

Consultant Job Planning Policy

SPONSOR (Information Asset Owner):
Neil Rothnie, Medical Director

AUTHOR (Information Asset Administrator):
Lisa Bemister, Appraisal and Revalidation Manager

RATIFIED BY :
Procedural Document Group (02/10/2013)

APPROVED BY:
Local Negotiating Committee (13/09/2013)

TARGET AUDIENCE:
All Consultants

POLICY NUMBER:
PPM10

POLICY CATEGORY:
Medical Personnel Policies (PPM)

ISSUE AND REVISION RECORD:

Date	Issue No	Details	Review date
09/2013	1	New Policy	09/2015

1. Introduction	4
2. Purpose	4
3. Key Principles	4
4. Definitions	5
5. Equal Opportunities	5
6. Duties	6
7. Work Commitment	7
8. Direct Clinical Care (DCC)	7
9. On-Call activities	8
10. Supporting Professional Activities (SPAs)	9
11. Allocation of SPA	10
12. General Teaching Commitments	11
13. Administrative Time	11
14. Personal Objectives	11
15. Additional Programmed Activities	12
16. Additional NHS Responsibilities	12
17. External Duties	13
18. Private Practice and Fee Paying Services	13
19. Capacity Lists and other Capacity work	14
20. Leave	15
21. Job Planning process	15
22. Work Diary	16
23. Job Planning and the link to Pay Progression	17
24. Review	18
25. Job Planning and the link to Clinical Excellence Awards	18
26. Appeals Process	18

27. Audit of Process	18
28. Monitoring compliance.....	18
29. Equality Impact Assessment.....	19
30. Reference Sources.....	19
Appendix 1: Suggested Journey times	20
Appendix 2: Job Planning timescales	21
Appendix 3: Mediation Process	22
Appendix 4: Doctors mandatory training requirements	24

1. Introduction

In 2003, the Department of Health introduced a new and robust system of Job Planning for Consultants. The contract and the Job Planning process is, in places, somewhat complicated and also allows a reasonable amount of flexibility for local discretion and agreement. The purpose of this framework is to set out the Trust's approach to Consultant Job Planning and address many of the issues which have proven problematic in the past. This guidance replaces all previous guidance issued.

This document is a product of consultation amongst Executive directors, corporate team members and members of the local LNC which included a BMA representative.

Further sources of help and guidance are available from the NHS Employers and BMA websites, including guides to Job Planning and frequently asked questions.

Each Consultant will have a full Job Plan review at least annually. Job Plan reviews can be requested by the individual or the Trust at any time.

This Framework sets out the key principles for Job Planning, details responsibilities for the process and set out details of how SPA time is allocated.

2. Purpose

All Trust Consultant staff are required to have an annual, signed off Job Plan. This policy sets out how Job Planning will be completed across the Trust from December 2013 and appendix 1 sets out the timescales of the annual Job Planning round.

3. Key Principles

The principles outlined below will govern the Job Planning process for all Consultants:

Equity: The essence of the Consultant contract is to remunerate individuals on the basis of the activities they undertake. The Trust's intention is to remunerate appropriately for the work undertaken in the agreed Job Plan. The Trust also undertakes to resource appropriately and agreed personal objectives.

Consistency: It is crucial that a consistent and fair approach is adopted between individuals and specialties. This will be based upon a set of logical and transparent guidelines that will apply to everyone. This framework will reflect these principles.

Collaboration: The Trust considers the approach of Job Planning to be as important as the output. Consequently, the fundamental concept is for the Trust to work in partnership with its Consultants to agree mutually acceptable Job Plans. Discussions regarding individual Consultant Job Plans (including the Job Plan meetings) will normally involve the Consultant, their Clinical Manager and the Clinical Lead. Where proposed changes to a Consultant Job Plan may affect activity or income, the changes must be agreed with the relevant Business Unit Director or General Manager prior to the Job Plan being agreed.

Specialty Level Discussion: A large part of Job Planning should be discussed and agreed at a Specialty level prior to any individual Job Plan meeting being held. A specialty level Job Planning session will be scheduled for all Consultants, Clinical Lead, Services Manager and BUD/ABUD to attend, discuss and agree a “Job Plan template” which will be used by every Consultant. This meeting will also be attended by a member from Medical HR who will facilitate the creation of the Job Plan template. In order for the template to be created, the following points need to be agreed during the Specialty level discussion:

- The number of Programmed Activities (PAs) allocated for the predictable and unpredictable work performed whilst on call.
- The frequency and categorisation of the on-call.
- Working patterns.
- Standardised terminology of direct clinical care activities performed within the Specialty so the Job Plan software language is accurate.
- Which Consultants will undertake lead responsibilities such as audit lead, college tutor etc.
- Which Consultants are going to fulfil the role of Clinical and Educational Supervisor.
- The amount of time which should be included in individual Consultant Job Plans for compensatory rest to comply with legal requirements
- The amount of time Consultants within each specialty or sub-specialty need to perform their clinical administration. It is acknowledged that in some circumstances this will vary due to differences in case mix, however in most cases it should be possible to agree how much time is required to complete the administration associated with a clinic or new referrals for the week.

Trust: The Trust and the Consultants will approach the Job Planning process with professionalism, honesty and openness.

Accountability: As a publicly funded organisation, the Trust has a statutory responsibility for probity therefore Job Plans must be based upon fact and evidence.

4. Definitions

DCC	Direct Clinical Care
SPA	Supporting Professional Activities
APA	Additional Programmed Activities
MDMs	Multi-Disciplinary Meetings

5. Equal Opportunities

Southend University Hospital NHS Foundation Trust (the Trust) is committed to providing equality of opportunity for all present and potential members of staff, and aims to ensure that no existing or potential employee receives less favourable treatment on the grounds of sex, sexual orientation, race, colour, nationality, ethnic origin, religion, marital status, carer status, socio economic background, employment

status, political affiliation and trade union membership, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. The principles of equality and diversity should be applied within the Job Planning process so all members of staff are treated fairly and equally. For further information please refer to the Trust's Equal Opportunities in Employment policy¹.

6. Duties

6.1 Duties within the Trust (Committees)

The Trust's Corporate Team will have responsibility for ensuring that all consultant medical staff have agreed Job Plans which are reviewed annually.

6.2 Duties of Individuals within the Trust

Job Planning within the Trust is fundamental to the delivery of clinical services, training and research. Whilst the Chief Executive is ultimately accountable for ensuring Job Planning is in place across the organisation, the following clarifies the roles and responsibilities of staff involved in the overall Job Planning process.

The Consultant or a team of Consultants must ensure that they undertake Job Planning on an annual basis with their Clinical Manager and Clinical Lead.

Clinical Managers and Clinical Leads have responsibility for ensuring Job Planning takes place within their specialty areas/departments. They are also responsible for 1st sign off on agreed Job Plans for their area.

Business Unit Directors will ensure the Job Planning process is completed within their departments within the timeframes set by the Trust and will also be responsible for 2nd sign off on agreed Job Plans for their area.

General Managers will work with the Clinical Leads and Business Unit Directors to ensure the necessary information is available so that Job Planning can take place.

HR Director will ensure the Job Planning policy is followed and report on progress to the Trust Board on a regular basis. The HR Director will work with the Medical Director and Chief Executive to ensure any formal Stage 1 and Stage 2 appeals are appropriately constituted.

Medical Director will set up a mediation process in accordance with Appendix 3 where there is failure to agree a Job Plan at department level. The Medical Director will also be responsible for the final sign off of job plans if agreed at department level.

Chief Executive has overall responsibility for ensuring Job Planning is conducted annually across the organisation and is in line with Department of Health requirements.

¹ *Equal Opportunities in Employment Policy (Southend University Hospital NHS Foundation Trust: PP-03)*

7. Work Commitment

The 2003 Consultant contract is based upon a full time work commitment of 10 Programmed Activities (PAs) per week.

Each 4 hours of work has a value of one PA, unless it has been mutually agreed between the consultant and the Trust to undertake the work in premium time, in which case each PA equates to 3 hours. Premium time is classified as any time that falls outside of the hours 07:00 to 19:00 Monday to Friday and any time on general Public Holidays. Programmed activities may be programmed as blocks of 4 hours or in smaller units where appropriate.

PAs above 10 per week are temporary, Additional Programmed Activities (APAs). The review of APAs is a key part of the Job Planning process.

If Consultants choose to undertake a PA in premium time rather than core working hours for personal convenience, the time for the PA should be 4 hours.

The work commitments of Consultants employed on the old Consultant Contract should be discussed and agreed on an individual basis at least once a year, with reference to pre-2003 terms and conditions of service.

8. Direct Clinical Care (DCC)

DCC activity relates directly to the prevention, diagnosis or treatment of illnesses. This principally constitutes as:

- Operating sessions
- Outpatient or other clinics
- Ward Rounds
- Clinical diagnostic work
- Emergency duties
- Telephone advice to hospital
- Patient administration
- On Call duties
- Other patient treatment or relative consultation
- Travelling time between sites (excluding travel to usual place of work)
- DCC also includes time spent teaching in clinical settings, for example ward rounds and clinics

Meetings which relate directly to the care or treatment of individual patients such as Multi-disciplinary meetings (MDM) or Safeguarding Children meetings are counted as DCC time. There will be other similar meetings which can also be counted as DCC time. Mixed MDM should be explicitly divided into time for planning patient care and a time for other purposes. Preparation of materials for consideration at the MDM (for example diagnostics) is also counted as DCC.

Where Consultants are expected to spend time on more than one site during the course of a day, time spent travelling between sites will be included as DCC. All travel

associated with clinical activity should be recorded as DCC time and travel associated with non-clinical activity should be recorded as either Supporting Professional Activities (SPA) or Additional NHS Responsibilities as appropriate. **Appendix 1** outlines the suggested journey time for common journeys. This may need to be varied dependant on time of travel. These times do not include parking time.

Travel to and from work for NHS emergencies and “excess travel” will also count as DCC. “Excess travel” is defined as time spent travelling between home and a working site other than the Consultant’s main place of work, after deducting the time normally spent travelling between home and main place of work. The Clinical Manager and Consultant may need to agree arrangements for dealing with more complex working days. Travelling time between a Consultant’s main place of work and home or private practice premises will not be regarded as working time.

9. On-Call activities

Consultants on an on-call rota are paid an on-call availability supplement in addition to basic salary. The level of supplement depends upon the frequency of the rota and the typical nature of the response when called, known as either category A or category B as tabled below:

Number on On-Call Rota	Value of supplement as % of full-time basic salary	
	Category A	Category B
<u>High frequency:</u> 1 – 4 Consultants	8%	3%
<u>Medium frequency:</u> 5 – 8 Consultants	5%	2%
<u>Low frequency:</u> 9 or more Consultants	3%	1%

Part time consultants, whose contribution when on call is the same as that of full-time consultants on the same rota will receive the appropriate percentage of the equivalent full time salary.

Category A: Availability for immediate recall to work shall normally mean the clinician should be contactable via a telephone or pager for complex consultations and, if determining that personal attendance is appropriate, the clinician shall be present on site within thirty minutes of that determination.

Category B: Availability supplements are appropriate where the clinicians’ level of availability is lower than immediate. Details of on call availability arrangements will be determined and agreed for each specialty grouping an on call rota. This applies when

the clinician can typically respond by giving telephone advice and/or returning to site later.

NB It should be noted that prospective cover arrangements cannot be considered when determining the frequency of the rota.

There is also a requirement for a PA allocation in recognition of the work actually undertaken whilst on call. This work is divided into predictable (takes place at regular and planned times) and unpredictable (purely unplanned clinical activity whilst on call). The number of PAs allocated for predictable and unpredictable work performed whilst on-call will be the same for all Consultants on a rota and will be agreed at specialty level. This allocation is calculated by analysing the amount of time consultants spend on on-call activity to produce an average weekly amount. In order to achieve this, individual Consultants need to record their workload over a representative period and share the results with their Clinical Manager so that an average can be agreed for the specialty or the rota concerned. The length of the representative period should be agreed at specialty level, in most cases 10 weeks is sufficient.

There are some Consultants on more than one rota. For these individuals a calculation will be undertaken to identify the overall frequency of their on-call commitment.

In some specialties there is a frequent requirement for compensatory rest due to the amount of work performed whilst on-call. Where this is the case the amount of time required should be agreed at the specialty level Job Plan discussion and this should be incorporated into the Consultants' job plans.

10. Supporting Professional Activities (SPAs)

Supporting Professional Activities (SPA) form a core part of a doctor's work and are essential to ensure that a doctor keeps up to date, maintains training requirements and revalidates. SPAs are not optional and are a required part of the job plan.

It is acknowledged that some SPA will be planned well in advance with other elements occurring on a week by week basis. Each SPA activity should be specified in the Job Plan and should usually take place on site during working hours.

It is expected that SPA time should predominately consist of:

- Relevant teaching and training
- Continuing Professional Development (CPD)
- Audit
- Research
- Clinical Governance
- Service development
- Clinical Management (this does not include formal management roles such as clinical lead as these are included in the additional NHS responsibilities. These roles may include contributing to commissioning discussions, clinical coding etc.)
- Job Planning and appraisal

The Consultant contract and BMA guidance state that a full time Consultant will typically undertake 2.5 SPAs per week. Therefore 2.5 is neither a minimum nor a maximum; neither is it an allowance.

11. Allocation of SPA

All Consultants will be allocated **1.5 core SPAs** per week for the following activities:

- CPD
- Personal Job Planning and appraisal
- Mandatory training
- Participation in audit

For the avoidance of doubt, participating in audit means attending audit meetings, contributing data and implementing agreed audit recommendations in your own practice.

SPAs are required of all Consultants and will normally be performed on the Trust's premises. In circumstances where such activities are required to take place off site, a discussion should take place during the Job Planning process between the Consultant and Clinical Manager to agree which activities are to take place off site.

The core SPA will be expected of all Consultants, irrespective of their working hours. As such, the core SPA will be included in the Job Plans for all new Consultant appointees. The remainder of SPA time for newly appointed Consultants will be based on the model job plan template for whole time Consultants in the relevant department. Newly appointed Consultants will attend their first Job Plan review after 3 months in post at which point they will be expected to present evidence to the Trust of their involvement in SPA work other than the core SPA as detailed in their initial Job Plan.

Any exceptions to the above should be discussed and agreed at the Job Plan discussion. As every Consultant will be given dedicated time in their Job Plan for these activities, regular attendance will normally be expected.

Any SPA time above the core allowance will be allocated for specific activities which will be agreed between the Consultant and their Clinical Manager. All agreed activities must be of benefit to both the Consultant and the Trust or wider NHS and have measurable objectives associated with them. Extra time within a Job Plan must reflect extra activity above that otherwise expected of other Consultants in that Business Unit with defined outcomes. These objectives should be agreed as part of the Job Plan alongside an agreement on the resources required to achieve them.

“Miscellaneous “activities should not be included in the job plan.

Where SPA time is allocated for research, this should be reviewed annually by the Research and Development committee. It should be noted that Audit is not a research activity and should not be counted as such.

The Trust recognises the contribution that appraisers make to ensure colleagues and the Trust is able to meet the requirements of Revalidation. Appraiser will be allocated

0.25 SPAs per week for their role and are expected to undertake 6-8 appraisals per year. In addition, the appraiser will also be expected to attend any appraiser training and update sessions as organised by the Trust throughout the year.

Mandatory training should be booked during scheduled SPA time where appropriate.

12. General Teaching Commitments

Clinicians are expected to participate in education as part of their employment. It is important to recognise that time spent teaching in clinics and ward rounds is not additional, it is part of those fixed clinical units of PAs.

Undergraduate teaching relates to specific undergraduate teaching in SPA time and is separate from contact time during fixed activities such as clinics. The amount of SPA time for this activity will be individually negotiated as part of the job planning process with the involvement of the department and the undergraduate department for education through an evidenced based approach.

Consultants appointed as Educational Supervisors should be allocated **0.25 SPA** per week for each trainee they undertake this role for, in accordance with the guidance issued by the London Deanery.

Consultants appointed as Clinical Supervisors should be allocated **0.25 SPA** per week. Consultants will be required to demonstrate level 1 knowledge and skills as a key part of fulfilling their role. Please be aware that only one Consultant should take Clinical Supervisor responsibility for each trainee at any one time therefore if there are multiple Consultants within a team with a one trainee, it should be agreed who will take Clinical Supervisor responsibility for this.

Individuals that undertake the role of Clinical or Educational Supervisor should have undergone the appropriate training for each role and should be able to demonstrate the required GMC standards for trainers (April 2010) for each role. Individuals that cannot evidence appropriate training will not be permitted to undertake the role.

13. Administrative Time

If administrative time beyond that included within DCC (as specified earlier) is required for non-patient related administration, the nature of these tasks should be detailed and recorded within the Job Planning process.

The same 'evidence based' approach regarding SPA time should be applied to this area.

14. Personal Objectives

The Job Plan will include appropriate personal objectives that have been agreed between the Consultant and his or her Clinical Manager. These may arise out of the appraisal process. The objectives will set out a mutual understanding of what the Consultant will be seeking to achieve over the year they cover and how this will contribute to the corporate objectives. Specifically they will:

- Be based on past experience and on reasonable expectations of what might be achievable over the next period.
- Reflect different, developing phases in the Consultant's career.
- Be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the Consultant's control, which will be considered at the Job Plan review.
- Where a Consultant works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.
- The nature of a Consultant's personal objectives will depend in part on his or her specialty, but they may include objectives relating to:
 - Trust objectives
 - Local service objectives
 - Quality
 - Activity and efficiency
 - Clinical Outcomes
 - Clinical Standards
 - Management of resources, including efficient use of NHS resources
 - Service development
 - Multi-disciplinary team working

15. Additional Programmed Activities

As already stated for full time contract holders, PAs above 10 per week are temporary. In this context, Additional Programmed Activities (APAs) must be formally reviewed as part of the annual Job Plan review and may be reduced following the review subject to three months' notice on either side (which can be waived by mutual agreement). For Consultants on a part time contract, any APAs will be reviewed in the same manner. APAs may consist of DCC, SPAs, additional NHS responsibilities and/or other external duties.

There is no obligation on Consultants to offer, or accept the offer of, additional PAs except when they wish to perform Private Professional Activities. Consultants who do wish to provide Private Professional Services may choose not to offer, or accept the offer of, an additional PA however doing so would constitute grounds for their pay threshold being deferred in the year concerned.

Where the Trust requests a Consultant to perform Additional Programmed Activities on a regular basis, it will give him or her three month's notice; or less by mutual agreement. Consultants with existing extra-contractual commitments (such as private practice commitments) will be entitled to six months' notice.

16. Additional NHS Responsibilities

There are a range of additional NHS responsibilities that Consultants undertake both within the Trust and externally which the Trust recognises and supports. These responsibilities relate to specific roles filled by clinicians for a defined period.

Consultants who wish to perform additional NHS responsibilities must seek formal agreement from their Business Unit Director and Clinical Manager prior to applying to the role. The nature of the additional responsibility and the time required to fulfil it should be discussed and agreed. Where it is agreed that the Consultant can undertake specific additional responsibilities, the time required to discharge them should be included in the Job Plan as PAs for additional NHS responsibilities.

There are a small number of additional NHS responsibilities which attract additional remuneration. Where this applies and the Consultant is paid by the external organisation, there is no requirement to allocate PAs to discharge this responsibility however the nature of the additional responsibility should be noted in the Job Plan and adequate time identified.

17. External Duties

Some clinicians undertake additional duties for organisations which are associated with the NHS but not formally part of it. Some examples include college work and examinations, national representation on committees and teaching or external lectures.

Consultants who wish to perform external duties must seek formal agreement from their Business Unit Director and Clinical Manager prior to applying for the role. The Trust will take a pragmatic approach to this decision on an individual basis and in principle agree to support external duties so long as:

- There is demonstrable benefit to the individual, the Trust or the wider NHS.
- The Business Unit Director for the specialty supports the request.
- That there is no significant loss of service delivery within the specialty/department unless replacement of this loss is agreed by the Business Unit Director.

Where Consultants are already performing external duties, the nature of these and the time commitment associated with the duties should be reviewed as part of the annual Job Plan review.

18. Private Practice and Fee Paying Services

Consultants are responsible for ensuring the provision of Private Professional Services or Fee Paying Services for other organisation do not:

- Result in detriment to NHS patients or services; or
- Diminish the public resources that are available for the NHS.

Regular commitments in respect of Private Professional Services or Fee Paying Services must be documented in the Job Plan. This information will include the planned location, timing, and broad type of work. If time spent undertaking Private Professional Services results in an individual working in excess of 48 hours per week, the decision and the responsibility to undertake that work will lie with the individual.

Scheduling of NHS work should take priority over the scheduling of non-NHS work, subject to the Trust providing sufficient notice of any proposed change to the agreed Job Plan.

Where there would be a conflict or potential conflict of interest, NHS commitments must take precedence over private work. Individual Consultants are responsible for ensuring that private commitments do not conflict with Programmed Activities.

Individuals who undertake private medico-legal work (i.e. work which is not performed in their capacity as a Trust employee) may be called in court from time to time, a requirement which may interfere with NHS activity. Where this is the case, arrangements will need to be agreed in writing with the relevant Business Unit Director.

Subject to the following provisions, Consultants will not undertake Private Professional Services or Fee Paying Services when on-call. The exceptions to this rule are where:

- The Consultant's rota frequency is 1 in 4 or more frequent, his or her on-call duties have been assessed as falling within the category B described in Schedule 16 of the Consultants Terms and Conditions of Service (2003), and the Trust has given prior approval for undertaking specified Private Professional Services or Fee Paying Services.
- The Consultant has to provide emergency treatment or essential continuing treatment for a private patient. If the Consultant finds that such work regularly impacts his or her NHS commitments, he or she will make alternative arrangements to provide emergency cover for private patients.

Private work or fee paying services should normally be conducted outside of contracted work which includes SPAs and on-call duties (unless the on-call duties fall under the exception rules described previously). Any secretarial work required for these activities should be performed out of hours and Consultants should pay for this work to be undertaken.

In cases where private work or fee paying services are undertaken during contracted programmed activities times, the individual is expected not to collect a fee unless the work involves minimal disruption to NHS work. Where the Trust agrees for the work to be done within NHS time without collecting the fee, the arrangement needs to be agreed by the Business Unit Director. The undertaking of such work, covered by additional fees, is voluntary for clinicians in line with schedule 9, 10 and 11 of the Consultant Terms and Conditions of Service (2003).

Where private cases are included in operating lists, clinic schedules etc., the time taken to treat/see such cases must be accumulated up to the equivalent of 1 PA and the time offered back to the Trust at a mutually agreed time.

19. Capacity Lists and other Capacity work

Consultants are often asked to perform additional lists, clinics, investigations or reports in order to reduce or maintain patient waiting times. One of the important principles of the 2003 Consultant Contract is that Consultants cannot be paid twice for the same

period of time. For this reason, Consultants must not, under any circumstances, undertake 'waiting list (time) initiative' lists or other capacity work whilst on-call. The Trust will not, under any circumstances, ask Consultants to undertake lists or other related work whilst on-call.

The Trust will not ask Consultants to perform waiting list work during their SPA time other than in exceptional circumstances. In the rare occasion where this is necessary, the displaced SPA should be allocated at another time and there should be explicit written agreement regarding the time and location of this. Where it is agreed that the displaced SPA will be performed in lieu of a clinical session, the Consultant will not be entitled to any additional remuneration for the waiting list work undertaken. In contrast, where it has been agreed that the displaced SPA will be performed at a time when the Consultant is not contracted to work for the Trust (such as an evening or weekend), the Consultant will be entitled to payment for the work at a rate agreed locally.

20. Leave

Annual/professional/study leave must be booked at least 6 weeks in advance and is subject to approval by the Consultants Clinical Manager.

21. Job Planning process

Each Consultant will participate in Job Planning annually. The Job Planning process will commence in January and should be completed by the beginning of April. Agreement of departmental roles and meetings should be agreed in the December before the process in preparation.

Prior to the annual Job Planning round, the Business Unit Director, Clinical Lead and Senior Managers will meet to agree how the Trust's strategic objectives will be translated into Job Plans.

The Consultants, Clinical Lead and appropriate managers will then meet to agree the departmental and service objectives and how these will fit with the strategic objectives of the Trust and the personal objectives of the Consultants.

The Specialty Level discussion will take place between the Consultants, Clinical Lead and appropriate managers to discuss and agree a "Job Plan template" which will be used as a basis for every Consultant's Job Plan within the department. This meeting will be attended by a member from Medical HR who will facilitate the creation of the Job Plan template. In order for the template to be created, the following points need to be agreed during the Specialty level discussion:

- The number of Programmed Activities (PAs) allocated for the predictable and unpredictable work performed whilst on call.
- The frequency and categorisation of the on-call.
- Working patterns.
- Standardised terminology of direct clinical care activities performed within the Specialty so the Job Plan software language is accurate.

- Which Consultants will undertake lead responsibilities such as audit lead, college tutor etc.
- Which Consultants are going to fulfil the role of Clinical and Educational Supervisor.
- The amount of time which should be included in individual Consultant Job Plans for compensatory rest to comply with legal requirements.
- The amount of time Consultants within each specialty or sub-specialty need to perform their clinical administration. It is acknowledged that in some circumstances this will vary due to differences in case mix, however in most cases it should be possible to agree how much time is required to complete the administration associated with a clinic or new referrals for the week.

After the specialty level discussion has taken place, Medical HR will publish a speciality specific, Job Plan template for each Consultant on the Trust's chosen electronic job planning system, Zircadian.

Consultants are required to use this template to complete their individual Job Plans and submit it to their Clinical Lead/Manager for review before the Job Planning meeting.

The draft Job Plan will be reviewed and agreed by the Consultant and their Clinical Lead/Manager during the Job Planning meeting. The Clinical lead/manager will then use the system as 1st sign off on the Consultant's Job Plan.

The Consultant's Business Unit Director will review and agree the Job Plan on the electronic system for 2nd sign off.

The Medical Director will act as 3rd sign off on the agreed Job Plan.

Timescales for the Job Planning process are set out in Appendix 2.

If for any reason, changes to the Job Plan have been made by the Clinical Lead/Manager or Business Unit Director, are not agreeable with the Consultant and cannot be resolved easily, mediation must be commenced. The mediation process is summarised in Appendix 3.

Where a Consultant works across more than one Business Unit/organisation, it is the responsibility of both the Consultant and their main Manager to ensure that all Business Units/organisations (who form part of the consultant's work) are involved in the Job Planning process.

22. Work Diary

Whilst not a requirement of the contract, Consultants should keep or be asked to keep a work diary to inform the Job Plan meeting of the range of activities and the time spent on these. The diary is not to dictate the Job Plan but it will assist in the Job Planning process where the Consultant or Manager feels that there are discrepancies between the current Job Plan and actual workload.

23. Job Planning and the link to Pay Progression

The Consultant Contract makes provisions for Consultants' remuneration to rise through a series of thresholds subject to certain conditions being met. The majority of Consultants will progress through the thresholds; however this is subject to certain conditions being met and is not automatic. The criteria to be referred to annually for pay progression purposes are that the consultant has:

- Made every reasonable effort to meet the time and service commitments in the Job Plan;
- Participated satisfactorily in the appraisal process;
- Participated satisfactorily in reviewing the Job Plan and setting personal objectives;
- Met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the Consultants control, made every reasonable effort to do so;
- Worked towards any changes identified in the last Job Plan review as being necessary to support the achievement of the Trust's objectives
- Taken up any offer to undertake Additional Programmed Activities that the Trust has made to the Consultant in accordance with Schedule 6 of the Terms and Conditions; and
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the Terms and Conditions; and
- Undertaken the appropriate Mandatory Training

The Clinical Lead/Manager who has conducted the Job Plan review, in conjunction with the Business Unit Director will report the outcome to the Medical Director who will in turn make a recommendation to the Chief Executive on whether the Consultant concerned has met the criteria for pay progression.

The Chief Executive, informed by the Medical Director's recommendation, will decide whether the clinician has met the criteria for pay progression. Where one or more of the criteria are not achieved, evidence for this decision will be provided to the clinician. Clinicians who wish to appeal against the decision made by the Chief Executive should do so in accordance with Schedule 4 of the Terms and Conditions which can be found on the NHS Employers website:

http://www.nhsemployers.org/SiteCollectionDocuments/Consultant_Contract_V8_Revised_Terms_and_Conditions_220808_aw.pdf

When a Consultant become eligible for a pay threshold they will receive it provided that the Chief Executive agrees they have met the criteria outlined above in every year since the award of the previous threshold, or in the case of a Consultants first pay threshold, since the commencement of their post.

If the Chief Executive decides that a Consultant has not met the necessary criteria for pay progression, the Trust will defer the award of the appropriate pay threshold for one year beyond the date on which they would otherwise have received the threshold. Provided that the Chief Executive agrees that the Consultant concerned has met the

criteria in the intervening year, he or she will then receive the threshold from the start of the following year.

24. Review

A Job Plan will usually be reviewed on an annual basis as part of the Trust wide job planning round. There are however, certain scenarios where a Consultant's Job Plan will need to be reviewed during the course of the year, either due to external influences having an impact on the service which the Consultant provides or because a Consultant circumstances have changed. For example where activity in a department has continuously reduced, or the local Clinical Commissioning Group no longer contracts for particular services, Job Plans will need to be reviewed and amended accordingly to meet the needs of the service.

25. Job Planning and the link to Clinical Excellence Awards

It has been determined nationally that adherence to the National Standards of Best Practice for Job Planning will form part of the eligibility criteria for clinical excellence awards. The Trust expects all Consultants who apply for a Clinical Excellence Award to be able to produce an up to date Job Plan for the relevant year.

26. Appeals Process

Where it has not been possible to agree a Job Plan or a Consultant disputes a decision that he or she has not met the criteria required for pay progression in a given year, a mediation process and appeal procedure is available. Full details of the mediation process and appeal procedure is outlined in Schedule 4 of the Terms and Conditions which can be found on the NHS Employers website:

<http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantContractAppeals/Pages/ConsultantContractAppeals.aspx>

27. Audit of Process

In the spirit of openness and transparency the Trust will make available to the Trust Board and Corporate Team, data regarding the outcome of the Job Planning process on an annual basis.

28. Monitoring compliance

In order to ensure compliance with this policy, the Trust will undertake the following monitoring.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual/department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/forum which will receive the findings/monitoring report	Committee/individual responsible for ensuring that the actions are completed
Development	Interim audits	Medical Director	Process will	Corporate	/Business Unit

and delivery of job plans to meet agreed local delivery plans			be monitored throughout the Job Planning round running from January to March	Team/Trust Board	Directors/Clinical Managers/Clinical Leads
---------------------------------------------------------------	--	--	------------------------------------------------------------------------------	------------------	--------------------------------------------

29. Equality Impact Assessment

This guidance document has been the subject of an Equality Impact Assessment using the template used for all Trust documents and policies. The result of the assessment demonstrates that no one as a consequence of this document is placed at a disadvantage over others.

30. Reference Sources

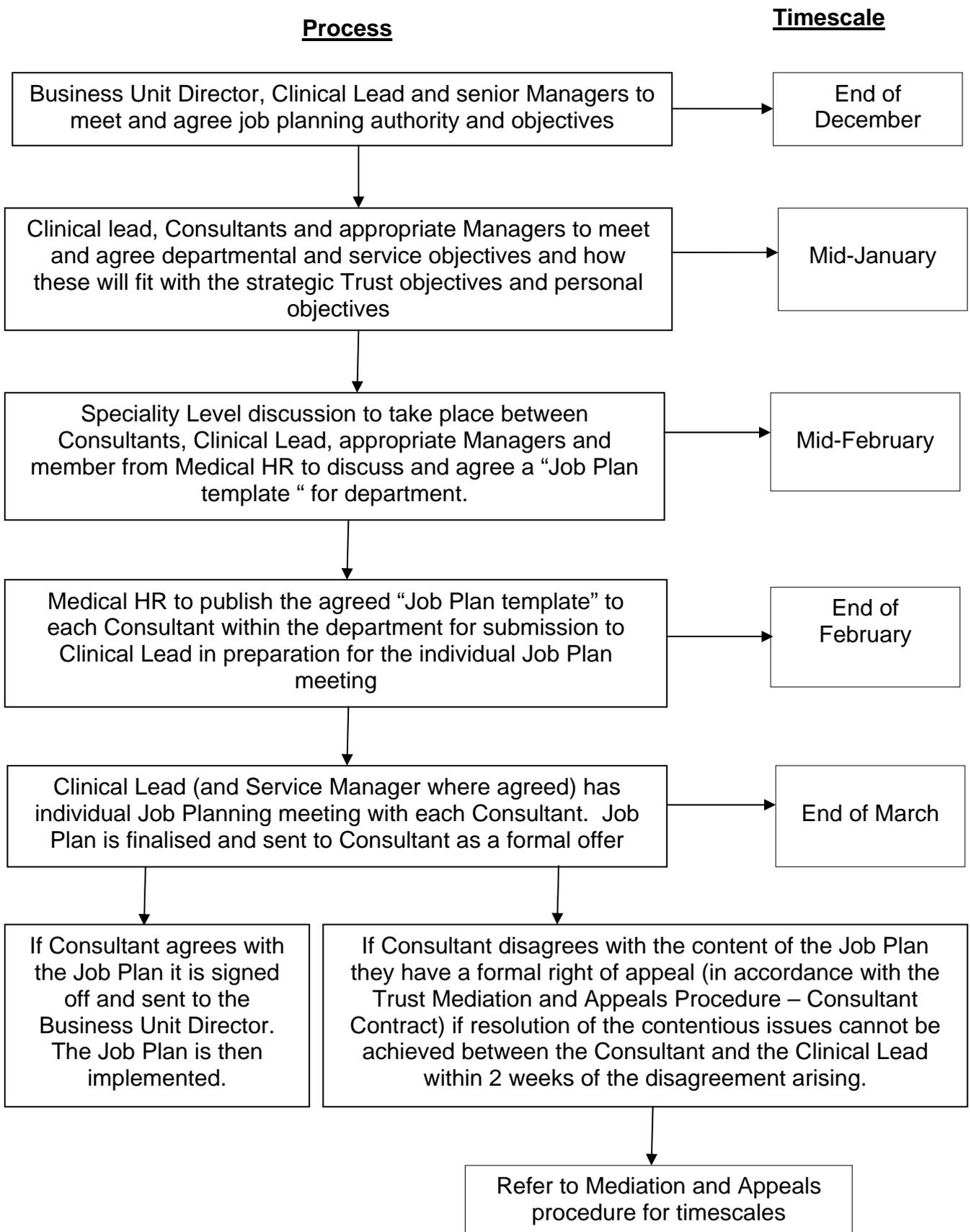
- British Medical Association & NHS Employers - A guide to Consultant Job Planning (July 2011)
- Department of Health – Consultant Job Planning: Standards of Best Practice (January 2004)
http://www.nhsemployers.org/SiteCollectionDocuments/Appendix_1_Job_planning_standard_of_best_practice.pdf
- NHS Modernisation Agency – Effective Job Planning: A concise guide for consultants (February 2005)
http://www.nhsemployers.org/SiteCollectionDocuments/Effective_job_planning.pdf
- Terms and Conditions – Consultants (England) 2003
http://www.nhsemployers.org/SiteCollectionDocuments/Consultant_Contract_V8_Revised_Terms_and_Conditions_220808_aw.pdf
- Terms and conditions of service NHS Medical and Dental Staff (England) 2002
http://www.nhsemployers.org/SiteCollectionDocuments/Hospital_Medical_and_Dental_Staff_TCS_March_08_cd_160209.pdf
- General Medical Council – Recognition and approval of trainers
<http://www.gmc-uk.org/education/10264.asp>

Appendix 1: Suggested Journey times

The table below lists the suggested journey times for common journeys made by Consultants employed by the Trust. These times have been verified by two different sources. For any frequent journeys not included in this table please use the time from Google Maps.

From/To	Southend Hospital	Basildon Hospital	Broomfield Hospital	Orsett Hospital	Central Canvey Primary Care Centre	Lighthouse Centre
Southend Hospital	x	25 minutes	40 Minutes	30 Minutes	25 Minutes	7 Minutes
Basildon Hospital	25 minutes	x	40 Minutes	15 Minutes	20 Minutes	20 Minutes
Broomfield Hospital	40 Minutes	40 Minutes	x	45 Minutes	30 Minutes	35 Minutes
Orsett Hospital	30 Minutes	15 Minutes	45 Minutes	x	25 Minutes	25 minutes
Central Canvey Primary Care Centre	25 Minutes	20 Minutes	30 Minutes	25 Minutes	x	25 minutes
Lighthouse Centre	7 Minutes	20 Minutes	35 Minutes	25 minutes	25 minutes	x

Appendix 2: Job Planning timescales



Appendix 3: Mediation Process

This section should be read in conjunction with Schedule 4 of the Terms and Conditions – Consultants (England) 2003.

Where it has not been possible to agree a Job Plan or a Consultant disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, the following mediation and appeals procedure will be available.

Mediation – Step 1

1. The Consultant or (in the case of a disputed Job Plan) the Clinical Lead should refer the matter to the Medical Director, or to a designated person if the Medical Director is one of the parties involved with the initial decision. Where a Consultant is employed by more than one NHS organisation, the prime employer will take the lead. The purpose of the referral will be to reach an agreement.
2. The Consultant or Clinical Lead makes the referral in writing within two weeks of the disagreement arising.
3. The party making the referral will set out the nature of the disagreement and his or her position or view on the matter.
4. Where the referral is made by the Consultant, the Clinical Lead responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay threshold have been met, will set out the position or view on the matter.
5. Where the referral is made by the Clinical Lead, the Consultant will be invited to set out his or her position on the view or matter.
6. The Medical Director or a person designated by the Medical Director will convene a meeting, normally within two weeks of receipt of the referral, with the Consultant and responsible Clinical Manager to discuss the disagreement and to hear their views.

Formal Appeal – Step 2

1. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
2. An appeal shall be lodged in writing to the Chief Executive as soon as possible and in any event within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.
3. The membership of this panel will be:

- a. A chairman nominated by the Trust
 - b. A representative nominated by the Consultant
 - c. A third member chosen from a list of individuals approved by NHS East of England and the BMA/BDA. NHS East of England will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. If there is an objection raised by either the Consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated. A list of individuals will be regularly reviewed.
 - d. No member of the panel should have been previously been involved in the dispute.
4. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Management will present its case first explaining the position on the Job Plan, or the reasons for deciding that the criteria for a pay threshold have not been met.
 5. The Consultant may present his or her own case in person, or be assisted by a work colleague or trade union /other professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
 6. Where the Consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty.
 7. It is expected that the appeal hearing will last no more than one day.
 8. The appeal panel will make a recommendation on the matter in dispute in writing to the Board of the employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The Consultant should see a copy of the recommendation when it is sent to the Board. The Board will make the final decision and inform the parties in writing,
 9. No disputed element of the Job Plan will be implemented until confirmed by the outcome of the appeals process. Any decision that affects the salary or pay of the consultant will have effect from the date on with the consultant referred the matter to mediation or from the time that he or she would otherwise have received a change in salary, if earlier.

Appendix 4: Doctors mandatory training requirements

Medical Staff					
Training topic	e-Learning	Included in Trust Corporate Induction	Update Frequency	Consultants, Specialty doctors	Lab based doctors
STATUTORY					
Fire Safety (Basic)		✓	On induction and then annually	✓	✓
Moving & handling (inanimate load)	✓	✓	3 yearly	✓	✓
MANDATORY AS REQUIRED BY CQC AND/OR NHSLA					
Being Open			Once	✓	
Complaints		✓	Once at Induction	✓	✓
Conflict Resolution (dealing with violence and aggression)		✓	3 yearly	✓	✓
Consent		✓	Once at Induction	✓	✓
Equality and Diversity		✓	3 yearly	✓	✓
Harassment and Bullying		✓	Once at Induction	✓	✓
Health Record Keeping Foundation Module	✓	✓	Once	✓	✓
Health Record Keeping introductory module	✓		Annually	✓	✓
Infection Prevention and Control including hand hygiene	✓	✓	2 yearly	✓	✓
Information governance (patient confidentiality & data security)	✓	✓	Annually	✓	✓
Inoculation incidents		✓	Once at Induction	✓	✓
Moving and Handling (patient moving and handling)			2 yearly	✓	
Oxygen Therapy			Once at induction	✓	
PREVENT Training			Once only	✓	
Resuscitation BLS (1a)		✓	Annually	✓	
Resuscitation Paediatric BLS (1b)			Annually	✓	
Risk Management/Awareness(Incidents, claims)		✓	Once at Induction	✓	✓

Root Cause Analysis (investigations for incidents, complaints and claims)			3 yearly	✓	
Safeguarding adults, MCA/DOLs (Level 1)	✓	✓	3 yearly	✓	
Safeguarding adults, MCA/DOLs (Level 2)			3 yearly		✓
Safeguarding children Level 1	✓		Once	✓	✓
Safeguarding Children Level 2	✓		3 yearly	✓	✓
Safeguarding Children Level 3			3 yearly	✓	
Targeted training on equipment/medical devices			According to policy	✓	✓
Venous Thromboembolism		✓	Once at Induction	✓	✓