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## Effective Consultant Job Planning Guidance

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# **EFFECTIVE CONSULTANT JOB PLANNING GUIDANCE**

**A STEP BY STEP GUIDE FOR  
CONSULTANTS,  
CLINICAL MANAGERS AND  
DIRECTORATE MANAGERS**

**September 2024**

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## **Foreword**

This guide provides an introduction to effective job planning for consultant medical and dental staff employed by Powys Teaching Health Board (PTHB). It summarises the information contained within the "*Amendment to the National Consultant Contract in Wales (2003)*" and the BMA "*The Consultant Handbook for Wales (2008)*". Additionally, the guide provides explicit guidance to reinforce the duties and key responsibilities of those required to undertake and facilitate the job planning process, underpinned by clearly understood management processes to ensure consistency across the Health Board.

The amended Consultant Contract was designed to deliver the following benefits for the NHS:

- improve the working environment for consultants.
- improve consultant recruitment and retention.
- facilitate health managers and consultants to work more closely together to provide a better service for patients with particular reference to consultant's active engagement in modernisation and innovation.

Job planning is a key tool for delivering these benefits. PTHB recognises the importance of effective job planning and strong clinical engagement as essential in the effective delivery of care and in achieving the health board's objectives. The job planning process is an essential mechanism within which all Consultants are able to agree how they will contribute to service plans, in order to enhance patient care and drive service developments and is a contractual obligation. It is also a responsibility for the organisation to support this and ensure that individual Consultants' aspirations can be met, but also can be aligned to the experiences placed on the Health Board itself, and its objectives set out in its Annual and 3 Year Plan.

Within the job plan, there is a clear need to ensure that all programmed activity, (Direct Clinical Care (DCC) and Supporting Professional Activity (SPA)) agreed within individual and/ or team job planning are aligned to service and patient need and based on clearly identified and measurable outcomes.

We would like to reassure you that the Health Board remains committed to the need to continually review contracted activity agreed through the job planning review process by providing the necessary support, resources and training. We value all Consultants working within the Health Board and the range of services and roles they support and are committed, with your support, to fulfilling our contractual obligation to the job planning process.

**Dr Kate Wright**  
**Medical Director**

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## 1. Effective Job Planning

The flow diagram below identifies the various components required for effective job planning and illustrates the roles for the Medical and Dental Staff and the Clinical Manager needed to undertake in preparation for the job planning meeting.

Where reference is made to 'Clinical Manager', this is deemed to mean any appropriate Medical Manager or Clinical Leader i.e., Medical Director, Associate Medical Director, Directorate Manager, Clinical Manager.

<i>Clinical Manager</i>		<i>Consultant</i>
<b>Appraisal Meeting</b>		
<b>Consider issues such as:</b>		• Agree Personal Development plan/personal objectives
<ul style="list-style-type: none"> <li>• Review Corporate objectives</li> </ul>	← <b>Setting the Content</b> →	<b>Consider issues such as:</b>
<ul style="list-style-type: none"> <li>• Review Local Service Plans</li> </ul>		• Identify Service
<ul style="list-style-type: none"> <li>• Identify Service priorities</li> </ul>		• Development priorities
<ul style="list-style-type: none"> <li>• Review of workload</li> </ul>		• Review of workload
<ul style="list-style-type: none"> <li>• Review of internal &amp; external commitments</li> </ul>	← <b>Local preparation for job plan meeting</b> →	• Review of internal & external commitments
<ul style="list-style-type: none"> <li>• Review local contractual flexibilities</li> </ul>		<ul style="list-style-type: none"> <li>• Review of data</li> <li>• Diary evidence</li> </ul>
<ul style="list-style-type: none"> <li>• Review of data</li> </ul>		
<ul style="list-style-type: none"> <li>• Review Service requirements</li> </ul>		• Review personal development plan
<ul style="list-style-type: none"> <li>• Review team objectives</li> </ul>	← <b>Objective Setting</b> →	• Review team objectives
	<b>Job Plan Review Meeting</b>	
	<ul style="list-style-type: none"> <li>• Review progress against previous objectives</li> </ul>	
	<ul style="list-style-type: none"> <li>• Agree new outcomes</li> </ul>	
	<ul style="list-style-type: none"> <li>• Agree prospective work programme</li> </ul>	

## 2. Job Plan Overview

A Job Plan should be a prospective agreement that sets out a Medical and Dental Practitioner's duties, responsibilities and outcomes for the coming year.

The employer and Consultant will draw up a mutually agreed job plan, setting out the Consultant's duties, responsibilities and expected outcomes. After a full discussion with the Consultant, decisions will be made as to how and when the duties and responsibilities in the job plan will be delivered, taking into account the Consultant's views on resources and priorities. Whilst being prospective, a Job plan review will examine the agreed job plan to check that service requirements and outcomes have been met.

The Job Plan should specify where and when duties and responsibilities are delivered and includes:

- Direct Clinical Care
  - Including predictable & unpredictable emergency work.
  - Including patient-related administration.
  - Travelling from main base to other NHS sites, travel to and from work for other NHS emergencies, and 'excess travel' that will count as working time.
- Supporting professional activities
- Additional NHS responsibilities
- External Duties

### 2.1 Definitions

**Direct Clinical Care (DCC) covers:**

- Emergency duties (*including emergency work carried out during or arising from on-call*)
- Operating sessions including pre and post-operative care
- Ward rounds
- Out-patient clinics
- Clinical diagnostic work
- Other patient treatment
- Public health duties
- Multi-disciplinary meetings about direct patient care
- Administration directly related to patient care (*e.g., Referrals, notes*).

**Supporting Professional Activities (SPA) covers a number of activities which underpin direct clinical care, including:**

- Training, teaching
- Continuing professional development
- Audit and Research
- Job Planning, Appraisal and Revalidation
- Clinical Management
- Local clinical governance activities

**Additional NHS Responsibilities:**

Some Consultants have additional responsibilities agreed with their employer which cannot reasonably be absorbed within the time available for supporting activities. These will be substituted for other work or remunerated separately by agreement between the employer and the Consultant. Such responsibilities could include those of:

- Caldicott guardians
- Clinical Audit Leads, Clinical Governance Leads
- Undergraduate and postgraduate Deans, Clinical Tutors, Regional Education Advisors
- Regular teaching and research commitments over and above the norm and not otherwise remunerated.
- Professional representational roles

**External Duties:**

Certain other external duties, including work for other NHS organisations, might be specified as within the working week by explicit agreement between consultant and employer based on a clear understanding of the sessions that will be fulfilled. Such duties, all of which must be explicitly agreed in advance, and may involve a rearrangement of clinical activities, could include:

- Trade union duties
- Acting as an external member of an Advisory Appointments Committee
- Reasonable quantities of work for the Royal Colleges in the interests of the wider NHS
- Specified work for the General Medical Council
- Undertaking inspections for the Commission for Health Improvement or other health regulatory bodies

The agreed Job Plan forms the basis of the contractual commitment of Medical and Dental Consultant staff.

## **2.2 The Working Week**

As detailed in the "Amendment to the National Consultant Contract in Wales (2003)":

- The working week for a full-time consultant will comprise of 10 sessions with a timetabled value of three to four hours each. After discussions with the Health Board management, these sessions will be programmed in appropriate blocks of time to average 37.5 hour per week.
- There will be flexibility for the precise length of individual sessions, though regular and significant differences between timetabled hours and hours worked should be addressed through the mechanism of the job plan review.
- Working in evenings or weekends will only be undertaken with the voluntary agreement of consultant and the Health Board.
- At appraisal, there should be clear evidence of participation in SPA activity. This may include registration with a college CPD scheme, evidence of participation in clinical audit, patient safety or other quality improvement work, evidence of teaching and participation in statutory and other mandatory training.
- Each directorate should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process.
- For a full time consultant, there will typically be 7 sessions for direct clinical care and 3 sessions for supporting professional activities. Variations will need to be agreed by the Health Board and the consultant at the job planning review.

The key point is for the Consultant and job planner to focus on the needs identified within the service priorities. Outcomes will set out a mutual understanding of what the Consultant and employer will be seeking to achieve over the next 12 months – based on past experience and reasonable expectations of what might be achievable in future. These need to be appropriate, identified and agreed and could include activity and safe practice, clinical outcomes and standards, local service requirements, resource management and quality of care.

## **3. The Job Plan Process**

All Consultants must have a job plan documented in the form of a standard template which has to be signed by the Consultant and by the Clinical Manager/Manager.

### **3.1 Record of Job Plan**

The completed job plan date **must** be recorded in the ESR system by the consultant's assigned manager. The process is shown in **Appendix 4**.

This is an essential requirement of the job planning exercise as the Health Board has a duty to monitor its compliance with the schedule of job planning activity to ensure it fulfils its contractual obligations to all consultant medical staff. Furthermore, the Health Board is subject to an audit of its compliance with the Consultant Contract by the Welsh Government to demonstrate that the organisation is maximising the mutual benefits afforded within the "amended contracts".

The **Job Plan Summary** proforma (**Appendix 2**) is the formal record of the outcome of the job plan review. It is **compulsory** that this is completed for each Consultant for each yearly Job Plan review. A copy of this document needs to be completed, signed by both the Consultant, Clinical Manager and Directorate Manager and subsequently counter-signed by the Health Board Medical Director/ Chief Executive (or his/her nominee) following agreement of the Consultant's Job Plan for the coming year. The Consultant, the Clinical Manager and the Directorate Manager will each retain a copy, which will be the document upon which the end-of-year review is based at the first (Stage 1) interview at the start of the following year's review.

A copy of the completed and fully signed job plan summary should also be forwarded to the Medical Director, [kate.wright2@wales.nhs.uk](mailto:kate.wright2@wales.nhs.uk).

### **3.2 Administration**

It is acknowledged that the responsibility for undertaking job plan reviews require a significant commitment from Senior Clinicians in terms of both time and resources.

The job planner is not expected to be unnecessarily burdened with the administration of the process, although the requirement to formalise discussions, confirm in writing key objectives, outcomes and ensure the completion and submission of payroll forms and ESR is a crucial element in the job planning exercise.

Directorates must therefore ensure the provision of dedicated administrative support and furthermore that Directorate Managers oversee the submission of accurate, timely and authorised payroll forms to reflect any agreed changes to the job plan and associated changes to remuneration.

### **3.3 The Purpose of Job Planning**

*"A consultant job plan should be a prospective agreement that sets out a*

*consultant's duties, responsibilities and expected outcomes for the coming year. In most cases, it will build upon the consultant's existing NHS commitments - BMA Consultants (Wales) Handbook".*

Job planning should be undertaken in a spirit of partnership and balance the needs of the patients, the Health Board and the wider NHS with those of individual Consultants. Within this context it is expected that all parties will participate openly in the process and actively consider alternative ways of working to enable service improvements within the job planning context e.g., each time a new consultant post is approved (and prior to advertisement), the opportunity should be taken to review job plans and on-call commitments of all Consultants within that specialty or department.

### **3.4 The Scope of Job Planning**

**A Prospective Process** - Except for newly appointed Consultants, the job planning process needs to start by reviewing the current job plan in the light of future service needs, but also in relation to the personal development plan of the consultant; to question what the individual or team is doing and whether it will meet the future requirements of the population served. This will be informed by information on the quality and quantity of the Consultant's work over the previous year. The information gathered should be used to develop prospective job plans for teams and individuals. Where team job plans are developed, these should be converted into individual job plans with the additional of personal outcomes.

**Service Development** - The job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation and measuring and enhancing productivity as well as reducing any excessive working hours. The job planning process is an opportunity for the employer and Consultant to address,

- (i) whether agreed outcomes need to be reviewed
- (ii) the adequacy of resources
- (iii) the need for amendment to time and service commitments and to consider alternatives to deliver high quality services.

Where agreed changes and improvements can be implemented, these should be built into the new job plans.

The job planning process is an essential mechanism within which all Consultants are able to agree how they will contribute to service plans, in order to enhance patient care and drive service developments. Where changes to NHS services have occurred following public consultation, Health Board and Welsh Government agree Consultant job plans should be updated and agreed to reflect new service models.

### **3.5 Outcomes**

The development and agreement of outcomes is part of the job planning process and is a contractual obligation within the 'Amendment to the National Consultant Contract in Wales' however the delivery of such outcomes is not contractually binding. They will set out a mutual understanding of what the Consultant and employer will be seeking to achieve over the next 12 months – based on past experience and reasonable expectations of what might be achievable in future.

Outcomes may vary according to speciality but the headings under which they could be listed include:

- Activity and safe practice
- Clinical outcomes
- Clinical standards
- Local service requirement
- Management of resources, including efficient use of NHS resources
- Quality of Care

Outcomes need to be appropriate, identifiable and agreed. These could include outcomes that may be numerical, and/or the local application of modernisation initiatives.

Personal development plans will usually be formulated during the appraisal discussion which will inform the job plan review meeting for discussion and agreement, linking to service and corporate outcomes, where appropriate.

To enable outcomes to be reached, there needs to be a realistic discussion and agreement about the resources required.

### **3.6 Job Planning Review – Setting the scene**

The job planning process should be seen as an opportunity to think about the way Consultants work and about the way services are organised. It is an opportunity to review at least annually the way the organisation supports Consultants and employs the skills of all staff whilst allowing an opportunity to make clear what the longer-term strategic aims of the service are.

#### **Preparation**

- Job planning interviews must be scheduled well in advance. All Medical and Dental Consultants have time in their SPA allocation for job planning and appraisal so it should be possible to achieve this without them cancelling clinical work.

- Job planning will include a review of the current job plan, any changes being proposed, performance against the outcome measures agreed and the PDP from their most recent appraisal.
- Where required, an exchange of documentation should take place two weeks before the job plan interview to allow all parties time to consider the issues and information.
- It is advisable to keep and discuss a workload diary, but it is not mandatory for job planning reviews. Clinical Managers may wish to discuss diarised activities that are carried out, taking into account those agreed at Medical Director level (for example additional responsibilities or other duties) that the Directorate may not require an individual to perform.
- There is a need to provide for close alignment of job planning in inter-related disciplines such as surgery and anaesthetics. Directorate Managers should ensure that Clinical Managers discuss this with appropriate colleagues in other Directorates.

## **The Review**

A job plan review will cover the job content, outcomes, time and service commitments and will be an opportunity for the employer and the Consultant to address:

- Whether agreed outcomes need to be reviewed
- The adequacy of resources
- The need for amendment to time and service commitments.

The job plan review will be supported by the same information that feeds into appraisal, and by the outcome of the appraisal discussion.

Interim job planning reviews will be conducted where duties, responsibilities or outcomes are changed or need to change significantly within the year, or where the time commitment involved breaches the contract hours Trigger Point

Following the discussion at the job plan review, the Clinical Manager will confirm to the Consultant whether the job plan review is satisfactory or is unsatisfactory. A satisfactory job plan review will result when a consultant has:

- Met the time and service commitments in their job plan.
- Met the agreed outcomes in their job plan or where this is not achieved for reasons beyond the individual Consultants control has made every reasonable effort to do so.

- Participated satisfactorily in annual appraisal, job planning and the setting of outcomes.
- Worked towards any changes identified as being necessary to support achievement of the agreed outcomes in the last job plan review.

This will inform decisions on pay progression. Commitment Awards will be paid automatically on satisfactory review or in the absence of an unsatisfactory job plan review.

- Directorates must take notes during the job plan interview to provide a summary of the discussion, which should be sent to the Clinician as soon as possible to resolve any differences in interpretation. These notes can form the basis of the job plan offer which will normally be confirmed within one week of the interview.

Directorates will need to consider DCCs and SPAs flexibly to ensure there is no double-counting e.g., teaching, which occurs in both DCC and SPA time.

Effective job planning is based on a partnership approach enabling consultants and employers to comply with Working Time Regulations.

- A contract to work more than 48 hours per week can only be approved in advance by the Medical Director and will require written consent from the Consultant.
- It is acceptable to offer planned additional sessions paid at plain time, but this will need to be regularly reviewed, however remuneration for such work will be locally negotiated between the Board and the Consultant. They are voluntary and may be undertaken during the working week in uncontracted time. These sessions are often contracted on a regular basis for periods of 12 months; however, they can be agreed for a shorter period where necessary. The job plan should be expressed as a base contract of 10 sessions (full time staff) with planned additional sessions as agreed by both parties,
- Outcome measures must be agreed for the year ahead. It may be desirable to agree specialty-wide outcome measures if all parties agree.

If a Clinical Manager is concerned about the suitability of an activity submitted as a commitment to SPA time, the advice of the Medical Director should be sought.

- Job Plan Summary forms for all DCC and SPA activity must be completed for all the weekly hours agreed. This includes agreed job plan outcomes.

The Clinical Manager will scrutinise all SPA outcome forms to Quality Assure consistency of approach and appropriateness.

- Evidence to justify the amount of SPA time in the job plan must be obtained. The level of that evidence will reflect the number of SPA sessions being offered to ensure that the time allocated to SPAs is fair and equitable.
- Time for medical management should be managed flexibly. There is recognition that on occasions it may displace both DCC and SPA time. This will be discussed in more detail at the job plan interviews.
- The job plan interview should capture any fee-paying work carried out. This work including Category 2 (such as for government departments and additional work for NHS organisations) should not attract double payment. However, it may be carried out with the professional fee retained by the Consultant in the following circumstances, which will be agreed in the job plan review.
  - When carried out in the Consultants uncontracted time or in annual or unpaid leave.
  - Where it is agreed the work involves minimal disruption to contracted NHS time. This may be particularly relevant in circumstances such as the undertaking of the occasional post-mortem examination for the coroner's office. This will be considered as part of the job plan review.
  - Where such work constitutes a significant element of time, Consultants will identify this in the job planning process, and identify 37½ hours of time provided to the NHS apart from this work.

*If none of the above circumstances apply and the work is carried out within NHS sessions with no compensatory time provided elsewhere, the professional fee is remitted to the employer, otherwise provision as set out in Terms & Conditions, Paragraphs 30 to 39.*

- Job planning is an opportunity to review out of hour's intensity payments for consultants, which should be reviewed annually.
- Sessions of "supporting professional activities" – mutually agreed at the job planning review, may be scheduled across the week such that up to one session of contractual commitment may take place outside the normal working hours leaving a similar period free in which there is no contractual commitment during normal working hours.
- Supporting professional activities sessions will be exclusively devoted to NHS work. The location(s) of this will be discussed and agreed at the job planning review.
- If service demands are such that additional DCC time is required in the working week, it is permissible to displace an SPA session to another

part of the core working week. This must be prospectively recorded and auditable. This session could be delivered off site providing outcome measures for the activity can be demonstrated.

For the purposes of Job Planning a working week is 37.5 hours.

Only time will be paid for in sessional remuneration. Any differentials in activity within a session indicating different levels of activity should be identified by benchmarking against colleagues in the Health Board or outside bodies if necessary. It should be noted that some difference may exist between colleagues in the same specialty to reflect sub-specialist interests and personal attributes.

#### **4. The Job Plan**

The job plan should be a prospective agreement setting out the duties, responsibilities, and outcomes with supporting resources for the coming year. It should cover all aspects of the consultant's professional practice, including all direct clinical work, supporting professional activities and other NHS responsibilities (including managerial responsibilities).

##### ***The Main Items to be included in a Job Plan are:***

- The Consultant's main duties and responsibilities
- Scheduling of commitments
- The support needed in fulfilling the job plan

The job plan review **must occur at least annually**. The similarity of the information required for the job plan review and for the appraisal is such that the timing and inter-relatedness of these two events needs consideration.

##### ***The purpose of the job plan review is to:***

- Consider progress against the agreed outcomes.
- Consider what has affected the job plan.
- Agree any changes to duties and responsibilities.
- Agree a job plan for the following year.

#### **Supporting Information**

With the above as the rationale for job planning and review, and whilst remembering that one of the essential attributes is that it should be based on an agreed approach, the next process to consider is collecting the information.

- Review the need for additional programmed activities.
- Review the relationship with salaried payments.
- Agree the support needed from the organisation.
- Establish and record eligibility for pay progression and ensure process of pay administration.

#### **Internal and External factors could include:**

- Changes in practices and/or services of other directorates or of other providers
- National clinical audit/governance issues
- Change in requirements of the local health community
- Alteration of tertiary centre referral requirements
- Requirements of doctors in training
- Changes in medical and dental school curriculum

Although the job planning meeting itself should be focused, a diverse amount of information from a wide range of people will be required in advance. In order to prevent duplication and save time. Directorates must agree the information requirements ahead of commencement of the job planning process.

#### **Monitoring the Job Plan**

- There should be an annual job plan review to check progress in outcome measures for all Consultants.

#### **Clinical Academics**

- University representatives need to be engaged in the job planning process for clinical academics. There needs to be clarity about SPA and university commitments to ensure there is no duplication in terms of the University and Health Board's requirements.
- If a Clinical Academic proposes dedicating a DCC session to research or teaching, it must be clear that this is clinical or applied NHS research and the precise use of the session is understood.

#### **Visiting Consultants**

- Where the Health Board is the lead employer for Medical and Dental staff who undertake sessions in other Health Boards, Directorates must invite representatives from the other organisations to

participate in the process. This will include sharing copies of the documentation when agreed.

- Where the Health Board has visiting Medical and Dental staff who are employed by other Health Boards, Directorates should contact the other organisation to request that they are included in the process. If timescales are not compatible, the two organisations will need to agree what will work best for all parties.

## **5. Team Job Planning**

Clinicians frequently work in teams, be they teams of consultants, medical teams or multi-disciplinary teams. Recognising this, a number of approaches to team job planning have been developed and it is considered that there are a number of potential advantages to job planning and in devising a team job plan. Team job planning enables individuals to take account of the role of each team member in terms of service delivery and their achievement of team objectives. The presence of a team job plan is entirely acceptable so long as each individual agrees to participate without coercion and that they still retain the right to sign an individual job plan agreement.

In some circumstances, it might be appropriate for various elements of the planning stages of the job plan review to be undertaken on a team basis but for the written job plan agreement to be on an individualised basis only.

Job planning by team, rather than by individual, should not be viewed as a timesaving solution to the whole job planning process. If anything, it will take considerably longer, but it is suggested that the benefits gained make it a worthwhile investment of time.

### **5.1 Team Job Planning**

- Can assist Clinicians who work in several teams e.g., vascular surgeons who may undertake their elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota
- Recognises a team approach to service delivery, such that facilities such as theatres can be maximised, as it is the team that uses the slot rather than the individual - i.e., in the absence of one individual, another team member can still make use of the facility.
- Recognises a team approach to delivering a pathology or radiology service.
- Can help deliver contractual flexibilities.
- Would help groups of consultants support one or more of their number engaging in Royal College or other external activities
- Supports a transparent approach to job planning within departmental structures. For example, if the team agree the time

commitment associated with the weekly ward round, the CT reporting session, or a theatre list, where these are common activities, then each member of the team has a set of common building blocks from which to build and identify their personal weekly commitment.

## **5.2 Developing a Team Plan**

The following steps may assist the development of a team job plan.

### **Step 1: Understanding the Demand, the Capacity and Gap**

- a. Determine what direct clinical care (DCC) activities are required to deliver the service.
- b. Identify the number of consultant sessions required to deliver each activity.
- c. Determine the number of weeks in the year when each activity occurs.
- d. Quantify how many Consultants are available week to week to deliver the service (taking account of annual/study/professional leave, based on a 42-week year)
- e. Cross reference activity with a departmental timetable to ensure all activity has been identified and capacity issues understood.
- f. Divide the annualised sessions identified in (iv) by the figure identified in (v) to determine average DCC working week per full time consultant.
- g. In addition, quantify the total supporting professional activity (SPA) commitment as well as any additional duties (e.g., Clinical Manager, lead clinician) and external duties (e.g., college examiner) across the team.
- h. Add the figures identified in (vi) and (vii) together to determine the total weekly session figure - if this figure lies outside the 10 sessions full-time contract, then discussions will be needed about how to manage the gap - e.g., with additional programmed activities, consultant expansion, new ways of working.

### **Step 2: Development of an Individual Work Programme from a Team Job Plan**

- Individuals should have personalised schedules based on their average NHS working week and any individual external commitments they may have. In the spirit of team job planning, these may be shared with colleagues to enhance transparency.
- The Team should agree and sign an understanding about how they work as a team, defining their shared objectives and detailing how they intend to share responsibility of the team job plan, to complement the individualised schedules.

### **Step 3: Ownership and Review of the Team Job Plan**

- Good communication between members of the team is essential to ensure shared ownership of the job plan and shared responsibility for its success.
- A regular review is required to assess progress against the annualised job plan and to ensure working arrangements agreed remain the most effective and appropriate.

## **6. Flexible Timetabling**

Some Consultants do not have a working pattern that lends itself to preparing a job plan based on weekly activities. The contract will allow, by agreement between consultants and employers, for flexible timetabling of commitments over a period. Flexible timetabling could help meet varying service needs by allowing adjustment to working patterns at different times of year.

It could, in some cases, fit with the need for teaching and research requirements. Examples could include:

- Offering the flexibility for a consultant to focus on an intensive research project for part of the year or to alternate clinical and teaching duties across the year.
- Term time working.
- Consultant of the week arrangements.

When arranging flexible timetables, the contract as a whole will be expressed in terms of the annual equivalent of the working week. By agreement between the Consultant and the employer, the job plan will specify variations in the level and distribution of sessions within the overall annual total. A Consultant could thus work more or less than the standard number of sessions in particular weeks.

Any variations in the length of the working week will need to be considered within the provisions of the Working Time Directive.

These individuals may need to prepare job plans that are wholly or partially annualised. These job plans will not have weekly timetables, but will include the major responsibilities the individual will be expected to take on over the coming year and usually the relative amounts of time spent of each.

Furthermore, many Consultants or teams of consultants may wish to have an element of their job plans annualised; the principle of job planning, however, remains unchanged. The job plan should be a prospective document that sets out the outcomes of the organisation and the priorities for the individual to meet those outcomes. Like all other job

plans, it should include the agreed and achievable outcomes for the consultant or team of consultants and the support the organisation agrees to provide. These groups of consultants may agree with the Health Board to have part of, or their entire job plan agreed on an annualised basis.

An example of an annualised element of a job plan for a clinician might be variation in the number of programmed activities worked at different times of the year. So, for example, an individual and the Health Board may agree that during 28 weeks of school term time, an individual works an 11-session job plan, but during the remaining weeks only 8 sessions are worked, with the total amount being averaged over the year to derive a 10-session job plan. Many paediatricians, for example, have heavier workloads during the winter months. It may be most appropriate for their job plans to be based on the average number of sessions undertaken on average over the whole year.

Some individuals, particularly clinical academics, may need to agree a job plan that has periods of time devoted to patient care and other major periods of time devoted to a different activity, such as academic research. For example, two clinical academics may wish to agree that one will spend the first six months undertaking research whilst the other undertakes clinical work, with their roles then switching.

These examples are not the only ways in which an annualised job plan can be used to reflect the needs of both clinicians and organisations, but serve to give ideas for how the job planning process can be used flexibly.

## **7. Local Contractual Flexibilities**

### **Introduction**

Job planning provides an opportunity to introduce by agreement, local contractual flexibilities for those on the amended consultant contract. The purpose of the flexibility provided for within the contract and its schedules is for the mutual benefit of the Health Board and Consultants to enable better service provision for patients.

### **The Key Areas of Flexibility are:**

- Work schedules and job planning
- Outcomes
- Fee-paying services
- Elements of pay

The scope for flexibility within these areas is set out below.

### **7.1 Work Schedules and Job Planning**

Job plans and work schedules set out how the work is organised, where it is located, what it comprises and when it is to be undertaken.

- There is flexibility about how the sessions are worked on a day-to-day basis.
- The number of sessions worked per week can vary.
- Locations other than the principal place of work may be agreed.
- Agreed flexibility to alter the 7:3 typical average balance of DCC: SPA to meet the needs of the employer and the consultant.

### **7.2 Planned Additional Sessions**

In addition, additional sessions may be required to meet a particular service need.

- Number of additional sessions
- The spread and timing of additional sessions

### **7.3 A Guide to Outcome Setting**

Outcomes should set out a mutual understanding of what the consultant will be seeking to achieve over an agreed time period and how these will contribute to the objectives of the Health Board. They should:

- Be based on past experience and on reasonable expectations of what might be achievable in the future.
- Reflect different, developing phases in the consultant's career.
- Be agreed on the understanding that delivery of outcomes may be affected by changes in circumstances of factors outside the consultant's control, which will be considered at the job plan review.

Agreeing outcomes for consultants, either individually or as a team, is a complex, iterative process that may take several cycles to develop fully. In some situations, the consultant will be able to achieve the agreed outcomes alone. However, in many situations, whilst the Consultant will be responsible for their contribution to the outcomes, achieving it will require the involvement of other staff. The process of agreeing consultant's outcomes could clarify expectations of the individual, and identify what mechanisms need to be in place to ensure other staff play their part. One way to do this is to link the consultant/team and department outcomes.

Whilst the final agreement on the consultant's outcomes is between them and their clinical manager, the involvement of general/directorate

managers and directorate managers in the development process can be helpful as it enables dialogue about what support will be required to meet these outcomes.

## **8. Appeals**

If it is not possible to agree a job plan, either initially or at an annual review, this matter will be referred to the Medical Director (or an appropriate other person if the Medical Director is one of the parties to the initial discussion). The Medical Director will, either personally, or with the Chief Executive, seek to resolve any outstanding issues informally with the parties involved. This is expected to be the way in which the vast majority of such issues will be resolved.

In the exceptional circumstances when any outstanding issue cannot be resolved informally, the Medical Director will consult with the Chief Executive prior to confirming in writing to the Consultant and their Clinical Manager (or equivalent) that this is the case and instigate a local appeals panel to reach a final resolution of the matter. The Medical Director will advise the Guardians of the appeals process and ask them to formulate a panel.

The local appeals panel will comprise:

- One representative nominated by the Consultant, and one representative nominated by the Health Board Chief Executive. These representatives shall be from a panel nominated by BMA Cymru Wales and Health Board Workforce & OD Directors who have been approved as trained in conciliation techniques. These representatives will be contacted by the Guardians who hold the list.
- The panel will be expected to hear the appeal following the format of the employer's normal grievance procedure and reach a decision which will be binding on both parties. Representatives will not act in a legal capacity.
- In exceptional circumstances where a decision cannot be agreed, a second panel would be constituted with alternative representatives.
- Section 1.39 of the Job Planning Appeals issued from the Welsh Government has been slightly amended since this copy, indicating that any decision to constitute a second panel would be made by the two representatives comprising the first panel.

## **9. Appraisal and Job Planning**

Appraisal and Job Planning are two different processes but are closely

interlinked. Appraisal is a systematic approach to review a consultant's achievements, consider their continuing progress and to identify development needs.

Appraisal is also a prime form of evidence required for licensing and revalidation purposes.

Appraisal is now undertaken electronically using MARS, the appraiser being one that has been trained to use and undertake the process and will not necessarily be managerially associated with the appraisee. The Consultant should provide information from the personal development plan to inform the job planning process.

## **10. Training**

Clinical & Service Managers undertaking the job planning process will be expected to undertake the training provided by the organisation to support effective job planning. This training will also be available to consultants wishing to better understand the job planning process.

## **11. Appendices**

*Appendix 1 - The Common Element Objectives*

*Appendix 2 - Job Planning Documentation*

*Appendix 3 - Job Planning/ Appraisal Cycle*

*Appendix 4 - Recording Job Plan reviews in ESR*

## **Appendix 1 - The Common Element Objectives**

	<b>Job Planning</b>	<b>Appraisal</b>
<b>Driver</b>	<b>Employer/Health Board</b>	<b>GMC/Employer</b>
Present at meeting	Consultant, Clinical Manager, Directorate Manager	Consultant and appraiser (must be registered and validated doctor)
Emphasis	Service delivery and patient care	Personal and professional development framework
Framework	Consultant Job Planning – Amendment to the National Consultant Contract in Wales and Health Board guidance & process	GMC revalidation requirements
Atmosphere, ethos	Business-like	Developmental, supportive, creative
Measure	Quality	Quality
Standard benchmark	Commitments and duties to employer	Professional standards
Outcome	Timetable and agreed service/patient outcomes	PDP – skills to deliver care
Benefits	Meet pay progression criteria	GMC revalidation / personal development

The outcomes considered during job planning derive from the two main sources, namely the corporate/directorate agenda and the personal development. The former outcomes are about service provision, the latter about personal achievement. These latter outcomes arise during the appraisal meeting and are of two types - either the maintenance or improvement of current skills or the development of new skills.

**Appendix 2 - Consultants: Job Plan Proforma**

**YEAR: 20.../....**

**Name:** ..... **Job title:** .....

**Principal Place of Work:** .....

**Contract:** Substantive/Locum (delete as appropriate) **DCCs**..... **SPAs**.....

**Date of Job Plan Review:** .....

**Objectives and how they will be met.**

*Objectives should be SMART (Specific, Measurable, Achievable, Realistic and Time-limited). They may cover personal development needs, training goals, organisational issues, CME and CPD (eg acquisition or consolidation of new skills and techniques).*

Agreed Job Plan Outcomes	How objective will be met, supporting actions agreed and resource required	Timescale	DCC/ SPA

The Job Plan set out overleaf together with the above expected outcomes are agreed between the following:

Consultant ..... Date.....

Clinical Manager ..... Date.....

Non-Medical Manager ..... Date.....

Medical Director ..... Date.....

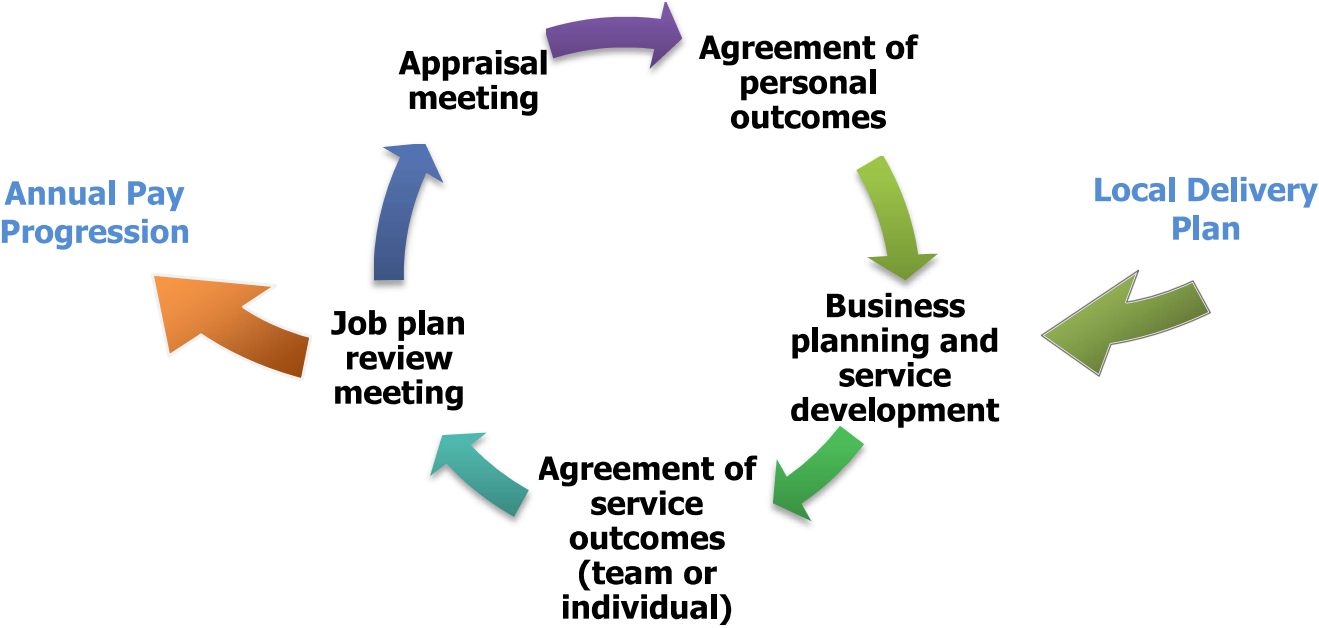
*N.B. There is no significance to the numbers of points indicated above, which can be extended or diminished as required.*

**A. JOB CONTENT- INCLUDE ALL CONTRACTED DUTIES INCLUDING SPA'S WITH LOCATION**  
 Any sessions in excess of 10 are temporary and must be clearly identified within the timetable below and recorded as additional sessions.

**B. AVERAGE NUMBER OF HOURS SPENT EACH WEEK ON NHS DUTIES**  
 (combine and complete boxes as appropriate)

Day	Time	Location	Work	DCC/SPA	Sessions	TYPE OF DUTY – DCC	AVERAGE NO. OF HOURS
Monday						Emergency duties [inc. work on-call] *	
						Operating sessions [including pre and post-operative care]	
						Ward rounds	
						Outpatients	
Tuesday						Clinical diagnostic work	
						Other patient treatment	
						Public health duties	
						Multi-disciplinary meetings about direct patient care	
Wednesday						Administration directly related to patient care	
						<b>Total DCC</b>	
						<b>TYPE OF DUTY - SPA</b>	<b>AVERAGE NO. OF HOURS</b>
						Training	
Thursday						Continuing Professional Development	
						Teaching	
						Audit	
						Job Planning	
Friday						Appraisal	
						Research	
						Clinical Management	
						Local Clinical Governance Activities	
Saturday					<b>Total SPA</b>		
Sunday					Fee-paying work (specify whether included or not included in above)		
Predictable emergency on-call work					Average Hours On-Call Work Done (where not included in * above)		
Unpredictable emergency on-call work	Variable				<b>GRAND TOTAL</b>		
TOTAL						Additional Responsibilities	
						Management Responsibilities	
						Other external relevant NHS duties	
						Rota Arrangements e.g., 1:4 and number of sites covered	

# Job Planning and Appraisal Cycle



## Appendix 4 – Recording Job Plan reviews in ESR

### Enter and Maintain Job Plans - Medical and Dental

Manager Dashboard

(N) > My Team Assignment Information > Job Plans > Medical and Dental

1. Click the **Job Plans - Medical and Dental** link in the My Team Assignment Information area to access the hierarchy.

The Medical and Dental Job Plans: People in Hierarchy form will open.

2. Click **Action** against the employee for whom Job Plans are to be entered.

The Medical and Dental Job Plans: Extra Information form will open

- Use the horizontal slide on this form.

Employee Name Lee, Chris  
Employee Number 20000573

Medical and Dental Job Plans should only be completed for Consultants and SAS Doctors.

Medical and Dental Job Plans

Add

Select	Status	Job Plan Type	Date Last Reviewed	Total DCC/SPA Hours	Total DCC/SPA Sessions	Total Hours of Other Duties	Total Commitment in Hours
No results found.							

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Switch to Mobile

3. Click **Add**.

The Medical and Dental Job Plans form will open.

- Use the vertical slide on this form.



## Medical and Dental Job Plans

Cancel Apply

Employee Name **Lee, Chris**  
Employee Number **20000573**

Enter any changes below. Click Apply to continue this action, click Cancel to cancel this action and return to the previous page.

Job Plan Type	<input type="text"/>
Date Last Reviewed	<input type="text"/>
Signed at Last Review	<input type="text"/>
Next Review Date	<input type="text"/>
Direct Clinical Care Duties (Including on-call work) Hours	<input type="text"/>
On-Call Hours (Included in DCC)	<input type="text"/>
Supporting Professional Activities Hours	<input type="text"/>
Additional NHS Responsibilities Hours	<input type="text"/>
Management Responsibilities Hours	<input type="text"/>
SAS In Hours	<input type="text"/>
SAS Out of Hours	<input type="text"/>
Research/Education PA Hours	<input type="text"/>
Travelling Time	<input type="text"/>
Other External Relevant NHS Duty Hours	<input type="text"/>
Additional Fee Paying Work Hours	<input type="text"/>
Responsibility Allowance PA Hours	<input type="text"/>
Average Weekly Private Practice Hours	<input type="text"/>
Direct Clinical Care Duties (including on-call work) Sessions	<input type="text"/>
On-Call Sessions (included in DCC)	<input type="text"/>
Supporting Professional Activities Sessions	<input type="text"/>
Additional NHS Responsibilities Sessions	<input type="text"/>
Management Responsibilities Sessions	<input type="text"/>
On-Call Rota Arrangements	<input type="text"/>
Total DCC/SPA Hours	<input type="text"/>

### Job Plan Type

The available Job Plan Type's are:

- Consultant England
- Consultant Wales
- SAS (Speciality and Associate Specialist Doctors)

4. Click the **Magnifying Glass** to the right of the Job Plan Type field, the Search and Select form will open.

5. Click **Go** and the Job Plan Type list will appear.

Use **Quick Select** to select the appropriate Job Plan Type.

## Search and Select: Job Plan Type

Cancel




Select

### Search

To find your item, select a filter item in the pulldown list and enter a value in the text field, then select the "Go" button.

Search By

### Results

Select	Quick Select	Job Plan Type	Description
<input type="radio"/>		Consultant England	
<input type="radio"/>		Consultant Wales	
<input type="radio"/>		SAS	

[About this Page](#)

Cancel

Select

The Job Plan Type field is now populated, and you are returned to the Medical and Dental Job Plans form.

6. Click in the **Date Last Reviewed** field and enter the review date or use the **Calendar** to select the date.
7. Click the **Magnifying Glass** to the right of the **Signed at Last Review** field, Search and Select form will open.
8. Click **Go** and the Signed at Last Review options will appear.

Use **Quick Select** to select Yes or No.

Search and Select: Signed at Last Review

Cancel

Select

Search

To find your item, select a filter item in the pulldown list and enter a value in the text field, then select the "Go" button.

Search By Signed at Last Review

Go

Results

Select	Quick Select	Signed at Last Review
<input type="radio"/>		No
<input type="radio"/>		Yes

[About this Page](#)

Cancel

Select

The Signed at Last Review field is now populated, and you are returned to the Medical and Dental Job Plans form.

9. Click in the **Next Review Date** field **and** enter the date when the plan is next being reviewed or use the **Calendar** to select the date.
10. Click in the **Direct Clinical Care Duties (including on-call work) Hours** field and where appropriate, enter the number of hours.
  - Up to 80 hours can be entered to 3 decimal places and the value can be overridden if required

The Direct Clinical Care Duties 'Hours' and 'Sessions' fields for Consultant England and Wales job plans have been linked as follows:

An automatic calculation has been created when either field has a value entered. For example, if a user inputs a value into the 'Hours' field this will automatically calculate and populate the 'Sessions' field based on the 'Job Plan Type' and vice versa. The calculation is as follows:

### Consultant England

- hours are divided by 4 to derive the value for sessions, e.g. 45 hours/4 = 11.25 sessions

### Consultant Wales

- hours are divided by 3.75 to derive the value for the sessions, e.g. 45 hours/3.75 = 12 sessions

## SAS

- No auto calculation - manual entry

Where both 'Hours' and 'Sessions' are recorded for the same 'Job Plan Type' the value for 'Sessions' will always take precedence and overwrite the associated 'Hours' value.

11. Click in the **On-Call Hours (included in DCC)** field and where appropriate, enter the number of hours

- Up to 40 hours can be entered to 3 decimal places.

12. Click in the **Supporting Professional Activities Hours** field and where appropriate, enter the number of hours

- Up to 80 hours can be entered to 3 decimal places and the value can be overridden if required

The Supporting Professional Activities 'Hours' and 'Sessions' fields for Consultant England and Wales job plans have been linked as follows:

An automatic calculation has been created when either field has a value entered. For example, if a user inputs a value into the 'Hours' field this will automatically calculate and populate the 'Sessions' field based on the 'Job Plan Type' and vice versa. The calculation is as follows:

### Consultant England

- hours are divided by 4 to derive the value for sessions, e.g.  $45 \text{ hours} / 4 = 11.25 \text{ sessions}$

### Consultant Wales

- hours are divided by 3.75 to derive the value for the sessions, e.g.  $45 \text{ hours} / 3.75 = 12 \text{ sessions}$

## SAS

- No auto calculation - manual entry

Where both 'Hours' and 'Sessions' are recorded for the same 'Job Plan Type' the value for 'Sessions' will always take precedence and overwrite the associated 'Hours' value

13. Click in the **Additional NHS Responsibilities Hours** field and where appropriate, enter the number of hours

- Up to 40 hours can be entered to 3 decimal places

14. Click in the **Management Responsibilities Hours** field and where appropriate, enter the number of hours
  - Up to 40 hours can be entered to 3 decimal places
15. Click in the **SAS In Hours** field and where appropriate, enter the number of hours
  - Up to 80 hours can be entered to 3 decimal places and the value can be overridden if required
16. Click in the **SAS Out of Hours** field and where appropriate, enter the number of hours
  - Up to 80 hours can be entered to 3 decimal places and the value can be overridden if required
17. Click in the **Research/Education PA Hours** field and where appropriate, enter the number of hours
  - Up to 40 hours can be entered to 3 decimal places.
18. Click in the Travelling Time and enter as applicable.
  - This field can be used to record the travelling time given as part of the job plan. This can be recorded in part hours and up to 3 decimal places. This value is not included in any totals calculated.
19. Click in the **Other External Relevant NHS Duty Hours** field and where appropriate, enter the number of hours
  - Up to 40 hours can be entered to 3 decimal places
20. Click in the **Additional Fee Paying Work Hours** field and where appropriate, enter the number of hours
  - Up to 40 hours can be entered to 3 decimal places
21. Click in the **Responsibility Allowance PA Hours** field and where appropriate, enter the number of hours
  - Up to 40 hours can be entered to 3 decimal places

22. Click in the **Average Weekly Private Practice Hours** field and where appropriate, enter the number of hours

- Up to 40 hours can be entered to 3 decimal places

23. Click in the **Direct Clinical Care Duties (including on-call work) Sessions** field and where appropriate enter the number of hours

- Up to 20 sessions can be entered to 3 decimal places and the value can be overridden if required

The Direct Clinical Care Duties 'Hours' and 'Sessions' fields for Consultant England and Wales job plans have been linked as follows:

An automatic calculation has been created when either field has a value entered. For example, if a user inputs a value into the 'Hours' field this will automatically calculate and populate the 'Sessions' field based on the 'Job Plan Type' and vice versa. The calculation is as follows:

### **Consultant England**

- hours are divided by 4 to derive the value for sessions, e.g. 45 hours/4 = 11.25 sessions

### **Consultant Wales**

- hours are divided by 3.75 to derive the value for the sessions, e.g. 45 hours/3.75 = 12 sessions

### **SAS**

- No auto calculation - manual entry

Where both 'Hours' and 'Sessions' are recorded for the same 'Job Plan Type' the value for 'Sessions' will always take precedence and overwrite the associated 'Hours' value.

24. Click in the **On-Call Sessions (included in DCC)** field and where appropriate, enter the number of sessions

- Up to 10 sessions can be entered to 3 decimal places

25. Click in the **Supporting Professional Activities Sessions** field and where appropriate, enter the number of sessions

- Up to 20 sessions can be entered to 3 decimal places and the value can be overridden if required

The Supporting Professional Activities `Hours` and `Sessions` fields for Consultant England and Wales job plans have been linked as follows:

An automatic calculation has been created when either field has a value entered. For example, if a user inputs a value into the `Hours` field this will automatically calculate and populate the `Sessions` field based on the `Job Plan Type` and vice versa. The calculation is as follows:

#### Consultant England

- hours are divided by 4 to derive the value for sessions, e.g.  $45 \text{ hours} / 4 = 11.25 \text{ sessions}$

#### Consultant Wales

- hours are divided by 3.75 to derive the value for the sessions, e.g.  $45 \text{ hours} / 3.75 = 12 \text{ sessions}$

#### SAS

- No auto calculation - manual entry

Where both `Hours` and `Sessions` are recorded for the same `Job Plan Type` the value for `Sessions` will always take precedence and overwrite the associated `Hours` value.

26. Click in the **Additional NHS Responsibilities Sessions** field and where appropriate, enter the number of sessions

- Up to 10 sessions can be entered to 3 decimal places

27. Click in the **Management Responsibilities Sessions** field and where appropriate, enter the number of sessions

- Up to 10 sessions can be entered to 3 decimal places

28. Click in the **On Call Rota Arrangements** field and where appropriate, enter the arrangements

- This is a Free Text field

29. **Total DCC/SPA Hours** field.

An automatic calculation will be created based on the values entered in the following fields:

- Direct Clinical Care Duties (Including On-call Work) Hours
- Supporting Professional Activities Hours

30. **Total DCC/SPA Sessions** field.

An automatic calculation will be created based on the values entered in the following fields:

- Direct Clinical Care Duties (Including On-call Work) Sessions
- Supporting Professional Activities Sessions

31. **Total Hours of Other Duties** field.

An automatic calculation will be created based on the values entered in the following fields:

- Additional NHS Responsibilities Hours
- Management Responsibilities Hours
- Other External Relevant NHS Duties Hours
- Responsibility Allowance PA Hours
- Research/Education PA Hours
- Additional Fee Paying Work Hours


32. **Total Commitment in Hours**

An automatic calculation will be created based on the values entered in the following fields:

- Total DDC/SPA Hours
- Total Hours of Other Duties

**Note - all automatic calculations outlined above will be performed on submitting the record.**

33. Click **Apply** and you are returned to the Medical and Dental Job Plans: Extra Information form.

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### Medical and Dental Job Plans: Extra Information

[Cancel](#) [Back](#) [Next](#)

Employee Name **Lee, Chris**  
 Employee Number **20000573**

Medical and Dental Job Plans should only be completed for Consultants and SAS Doctors.

Medical and Dental Job Plans

Select Object: [Delete](#) [Update](#) | [Add](#)

Select	Status	Job Plan Type	Date Last Reviewed	Total DCC/SPA Hours	Total DCC/SPA Sessions	Total Hours of Other Duties	Total Commitment in Hours
<input checked="" type="radio"/>	New	Consultant England				15.000	30.000


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34. Click **Next** and the Medical and Dental Job Plans: Review form will open.

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### Medical and Dental Job Plans: Review

[Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

Employee Name **Lee, Chris**  
 Employee Number **20000573**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Extra Information Type

Medical and Dental Job Plans

Proposed	
Job Plan Type	Consultant England
Signed at Last Review	Yes
On-Call Hours (included in DCC)	15.000
Total Hours of Other Duties	15.000
Total Commitment in Hours	30.000

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

[None](#) [Add](#)

[Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

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35. Click **Submit** and the Confirmation form will open.

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### Confirmation

Your changes have been applied.

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36. Click **Home** to return to the Supervisor Self Service homepage or click **Portal** to return to the Manager Dashboard.

### **Maintain a Medical and Dental Job Plan (Self Service)**

There are two approaches to maintaining a Medical and Dental Job Plan.

- Amend existing record - no history
- Create a new record for each review period cycle - history created.

The NHS solution recommended Best Practice is to create a new record, so that each review period cycle shows as a separate details row and can be reported on collectively or individually.

1. To create a new plan, follow the steps in the **Enter Medical and Dental Job Plan** section.

Where more than one plan has been recorded, multiple rows will be displayed in the **Details** area.