
Job Planning Policy for Consultant Medical Staff

1. Introduction

- 1.1 The purpose of this document is to set out the Trust's policy on Job Planning. This has been prepared in collaboration with the LNC and BMA.
- 1.2 Annual Job Planning is a contractual obligation for all Consultant Medical Staff (both substantive and honorary), irrespective of whether they hold a 2003 national contract or a pre-2003 national contract.
- 1.3 Oxford Radcliffe Hospitals NHS Trust and the University of Oxford have developed this *Guide to Job Planning* to facilitate the process locally. This Guide has been agreed by the ORH's Executive Board and the Local Negotiating Committee.
- 1.4 This Policy supersedes any previous policies relating to consultants Job Planning. This policy should be read in conjunction with the following:

Trust's Step by Step Guide to Job Planning, which is appended to this document (Appendix 1) and Job Planning Review (Annex 1 & 2).

National (issued by the Department of Health):

- Terms and Conditions of Service for the employment of Medical & Dental Staff, as appropriate for both the 2003 and the pre-2003 national contracts
- Consultant Job Planning – Standards of Best Practice

Local:

- A Guide to Appraisal for Consultant Medical Staff – October 2003
 - Consultant Appraisal Forms
- The above two documents can be found on the Hospital Intranet under Human Resources, HR Policies, Policy No. 35.
- Job Plan Review Form and appended explanation notes

- 1.5 Copies of all documentation or links to the relevant websites can be found at the following addresses:

TBA

2. General principles

2.1 To whom does this Policy apply?

- NHS Consultants employed by Oxford Radcliffe Hospitals NHS Trust
- Clinical Academics employed by the University of Oxford for whom Oxford Radcliffe Hospitals is their prime NHS base

2.2 Please note that 'lead employer' arrangements apply for those consultants on joint appointments whereby the greater number of sessions are undertaken at a Trust other than Oxford Radcliffe Hospitals. For these consultants, the contract of employment is held at the other Trust and therefore Job Planning is the responsibility of the other Trust (the 'lead employer').

2.3 For joint appointments, there will be dialogue between the relevant Trusts and the consultant.

2.4 For Clinical Academics, the process will be undertaken in conjunction with their substantive employer, the University of Oxford.

2.5 Job Planning is based on a partnership approach whereby both the Medical Manager (Lead Clinician/Directorate Chair) will work together with consultants, either on an individual or team basis, to prepare and agree Job Plans.

2.6 For Clinical Academics the process will be undertaken in conjunction with the University of Oxford. The Job Plan will list all the NHS duties of the consultant, the number of programmed activities for which the consultant is contracted and paid, the consultants objectives and agreed supporting resources. The Job Plan will indicate the location of and the duties undertaken by the consultant.

3. Roles and responsibilities

3.1 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.

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- a) **The consultant or a team of consultants** must ensure that they undertake Job Planning on an annual basis with their Medical Manager (Lead Consultant/Directorate Chair).
 - b) Medical Managers (Lead Clinicians and Directorate Chairs) have responsibility for ensuring Job Planning takes place within their specialty areas/departments.
 - c) Divisional Chairs and Divisional Directors will set timeframes for the delivery of Job Planning within their Division.
 - d) Directorate Managers will work with Lead Clinicians and Directorate Chairs to ensure the necessary information is available so that Job Planning can take place (Step by Step Guide Section 7 – Checklist).
 - e) HR Director will ensure the Job Planning policy is followed and report on progress to Trust Board and the Department of Health (DoH) on an annual 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.
 - f) **Medical Director** - where there is failure to agree at Divisional level, the Medical Director will set up a mediation in accordance with Appendix 2.
 - g) Chief Executive has overall responsibility for ensuring Job Planning is conducted annually across the organisation and in line with DoH requirements.

4. **Duties and Responsibilities**

- 4.1 The duties and responsibilities set out in the Job Plan will include, as appropriate:
 - a) direct clinical care duties including on-call work
 - b) supporting professional activities
 - c) additional NHS responsibilities
 - d) external duties
 - e) travelling times defined in Schedule 12, paragraphs 10-11 of the Terms & Conditions.

- 4.2 The Job Plan will set out all of the consultants NHS duties and responsibilities and the service to be provided for which the consultant is accountable. The Job Plan will include any duties of other NHS employers. A standard full time Job Plan will contain 10 programmed activities. Subject to the provisions in Schedule 7 for recognising work done in premium time, the programmed activity will have a timetable value of 4 hours. Programmed activities may be programmed as blocks of 2 or 4 hours or less (Annex 2).

5. The Job Plan

- 5.1 The new national Standards of Best Practice for Job Planning define the Job Plan as:

‘a prospective agreement that sets out a consultant’s duties, responsibilities and objectives for the coming year. It should cover all aspects of a consultant’s professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include personal objectives, including details of their link to wider service objectives, as well as details of the support required by consultants to fulfil the Job Plan’.

- 5.2 The Job Plan will include a schedule of programmed activities setting out how, when and where the consultants duties and responsibilities will be delivered. All programmed activities will normally take place at a consultants prime place of work, unless of course this has been negotiated otherwise during the Job Planning discussions. The schedule of programmed activities will require full discussion with the Lead Clinician taking into account both their and the consultants views on resources and priorities.
- 5.3 Job Plans should be based on a regular cycle (weekly, monthly etc).
- 5.4 In some specialties a team approach to Job Planning may be developed. In such cases, each individual must still agree a schedule of commitments and personally ‘sign-up’ to the Job Plan.
- 5.5 Non-emergency work after 7.00 pm and before 7.00 am during week days or anytime at weekends will only be scheduled by mutual agreement between the consultant and his/her Lead Clinician.

5.6 Where a consultant is required to participate on an on call rota, the Job Plan will set out the frequency of the rota. Appendix 1, Annex 1 depicts a Job Plan which is designed to run concurrently with an on call cycle.

5.7 **Managerial responsibilities**

The Job Plan will clearly set out the consultants management responsibilities which include appraisal and Job Planning of colleagues, management of Junior Doctors, training of Junior Doctors, managing budgets and Clinical Governance activities, such as risk management, audit etc.

5.8 **Accountability arrangements**

The Job Plan will set out the consultants accountability arrangements both professionally and managerially, e.g. where the consultant is responsible for a group of Junior Doctors it will set out the requirement to ensure that Junior Doctors are fulfilling the New Deal requirements and are adequately supervised in line with the GMC's 'Good Practice Guide 2002'.

5.9 **Objectives**

The Job Plan will identify reasonable and achievable personal objectives that have been agreed between the consultant and his/her Clinical Lead and will set out the relationships between these personal objectives and local service objectives. Where a consultant works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.

5.10 The nature of a consultants personal objectives will depend in part on his/her speciality, but they may include objectives relating to:

- a) quality
- b) activity and efficiency
- c) clinical outcomes
- d) clinical standards
- e) local service objectives

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- f) management of resources including efficient use of NHS resources, e.g. people, finance, materials and equipment
 - g) service development
 - h) multi-disciplinary team working.
- 5.11 Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.
- 5.12 The objectives will set out a mutual understanding of what the consultant will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation. They will:
- a) be based on past experience and reasonable expectations for what might be achievable over the next period
 - b) reflect different, developing phases in the consultants career
 - c) be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the consultants control, which will be considered at the Job Plan review or sooner if necessary.
- 5.13 Supporting Resources**
- The consultant and his/her Lead Clinician will use Job Planning reviews to identify the resources that are likely to be used to help the consultant carry out his/her Job Plan commitments over the following year and achieve his/her agreed objectives for that year.
- 5.14 The consultant and his/her Lead Clinician will also use Job Plan reviews to identify any potential organisational or systems barriers that may effect the consultants ability to carry out the Job Plan commitments, or to achieve agreed objectives.
- 5.15 The Job Plan will set out:
- a) agreed supporting resources which may include facilities, administrative, clerical or secretarial support, office accommodation, IT resources and other forms of support.

- b) any action the consultant and his/her employing organisations agreed to take to reduce or remove potential organisational or systems barriers.

6. The link to Consultant Appraisal and GMC revalidation

- 6.1 Annual appraisal remains a contractual obligation for consultant medical staff. Chief Executives are accountable for ensuring the Trust's compliance with the delivery of annual appraisal. The Medical Director and, in turn, Divisional Chairs are responsible for the delivery of appraisal.
- 6.2 Consultants will be required to produce portfolio evidence of their professional practice for GMC revalidation purposes. It is understood that documentary evidence of annual Job Planning and appraisal will be of assistance in this process.
- 6.3 The discussion during the Job Planning Review should help to inform the appraisal.
- 6.4 Further details on appraisal can be found in the document entitled 'Consultant Appraisal Guide available from the Human Resources intranet site listed under HR Policies, Policy No. 35 .
- 7. The Trust is responsible for ensuring that a consultant has the facilities, training development and support needed to deliver the commitment from the Job Plan, and will make all reasonable endeavours to ensure that this support conforms with the standards set out in 'Improving Working Lives'.

8. Job Plan review

- 8.1 The Job Plan will be reviewed annually. The annual review will examine all aspects of the Job Plan and should be used to consider amongst other possible issues:
 - a) what factors effect the achievement or otherwise of objectives
 - b) adequacy of resources to meet objectives
 - c) any possible changes to duties or responsibilities, or the schedule of programmed activities

- d) ways of improving management of workload
 - e) planning and management of the consultants career.
- 8.2 The annual Job Plan review may result in a revised prospective Job Plan.
- 8.3 In the case of consultants with more than one NHS employer, the lead employer will normally be the designated to conduct the Job Plan review on behalf of all the consultants employers. The lead employer will take full account of the views of other employers and inform them of the outcome. Alternatively this could be undertaken jointly.
- 8.4 Following the Job Plan review, the Lead Clinician will report outcome via the Divisional Chair and Divisional Director who will subsequently pass this information to the Chief Executive and Medical Personnel. The Job Plan review will be copied to the consultant, in the event of criteria not being met for pay threshold increases these decisions will be made known to the consultant.
- 8.5 The consultant and Lead Clinician may conduct an interim review of the Job Plan if duties, responsibilities and accountability arrangements or objectives have changed or need to change significantly within the year.

9 Resolving disagreements over Job Plans

The consultant and Lead Clinician will make every effort to agree any appropriate change to the Job Plan at the annual or interim review. If it is not possible to reach agreement on the Job Plan either party may refer to mediation and if necessary appeal as set out in Schedule 4 of the Terms & Conditions of Employment and Appendix 3 of this policy.

10 Job Planning process

- 10.1 As indicated in the general principles the Job Planning is based on a partnership approach. The partnership arrangement will be with the individual consultant or team of consultants, the Lead Clinician.
- 10.2 The Lead Clinician has overall responsibility for ensuring that the Job Planning process takes place within their specialty/department, in accordance with the timeframe set out by their Divisional Chairs (3.1 C) Whilst Job Planning must be agreed on an individual basis, research from BAMB and the Modernisation Agency suggest that it is likely to be a

more robust process if Job Planning is undertaken in specialty teams. Thus creating the opportunity for discussions surrounding both service needs and the needs of the individual. The Step by Step Guide to Job Planning provides further information (Appendix 1).

11 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. Details are being developed nationally on this award scheme and will be appended to this Policy in due course.

12 The Job Plan Components

12.1 The components of the Job Plan are:

- ◇ Direct Clinical Care
(includes Clinical Activity, Clinically Related Activity, Emergency Work & On-call work)
- ◇ Supporting Professional Activity
(i.e. CPD, Audit, Teaching & Research)
- ◇ Additional NHS Responsibilities
- ◇ Private Practice
- ◇ External Duties.

12.2 Direct Clinical Care

For those consultants employed under the pre-2003 national contract:

Job Plans for those consultants on a full time or maximum part time contract should contain between 5 and 7 fixed sessions of an average 3.5 hours duration each per week.

Job Plans for part-time consultants should contain a pro-rata allocation of fixed sessions related to the overall number of contracted sessions.

The associated work undertaken in order to deliver these fixed commitments (i.e. the clinically related activity defined in the 2003 contract) is accounted for within the flexible sessions.

12.3 The Terms & Conditions of Service for the new 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)(b) of the National Health Service Act 1977. This includes emergency duties (including emergency 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 and administration directly related to the above (including but not limited to referrals and notes).'

12.4 Direct Clinical Care

- Outpatients
- In-patient theatre
- Day case theatre
- Clinical interventions – e.g. endoscopy lists
- Intensive Care sessions
- Sub-specialty clinical activity
- Post-take Ward Rounds
- Clinical diagnostic work
- Ward Rounds
- Multi-disciplinary Team Meetings
- Pre & post-operative assessments
- Consent taking
- Patient-related administration, including notes, reports, referrals, correspondence
- GP Communication
- Patient Communication
- Communication with relatives
- Travelling between sites.

12.5 Emergency Work:

In addition, the Direct Clinical Care PA's should include both predictable and unpredictable emergency work and these should, where possible, be programmed into the working week.

12.6 Predictable emergency work is work that takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds).

12.7 Unpredictable emergency work is that which arises from on-call duties: that is work whilst done when on-call and associated directly with the consultant's on-call duties (except in so far as it takes place during a time for scheduled Programmed Activities) e.g. recall to hospital to operate on an emergency basis.

12.8 Supporting Professional Activity

For those consultants employed under the pre-2003 national contract:

Supporting professional activity and activity to support the 'fixed' commitments provided within a Job Plan, are accounted for within the 'flexible' sessions.

For those consultants on a full time or maximum part time contract, these will be recorded as those sessions over and above the 5-7 fixed commitments, (excluding the notional on-call session).

For those consultants on a part-time contract, the flexible sessions should relate to the overall number of contracted sessions.

The balance between fixed and flexible sessions in the Job Plan will vary between specialties depending on the workload required to deliver the fixed session.

- a) Typically supporting professional activities will account for 2.5 programmed activities per week.
- b) The following minimum figures are intended to provide some guidelines and are not deemed to be rigid.
- c) Consultants when reviewing the time spent on these activities should consider the evidence required to support the activity declared. Some suggestions are provided in the sections below.
- d) Activity not already covered within this guidance may be entirely appropriate but would require Directorate Chair/Academic Head of Department approval.
- e) It is recognised that whilst some supporting professional activities can only relate to personal activities (CPD) others (Audit, Research & Teaching) may be shared/devolved to colleagues within specialties.

12.9 CPD

As a minimum – stipulated by relevant College or professional organisation clearly some will be built into Job Planning and others into study leave.

12.10 Audit

All consultants are obliged to participate in audit.

12.11 Teaching

Typically any Teaching Trust consultants will incorporate multi-disciplinary teaching within direct clinical care activities.

It is expected that a teaching hospital consultant, with students on their firm, would usually deliver a commitment of 'pure' teaching in addition to that which occurs within the clinical sessions already identified in the Job Plan as direct clinical care activities. This commitment would include time for teaching, assessment, preparation and examination. The workload of a Clinical Tutor, Teaching Co-ordinators is likely to be higher and therefore an appropriate allocation of time in the Job Plan will need to be identified for individuals undertaking these roles, e.g. lectures, seminars, skills laboratories.

Teaching commitments will include:- The delivery of lectures, tutorials for PG examination, fellowship exams, assessment and preparation, study days. It is recognised that there are a number of postgraduate education roles, undertaken by consultants on both a local and a regional basis, such as Regional Adviser, Programme Director, College Tutor and Educational Supervisor. An appropriate allocation of time in the Job Plan will need to be identified for individuals undertaking these roles. Teaching which occurs within the clinical sessions would already be identified in the Job Plan as direct clinical care activities.

12.12 Research

On the basis of criteria developed by the NHS 'Support for Science Steering Group' consultants should be considered research active and have time for research identified in their Job Plan if they can provide evidence of the research such as:

- a) author or co-author of a peer reviewed publication in the last calendar year

- b) named applicant on a grant (registered with ORH Trust R&D Department or via the University of Oxford.
- c) named applicant on an approved Research ethics application, for which data collection occurred during the last year.

These criteria may not apply to newly appointed consultants or those embarking on a research activity.

12.13 Where consultants have evidence, from publications in peer reviewed journals or research grant funding, of an ongoing programme of research the allocation of research programmed activities within the Job Plan should be agreed by the Directorate Chair in consultation with the relevant Academic Head of Department (e.g. A & B Award from University).

13 Additional NHS Responsibilities

For those consultants employed under the pre-2003 national contract:

Those consultants undertaking additional roles, such as Divisional Chair, Directorate Chair 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.

13.1 Trust Appointments

- a) Divisional Chairs – up to 4 programmed activities allocated
- b) Directorate Chairs – up to 2 programmed activities allocated
- c) Trust Lead Clinicians – up to 1 programmed activity allocated.

13.2 Clinical Unit Roles (CUs)

Many consultants undertake the responsibilities of Lead Clinicians. The duties of Lead Clinicians enable efficient functioning of CUs and are within the framework of the professional role expected of a consultant. Some duties will be managerial and will support multidisciplinary team working. The assignment of Lead Clinicians should be within the context of CUs. The time required to undertake these roles should be acknowledged and legitimised in the Job Plan of the consultant undertaking the role of Lead Clinician.

14 External Duties

It is expected that consultants from this Trust will undertake roles outside the Trust that are of benefit to medical practice at regional, national and international level. Such appointments and responsibilities will be supported and facilitated by the Trust.

However consultants should abide by the following:

- a) They should undertake duties outside the Trust only after discussion with colleagues. There should also be the agreement of the Lead Clinician and where applicable, the Academic Head of Department.
- b) Individuals should be sensitive to the increased workload undertaken by their colleagues, so as to minimise disruption to clinical services.
- c) They must be able to fully account for these activities in terms of interest to the Trust, Professional Society, College or wider NHS.

14.1 Where NHS consultants require additional leave for specific 'External Duties', outside of those identified in the Job Plan, under 'External Duties', Directorate Chair/Divisional Chair approval should be sought. If the leave results in a potential substantial increase in workload for colleagues, discussion about locum cover may be appropriate.

15 Professional Leave and Study Leave

Consultants should make reference to the Trust Leave Policy.

16 Private Patients

16.1 Consultants should read this in accordance with Schedule 9 of the national Terms & Conditions.

16.2 The consultant must inform their Lead Clinician of any regular commitments in respect of private professional services or fee paying services. This information will include the planned location, timing and broad type of work involved.

16.3 The consultant will disclose this information as part of the Job Plan review.

Appendix 1

Step by step guide to Job Planning

Introduction

1. This guide outlines the steps that should be taken in order to achieve an agreed Job Plan. The Job Planning process is described in Schedule 3 of the consultant contract.
2. If a consultant works for more than one employer, one should be identified as the lead employer who will assume responsibility for agreeing all of the Job Plan. This agreement should be reached with the Lead Clinician and Directorate Manager, with consideration given to cross divisional working.

The Job Plan should cover:

- a) The consultant's main duties and responsibilities
- b) The scheduling of commitments
- c) Accountability arrangements - professionally and managerially
- d) Agreed personal objectives and their relationship with wider service objectives
- e) The support needed to fulfil the Job Plan.

In developing the Job Plan the following should be borne in mind:

- f) It is a prospective agreement setting out duties, responsibilities and objectives for the coming year
- g) It should cover all aspects of a consultant's professional practice
- h) It may be modelled on the previous year's plan
- i) The plan may be wholly or partly team based
- j) It should include local and national service objectives
- k) It should include personal objectives
- l) Resources and support required are agreed and stated
- m) The process is separate from, but linked to, appraisal.

Who is involved?

3. Many people can be involved in the Job Planning process. The five most important are:

Consultant	or team of consultants for part of the process (as each consultant will have their own personal objectives and personal schedule)
Medical Manager & Directorate Manager	Lead Clinician/Directorate Chair and Directorate Manager
Chief Executive	Although the Job Plan is an agreement between the employer and the consultant, in practice the detailed discussion will take place between the consultant and their Lead Clinician & Directorate Manager, whose responsibility it is to draw up the draft Job Plan. Agreement with Divisional Chair. The Chief Executive's responsibility is to ensure that all consultants have agreed Job Plans as well as to sign them off.

Job Plan review

4. There should be a Job Plan review every year. Much of the information required for the Job Plan review is the same or similar to that required for the appraisal process. In addition, one outcome of the appraisal process is a personal development plan. It would seem sensible therefore that the two processes should occur as close together in time as possible, with Job Planning preceding appraisal. If there is a significant change in any aspect of the Job Plan during the year it may be necessary to have an interim Job Plan review.

The purpose of the review is to:

- a) Consider what has affected the Job Plan
- b) Consider progress against the agreed objectives
- c) Agree any changes to duties and responsibilities
- d) Agree a plan for achieving personal objectives
- e) Agree support needed from the organisation
- f) Review relationship with private practice.

Information needs

5. The information needed to inform Job Planning will differ between specialties and even between consultants in the same specialty. It is not possible therefore to give a definitive list of what might be required. The different parties to the Job Planning process also require different sets of information. The following checklist provides suggestions about the sort of information required. The list is by no means exhaustive, nor is every item mentioned necessary.

Information checklists

6. **Consultant:**
- a) Last year's Job Plan. If this is the first Job Plan or if either party feels that there might be need for significant change in the current Job Plan, a sensible diary kept over an appropriate number of weeks. Included in this section is the diary developed by the BMA and the Department of Health (DoH). You do not have to use this diary, but you may find it helpful.
 - b) List of main clinical responsibilities for each employer
 - c) Workload figures broken down in a meaningful way
 - d) Timetable of private practice commitments
 - e) List and scheduling of any fee paying services
 - f) Teaching commitments
 - g) CPD/CME requirements
 - h) Personal development plan
 - i) List and time commitment of other duties and responsibilities for main employer
 - j) List and time commitment of duties and activities for other organisations such as work for trade unions, GMC, CHAI, Royal Colleges
 - k) Clinical audit and clinical governance issues to be addressed
 - l) Support provided by the organisation and support required
 - m) Ideas for improvement to service quality, range or performance
 - n) Thoughts on blockages to efficient service delivery.

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7. **Medical Managers, Lead Clinicians, Directorate Manager & Directorate Chair**
- a) Quantity and quality targets for the directorate and performance against them by the team and individually in the previous year
 - b) Knowledge of the relevant priorities within the local delivery plan
 - c) Changes in services being required of, or offered by, the directorate including issues surrounding treatment centres, etc
 - d) Clinical audit and clinical governance issues affecting the directorate
 - e) Knowledge of the resource base of the directorate including numbers of staff, changes in skill mix and those services, space and equipment available
 - f) Understanding of current and new initiatives within the directorate or Trust.
8. In addition, the consultant and/or Lead Clinician/Directorate Manager may require information from other sources in order to complete the Job Plan accurately. Such information might include:
- a) Activities for other employers in the case of joint appointments
 - b) Changes in practices and/or services of other directorates or other providers
 - c) National clinical audit or clinical governance issues
 - d) Changes in the health provision requirements of the local health community
 - e) Information from other tertiary centres regarding referrals
 - f) The Royal Colleges, particularly regarding workload and changes in clinical practice
 - g) The requirements of Medical School
 - h) The needs of doctors in training/those under supervision
 - i) Feedback from specialty committees.

Before the discussion

- 9. If the Job Planning process is to have meaning and to be helpful to both the consultant and the Trust, some preparatory work is necessary by both parties.
- 10. A diary will need to be kept for a period of time to assess accurately the amount of time consultants spend on different activities. Consultants and Lead

Clinicians will need to agree how long a diary needs to be kept. This will vary according to the predictability of the workload of individual consultants, but should be kept for the duration of at least one full on-call rota.

11. Other information will also need to be collected. In order to give some structure to the process it is suggested that the pro forma on the pages following the diary be used by the consultant whilst preparing for the Job Planning discussion. If the Job Planning discussion takes place prior to the annual appraisal then much of the information can be shared.

Diary

12. The following diary has been adapted from that prepared by the British Medical Association's Central Consultants' and Specialists Committee for the survey on hours of work and pattern of working that took place during 2001. It has been tailored to reflect the definitions of work and out of hours as set out in the 'Heads of Agreement' and consultant contract framework agreement.
13. The purpose of the diary is to help inform the Job Planning process. Consultants may find it helpful to note down when they are undertaking private practice or other additionally remunerated work, particularly work of this nature that is irregular. If however should they prefer not do to this, there is no requirement to do so.
14. Predictable emergency work (e.g. post take ward rounds) should be programmed where possible into the working week and count towards one programmed activity. Unpredictable emergency work should also be counted towards a direct clinical care programmed activity. For this reason, consultants may wish to distinguish between predictable and unpredictable on-call duties in their diary.
15. **Completing the diary**
 - a) Put the date underneath the day
 - b) At the end of every day, consultants should assign the relevant code to each half-hour block in the first column and write it in the relevant box. Half-hour blocks may be bracketed together for ease of completion. Please remember this is a survey of a consultants WORK activities, not their private life. All activities not related to NHS or other additionally remunerated work are covered by the single code N2.
 - c) The second column should be used to record on-call status. Half-hour blocks may be bracketed together for ease of completion.

Annex 1 – Model Workload Diary & Codes

Job Planning Review Codes

Codes	
<i>Direct clinical care</i>	
Emergency attendance	C1
Outpatient or other clinic	C2
Operating session (including anaesthetists)	C3
Ward round	C4
Other patient treatment or relative consultation	C5
Telephone advice to hospital	C6
Multi-disciplinary meetings about direct patient care	C7
Investigative, diagnostic or laboratory work	C8
Public health duties	C9
Travelling time between sites, not to usual place of work	C10
Patient administration	C11
<i>Supporting professional activities</i>	
Training	S1
Continuous Professional Development	S2
Teaching	S3
Audit/Clinical Governance	S4
Job Planning/ Appraisal	S5
Research	S6
Clinical management	S7
<i>Additional responsibilities</i>	
Caldicott guardian	A1
Audit lead or Clinical governance lead	A2
Clinical tutor	A3
Medical/clinical directors and lead clinicians Pas by substitution or additional remuneration	A4
Other additional responsibilities	A5
<i>Other duties</i>	
Trade union duties	D1
AAC external member	D2
NCAA, GMC, CHAI	D3
Work for Royal Colleges	D4
Other	D5
<i>Additionally remunerated work</i> (e.g. private practice P1, Category 2 work P2 and other additionally remunerated work P3)	P
<i>Non-work activity</i>	
Absent from work (annual or sickness leave)	N1
Other (i.e. time spent not working)	N2
<i>On-call status</i>	
Predictable on-call	1
Unpredictable on-call	2

	Monday		Tuesday	
	Work code	On-call?	Work code	On-call?
7AM to 7:30				
7:30 to 8:00				
8:00 to 8:30				
8:30 to 9:00				
9:00 to 9:30				
9:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
11:00 to 11:30				
11:30 to Noon				
Noon to 12:30PM				
12:30 to 1:00				
1:00 to 1:30				
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Midnight to 12:30				
12:30AM to 1:00				
1:00 to 1:30				
1:30 to 2:00				
2:00 to 2:30				
2:30 to 3:00				
3:00 to 3:30				
3:30 to 4:00				
4:00 to 4:30				
4:30 to 5:00				
5:00 to 5:30				
5:30 to 6:00				
6:00 to 6:30				
6:30 to 7AM				

	Wednesday		Thursday	
	Work code	On-call?	Work code	On-call?
7AM to 7:30				
7:30 to 8:00				
8:00 to 8:30				
8:30 to 9:00				
9:00 to 9:30				
9:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
11:00 to 11:30				
11:30 to Noon				
Noon to 12:30PM				
12:30 to 1:00				
1:00 to 1:30				
1:30 to 2:00				
2:00 to 2:30				
2:30 to 3:00				
3:00 to 3:30				
3:30 to 4:00				
4:00 to 4:30				
4:30 to 5:00				
5:00 to 5:30				
5:30 to 6:00				
6:00 to 6:30				
6:30 to 7:00				
7:00 to 7:30				
7:30 to 8:00				
8:00 to 8:30				
8:30 to 9:00				
9:00 to 9:30				
9:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
11:00 to 11:30				
11:30 to midnight				
Midnight to 12:30				
12:30AM to 1:00				
1:00 to 1:30				
1:30 to 2:00				
2:00 to 2:30				
2:30 to 3:00				
3:00 to 3:30				
3:30 to 4:00				
4:00 to 4:30				
4:30 to 5:00				
5:00 to 5:30				
5:30 to 6:00				
6:00 to 6:30				
6:30 to 7AM				

	Friday		Saturday		Sunday	
	Work code	On-call?	Work code	On-call?	Work code	On-call?
7AM to 7:30						
7:30 to 8:00						
8:00 to 8:30						
8:30 to 9:00						
9:00 to 9:30						
9:30 to 10:00						
10:00 to 10:30						
10:30 to 11:00						
11:00 to 11:30						
11:30 to Noon						
Noon to 12:30PM						
12:30 to 1:00						
1:00 to 1:30						
1:30 to 2:00						
2:00 to 2:30						
2:30 to 3:00						
3:00 to 3:30						
3:30 to 4:00						
4:00 to 4:30						
4:30 to 5:00						
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5:30 to 6:00						
6:00 to 6:30						
6:30 to 7:00						
7:00 to 7:30						
7:30 to 8:00						
8:00 to 8:30						
8:30 to 9:00						
9:00 to 9:30						
9:30 to 10:00						
10:00 to 10:30						
10:30 to 11:00						
11:00 to 11:30						
11:30 to midnight						
Midnight to 12:30						
12:30AM to 1:00						
1:00 to 1:30						
1:30 to 2:00						
2:00 to 2:30						
2:30 to 3:00						
3:00 to 3:30						
3:30 to 4:00						
4:00 to 4:30						
4:30 to 5:00						
5:00 to 5:30						
5:30 to 6:00						
6:00 to 6:30						
6:30 to 7AM						

Annex 2

Consultant Job Plan Review Form

(for those consultants employed on the 2003 national contract)

This form should be read and completed in conjunction with the following documents.

- i. Job Planning Policy.
- ii. A Step by Step Guide to Job Planning for Consultant Medical Staff – October 2003.
- iii. A Guide to Appraisal for Consultant Medical Staff – October 2003.
- iv. Consultant Appraisal Forms.

Please return completed form to your Divisional Chair

1. Personal Details

All Consultants:

Name:		
Specialty:		
Clinical Directorate:		
Nature of Contract:	<i>Whole time / Part time / Honorary</i>	
Number of programmed activities at ORH:	Contracted (10 or less):	Additional:

Joint appointees/Clinical Academics only to complete the box below:

Name of 2 nd Trust or University:		
Number of programmed activities at 2 nd Trust/University:	Contracted: (sum of PA's at both organisations should be 10 or less)	Additional:

Date of Job Plan Review	
--------------------------------	--

Job Plan Review Form

1. Job content

Day	Time	Location	Work	Categorisation	No. of PAs
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Additional agreed activity to be worked flexibly					
Predictable emergency on-call work				Direct clinical care	
Unpredictable emergency on-call work	Variable	On-site, at home on the telephone and travelling to and from site		Direct clinical care	

TOTAL Pas		
	Programmed activity	Number
	Direct clinical care (including unpredictable on-call)	
	Supporting professional activities	
	Other NHS responsibilities	
	External duties	
	TOTAL PROGRAMMED ACTIVITIES	

Notes

- (a) There are four time blocks set out for each day. Not all blocks need to be filled in. It is feasible that consultants will have 1,2, 3 or even more PAs on any one day.
- (b) Under 'additional agreed activity' the consultant might agree, for example, with the employer that they will undertake a certain proportion of regular patient administration equating to x PAs, at an unspecified time and location during the week. This section might also be used to set out the number of PAs for any unpredictable external duties.
- (c) Predictable on-call work: where this work follows a regular pattern each week, consultants should identify within the weekly schedule when and where this takes place. Where such work does not follow a regular pattern, for example due to the variability of the on-call rota, consultants should assess an average level of activity per week and identify it in the predictable activity box at the bottom of the form.
- (d) The location and timing of unpredictable emergency work cannot be completed, therefore only the categorisation and number of PAs should be completed.
- (e) Location can be the principal place of work or any other agreed location e.g. the consultant's home for some duties.
- (f) In the 'work' column, a description of the duty should be completed, e.g. outpatient clinic, ward round, operating list.
- (g) The 'categorisation' column should define whether the work is direct clinical care, supporting professional activity, additional NHS responsibility or external duty.
- (h) The number of PAs should specify the number of PAs allocated to the duty. This can be a full PA or broken down into smaller units. If the work is in premium time after 1 April 2004, 3 hours of work is one programmed activity.
- (i) *Regular* private practice commitments should be identified broadly in terms of timing, location and type of work.
- (j) In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibly (see section 5 below).

2. On-call availability supplement

Agreed on-call rota e.g. 1 in 5:

--

Agreed category (delete):

A / B

On-call supplement e.g. 5%:

--

3. Objectives

Objectives and how they will be met

4. Supporting resources

Facilities and resources required for delivery of duties and objectives	
1. Staffing support	
2. Accommodation	
3. Equipment	
4. Any other required resources	

5. Additional NHS responsibilities and/or external duties

Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with

Note: In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibly. The method of dealing with such commitments should be set out in the box above.

6. Other comments or agreements

Detail any other specific agreements reached about how the job plan will operate. For example, with regard to category 2 fees, domiciliary consultations and location flexibility.

7. Additional programmed activities

a. Are you undertaking private medical practice as defined in the terms of service?	Yes / No
b. If yes, are you already working an additional programmed activity above your main commitment?	Yes / No
c. If no, has the trust offered an additional programmed activity this year?	Yes / No
d. If yes, has this been taken up?	Yes / No
e. If no, have other acceptable arrangements been made (e.g. taken up by a colleague)?	Yes / No

If yes to (e) please describe:

.....
.....

8. Signed off and agreed

Consultant name

Signed (consultant)

Date

Lead Clinician or Directorate Chair

Name

Signed

Divisional Chair Approved

Name

Signed

Divisional Director

Name

Signed

Appendix 2

Mediation and Appeals

1. This section should be read in conjunction with Schedule 4 of the Terms & Conditions – Consultants (England) 2003.
2. 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 – Stage 1

3. The consultant or (in the case of a disputed Job Plan) the Lead Clinician should refer the matter to the Medical Director. 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 agreement.
 - a) the consultant or Lead Clinician makes the referral in writing within two weeks of the disagreement arising
 - b) the party making the referral will set out the nature of the disagreement and his or her position or view on the matter
 - c) where the referral is made by the consultant, the Lead Clinician responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the position or view on the matter
 - d) where the referral is made by the Lead Clinician, the consultant will be invited to set out his or her position on the view or matter
 - e) the Medical Director or a person designated by the Medical Director, e.g. Assistant Medical Director or appropriate Divisional Chair will convene a meeting, normally within two weeks of receipt of the referral, with the consultant and the responsible Clinical Manager to discuss the disagreement and to hear their views.

Formal Appeal – Stage 2

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4. 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.
 5. 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.
 6. The membership of the panel will be:
 - a) a chairman nominated by the Trust (possible NED)
 - b) a representative nominated by the consultant
 - c) a third member chosen from a list of individuals approved by the Strategic Health Authority and the BMA and BDA. The Strategic Health Authority will monitor the way in which individuals are allocated to appeals 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.

No member of the panel should have previously been involved in the dispute.
 7. 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.
 8. The consultant may present his or her 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.
 9. Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty.
 10. It is expected that the appeal hearing will last no more than one day.

11. 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.
12. 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 which the consultant referred the matter to mediation or from the time he or she would otherwise have received a change in salary, if earlier.
13. In the case of a Job Planning appeal from a Medical Director or Director of Public Health, mediation would take place via a suitable individual, for example, a Non-Executive Director.