

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY R.G. LE HÉRISSEIER OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 24th MARCH 2009**

Question

Will the Minister inform members whether every consultant employed by Health and Social Services is required to work a full working week before engaging in private practice and, if so, what is the Health and Social Services' definition of a 'full working week'?

Answer

The Health and Social Services Department employs a range of consultants, some of whom work full time and some of whom work part time. Full time consultants are required to fulfil a minimum schedule of activities in accordance with their Job Plans. These Job Plans are managed by either the surgical directorate or the medical directorate of the General Hospital, as appropriate. These activities are measured in units of four hours duration and are termed 'programmed activities' (PAs). These PAs are contractually underpinned by the consultants' contract which was negotiated with the British Medical Association some years ago now. The standard working week for a full time consultant is 40 hours – and therefore it can be seen that 10 programmed activities comprise this weekly working period.

A consultant is required to participate in the hospital's on-call arrangements by which in an emergency he / she might be required (during his / her period of on-call) to attend the hospital to minister to a very sick or injured patient. This period of on-call covers evenings, night time, weekends and Bank Holidays. Unlike any other pay group in the States of Jersey, a consultant is not additionally remunerated for participating in such on-call arrangements. A consultant is entitled to time off in lieu (this time off being determined by the frequency and intensity of the on-call rotas).

In this context, consultants can undertake private practice within the working week as it is accepted that they often work beyond their 10 programmed activities. They can also work in the time they have legitimately accrued by participating in the above mentioned on-call rotas.

The arrangements for the management of public and private medicine in the hospital are governed by the Code of Practice which clearly specifies how and under what circumstances private practice activities can be pursued. This Code of Practice was negotiated with the British Medical Association and is based on the arrangements which exist in the National Health Service in England.