Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

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Review and Amendment Log	**Version**	**Type of change**	**Date**	**Description of change**
	V02	Review	Dec 17	Review
	V02.1	Update	Nov 19	Governance Changes

This policy supersedes the following which must now be destroyed:

Document Number	Title
CNTW(56) – V02	Medical Job Plan Policy

Medical Job Plan Policy

Standard Appendices – attached to policy		
A	Equality Analysis Screening Toolkit	15
B	Training Checklist and Training Needs Analysis	17
C	Audit Monitoring Tool	19
D	Policy Notification Record Sheet - click here	

Appendices – listed separate to policy	
Document No:	**Description**
Appendix 1	Core Job Plan

1 Introduction

1.1 Annual Job Planning is a contractual obligation for all Consultants (both substantive and honorary), irrespective of whether they hold a 2003 national contract or a pre-2003 national contract. It also includes Specialty Doctors and Associate Specialists, who will collectively be referred to as SAS doctors. For the purpose of this policy, all medically qualified staff, covered by this policy, will be referred to as 'doctor'. All Job Planning is fundamental to the delivery of clinical services, service development, training and research.

1.2 A Job Plan is a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the doctor and the support and resources provided by the employer for the coming year.

1.3 This policy acknowledges that the titles of managers change from time to time; in order to avoid confusion; the generic term 'designated medical manager' will be used throughout the policy to denote the medical line manager and 'designated Associated Director' to denote the operational Associate Director.

2 Purpose

2.1 The purpose of this document is to set out Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's (the Trust/CNTW) policy on Job Planning.

2.2 This Policy applies to NHS Consultants, Specialty Doctors (and associate specialists) employed by the Trust (including those on secondment, locums and those who have retired and returned on a fixed term, full or part time basis) and Clinical Academics employed by a University for whom CNTW is their prime NHS base and who hold an honorary contract with CNTW.

2.3 `Lead employer' arrangements apply for those consultants or specialty doctors on joint appointments whereby the greater number of sessions are undertaken at a Trust other than CNTW. For these doctors, the contract of employment is held at the other Trust and therefore Job Planning is the responsibility of the other Trust (the `lead employer'). For joint appointments, there will be dialogue between the relevant Trusts and the doctor.

2.4 For Clinical Academics, the process will be undertaken in conjunction with their substantive employer according to Follett principles.

2.5.1 **Job Planning** is based on a partnership approach whereby both the designated Medical Manager and designated Associate Director wherever possible will work with consultants and specialty doctors, on an individual and team basis, to prepare and agree Job Plans.

2.5.2 **Principles of Job Planning -** Job planning will be an iterative process that will develop over time. The principle is that all parties will commit to transparency and equality, avoidance of micro managing and ensure job planning allows transformation of services.

3 Duties and responsibilities

3.1 **The Chief Executive**:

3.1.1 Has overall responsibility for ensuring that Job Planning is conducted annually across the organisation and in line with the Department of Health requirements.

3.2 **The Medical Director:**

3.2.1 Will be involved where there is failure to agree Job Planning at the Group Medical Director Level and in appeals regarding the process.

3.3 **The Deputy Medical Director (Medical Performance):**

3.3.1 Has overall responsibility for monitoring compliance with this policy and will produce a report to the Board on an annual basis.

3.4 **The Group Medical Directors**

3.4.1 Are responsible for the operation of this policy and ensure that the designated medical managers have the necessary information so that Job Planning can take place.

3.5 **The Designated Medical Manager**

3.5.1 will ensure that Job Planning takes place for the doctors that they manage.

3.5.2 in the event of changes to the job plan in the period between job plans (including changes to service provision etc.) a new job plan should be created. The next job plan will then be due twelve months later, as a minimum standard.

3.6 **Consultants, and SAS Doctors**

3.6.1 Have a contractual obligation to undertake Job Planning on an annual basis as a minimum requirement. A current job plan is required under Consultants and SAS Doctors terms of employment.

3.6.2 Job planning is done with their designated medical manager and designated Associate Director both individually and with the Consultant team in which they work. The production of a team job plan for the multidisciplinary team in which the Consultant works may also be beneficial.

4 Definition of terms

- Doctor- for the purposes of this document ‘doctor’ refers to consultant, specialty doctor or SAS doctors unless otherwise stated

- CNTW -Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- PA – Programmed Activity
- DCC – Direct Clinical care
- SPA – Supporting Professional Activity
- SARD – Strengthened Appraisal and Revalidation Database
- MDT – Multi Disciplinary Team
- GP- General Practitioner
- ECT – Electro Convulsive Therapy
- CLRN-Comprehensive Clinical Research Network
- RCF-Research Capability Funding

5 Contents of the Job Plan

- The job plan will set out all of the doctors NHS duties and responsibilities and the service to be provided for which the doctor is accountable and all professional work
- A standard full time Job Plan will contain 10 Programmed Activities
- The Job Plan will include a schedule of activities setting out how, when and where the doctor's duties and responsibilities will be delivered
- The schedule of programmed activities will require full discussion with the designated medical manager and designated Associate Director, wherever possible, taking into account both their and the doctors views on resources and priorities
- Job plans will be based on a regular cycle of activity (weekly monthly etc) but can be annualised if this is mutually agreed
- Job plans will set out agreement for non NHS fee paying work such as preparation of reports for insurance companies – See the Trust's CNTW(O)46 - Private Practice Policy
- Job plans will set specific personal and service objectives
- Job plans will identify resources available to the doctor to enable them to fulfil the objectives

6 Objectives

6.1 Personal Objectives

6.1.1 The Job Plan will include appropriate personal objectives that have been agreed between the doctor and the designated medical manager and will also describe the relationship between these objectives and

the service objectives. Where a doctor works for more than one NHS employer, the lead employer will take into account any objectives agreed with other employers. For academics funded partially or fully by CNTW, or for any doctor who has research sessions in their job plan, these objectives must take into account the Trust's Research and Development Strategy. All objectives must be reasonable and achievable in the circumstances. When setting objectives, SMART principles should be employed i.e. objectives must be Specific, Measurable, Achievable, Realistic and Timely. Objectives will:

- Reflect different developing phases in the doctor's career
- Reflect the doctor's developmental aims
- Reflect the doctor's education and training objectives
- Be agreed on the understanding that the delivery of the objectives may be affected by change in circumstances or factors outside the doctor's control

6.2 Service Objectives

6.2.1 The job plan should set out the relevant service objectives for the NHS organisation, Locality Care Group or team and the relationship to the doctor's objectives. Objectives may refer to protocols, policies, procedures and work patterns to be followed. Output and outcome measures must be reasonable and agreement reached.

6.3 Service Objectives may relate to:

- Quality
- Activity and efficiency
- Clinical outcomes
- Clinical standards
- Local service objectives
- Management of resources
- Service development
- Multi-disciplinary working

6.4 Trust and Locality Care Group Objectives

6.4.1 Trust and locality care group objectives will be taken into account at the job planning meeting to ensure that job plans fit with the overall aims of the Trust

7 Supporting resources

7.1 The Job Plan review will identify the resources that are likely to be used to help the doctor carry out the Job Plan e.g. facilities, administration, clerical or

secretarial support, office accommodation, IT Support or other forms of support. The doctor, designated medical manager and designated Associate Director will identify any potential organisational barriers that may affect the doctor's ability to carry out the job plan requirements.

7.2 Any pressures identified in order for the job plan to be realistic and meaningful need to be highlighted with action plan as to how to address these.

7.3 The use of administrative support is essential in ensuring that the doctor job plan is as effective as possible.

8 Managerial responsibilities

8.1 The Job plan will clearly set out the doctor's managerial and/or leadership responsibilities where appropriate.

9 On-Call

9.1 Where a doctor is required to participate in an on call rota, the Job Plan will set out the frequency of the rota and identify the time involved in undertaking this work under Direct Clinical care. If a doctor is involved in a 24 hour shift, or 7 day working arrangement this will be reflected in the description of direct clinical care

10 Job Plan review

10.1 The job plan will be reviewed annually or on significant changes to working practise and be revised accordingly. The review will consider:

- Factors that have affected the achievement of objectives
- Progress against personal objectives
- Any changes to duties or responsibilities
- Ways of improving management of workload
- Planning and management of the doctor's career
- Agree plan for setting and achieving next year's objectives and identify the resources required

11 Documentation

11.1 The SARD online Job Planning System will be used for all job plans and should be signed off by doctor within 28 days of the meeting with the line manager (in circumstances where an agreement has not been reached the form will record this). This information will be available to the following staff:-

- The doctor
- The Medical Director
- Deputy Medical Director (Medical Performance, revalidation and appraisal) and their designated deputy

- Group Medical Director and other medical managers, e.g. designated medical managers
- For clinical academics or those who have research sessions within the job plan the Director of Research, Innovation and Clinical Effectiveness will be informed

12 Job Plan components

12.1 The components of the Job Plan are:

- Direct Clinical Care
- Supporting Professional Activity
- Research
- Additional NHS Responsibilities
- External Duties
- Private Practice and non NHS work

12.2 A useful guide describing these activities is provided in Royal College of Psychiatrists College Report CR 174 Safe patients and high quality services: a guide to job descriptions and job plans for consultant psychiatrists. https://www.rcpsych.ac.uk/pdf/REVAL2013%2014%20CR174.pdf

13 Direct Clinical Care

13.1 For consultants employed under the pre 2003 contract:

- The terminology used in this contract is notional half days, but for simplicity, is referred to as sessions, as described below.
- Job plans for a full time or maximum part time contract should contain 5-7 fixed sessions of an average of 3.5 hours duration each week.
- Part time consultants will retain sufficient flexible sessions to complete activities associated with appraisal and revalidation
- The associated work undertaken in order to deliver these fixed commitments is accounted for within the flexible sessions

13.2 The terms and condition for the post 2003 national contract defines Direct Clinical Care as:

'**Work directly relating 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) of the national service act 1977.'**

- It includes:
  - Outpatients
  - Inpatients

- Day hospital reviews
- Clinical interventions
- Ward rounds
- Clinical diagnostic work
- MDT team meetings
- Consent taking
- Pre and post ECT assessments
- Patient related administration
- GP Communication
- Patient communication
- Communication with relatives and carers
- Travelling between sites
- Predictable and unpredictable emergency work including on call activities
- Clinical Supervision

13.3 Terms and conditions of service for SAS doctors – England (2008) defines Direct Clinical Care as work that directly relates to the prevention, diagnosis or treatment of illness.

- It includes:

    - emergency duties (including work carried out during or arising from on-call)
    - operating sessions including pre-operative and post-operative care
    - ward rounds
    - outpatient activities
    - clinical diagnostic work
    - other patient treatment
    - public health duties
    - multi-disciplinary meetings about direct patient care
    - patient related administration linked to clinical work i.e. directly related to the above (primarily, but not limited to, notes letters and referrals).

14 Supporting professional activity

14.1 For consultants employed under the pre 2003 national contract:

- SPA activity and activity to support the fixed commitments within the job plan are accounted for within the flexible sessions

- On a full time or maximum part time contract these sessions will be recorded as those sessions over and above the 5-7 fixed commitments

- For part time contract the flexible sessions should relate to the overall number of contracted sessions

- The balance between fixed and flexible commitments will vary depending on the workload required to deliver the fixed session

14.2 For doctors employed on the post 2003 national contract:

- Consultants will have a 1.5 and SAS doctors 1.0 SPA's to complete the tasks required for revalidation.

- Typically Consultants will have an additional 1.0 SPA to account for other activities undertaken (outlined below) to enable them to be fit to be an effective consultant and undertake leadership and development activity. The expectation is that doctors will use the SPA sessions for defined activities and be able to demonstrate progress in these.

- SAS doctors have varied roles, for some 1.0PA will be sufficient to complete the tasks for revalidation. For others more SPA time will be appropriate and an increase will be subject specific requirements of the job or career of the doctor

14.3 For Doctors employed on both the pre and post 2003 national contract:

- For Doctors working 0.6 or more WTEs the allocation of SPA time will be the same as for full time doctors as there is no pro rata reduction in the requirements in the supporting evidence for revalidation. For doctors working less them 0.6 WTEs the SPA activity should be subject to individual agreement and negotiation at job planning.

- In the case of medical staff who have retired and returned on a part time basis and those on an as and when flexible arrangement, and the Trust is the Designated Body additional payment will be made on a pro rata basis per clinical session equal to the proportionate amount of SPA time that would have been allocated for the purposes of revalidation on a ratio of 1.5SPA per every 8.5 PA (18%). This will be negotiated on an individual basis.

- Many consultants will have a fixed number of SPA sessions however a group of consultants may distribute activities between them and distribute the available SPAs accordingly e.g. one consultant may undertake the teaching commitment for the group and have extra SPA time in a job plan while others increase the amount of DCC they provide to cover this activity. This will be in negotiation and with agreement of all parties. The maximum allocation for SPA activity will be 4.0 for full time and pro rata for less than full time, unless there are specific negotiated circumstances where an agreement is made for a limited period of time. It is envisaged that SPA time may vary over a doctor's career according to the doctor's development needs and the service needs.

- It is beyond the scope of this policy to define every activity that could attract SPA time - the principle is that certain activities will attract specific SPA time on the proviso that the conditions for the role are demonstrated. For other activities a negotiation between doctor and designated medical manager will be made at the job planning meeting

- CNTW are committed to the allocation of the minimum requirements for revalidation, for CPD and for the SPA time that doctors require to deliver the requirements of their job plan. CNTW envisages a process, through effective job planning, whereby there is alignment of professional development, service need and organisational objectives to make effective allocation and use of SPA time. The aim is for there to be little disparity between the SPA achieved via this process and that set out contractually and expected by the Trust. In the event of disparity the process would be critically examined by the LNC and revised accordingly.

- Some activities will relate to personal activities and some may be shared. The following are examples of what could be included (paragraphs 14.4-14.10 apply doctors employed on the pre 2003 contract and post 2003 contract)

14.4 **CPD**

14.4.1 The job plan should include CPD, training and study leave requirements where these are known at the time of the job plan review. Study leave is not intended to form part of the SPA allocation

14.4.2 Such activities are essential for appraisal and revalidation. CPD activities include:

- Peer groups
- Journal clubs
- Case conferences
- Audit meetings
- Local consultant meetings
- Local clinical governance meetings
- Completion of Essential training
- Specific activities agreed in the peer group to further knowledge, skills or performance

14.5 **Audit and Quality Improvement Activities**

14.5.1 The Job Plan should include:

- Participation in audit, including compliance with relevant National Institute for Health and Care Excellence (NICE) guidance

- Evidence of reflective practice with peers and teams

- Service development activities, review of activity and performance

- Review of complaint incidents and near misses and evidence of good practice
- Such activities are essential for appraisal and revalidation
- Other activities involving significant time and preparation may attract extra SPA:-
    - Chair of Serious Untoward Incident Committee
    - Chair of Local Negotiating Committee
    - Chair of Local Medical Staff Committee
    - Chair of Trust Medical Staff Committee
    - Chair of Medicines Management Committee
    - ECT Lead (on the basis of undertaking appropriate training and standard for the service is met)

14.6 **Teaching**

- Some teaching activities will be within clinical care activities. Doctors may deliver a specific commitment to teaching in addition to this, which would include time for teaching, assessment, preparation and examination of medical students. The workload of clinical tutor is likely to be higher and therefore an appropriate allocation of time in the Job Plan will be identified. Teaching commitments include:
    - Delivery of lectures
    - Tutorials/seminars for Membership examinations
    - Membership examination
    - Study days
    - Specific allocation of SPA time will be made for:-
        - Educational Supervisor (0.5 SPA per trainee)
        - College Tutor (1.0 SPA)
        - Undergraduate base lead (1.0 SPA)
        - Mentor
        - Appraiser (0.5 SPA - on the basis of performing 6-10 appraisals per year and attending development and support activities and training)
        - Associate Clinical Lecturer 1.0 PA
        - Student teaching

- Specific roles such as regional advisor, programme director will all require an appropriate allocation of time within the Job plan. Trainee supervision would come under SPA time.

14.7 **Follett appraisals and other research activities**

14.7.1 The Follett principles will be followed in job planning for academic consultants, including honorary contracts.

- Academic consultants will include:-

o Previous performance on mutually agreed objectives will be reviewed and mutual objectives set in job planning. The types of evidence include:

- Author of peer reviewed publications in the last calendar year
- Named applicant on an approved research ethics application for which data collection occurred during the last year
- Named applicant on a research grant
- Recipient of Trust RCF and final report from the project
- Successful grants

- Those with temporary research sessions funded from a grant, CLRN sessions etc- the job plan in this case will reflect this and the responsibilities for delivery for that set period then be reviewed.

- Those who may have academic sessions agreed in the job plan on an ad hoc basis as a result of research activity.

14.7.2 The allocation of PAs for research should be agreed by the Group Medical Director, the Director of Research Innovation and Clinical Effectiveness in consultation with the relevant Academic Head of Department if applicable. For CLRN and RCF these are likely to replace existing sessions in 10PA job plans. It might be a preference for an RA for a responsibility payment for increased responsibility without the expectation of additional time needed.

14.8 **Clinical Governance activities**

14.8.1 Activities undertaken on behalf of the Trust such as involvement with clinical governance committees, leading investigations, mentoring new consultants, being an appraiser, Caldicott Guardian, complex case panels, after action reviews would be considered as SPA activities and an appropriate allocation of time will be made within the job plan for these if the consultant can evidence regular involvement.

15 Additional NHS responsibilities

15.1 Consultants employed under the pre 2003 national contract undertaking additional roles are eligible to receive either additional payments or to negotiate a reduction in their working week to enable them to fulfil their additional responsibilities

15.2 For Doctors employed on the post 2003 national contract time taken for Trust managerial roles will be reflected in the allocation of PAs in the job plan e.g. and the number of sessions allocated per individual managerial role will be agreed at Trust Board level, in line with the prevailing trust wide management structure and, where appropriate, negotiated at Group Level

15.3 These tasks are distinct from DCC or SPA and should not fall within SPA allocation or be backfilled by sacrifice of SPA allocation.

16 External duties

16.1 It is expected that doctors from this Trust may undertake roles outside the Trust that are of benefit to medical practice at regional, national and international level. Such appointments will be supported and facilitated by the Trust. The doctor doing so must abide by the following

- They should undertake such duties only after discussion with colleagues and agreement of the designated medical manager or Group Medical Director
- They should be sensitive to the increased workload undertaken by colleagues
- They must be able to fully account for these activities in terms of interest to the Trust, professional society, college or wider NHS

16.2 Where an NHS consultant requires additional leave for specific external duties outside of those in their job plan, approval of the Group Medical Director should be sought. If the leave results in a substantial increase in workload for colleagues a locum or alternative should be considered.

17 Private Work

17.1 Doctors are referred to the Trust's, CNTW(O)46 - Private Practice Policy.

17.2 The job plan review should be the occasion for reviewing the relationship between NHS duties and private practice and identifying any conflict of interest that may arise

17.3 Doctors wishing to undertake private practice and who wish to remain eligible for pay progression are required to offer the first portion of any spare professional capacity to the Trust up to 1 PA per week which will be remunerated

17.4 Fee paying work (formerly category 2) may be carried out (and will be agreed in the Job Plan) either:

- In the doctor's own time or in annual or unpaid leave
- Carried out alongside duties specified in the job plan, with the agreement of the employer and with the fee remitted to the employer
- Where the work causes minimal disruption to NHS duties and at the discretion of the employer, carried out alongside duties specified in the job plan, without the fee being remitted to the employer

18 Additional PAs

18.1 Occasionally a doctor may be offered extra PAs to undertake specific work or to reflect regular additional duties or activities that cannot be contained within the standard 10 PA contract. This would be with the agreement of the Group Medical Director. This will be agreed for a period of up to 12 months or until the next job planning meeting. Such PAs will have specific expectations attached to them and will be subject to review when no longer required. Consideration of a responsibility allowance will be made in lieu of increased PAs in circumstances where this is deemed appropriate.

18.2 Where it is agreed to contract for extra PAs the effective date for their payment will be the first date on which the consultant brought the matter to the employer's attention by requesting an interim job plan review.

19 Team Job Planning

19.1 It is expected that each doctor will have an individual Job Plan and a team job plan. The team job plan will precede the individual job plan, however it is the individual job plan that must be recorded and signed off on SARD. Teams will be identified by the Group Directors. It is expected that designated Associate Directors will be involved with team job planning. The designated medical manager conducting the Job Planning, will have to have an overview of the relevant services and incorporate the Associate Directors objectives, in the event that the designated Associate Director is unable to participate. The process for appeals in team job planning is the same as for individual job planning (see section on resolving disagreements and appeals).

19.2 **The aim of the team Job Plan is to:**

- Remove unnecessary duplication of work
- Achieve comprehensive coverage of the SPA and other non-clinical work needing to be done
- Ensure responsibility is shared amongst consultants
- Equity

20 Governance

20.1 If there is failure of the organisation to protect the minimum agreed SPA sessions, and the doctor can evidence this, a job planning meeting will be undertaken to resolve the issue. If this fails to resolve the matter it will be referred to the Group Medical Director for resolution - see Section 21 - Resolving disagreements over job plans.

20.2 If the doctor fails to undertake the agreed duties within the SPA allocation and there is evidence of this a job planning meeting will take place. If this fails to resolve the matter it will be referred to the Group Medical Director for resolution or the appropriate health, performance or conduct procedures will be instigated depending on the facts of the case.

21 Resolving disagreements over Job Plans

- The doctor and designated medical manager will make every effort to agree any appropriate change to the Job plan at the annual review

- The doctor and designated manager may instigate a review of the job plan where duties, responsibilities, objectives or any other factors have changed or need to change significantly within the year (see section 3.5.2)

- Following these reviews if there is failure to agree, the first step is Mediation by the Group Medical Director. As soon as there is formal disagreement, the doctor in question should make a request in writing to the Group Medical Director within 28 days of the failure to agree stating:

    - The nature of the disagreement
    - The reason for their position
    - The evidence from their point of view
    - The consequences of alternative job plans
    - Their ideas for solution e.g. ideas on how to reduce number of hours worked if the number of PAs is the problem

- Evidence brought will depend on the nature of the disagreement but may include:

    - Work diaries
    - Workload activity statistics
    - Prescribing data
    - Corroborating letters from external organisations
    - Specialty advice re best practice
    - CQC visit information
    - NICE guidance
    - Comparison with agreed job plans of other doctors in the same or different organisations

- The Group Medical Director will initiate mediation within 28 days of receiving the formal request.
- The purpose of mediation will be to reach agreement if at all possible and all parties must commit to this on entering the mediation process.
- If agreement is not reached at this meeting the Group Medical Director will recommend an outcome or make a recommendation to the Chief Executive, informing the Doctor and designated medical manager of that decision or recommendation, in writing.

22 Appeals

22.1 In the event that mediation fails to resolve the disagreement, the doctor in question also has the option to lodge an appeal with the Executive Medical Director, within 28 days of the final mediation meeting, following which the Executive Medical Director will convene an appeal panel.

22.2 A formal appeal panel consisting:

- A chair nominated by the appellants employing organisation;
- A second panel member nominated by the appellant consultant;
- A third member chosen from a list of individuals approved by the NHS Employers, the BMA and BDA. The NHS Employers 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. The list of individuals will be regularly reviewed will be convened if it is not possible to reach an agreement at mediation.
- No member of the panel should have been previously involved in the dispute
- An appeal is lodged according to schedule 4 of the terms and conditions of Service.
- The parties to the dispute will submit their written statements of case to the panel one week before the hearing.
- The Doctor may present their own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
- The panel will consider the dispute taking into account views of the doctor and the organisation and will normally make a recommendation to the trust board within 28 days (depending on the complexity of the situation) of the appeal being heard. In circumstances where this will take longer than 28 days a letter of explanation will be provided within 28 days containing

a timescale. It is expected that the board will normally accept the recommendation

23 Complaints

23.1 Any complaints arising from the job plan process must be reported to the relevant Group Medical Clinical Director (GMD) if the Job planning was done with the designated medical manager, who will then investigate the complaint (or nominate someone of sufficient experience) and identify if there can be local resolution otherwise the Trust's Policy, CNTW(HR)05 – Grievance, should be followed.

24 Link to appraisal

24.1 Job planning is separate from but closely linked to appraisal. The discussion during the job plan review will inform appraisal and vice versa. The Job plan will include sufficient SPA time to undertake appraisal and activities associated with professional and personal career development

25 Training

25.1 The Deputy Medical Director (Medical Performance) will be responsible for ensuring that designated medical managers involved in job planning will receive appropriate training to enable them to undertake this role

26 Pay progression and Clinical Excellence Awards

26.1 Adherence to these standards for job planning will form part of the criteria for pay progression and clinical excellence awards. It has been determined nationally that adherence to the standards of Best Practice for Job Planning will form part of the eligibility criteria for clinical excellence awards. Changes to this award scheme will be appended to this policy.

27 Premium time

27.1 Most work will be planned between 7am to 7pm Monday to Friday. Work outside of these hours should only be undertaken by mutual consent and will require different remuneration or reduced hours.

27.2 If a doctor is involved in a 24 hour shift arrangement or 7 day working rota this will be reflected in their updated job plan, under the description of direct clinical care.

28 Identification of Stakeholders

28.1 This newly developed policy has been circulated to the following list for a **four week consultation period:**

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group

- North Cumbria Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

29 Monitoring Compliance (See Appendix C)

29.1 Compliance with this policy will be monitored by the Revalidation Office, the Deputy Medical Director for Revalidation and Medical Performance).

29.2 Monitoring demonstrates whether or not the process is working. (Relates to Appendix C - Audit and Monitoring Tool information attached to back of this policy).

29.3 There will be an annual audit of a random selection of job plans to establish compliance with the policy.

29.4 Feedback will be collected from doctors on the job planning process with specific reference to SPA allocation or mismatch between job planned activity and actual worked activity. This information will be collated annually for review by the Group Medical Directors. Once anonymized this information will be shared with the LNC.

30 Implementation

30.1 The Locality Care Group will be responsible for the implementation of this policy.

30.2 Taking into consideration all the implications associated with this policy, it is considered that a target date of one year from date of issue is achievable for the contents to be embedded within the organisation.

30.3 This will be monitored by the Revalidation Office during the review process. If at any stage there is an indication that the target date cannot be met, then the Revalidation Office will consider the implementation of an action plan.

31 Associated documents

- CNTW(C)33 - Medical Appraisal Policy and associated practice guidance note;
- MA-PGN-01 – Medical Appraisal Guidance PGN
- CNTW(O)46 - Private Practice Policy
- CNTW(HR)05 - Grievance Policy

32 References

- RCPsych College Report CR 174 Safe patients and high quality services: a guide to job descriptions and job plans for consultant psychiatrists (2012)
- Academy of Medical Royal Colleges (2012) Advice on Supporting Professional Activities in Consultant Job Planning. Academy of Medical Royal Colleges.
- British Medical Association & NHS Employers (2011) A Guide to Consultant Job Planning.
- NHS Employers & British Medical Association.
- Royal College of Psychiatrists (2010) Role of the Consultant Psychiatrist: Leadership and Excellence in Mental Health Services
- A Guide to Consultant Job Planning; BMA and NHS Employers, 2011.
- Job Planning - Standards of Best Practice; Department of Health, 2003.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	**Date of Initial Screening**	**Review Date**	**Service Area /Locality**
Christopher Rowlands	Nov 17	Dec 20	Trust wide
Policy to be analysed		**Is this policy new or existing?**	
CNTW(C)57 - Medical Job Plan Policy – V02		Existing	

What are the intended outcomes of this work? Include outline of objectives and function aims

Annual Job Planning is a contractual obligation for all Consultant and Specialty Doctor Medical Staff (both substantive and honorary), irrespective of whether they hold a 2003 national contract or a pre-2003 national contract. Job Planning is fundamental to the delivery of clinical services, training and research.

A Job Plan is a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the doctor and the support and resources provided by the employer for the coming year.

Who will be affected? e.g. staff, service users, carers, wider public etc

Doctors

Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

Disability	NA
Sex	NA
Race	NA
Age	NA
Gender reassignment (including transgender)	NA
Sexual orientation.	NA
Religion or belief	NA
Marriage and Civil Partnership	NA
Pregnancy and maternity	NA
Carers	NA

Other identified groups	NA

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Through standard policy process
How have you engaged stakeholders in testing the policy or programme proposals?
Through standard policy process
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Policy Consultation Standard Stake holders.
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.
Not applicable

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	NA
Advance equality of opportunity	NA
Promote good relations between groups	NA
What is the overall impact?	NA
Addressing the impact on equalities	NA

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? No

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager's signature: Chris Rowlands Date: December 2017

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix B

Communication and training check list for policies

Key questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	No
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Changes with some training
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Solutions etc. Please identify the risks if training does not occur.	No
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	All consultants and specialty grade doctors will require awareness of this policy All designated medical managers will require specific training to implement this policy, designated Associate Directors will require awareness of this policy, although they would be welcome to attend training along with medical managers
Is there a staff group that should be prioritised for this training / awareness?	No
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session and E Learning	Awareness will be provided by the designated medical manger in their meetings with doctors and managers Training of designated medical managers will be organised by the Deputy Medical Director (Medical Performance) and Group Medical Directors through workshops and updates
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	Revalidation Office

Appendix B - continued

Training needs analysis

Staff/Professional Group	Type of training	Duration of training	Frequency of training
Consultants and Specialty Doctors	Written information	1 hour	At policy induction and thereafter any change to policy
Consultants and Specialty Doctors	Workshop	1 hour	At policy induction- one off
Clinical Directors and Lead Medical Clinicians	Workshop	3 hours	Prior to undertaking job planning- one off

It is expected that medical managers will have refresher training at least every 5 years

Copy of completed form to be sent to:

Training and Development Department,
St. Nicholas Hospital

Should any advice be required, please contact:- 0191 245 6777 (Option 1)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

CNTW(C)56 - Medical Job Plan Policy - Monitoring Framework			
Auditable Standard/Key Performance Indicators		**Frequency/Method/Person Responsible**	**Where results and any Associate Action Plan will be reported to implemented and monitored;** (this will usually be via the relevant Governance Group).
1.	Number of consultants and specialty doctors who have completed job plan annually	Annually in report by Clinical Director for Revalidation and CPD	Board of Directors
2.	Number of designated medical managers who have received job plan training.	Annually in report by Clinical Director for Revalidation and CPD	Board of Directors

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.