a basic salary for working 40 hours per week during normal working hours (8am —8pm, Monday to Friday). Boards can contract separately with consultants for work over and above this. However, consultants should no longer be working more than 48 hours per week, in line with the European Working Time Directive (EWTD) limits, unless they sign a EWTD waiver.
23. We asked consultants how many hours they work in a typical week. Exhibit 17 shows a breakdown of full time consultants' hours and exhibit 17 shows part time consultants' hours. The average hours worked by the 1538 full-time consultants is 51.2 (Exhibit 17), while the average for part time consultants is 34.7 (Exhibit 18). Nine part time consultants reported working over 48 hours per week and three of these reported working over 65 hours. Eighty three consultants did not say if they are employed full time or part time.

Exhibit 17. Hours worked by full time consultants

Most consultants with full time contracts are working more than 48 hours per week

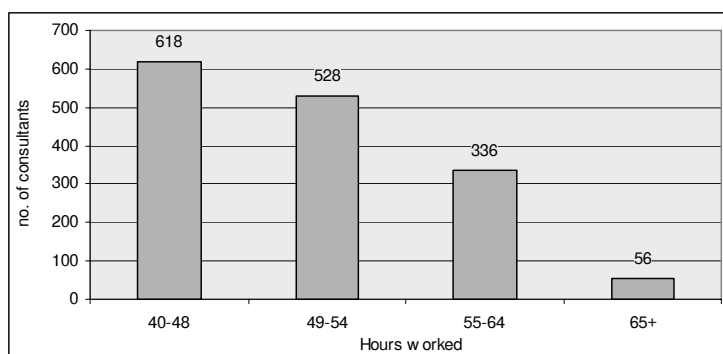
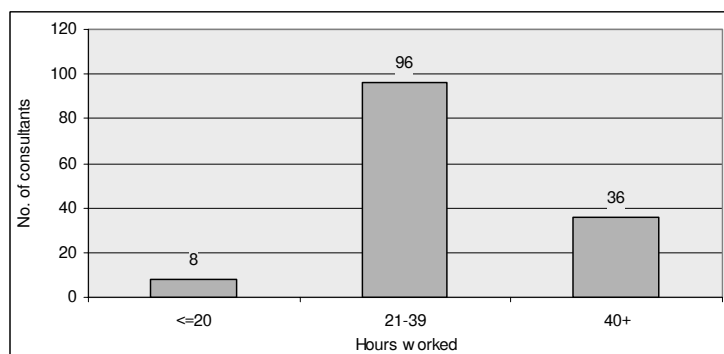


Exhibit 18. Hours worked by part time consultants

Most consultants with part time contracts are working over 21 hours per week

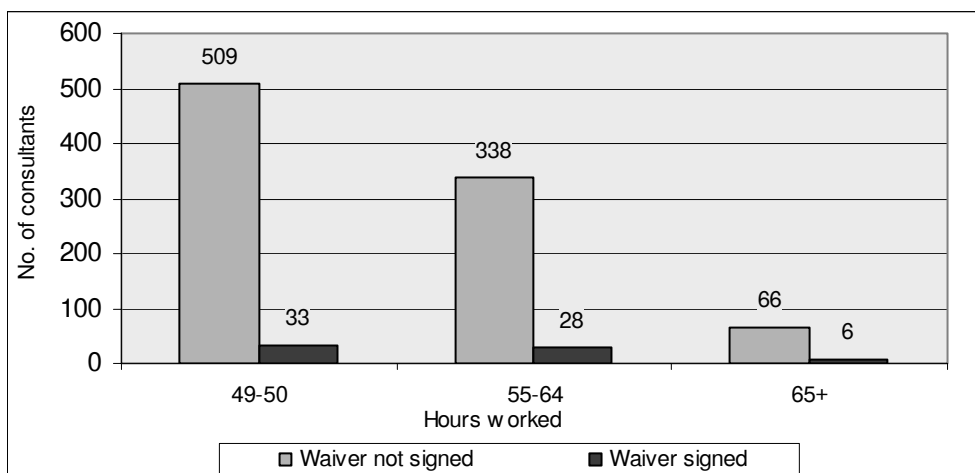




24. We asked consultants if they had signed a EWTD waiver. The majority of consultants who reported working more than 48 hours per week have not signed a EWTD waiver (Exhibit 19). Two hundred and twenty one respondents did not reply to this question.

Exhibit 19. EWTD waiver signed by hours worked

Most consultants working over 48 hours have not signed a EWTD waiver

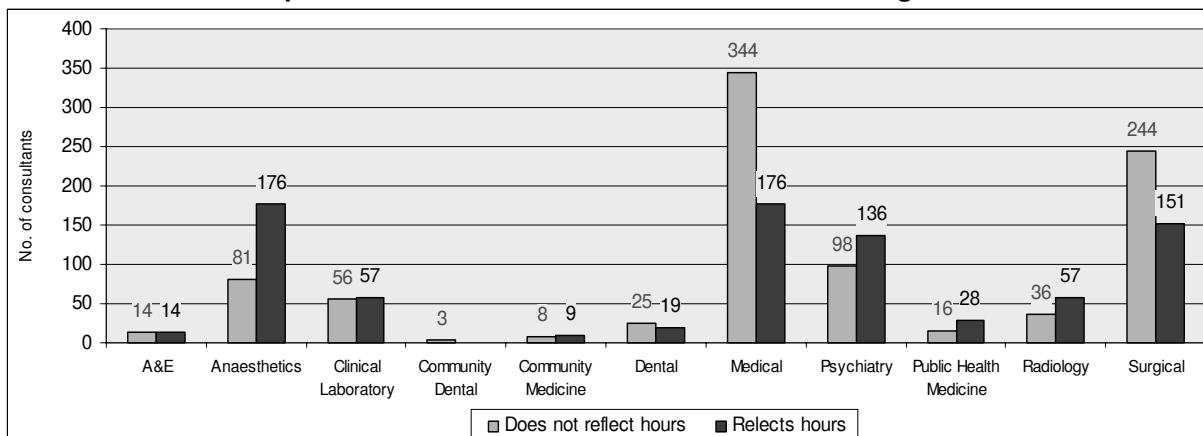


25. We asked consultants if they feel their contract reflects their working hours. Around half (53%) of those who replied to the question said their contract does not reflect their working hours. Thirty nine consultants did not answer this question.

26. Exhibit 20 shows whether consultants feel their contract reflects their working hours, split by specialty group. Consultants are more likely to feel that their contract reflects their working hours if they work in anaesthetics, psychiatry, public health medicine and radiology. They are less likely to feel their contract matches their working hours if they work in medical or surgical specialties.

Exhibit 20. Does contract reflect working hours, by specialty

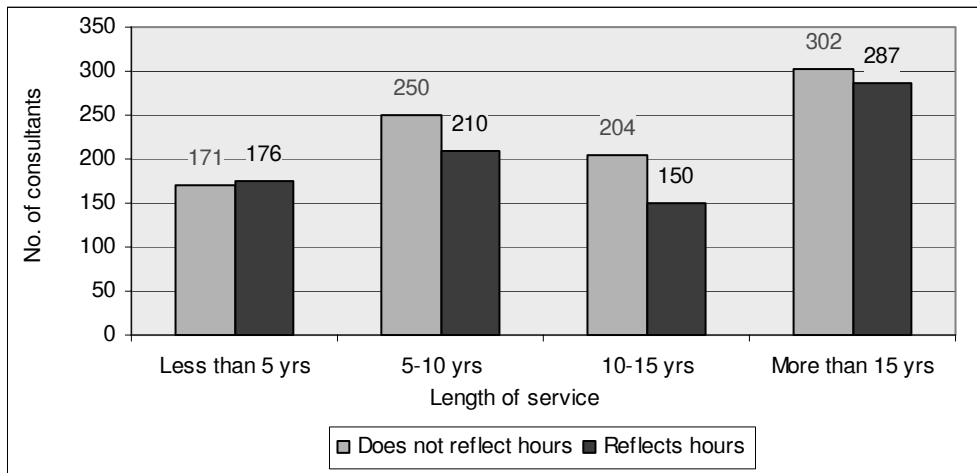
Consultants in some specialties feel their contracts match their working hours more than others





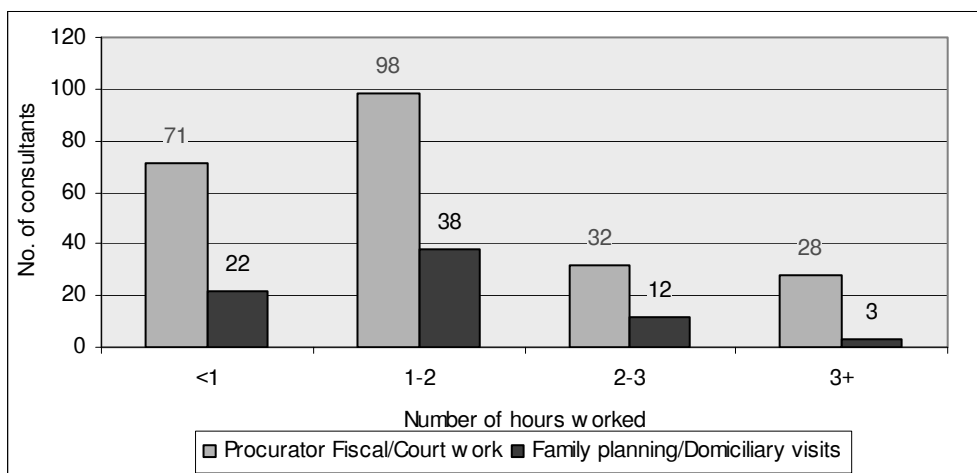
27. Exhibit 21 shows whether consultants feel their contract matches their working hours, split by length of time in post.

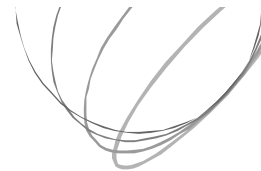
Exhibit 21. Does contract reflect working hours, by length of time in post
Consultants who have been in post for 5 – 15 years are least likely to feel that their contract reflects their working hours



28. Under the old contract some categories of consultant work were defined as outwith the core contract and an additional fee was payable. Examples include performing sterilisations, domiciliary (home) visits or court work. The new contract offers an opportunity to include NHS fee-paying work in core duties. We asked consultants how many hours of fee paying work they do per week. Few consultants reported doing fee paying work. Where this is done, it tends to be work for the courts or procurator fiscal, with an average of 1-2 hours per week. Exhibit 22 shows the response for consultants who carry out this work.

Exhibit 22. Hours of fee paying work per week
Consultants who do fee paying work mostly do 1-2 hours per week





29. We asked consultants whether they carry out private practice. Around two thirds said that they do not. Of the 1793 respondents who had transferred to the new contract, 9 did not answer this question.



Part 3. Impact of the new contract

30. We asked all 1,793 respondents who had transferred to the new contract to answer a series of questions about the impact of the contract. Consultants were asked to respond: strongly agree; agree; neither disagree or agree; disagree; strongly disagree; too early to say. We have grouped together the strongly agree and agree responses and the strongly disagree and disagree responses. Exhibits 23 to 43 show the responses. The percentages are percentages of those who had transferred to the new contract.

Exhibit 23. My working hours have decreased

Most respondents feel they are working at least as many hours under the new contract

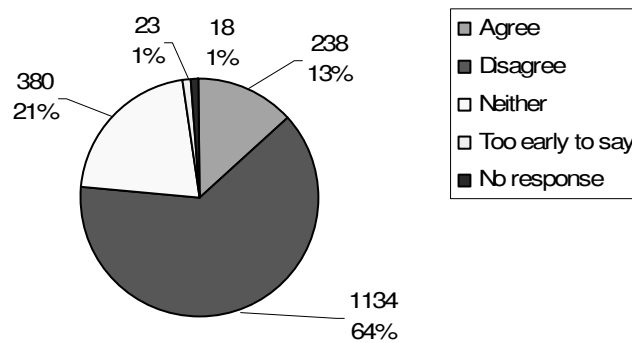


Exhibit 24. The time I spend on clinical care has decreased

Most respondents feel that the time they spend on clinical care has not decreased under the new contract

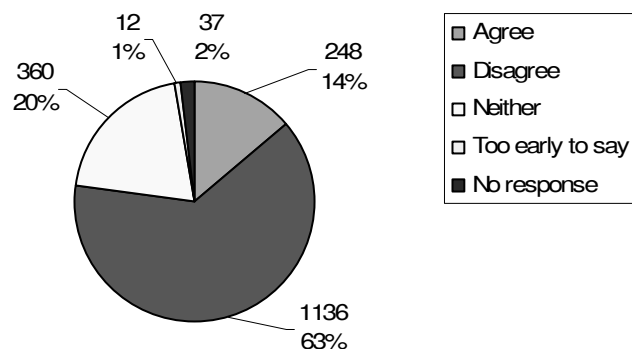




Exhibit 25. Patient care has improved as a result of the contract
Only 7% of respondents feel that patient care has improved

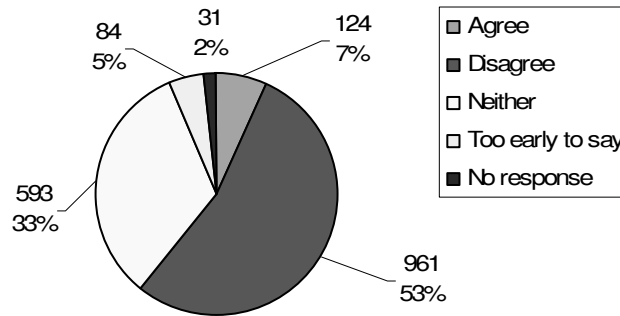


Exhibit 26. I do not have clear objectives linked to service improvements
Consultants had mixed views on whether their objectives were linked to service improvements

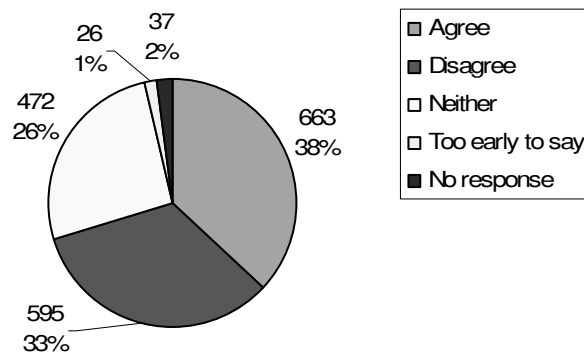


Exhibit 27. The support and resources I identified in my job plan as a requirement to deliver my objectives have been delivered
Most consultants feel that the resources required to meet objectives have not been delivered

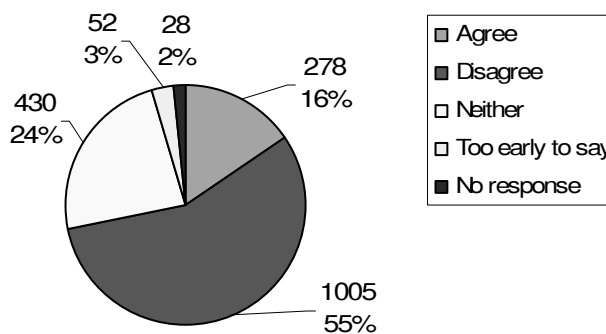




Exhibit 28. Services are less responsive to patient need

Consultants had mixed views about whether services are less responsive to patient needs under the new contract

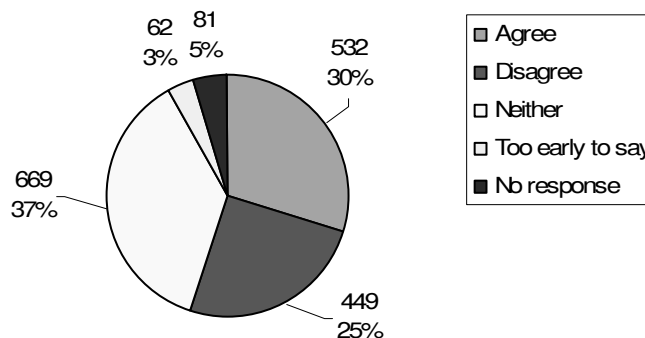


Exhibit 29. I have a more flexible approach to working

Half of respondents feel they do not have a more flexible approach to working under the new contract

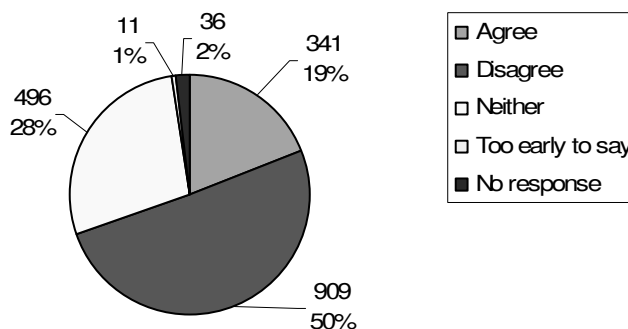


Exhibit 30. Team working has deteriorated since the implementation of the new consultant contract

Almost a quarter of respondents feel that team working has deteriorated under the new contract

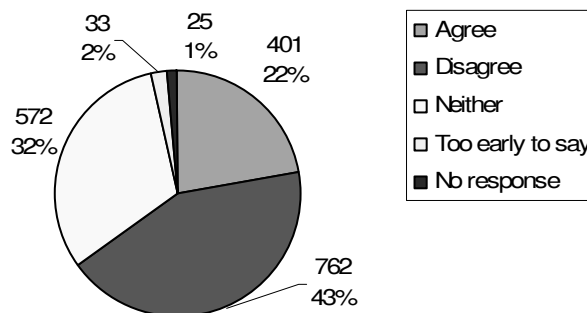




Exhibit 31. I have found job planning useful
Many respondents have found job planning useful

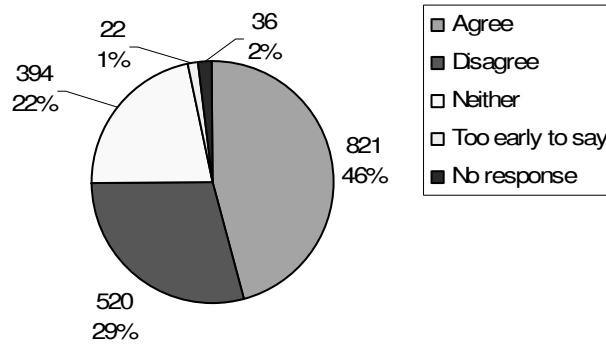


Exhibit 32. I am doing work which could be delegated to more junior staff
Most respondents feel they are doing work which could be delegated to more junior staff

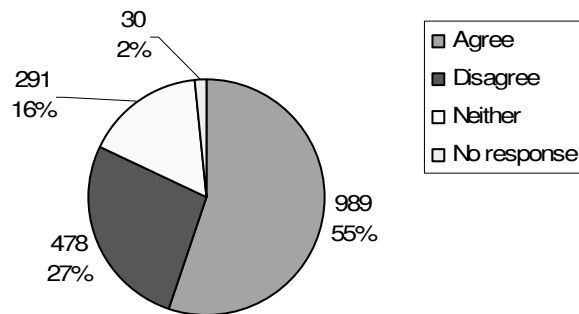


Exhibit 33. I feel more valued as a result of the consultant contract
One in eight respondents feels more valued as a result of the new contract

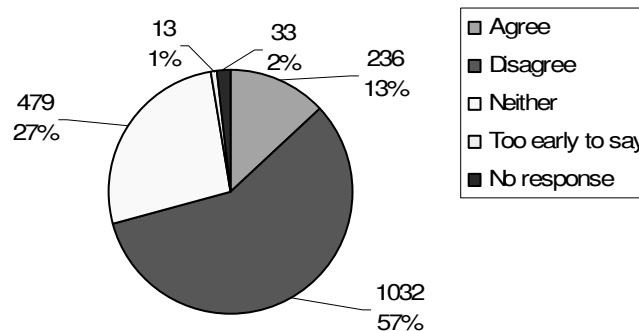




Exhibit 34. The inclusion of emergency work in my job plan is a positive change
Almost half of respondents feel that inclusion of emergency care is a positive change

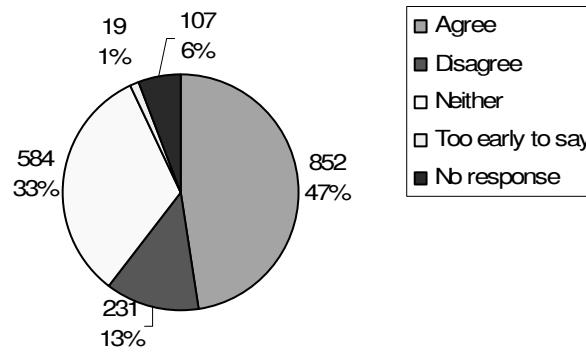


Exhibit 35. My job plan does not accurately reflect my working hours
Half of respondents feel their job plan does not accurately reflect their working hours

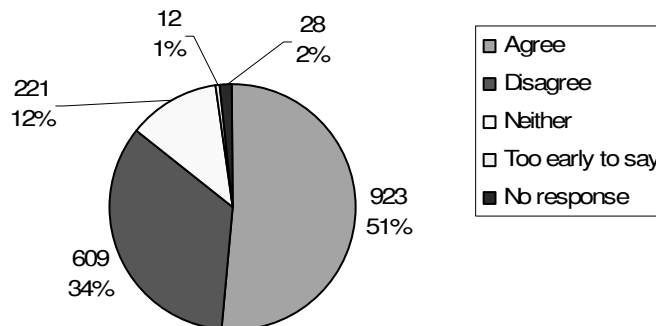


Exhibit 36. I am keen to reduce the PAs/EPAs I am contracted to deliver
Almost half of respondents do not wish to reduce their contracted EPAs or PAs

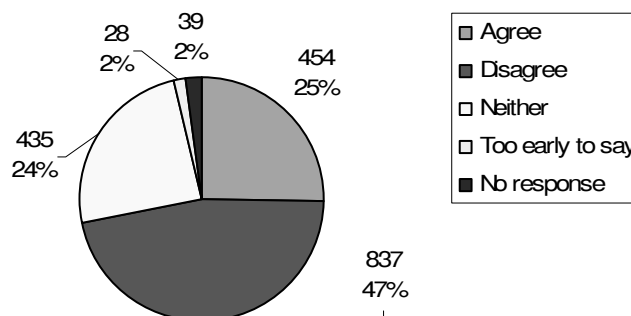




Exhibit 37. I have a positive relationship with management

Almost half of respondents feel they have a positive relationship with management

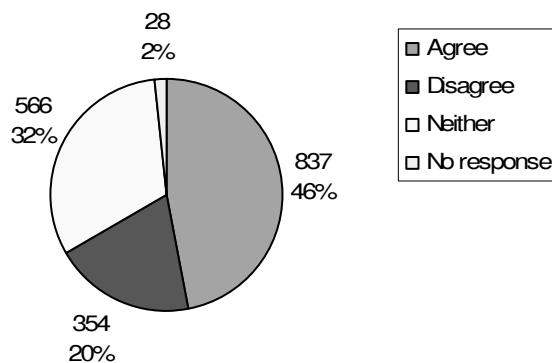


Exhibit 38. The contract has changed the way I work for the better

15% of respondents feel the contract has changed the way they work for the better

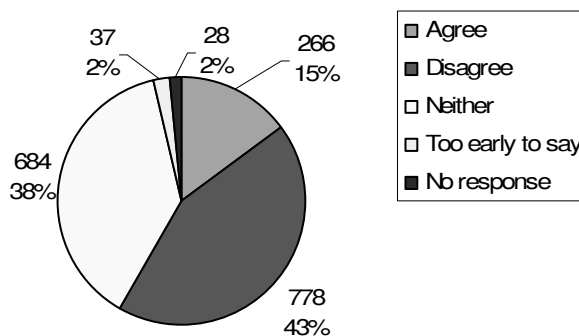


Exhibit 39. I work less than 48 hours per week

Two thirds of respondents reported working at least 48 hours per week

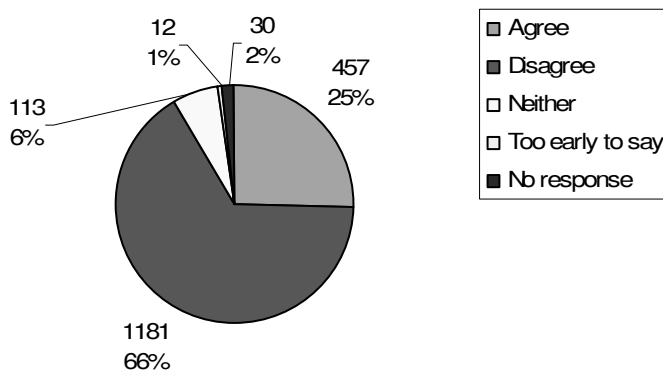




Exhibit 40. I feel my organisation approached the contract fairly and equitably
Almost half of respondents feel their organisation approached the contract fairly

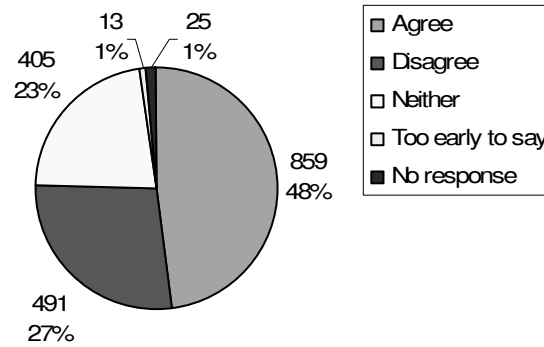


Exhibit 41. I no longer have to do SPAs in my own time

Over three fifths of respondents feel they have to do SPA work in their own time

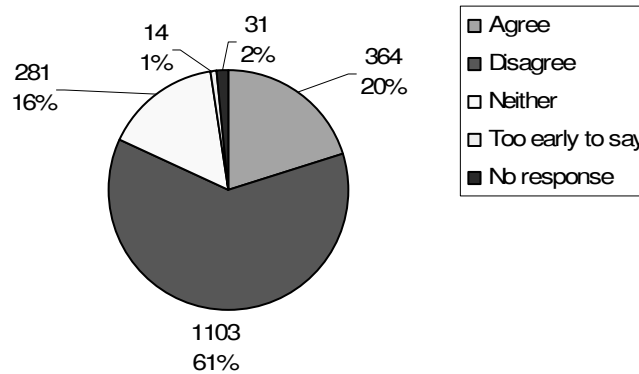


Exhibit 42. My organisation has provided training around job planning

Over three fifths of respondents say their organisation did not provide training around job planning

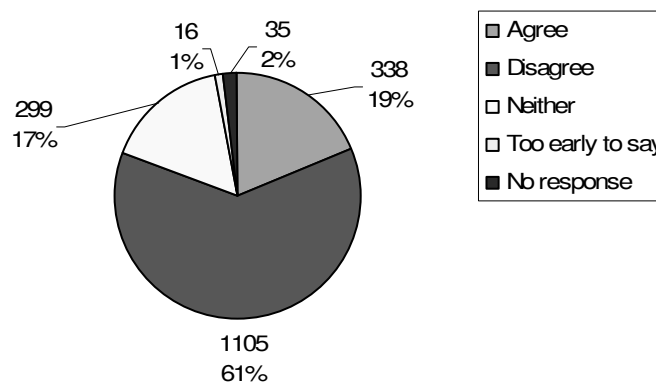
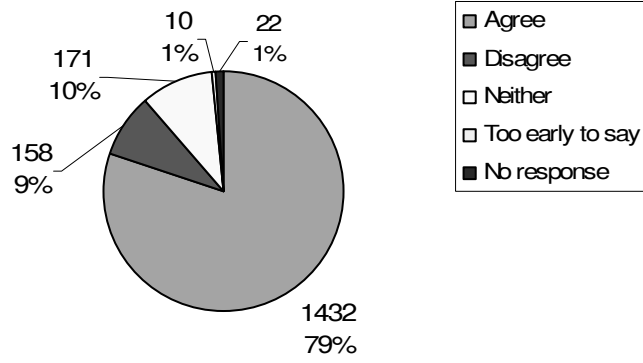




Exhibit 43. I am able to take annual leave

Most respondents said they are able to take their annual leave





Part 4. Additional comments

31. We asked all respondents to add any additional comments on the new contract. Five hundred and thirty nine respondents (29%) answered this question. The responses have been grouped into categories (Exhibit 44).
32. Over a quarter of those who added additional comments were dissatisfied with their job plan and the way it reflects the hours they work.

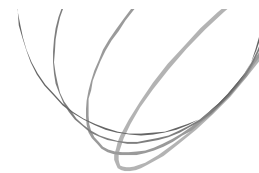
Exhibit 44. Issues raised in additional comments by consultants

Many respondents raised the issue of job plans not reflecting working hours

	Number of consultants who raised the issue*
Job plan doesn't reflect hours	110 (20%)
No change / impossible to tell / too soon to comment	83 (15%)
Poor management / relationship with board / communication	67 (12%)
Pressure on SPAs/ external work	66 (12%)
De-professionalizing/ time watching/ low morale	45 (8%)
Other problems with contract	37 (7%)
Inequity in terms of contract agreed	30 (6%)
Recognises hours and type of work / potential to reduce hours	26 (5%)
Pension / money issues	26 (5%)
Fairer / good contract	24 (4%)
Negative impact on patient care	22 (4%)
Issues relating to junior staff	21 (4%)
Scope to better plan services	6 (1%)
Workforce planning issues	5 (1%)
Other	36 (7%)

* The percentages sum to more than 100% as some consultants commented on more than one issue.

Appendix 1: Consultant Survey



Consultant Survey

August, 2005

Audit Scotland is conducting a survey as part of a national study looking at the implementation of the Consultant Contract. We are keen to capture the views of all consultants on the new contract to inform our national report which is due to be published early in 2006. It is important you respond so we are able to reflect the views of consultants as a central part of our study.

We would appreciate you taking the time to complete this short questionnaire. We can assure you that all answers you give will be treated in complete confidence and that completed questionnaires will only be seen by members of the Audit Scotland project team.

Please return your questionnaires to Audit Scotland in the reply paid envelope by **9th September 2005**. If you have any questions or comments please contact Claire Sweeney at Audit Scotland.

Q1 Do you have any of the following additional responsibilities: (*Tick all that apply*)

- | | | | | | |
|---|--------------------------|---|---|--------------------------|----|
| Medical Director | <input type="checkbox"/> | 1 | Clinical Audit lead | <input type="checkbox"/> | 7 |
| Director of Public Health | <input type="checkbox"/> | 2 | Clinical Governance lead | <input type="checkbox"/> | 8 |
| Clinical Director | <input type="checkbox"/> | 3 | Clinical Tutor | <input type="checkbox"/> | 9 |
| Member of the Local Negotiating Committee | <input type="checkbox"/> | 4 | Regional Education Adviser | <input type="checkbox"/> | 10 |
| Member of the NHS Board | <input type="checkbox"/> | 5 | Other additional responsibilities please indicate | | |
| Caldicott guardian | <input type="checkbox"/> | 6 | | | 11 |

Q2 Please indicate which type of Board is your main employer: (*Tick one box only*)

- | | | | | | |
|--------------------|--------------------------|---|------------------------------|--------------------------|---|
| Non-Teaching Board | <input type="checkbox"/> | 1 | Special Health Board | <input type="checkbox"/> | 4 |
| Teaching Board | <input type="checkbox"/> | 2 | Other, please indicate _____ | | 5 |
| Island | <input type="checkbox"/> | 3 | | | |

Q3 When did you take up your post as a consultant? (*Tick one box only*)

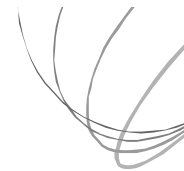
- | | | | | | |
|-----------------------------------|--------------------------|---|--|--------------------------|---|
| Before 1 st April 2004 | <input type="checkbox"/> | 1 | On or after 1 st April 2004 | <input type="checkbox"/> | 2 |
|-----------------------------------|--------------------------|---|--|--------------------------|---|

Q4 How long have you been a consultant? (*Tick one box only*)

- | | | | | | |
|-------------------|--------------------------|---|--------------------|--------------------------|---|
| Less than 5 years | <input type="checkbox"/> | 1 | 10-15 years | <input type="checkbox"/> | 3 |
| 5-10 years | <input type="checkbox"/> | 2 | More than 15 years | <input type="checkbox"/> | 4 |

Q5 Broadly, to which specialty do you belong? (*Tick one box only*)

- | | | | | | |
|---------------------------------|--------------------------|---|-------------------------------|--------------------------|----|
| Accident and Emergency | <input type="checkbox"/> | 1 | Surgical Specialties | <input type="checkbox"/> | 7 |
| Anaesthetics | <input type="checkbox"/> | 2 | Public Health Medicine | <input type="checkbox"/> | 8 |
| Clinical Laboratory Specialties | <input type="checkbox"/> | 3 | Community Medical Specialties | <input type="checkbox"/> | 9 |
| Medical Specialties | <input type="checkbox"/> | 4 | Dental Specialties | <input type="checkbox"/> | 10 |
| Psychiatric Specialties | <input type="checkbox"/> | 5 | Community Dental Specialties | <input type="checkbox"/> | 11 |
| Radiology | <input type="checkbox"/> | 6 | | | |



Q6 Is your contract: *(Tick all that apply)*

Full time 1 Part time 2 Locum 3 Honorary 4

Q7 Have you transferred to the new consultant contract? *(Tick one box only)* Yes 1 No 2

If you have not transferred to the contract please go to Q25

Q8 What were your reasons for transferring to the new contract?

Q9 What Supporting Professional Activities (SPA) do you undertake? *(Tick all that apply)*

- | | | | |
|-------------------------------------|----------------------------|--|-----------------------------|
| Continuing professional development | <input type="checkbox"/> 1 | Research | <input type="checkbox"/> 8 |
| Teaching and training | <input type="checkbox"/> 2 | Contribution to service management & planning | <input type="checkbox"/> 9 |
| Management of doctors in training | <input type="checkbox"/> 3 | Clinical governance activities | <input type="checkbox"/> 10 |
| Audit | <input type="checkbox"/> 4 | Any other supporting professional activities, please | |
| Job planning | <input type="checkbox"/> 5 | indicate _____ | 11 |
| Appraisal | <input type="checkbox"/> 6 | | |
| Revalidation | <input type="checkbox"/> 7 | | |

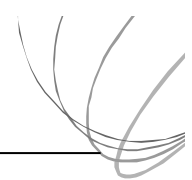
Q10 What external activities do you undertake? *(Tick all that apply)*

- | | |
|---|----------------------------|
| Trade Union and professional association duties | <input type="checkbox"/> 1 |
| Acting as an external member of an advisory appointments committee | <input type="checkbox"/> 2 |
| Undertaking assessments for NHS Education for Scotland, NHS Quality Improvement Scotland or equivalent bodies | <input type="checkbox"/> 3 |
| Work for the General Medical Council or other national bodies concerned with professional regulation | <input type="checkbox"/> 4 |
| Work for the Royal Colleges | <input type="checkbox"/> 5 |
| NHS disciplinary procedures | <input type="checkbox"/> 6 |
| NHS appeals procedures | <input type="checkbox"/> 7 |
| Other, please specify- _____ | |

8

Q11 Do you have dedicated time in your contract for SPA responsibilities? *(Tick one box only)* Yes 1 No 2

Q12 Do you have dedicated time in your contract for external responsibilities? *(Tick one box only)* Yes 1 No 2



Q13 How many PAs are you contracted to work for the NHS per week? _____

Q14 How many PAs are you contracted to work for a university per week? _____

Q15 How many EPAs are you contracted to work per week? _____

Q16 Do you have on-call responsibility? (*Tick one box only*) Yes 1 No 2

Q17 What is the intensity of the rota? (*Tick one box only*)

- | | | | | | | | |
|--------|----------------------------|---------|-----------------------------|---------|-----------------------------|-----------------|-----------------------------|
| 1 in 1 | <input type="checkbox"/> 1 | 1 in 2 | <input type="checkbox"/> 2 | 1 in 3 | <input type="checkbox"/> 3 | 1 in 4 | <input type="checkbox"/> 4 |
| 1 in 5 | <input type="checkbox"/> 5 | 1 in 6 | <input type="checkbox"/> 6 | 1 in 7 | <input type="checkbox"/> 7 | 1 in 8 | <input type="checkbox"/> 8 |
| 1 in 9 | <input type="checkbox"/> 9 | 1 in 10 | <input type="checkbox"/> 10 | 1 in 11 | <input type="checkbox"/> 11 | 1 in 12 or more | <input type="checkbox"/> 12 |

Q18 What category of supplement do you receive? (*Tick one box only*) Level 1 1 Level 2 2

Q19 How many hours are you actually working in a typical week? _____

Q20 If you work over 48 hours a week have you signed a European Working Time Directive waiver? (*Tick one box only*)

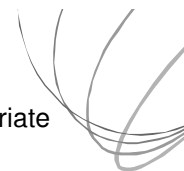
- Yes 1 No 2 N/a 3

Q21 Does your new contract accurately reflect current working hours? (*Tick one box only*) Yes 1 No 2

Q22 Please indicate how many hours per week, on average, of fee paying work you deliver?

- | | | | |
|---|------------|-----|----------------------------|
| Appendix 5(a) e.g. procurator fiscal/court work | hours_____ | N/a | <input type="checkbox"/> 1 |
| Appendix 5(b) e.g. Family planning/domiciliary visits | hours_____ | N/a | <input type="checkbox"/> 2 |

Q23 Do you carry out private practice/provide private professional services? (*Tick one box only*) Yes 1 No 2



Q24 Please indicate level of agreement or disagreement with the following statements by circling the appropriate box:

Since moving to the new contract:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Too early to say
My working hours have decreased	1	2	3	4	5	6
The time I spend on clinical care has decreased	1	2	3	4	5	6
Patient care has improved as a result of the consultant contract	1	2	3	4	5	6
I do not have clear objectives linked to service improvements	1	2	3	4	5	6
The support and resources I identified in my job plan as a requirement to deliver my objectives have been delivered	1	2	3	4	5	6
Services are less responsive to patient need	1	2	3	4	5	6
I have a more flexible approach to working	1	2	3	4	5	6
Team working has deteriorated since the implementation of the new consultant contract	1	2	3	4	5	6
I have found job planning useful	1	2	3	4	5	6
I am doing work which could be delegated to more junior staff	1	2	3	4	5	6
I feel more valued as a result of the consultant contract	1	2	3	4	5	6
The inclusion of emergency work in my job plan is a positive change	1	2	3	4	5	6
My job plan does not accurately reflect my working hours	1	2	3	4	5	6
I am keen to reduce the PAs/EPAs I am contracted to deliver	1	2	3	4	5	6
I have a positive relationship with management	1	2	3	4	5	6
The contract has changed the way I work for the better	1	2	3	4	5	6
I work less than 48 hours per week	1	2	3	4	5	6
I feel my organisation approached the contract fairly and equitably	1	2	3	4	5	6
I no longer have to do SPAs in my own time	1	2	3	4	5	6
My organisation has provided training around job planning	1	2	3	4	5	6
I am able to take my annual leave	1	2	3	4	5	6

Q25 What were your reasons for not transferring to the new contract?

Q26 Please note any additional comments about the contract in the space provided below

Thank you for completing this survey.

Implementing the NHS consultant contract in Scotland:

Results of the national survey of consultants



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Audit Scotland
110 George Street
Edinburgh EH2 4LH

Telephone
0131 477 1234
Fax
0131 477 4567

www.audit-scotland.gov.uk

ISBN 1 905634 09 9

AGS/2006/3