journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Title: Medical Job Planning Policy

Ref: HR-0055-v1.1

Status: Ratified
Document type: Policy

journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Contents

1 Introduction

Annual job planning is a contractual obligation for all Consultants (substantive and honorary), irrespective of whether they hold a pre / post 2003 national contract. It also applies to Specialty Doctors, Specialist Grade doctors and Associate Specialists (SAS doctors).

The implementation of this Policy reflects anti-discriminatory practice. Should any doctor believe that the terms of the Policy are not being complied with, they have the right to raise their concerns by using the Trust Grievance Policy & Procedure.

This policy is critical to the delivery of psychiatric care and to support our "Journey to Change". Our ambition is to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows: -

- This policy supports the trust to co-create a great experience for all patients, carers, and families from its diverse population by ensuring the medical workforce provide a compassionate and professional level of service underpinned by early and effective interventions. By ensuring that our Doctors are complying with the Trust's Job Planning process this will support the attainment of a high level of care for service users by ensuring they are properly managed and working in line with the agreed duties of the Job Plan.

- This policy supports the trust to co-create a great experience for our colleagues by ensuring the workplace is fit for purpose. This policy aligns to the Trust values, so that people affected are treated with respect and compassion. Clearly defined roles and responsibilities are outlined as well as the need for appropriate support for those involved at any stage of the process.

- This policy supports the Trust to be a great partner through engagement and consultation in its implementation with local and national organisations including the General Medical Council (GMC), NHS England, The Royal College of Psychiatrists and the British Medical Association. This helps to ensure a well led and managed workplace which ensures the highest standards from our medical staff. If there is an issue related to a doctor, we work inventively across the boundaries with organisations to engage with the GMC to support the formal processes that are required to manage this.

2 Why we need this policy

2.1 Purpose

The purpose of this guidance is to ensure that:

- All Consultant and SAS grade Medical Staff have a fair and current signed off Job Plan with agreed objectives that are reviewed at least annually.
- There is consistency and transparency to the Job Planning process across the Trust.
- There are defined circumstances where variations in Job Plans may be appropriate.
- There is a clear procedure for resolving Job Plan disagreements and carrying out mediation and appeals panels (where applicable).

2.2 Objectives

This guidance does not amend, discard or move away from any national contract or Terms and Conditions of service for Medical Staff; it simply provides a framework for the transparent application of Job Planning across the Trust in order to achieve:

- **Equity** – by ensuring individuals are remunerated fairly on the basis of the activities that they undertake outlined in the Job Plan. The Trust also strives to appropriately resource doctors in their work and to agree personal objectives for development.
- **Consistency** – it is crucial that a consistent and fair approach is adopted between individuals and Directorates. This will be based upon a set of logical and transparent guidelines determined through the implementation of the principles within this process.
- **Collaboration** – the Trust considers the approach to Job Planning to be as important as the output. Therefore, the fundamental principle of this process is to work in partnership with the Medical Workforce in agreeing mutually acceptable Job Plans wherever possible.

3 Scope

3.1 Who this policy applies to

This guidance applies to all Consultant and SAS Grade Medical Staff working at Tees Esk and Wear Valleys NHS Foundation Trust. It is based on the local interpretation of the Terms and Conditions Job Planning Agreement for Consultants (England) 2003 and SAS Doctors (2008) and the Guides to Consultant and SAS Job Planning agreed by the British

Medical Association (BMA) and NHS Employers 2011, including the SAS Contract Reform 2021 document.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive	Has overall responsibility for ensuring that Job Planning is conducted annually across the organisation and in line with legislative requirements. The Chief Executive is responsible for co co-ordinating the Trusts response to a formal appeal by convening an appropriate appeals panel
Executive Medical Director	Will act as Chair of the Medical Job Plan Consistency Panel (MJPCP) and set out the strategic direction for Job Planning of the Medical Workforce across the Trust. Where there is a failure to agree a Job Plan at the Directorate level the Executive Medical Director is responsible for the mediation and appeals process outlined in this policy unless directly linked to the decision made. In these instances, the mediation process will be devolved to the Group Medical Director or Associate Responsible Officer. The Executive Medical Director will provide annual reporting on Job Planning performance and activity to any relevant Trust group.
Group Medical Directors	Have overall operational responsibility for the implementation of Job Planning guidance and ensuring that the designated managers have all the necessary information in order for Job Planning to take place. Group Medical Directors will undertake Job Planning for all Associate Medical Directors in conjunction with the General Manager. Group Medical Directors will take a leading role in any meetings held locally to resolve a job plan dispute to include participation in formal mediation on behalf of the Executive Medical Director.
Associate Medical Director and Lead Psychiatrist (Medical Managers)	Will ensure that effective job planning is undertaken for all doctors that they line manage, focusing in particular on the “must dos”, the shape and performance of current services and how this links to any known future business plans; ensuring implementation of the job plan in the coming year. Medical Managers will take a leading role in any meetings held for local interventions to resolve a Job Plan dispute

	alongside participating in the formal mediation process where appropriate. In conjunction with Medical Staffing, Medical Managers will be expected to collate information resulting from Job Plan meetings in order to assess any gaps between aspirations and commitments. Similarly, they will demonstrate that all agreed Job Plans reconcile with the information maintained by finance; in order to ensure that appropriate remuneration is being received for the level of activity expected by the Trust. Where anomalies are identified this should be referred to the MJPCP for further discussion and resolution.
General Manager	Will provide support to Medical Managers in ensuring that effective Job Planning takes place for all doctors by maintaining oversight of the total level PA activity in use by the Medical Workforce in relation to service provision and associated financial cost; alongside ensuring that PA activity for medics aligns to Job Planning objectives across the organisation.
Director of Finance	Or a nominated representative of, will support the work of the MJPCP by providing comment, challenge and advice on all financial issues relating to PAs, ensuring relevant budget statements are updated.
Consultants and SAS Doctors	Have a contractual responsibility to undertake Job Planning on an annual basis as is required under the national terms of employment. In order for the Job Planning process to be informative, individuals should begin each Job Planning period by considering; - What they aim to achieve by participating in the Job Planning process. - What their objectives for personal service development will be over the coming annual period. - Have a view about how changes can reasonably be achieved on a departmental level. - Be prepared to share all of the details of their practice within and outside of the Trust so that realistic agreements can be achieved.

	- Be aware of their colleague's aspirations so that any agreement over the Job Plan is made in a sensible context.
Associate Director of Medical Development	Working in conjunction with both the Executive Medical Director and the Chief Executive, will ensure that any mediation or appeals proceedings are appropriately constituted and carried out according to the requirements outlined in National Terms and Conditions of service.
Medical Development	Will provide support to directorates in monitoring the compliance of doctors with Job Plan production and completion by addressing any immediate disagreements or sign off conflicts. Administration of the Job Planning Committee will be provided alongside any other support to the process to include attendance at Job Planning meetings (both individual and team) where appropriate, to resolve disputes alongside involvement in formal mediation.
Medical Job Planning Consistency Panel (MJPCP)	Has responsibility for overseeing the principles, purpose, scope, duties and responsibilities for Job Planning on behalf of the Trust. The terms of reference of the committee and associated membership will be reviewed for accuracy by all relevant stakeholders on an annual basis.

4 What is the Intention of Job Planning

Effective Job Planning is fundamental to the delivery of clinical services, service development, training, education and research. A Job Plan should therefore aim to;

- Identify, recognise and remunerate the contracted commitment of a doctor at a specific moment in time and agree how the Trust can best support a doctor in delivering these responsibilities.
- Align the objectives of individual doctors and teams with the objectives of the Trust in meeting the needs of patients.
- Provide the doctor with evidence in support of GMC appraisal and revalidation procedures
- Ensure that no activity or block of time worked is double counted
- Add a means for effective prioritisation to the work of doctors and reduce unnecessary workload
- Reflect the Trusts commitment to part time and flexible working, improving working lives and compliance with the Working Time Regulations (WTR).
- Ensure that service development, education, training and research are recognised and supported where appropriate and defined in a transparent and equitable way.

Every doctor will have an accurate Job Plan that sets out the agreed number of Programmed Activities (PAs) and On-Call commitments they will undertake, plus an understanding of the duties they have agreed to perform within the Job Plan.

4.2 Prospective Cover

The Job Planning process is a prospective exercise therefore all decisions made will affect further work, future workload and payments. Hence each completed Job Plan will have an agreed effective date from which the work will commence, usually falling in line with the financial year.

Prospective cover is in respect of annual, study and professional leave only, and not for sick leave cover. For both short and long term sick leave cover arrangements, doctors should refer to the local Mind the Gap framework in the first instance. Where an agreement to provide prospective cover has been made as part of the Job Planning process it must be clear if this is in relation to Out of Hours On-Call provision only or whether it is for all clinical duties of an absent doctor. Prospective cover must have recognition in the Job Plan as part of the designated clinical or professional activities.

4.3 Electronic Job Planning Policy

Job planning templates will be detailed using an electronic system. This will provide a secure central electronic storage system for all Job Plans and will improve consistency and transparency of Job Planning across the Trust. All Job Plans must therefore be completed by using this system to include the sign off and agreement from the relevant Medical Managers. All doctors can access the system using pre-existing username and password details and can view the Job Planning form alongside their appraisal documentation, sharing relevant information between platforms in order to reduce any administrative burden.

5 Model Job Plan Templates

Following guidance from NHS Improvement, all Consultant and SAS Grade Medical Staff working in the NHS are required to have an agreed and accurate annual Job Plan that clearly sets out the number of Programmed Activities (PAs) they will undertake.

Unless specified otherwise by local agreement a standard Job Plan will consist of;

- Consultant – 10 PAs (7.5 DCC, 1.5 Core SPA & 1 Non-Core SPA)
- SAS Doctors – 10 PAs (9 DCC & 1 SPA) or 10 PAs (8 DCC & 1 SPA & 1 Non-Core SPA)
- SAS Doctors undertaking CESR – 10 PAs (8 DCC & 2 SPA)

- A fixed term Trust locum doctor - 10 PAs (7.5-8.5 DCC, 1.5 Core SPA & 0-1 Non-Core SPA)

Job plans for newly appointed substantive and fixed term posts should reflect the Job Plan agreed and advertised in the Job Description of a post in the first instance. An interim Job Plan review should then occur within 6-8 weeks of taking up the post and an annual Job Plan thereafter.

From time to time it may be appropriate for SAS Doctors not currently undertaking CESR, to increase the amount of SPA allocated subject to agreement of the relevant Medical Manager and appropriate rationale.

Job plans for Fixed Term Locum Consultants will be agreed taking into account their familiarity with local systems and processes. A Fixed Term Locum Consultant may either be appointed on the basis of fulfilling an existing Job Plan (reflected in the Job Description for a post) or with a view to providing an increased amount of direct clinical care in the absence of colleagues, reflected in the detail submitted to request the post.

In either scenario a standard level of SPA time will need to be agreed in order to enable the doctor to meet college and other external requirements.

6 Understanding the Work Commitment

The standard Consultant and SAS Grade Medical Staff contract is based upon a full time commitment of 10 PAs per week. These PAs should consist of activities that reflect both the doctor's specialty skill and the needs of the service.

PAs above the core contract are Additional Programmed Activities (APAs). APAs can either be attributed to Direct Clinical Care (DCC) or Supporting Professional Activities (SPA) however, must be clearly identified in the Job Plan with the rationale for their inclusion clearly outlined and agreed, alongside an audit trail of how long the adjustments will remain for.

The Trust's Job Planning system is built around the basis that each senior clinician is available for duties for at least 42 weeks per year. However, many doctors will work 42 to 46 weeks per year, and all doctors should adhere to their leave entitlements wherever possible.

Each 4 hours of work has a value of one PA, unless it has been mutually agreed between the doctor and the Trust to undertake the work in premium time, as defined in this document.

Where a doctor works across more than one specialty or organisation, it is the responsibility of the doctor and their Medical Managers to ensure that all the relevant departments and organisations that form part of the doctor's work are involved in the Job Planning process.

All activity recorded in the Job Plan should be of 30 minutes in length. Where it is not possible to assign specific time values to an activity a general average amount of time per month should be allocated.

All activity can be allocated to specific types (DCC, SPA etc.) as outlined below; the nature of which can be determined by considering when the activity takes place alongside which organisation the activity is undertaken for, appreciating instances where there may be significant overlap.

6.1 Key Job Plan Definitions

6.1.1 Direct Clinical Care (DCC)

Direct Clinical Care is all work directly related to clinical and clinically related, activity (including patient related administration). The Job Plan should describe the type of clinical activity as well as clearly outlining when and where it is being undertaken.

Where Consultants are required to spend time on more than one site during the course of a day, time spent travelling between sites associated with clinical activity will be included in the Job Plan as DCC.

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. Travelling time between main place of work and home or private practice premises is not to be regarded as working time.

DCC can include but is not limited to; inpatient or community work, ward rounds / therapy sessions, multidisciplinary meetings (i.e. team huddle), clinical supercell, clinical supervision, case based discussion, clinical admin, emergency work, MHA work (to include non-voluntary Section 49 reports).

Standardised terminology of direct clinical care activities performed will be used so that the language used in the Job Planning system is accurate.

6.1.2 Supporting Professional Activities (SPA)

Supporting Professional Activities underpin and improve Direct Clinical Care and will be allocated on a Core or Non-Core basis.

The examples are not exhaustive but as an indicator of activity;

Core SPA Self-directed activities associated with an individual's own practice. To include participation in and preparation for professional processes such as CPD, appraisal and revalidation, mandatory training, clinical audit participation and Job Planning. It can also include providing basic postgraduate/ undergraduate teaching, training and clinical supervision participation in governance processes i.e. team or consultant meetings, leadership supercell, directorate or Trust meetings, providing clinical leadership.

SAS doctors can now act as supervisors for FP and GP trainees. We would encourage participation in the delivery of locality training programmes and SAS away day programmes, FP and GP training. There are many opportunities to undertake delivery of undergraduate medical and PA teaching and assessments across all programmes. CPD opportunities, including all trust-wide Medical Education events (grand rounds and symposia) webinars, SMSC, standalone training (physical health training) is available. There is access to the full in-house Medical Education training programme within the Faculty as well as opportunities to engage in any Quality Improvement and Research and Development opportunities arising within Medical Education

Non-Core SPA Activities tailored to the individual, to include formal educational supervision of junior doctors and other clinical staff, undertaking a role as an appraiser, undertaking research or project work, membership of committees or lead roles and responsibilities within specific departments e.g. undergraduate lead or college tutor.

Tutor roles are generally open to SAS colleagues in the same way as consultant colleagues and we have tutors now who occupy SAS roles within the Faculty. Clearly certain roles would not be viable (core/HT tutors for example) but most would work well (undergraduate/GP/FP/SAS etc).

When and where SPAs are performed, they must be clearly documented in the Job Plan. Consultants will be required to demonstrate how the 1.0 of Non-Core SPA time is being utilised and in the event that colleagues do not wish to participate in this type of activity, this time may be reallocated to DCC where appropriate.

SPA time for Consultants working part time will be on a pro rata basis and may be proportionally higher than the typical 2.5 allowance resulting in a reduced DCC commitment. There will however be a minimum of 1.5 SPA in place wherever feasible.

Time and travel associated with non-clinical activity should be recorded as either SPA time or Additional NHS responsibilities where appropriate. SPA time can be utilised by individuals from home, providing that this has been agreed with the relevant Medical Manager and recorded in the job plan.

In instances where a doctor has a long term health condition or disability which impacts on the time it takes them to do their job or to undertake admin. tasks, extra SPA time should be considered as part of the job plan discussion (an example would be for those with Dyslexia). This must be agreed with the relevant medical manager. Any other reasonable adjustments that are required as a result of a health condition or disability will also be considered.

6.2 Undertaking Additional Duties

Additional duties will normally be work that is not a part of the core Job Description performed by a doctor and cannot therefore be absorbed within the time that would normally be set aside for Supporting Professional Activities. It will also include Trust and external job roles that require a specific Job Description and appointment process. Some examples include but are not limited to job roles; Executive Medical Director, Group Medical Director, Associate Medical Director or Lead Psychiatrist.

Additional duties will be agreed in discussion between the relevant Medical Manager and the doctor, considering any impact on the wider clinical team and may be recognised in the following ways;

- The Consultant receives additional payment for the role and they organise activity accordingly in the Job Plan. It is expected that additional work from this role will be carried out in either their own time or via time shifting.
- The Consultant is asked to repurpose existing time within the Job Plan in order to accommodate the work with no additional payment being made.

Where additional DCC work undertaken results in Additional Programmed Activities (APAs) being allocated, in recognition of the higher workload, then this will be incorporated into the individual Job Plan up to the maximum level consistent with the Terms and Conditions of service and the Working Time Regulations. There will normally be an indication of when and if the Job Plan will return to a standard 10 PAs.

Where more than 10PAs are included in a Job Plan there will be a clear distinction between the baseline PAs (those included in the 10 PA totals which forms the permanent part of the doctor's job) and the allocated APAs. There is no formal obligation on any doctor to offer or accept the APAs.

However, doctors wishing to undertake private practice as defined, and who wish to remain eligible for pay progression, are required to offer up the first portion of any spare professional capacity (up to a maximum of 1 PA per week).

Doctors who wish to undertake Private Practice that choose not to offer, or accept the offer of an Additional PA and subsequently undertakes remunerated clinical work as defined

above, would constitute one of the grounds for deferring a pay threshold in respect of the year in question. If another doctor in the group accepts the work, there will be no impact on pay progression for any doctor in the group.

Where a Consultant works for more than one NHS employer, the employers concerned may each offer additional Programmed Activities, but the Consultant will not be expected to undertake on average any more than one Programmed Activity per week to meet the relevant criterion for pay thresholds. The Job Planning process should be used to agree for which employing organisation any additional Programmed Activities should be undertaken.

6.3 External Duties

All external appointments must be agreed in advance by the Medical Manager to include the required time allocation and how this will be accommodated in the Job Plan. Some doctors undertake Additional Duties for organisations which are associated with the NHS but not formally part of it.

The Trust may request formal confirmation of all external duties. Where doctors are already performing external duties the nature of these will be reviewed as part of the annual Job Plan review in order to confirm that;

- There is a demonstrable benefit to the individual, the Trust and the wider NHS
- The Medical Manager for the specialty/department continues to support the work
- There is no loss of service delivery within the specialty/department unless replacement of this loss is agreed by the Medical Manager following consideration of any associated impact on services and supporting staff.

6.4 Mind The Gap

Mind The Gap is a local agreement that aims to take into account the time a doctor may contribute to undertaking voluntary additional work, the intensity of additional work undertaken and also the goodwill of the doctor in supporting the Trust to cover work in the absence of colleagues.

Like Additional Duties both undertaking this work and the recognition associated will be agreed with the Medical Manager in the first instance. It is anticipated that the majority of Mind the Gap arrangements will provide short term cover in addition to an existing Job Plan and will be remunerated at an appropriate rate determined by the overall percentage of cover provided against the full time post. Mind the Gap arrangements will be reviewed periodically by the MJPCP.

6.5 General Teaching and Educational Roles

Doctors are expected to participate in education and it is considered part of both core DCC and core SPA. It is important to recognise that time spent carrying out supervision in clinical environments is already described in the Job Plan and is accounted for within DCC and should not be counted twice.

Either Postgraduate or Undergraduate Leadership relates to the undertaking of specific roles and is therefore separate from contact time during fixed activities such as clinics. The amount of SPA time for this activity will be individually agreed as part of the Job Planning process with the involvement of relevant departments in order to agree an evidenced based approach for review of performance in these roles.

Educational Supervision should be planned in order to meet agreed training slots available and reviewed yearly based on trainee fill rates. This role applies to deanery funded trainees and MTI trainees only. Dedicated SPA time for each trainee allocated to a Supervisor may be considered in order to better support Supervisors with a higher commitment per trainee in this area.

Individuals that undertake the role of Clinical or Educational Supervisor will be expected to complete the appropriate training for each role and demonstrate the required GMC standards for trainers. Individuals that cannot evidence appropriate training or demonstrate that they have had an appropriate educational appraisal will not be permitted to undertake the role.

6.6 Research

Research activity up to 0.5 PA can be agreed via the standard job planning process as Non-core SPA. Individuals who undertake or plan significant research that cannot be accommodated in the Non-core SPA allowance may request an increase of allocated time in order to complete this.

A reduced DCC commitment may be possible, in order to accommodate externally funded research however the funding must then be used to re- provide the lost DCC. Research that does not attract external funding, that requires a commitment in excess of the 0.5 Non-core SPA, must be agreed by the relevant Clinical Director for Research and Development who will consider whether the research is appropriate and viable with a view to improve health or health care outcomes, monitoring progress. Any resource or service implications arising from the research commitment must be acknowledged and agreed by the individual's Medical Manager and General Manager. Maintaining oversight of research carried out by trainees will be considered Non-core SPA.

6.7 Premium Time

Premium time is defined as time that falls outside of the period 07:00 to 19:00 Monday to Friday and any time on a Saturday, Sunday or public holiday. A premium time PA is of 3 hours duration unless agreed otherwise. Scheduled or unpredictable emergency work occurring wholly or partially during premium time may attract an enhanced payment.

If doctors choose to undertake a PA in premium time rather than core working hours for personal convenience and this is agreed with the relevant manager, the time for the PA will be calculated as 4 hours. This does not apply to weekend and evening DCCs where there is an identified service need.

6.8 Private Practice and Fee Paying Work

Where a doctor working intends to undertake Private Professional Services, the Trust may offer up to an extra 1 PA of time per week to be put back into the Trust at a mutually agreeable time on top of the standard commitment set out in the Job Plan.

Doctors who are responsible for ensuring the provision of Private Professional Services or Fee Paying Services for other organisations must ensure that there is no detriment to NHS patients or Services and public resources available to the NHS remain undiminished.

The Trust is committed to minimising the opportunities for fraud and corruption wherever they occur and is committed to taking positive action to achieve this.

Any regular commitments relating to Private Practice and Fee Paying Services must be documented in the Job Plan to include acting as 2nd doctor for assessments carried out under the Mental Health Act. This information will include planned location, timing and type of work involved. The work will generally not be timetabled to occur during the scheduled 10 PAs.

Subject to the following provisions, doctors will not undertake Private Professional Services or Fee Paying Services when on-call. The exceptions to this rule are where:

- A Consultant's rota frequency is 1 in 4 or more frequent, his or her on-call duties have been assessed as falling within the category B described in Schedule 16 of the Consultant Terms and Conditions of Service.
- The Trust has given prior approval for undertaking specified Private Professional Services or Fee Paying Services.
- The doctor has to provide emergency treatment or essential continuing treatment for a private patient. If the doctor finds that such work regularly impacts his or her NHS commitments, he or she will make alternative arrangements to provide emergency cover for private patients

Scheduling of NHS work should take priority over the scheduling of non-NHS work, subject to the Trust providing sufficient notice, as per national terms and conditions, of any proposed change to the agreed Job Plan.

If time spent undertaking Private Professional Services results in an individual working in excess of 48 hours per week, the decision and the responsibility to undertake that work will lie with the individual.

In cases where Private Practice or Fee Paying Services are undertaken during contracted programmed activities, the individual is expected not to collect a fee unless the work involves minimal disruption to NHS work. Where the Trust agrees for the work to be done within NHS time without collecting the fee, they must have the agreement of the relevant Group Medical Director. The undertaking of work, covered by additional fees, is voluntary for doctors in line with national Terms and Conditions.

All doctors must provide a 'Declaration of Interest' of Private Practice worked to be eligible for future pay threshold progression. Where private practice is undertaken, the principles set out in the Private Practice Code of Conduct and the Study of Restrictions on Consultants in Relation to NHS Work during Non-Contracted Hours must be adhered to.

All doctors must adhere to the Conflict of Interest Policy and declare any such activities. The Trust acknowledges that there should be no conflict of interest between working as a doctor in the NHS and delivering healthcare elsewhere.

Any doctor who is suspected of undertaking private practice work and not observing the requirements of this policy will be referred to the Trust's Local Counter Fraud Specialist in accordance with the Trust's Anti Fraud and Corruption Policy for investigation. This could lead to prosecution, a disciplinary sanction (including dismissal) and civil recovery proceedings.

6.9 Time Shifting and swapping DCC and SPA Time

Time shifting is the process whereby one activity (e.g. SPA or Fee Paying Services) is carried out during the scheduled time for another e.g. DCC. The equivalent amount of missed DCC activity is then carried out during either the time allocated for the other activity or during the doctor's own time, without additional payment being made or received.

Time shifting is designed to allow flexibility in a doctor's timetable (subject to the approval of the relevant Medical Manager) and allows for the undertaking of unscheduled SPA, additional responsibilities, external duties, private and professional services and fee paying services whilst protecting both the capacity and the effectiveness of the service.

In instances where time shift occurs, consideration should be given to whether or not this is likely to impact on an individual's ability to carry out other future contracted work, seeking assurance that the rescheduled work can be reasonably completed in the stated timeframe and is not likely to infringe upon the obligations of the doctor or the organisation under the Working Time Regulations.

Limits to the amount of time that can therefore be shifted in any one given period will be considered e.g. a set number of PA time per week or month. Timesharing agreements in excess of the agreed limits must be authorised by the relevant Group Medical Director before being undertaken.

7 Academic Appointments

Job Plans for academic appointments should be completed jointly with a University representative in compliance with the Follet Principles.

Academic objectives need to be clearly defined and recorded in the "Personal Objectives" section of the electronic Job Planning Template. Both the University and the Trust should agree the allocation of time needed to deliver continuing professional development for the purposes of Revalidation.

Both NHS and University employers should, therefore, make themselves aware of their respective expectations of the employee. It is expected that, in advance of the Job Planning meeting, there is an established mechanism for the two employers to meet and discuss both the general arrangements under the contract (leave, continuity of service and continuing professional development) and to prepare for the Job Planning meeting itself. Job Planning should take account of the likelihood of clinical responsibilities resulting in emergency care that may impact on other scheduled responsibilities.

Those involved in the Job Plan must be aware of the importance of giving appropriate priority to NHS and University work, with clear divisions as to when a Consultant is undertaking work for which employer. Whilst the substantive employer is responsible for determining and approving leave arrangements on a practical level this can mean ensuring that the proposed leave arrangements are approved by both the Trust and University and appropriately recorded.

In the case of NHS Consultants who undertake academic activity for a University, such as undergraduate teaching or research activities away from their principal place of employment, Job Plans should take full account of both University and NHS commitments and should be agreed jointly. For such Consultants all SPA time is regarded as NHS.

It is important that whole teams understand the relationship of Clinical Academic staff to the team and the benefits that they bring to the organisation. Both senior and medical managers should make it clear that the clinical work of Clinical Academics is subject to the

same clinical governance arrangements as NHS consultants. It is expected that there is a functioning LNC process with academic representation to which some of these issues may be referred for local resolution.

In the event of a Job Plan disagreement the mediation and appeals process for academics remains the same however must involve both employers.

8 Understanding On-Call activities and OOH Monitoring

The nationally agreed BMA/NHS Employers “A practical guide to calculating on-call work” will be used to calculate on call for all doctors. This methodology includes prospective cover and will enable the Trust to have a fair, transparent and consistent approach for managing On-call working across the Trust.

8.1 Consultant On-Call activities

Consultants on an on-call rota are paid an on call supplement in addition to basic salary. The level of the supplement paid depends on the frequency of the rota and the typical nature of the response when called, either Category A or B as define below.

Category A:

This applies where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

Availability for immediate recall to work shall normally mean the clinician should be contactable via a telephone or pager for complex consultations and, if determining that personal attendance is appropriate, the clinician shall be present on site within thirty minutes of that determination.

Category B:

This applies where the consultant can typically respond by giving telephone advice and/or by returning to work later. Details of on call availability arrangements will be determined and agreed for each specialty grouping an on call rota.

Value of availability supplement as a percentage of full-time basic salary

Frequency of rota commitment	Category A	Category B
High frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low frequency: 1 in 9 or less frequent	3.0%	1.0%

Part time Consultants, whose contribution when on call is the same as that of full-time Consultants on the same rota, will receive the appropriate percentage of the equivalent full time salary.

Where there is a change to the Consultant's contribution to the rota or the categorisation of the Consultant's On-Call duties, the level of the availability supplement will be amended on a prospective basis. Where this results in a reduction in the level of availability supplement, there will be no protection arrangements in relation to previous entitlements. The Consultant is entitled to challenge any changes to the assessment of on-call duties through the Job Planning process.

8.2 SAS On-Call Activities

Doctors who are participating in an On-Call Middle Tier rota will be paid an on–call availability supplement. This shall be calculated as a percentage of full-time Basic Salary (excluding any Additional Programmed Activities, London Weighting allowance and any other fees, allowances or supplements).

The availability supplement to be paid will depend on the frequency of the rota and the typical nature of the response when called, either Category A or B as define below.

Category A: this applies where the doctor is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations

Category B: this applies where the doctor can typically respond by giving telephone advice and/ or by returning to work later

Details of on call availability arrangements will be determined and agreed for each specialty grouping an on call rota.

Value of availability supplement as a percentage of basic salary

Frequency	Category A	Category B
More frequent than or equal to 1 in 4	8.0%	3.0%
Less frequent than 1 in 4 or equal to 1 in 8	5.0%	2.0%
Less frequent than 1 in 8	3.0%	1.0%

If a doctor participates in an on-call rota then the frequency of this will be set out in their Job Plan.

8.3 Out of Hours Monitoring (OOH)

Out of hours monitoring is undertaken in order to ensure fair PA recognition is allocated to doctors for the actual work undertaken when they are on call. All doctors should undertake a work diary exercise and note how much work is undertaken as a result of being on call.

On reviewing diary evidence, the doctor and the Medical Manager should consider whether some of the work undertaken is sufficiently regular and predictable enough to be programmed into the Working Week on a prospective basis as part of the Job Plan.

9 Individual Job Planning

A Job Plan is an agreement between a doctor and the Trust. Most doctors work as an integral part of a clinical team but the Job Plan itself remains an agreement between the doctor as an individual and the Trust as the employer.

All Job Plans will be based on the agreed Trust Job Plan principles set by the Executive Medical Director via the MJPCP. A doctor can request a Job Plan review at any time. All activities should map to the Trust's approved activities and if activities are not already recognised as approved, then this should be discussed through the MJPCP.

An individual Job Plan should set out everything a doctor does in a 'typical' working week, including private practice, ensuring that no activity is double counted. The Job Plan must include any times that have been agreed with managers in the Trust when the doctor is not expected to be available to work for the Trust e.g. regular commitments for other employers, family responsibilities, and private time.

To facilitate an informed discussion at the Job Planning Meeting, those involved should bring all the relevant data needed to plan the activities for the coming period including such things as:

- A working time diary and data on clinical caseloads received from IIC.
- Date of last appraisal completed and agreed PDP only
- Agreed team objectives
- Objectives for additional Trust approved SPA s or APAs
- Service business plan and performance over the past 12 months covering the whole practice of the Consultant or SAS Doctor
- Individual performance over the past 12 months
- Evidence of activities undertaken in TEWV during Non-Core SPA time
- Relevant specialty advice, e.g. Royal College and Specialty Association guidelines
- Evidence of the benefits of External Duties for outside organisations to the Trust and local patients

All activities, although time based, will also have minimum standards for performance. The standards for each activity will include evidenced attendance and expectations for alignment to the needs of the Trust for that activity. Expectations for outputs for activities in lead roles such as Group Medical Director, Associate Medical Director, Lead Psychiatrist, Medical Appraiser, and Educator will be standardised.

All doctors should be provided with sufficient facilities, administrative, clerical or secretarial support and IT resources to deliver their Job Plan commitments and to help achieve the Job Plan objectives wherever possible.

There may be times during the year when changes occur and doctors Job Plan will need to be reviewed, either due to external influences having an impact on the service which the doctor provides; or because doctors own individual circumstances have changed. In this instance an interim Job Plan could be implemented if circumstances are likely to extend beyond 3 months. Reviews for Job Plans should then follow annually from this point onwards in order to continue to demonstrate a continuation of meeting both the needs of the doctor and the service.

10 Team Job Planning

Many doctors now work in broad clinical teams and individual Job Planning will often be made easier if it is preceded by the agreement of joint team objectives. An alternative approach to this is Team Job Planning in which the delivery of activity is planned across a team of doctors over the course of a whole year (52 weeks). In the event of changed

circumstances within a year (e.g. a doctor leaving and delay in replacement) then the Team Job Plan may be revisited and a revised amount of measurable activity agreed.

Team Job Planning should ensure that similar Job Plans among doctors within a team carry similar PAs and that the sum total of PAs of all the doctors in the team matches the overall total number of PAs required delivering the service.

A specialty level Job Planning session should be scheduled for all doctors and managerial teams to discuss and agree a “Core Team Job Plan template” which will be used by every doctor to inform an individual plan.

The relevant Group Medical Director may be involved in the process at the request of either the Medical Manager or doctors or where agreement cannot be reached.

The definition of “speciality level” to agree team Job Planning will depend on the sub-specialty teams within a given clinical service. Where a group of doctors share a rota or pattern of work unique to them, in addition to a wider specialty rota, this will define the level where team Job Planning should occur.

The work commissioned from the Trust and how that is allocated amongst doctors in a speciality should be discussed at speciality level with the whole team before individual Job Plan meetings. Relevant managers will make this information available to all members. Team Job Planning will identify any shortfalls in the ability to deliver commissioned work which can then be addressed through business planning.

Team Job Planning will also be attended by a member from Medical Development who will facilitate the creation of the Core Team Job Plan template. The process for resolving disputes in team Job Planning is the same as individual Job Planning.

11 Annualisation of Job Planning

Annualised Job Planning may better suit individuals or services where a high percentage of clinical activity delivered does not easily fit a weekly, fortnightly or monthly plan.

This is likely to include those who deliver ad hoc or infrequent outreach services, or those who have a large external commitment to wider NHS activity. It may also include individuals who work locally but deliver a service that is not fixed to a regular plan.

In these instances, annualised Job Plans containing the number of activities to be delivered over a 12 month period can be agreed. However, this does not permit activity being compressed into shorter time frames during a 12 month period allowing an individual

to be absent for significant periods. Taking planned leave into account, all individuals will be expected to regularise their clinical commitments over the full 12 month cycle.

12 Job Plan Objectives

Job Planning should be focused on measurable outcomes that benefit service users and are consistent with the objectives of the individual doctor, clinical teams, the Trust and the wider NHS.

The Job Plan will include objectives that have been agreed between the doctor and the relevant manager and that demonstrate a common, mutual understanding or performance expectations. These objectives, which map to job-planned activities, are distinct from the objectives within the personal development plan arising from the appraisal process.

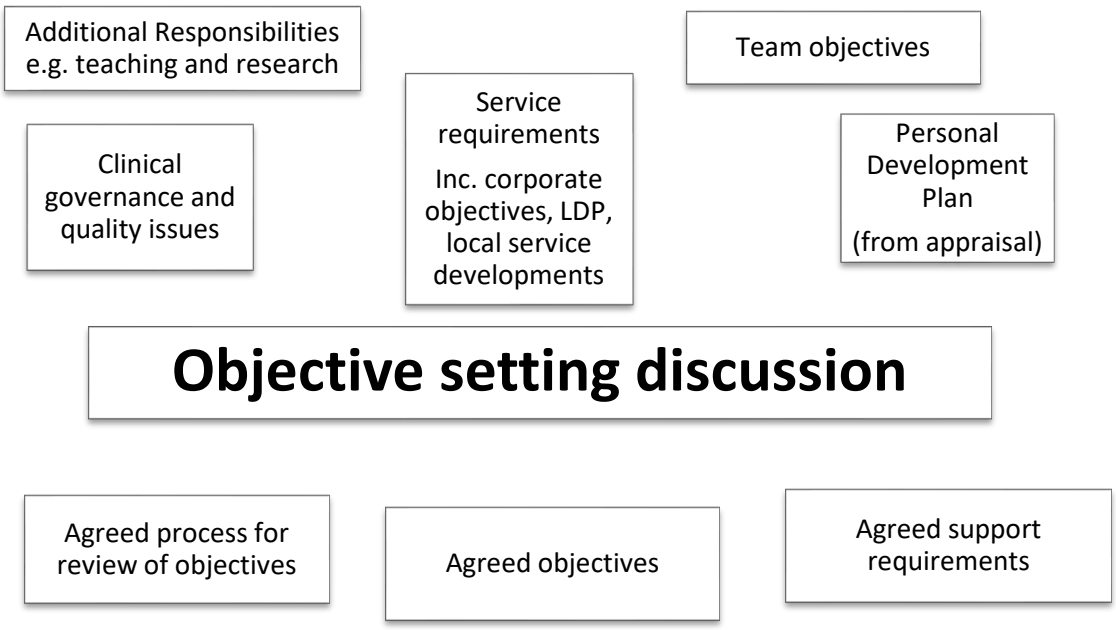
The objectives will;

- Be based on past experience and on reasonable expectations of what might be achievable over the next period.
- Reflect different, developing phases over the doctor's career.
- Be informed by the personal objectives the individual has agreed as part of their appraisal.
- Be informed by team Job Planning and any team objectives.
- Be agreed on the understanding that the delivery of objectives may be affected by changes in circumstances or factors outside the doctor's control, which will be considered at the Job Plan review. If any reasonable adjustments are required for the doctor's Job Plan these will also be taken into consideration.
- Ensure that the lead employer takes account of any objectives agreed with other employers where relevant.

Where a doctor has additional Trust-approved SPAs or ANR PAs, e.g. Educational Supervisor, Appraiser, Clinical Lead, these PAs will carry separate agreed objectives for the role.

The objectives will include;

- The current Trust, Divisional and Local service objectives based on team objectives and team working
- Key Quality and Performance indicators for each service or team
- Management of resources, including efficient use of NHS and Trust resources
- Service development initiative
- Additional responsibilities and the intention to undertake



13 Job Plan Sign Off Process and Maintaining Oversight

All Consultants are required to have an agreed Job Plan in place by the end March each year, in order for them to be deemed eligible to apply for a clinical excellence award unless circumstances beyond the Consultant's control have prevented a Job Plan from being agreed. SAS doctors should also have an agreed Job Plan in place by the end of March each year, again unless circumstances exist that are beyond individual control that have prevented agreement. Factors such as sickness absence, maternity/paternity leave or outstanding reasonable adjustments that may be pending and have therefore delayed Job Plan sign off will be taken into consideration.

Individuals responsible for agreeing and carrying out sign off of Job Plans are as follows;

Type of Doctor/Role:	**Manager responsible for signing Job Plan:**
Executive Medical Director	Chief Executive
Group Medical Director	Executive Medical Director
Associate Medical Director	Group Medical Director
Lead Psychiatrist	Associate Medical Director
Responsible Officer	Executive Medical Director & Medical Manager
Director of Medical Education	Executive Medical Director

Clinical Director for R & D	Executive Medical Director
Consultants and SAS Doctors	Lead Psychiatrist or AMD as relevant.

Job Plans only require sign-off by the relevant medical line manager, not all managers who are present at the meeting.

All individuals that participated in the Job Planning process will be asked to participate in feedback similar to that obtained at the end of the appraisal process. Feedback received will be reviewed periodically and will inform discussion and any changes to the processes, policies around Job Planning as outlined by the MJPCP.

All completed Job Plans will be accessible by the Executive Medical Director. Group Medical Directors will have access to the completed Job Plans for all individuals within respective care groups regardless of whether or not they have provided sign off to the Job Plan. Medical Managers will have access to the completed Job Plans for individuals they have immediate line management and sign-off responsibility for only.

14 Mediation and Appeals Process

Where it has not been possible to agree a Job Plan, a local process of resolution will be attempted in all instances, wherever possible, before progression to mediation and an appeals procedure outlined in the respective terms and conditions of service. Consideration should be given to reasons relating to sickness or the need for reasonable adjustments to be made that have prevented the Job Plan from being agreed.

This will involve the individual doctor, the relevant medical manager/general manager and support from Medical Development who will be able to provide advice on aspects of the process in order for a solution to be identified and agreed.

14.1 Mediation

If there is continued disagreement about a Job Plan and local intervention has been unsuccessful, then mediation will be required.

Mediation is an informal process normally led by the Executive Medical Director or the Group Medical Director. In instances where a disagreement involves a job plan for which the Executive Medical Director is the signatory, it will not be appropriate for the Group Medical Director to undertake mediation. Therefore the mediation will sit with the Executive Director of People & Culture or the Chief Executive.

The mediator will first meet with the doctor and the Medical Manager in order to obtain additional information about each view where this is not clear, before meeting all parties

together to discuss the Job Plan dispute. This will normally be within 4 weeks of the referral from either the doctor or Medical Manager. Copies of referrals may be sent by the doctor to the Executive Medical Director, Human Resources and the LNC chairman for advice and consideration.

In preparation for the mediation meeting, the nature of the disagreement, the reasons for each individuals view and any information supporting these views will be considered. Similarly, the consequences of alternative Job Plans must be considered in relation to service demands, alongside any ideas either party may have for reducing hours worked if the number of PAs is the cause of the disagreement.

Depending on the nature of the disagreement, evidence can be brought by either party to the meeting and may include work diaries, workload or activity statistics, corroborating letters from external organisations, comparison with agreed Job Plans of other consultants in the same or different organisations, speciality/college 'best practice' advice, Care Quality Commission (CQC) visit information.

If agreement is reached through mediation then an alternative job plan should be signed off within 5 days of the meeting.

If agreement cannot be reached between parties at the meeting, then within 10 working days the Executive Medical Director or Group Medical Director will decide on the matter and notify both the doctor and the responsible manager of the decision or recommendation in writing.

If a doctor is not satisfied with the outcome of this process, then a formal appeal to the Chief Executive should be made.

14.2 Appeals

A formal appeal panel will be convened when it has not been possible to agree a Job Plan using the mediation process in accordance with Schedule 4 of the Consultant Terms and Conditions and Schedule 5 of SAS Terms and Conditions (for timescales).

An appeal must be made by a doctor in writing to the Chief Executive as soon as is possible and in any event within, for Consultants 2 weeks of the mediation outcome and for SAS doctors, 10 days. The appeal should set out the points in dispute and the reasons for the appeal. An appeal panel will be convened within 4 weeks and will consist of the following representation.

- A chair nominated by the Trust
- A second panel member nominated by the individual doctor
- An independent third member chosen from a list of individuals approved by the

Strategic Health Authority, BMA and BDA. In the event of an objection raised to the third panel member alternative names will be supplied from the approved list. Any objections should be made in writing and will be kept on record.

No member of the panel should have previously been involved in the dispute. To ensure probity and to avoid the perception of any conflict of interest, the appeal panel shall not include any individual who may stand to benefit personally from the outcome of the appeal.

Where the doctor or the organisation requires additional information, the appeals panel may hear expert advice on matters relating to specialty activity. The doctor may present their own case to the panel or be assisted by a work colleague, trade union or professional organisation representative. Legal representatives acting in a professional capacity are not permitted.

The appeal panel will consider the dispute, taking into account both the views of the doctor and Trust Management and will make a formal recommendation to the Executive Management Team within two weeks of the appeal being heard. It is anticipated that in the majority of instances the board will accept the recommendation of the panel and make a final decision on the dispute. No disputed element of a Job Plan will be implemented until confirmed by the outcome of the appeals process.

Any decision made that impacts upon salary and pay of the doctor will have effect from the date the matter was referred for mediation or from the time a change in salary would have occurred if earlier.

For SAS doctors any decisions made to reduce salary or pay will have effect from a date after which the revised Job Plan has been offered based on a locally agreed period of notice following the decision of the panel.

15 Job Planning and Link to Pay Progression and CEAs

15.1 Clinical Excellence Awards

Clinical Excellence Awards recognise and reward NHS doctors who perform ‘over and above’ the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions. To be considered for an award, Doctors are asked to demonstrate achievements in developing and delivering high quality patient care and a commitment to the continuous improvement of the NHS.

It has been determined nationally that adherence to the National Standards of Best Practice for Job Planning will form part of the eligibility criteria for CEAs. The Trust expects

all Consultants who apply for a Clinical Excellence Award to have participated fully in the Job Planning process for the relevant year.

15.2 Pay Progression

Both the Consultant and SAS contract makes provisions for remuneration to rise through a series of thresholds the progression through which it is recognised is not automatic and is subject to a number of conditions being met;

The criteria to be referred to annually for pay progression purposes are that a doctor has;

- Made every reasonable effort to meet the time and service commitments in the Job Plan, including participating fully in the Job Planning process.
- Participated satisfactorily in the appraisal process.
- Adhered to Trust and personal objectives linked to the Job Plan, or where this is not achieved, made every reasonable effort to do so.
- Taken up any offer to undertake Additional Programmed Activities that the Trust has made to the Consultant or SAS Doctor in accordance with Schedule 6 of the Consultant Terms and Conditions, Schedule 7 of the SAS Terms and Conditions.
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the Consultant Terms and Conditions, Schedule 10 of the SAS Terms and Conditions.

Where a Consultant or SAS doctor has not achieved the criteria for progression, due to long term absence from work or maternity leave, then the relevant Group Medical Director or the Executive Medical Director has the discretion to decide if pay progression should be awarded.

The Medical Manager who has conducted the Job Plan review, in conjunction with the General Manager will complete the required declaration confirming eligibility of an individual for pay progression following completion of the Job Plan in each year.

When reviewing completed Job Plans, the MJPCP will quality check declarations for pay progression and ensure that each declaration and associated recommendation of the Medical Manager has been made appropriately and is reflective of the necessary requirements outlined above.

In instances where one or more of the criteria are not achieved, and a decision to defer pay progression is made, evidence for this decision will be provided to the doctor immediately following the Job Plan meeting. Consultants who wish to appeal against the decision made should do so in accordance with Schedule 4 of the Consultant Terms and Conditions and for SAS doctors, Schedule 5 of Terms and Conditions.

If the Chief Executive decides that a doctor has not met the necessary criteria for pay progression, the Trust will defer the award of the appropriate pay progression and this will be reviewed one year on. Pay progression will only be paid on designated pay progression dates and there will be no back-dating.

The doctor is entitled to appeal and decision regarding pay progression, and the process is described in this guidance. In the event that an appeal is upheld, pay progression will be paid and backdated to the relevant pay progression date.

16 Links to Appraisal

Whilst Job Planning (contractual) is a separate process to Medical Appraisal (professional) discussions during Job Planning should inform the appraisal portfolio of a doctor and vice versa.

The Job Plan will need to include adequate SPA time to undertake appraisal and any continuous professional development associated with the career development of a doctor. Similarly, the personal development plan from appraisal will inform the provision of any resource support that may also be required from the Trust.

17 Organisational Change

There may be occasions where there is a need to amend individual job roles in order to support doctors through instances of minor and major organisational change.

Minor changes are such where there are no major adverse consequences associated with the change i.e. a reduction or increase in PA allocation, location of work (but remaining within Directorate) in response to a disciplinary process or as a result of a supportive action plan.

These changes can, in the majority of instances be agreed through the Job Planning process providing all affected parties are consulted with in conjunction with Medical Development and are in agreement with the change. In instances where a doctor expresses an interest to move to an alternative post in another Directorate, this must follow processes for advertising as outlined by Medical Development.

Major changes are such where a change occurs to the organisation of Trust services that will have a significant impact on core duties, protectable earnings, hours of work or location of work (outside Directorate) for individuals.

These changes cannot be agreed locally via the Job Planning process and must be managed in accordance with Medical Development and the Trusts Organisational Change policy to ensure appropriate consultation and redeployment where necessary can occur.

18 Complaints

Any complaints arising from the Job Plan process must first be reported to the relevant Medical Manager that carried out the Job Planning exercise, who will then investigate the complaint (or nominate an alternative individual with sufficient experience to do so) in order to identify if there can be a local resolution. In instances where a local resolution cannot be reached then the Trusts own Grievance procedure should be followed.

19 Arrangements for Review

The policy will be reviewed following any re-negotiation of the Consultant or SAS doctor contract at a national level. In the interest of openness and transparency the Trust will make available to Trust reporting groups (e.g., Management Group) regarding the outcome of the Job Planning process when required.

The electronic Job Planning system has been procured and will monitor the process, producing reports on job plan compliance, PAs and activity available within the Trust. This Job Planning guidance will be reviewed annually in the first instance reverting to once every 3 years thereafter.

20 Definitions

Term	Definition
AR	Additional Responsibilities (AR) are duties carried out on behalf of the employer or another relevant body which are beyond the normal range of SPA's.
BMA	The British Medical Association (BMA) is a registered trade union for doctors in the United Kingdom.
DCC	Direct Clinical Care (DCC) work is any work that involves the delivery of clinical services and any administration directly related to them.

CESR	Certificate of Eligibility for Specialist Registration (CESR) is the process that enables doctors who don't hold a Certificate of Completion of Training (CCT) to join the GMC's specialist register and therefore be able to take up substantive consultant posts.
GMC	The General Medical Council (GMC) is the independent regulator for doctors in the United Kingdom.
MJPCP	Medical Job Planning Consistency Panel (see Roles and responsibilities section for more detail).
PA	Planned Activity or (PA's) are blocks of time, usually equivalent to four hours, in which contractual duties are performed.
SAS doctors	(SAS) doctors include Specialty doctors, Specialist Grade doctors and Associate Specialists.
SPA	Supporting Professional Activities are activities that underpin direct clinical care and contribute to ongoing professional development as a clinician.
WTR	Working Time Regulations (WTR) limit the amount of hours that workers can work within a week.

21 Related documents

This Policy should be read in conjunction with,

- Dealing with Concerns Affecting Medical Staff Policy.
- Grievance Policy and Procedure HR-0002.

22 How this policy will be implemented

Compliance with this Policy will be monitored by the Medical Directorate management group and will use the NHS England Levels of Attainment Checklist as the basis for e-job planning assessment.

This policy will be published on the Trust's intranet and external website.

Removed implementation action plan as not required.

22.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
New Doctors	Training on the job planning process including how to use SARD electronic portfolio for job plan.	2 hours	Provided every four months for new doctors who join the Trust.
All doctors including medical managers	Training for all doctors to update on any new learning from the job-planning consistency panels.	2 hours	Ran annually in December.

23 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Percentage of doctors with an up-to-date Job Plan. Any exemptions and reasons for these.	Monitored between January-March each year by the Job-Planning lead and reports provided internally at the management meetings. The E-Job Planning Levels of Attainment checklist is submitted externally to NHS England on an annual basis.	Medical Directorate Management Group meetings.

24 References

Terms and Conditions Job Planning Agreement for Consultants (England) 2003
SAS Doctors (2008) the SAS Contract Reform 2021 document.

Guides to Consultant and SAS Job Planning agreed by the British Medical Association (BMA) and NHS Employers 2011

25 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	15 March 2023
Next review date	15 March 2026
This document replaces	HR-0055-V1 Medical Job Planning Policy
This document was approved by	Medical Directorate Management Meeting
This document was approved	23 January 2023
This document was ratified by	Management Group
This document was ratified	15 March 2023
An equality analysis was completed on this policy on	20 December 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1.1	15 Mar 2023	Full review with minor changes: Updated to new policy template and job titles updated to reflect new structure. Also updated on SAS doctors being able to act as supervisors.	Ratified
v1.1	16 Apr 2023	Ratification dates corrected on document control	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Medical Directorate
Title	Medical Job Planning Policy
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	Guide doctors on the Job Planning process, ensuring they are clear on the processes to follow where Job Planning is concerned.
Start date of Equality Analysis Screening	December 2022
End date of Equality Analysis Screening	December 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Doctors within TEWV (excluding doctors in training).
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO**

	• **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	This policy does not impact negatively on any of the protected groups.
Describe any positive impacts	The Trust's Job Planning process will support the attainment of a high level of care for service users by ensuring our doctors are properly managed and working to an agreed Job Plan. The Job Planning process also support doctors with protected characteristics who may require reasonable adjustments to be made to their Job Plan to meet the individual's needs.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No not for this particular version of the policy as it has only undergone minor updates such as changes to management roles. Previous versions have had consultation such as at LNC meetings.

If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	This policy will be shared at the next LNC meeting just for information as only minor changes made.

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	completed
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	