

Job Planning Policy Medical Staff (Non-Training Grade)

POLICY NUMBER	TP/WF/218
POLICY VERSION	V2
RATIFYING COMMITTEE	Medical Negotiating Committee
DATE RATIFIED	22 nd July 2020
DATE OF EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA)	January 2020
NEXT REVIEW DATE	21 st July 2023
POLICY SPONSOR	Dr Rick Fraser, Chief Medical Officer
POLICY AUTHOR	Dr Rick Fraser, Chief Medical Officer

EXECUTIVE SUMMARY:

This policy outlines the principles of job planning as described in Medical and Dental Terms and Conditions and the BMA and NHS Employers' Guidance on job planning for Consultant and SAS grade doctors. This policy sets out the process that supports job planning at the Trust.

If you require this document in another format such as large print, audio or other community language please contact the Governance Support Team on 01903 845735.

CONTENTS

	PAGE
1.0 Introduction	3
1.1 Purpose of policy	3
1.2 Definitions	3
1.3 Scope of policy	4
1.4 Principles	4
2.0 Policy Statement	8
3.0 Duties	8
4.0 Procedure	10
5.0 Development, consultation and ratification	26
6.0 Equality and Human Rights Impact Assessment (EHRIA)	26
7.0 Monitoring Compliance	26
8.0 Dissemination and Implementation of policy	26
9.0 Document Control including Archive Arrangements	26
10.0 Reference documents	26
11.0 Cross reference	26
12.0 Appendices	27

1.0 INTRODUCTION

1.1 PURPOSE OF POLICY

The challenges facing the NHS underline the importance of job planning. It is a means of organising resources effectively and efficiently. Effective job planning brings mutual benefits to patients, doctors and the Trust and is key to planning and delivering high quality care. This policy is based on principles that provide the framework for a collaborative approach. Effective job planning will help doctors and managers meet their shared responsibility to provide timely high quality care.

This policy outlines the principles of job planning as described in Medical and Dental Terms and Conditions and the BMA and NHS Employers' Guidance on job planning for Consultant and SAS grade doctors. This policy sets out the process that supports job planning at the Trust.

Doctors, clinical managers and operational managers should work closely together to ensure an efficient and flexible workforce that supports Trust objectives to be adaptable to changing requirements.

The job planning process provides opportunities for personal and professional development to help drive quality improvement.

Participation in annual job planning is a contractual requirement for Consultant and SAS doctors. All doctors employed by the Trust must participate in an annual review of their job plan.

1.2 DEFINITIONS

1.2.1 Job Plan

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

1.2.2 Programmed Activity (PA)

A scheduled period of time, normally equivalent to four hours, during which a Consultant or SAS doctor undertakes Contractual and Consequential Services.

1.2.3 Contractual and Consequential Services

The work that a doctor carries out by virtue of the duties and responsibilities set out in his or her Job Plan and any work reasonably incidental or consequential to those duties. These services may include Direct Clinical Care, Supporting Professional Activities, Additional NHS Responsibilities or External Duties.

1.2.4 Supporting Professional Activity (SPA)

Activities that underpin Direct Clinical Care.

1.2.5 Direct Clinical Care (DCC)

All activity related to individual patient care.

1.2.6 SAS Grade

Specialty Doctor, Staff Grade and Associate Specialist doctors.

1.2.7 **Job Schedule**

This is the job time-table.

1.2.8 **Time Shifting**

Is where one programmed activity in the Job Schedule is carried out during the time of another scheduled programmed activity in the Job Schedule.

1.2.9 **Fee Paying Services**

Fee paying services are any paid professional services, other than those falling within the definition of Private Professional Services, which a Consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of fee paying services include, but are not limited to, Mental Health Act assessments, DoLs assessments, reports for courts or tribunals, paid lecturing, payment as an investigator in a clinical trial, domiciliary visits etc.

1.2.10 **Private Practice**

Includes the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under section 65(2) of the National Health Service Act 1977), excluding fee paying services as defined above. Private practice also includes work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", e.g. Members of the hospital staff).
(See No.11 Code of Conduct Private Practice)

1.3 **SCOPE OF POLICY**

This policy supersedes any previous policies relating to job planning within the Trust or its antecedent bodies, whatever the contract of employment, and will apply to all doctors employed by the Trust. It should be read in conjunction with the documents listed in *No.10 Reference Documents and No.11 Cross Reference*. The policy applies to all non-training grade doctors whether permanent, fixed term, honorary or seconded in. The principles will also apply when contracting for a service or engaging short term locums or service level agreements.

1.4 **PRINCIPLES**

The principles that underpin the process of job planning at the Trust are equity, fairness, transparency, flexibility and affordability.

This policy will not be prejudicial to, nor take precedence over, the agreed national Terms and Conditions of the relevant contracts of employment.

Job planning should be undertaken in a spirit of partnership and with the aim of agreeing job plans that meet the Trust's vision to put excellent care at the heart of the community.

The Consultant and SAS doctor contracts are time sensitive contracts. Specifically this means doctors are only job planned by time (as opposed to caseload, team size, catchment area, contacts or clinical responsibility).

Objective setting, both personal and organisational, is the most important element of the medical job plan.

All job plans should include an agreed annual amount of programmed clinical activity and Supporting Professional Activity that is relevant and appropriate to the role. This

will be calculated against a typical working year of 42 weeks. This agreed activity will be one of the explicit objectives set within the job planning process.

REVIEW & AGREEMENT PRINCIPLES

(SEE 4.9 AND 4.10)

- Job planning is part of the annual review cycle which also includes appraisal and business planning. An annual agreed signed-off job plan which accurately reflects the work of a doctor provides the Trust with crucial information about individual and team performance. This is essential for business planning, service delivery and operational management.
- The process of job planning is led by the Medical Manager working alongside the relevant senior Operational Manager. (*See No.3.0 Duties*)
- Once agreed, job plans will be available to other members of the clinical and operational team to help plan the delivery of services. Job plans are public documents. The Trust is obliged to provide copies upon request under the Freedom of Information Act. However, discussion will take place with any affected individual about the removal of content considered to be of a sensitive personal nature. This will occur ahead of the release of the job plan to other doctors, team members, and operational managers or in response to a public request.
- Overall responsibility lies with the Chief Medical Officer, accountable to the Chief Executive.
- Participation in the annual job planning process is a contractual requirement and expressly required for pay progression, eligibility for Clinical Excellence Awards and Optional and Discretionary Points.
- The Trust will provide appropriate levels of support to ensure that all job planning related duties are conducted in line with policy guidelines thus enabling doctors to meet contractual requirements.

CONTRACTUAL GOVERNANCE PRINCIPLES

- Sussex Partnership NHS Foundation Trust has a policy of employing non-training grade doctors for a maximum of 40 hours per week. Hours worked are determined by the contract of employment. The Job Schedule records where a doctor is working at any given time, the activities the doctor undertakes at that time and the outputs from this activity.
- There may be circumstances where it is necessary, or desirable, for the contracted hours of a doctor to be changed. This must be by prior mutual agreement and take into account job planning and performance data from a Trust-wide, care group, Care Delivery Service (CDS) and individual basis. Additionally, demand and capacity data, along with consideration to models of care delivery and the possible roles for other professionals, will determine this agreement.
- Any proposed contractual change for non-training grade doctors will require prior authorisation by the Chief Medical Officer or Medical Director (Workforce) and Operational Director.
- To ensure consistency and to minimise financial risk (in the short, medium and longer term) through poor contractual governance, all changes to contracts of employment and all new contracts of employment will be scrutinised by the Medical Director (Workforce) and the Director of Human Resources and Organisation Development before they are issued.

PROGRAMMED ACTIVITIES PRINCIPLES

(SEE 4.3)

- Within a 10 PA job plan, the proportion of DCC to SPA for Consultants is usually 7.5 to 2.5 and for SAS doctors 9 to 1. This split may vary in line with the needs of the service and the work undertaken.
- Additional NHS responsibilities and External Duties cover regular commitments to NHS based activity that is neither DCC nor SPA but is of wider benefit to the Trust and/or NHS and is granted by prior agreement only.
- Time allowed for common duties such as clinic administration time will be consistent between grades, across specialities and within teams.
- Travel time in the job plan is for where a scheduled activity is not at the base site. Where multiple trips are made in the same day the accounted time in the job plan for that day will be the total travel time less the time taken to travel to and from home and base.
- Weekend working and on call requirements may change over time and a joint approach to meeting this need is expected from individuals, clinical teams and care groups, taking into account contractual issues and Terms and Conditions.
- Individual quality and performance measures will be clearly defined and ratified by the Associate Medical Director or Clinical Director and Operational Director taking into account national indicators where appropriate.

SUPPORTING PROFESSIONAL ACTIVITY PRINCIPLES (SPAs)

(SEE 4.4.3)

- SPAs allow time to enhance skills, extend knowledge, teach, work on quality improvement initiatives, undertake academic research, lead and develop others in pursuit of the common aim of improving patient experience and deliver the Trust business plan.
- One SPA session per week is for the delivery of Trust related quality improvement activities (e.g. attend local clinical governance meetings), for service development work (e.g. Care Pathway Lead), for specific additional clinical leadership activity, appraising or training activity etc.
- SPA activity is usually done on Trust premises. How SPA time is used, on which Trust site it occurs, the objectives and outputs from each SPA activity should be explicit in the job plan. Doctors must be contactable by phone for Trust business at all times during any SPA activity. They may be required to return to their clinical base if needed within a reasonable timeframe.
- All SPAs should be based on S.M.A.R.T. objectives and measurable outcomes agreed and reviewed during the appraisal and job planning process.

ADDITIONAL PROGRAMMED ACTIVITY PRINCIPLES (APAs)

- A full time job plan is 10 PAs and any PAs claimed above are APAs. APAs may be commissioned as part of the job plan review, with the individual's agreement in order to deliver the service business plan and to meet any clinical targets.
- Any additional PAs above the standard 10PA contract must be regularly reviewed annually. The maximum PAs within any full time job plan should be 12 which equates

to 48 hours work, the maximum allowable under European Working Time Regulations (EWTR). Where it is identified that by exception a doctor is being asked to work more than 12PAs for the Trust, this should be captured under the 'Additional to contract' option. Any job plan above 12PAs should be acknowledged as temporary with a defined timetable for reduction of PAs to 12 recorded. If any job plan above 12 PAs is agreed for any period, the individual must complete the Trust European Working Time Regulations opt out form.

TEAM WORKING PRINCIPLES

- Performance measures are set at team, care group, CDS or Trust level accordingly and ratified by the Associate Medical Director or Clinical Director and Operational Director, taking into account national indicators where appropriate. Where significant time (more than 1PA) is given up for any other activities by an individual team member, this must be agreed by the team and how delivery will be maintained. Appraisal may also identify relevant performance measures for the following year and it is the responsibility of doctors to bring this to their individual job planning meeting. Measures for individual objectives will be agreed as part of job planning.
- Where possible, doctors will work towards a team based approach to patient care. This will help provide consistent clinical care, cover during periods of leave and allow for a more reasonable work/life balance. Team based working requires a job planning discussion within teams prior to agreeing individual job plans.
- A team approach to the phasing of certain clinical activities of doctors makes good use of resource and helps provide a consistent degree of clinical cover. For example, a group of 5 doctors working in one team might job plan an urgent clinic on a different day of the week. This guarantees the team access to an urgent clinic 5 days per week.

PRIVATE PRACTICE AND FEE PAYING WORK PRINCIPLES

(SEE 4.4.9)

- Private practice will not be carried out during NHS time. This includes SPA time, External Duties time, Additional NHS responsibilities time or when on call*.
- If it is agreed that fee paying work (but not private practice) is minimally disruptive to NHS work, this may take place in NHS time with prior, clear written agreement.
- Private Practice time must be identified in the job plan. This is a contractual requirement and no job plan will be signed off if a doctor who undertakes Private Practice does not include it in their job plan. The minimum information provided for Private Practice must include; the nature of the private practice, the location and the timing.

* The contract allows for private work during on call for those on a 1:4 or less or Category B on call in line with schedules 8 and 9 of the Medical and Dental Terms and Conditions. The Code of Conduct on private practice does allow for emergency work to be undertaken if required in NHS time.

1.5 NON-ENGAGEMENT

Compliance with Trust strategies, policies and other procedural documents is a contractual condition of Trust employment. The principles upon which job planning are based include entering the process in a spirit of reasonableness from both sides and a commitment to doing the best for patients and the Trust and should provide positive engagement.

If a doctor fails to engage meaningfully in the job planning process, the Medical Manager or nominated deputies should seek to understand and address any reasons for this breach of contract.

If non-engagement persists, the doctor will be advised in writing by the Chief Medical Officer that it is a contractual obligation to partake in the job planning process. The doctor will be unable to apply for local Clinical Excellence Awards or Discretionary / Optional Points. If pay progression is delayed by non-engagement, the pay increment cannot be backdated once engagement recurs.

Any continued lack of engagement will be brought to the attention of the Chief Medical Officer and will be taken forward as a potential disciplinary matter.

The Medical Manager and Operational Manager also have a duty to engage meaningfully. This includes providing job plan reviews upon request from a doctor at any time during the year and to ensure they are available to attend a meeting within a reasonable timeframe i.e. within 6 weeks.

2.0 POLICY STATEMENT

- Every doctor will have an accurate job plan that sets out the agreed number of Programmed Activities and on-call commitments they will undertake, plus an understanding of the duties he or she has agreed to perform within the job plan.
- Trust objectives will be aligned to individual and team objectives in meeting the needs of patients.
- Work undertaken by each doctor will be recognised and acknowledged in line with Trust objectives.
- Agreement will be reached on how the Trust can best support each doctor in delivering their responsibilities.
- Work will be effectively prioritised to reduce excessive workload and ensure value for money.
- Consistency and transparency will be established whilst making best use of resource.

3.0 DUTIES

Associate Medical Directors and Clinical Directors have overall responsibility for ensuring annual job planning of all doctors occurs within their operational area.

Associate Medical Directors and Clinical Directors would usually delegate job planning to the Clinical Lead or the Professional Lead. The person identified to facilitate the job plan is referred to as the 'Medical Manager'.

Doctors will be encouraged, but not obliged, to involve the appropriate senior operational manager (hereafter referred to as the 'Operational Manager') at this meeting. Involvement of the Operational Manager in the job planning process helps in the setting of objectives. The Medical Manager will, in general, work closely with their Operational Manager counterpart in delivering the service business plan and between them; they will have the necessary knowledge of the relevant clinical service to bring clarity, transparency and consistency to the job planning process.

The Trust may employ non-medical Clinical Leads and non-medical Clinical Directors in some areas. In these circumstances, where the Medical Manager is not a doctor, the Medical Manager will seek advice from a senior medical colleague, as appropriate and with the prior agreement of the doctor being job planned, in order to facilitate job

planning. In the event that a doctor has a concern regarding their named non-Medical Manager this should be escalated to the Workforce Medical Director who will seek timely resolution for both the doctor and service.

3.1 DOCTORS

- In partnership with the Medical Manager, arrange a date and suitable location for the annual job planning review meeting in line with the annual timetable. (See *No.12 Appendix C*)
- Prepare for and participate fully in the job planning process e.g. consider links to appraisal, operational priorities and career progression. Work with the Medical Manager to agree objectives and to review progress in year.
- Alert the Medical Manager to any potential difficulties in meeting the job planned objectives and outputs as they arise.
- Take forward mediation and appeals. (See *No.12 Appendix A*)
- Complete the draft job plan on Allocate Healthmedics software 1 week prior to the job planning meeting.
- Complete a job plan meeting activity diary well in advance of the meeting.

3.2 MEDICAL MANAGERS

For the avoidance of doubt Medical Managers include; Associate Medical Directors, Clinical Directors, Operational Directors, Clinical Leads and Professional Leads. The Medical Manager will:

- Prepare for and fully participate in the job planning meeting.
- Arrange a suitable date and location for the annual job plan review in partnership with the doctor.
- Ensure job plan is linked to appraisal. (See *No. 11 Terms & Conditions of Service: Schedule 3 No.18 (Consultant) Schedule 4 No.18 (SAS)*)
- Review the draft job plan prepared by the doctor on Healthmedics at the job planning meeting.
- Agree individual and team objectives, taking into consideration overall service needs, the doctor's personal development objectives and Trust-wide business objectives whilst ensuring fairness and equity across the care group/service.
- Ensure effective service provision by medical staff within their area of responsibility.
- Along with the Operational Director, ensure the doctor has adequate support and resource to deliver the job plan.
- Complete 1st sign off on job plans for Consultants, SAS doctors or Clinical/Professional Leads. (See *No. 4.10*)
- Revise the job plan on Healthmedics either during or following the job planning meeting, agree the final job plan with the individual doctor and take forward the sign off process.
- Attend job plan review meetings within 6 weeks of receiving a request.

3.3 ASSOCIATE MEDICAL DIRECTORS & CLINICAL DIRECTORS

- Responsible for 1st sign off for most doctors (See *No.4.10*)
- Responsible for the job planning and 1st sign off for Clinical or Professional Leads. (See *No.4.10*)
- Ensure adherence and consistency across the Trust regarding implementation of this policy and its processes in light of the performance objectives for the care group.

3.4 OPERATIONAL MANAGERS

For the avoidance of doubt Operational Managers include; Operational Directors, Deputy Service Directors, General Managers and Service Managers. See duties at 3.5 and 3.6 below.

3.5 OPERATIONAL DIRECTORS OR DEPUTY SERVICE DIRECTORS

- Ensure annual job planning is completed within their area of operational management.
- Support and ensure adherence to this policy.
- Prepare for job planning meetings and work with Medical Managers and other relevant key staff in line with the principles and procedures set out in this policy.
- Where agreed, attend the job planning meeting.
- Where agreed, attend job plan review meetings within 6 weeks of request.

3.6 GENERAL MANAGER OR SERVICE MANAGER

- Provide activity data, service targets and information on business planning along with information on relevant wider organisational issues to participants.
- Where agreed, attend the job planning meeting.
- Along with the Medical Manager, ensure doctors have adequate support and resources to do their jobs.
- Provide the doctor and their Medical Manager with up to date monitoring data relating to job plan objectives and provide continued monitoring for the year.

3.7 MEDICAL DIRECTOR (WORKFORCE)

- Responsible for second sign off for all doctors and first sign off of Associate Medical Director and Clinical Director job plans.
- Support the Chief Medical Officer in the delivery of job planning and job planning training.
- Provide expert advice and support as required for the smooth running of the annual job plan review.
- Maintain a Trust-wide overview of job planning.
- Act as Mediation Lead, when requested by the Chief Medical Officer, in accordance with the BMA and NHS Employers job planning guidance.
- Review, maintain and update this policy document as required in conjunction with operational services, Medical Leadership Group and the Medical Negotiating Committee.

3.8 CHIEF MEDICAL OFFICER

- Overall accountability for ensuring job planning is conducted annually across the organisation and in line with Department of Health requirements.
- Undertake job planning and sign off, of Medical Directors, Clinical Directors and Associate Medical Directors. (See No.4.10)
- Provide Trust Board job planning reports.
- Lead/contribute to Appeal processes as necessary.
- For pay progression purposes, inform the Chief Executive on the outcome of an individual doctor's job plan review.

4.0 PROCEDURE

This policy sets out full details of how job planning should be conducted. A Quick Guide to Job Planning is available. (See No.12 Appendix E)

4.1 PREPARING FOR THE JOB PLAN

Preparation is key to effective job planning. To facilitate an informed discussion at the job planning meeting, those involved should bring all relevant data needed to plan activities for the coming year. Doctors should complete a work diary before the annual job planning meeting, usually for a period of 8 weeks. The purpose of the work diary is to help facilitate an informed job planning discussion. Examples of other data to bring to the meeting to help plan the activities for the coming year include: the output of activities undertaken in SPA time, relevant specialty advice, evidence of the benefits of external duties to the Trust and local patients and individual and team performance data from the last 12 months etc.

4.2 FORMAT OF THE JOB PLANNING MEETING

A minimum of one hour should be set aside for the meeting at a time when all parties are free of other commitments. The job planning meeting will generally take place between the individual and their Medical Manager. Operational Managers may also attend the job planning meeting. If the job plan cannot be finalised at the first meeting, e.g. if additional information is required, a subsequent meeting should be timetabled to occur within two weeks. Whilst there are agreed processes for mediation and appeal, it is best if the parties can reach an agreed job plan.

4.3 PROGRAMMED ACTIVITIES

A full time job plan comprises 10PAs.

Up to date, relevant national job planning guidance should be used to assist with job planning of Programmed Activities.

There are some Consultants, Staff Grades and Associate Specialists who have elected to remain on their previous terms and conditions. However, for the purposes of this policy the term 'Programmed Activities' will denote sessions acknowledging that the period denoted by a session is in accordance with the relevant Terms and Conditions.

Programmed Activities are made up of Direct Clinical Care, Supporting Professional Activities, Additional NHS Responsibilities, and External Duties and the proportions of each will be determined by the activities agreed in the job plan.

Royal College of Psychiatry College Report CR207 provides guidelines on the content of Programmed Activities for all specialties.
(See No.10 Reference Documents)

4.4 COMPONENTS OF THE JOB PLAN

- Objectives
- Direct clinical care (DCC)
- Supporting Professional Activities (SPA)
- Additional NHS responsibilities (ANR)
- External duties (ED)
- Academic duties (undergraduate and postgraduate)
- On call
- Team job planning
- Private practice and / or fee paying work
- Clinical admin
- Leave
- Travel time
- Location
- Rest breaks

Note: The above list is not exhaustive.

4.4.1 OBJECTIVES

Our organisational and clinical strategy documents describe how the Trust will provide the best possible mental health care for those who use our services whilst supporting staff to deliver this care. The Medical Workforce Strategy document translates organisational objectives to the medical workforce context. All three documents will help determine Care Delivery Service, team and individual objectives.

(See No. 10 Reference Documents)

Objectives, used properly, can lead to improvements in patient care through, for example, innovation and new ways of working.

The job plan will record in the objectives section the detailed agreed annual clinical activity to be provided over a typical 42 week working year. It is expected that the majority of this work will be undertaken at the time and place indicated in the weekly Job Schedule unless otherwise agreed.

Clinical and service objectives should be discussed and agreed at the job plan meeting. The appraisal process formulates the personal developmental plan for the individual doctor. How the appraisal process and job planning processes link is described in the Terms & Conditions of Service. *(See No. 11 Cross Reference: Terms & Conditions of Service: Schedule 3 No.18 (Consultant) Schedule 4 No.18 (SAS))*. Job plans should reflect organisational, team and personal developmental objectives. Necessary supporting resources should be allocated.

Objectives should be: Specific, Measurable, Achievable and Agreed, Realistic, Timed and Tracked. The doctor and operational management are expected to work together to ensure activity, including face to face clinical activity, is recorded using the appropriate Trust systems; currently Care Notes. They should also identify problems affecting the likelihood of meeting objectives as they emerge, rather than wait until the job plan review.

Where a doctor works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.

4.4.2 DIRECT CLINICAL CARE

A full time job plan is made up of 10 PAs of 4 hours each (3 hours in premium time). Any doctor on a full time contract may not independently reduce to a part time job (less than 10PA). Premium time is classified as any time that falls outside the hours of 7.00 to 19.00 Monday to Friday. Public holidays are also premium time. If a doctor chooses to undertake a PA in premium time rather than core working hours for their personal convenience, the time for that PA will be 4 hours.

Direct Clinical Care means work that directly relates to the prevention, diagnosis or treatment of illness and includes:

- Emergency duties (including work carried out during or arising from on call)
- Ward rounds
- Outpatient activities
- Clinics
- 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, risk assessment, HONOS).

- Liaison with others about patient care e.g. GPs, family, carers and external agencies.

Flexibility is required in job plans to meet the needs of patients. This is job planned through active operational management of the doctor's time. For example, a doctor may be required to perform a different type of clinical activity than programmed during their DCC sessions. The nature of a planned PA may be changed at short notice by the Care Delivery Service to ensure timely and quality patient care. Frequent changes are not in the best interest of the Trust or its employees and frequent changes should precipitate a job plan review.

4.4.3 SUPPORTING PROFESSIONAL ACTIVITIES

Full time Consultants typically have a minimum of 2.5 SPAs per week. Full time SAS doctors typically have a minimum of 1 SPA per week. NHS locum doctors are employed on the same Terms and Conditions as substantive doctors.

SPAs are an essential part of the work of a doctor and the Trust is fully committed to supporting and paying for this work. SPA objectives and activities should be directly relevant to the individual doctor and also to achieving the objectives of the Trust.

Typical SPA time is neither a minimum nor a maximum and neither is it an allowance. The job planning process should develop a range of SPA activities for doctors linked to; their CPD requirements; the agreed needs of the Trust; the medical body; and the service. Therefore there may be variation in the number of SPAs, and in the range of activity, across job plans.

The Academy of Medical Royal Colleges estimate between 1–1.5 SPAs is required for a Consultant to meet the needs of revalidation. BMA and NHSE guidance for SAS job planning states this should be individually agreed depending on individual roles and responsibilities. This time covers clinical, personal, professional and academic activities.

CONSULTANT GRADE

For Consultants, any additional SPA time beyond 1.5 SPAs must be linked to organisational objectives such as research, clinical management, educational roles, appraising or service development roles etc. It is envisaged that within our Trust a typical Consultant would have clear role(s) in these additional areas of responsibility and so would generally require 2.5 SPA. The actual amount of SPA time, and the express outputs required from that time, will be discussed and agreed through the job planning process.

Newly appointed, first time Consultants would generally require 1 additional SPA session during their first 12 months to accommodate their extended induction. As such they would generally not undertake SPA activities related to organisational objectives in their first year.

Consultants working between 6 and 10 PAs would generally have 2.5 SPAs. A 6PA consultant will generally have 2 SPAs.

In the event the job plan of a whole time (10 PA) Consultant does not include 2.5 SPA, the residual time will be re-directed to increased senior cover, additional DCC activity, agreed ANR or ED.

CONSULTANT & SAS GRADES

Part time doctors, as a general rule, need to devote a greater proportion of their contracted hours to SPA activity than full time doctors.

A reasonable split should be agreed at the job planning meeting for any doctor working less than 6 PAs. If agreement is not reached, the final decision rests with the Chief Medical Officer.

There must be clarity and transparency regarding how SPA time is used, at which Trust site the activity will be undertaken and what the outputs are from the SPA time.

SPA activity includes participation in the following:

- Training
- Medical education
- Continuing Professional Development
- Formal teaching
- Audit
 - Attending Audit Meetings
 - Contributing data for audit
 - Implementing agreed audit recommendations in own practice
- Research
- Job planning
- Appraisal
- Clinical management
- Local clinical governance activities
 - JMSC meeting attendance

SPA research activity must be registered with the Director of Research & Development and approved through the research approval process see 4.13 below.

SPA's should not be undertaken during a time when a doctor is being paid for DCC duties or a time that overlaps with private practice. SPA's will usually take place at a doctor's principal place of work and is usually scheduled between the hours of 7am and 7pm. It may be appropriate to agree off site working for some SPA activity. This requires prior joint agreement between the doctor and those responsible for job plan sign off. A form is available for use in these circumstances. (*See No.12 Appendix D*)

SPA's will usually be undertaken between the hours of 7am – 7pm. Any agreement outside this arrangement should be reviewed annually and must be consistent and fair to other doctors and staff groups in the organisation and appropriate to the needs of the service.

For doctors with a university contract, the SPAs in their job plan must reflect the need to maintain clinical skills (i.e. the minimum core SPA). Other SPAs that support Trust activity (for example, educational supervision, postgraduate training or management positions) should not be subsumed into university work. Research, undergraduate teaching and postgraduate academic teaching (e.g. PhD, MSc supervision) will take place in the academic part of the job plan.

4.4.4 ADDITIONAL NHS RESPONSIBILITIES

These are for additional responsibilities which are agreed between a doctor and the employing organisation and which cannot be absorbed within the time that would normally be set aside for SPA.

For a Consultant examples include:

- Chief Medical Officer
- Medical Director
- Associate Medical Director
- Clinical Director or Lead Clinician
- Acting as a Caldicott guardian
- Clinical audit lead
- Clinical governance lead
- Undergraduate dean
- Postgraduate dean
- Clinical tutor
- Regional education adviser
- Teaching medical students

For SAS doctors examples include:

- Clinical Director or Clinical Lead
- Clinical audit lead
- Care pathway lead
- Tutor
- Educational supervisor
- Teaching medical students

Additional NHS responsibilities will be reviewed each year as part of job planning. The job descriptions for these roles will help inform the review. The Trust endeavours to support its doctors in developing their careers and developing external roles. To ensure transparency and consistency any doctor who is asked, or wishes, to undertake additional roles outside of the Trust (whether ANR or ED) must obtain prior approval from the following: 1) their respective Operational Director, 2) Clinical Director and 3) the Medical Director (Workforce) before applying or accepting such work. To ensure any service impact is understood and minimised a review will occur as soon as is practicable before approval is granted to determine if the doctor has flexibility within his or her job plan to carry out the additional activity. Alternative options might include backfill by redistribution of activities within a team or through expansion of resource if the additional work is externally funded. Consent for such an arrangement will not be unreasonably withheld.

4.4.5 EXTERNAL DUTIES

External duties will be undertaken as part of the job plan by agreement between the doctor and the Trust. Examples include:

- Trade union duties. E.g. Medical Negotiating Committee attendance
- Medical Negotiating Committee Chair (1 PA per week)
- Acting as an external member of an Advisory Appointments Committee.
- Reasonable quantities of work for the Royal College of Psychiatry in the interests of the wider NHS and within the capacity of the service.
- Specified work for the General Medical Council.
- University work.

Doctors who wish to undertake external duties must seek written agreement from their Associate Medical Director/Clinical Director prior to applying for the new role and/or any extension.

Typically for external duties which attract additional external remuneration the external agency will remunerate the Trust.

4.4.6 MEDICAL EDUCATION

All doctors are expected to contribute to undergraduate and postgraduate medical education. Doctors who work with trainees must have time to provide clinical supervision. Some doctors will also be Educational Supervisors. All Educational Supervisors must meet the requirements of the Deanery for the role they perform. Educational Supervisors must have the appropriate allocation of time in their Job Schedules. Health Education KSS provides guidance on SPA time for educational supervisor activity.

We are a teaching Trust. Brighton & Sussex Medical School (BSMS) is the regional academic hub for medical education. All doctors are expected to be involved in both postgraduate and undergraduate teaching. Where this occurs during clinics or ward rounds this should be timetabled in the Job Schedule. Dedicated teaching commitments include tutoring, lecturing, supervision, examining and teaching curriculum development. The role of an Undergraduate Education Lead will also be allocated time from a doctor's SPA time. For full details on job planning education roles see No.4.12.

4.4.7 ON CALL

The job plan should clearly set out any on-call commitments in the Job Schedule. The time allocated to on call can be time shifted.

The scheduling of on call work will be the same for all doctors on the rota. Part time Consultants will have the same on call commitments as 10PA Consultants. Part-time consultants on the same rota as full time Consultants have the same commitments and receive the appropriate percentage of the equivalent full-time salary. (See No.10 Schedule 16 Paragraph 3 of Consultant Terms & Conditions of Service)

In the absence of robust Consultant on call activity data, one hour should be set aside for Consultant on call duties. Where Consultants feel this is either too little or too much this should be reviewed and job planned accordingly. See No.11 'A Guide to Consultant Job Planning' and 'A UK Guide to Job Planning for Specialty Doctors and Associate Specialists'.

Where on-call work averages less than 30 minutes per week, compensatory time will be deducted from normal Programmed Activities on an ad hoc basis in line with Terms & Conditions of Service: Schedule 5 paragraph 7 Consultants, Schedule 6 paragraph 5 SAS doctors. (See No. 11 Cross Reference)

Prospective cover is the requirement to cover colleagues' absences on annual leave or study leave and should be agreed through team job planning, although it is not a contractual requirement. Prospective cover applies in all cases, unless locums are engaged to cover for colleagues who take leave. Prospective cover will be recognised with PA allocations for DCC and calculated over 52 weeks. Prospective cover is not taken into account when calculating the on-call supplement. Prospective cover is not the same as providing cover on a short-term basis.

4.4.8 TEAM JOB PLANNING

Most doctors work as part of a clinical team. However, the job plan remains an agreement between the individual doctor and the Trust as the employer.

Some aspects of job planning should be discussed and agreed at a team level prior to any individual job plan meetings being held and then agreed with the individual doctor.

Where job planning discussions take place on a team basis, each team member must give express consent for team job planning.

Teams should reflect upon what they want to achieve over the year, their shared objectives and link the outcomes to individual job plans.

Where team job planning occurs for certain elements of the Job Schedule, e.g. on-call or emergency cover, this should not be revisited in any subsequent individual job planning meeting. Where team job plans are used, it is expected the job descriptions drawn up for new appointees clearly state the arrangements for team job planning.

Good communication and regular review of the team job plans by the Associate Medical Director and Operational Director are essential to ensure agreed working arrangements remain the most appropriate and effective.

Where team job planning is conducted, individual doctors are still required to record their schedule of commitments / job plans on Healthmedics and follow the usual sign off processes.

Examples of group job planning include setting the typical number of hours of face to face clinical contact. The table below takes into account the Royal College of Psychiatry guidance and the Trust's expectation on face to face clinical activity. The numbers of hours per week of face to face clinical activity for a whole time equivalent doctor outlined below but may vary depending on team resource and processes. Identifying the required resources (such as administrative support and appropriate accommodation) is key to successful job planning. It is the Trusts responsibility to provide the resources required to meet the objectives set in the job plan.

CARE GROUP	CONSULTANT FACE TO FACE HOURS PER WEEK	SAS FACE TO FACE HOURS PER WEEK
Adult Mental Health Services	16 - 20	22 - 26
Specialist Older Adult Mental Health Services	16 - 20	22 - 26
Children & Young People's Services	16 - 20	22 - 26
Learning Disability Services	16 - 20	22 - 26
Secure & Forensic and Prison Services	16 - 20	22 - 26

4.4.9 PRIVATE PRACTICE & FEE PAYING WORK

Fee Paying activity includes; medical legal work, Mental Health Act Assessments, DoLS, lectures, court reports, court attendance and providing expert evidence etc. Private practice and fee paying work must be recorded in the Job Schedule with specific timings and locations of the activity. Doctors must comply with the Code of Conduct for Private Practice including the requirement to declare any secondary employment and the Terms and Conditions of Service. Doctors must ensure there is no job scheduling conflict between any private practice and NHS Job Schedule and commitments. (See No. 11 Cross Reference)

The job plan must detail all fee paying service activity.

Where fee paying work is carried out alongside duties specified in the job plan (including SPA time) and exceeds 60 minutes per week, the fee paying work will form part of the job plan and the fee for the work remits to the Trust.

Where fee paying work is carried out alongside the duties specified in the job plan and causes minimal disruption to NHS duties (defined by time and is 60 minutes or less per week, averaged over a 42 week year) the fee may be retained by the doctor.

It is the responsibility of the doctor to bring to their job planning meeting the detailed log of all fee paying work undertaken in the previous year during their NHS contracted hours. This log will include details of the nature of the work, the time of the work, the location and the fee. This transparency will assist, and inform, both job planning for the following year and what, if any, fee remits to the Trust from the previous year. The link below provides access to a form for completion on the Trust's intranet.

[Link to Fee Paid Record](#)

At the job planning meeting the tally of fee paying time will be reviewed against the annualised minimal disruption and the additional on call time shift for doctors on an on call rota.

Outside this requirement, doctors retain fees for work done in their own time or during annual or unpaid leave providing it does not jeopardise the quality of, or their availability for, contracted NHS work (e.g. on call duties) and the requirements of the European Working Time Directive. (See No.10 Reference Documents)

4.4.10 CLINICAL ADMINISTRATION

Time allowed for clinic administration will be consistent between grades across the Trust and across specialities across the Trust. A unified approach will be taken when setting out clinical administrative time. Generally, for clinics the rate of DNAs enables some clinical administration to be conducted during routine clinic time. The Trust will provide the DNA data to inform job planning of clinical administration time.

Clinic templates should reflect the time allocated for clinical activity in full. The templates will be agreed by the Associate Medical Director or Clinical Director for their areas of clinical responsibility. (See No.12 Appendix F)

4.4.11 MDT ATTENDANCES

PAs for MDT attendance will be allocated to staff who attend and for the time they attend. Most doctors work within teams and generally have 1 - 1.5 hours MDT attendance per week.

4.4.12 LEAVE

Annual and study/professional leave should be discussed at the annual job plan review in accordance with Schedule 18 for Consultants, Schedule 17 for Associate Specialists and Schedule 17 for Specialty Doctors. Dates for all leave and arrangements for the doctor's work to be undertaken in his or her absence should be incorporated into the agreed job plan or alternatively agreed at least 2 months in advance if possible. Terms and Conditions require doctors to plan leave well in advance.

Private practice should not be undertaken during study leave.

Leave should be taken equitably across all duties identified in the job plan, including SPAs.

All absence from work including annual leave is recorded and authorised through Healthroster.

4.4.13 BREAKS

Breaks including lunch breaks should be discussed at job planning meetings and the requirements of the European Working Time Directive respected which states a minimum rest break of 20 minutes when the working day exceeds six hours. The nature of doctors' work means it is not always possible to absent themselves from clinical duties to have a total break and doctors should exercise their judgement in taking breaks flexibly, at times chosen to minimise disruption to patient care and to promote the safety of patients.

Full information on rest breaks can be found in the Trust's Working Time Regulations Policy (*See No.10 Reference Documents*)

4.4.14 ANNUALISED HOURS

Where job plans are annualised over a year each doctor will deliver an average of 42 weeks, excluding annual and study leave. Where study leave is not authorised the annualised weeks will be increased accordingly.

Annualisation is a flexible working arrangement which can only be implemented with joint agreement if it meets both the needs of the individual and the service. Any agreement for annualised hours (or other flexible working arrangements) is only for 1 year but may be renewed by both parties the following year.

Annualisation is an approach to job planning in which the individual contracts with the Trust to undertake an agreed number of PAs or other activities on an annual rather than a weekly basis. As with all aspects of job planning the decision whether to annualise a job plan or not is only by mutual agreement. The job plan will set out variations in the level and distribution of activities within the overall annual total. Both parties should agree on the outputs and outcomes expected from activity in the job plan and the means by which they will be measured and reported.

4.4.15 TRAVEL TIME

Where doctors spend time on more than one site during the course of a day, travel time to and from their main base to other sites will be included as DCC if it is for clinical activity. Travel to and from work for NHS emergencies on call, and 'excess travel' will count as working time. 'Excess travel' is defined as time spent travelling between home and a working site other than the doctor's main place of work, after deducting the time normally spent travelling between home and main place of work. Travel time between a doctor's main place of work and home or private practice premises will not be regarded as part of working time. For the avoidance of doubt travel times are determined using the AA Route Planner.

4.4.16 LOCATION

The job plan will state the principle place(s) of work. The Job Schedule will state where the agreed Programmed Activities will be undertaken and the individual will be expected to undertake PAs at the agreed locations.

4.4.17 SPECIAL CIRCUMSTANCES

Where required doctors may be allowed time to pray or carry out religious activities during the working day. This should be highlighted at the job planning meeting and incorporated into the job schedule.

The Maternity, Adoption & Maternity Support (Paternity) Leave Policy should be enforced for all staff relating to any maternity adoption or paternity issues. (See No.10 Reference Documents)

Where carer responsibilities arise, this should be discussed at a job plan meeting where reasonable adjustments to working life can be agreed and the job plan updated. A job plan review meeting may be requested by the staff member at any time.

During the job planning process reasonable adjustments should be discussed, agreed and implemented for doctors who have a disability within the meaning of the Equality Act 2010. See link to the Trust's reasonable adjustment guidance:

<http://susie.sussexpartnership.nhs.uk/news-2/all-regions/1521-adjustments>

4.5 OLD CONTRACTS

Some doctors are on old contracts and for these doctors the principles and processes of this Job Planning Policy will apply. There are some differences in specific Terms and Conditions and the Medical Manager should seek advice from the Medical Director (Workforce) in these circumstances prior to the job planning meeting.

4.6 NHS LOCUM DOCTORS

Associate Medical Directors or Clinical Directors should agree job plans of NHS locum doctors. The job plan is unlikely to be the same as that of the doctor they are replacing. NHS Locum doctors may deliver proportionately more DCC as they are unlikely to engage in Trust directed SPA activities.

4.7 MEDIATION & APPEALS

Where it has not been possible to agree a job plan (including at interim job plan reviews), a mediation procedure and if necessary an appeal procedure is available.

Mediation and appeals processes should only be used when all other channels have been exhausted. This would take the form of further discussion at meetings between the Medical Manager and individual doctor concerned.

Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arises.

A similar mediation and appeals process exists in the academic sector, but involves both employers. Please refer to the Honorary Consultant Contract (England) for further information. (See No.11 Cross Reference)

Mediation and appeal processes will be followed as described in Terms and Conditions Schedule 4 of the Consultants England (2003) and Schedule 5 for both Associate Specialists England (2008) and Specialty Doctors England (2008). (See No. 10 Reference Documents and No.12 Appendix A)

4.8 PAY PROGRESSION

Consultant and SAS doctor contracts make provision for remuneration to rise through a series of thresholds subject to certain conditions being met.

The Pay Progression Form at No.12 Appendix B is designed to consolidate the job planning process and should be completed by the Medical Manager with the doctor. The doctor must document whether they consider the nationally agreed criteria for pay threshold progression have been met. It will be the norm for a doctor to achieve pay threshold progression but the Terms and Conditions of Service outline the criteria that must be met for pay progression. (See No.11 Cross Reference and No.12 Appendix B)

4.9 REVIEW CYCLE

Job plan reviews for all doctors should be completed annually by Quarter 4 to ensure alignment with the Trust business planning processes. For new starters a review of the job plan based on the advertised job description should take place within 6 months of taking up the post. Interim reviews of job plans may be conducted if duties, responsibilities and accountability arrangements have changed or need to change significantly within the year. A doctor or their Medical Manager can initiate an interim job plan review. This is important during periods of organisational change and where unexpected changes occur, such as absence of a colleague for a prolonged period or proposed service reconfiguration. (See No.12 Appendix C)

4.10 JOB PLAN AGREEMENT AND PUBLICATION

The Trust uses Allocate software for recording, collating, signing off, monitoring and reporting on the job plans of medical staff. All job plans must be uploaded on Healthmedics. All activity in the job plan should be timetabled. A job plan may only be signed off using Healthmedics. What is agreed at the job planning meeting should be recorded on Healthmedics and comes into effect following final second sign off.

The job planning relationships are as follows. The purpose of the 2nd sign off is to ensure equity and congruence across the Trust and that potential Trust-wide job planning considerations are taken into account. Those performing the role of 2nd sign off will be supported by reports provided by the Medical Directorate. Where a management position becomes vacant during the job planning cycle, doctors should raise this with the next level of management who will assign a new manager to the required role.

GRADE/TITLE	AREA/SERVICE	FIRST SIGN OFF	SECOND SIGN OFF
Consultant or SAS	Brighton & Hove ADULT/SOAMH	Associate Medical Director <i>May delegate to Clinical Director/Clinical Lead/ Professional Lead</i>	Medical Director
Consultant or SAS	East Sussex ADULT/SOAMH	Associate Medical Director <i>May delegate to Clinical Director/Clinical Lead/ Professional Lead</i>	Medical Director
Consultant or SAS	West Sussex ADULT/SOAMH	Associate Medical Director <i>May delegate to Clinical Director/Clinical Lead/ Professional Lead</i>	Medical Director
Consultant or SAS	CHYPS	Associate Medical Director <i>May delegate to Clinical Director/Clinical Lead/ Professional Lead</i>	Medical Director
Consultant or SAS	Learning Disability	Clinical Director <i>May delegate to Clinical Lead/Professional Lead</i>	Medical Director
Consultant or SAS	Forensic Health	Clinical Director <i>May delegate to Clinical Lead/Professional Lead</i>	Medical Director
Clinical Lead Professional Lead	Various	Associate Medical Director or Clinical Director	Medical Director
Associate Medical Director	Various	Medical Director	Chief Medical Officer

Clinical Director	Various	Medical Director	Chief Medical Officer
Medical Director	Trust	Chief Medical Officer	Chief Executive
Chief Medical Officer	Trust		Chief Executive

4.11 CONTRACTUAL FLEXIBILITY

National Terms and Conditions and Trust contracts lay open the contractual requirement to deputise for absent colleagues to ensure continuity of service. See Terms & Conditions Schedule 2 Paragraph 3 (Consultant), Schedule 3 Paragraph 3 (SAS). (See No.10 Reference Documents)

Consultants shall be expected in the normal run of their duties to deputise for absent Consultant or Associate Specialist colleagues so far as is practicable, even if on occasions this would involve interchange of staff within the same employing organisation. This does not include deputising where an Associate Specialist colleague is on a rota with doctors in training. When deputising is not practicable, the employing organisation (and not the Consultant) shall be responsible for the engagement of a locum tenens, but the Consultant shall have the responsibility of bringing the need to the employer's notice. The employing organisation shall assess the number of PAs required.

SAS doctors will be expected to be flexible and to cooperate with reasonable requests to cover for their colleagues' absences where they are safe and competent and where it is practicable to do so. Where doctors undertake duties in accordance with this paragraph and such duties take place outside of their contracted hours they will receive either an equivalent off duty period or remuneration. Where this adversely impacts on the Job Plan and/or opportunities for individual doctors a temporary Job Plan will be agreed for the period of cover. Where covering is not practicable, the employing organisation (and not the doctor) shall be responsible for the engagement of a locum tenens, but the doctor shall have the responsibility of bringing the need to the employer's notice.

In the event of a civil emergency in line with key risks outlined in the National Risk Register of Civil Emergencies document, doctors would be expected to deputise and provide cover where it is safe and practicable to do so. In this instance, temporary job plans may be agreed in partnership with management. The temporary job plan may rely on verbal agreement where time and resources are constrained by the emergency and where it is not possible to conduct a formal job planning review meeting. The temporary job plan should be reviewed as soon as is practicable in line with the escalating or deescalating emergency. (See No.10 Reference Documents)

4.11.1 PLANNED LEAVE COVER

When a doctor is absent due to planned leave, cross cover should be arranged in advance in collaboration with the service/Clinical Director/Clinical Lead, to ensure safe services are maintained. In these circumstances it may be necessary to rearrange other duties (e.g. cancelling/moving a clinic) in the short term, in order to provide adequate cover for the work which must be prioritised. When cover is agreed the arrangements should be recorded on HealthRoster via leave request.

If a period of planned leave is extended (e.g. sabbatical) or becomes a vacancy, then new arrangements must be agreed as appropriate. Additional programmed activities or non-financial remuneration such as TOIL will be offered in the first instance.

Where this cannot be accommodated or is not appropriate in the interests of the safety and wellbeing of patients and/or staff, the service must consider other alternatives as follows:

- Where the leave period is expected for a period of less than three months then medical bank or agency locum cover may be arranged via Medical Staffing.
- If the leave period is expected to last a period of more than three months then the service is expected to make every effort to recruit an NHS Locum (fixed term contract). Where NHS locum recruitment is unsuccessful, the service may engage a medical bank or agency locum worker whilst recruitment efforts continue.

4.11.2 UNPLANNED LEAVE COVER:

When covering a vacant post or a period of unplanned leave (e.g. sickness) for more than two weeks, the doctor should speak with their Clinical Director/Clinical Lead to agree temporary extra sessional payments or other types of non-financial remuneration such as TOIL. These arrangements may be in addition to the standard 10PA job plan. Arrangements should be regularly reviewed and if continuing for a period of more than one month, should be job planned with the Medical Manager.

By agreement between the doctor and their Clinical Director/Clinical Lead, it may also be necessary to re-arrange DCC activities and/or time shift SPA time to accommodate the work agreed to be prioritised. Any arrangements agreed must take into consideration, the safety of patients and the wellbeing of the doctor.

4.11.3 REASONABLE REQUESTS

Specifically for Consultants, reasonable requests include providing DCC activity from within the same care group no more than 30 minutes' drive away from their clinical base. It is considered reasonable to move staff if required across CDS's to cover service gaps and where such a move is required, personal circumstances will be considered and agreement sought.

Where Consultants are agreeable to provide cover more than 30 minutes' drive away from their clinical base, or in a different care group with an appropriate clinical supervisory structure, CDS's will work together to facilitate this. The relevant Associate Medical Director or Clinical Director and Chief Operating Officer are responsible for facilitating this process.

Specifically for SAS doctors, reasonable requests include providing DCC activity from within the same care group no more than 30 minutes' drive away from their clinical base. SAS doctors may need to provide cover if trainees are absent where this is safe and they are competent do so. This includes providing emergency cover on call out of hours. (*See No.11 Cross Reference*)

4.12 EDUCATIONAL ROLES AND JOB PLANNING

4.12.1 KEY PRINCIPLES

Excellence in education and training ensures patient safety. Well assessed, trained and competent doctors are critical to the Trust's success. Many doctors also teach wider professional groups although this section focuses on undergraduate and postgraduate medical training.

Educational Governance is the systematic approach to maintaining and improving the quality of education provision and was defined by the Department of Health in 2003, Post Graduate Medical Education Training Board in 2008 and brought into sharper focus by the Health Education Kent Surrey and Sussex Deanery.

Modernising Medical Careers and the 2007 White Paper on professional regulation, Trust Assurance and Safety have combined to significantly increase the workload of doctors in the training and the assessment of trainee doctors.

Educational activities must be clearly identified in the job plan and agreed with the Medical Manager. "SPA for teaching" is an inadequate term for recording educational activity in a job schedule. Where teaching / training is a significant part of a Job Plan, there should be clear objectives for such activity.

Formal educational roles should have job descriptions with clear responsibilities, transparent appointment processes, regular appraisals and annual objective setting. Roles that do not have such descriptors will be considered part of the normal DCC and SPA work of a doctor employed by the Trust.

The development of a common "tariff of time" for the various educational roles within the Trust is important. Clear identification of the allocated time and output expected must be recorded in the job plan. When an individual relinquishes this role then the time allotted to it within the job plan will be removed.

If specific teaching roles are undertaken it will be over and above the typical 1 to 1.5 PA for CPD and 'general' SPA.

Educational work should have measurable outcomes which could include:

- Definite objectives if in a formal educational role
- Attendance at timetabled teaching sessions
- Numbers of students and trainees taught and supervised current timetables and programmes of work
- Feedback from students and trainees or end-of-placement feedback evaluations
- E-portfolio evidence of use and numbers of work place based assessments carried out
- Audit/research output with trainees and undergraduates.

Such evidence should be discussed at annual job planning and appraisal.

4.12.2 EDUCATIONAL ROLES UNDERTAKEN BY MOST DOCTORS

Teaching

Some allowance for educational preparation should be given to include teaching of other health professionals and multi-agency professionals. If this is documented and quantified it can count towards SPA time. This should be evidenced in appraisal with copies of lectures, tutorials and student feedback.

Undergraduate

Where identified teaching SPA time is represented in job plans, it should be subject to the usual review of SPAs. This review should include documented teaching commitments, involvement in BSMS's and the Trust's teaching, contributing to interviewing, personal tutor, supervision of special study components, development of e-learning materials, and participation in examinations. Where student teaching is for a

limited period during the year the job plan should reflect the time period involved.

Objective setting around such SPA time could include preparation of teaching materials usable by others, utilisation of student feedback, planning/managing teaching courses.

Undergraduate teaching activities should be programmed against student timetables.

Postgraduate Training of Junior Doctors

All doctors who work with junior doctors need time to discharge all their training responsibilities, including, but not limited to, assessments and supervision. Assessments could be done during SPA time but may also to part of clinical supervision and so count as DCC activity.

Defined Educational Roles Undertaken by Some Doctors:

Educational Supervisors

Educational supervisors are responsible for overseeing training to ensure trainees are making the necessary clinical and educational progress. Not all doctors are educational supervisors.

This is an important role as ideally trainees will have the same educational supervisor for the whole, or discrete periods of, their training e.g. core and advanced. This is determined by the Training Program Director. Often doctors who are Educational Supervisors oversee more than one trainee.

This role encompasses responsibility for all aspects of personal development, planning, appraisal, attending faculty meetings, completing reports and helping the trainee complete Workplace Based Assessments and helping with career guidance.

This typically accounts for an average of 0.25 PA per week per trainee and should be recognised in the job plan as SPA time.

From time to time some Educational Supervisors will be involved in significant remedial work with trainees who are in difficulty. This will mean periods of time where a significant increase over the 0.25 PA will be required.

Educational Supervisors support regional and national processes of recruitment. This is essential work for the Trust.

Clinical Supervisors

Clinical supervisors are responsible for providing safe clinical oversight of trainees during all clinical sessions within their clinical placement in the Trust. They will undertake a small number of Work Based Assessments, contribute to 360° feedback and report to the educational supervisor. It is expected clinical supervisors will be trained and appraised for the role. It is anticipated clinical supervision takes place during routine clinical time and is therefore included in the DCC within the job plan.

4.13 RESEARCH PROGRAMMED ACTIVITIES IN THE JOB PLAN

4.13.1 APPROVED RESEARCH CATEGORIES

The Trust recognises and values a spectrum of research activity, to be recorded as "Research Programmed Activities (RPAs)" in the job plan, described in the 5 categories

below a-e:

- a) National Institute for Health Research (NIHR) Portfolio studies (including those where the contribution to the study is recruitment of patients to clinical trials, whether done as part of a team or on an individual basis). This category also includes industry-sponsored Portfolio studies.
- b) Research funded by recognised charitable organisations
- c) Small-scale pilot studies with collaborators in the Universities of Sussex, Surrey and Brighton (this includes BSMS) which are aimed at providing a basis for an application for research funding to NIHR partners.
- d) Non-portfolio commercial research that has genuine scientific merit and properly funded is of considerable value.
- e) Research that forms part of a recognised training or development programme for junior staff leading to MSc, MMed Sci, MD, PhD etc. This type of research must include a proper mentoring programme and be linked to a major research group.

Where research is done outside of these categories this requires the agreement of the Chair in Psychiatry at BSMS.

4.13.2 APPROVAL PROCESS FOR MEDICAL RESEARCH

BSMS is an acknowledged centre of academic excellence and continues to make important contributions to research. BSMS psychiatry has a reputational interest in the nature and quality of research undertaken locally. Clinical academic colleagues of BSMS will provide the required support and guidance for psychiatrists undertaking research within the Trust.

Doctors who wish to undertake research activities should draw on the expertise and support of clinical academics and register this activity with the Trust Research & Development department.

For this activity to be considered at a job planning meeting an e-mail endorsement from an academic psychiatrist and the Trust Research & Development department will suffice. Should any difficulties arise in obtaining this required endorsement the Chair in Psychiatry, BSMS will provide definitive approval.

As with all job planned activity, research must have SMART objectives. The doctor should work closely with BSMS senior academics to ensure any proposed research has SMART objectives prior to the job planning meeting. Clinical academics will additionally assist the Medical Managers in defining SMART research objectives.

4.13.3 RECORDING OF "RESEARCH PAS" (RPAS) WITHIN THE JOB PLAN

One of the principles of the contracts is that all programmed activity time is identifiable in terms of time, location and output. In addition the output from the job plan must be subjected to an audit trail through the job planning/ process. Therefore in order to achieve these principles the following apply:

- RPAs may be deemed either as DCC (where patient contact is involved, for example, clinical trials recruitment) or SPA (for example, experimental medicine projects, review of progress, mentoring of research staff, writing papers (linked to

the approved research) etc.).

- Only research in categories a - e above are to be recorded as RPAs in the job plan.
- As part of the funding arrangements for the research identified above, the RPAs will need to be clearly identified for categories a – e above. Therefore the job plan must clearly indicate the RPAs within the working week.
- For doctors with RPA's who undertake clinical work, flexibility in the timing of the RPA's may be required to meet the needs of patients, the individual and the Trust.
- Where there is pre-existing identified RPA's within the Job Plan and the new funding received equals this amount, e.g. 1PA, then no changes are required to the job plan as this is now clearly recorded and funded for this time. This assumes that the output from existing RPA's has diminished/stopped and that the new funding provides the opportunity to replace it.

Where the research output from these pre-existing RPA's has diminished/stopped and where no further approved research funding is available, then the PAs need to be either replaced with other activities or lost.

Where there is no pre-existing RPA's or the time funded exceeds (or is in addition to) pre-existing, agreement has to be reached to either;

- Increase the RPA's within the job plan and
- Replace non-research PA's with the RPA's to the level of the funding received. This requires approval from the relevant Medical Manager and Operational Manager who need to be assured that the clinical activity given up can still be delivered, for example through other doctors taking up the work.

Where mentoring / supervision of trainee researchers undertaking a specific research project is part of a doctor's role, firstly the funding for the PAs for this role must be part of the funding arrangements for the study and secondly this time must be identified as dedicated RPA's in the job plan for the duration of the supervision.

“Own account”, or commercial studies that are not approved, will not be supported by dedicated RPA's in the job plan.

Not all doctors will either want to or be able to be involved in any of these categories of valued research for the recording of RPA time in the job plan. The sensible approach is to have discussions within a team as to the strategy for research and the relative commitments of the doctors. This policy recognises that those that are not involved with the approved categories are not expected to identify time in their job plan.

4.13.4 RECOGNITION OF “OWN RESEARCH” AND/OR RESEARCH SUPPORT TO TRAINEES

For many doctors the examination of best evidence as part of guideline development and/or patient management, refereeing papers for colleges, writing review articles and supporting trainees in preparation of posters and papers for publication (outside of research category's a – e above) have been commonly recorded as “Research” PAs in the job plan.

Reasonable levels of these activities are an important part of the work for many doctors. However, it is expected that if these activities are deemed necessary to

continue then the time required for these activities is assigned to SPA within the job plan.

5.0 DEVELOPMENT, CONSULTATION AND RATIFICATION

This policy has been developed in consultation with the Executive Lead and Medical Directorate.

Consultation has taken place with the following:

Clinical Directors
Associate Medical Directors
Medical Leadership Group
Medical Negotiating Committee

Consultation methods included meetings and e-mail correspondence. Consultation and feedback was received from the Medical Leadership Group and the Medical Negotiating Committee with BMA representation.

6.0 EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA)

This policy has been equality impact assessed in accordance with the trust-wide policy for the development and management of procedural documents.

7.0 MONITORING COMPLIANCE

The Medical Directorate will measure, monitor and evaluate compliance of the policy through monitoring and reporting to the Board of Directors. Results will be shared with CDS's in order that they may address where standards are not met.

8.0 DISSEMINATION AND IMPLEMENTATION OF POLICY

This Policy will be circulated to all non-training grade doctors by email and will be placed on the Trust website and intranet. Paper copies will be made available when requested. Job planning training is cited as an intention within the Medical Workforce Strategy and will assist in embedding this policy.

9.0 DOCUMENT CONTROL INCLUDING ARCHIVE ARRANGEMENTS

It will be the responsibility of the sponsors and authors of this policy to ensure that it is kept up to date with any local, national policy or legislation. The Policy will be managed in accordance with the Policy for Procedural Documents.

10.0 REFERENCE DOCUMENTS

[Terms & Conditions of Service Consultant & SAS](#)

[European Working Time Directive](#)

[Workforce Race Equality Standard](#)

[Working Time Regulations Policy](#)

[Maternity, Adoption, Maternity Support \(Paternity\) & Additional Paternity Leave Policy](#)

[Anti-Fraud & Bribery Policy](#)

[Code of Conduct for Private Practice](#)

[Royal College of Psychiatry CR207](#)

[Trust, Assurance & Safety – The Regulation of Health Professionals in the 21st Century](#)

[Modernising Medical Careers](#)

[National Risk Register of Civil Emergencies](#)

11.0 CROSS REFERENCE

[A Guide to Consultant Job Planning](#)

[A UK Guide to Job Planning for Specialty Doctors and Associate Specialists](#)

[Terms & Conditions of Service Consultant & SAS](#)

[Code of Conduct for Private Practice](#)

[Honorary Consultant Contract \(England\)](#)

[Organisational Strategy](#)

[Clinical Strategy](#)

[Medical Workforce Strategy](#)

12.0 APPENDICES

See below

APPENDIX A - MEDIATION & APPEAL PROCESS

Where it has not been possible to agree a job plan, or a doctor disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available. Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arose.

MEDIATION

The doctor, or (in the case of a disputed Job Plan) the Medical Manager, may refer the matter to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision. Where a doctor is employed by more than one NHS organisation, a designated employer will take the lead (in the case of a disputed job plan, a lead employer should have already been identified). The purposes of the referral will be to reach agreement if at all possible. The process will be that:

		Working Days
1	The doctor or Medical Manager makes the referral in writing within two weeks of the disagreement arising. The party making the referral will set out the nature of the disagreement and his or her position or view on the matter.	10
2	Where the referral is made by the doctor, the Medical Manager 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 employing organisation's position or view on the matter. Where the referral is made by the Medical Manager, the doctor will be invited to set out his or her position on the view or matter.	15
3	The Medical Director or appropriate other person will convene a meeting, within four weeks of receipt of the referral, with the Consultant and the responsible Medical Manager to discuss the disagreement and to hear their views.	20
4	If agreement is not reached at this meeting, then the Medical Director will decide the matter (or for Consultants make a recommendation to the Chief Executive) and inform the doctor and the responsible Medical Manager of that decision or recommendation in writing.	10 (SAS doctors) No specified time limit for Consultant
5	For a Consultant in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive will inform the Consultant, the Medical Director and the responsible Medical Manager of his or her decision in writing.	10

APPENDIX A

FORMAL APPEAL

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.

		Working Days
1	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.	10
2	<p>The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks. No member of the panel should have previously been involved in the dispute.</p> <p>The Consultant membership panel will be:</p> <ul style="list-style-type: none"> a) a chair nominated by the appellants employing organisation; b) a second panel member nominated by the appellant 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 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; <p>The SAS membership panel will be:</p> <ul style="list-style-type: none"> a) a chair, being a Non-executive Director of the appellants employing organisation; b) a second panel member nominated by the appellant doctor, preferably from within the same grade; and c) an Executive Director from the appellant's employing organisation. 	20
3	<p>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.</p> <p>The doctor 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.</p> <p>Where the Consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.</p> <p>It is expected that the appeal hearing will last no more than one day.</p>	5 days before hearing
4	<p>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.</p> <p>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.</p> <p>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.</p>	10

APPENDIX B

JOB PLAN AND PAY PROGRESSION CONFIRMATION FORM

This form is in accordance with Schedule 15 of the Terms & Conditions of Service for Consultants (2003), Associate Specialist (2008) and Specialty Doctors (2008). It is designed to consolidate the job planning process and should be completed by the Medical Manager with the doctor at the conclusion of the job planning meeting.

Name			
Grade			
Increment/Pay Threshold Date			
Team & Base			
Is the job plan agreed?	YES	NO	
Are there any concerns with the job plan?	YES	NO	
If YES provide details:			
ESSENTIAL CRITERIA TO ACHIEVE PAY PROGRESSION			
Made every reasonable effort to meet commitments in the job plan	YES	NO	
Participated satisfactorily in the appraisal process			
Participated satisfactorily in reviewing the job plan and setting personal objectives			
Met the personal objectives in the job plan or have made every reasonable effort to do so			
Worked towards agreed changes in last years' job plan			
Met the standards of conduct governing the relationship between private practice and the NHS			
If NO to any of the above, please give details and attach any relevant paperwork.			
APPRAISAL CONFIRMATION			
Date of last appraisal:			
Appraisal satisfactory and documentation returned to RO?	YES	NO	
PRIVATE PRACTICE & DECLARATION OF CONFLICTS OF INTEREST			
All private practice has been declared in the job plan	YES	NO	N/A
All conflicts of interest have been notified in accordance with Trust procedures	YES	NO	N/A
PAY PROGRESSION APPROVAL			
Is pay progression approved?	YES	NO	
If NO, provide reasons and attach any relevant paperwork:			
PAY PROGRESSION SIGN OFF			
Signed Doctor:		Date	
PRINT			
Signed Medical Manager:		Date	
PRINT			
Medical Director:		Date	

If pay progression is approved: Medical Manager send copy of this form to Medical Staffing for central records.

If pay progression is suspended: Medical Manager to complete a Contract Amendment Form advising of suspension and send to Payroll then forward a copy of this form to Medical Staffing for central records.

APPENDIX B

CRITERIA EXCERPT FROM TERMS & CONDITIONS OF SERVICE

Schedule 15 - Consultants Criteria for Pay Thresholds

1. Following the annual Job Plan review, the Medical Manager who has conducted the Job Plan review will report the outcome, via the Medical Director, to the Chief Executive and copied to the Consultant and the Chief Executive of any other NHS organisation with which the Consultant holds a contract of employment, setting out for the purposes of decisions on pay thresholds whether the Consultant has:
 - made every reasonable effort to meet the time and service commitments in the Job Plan;
 - participated satisfactorily in the appraisal process;
 - participated satisfactorily in reviewing the Job Plan and setting personal objectives;
 - met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the Consultant's control, made every reasonable effort to do so;
 - worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
 - taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the Consultant in accordance with Schedule 6 of the Terms and Conditions;
 - met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the Terms and Conditions.
2. The Chief Executive, informed by the Medical Director's recommendation, will subsequently decide each year whether the Consultant has met the criteria.
3. Where one or more of the criteria are not achieved in any year, the Chief Executive will have the discretion to decide where appropriate, for instance because of personal illness, that the Consultant should nonetheless be regarded as having met the criteria for that year.
4. Consultants should not be penalised if objectives have not been met for reasons beyond their control. Employers and Consultants will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the Job Plan review.
5. It will be the norm for Consultants to achieve pay progression. Pay progression may only be deferred where the Consultant has not met the specified criteria at paragraph 1 of this Appendix. Employing organisations cannot introduce any new criteria. For instance, pay progression cannot be withheld or delayed on the grounds of the employing organisation's financial position. Nor would it be acceptable for NHS organisations to use any system of quotas for pay progression.
6. A Consultant has the right of appeal against a decision by the Chief Executive that he or she has not met the criteria in respect of any given year. In the event of an appeal, it will be the responsibility of the employing organisation to show why this decision was taken. The appeal process is at Schedule 4 of the Terms and Conditions.

Process for Award of Pay Thresholds

7. When a Consultant becomes eligible for a pay threshold by virtue of fulfilling the required number of years' service in Schedule 13 or Schedule 14 of the Terms and Conditions, he or she will receive that pay threshold provided that the Chief Executive agrees that they have met the criteria above in each year since the award of the previous threshold or, in the case of a Consultant's first pay threshold, since the commencement of a contract subject to these Terms and Conditions.
8. Where the Chief Executive has decided in any one year that a Consultant has not met the necessary criteria, the employing organisation will defer the award of the appropriate pay threshold for one year beyond the date on which they would otherwise have received the threshold. Provided the Chief Executive decides that a Consultant has met the criteria in the intervening year, he or she will receive that pay threshold from the start of the following year.

Pages 43- 44 Terms and Conditions – Consultants (England) 2003

Schedule 15 – SAS Doctors Criteria for Pay Thresholds

4. Incremental pay progression will depend on a doctor having:
 - Participated in job planning:
 - made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
 - met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so; and
 - worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives;
 - participated satisfactorily in the appraisal process in accordance with the GMC's requirements set out in 'Good Medical Practice'; and
 - For those doctors undertaking private practice, taken up any offer to undertake additional Programmed Activities in accordance with Schedule 7 of the Terms and Conditions of Service and met the standards governing the relationship between private practice and NHS commitments set out in Schedule 10 of the Terms and Conditions of Service.

Schedule 15 of the Terms and Conditions of Service for Associate Specialists (England 2008) and Specialty Doctors (England 2008) also describe the process for progression through Threshold One and Threshold Two.

APPENDIX C - ANNUAL TIMETABLE FOR JOB PLANNING

A summary of the job planning process timetable is provided below and is based on normal circumstances.

ACTION REQUIRED	TARGET COMPLETION DATE	RESPONSIBLE
❖ Launch of annual job planning round	JANUARY	Medical Manager Associate Medical Director Clinical Director
❖ Any updated guidance published via Medical Directorate	JANUARY	Medical Director
<ul style="list-style-type: none"> ❖ Care Delivery Service meetings take place ❖ Information analysis complete ❖ Care Delivery Service plans complete 	JANUARY	Doctor Medical Manager Associate Medical Director Clinical Director
❖ <i>Draft</i> job plan uploaded on Healthmedics	31 JANUARY	Doctor
❖ All <i>draft</i> job plans automatically moved to <i>discussion</i> phase following which they are no longer editable.	31 JANUARY	Medical Director Office
<ul style="list-style-type: none"> ❖ Team and individual job plan meetings take place ❖ First sign off complete 	31 JANUARY – 28 FEBRUARY	Doctor Medical Manager Operational Director Deputy Service Director General/Service Manager Associate Medical Director Clinical Director Medical Director Chief Medical Officer
❖ Second sign off complete	31 MARCH	Medical Director Chief Medical Officer

APPENDIX D - SUPPORTING PROFESSIONAL ACTIVITIES MONITORING PROFORMA

All SPA activity to be completed by the doctor and the Clinical Manager at the job planning meeting

- SPA's should not be undertaken at a time allocated for Direct Clinical Care.
- SPA's should not be undertaken at a time that overlaps with private practice.
- SPA's will take place at a doctor's principal place of work. Exceptions will be authorised below.

NAME	
GRADE	
TEAM	
BASE	

Off-site working may, on occasion, be appropriate. When this occurs, a doctor is absent from work. All absence from work must have prior authorisation from the Trust. This form provides the required authorisation to agree off site working and must be uploaded to the probity section of the appraisal folder. Doctors are at work, and therefore required to be contactable, and can be called in if required, during all off-site SPA time.			
IS OFF SITE SPA TIME AGREED?	YES	NO	
IF YES, STATE REASON:			
SIGNED (ASSOCIATE MEDICAL DIRECTOR/CLINICAL DIRECTOR):		DATE:	
SIGNED (MEDICAL DIRECTOR):		DATE:	

List all SPA duties below:		
DUTY	LOCATION	TIME

APPENDIX E - QUICK GUIDE TO JOB PLANNING

Useful documents to support the job planning process include: SPFT Job Planning Policy, National Terms and Conditions of Service, SPFT Contracts of Service, NHSE & BMA job planning guides to job planning, Organisational Strategy, Clinical Strategy, Medical Workforce Strategy, RCP College Report CR207. Links can be found at No.10 and No.11.

BY	ACTION	WHO*	
31 JANUARY	New round of job planning launched and any updated guidance published	CMO/MD	
	Relevant doctors engaged to begin the new round of job planning	MM/AMD/CD	
	Care Delivery Service meetings complete	DOCTOR/MM/AMD/CD	
	Data analysis complete		
	Care Delivery Service plans complete		
	Dates arranged for team meetings to take place before end of February		
	Dates arranged for individual meeting to take place before end of February		
	Job plan uploaded on Healthmedics	DOCTOR	
TEAM JOB PLANNING ACTIONS			
28 FEBRUARY	Trust objectives reviewed. Shared team objectives set	DOCTOR/MM/AMD/CD OD/DSD/SD/GM/SM	
	Team performance measures agreed		
	Team leave arrangements, cross cover, emergency cover agreed		
	Team job planning meeting complete		
	INDIVIDUAL JOB PLANNING ACTIONS		
	BEFORE THE MEETING		
	Work diary complete (usually 8 weeks) to help facilitate informed discussion	DOCTOR	
	Fee paid record updated		
	Preparation for discussion: objectives, operational priorities, career progression		
	Data collated: SPA activity output; relevant specialty advice, evidence of benefits of external duties; 12 months' individual/team performance data		
	Collate SI/complaints report/appraisal summary/PDP from last appraisal to link appraisal to job plan		
	AT THE MEETING		
	8 week work diary reviewed and agreed	DOCTOR/MM & OD/DSD/SD/GM/SM BY AGREEMENT	
	Individual and team performance data from the last 12 months reviewed		
	SMART objectives set for the year in line with team/Trust objectives		
	DCC reviewed		
	SPA time reviewed, outputs and benefits clarified, SPA monitoring form complete		
	ANR, ED and Academic Duties reviewed		
	On call reviewed		
	Private practice reviewed to ensure this does not conflict with NHS practice		
Additional supporting resources identified to meet objectives			
MDT attendance reviewed			
Annual leave cover arrangements reviewed and agreed			
Travel time and locations reviewed			
Healthmedics used to record the agreed job plan			
Individual job planning meeting complete			
AFTER THE MEETING			
Any further meeting required is set for 2 weeks' time	DOCTOR/MM		
Pay progression confirmation form complete	DOCTOR/MM/MD		
Link with revalidation team to pass on comment/requirement to appraiser for PDP	MM		
First sign off on Healthmedics complete	MM		
31 MARCH	SECOND SIGN OFF COMPLETE	MD/CMO/CE	

*AMD: ASSOCIATE MEDICAL DIRECTOR; CD: CLINICAL DIRECTOR; CE: CHIEF EXECUTIVE; DSD: DEPUTY SERVICE DIRECTOR; GM: GENERAL MANAGER; MD: MEDICAL DIRECTOR; MM: MEDICAL MANAGER; OD: OPERATIONAL DIRECTOR; SD: SERVICE DIRECTOR; SM: SERVICE MANAGER

APPENDIX F - CLINIC TEMPLATE

CARE GROUP	NEW PATIENT Minutes Typically Required	FOLLOW UP APPOINTMENT Minutes Typically Required	CPA OR MULTI-PROFESSIONALS MEETING Minutes Typically Required	SUGGESTED CLINIC STRUCTURE	OTHER FACTORS
AMHS	60	30	45	3 hours of a 4 hour clinic booked in advance. The fourth hour used for urgent face to face clinical assessments booked in by the team at short notice.	On occasion, complex new assessments (including ASC or ADHD) or second opinions may require 2 hours.
SOAMHS	60	30	45	AS ABOVE	Team Administrators should aim to minimise travel time associated with community visits by clustering appointments.
CHYPS	90	45	45	AS ABOVE	ASD and ADHD assessments may require 2 hours.
LD	90	45	45	AS ABOVE	Team Administrators should aim to minimise travel time associated with community visits by clustering appointments.
FHS	60	30	45	AS ABOVE	Team Administrators should aim to minimise travel time associated with community visits by clustering appointments.