



# The Royal College of Emergency Medicine

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Dear Colleague,

## **Re: RCEM Supporting Professional Activities**

I have been asked to reply to several recent queries regarding the Royal College of Emergency Medicine's position on what it considers an appropriate number of SPAs, to be included in the job plan of any advertised Emergency Medicine consultant post.

Emergency Medicine is a unique specialty in its intensity and variety of work both clinically and non-clinically. The Royal College of Emergency Medicine believes that the correct balance of 7.5 DCC: 2.5 SPA activity is essential for maintenance and development of service, patient safety, professional development and sustainability. For those working less than full time, this ratio of DCC:SPA should be maintained pro rata.

The BMA similarly supports the 7.5 DCC: 2.5 SPA split in England, Scotland and Northern Ireland as well as the 7:3 split in Wales. For specialty doctors and other "middle grade" posts there should be a *minimum* of 1 session of SPA in a 10-session contract.

My view, and that of College Council, is precisely that expressed by the Academy of Medical Royal Colleges (AoMRC) in its statement released on 8<sup>th</sup> February 2010: [Advice on Supporting Professional Activities in consultant job planning](#).

It is important to emphasise that **ALL** the Colleges, Faculties and Royal Colleges who make up AoMRC were joint signatories to this.

It is College policy that should a job description with less than 2.5 SPAs be submitted to a College Regional Chair (CRC) for approval, this split will be queried by the CRC with the Trust for clarification purposes. Part of the clarification process should involve direct discussion between the CRC and the Clinical Lead in the ED, as the Clinical Director may not be an Emergency Medicine consultant. It is felt that obtaining the view of the EM consultants, as a body, is vital.

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The BMA/RCEM document "[The Consultant Contract and Job Planning for EM Consultants](#)," published in September 2009, offers specific guidance about SPA activity. See extract taken from pages 9 to 10 of the document:

## **5. SUPPORTING PROFESSIONAL ACTIVITY (SPA)**

*In the English, Scottish and Northern Irish contracts, the time allowed for this should average 10 hours a week (2.5 PAs).*

*The 2003 contract states that for full time consultants the Job Plan will typically include an average of 7.5 Programmed Activities for Direct Clinical Care duties and 2.5 Programmed Activities for Supporting Professional Activities.*

*Here the "average" refers to the weekly time allocation for an individual consultant NOT to an average across a group of consultants. In other words, some weeks could have fewer than 10 hours of SPA time and some weeks more provided that the average was 10 hours.*

*"Typically," means that this will be the default position although some consultants may require more SPA time (for example if undertaking a role such as clinical director). The Royal College of Emergency Medicine advises that every consultant requires a minimum of 1PA for CPD and the requirements of revalidation.*

*There are several non-clinical requirements that every Emergency Department will have regardless of size and these may increase in larger departments. The College's recommendations for these departmental non-clinical requirements are as follows:*

*Clinical Director 3PAs /week Teaching organisation 2PAs /week (up to 4 in large teaching departments) Educational support 1PA per four trainees/week Clinical Governance lead 1PA/week Contingency Planning lead 1PA/week Emergency Care network duties 1PA/week.*

*In addition, Emergency Medicine consultants will need to participate in many other non-clinical activities including departmental administration and management, liaison with other specialties and departments, teaching and teaching preparation, service development and quality improvement work, audit and appraisal.*

*To fulfil these requirements, full time Emergency Medicine consultants should have a minimum of 2.5PAs for supporting professional activities.*

*In departments with four consultants or fewer, the departmental non-clinical requirements are such that each may need more than 2.5 PAs of SPA time to ensure a safe and quality service is delivered.*

*In unusual circumstances a consultant may wish to contract for fewer than 2.5 SPAs - but beware of the effect on appraisal and revalidation and on quality of care given to patients.*

### **Examples of SPA**

- Continuing professional development (i.e. all regular activity such as reading journals, attending regular professional or academic meetings etc.)
- Appraisal
- Teaching organization

- *Training (e.g. of trainees, medical students)*
- *External teaching and education delivery (e.g. ATLS, APLS)*
- *Formal teaching and preparation (e.g. giving lectures, seminars)*
- *Audit and local clinical governance activity*
- *Clinical management*
- *Service development and quality improvement work*
- *Major incident planning*
- *Rota organization*
- *Job planning*
- *Research*
- *Other responsibilities as part of a 'portfolio career'*

*This list is by no means exhaustive.*

It remains, therefore, the adamant view of RCEM (and the other Royal Colleges), that any new posts should be advertised and appointed to at 7.5 DCC: 2.5 SPA (For A 10 PA contract).

This should, however, be reviewed, with all the evidence of SPA activity undertaken, along with any declined due to time constraints, at a job plan review after 12 months in post. In this way there is less chance of any new consultant being placed at a disadvantage.

It should also be noted, that regardless of the job and example timetable in the advert, the actual job plan should be agreed by the appointee **before commencement** in post (and ideally before accepting the post). Whilst job plans should normally be reviewed annually, either side can ask for a review at any time so a new appointee (or the Trust) does not need to wait 12 months.

Furthermore, it is also worth reinforcing, that any review should not be based solely on the SPA work that a consultant has been undertaking but rather all undertaken **PLUS** all the SPA work he/she has had to decline due to insufficient time allocated in the job plan.

Finally, the Royal College of Emergency Medicine believes that a job plan with less than the recommended SPA allocation may compromise patient safety by not allowing adequate time for maintaining and developing a service within a robust clinical governance framework. It is also likely to contribute to burnout and sickness in an already pressured working environment, which will further compromise quality patient care.

Please feel free to forward this reply to whosoever in your Trust you consider appropriate.

Best wishes,

**Taj Hassan**

President of the Royal College of Emergency Medicine