



## SCOTTISH EXECUTIVE

Health Department  
Human Resources Directorate

Dear Colleague

### ARRANGEMENTS FOR ALLIED HEALTH PROFESSIONS CONSULTANT POSTS FOR STAFF COVERED BY THE PROFESSIONS ALLIED TO MEDICINE PT "A" WHITLEY COUNCIL

#### PAY FOR 2002-2003

#### Summary

1. ["Building on Success – Future Directions for the Allied Health Professions in Scotland"](#) set out a commitment to develop Allied Health Profession (AHP) consultant posts in the NHS to provide new career opportunities for experienced and expert staff.
2. Appendix F and Annexes 1-4 of this Circular set out details of the appointments process and pay arrangements for these posts.

#### National Pay Rates for 2002-03

3. Details of pay for AHP consultants covered by the Professions Allied to Medicine PT "A" Whitley Council are set out in the attached pages and should be incorporated in the Professions Allied to Medicine PT "A" handbook at Appendix F, Amendment Number 17.
  - 3.1 Part-time staff shall be paid pro-rata.

3 February 2003

#### Addresses

##### For action

Chief Executives,  
NHSScotland Boards and  
Special Health Boards

Chief Executive, Common Services  
Agency

Chief Executive, State Hospital

Chief Executives, NHSScotland  
Trusts

##### For information

Chief Executive, Health Education  
Board for Scotland

Members: Scottish Partnership Forum  
[HR Forum](#)

#### Enquiries to:

##### **For Pay**

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Directorate of Human Resources  
Ground Floor Rear  
St Andrew's House  
EDINBURGH EH1 3DG  
Tel: 0131-244 3778  
Fax: 0131-244 2837  
Email: [Judith.Ballantine@scotland.gsi.gov.uk](mailto:Judith.Ballantine@scotland.gsi.gov.uk)

##### **For professional matters to:**

Ms Jacqui Lunday  
Professional Officer for The Allied  
Health Professions  
GE 05  
St Andrew's House  
EDINBURGH EH1 3DG  
Tel:0131-244 2311  
Fax:0131-244 2833  
Email: [Jacqui.lunday@scotland.gsi.gov.uk](mailto:Jacqui.lunday@scotland.gsi.gov.uk)

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## **Scottish Ministers Approval**

4 Employing Authorities should implement this agreement, which has been approved by Scottish Ministers, under Regulation 2 and Regulation 3 of the National Health Service (Remuneration and Conditions of Service (Scotland) Regulations 1991 (SI 1991 No 537). A copy of the formal approval is attached.

## **Action**

5. Employers wishing to establish and appoint AHP consultant posts must refer to the attached guidance.

6. NHS Boards, Special Health Boards and NHSScotland Trusts who employ staff on national contracts should:

- i. Ensure that the necessary arrangements are made as soon as possible to pay the national salaries and fees effective from 1 April 2002.
- ii. Notify Scottish Public Pensions Agency of any increase in pensionable remuneration and contributions arising from the payment of arrears to former employees.

## **Enquiries**

7. Employees should direct their personal enquiries to their employing NHS Boards, Special Health Boards or NHSScotland Trusts.

8. Employers are asked to make their own arrangements for obtaining any additional copies of this Circular. This Circular can also be viewed on <http://www.show.scot.nhs.uk/sehd/pcs.asp>.

9. Copies of previous Pay Circulars from 2000 may also be obtained on the above website.

## **Destruction Date**

10. This Circular need not be retained more than 4 years after issue.

Yours sincerely

MICHAEL PALMER  
Assistant Director of Human Resources (Policy)

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## APPENDIX F

### PAY ARRANGEMENTS FOR ALLIED HEALTH PROFESSION CONSULTANT POSTS

1(a.) “Building on Success – Future Directions for the Allied Health Professions in Scotland” set out a commitment to develop consultant posts by 2004. This agreement sets out the pay and conditions of service arrangements for consultant posts established under the auspices of the PAMs PT “A” Whitley Council. A list of the professions covered is at Annex 1.

1(b.) Other groups of staff outside the PAMs PT ‘A’ council arrangements have been included in this circular (Prosthetists, Orthotists and Speech and Language Therapists). As with all consultant posts the development and establishment of the new role should be to satisfy service need. Current arrangements for pay should be used flexibly to enable the establishment of any new post. This process should not be used as a means to re-profile or regrade practitioners already in post e.g. at grade 4 or above (SLT) (see paragraph 6 below).

**2. The arrangements contained in this agreement are interim to the outcome of and without prejudice to the discussions on a modernised NHS pay system.**

3. It is recognised that there may be posts which require individuals to take on extended roles or to deliver specialist clinical services, which exceed grading criteria and cannot be appropriately rewarded or recognised under the current grading structure. It is anticipated that some of these roles will operate below the consultant level as determined by this agreement. In these circumstances employers should use the National Enabling Agreement Advance Letter PAM (PTA) 3/96 to develop both extended scope practitioner and or/clinical specialist posts if it is considered that the existing grading criteria do not adequately cover the scope and responsibilities, or appropriately reward or recognise the extended or specialist role.

4. It is envisaged that consultant post holders will work with senior medical and nursing colleagues across hospital, community and primary care services in drawing up local care and referral protocols. Consultants will be experts in their clinical field. They will bring clinical leadership and strategic direction to their particular area of expertise, by expanding and developing practice, implementing clinical governance and delivering improved outcomes for patients.

5. Irrespective of the particular profession or field of practice each post will be structured around four core functions. These are:-

- expert practice;
- professional leadership and consultancy;
- education, training and development;
- practice and service development; research and evaluation.

A consultant will be recognised as a leading specialist in their field. As such the expert practice function of the post must comprise the most significant part of their role with the remaining functions varying from post to post dependent on the service or speciality in which they are established. Further details on establishing these posts are in the guidance at Annex 2.

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6. The title consultant practitioner will apply to new posts established under this agreement within the NHS and must not be conferred on individuals in recognition of innovative or excellent practice, or for any other reason, or be applied simply by re-designating the incumbents of existing posts such as those who occupy posts titled for example “advanced practitioners”. In the NHS the title will apply only to individuals appointed to posts being established under conditions of fair and open competition. Post holders will be described by reference to their particular profession for example as a Physiotherapy Consultant or Occupational Therapy Consultant.

7. It is for NHS Bodies to determine where consultant practitioner posts should be established in the light of service needs. Some posts will be employer based whilst others will need to work across a number of different employers. Having identified and agreed need, opportunity and funding, the scope and nature of the consultant practitioner post(s) will need to be determined. An important part of the process of constructing posts will be developing a detailed job description and person specification in line with the core consultant requirements. Consultant practitioners will remain professionally accountable and legally liable for their actions and omissions as registered practitioners. It is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are determined and agreed in advance of appointment.

8. A pay range for professions covered by the PAM PT ‘A’ Council is attached at Annex 3. It consists of 12 points from £33,940 to £46,675.

### **Assessment of Job Demand**

9. In determining starting pay and assigning posts to a point on the pay range, the following factors must be taken into account in drawing up job descriptions. This list is not exhaustive and is not intended to be prescriptive.

(i) The complexity and demands of the expert practice element (for example, the depth of knowledge, extent of specialist or advanced skills and the level of autonomy and clinical judgement required to discharge the responsibilities associated with the post).

(ii) The breadth and complexity of the consultancy and professional leadership function (for example, whether this extends to a small team of relatively junior staff or to a large unit or service comprising both expert AHPs and other health professionals or the leadership of clinical governance across a unit or trust).

(iii) The level, breadth and demands of the education, training and development function (for example, teaching, supervising and assessing staff and developing additional skills in a specialist area or taking responsibility for the continuing professional development of a number of other health professionals across a whole unit or service).

(iv) The level and complexity of responsibilities for strategic practice and service development, research and evaluation.

(v) The breadth and level of knowledge and skills needed and the clinical experience and professional qualifications required to discharge the duties of the post.

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(vi) The extent to which the post covers new or uncharted territory and the complexity of, for example, partnership, cross-boundary or inter-agency working or community development.

(vii) The experience and qualifications of colleagues for whom the consultant provides professional leadership, consultancy advice and clinical supervision and the extent to which the post carries duties outside the post holder's discipline or primary field of practice.

### **Assignment to Pay Scale on Appointment**

10. Individual posts will be assigned locally to an entry point on the pay scale with annual progression to a further 4 consecutive personal points. This will form the post-holder's personal pay range.

11. In assigning posts to pay points, employers should assess the demand of the post relative to other posts across the range of functional groups within the organisation and take account of market rates and the weight of the post. Employers will need to take advice on relative post demands with professional colleagues or independent professional experts.

12. Where the pay points assigned to a post on assessment of job demand prove insufficient to recruit or retain staff with the appropriate knowledge, skills and competencies, employers should review the personal pay scale to address the problem. Where employers increase starting pay for recruitment purposes they should record the original pay scale assigned to the post, the attempts to recruit and the additional pay needed to fill the post successfully.

### **Changes in Responsibilities**

13. There should be regular reviews of the post holder's progress to ensure that the personal pay range remains appropriate. Progression beyond the personal pay range will be agreed to reward increasing competence, skills and responsibilities.

14. Progression beyond the personal pay range will also be justified if the responsibilities of the post change significantly. Where the demands of the post change over time, the post should be reassessed and pay adjusted accordingly. Re-assessment of posts may be initiated by the employer or may be requested by the post holder.

15. Both initial assessment and subsequent reassessment of any consultant post, must embrace proper professional assessment (external to the organisation for new appointments) and will always include appropriate professional advice. Relevant professional bodies will keep up to date lists of appropriate professional advisors, who can be called upon to provide guidance and advice. It should be stressed, however, that whilst the professional advisor may have a view to express on the weighting of a particular job, particularly in the light of other consultant posts across the service, their role should not include decisions on the appropriate incremental starting point for new consultant posts. All matters of pay and pay progression for consultant posts remain the responsibility of local employers to resolve.

## Terms and Conditions

16. Post holders will be employed on a professional contract. The salary scale will reflect remuneration for a full time post. There will be no entitlement to payments for additional hours, overtime or shifts. Conditions of service will be in accordance with existing agreements of the General Whitley Council, the Professions Allied to Medicine and Related Grades of Staff (PT A) Council and the Pay Review Body.

## Appointment Process

17. NHS employers intending to proceed with consultant practitioner appointments should notify the Allied Health Professions Officer

- an outline of the service benefits of establishing the post and the speciality involved;
- a draft job description (and job plan if there is one) and provisional assessment of salary;
- a timetable and details of the appointment process

18. An appointment panel should be established for all consultant practitioner posts. Employers will need to work through the Professional Officer for the Allied Health Professions to identify a professional assessor able to advise on the field of practice and on the professional standing of the candidates being assessed (see Annex 4).

19. In addition to the professional assessor, the appointment panel should as a minimum comprise a 'lay' member (usually a non executive director) who will act as chair and a senior professional from the employer in which the post is being established.

20. The employment arrangements for posts should be consistent with fairness and good equal opportunities practice in accordance with the agreements of the General Whitley Council.

21. The remuneration of these posts will be subject to future recommendations of the independent Pay Review Body

**ANNEX 1**

**PROFESSIONS COVERED BY THIS CIRCULAR**

ART, DRAMA and MUSIC THERAPISTS

DIETITIANS

OCCUPATIONAL THERAPISTS

ORTHOPTISTS

PHYSIOTHERAPISTS

PODIATRISTS

PROSTHETISTS and ORTHOTISTS

RADIOGRAPHERS:DIAGNOSTIC and THERAPEUTIC

SPEECH and LANGUAGE THERAPISTS

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**ANNEX 3**

**PAY RANGE FOR AHP CONSULTANTS (under auspices of PAM PT 'A' Council)  
FROM 1 APRIL 2002**

Point 1	-
Point 2	-
Point 3	-
Point 4	£33,940
Point 5	£34,985
Point 6	£36,055
Point 7	£37,135
Point 8	£38,210
Point 9	£39,300
Point 10	£40,430
Point 11	£41,600
Point 12	£42,795
Point 13	£44,045
Point 14	£45,320
Point 15	£46,675

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**ANNEX 4**

**PROFESSIONAL BODY CONTACTS**

Society of Chiropody and Podiatry  
1 Fellmongers Path, Tower Bridge Road, London SE1 3KY

Phone: 020 7234 8635 /Fax:0207234 3381

British Dietetics Association  
5<sup>th</sup> Floor, Charles House, 148/9 Great Charles Street  
Birmingham B3 3HT

Phone: 0121 200 8080 /Fax:0121 200 8081

College of Occupational Therapy  
106-114 Borough High Street, London SE1 1LB

Phone: 020 7357 6480 / Fax: 020 7450 2331

The Society of Radiography  
207 Providence Square, Mill Street, London SE1 2EW

Phone: 020 7740 7200 / Fax: 020 7740 7204

The Chartered Society of Physiotherapy  
14 Bedford Row London WC1 4ED

Phone: 020 7306 6666 / Fax: 020 7306 6611

The Association of Professional Music Therapists  
26 Hamlyn Road Glastonbury Somerset BA6 8HT

Phone: 01458 843919 / Fax: 01458 834919

British Association of Art Therapists  
5 Tavistock Place London WC1H 9SN

Phone 020 7383 3774 / Fax 0207 387 5513

Royal College of Speech and Language Therapists  
2 White Hart Yard  
LONDON  
SE1 1NK

Phone 0207 378 3016

Fax 0207 403 7254

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British Association of Prosthetists and Orthotics  
Sir James Clark Building  
Abbeymill Business Centre  
PAISLEY  
PAU 1TJ

Phone 0141-561 7217

Fax 0141-561 7218

The British Association of Drama Therapists  
41 Broomhouse Lane London SW6 3DP

Phone 0207 731 0160 / Fax 0207 731 0160

British Orthoptic Society  
Tavistock House North Tavistock Square London WC1 9HX

Phone 0207 387 7992 / Fax 0207 383 2584

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## ANNEX 2

### CONSULTANT ALLIED HEALTH PROFESSIONAL (AHP)

#### Definition and purpose

(i) The Consultant AHP is an expert in a specialist clinical field, bringing innovation, influence to clinical leadership and strategic direction in that particular field for the benefit of patients. The consultant will play a pivotal role in the integration of research evidence into practice. Exceptional skills and advanced levels of clinical judgement, knowledge and experience will underpin and promote the delivery of the clinical governance agenda. This will be by enhancing quality in areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for patients and extending the parameters of the specialism.

(ii) Consultant posts provide the opportunity to retain clinical excellence and mature skills within the service. They will sit within a range of models of practice and service configurations. Whilst the focus of the consultant posts will be the delivery and practice of clinical care, the development of more detailed job descriptions will be undertaken at local level, tailored to meet local needs and based on local circumstances. This ensures that AHPs can develop through a range of opportunities and routes, either as specialist or generalist practitioners to consultant level in the acute, community and intermediate care settings. This approach gives services the flexibility to meet their specific needs within the local community.

#### Accountability, autonomy and responsibility

(iii) An important part of the process of establishing posts will be concerned with determining and agreeing working relationships and accountabilities. Post holders will be prepared to work across a range of new service delivery structures and are expected to be in a position to influence decision making. As AHPs, they are professionally autonomous, working within the ethical framework provided by their own profession's rules of professional conduct, ensuring they only practise in those areas in which they are safe and competent. As consultants their autonomy will be exercised to the very highest level, and as such they can be expected to have clinical responsibilities (beyond their immediate management structure).

#### Support and resources

(iv) Preliminary work to establish new posts must take account of the support infrastructure that will be required. This may include additional resources for the provision of continuing professional development activities, plus access to local, regional and national networks to provide peer support, mentorship and development opportunities.

#### The role and functions

(v) The posts will be structured around four functions. The first function of expert clinical practice will be central to the role of the consultant AHP. The three supporting functions are essential to the success of the role but weighted according to local need.

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### **Core function**

- (i) expert clinical practice.

### **Supporting functions**

- (i) professional leadership
- (ii) practice and service development, research and evaluation.
- (iii) education and professional development

All the posts will feature a significant element of expert clinical practice, and involve the post holder working with patients, clients or communities. The post holder will be required to provide an exceptionally high level of clinical expertise and be recognised as making a distinguished contribution to his/her profession. Dependent on the local service requirement there may be an emphasis on one or more of the other supporting functions, e.g. service and practice development, or education and professional development. However in order to demonstrate consultant level practice the individual would be required to demonstrate a high level of understanding and integration into their job role of all four functions.

### **Expert Clinical Practice (core function)**

Indicative features include:-

- (i) Responsibility for, and management of, a complex caseload, which must include providing and managing an expert clinical advice service.
- (ii) Responsibility for delivering a whole system patient –focussed approach not rooted in a uni-professional perspective.
- (iii) Demonstrates advanced knowledge, skills and experience within specific specialist or generalist areas of practice
- (iv) Promotes and demonstrates best practice, most particularly facilitates the integration of the most up to date research theory into practice through an advanced level of clinical reasoning and decision making across a spectrum of practice.
- (v) Responsibility for ensuring the ethical and moral dimensions of practice are adhered to.
- (vi) Exercises the highest degree of personal professional autonomy, involving highly complex facts or situations, which require analysis and interpretation of data, leading to the implementation of a treatment or management strategy for the patient.
- (vii) Creates and develops protocols of care, and designs patient care pathways with the aim of providing best practice examples to others either within the region or nationally.

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(viii) Recognition as a national and/or international expert within their own speciality, service or field and ensures that locally endorsed standards are evidence-based to reflect the very best available practice.

(ix) Responsibility for facilitating and promoting a learning culture within the organisation, enabling others to develop to their full potential within the specialist field.

## **Supporting functions**

### **1. Professional leadership**

Indicative features:-

- (i) An effective leader and communicator who motivates and inspires others to deliver the optimum quality of care within the specialist field and beyond, including other staff groups and organisations.
- (ii) An acknowledged source of expertise who develops innovative practice and service delivery models and ensures that they are applied throughout the organisation.
- (iii) Challenges current structures and identifies organisational and professional barriers which limit/inhibit services.
- (iv) Is able to process complex, sensitive or contentious information, leading to the development of strategic plans which will drive change within and across the healthcare organisation and its partners.
- (v) Provides expert input into the Trust's quality strategy, including influencing and delivering the clinical governance agenda.

### **2. Practice and service development, research and evaluation**

Indicative features:-

- (i) Ensures that high quality patient centred services are based on the best available evidence.
- (ii) Leads and collaborates on the development of protocol driven services.
- (iii) Contributes to strategic planning and leads local implementation of relevant national policy
- (iv) Evaluates the provision of clinical services leading to development and/or redesign.
- (v) Is responsible for identifying gaps in the evidence base.
- (vi) Is responsible for initiating and/or facilitating and/or undertaking in some circumstance research and development programmes, which enhance the evidence base and have an impact outside the organisation.
- (vii) Establishes research partnerships with Higher Education Institutes

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(viii) Is a major player in the development and provision of cross-disciplinary services.

### **3. Education and professional development**

The nature of the Consultant post requires a portfolio of career long learning, experience and typically formal education, usually up to or beyond Masters level

Indicative Features:-

- (i) Promotes and facilitates the development of a learning environment to enable others to achieve their potential, particularly by encouraging and supporting reflective practice so that the service is demonstrably one which continuously improves and develops.
- (ii) Assists individuals, the team and the organisation in identifying their own particular learning needs.
- (iii) Provides learning opportunities for health professionals and others in the specialist field, including acting as a mentor or supervisor and providing a direct link to a HEI.
- (iv) Provides education in a specific field of clinical expertise nationally and internationally by lecturing or through publishing research in professional journals.
- (v) Undertakes some teaching or research and as a result can demonstrably ensure and enhance the links between practice, professional bodies, and academic and research institutes.
- (vi) Contributes (or makes a major contribution) to educational policy for both pre and post qualifying practitioners.

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**NATIONAL HEALTH SERVICE  
APPROVAL OF REMUNERATION AND CONDITIONS OF SERVICE**

In accordance with Regulation 2 and Regulation 3 of the National Health Service (Remuneration and Conditions of Service)(Scotland) Regulations 1991 (SI 1991 No 537) the Remuneration and Conditions of Service set out in the attached Scottish Executive Health Department's letter of 3 February 2003, NHS Circular: PCS(PAM)2003/1 in respect of salary scales and allowances for Professions Allied to Medicine and Related Grades of Staff in NHSScotland are hereby approved for purpose of said Regulations.

MICHAEL PALMER  
A member of the staff of the Scottish  
Ministers  
Assistant Director of Human Resources (Policy)

Scottish Executive  
Health Department  
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3 February 2003