

Consultant job planning: a best practice guide

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Contents

Introduction	4
How to do it	5
Getting started.....	5
Why data systems are crucial.....	5
Making it an annual process.....	6
If a job plan is not agreed	7
Medical job plan consistency committees.....	7
What should a job plan contain?	9
Defining a job plan.....	9
Key elements.....	9

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Introduction

Job planning is a professional as well as contractual obligation for consultants and employers. Regular reviews of the efficient and effective use of consultants' time are critical during a period of rapid change in both medical technology and healthcare delivery systems. This guide offers advice to trusts to ensure that their approach to consultant job planning is consistent with best practice.

Trust boards will wish to be assured that local processes reflect this advice, and will note our emphasis on ensuring an annual job planning meeting for all consultants. Trust boards will also note the crucial role of adequate electronic data systems in recording consultant job plans.

How to do it

Getting started

The job planning process should be devised with the local negotiating committee in a spirit of collaboration and mutual respect. It is important to create the right climate by adopting a non-threatening partnership approach rather than a coercive one. The overriding principle should be to apply the [2003 consultant contract](#)¹ fairly and consistently. Although job planning and medical appraisal inform each other, they should be separate processes.

Start with a meeting between all doctors in the specialty team (consultants, specialist and associate specialist doctors) and the clinical director and/or service manager. Clinical directors must be clear about their job planning responsibilities, and be trained and supported to carry them out. They must have adequate information about the trust's commitments to clinical, educational, research and improvement activity for the coming year and a record of what has been achieved in the previous year.

The initial meeting provides an opportunity to share this information, review the overarching team's objectives and ensure fair treatment for all. While each consultant's job plan is an individual contract, individual consultant objectives should be determined within the specialty team objectives. Individual job plans should be considered collectively to see how they fit together and work as a whole towards meeting patients' needs and fulfilling trust contracts.

Why data systems are crucial

The administrative burden associated with job planning is considerable. Success depends on having systems in place and information available. To plan properly for service delivery, job planning must be informed by relevant data: this will highlight demand on the service and capacity to meet it, which in turn will show how job plans may need to change.

Trusts should consider investing in electronic job planning software if they do not already use it. All consultants should have an agreed job plan entered onto the electronic job planning system by 1 April each year. Trusts should ensure job plans

¹ [http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/consultants-and-dental-consultants/consultant-contract-\(2003\)](http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/consultants-and-dental-consultants/consultant-contract-(2003))

are uploaded on the electronic system for all newly appointed consultants, to reflect the job plan they were appointed to fulfil.

Making it an annual process

Job planning is an annual requirement for all consultants on [the 2003 contract](#). Job plans that worked this year may not work next year. While some consultants continue to work the same pattern every week, changing patterns of service delivery – including ‘consultant of the week models’ – and consultant preferences increasingly demand variable patterns from week to week or fully annualised job plans. In addition, job plans may be reviewed in-year in response to activity changes or organisational change (such as gaining or losing business). Linking the job planning cycle to the trust’s business planning timetable may help align consultant and organisational objectives. This can be mutually beneficial but also complex. To ensure all consultants have an approved job plan by 1 April each year, this is a guide to the annual job planning cycle:

Annual job planning cycle	
Quarter 2 – July to September	Clinical director sends out preparation for and invitation to job plan review, including letter and diary card with preparation guidelines, giving six weeks’ notice.
Quarter 3 – October to December	Team job planning meeting to discuss and agree objectives, supporting professional activities list and any required rota changes. Individual job planning meetings take place. Job plans entered on electronic job planning system by 31 December. This allows three months for the mediation/appeals process. MJPC (see page 7) reviews outstanding issues and a sample of agreed job plans to ensure consistency across clinical management groups/clinical areas.
Quarter 4 – January to March the following year	Mediation and/or appeals completed as soon as possible, in line with the timeframe agreed under the 2003 consultant contract. Pay progression and clinical excellence awards eligibility taken forward for all who have an approved job plan.
Quarter 1 – April to June the following year	Job plan effective 1 April. Mandatory training to begin for the year.

If a job plan is not agreed

Consultants who do not have an approved prospective job plan on 1 April should not be eligible to apply for pay progression or for clinical excellence awards for that year, and pay increments for that job plan year should be suspended. Consultants who have entered their agreed job plan onto the system on time should suffer no disadvantage if any subsequent delay in uploading or signing it off is due to their clinical director/manager.

Medical job plan consistency committees

To make sure job planning is consistent between specialties and clinical management groups (CMGs), and to provide assurance that job planning is in line with trust guidance, we recommend trusts consider setting up a medical job plan consistency committee (MJPC) as outlined below.

MJPC: terms of reference	
Core members	<ul style="list-style-type: none">• medical director representative• human resources representative• two local negotiating committee representatives• relevant clinical directors as requested
Purpose	<ul style="list-style-type: none">• to ensure consistency and an even-handed approach across the trust, as well as compliance with the framework, the contract and all national guidance• not mediation• not an appeal
Outcomes	<ul style="list-style-type: none">• make suggestions• return the job plans to the relevant clinical area• advise as requested based on national terms and conditions, this framework and guidance
Frequency of meetings	As required to work through the job plans – likely to be more frequent initially.

MJPCs can evaluate individual job plans using a RAG (red, amber, green) rating based on these criteria:

Green:

- consistent with trust job planning guidance
- at least matches with contracted programmed activities (PAs – see page 10)
- objectives are defined
- minor queries addressed

- evidence explains variation
- evidence explains variance within a specialty.

Amber:

- queries remain outstanding
- clarification provided has not given assurance
- job plan significantly over-contracted PAs
- clinical administration > 1PA
- supporting professional activities (SPAs – see page 11) >2.5
- SPAs not described appropriately or without objectives
- query about on-call commitment (no diary exercise in last two years; change in rota frequency, etc).

Red:

- no job plan provided
- job plan totals under-contracted PAs
- queries from CMG remain outstanding
- clarification provided to CMG has not given assurance, with implication for contracted PAs.

What should a job plan contain?

Defining a job plan

A job plan is an annual prospective agreement between employers and consultants describing:

- the work the consultant does for the NHS organisation and, in the case of clinical academics, what work they also do for the university
- the objectives to be achieved by the consultant and supported by the employer(s)
- when that work is done
- where it is done
- how much time the consultant is expected to be available for work
- what this work (quantified where possible) will deliver for the employer(s), employee and patients
- resources necessary for the work to be achieved
- any flexibility around these working relationships and interactions that the consultant may have outside their primary role for the employer.

Key elements

Job plans should contain an agreed baseline of commitments detailing attendance and activity expectations for the year ahead. These should be transparently reviewed and agreed, and be clearly documented for future reference. Activity expectations should be based on a minimum of 42 to 44 weeks in the working year. A job plan covers the whole of the week, including – where relevant – weekends and nights (to ensure consistent delivery of high quality patient care).

Key elements in a job plan are:

- objectives
- direct clinical care
- on-call and emergency work
- supporting professional activities such as clinical audit participation, casenote review and other activities relevant to the individual's revalidation
- additional responsibilities and duties
- external duties
- private professional services
- fee-paying services

- travel time
- annual leave and study leave
- supporting resources.

A full-time job plan consists of 10 programmed activities (PAs), some for direct clinical care and others being ‘supporting professional activities’ (see page 11). The overriding principles are that the job plan is prospective and that work agreed must be done. The trust has a responsibility to provide the necessary resources to enable the work to be done. However, both parties have a duty to raise problems in achieving objectives in a timely manner.

Trusts may request medical staff to work more than 10 PAs per week or to take on additional responsibilities. If so, the consultant and the clinical director or manager must agree the additional PAs or responsibility allowance. We recommend additional PAs are reviewed annually as part of the job plan review. However, we also recommend that both parties can end the agreement outside the job planning review with three months’ notice.

We recommend that additional programmed activities should be direct clinical care work unless specifically agreed with the trust during job planning.

PAs may be timetabled over one or more weeks by agreement with the clinical director/manager. The schedule of PAs should reflect this.

Objectives

The job plan must help achieve service business plans and the trust’s organisational objectives. Objectives should be based on the latest evidence, subject to benchmarking where possible and designed to eliminate or reduce variation. Starting with objectives is the key to aligning consultants and employers, and makes it easier to review and adjust job plans. You should agree objectives in ‘SMART’ form – that is, they should be:

- S specific
- M measurable
- A achievable
- R realistic
- T timed.

Translating the trust’s objectives into meaningful, measurable objectives in job plans allows consultants to identify changes required to support growth and efficiency in their service and ensure it remains attractive to commissioners.

Direct clinical care

Direct clinical care is work directly relating to the prevention, diagnosis or treatment of illness, ie clinical and clinically related activity. The consultant’s schedule of PAs

should clearly describe the type of direct clinical care activity, as well as when and where it is undertaken.

Sufficient 'direct clinical care' should be allocated for patient-related administration. This will vary between specialties. Where consultants are spending too much time on these duties, the trust should investigate and try to reduce it by providing support services. Where administration exceeds one PA per week, the medical job plan consistency committee (see page 7) should review it. We recommend all administrative direct clinical care be done on-site without exception.

Clinical managers are expected to clearly identify through job planning how the trust's activity targets can be met. They should identify and commission any additional activity needed, or identify how to replace direct clinical care no longer required. Clinical managers should try to allow for unforeseen events during the year when planning how to meet their service delivery requirements.

On-call and emergency work

This is recognised in two ways: an availability supplement and a PA allowance for time worked. All consultants on the same rota at the same frequency should have the same availability supplement and the same PA allowance for hours worked.

On-call rotas should be monitored by a diary exercise at least every two years, more often if a change has taken place or if either side requires a review. It is a mandatory requirement for consultants to undertake a diary card exercise when asked to do so.

The definition of on-call duties and emergency work is in schedules 8 and 16 of the terms and conditions of service for consultants on [the 2003 contract](#).

Depending on the frequency of on-call duties, we recommend that the diary exercise should include at least two to three on-call cycles for the outgoing job plan year to determine a fair average. Teams on the same rota can perform a combined diary exercise over two to three weeks. Consider keeping a continuous diary card during the job plan year.

Supporting professional activities

Supporting professional activities (SPAs) underpin direct clinical care and should be linked to clear objectives. The Academy of Medical Royal Colleges estimates that 1 to 1.5 SPAs per week are the minimum for a consultant's continuing professional development (CPD) for revalidation purposes. Typical SPAs for CPD for revalidation include:

- preparation for revalidation, personal study, eg CPD and attending trust educational meetings, grand rounds, audit meetings etc
- personal/professional administration, eg preparation for appraisal and job planning, completing 360-degree feedback for colleagues etc
- mandatory training as defined by the trust/medical director
- any additional mandatory training relevant to the specialty group

- attendance at departmental audit and clinical governance meetings, contributing to national audits etc
- basic undergraduate and postgraduate teaching
- attending regular specialty consultant meetings.

Trusts may consider approving more SPA time for additional non-direct clinical care activities. These may include:

- educational supervision
- college tutor responsibilities
- formal teaching
- leading clinical governance
- conducting medical appraisals for other doctors (not your own)
- additional management meetings required for the service/trust
- specific committee work
- specific project work
- research agreed in advance, with objectives
- specific roles and responsibilities within the department
- specific service development projects
- national roles (specialist societies, Royal Colleges, NICE etc).

Consider SPA time for part-time staff in the light of their overall commitment to the organisation and any other consultant employment in the job plan. In some circumstances this may mean part-time consultants will have proportionally more SPA time than the typical allowance.

Many trusts employ long-term locum/fixed-term contract consultants. If they are employed for more than six months, we recommend they are appointed on contracts with nine PAs and one SPA.

We recommend all SPAs are carried out on-site and timetabled, unless agreed in advance. Trusts should provide appropriate facilities for this. Flexibility on timing and location of activity must be agreed between the employer and the consultant to help service planning. Any agreed off-site SPAs need to be clearly defined in the job plan.

Where consultants are employed by more than one NHS organisation, it is important that clinical directors liaise when agreeing the allocation of PAs.

Additional responsibilities and duties

Additional responsibility PAs for roles such as head of service, service director, director of postgraduate education or divisional medical director will have an associated job description and person specification, and a formal process of appointment.

External duties

External duties are generally supported by trusts. We recommend that external activity, such as work for the Royal Colleges, NICE, General Medical Council etc, is agreed in advance, including the time allocation. We also recommend that trusts require consultants, before applying for a role with another body, to discuss it with both consultant colleagues and the clinical director/manager.

Private professional services

Private professional services should be included in the job plan and schedule of PAs. All private professional services must be arranged and undertaken in accordance with the Department of Health's [Code of conduct for private practice](#).² This requires that providing services for private patients should not prejudice NHS patients' interests or disrupt NHS services. As part of this, the trust will insist that consultants' private practice is not scheduled during job planned activities. Consultants should ensure private professional services are recorded in the job plan and the quality or timeliness of service for NHS patients is not harmed. Employers may offer up to one extra programmed activity per week to consultants who undertake private practice. For details of this arrangement refer to [the 2003 contract](#).

Job plans: the essentials

- The job plan is approved by the consistency committee (see page 7).
- The job plan is available and loaded in electronic format onto the job plan system (see page 5).
- Activity accurately reflects what will be delivered during the effective period and service requirements.
- Activities have start and end times detailed.
- Core supporting professional activities (SPAs) meet the requirements of the job planning framework and site described.
- SPA activity with objectives and outcomes are detailed.
- Objectives are agreed in SMART form (specific, measurable, achievable, realistic and timed).
- A diary card supports on-call activity and programmed activity (PA) allocation; if no diary card, PA allocation is consistent.
- A private practice declaration form is complete; all external activity is identified on the timetable.
- A conflict of interest declaration form is complete.

² http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/DH_085195.pdf

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