

# NHS consultant contract fails to increase productivity

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An employment contract for NHS consultants introduced in 2003 and including a 27 per cent pay rise over three years failed to increase productivity. The findings emerge from a 10-year study of hospital consultant activity, published today by the *Journal of the Royal Society of Medicine*, which looked at the levels of consultant clinical activity rates between 1999 and 2009. The researchers found that, despite an expectation by the Department of Health that the contract would result in year-on-year productivity gains of 1.5%, consultant activity levels showed a downward trend. There is a heightened need for productivity improvements in the NHS, which has been asked for efficiency gains of £20 billion by 2014/15.

The research, which focused on inpatient activity, is the first attempt to explore the clinical [productivity](#) of hospital consultants over time, and to analyse the effect of the consultant contract. Lead author Professor Karen Bloor of the University of York's Department of [Health Sciences](#), said: "Our trends are in general consistent with overall trends in NHS productivity, which have been reported as negative until 2008/9, and then slightly increasing. An increasing trend in patient episodes but a sharper increase in numbers of hospital consultants gives a plausible explanation for the overall decreasing trend in productivity."

Commenting on the consultant contract, Bloor said: "The lack of an effect on NHS inpatient activity of the new contract is perhaps unsurprising given the nature of the contract, which remains a salaried system with supplementary bonuses that reward vaguely defined merit."

Co-author Professor Alan Maynard added: "It seems that the tools within the new contract have not been used to increase consultant clinical activity. The contract has not been implemented fully by NHS managers."

The standard contract for a full-time hospital consultant is 10 four-hour sessions per week. Consultants can be paid for 11 or 12 sessions in recognition of working over 40 hours a week. Bloor added: "In principle the reward for extra sessions may have increased the consultant time available to NHS managers, but in practice this may simply have provided extra reward for work that many consultants were already doing."

Bloor concluded: "Claims made that the consultant contract, which resulted in substantial pay increases for hospital specialists in England, would result in increased clinical activity have not materialised. Indeed, in half the specialties studied, a reasonable interpretation of the statistics is that productivity has declined."

Provided by SAGE Publications

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