Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Job Planning Policy

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Contents

1. Introduction

The job planning process will take account of national objectives, the Trust's priorities and those of localities and clinical teams (and, in the case of clinical academics, their higher education institution) as well as the needs and aspirations of individual doctors to facilitate the planning and delivery of high-quality care. It will also provide opportunities for personal and professional development to help drive quality improvement in line with the present and future needs of patients.

The Trust recognises the importance of and supports the active involvement of its medical staff in research and teaching and is aware that revalidation will inevitably focus attention on continuing professional development and the demonstration of improved patient outcomes. Job plans must identify CPD needs, improve patient outcomes and define these activities.

The Clinical Director within each of the Local Delivery Units will lead the overall job planning process to be delivered through their appointed medical leads.

2. Purpose or aim

The purpose of this document is to set out the Trust's policy on doctors' job planning. Its main objectives are to provide guidance to support the process, to encourage a standard approach, hence improve consistency across all Local Delivery Units and to ensure that work patterns are aligned to the Trust's priorities. It has been prepared in collaboration with clinical managers and with the Local Negotiating Group (LNG) and the British Medical Association (BMA).

A review of the policy will be undertaken on a biennial basis or when national policy is amended/finalised, whichever is the sooner.

3. Scope

Job Planning is the key mechanism through which doctors' and managers' shared responsibility for providing the best possible care within the available resources can be agreed, monitored and delivered. In accordance with the new consultant contract (2003) and the Specialty and Associate Specialist (SAS) doctors' contract (2008), this document is based on the requirement that all doctors, including those holding older contracts, will participate in annual Job Planning.

Both consultants who have remained on the 'old' contract and those appointed on the 'new' contract are expected to participate in job planning. The two contracts have different arrangements for scheduling and timetabling of activities and the currency for the 'old' contract is Notional Half Days (NHDs) and, for the 'new' contract, Programmed Activities (PAs). Similarly, all Specialty and Associate Specialist doctors, whether on the 2008 or pre-2008 national contracts, are expected to participate in job planning.

4. Definitions

4.1 Direct clinical care (DCC)

Work that directly relates to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977. This includes:

- Emergency duties (including emergency work carried out during or arising from on-call)
- Ward rounds
- Outpatient activities
- Clinical diagnostic work
- Other patient treatment

- Public health duties
- Multi-disciplinary meetings about direct patient care

4.2 On-call duties

A consultant's job plan should clearly set out their on-call commitments. Under the 2003 contract it is recognised in three ways:

- An availability supplement[1] based on the commitment to the rota. There is no prospective cover allowance here
- PA allocation for predictable emergency work[2] arising from on-call duties (ward rounds, administration etc.) should also be prospectively built into timetables as direct clinical care PAs. There is no limit on the amount of predictable on-call work that can be allocated to DCC PAs and prospective cover. When a consultant covers colleagues' on-call duties when they are away on annual or study leave, this should be factored into the calculation
- PA allocation for unpredictable emergency work done whilst on-call. This should usually be assessed retrospectively (using diary evidence) and included within the first allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Once again, prospective cover should be recognised here.

4.3 Supporting professional activities (SPA)

These are activities that underpin direct clinical care. They may include:

- Participation in training
- Medical education
- Continuing professional development
- Formal teaching
- Audit
- Job planning
- Appraisal
- Supervision for doctor and supervision of others
- Research
- Clinical management
- Local clinical governance activities.

Used effectively, supporting professional activities will benefit the individual, the organisation and the wider NHS as consultants take time to enhance skills, extend knowledge, work on quality improvement initiatives, undertake academic research and lead and develop others in pursuit of the common aim of improving the patient experience. However, like any other

[1] **Category A**: where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations. **Category B**: where the consultant can typically respond by giving telephone advice and/or by returning to work later.

[2] **Predictable emergency work**: emergency work that takes place at regular and predictable times, often as a consequence of a period of on-call work. This should be programmed into the working week as scheduled Programmed Activity. **Unpredictable emergency work** arising from on-call duties: work done whilst on-call and associated directly with the consultant's on-call duties.

resource, SPAs should be deployed to support the individual consultant in achieving their own agreed objectives and those of the team and organisation in which they work.

The consultant contract currently provides for a typical weekly split of 7.5 Programmed Activities to 2.5 SPAs. However this is not a universal allowance and the job planning process should develop a range of SPA activities for individuals linked to personal continuing professional development (CPD) requirements and the agreed needs of the team of consultants and the service. Therefore, there may be variation in the number of SPAs, and in the range of activity, within individual job plans.

4.4 External duties and additional NHS responsibilities

In addition to direct clinical care and supporting professional activities, consultants often have extra responsibilities to undertake, such as being a clinical director or working from time to time for a royal college. Where the work is regular, it should be set out and scheduled. Where it is irregular, an allocation of PAs can be agreed or there could be a substitution for other activities. It is just as important to discuss potential commitment to external duties as part of the preliminary team discussion so that the impact on service can be assessed and managed, any potential benefits to the organisation can be identified and there is fairness and transparency between team members at the outset. The opportunities to contribute in this way arise during the course of a career and both the timing and relevance of the proposed external activity may be a subject for discussion within the team on the understanding that individuals may wish to take up additional responsibilities at different stages in their careers. Consultants and employers should agree outcomes for this activity and arrangements for reporting back to the employer.

4.5 Additional NHS responsibilities

These are special responsibilities, which are agreed between a consultant and the employing organisation and which cannot be absorbed within the time that would normally be set aside for supporting professional activities. Some examples include:

- Medical Director
- Clinical Director or lead clinician
- Acting as a Caldicott guardian
- Clinical audit lead
- Clinical governance lead
- Regional education adviser.

4.6 External duties

External duties are those duties not included within the definition of fee paying services or private professional services, but undertaken as part of the job plan by agreement between the consultant and employing organisation. Some examples include:

- Trade union duties
- Undertaking inspections for the Care Quality Commission
- Acting as an external member of an Advisory Appointments Committee
- Undertaking assessments for the National Clinical Assessment Authority
- Reasonable quantities of work for the royal colleges in the interests of the wider NHS
- Reasonable quantities of work for a government department
- Specified work for the General Medical Council
- Tertiary NHS assessments not part of AWP standard contract e.g. Gender Dyphoria

It is accepted that undertaking external duties such as these brings benefit to the wider NHS. However, trusts and consultants need to minimise the impact on the delivery of service and the ability of consultants to deliver their agreed job plan outcomes. In some cases, external bodies reimburse individuals or trusts for such work. Even when this is the case trusts and consultants need to consider any support costs and the potential effect on workload for the wider team.

Team based job planning and agreements between the consultant and clinical director and the level of flexibility needed to deliver the trust and external needs should be discussed at the job planning meeting.

4.7 Additional/extra programmed activities (APA)

The ability to agree extra programmed activities is a useful means for dealing with peaks of activity and other short term pressures, but should be regarded as a temporary and short term measure. In some cases this may be a more effective solution than appointing extra staff.

Provision is made within the terms and conditions for two types of extra-contractual PAs (for practical purposes these can be used interchangeably):

Extra PAs are referred to in Schedule 6 of the terms and conditions as those that are linked to spare professional capacity. Doctors wishing to undertake private practice as defined, and who wish to remain eligible for pay progression, are required to offer up the first portion of any spare professional capacity (up to a maximum of one PA per week).

Additional PAs are not linked to spare professional capacity but may be used to reflect regular, additional duties or activities (whether scheduled or unscheduled) that cannot be contained within a standard ten PA contract. They can be used, for example, to recognise an unusually high routine workload or to recognise additional responsibilities. In this context “regular” is not intended to necessarily imply “at the same time each week or month”. The terms and conditions provide flexibility for employers and consultants to agree to contract for additional PAs for a variety of purposes, although no consultant can be compelled to agree to a contract containing more than 10 PAs.

4.8 Premium Time

Any time that falls outside the period 07:00 to 19:00 Monday to Friday and any time on a Saturday or Sunday or public holiday. A premium time PA is of three hours duration unless there is a compensatory reduction of another PA by one hour, subject to a maximum reduction of three hours per week. Scheduled or unpredictable emergency work occurring wholly or partially during premium time may attract enhanced payment.

4.9 Administration

Administration relating to individual patient care (letters to colleagues, notes, triage etc) will fall into direct clinical care activities. Other administration may be categorised as supporting professional activities (SPAs).

4.10 Location

The contract will state the principal place(s) of work and consultants will generally be expected to undertake programmed activities at agreed locations. However, there is the facility to agree off-site working where appropriate. A rigid approach may not be feasible where, for example, office space or resources are limited. The focus should be on what outcomes are achieved rather than on where they are achieved.

4.11 Travelling time

Travelling time to and from the usual place of work is not included. However, travel between sites and for on-call duties is included within the PA for which the travel is necessary. Travelling

time for emergencies is also included. In allowing for travel time employers and doctors should clarify and agree what constitutes the normal place of work. This could include any location within the trust rather than a specific location.

5. Job Planning Principles

The following principles have been developed with reference to the Terms and Conditions of the Consultant contracts (pre-2003, 2003) and SAS contracts (pre-2008, 2008). It will not be prejudicial to, nor take precedence over, the agreed national terms and conditions of these contracts. The job planning process should be transparent and underpinned by the principles of equity and consistency across the Trust.

Job planning should be:

- Undertaken in a spirit of collaboration and cooperation
- Completed in good time
- Reflective of the professionalism of being a doctor
- Focused on measurable outcomes that benefit patients
- Consistent with the objectives of the NHS, the organisation, teams and individuals
- Transparent, fair and honest
- Flexible and responsive to changing service needs during each job plan year
- Fully agreed and not imposed
- Focused on enhancing outcomes for patients whilst maintaining service efficiency

5.1 Alignment with organisational business plans and objectives

The job plan must align to the delivery of the Locality Business Plan and objectives.

The job plan must be aligned with any mandatory organisational objectives, including Trust wide annual objectives against the Trusts strategic priorities.

All job plans should include an agreed annual amount of clinical activity and supporting professional activity that is relevant and appropriate to their role and not necessarily related to direct patient contact. This will be calculated against a typical working year of 42 weeks. The agreed activity will form part of objective setting within the job planning process.

5.2 Objective setting (personal and organisational) is a key element of all medical job plans.

Lead responsibility for Job Planning

Clinical Directors and Medical Leads will be responsible for annual job planning for all senior medical staff within their Locality. Job planning may be carried out either by these clinicians or by their appropriate delegated Clinical Manager.

The Clinical Directors will, in general, work closely with their Managing Director counterpart in delivering the locality business plan and, between them, they will have the necessary knowledge of the relevant clinical service to bring clarity, transparency and consistency to the job planning process. Involvement of the Managing Director in the job planning process helps the clinical team's understanding of the wider business and organisational context, resulting in the setting of objectives that are more meaningful to patient needs.

Clinical Directors will undertake their job planning with the Director of Operations plus Deputy or Medical Director.

Programmed activities (PAs) Consultants/SAS doctors

The Trust is aware that there are some senior medical staff who have elected to remain on their previous terms and conditions. However, for the purposes of this policy, the term 'programmed activities' will also denote 'sessions', acknowledging that the period denoted by a session is in accordance with those terms and conditions.

All programmed activities (PA's) must be evidenced. Detailed definitions of PAs – direct clinical care (DCC), supporting professional activities (SPA), additional NHS responsibilities (AR), external duties (ED) and Emergency work are shown in Section 4. This is to ensure that the process is transparent, with an appropriate audit trail.

This policy takes due account of the Working Time Regulations (1998) which introduced a legal limit to working time and stipulated certain minimum entitlements to rest from work. The Trust, in line with the later European Working Time Directive (EWTD) 2009 regulations, has set an upper limit for paid PAs of 12 for all consultants/SAS doctors. In addition the following will apply:

- Full-time substantive contracts will be advertised and paid at a maximum of 10 PA's.
- Part-time substantive contracts will be advertised and paid at a
  - Maximum of 9 PA's for those not undertaking private practice
  - Maximum 8 PA's for those undertaking private practice
- Additional Programmed Activities (APAs) up to a maximum of 2 (and maximum total of 12 PAs) can be offered where
  - APAs are an effective mechanism for increasing required activity.
  - APAs can be agreed and paid for a time-limited period (to meet demand pressures) rather than part of the annual contract agreement.
  - Where an APA is agreed an addendum job plan will be issued, agreed and signed. A new contract will only be issued if there is a fundamental change in duties. (If additional PAs are to be withdrawn prior to the end of the agreed period, 3 months' notice will be given (this would not be below the substantive number of PAs).
- The proportions of DCC, SPA, AR and ED will be determined by the activities agreed at the job plan.
- Supporting professional activities (SPA) are an essential part of the work of a doctor and the Trust is fully committed to supporting and paying for this work. They should be directly relevant to the individual doctor and to achieving the objectives of the Trust, underpinning and improving DCC. Effective Job Planning will define the detail of what activities are to be delivered and the time in which they will be undertaken. General principles of SPA activities and their allocated time are as follows:
  - In negotiations with the BMA the Trust has agreed that, for a whole time contract of 10PA's, 1.5 will always be reserved for supporting professional activities, up to 1 optional additional SPA for specified tasks and 7.5 reserved for direct clinical care.
  - The Trust encourages and expects senior medical staff to offer to undertake specified additional tasks which support professional activities. This means that consultants will generally be expected to be on a split of 7.5 PA's for direct clinical care and 2.5 SPA's. Examples of such additional work include formal roles in supporting education, specific management responsibilities (e.g. membership of the Medicines Management Group) or roles offered by external agencies and subject to separate contracts (for example Deanery or College roles) which further the wider aims of the Trust.
  - In those circumstances and subject to the agreement of the relevant service manager, time to undertake additional responsibilities will be offered within the standard working week and the consultants job plan varied accordingly.
  - Those responsible for educational supervision of trainees will always have 0.5 PA timetabled into their job plan.

- For Specialty Doctors the Trust promotes a DCC/SPA split of 8.5 Direct Clinical Care and 1.5 Supporting Professional Activities based on a full time contract of 10 PA's. SPA's may be more for defined roles.
- The actual amount of SPA time (and the outputs expected) will be discussed and agreed through the job planning process.

- For the substantive element of an individual contract, where it is agreed that the non-DCC activities (e.g. SPA time) are to be reduced and the individual does not wish to alter the level of his/her substantive contract, the Clinical Director /Deputy Medical Director is expected to replace this time with DCC activity up to the level of the substantive contract.
- For individuals receiving additional programmed activities, the Trust will continue to apply the 3 month notice rules, for either party, as defined under the national terms and conditions of the consultant/SAS contract.
- The Trust will provide the appropriate resources to allow delivery of the agreed programmed activities/notional half days.

Fee-paying work

All fee-paying and private work should be discussed during the job planning meeting, including what was formerly described as 'Category 2 work'. The Trust acknowledges that such work is important for the functioning of the wider system. Principles to be followed are:

- Doctors must demonstrate that they are acting in accordance with the code on private practice.
- The work should not attract double payment for either the task or the time.
- There should be minimal disruption to a doctor's contracted PAs.

Any doctor wishing to undertake private practice must offer to undertake up to 1 APA. Failing to do so may compromise pay progression. The department will decide if it wishes to take up this time.

If work is carried out as part of a doctor's normal duties (including lectures) or during contracted hours, the Trust is entitled to any fee. However, provided that fee-paying work does not disrupt the delivery of direct clinical care and that time taken is repaid, by agreement there will be no requirement to remit the fee or to renegotiate the job plan. There is an expectation that any such agreed time-shifting for fee-paying and consequential work will not exceed one PA per week. Where additional fee-paying work is more extensive, it will be included in the job plan and the fee remitted to the Trust. Outside this guidance, doctors can retain fees for work done in their own time, or during annual or unpaid leave, providing it does not jeopardise the quality of, or their availability for, contracted NHS work (e.g. on call duties) and the requirements of the EWTD.

Flexibility

A degree of flexibility in the time and place for programmed activities is an essential part of a professional contract. Therefore, to meet the patient demand and capacity of services the following will apply:

- If requested, SPA time that can appropriately be moved may be undertaken outside the agreed time set in the weekly timetable as long as the output of such work is evidenced and it does not impact on attendance at mandatory SPA activities (such as clinical governance meetings) and it is agreed in advance with the Medical Lead.
- It is expected that the majority of the agreed amount of DCC/SPA is delivered at the time and place indicated in the working week timetable. By agreement some of the agreed annual amount of DCC activity may have to be delivered at times other than routinely indicated in the weekly timetable. This can be achieved by providing greater flexibility to move activities in time and place.
- The agreed amount of activity is dependent on the Trust providing the appropriate resource to deliver this agreed amount.

- The agreed amount of DCC activity must equally meet the needs of the patients, the doctor and the performance of the Trust.

General

An agreed job plan is a prospective agreement about the activities to be undertaken over a maximum of the next 12 months. To align with the locality business plans and appraisal cycle, the preference is for job plans to be undertaken during the second half of the financial year. For new starters, a review of the job plan, based on the job description, should take place within 6 months of taking up the post and annually thereafter.

The Trust recognises that the relative proportions of activities within job plans will vary as doctors pass through different phases of their career. For example, many new doctors will require greater time to deliver DCC activities to develop their skills and experience, whilst more mature doctors may devote relatively more time to non-DCC activities such as education and training and the wider NHS. Newly appointed consultants will be allocated an extra SPA during their first twelve months to accommodate their extended induction.

The Trust endeavours to support its senior medical staff changing career needs when wishing to develop external roles. To aid transparency and consistency any doctor who is asked or wishes to undertake additional roles outside the Trust (AR and/or ED) must obtain approval from their respective LDU Director or the Medical Director, via the Managing Director or Clinical Director, before agreeing to apply for or accept such work. To ensure that any service impact is understood and minimised, there will be a review before approval is granted to determine if the doctor has flexibility within his/her job plan to carry out the extra work. Alternative options may be to backfill by redistribution of activities within a team or through expansion of resource (if the extra work is externally funded). Consent for such an arrangement will not be unreasonably withheld.

The Job Plan must be agreed in accordance with the applicable National Terms and Conditions of Service and adhere to all relevant organisational Policies and Procedures.

The Job Plan must be completed using the current approved version of the Job Plan template on PREP (insert link). All sections must be completed prior to sign off.

Job planning is an open process, agreed between the doctor, their Medical Lead or Clinical Manager and, preferably, the Managing Director. Once agreed, job plans will be available for other members of the clinical team to use to help plan the delivery of services and will be available, if appropriate, to other doctors within the team. Job plans are public documents and the Trust is obliged to provide copies on request under the Freedom of Information Act. However, discussion will take place with any affected individual about removal of anything considered to be of a sensitive personal nature before release of the job plan either to other doctors or in response to a public request.

Where it is not possible to reach agreement on the job plan, the doctor has the right of Mediation and Appeal or, in the case of the ‘old’ consultant and SAS doctor contracts, grievance procedures, as set out in the national contracts.

Whilst the primary function of job planning is successfully to marry the aspirations of the senior medical staff with those of the Trust and NHS, the Department of Health explicitly links participation in job planning with eligibility for pay progression.

Participation in annual job planning is important in:

- Pay progression
- Participation in the clinical excellence awards process.

6. Standards for job planning

6.1 Trust mandatory standards for job planning

All job plans to be undertaken by the Clinical Manager and, preferably, the Managing Director, where this has been agreed with the Doctor.

- Where a delegated Clinical Lead undertakes the job plan with the help of a Managing Director, the Deputy Medical Director will ratify the agreed job plan. Separate arrangements will apply to the job planning of Clinical Directors and the Deputy Medical Director.
- All Completed job plans to be completed on the approved template within PREP.
- The default is that all activities should be identified in the 7 day job plan timetable. Flexibility (time and place shifting) in the delivery of the weekly activities may be required to meet the agreed amount of activity in the interests of patients, the individual and the Trust. These changes will be by prospective agreement between the individual and the Clinical Director and Managing Director. Activities undertaken on a less than weekly basis are to be indicated on the weekly timetable using the prefix 1 in 3/4/5 weeks/months as required
- All activities must state the start and finish times, the place where undertaken and the activity to be delivered.
- All job plans must demonstrate a link to the relevant service business plan through each individual's SMART objectives.
- The job plan will record (in the objectives section) an agreed annual amount of activity over a typical 42 week working year calculated from the weekly timetable. It is expected that the majority of this work will be undertaken at the time and place indicated in the weekly timetable, unless otherwise agreed
- This amount of measurable activity is linked to the description of the work to be done each week. For example if a doctor undertakes 2 clinics per week (whether full or part time) the amount will be 84 clinics per year.
- The job plan will record an agreed number of weeks over which the activity will be delivered. For example, an individual who has no agreed additional responsibilities or external duties and is likely only to take the allotted annual and study and professional leave allocation would represent a typical 42 weeks of specialty-specific DCC and SPA activities.
- For individuals who have agreed additional responsibilities or external duties the amount will be based around a lower number of working weeks, but will be agreed at the annual job plan review or within the year if appropriate.
- It is recognised that there can and should be some flexibility for both individuals and the Trust in the delivery of activity. However, the ability of the supporting service to respond to flexibility and individuals' external commitments must be considered and any changes must be negotiated with a minimum of 6 weeks' notice.
- Where there is evidence that organisational difficulties will make it impossible to deliver agreed activity and there is less than 6 weeks' notice, both parties will negotiate a 'timeshifting' agreement in an attempt to agree re-provision of DCC activity, and where SPA can be accrued and taken at another time. If it can be agreed that the lost DCC activity can be carried out at a different time, then the agreed running total will not be altered until this activity has been delivered.
- Where agreement has not been possible, for example with last minute cancellation of a clinic, then the agreed activity will be recorded as having been delivered and appropriate adjustment made to the running amount of annual activity. As the doctor is being paid for NHS work it is expected that he/she will undertake other NHS work, either DCC or SPA, in this time, unless otherwise agreed.
- Annual and Study/Professional Leave is included in the typical 42 weeks per annum.

6.2 Programmed activities

The following describe the specific standards for the job plan relating to DCC, SPA, AR and ED activities:

Direct Clinical Care (DCC) Activities

Where applicable, the annual number of the following DCC activities to be delivered by the doctor (or group of doctors as part of an agreed "team job plan") will be specified in the Job Plan(s).

- Outpatient clinics
- MDT assessments
- Ward rounds
- Acute on-call days/weeks
- Telephone advice
- Clinical administration
- Community assessment
- Care Programme Approach/Case conferences
- Mental Health Act assessments and tribunals related to the job plan
- Clinical supervision of junior colleagues, including MDT members

This list is not exhaustive and will be developed.

Non-DCC Activities (SPA, AR, ED)

- Supporting professional activities (SPA):
  - The Trust is committed to paying for reasonable, agreed amounts of SPA activities which are as defined in the contracts. It is not expected that all senior medical staff will undertake all of these activities. It is likely, therefore, that the SPA time within job plans will vary. It is also likely that time allocated to SPA will alter as activities change throughout the course of a doctor's career. Within the contract SPA is defined as including CPD.
  - Most senior medical staff will fulfil all their CPD and deliver their general SPA to the defined level. The number of SPAs for substantive staff can be adjusted on an individual basis depending on the agreed level of additional activities to be undertaken.
- Continuing Professional Development (CPD)
  - As defined by the Relevant Royal College, includes
    - Clinical CPD
    - Professional CPD
    - Academic CPD
    - In addition, different colleges recognise personal or self-accredited CPD.
- General SPA
  - Formal teaching activities outside clinical (generally defined as DCC) and educational supervisory
  - Attendance at operational/staff meetings
  - Annual Appraisal and Job planning leading to revalidation
  - Dealing with non-patient administration, for example organisational communications

Part-time senior medical staff are likely to require proportionally more SPA (with respect to DCC) than full-time colleagues up to a defined ratio.

SPA time for defined Trust responsibilities

SPA time will be allocated to a doctor undertaking significant work in specific areas of responsibility directly linked with the business of the Trust. Examples include:

(a) Lead roles in Clinical Governance activities

- Audit or guideline development
- Service development
- Risk Management
- Research

(b) Education and Training Roles

- Post-Graduate
- Undergraduate

(c) Acting as medical appraiser

Additional NHS responsibilities (AR)

To be granted for clearly defined roles. These include:

- Clinical Lead
- Medical Director

This list is not exhaustive.

External Duties (ED)

Before the Trust agrees to support an individual wishing to undertake external roles an assessment of the balance between the needs of the service and the Trust against value of the ED to the wider NHS will be undertaken. If approval is given, the conditions within the job plan depend on whether or not the external duties are accompanied by funding.

(a) Not Externally funded

- Must be identified in the job plan
- Must not materially impact on agreed annual amount of DCC or SPA activity
- The individual must be able to meet the requirements for CPD and mandatory SPA activities.

(b) Externally Funded

- Must be identified within the Job plan
- The specialty must be able to backfill the activities given up by the individual undertaking this role.
- The individual must be able to meet mandatory requirements for CPD and SPA.
- If the role(s) cease(s), the Trust cannot guarantee to return the individual to the activities given up, although it will maintain the agreed substantive contract level (ie excluding APA's) prior to the role being undertaken.

7. Methods to facilitate effective job planning (by agreement with individuals and teams)

7.1 Team job planning

Many senior medical staff now work in teams and individual job planning will often be made easier if it is preceded by the agreement of joint team objectives.

An alternative approach is team job planning[3], in which the delivery of activity is planned across a team of doctors over the whole year (52 weeks).

In the event of changed circumstances within year (e.g. a doctor leaving and delay in replacement), then team job planning may be revisited and a revised amount of measurable activity agreed.

7.2 Annualisation

Typically, timetables will cover a week, but can be extended to cover a number of weeks (eg where activities vary from week to week) or commitments may be annualised (eg for doctors working flexibly whose activities may vary at different times of the year) where appropriate and where agreed between doctor and employer.

7.3 Collaborative working

Job planning within a service will take into account the need to ensure continuing medical cover.

8. The job planning process

In advance of the first meeting the Medical Line Manager should discuss the shape and size of service that needs to be delivered and have an overview of the current activities of the medical staff within that service.

Before a job plan meeting, the doctor should complete the pre job planning questionnaire . S/he should bring their most recent appraisal documentation, their timetable, including all clinical commitments, a completed work diary for 1 month (optional) and the previous job plan (where appropriate) as well as the completed questionnaire.

A record of average activity using a work diary is useful preparation for the first job planning meeting. Further diary records at subsequent annual job planning meetings can be helpful if there are significant changes to discuss.

Following the meeting the Medical Line Manager should complete the draft job plan. After checking for inaccuracies and omissions, two copies will be signed by those present at the meeting.

Deputy Medical Director support/input is available where clarification is needed.

Before formal agreement and sign off can take place, the Medical Line Manager will need to match the proposed Job Plan, along with those of other doctors in their clinical area to the Service and Local Delivery Unit business plans. Clear measurable objectives linked to the business plan will be defined in the agreed job plan.

Job Plans for newly appointed substantive posts should reflect the Job Plan agreed in the job description. A job plan review needs to occur within 6 months of taking up the post and annually thereafter.

For agency locum posts the job plan should reflect the job plan agreed in the job description. A job plan review is required for any locum post longer than 6 months.

If either party is unable to agree the job plan within a reasonable time-frame then the planning process must be referred for mediation (see section 9). The letter confirming what was discussed at the meeting should be sent as soon as possible but no later than 6 weeks afterwards and, in this case, a ‘reasonable time frame’ would be within 3 months of the receipt

of the letter. In the event of such profound disagreement that a letter cannot be sent, then the time frame would be within 3 months of the job planning meeting.

In accordance with national terms and conditions of service, where a job plan is in dispute, no changes will be made until the disputes procedures have been exhausted.

9. Roles and responsibilities

The Trust undertakes responsibility to provide job planning training for all involved in the job planning process. It is an individual's responsibility to attend such training, if possible before participation in the process.

9.1 Medical Lead or Medical Line Manager

- Agree with management basic issues such as:
  - Shape of the current service
  - Aspirations of the service (business plan)
  - Must do's (e.g. Clinical Governance, Local Delivery Plans, Access, Finance)
  - Possible areas of confusion or difficulty
  - Conduct effective job planning meetings
  - Collate information resulting from job planning meetings and assess gaps between aspirations and commitments
  - Infer issues that arise and discuss with management and clinical colleagues
  - Agree 'final' job plan with individual doctors for the year
  - Where necessary, take part in the mediation and appeals process
  - Provide job planning information/activity for the Medical Director's annual report to the Board
- Before Job Planning Meetings:
  - Ensure that adequate administrative support arrangements are in place
  - Meet with the Clinical Manager
  - Provide information:
  - Current Activity
  - Targets
  - Needs for Development
  - The Business Plan
  - Make links with other departments / services
  - Discuss the service 'map':
  - Shape
  - Pressure points
  - Prepare and discuss
  - Financial issues (eg affordability of Job Plans)
  - Workforce Issues
  - Existing known gaps
- During Job Planning Meetings
  - Provide moral support to all parties

- Witness and record agreement
- Answer ‘technical’ management questions regarding
- employment support / resources available

- After Job Planning Meeting
  - Work with the Clinical Director in putting it all together (e.g. speciality matrix)
  - Feed into planning ‘round’
  - Check against proposed business plan (including 3 year rolling plan)
  - Link to other services

9.2 Doctor

Doctors should take the opportunity of the job planning process to see that they are neither over nor under committed in delivering local or wider objectives of the NHS. To get the best out of the processes doctors will wish to:

- Decide beforehand what they want to get out of job planning
- Decide what their objectives for personal service development will be over the coming year
- Have a view about how changes can reasonably be achieved
- Be ready to share all the facets of their practice within and outside the Trust, so that realistic agreements can be struck
- Be aware of their colleagues’ aspirations so that any agreement over the job plan is in a sensible context
- Take broader clinical governance issues into consideration

9.3 Medical or Deputy Medical Director

The Medical or Deputy Medical Director will:

- Be available to give advice and support when necessary
- Undertake the job planning of Heads of Service and Associate Medical Directors
- Take a leading role in any mediation prior to and outside of the formal appeal process.

9.4 Chief Executive

The Chief Executive is responsible for coordinating the Trust’s response to a formal appeal by convening an Appeal Panel within 28 working days of receipt of the written appeal.

9.5 Human Resources (HR)

HR will provide general support during the mediation and appeals process and a Senior HR representative will assist the Medical Manager or Medical Director in their presentation of the management case to the Appeals Panel.

10. Training

Advice and support on the job planning process in accordance with this policy will be available from HR and the Medical Directorate and training will be provided to managers where appropriate.

11. Monitoring or audit

The Medical Education department will ensure that appropriate records about job planning processes carried out under this policy are maintained via the Trusts Database.

12. References

This policy has been written with reference to current NHS Employers and BMA guidelines and best practice A Guide to Consultant Job Planning and A UK Guide to Job Planning for Specialty Doctors and Associate Specialists

Version History

Version	Date	Revision description	Editor	Status
1.0	6 August 2015	Approved by Employee Strategy and Engagement Committee	HD	Approved
2.0	03/04/2017	Adminstrative review Approved by Director of Nursing	HR Business Partner	Approved
2.1	6 April 2020	Extended until end July 2020	Co Sec	Approved