Document Type: **Policy**	**Unique Identifier:** CORP/POL/215
Document Title: **Job Planning for Consultants & SAS Doctors**	**Version Number:** 1.0
	Status: Ratified
Scope: This policy applies to all Consultants, Dentists, Specialists, Associate Specialists (including Trust Associate Specialists) and Specialty Doctors	**Classification:** Organisational
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Replaces: N/A	**Head of Department:** Derek Thomas, Head of Medical Workforce
Does this document refer to and account for the prescribing, supply, storage or administration of medication (especially via electronic media)? **No**	
Validated By: JLNC	**Date:** 11/01/2024
Ratified By: Trust Procedural Document Group	**Date:** 08/05/2024
Review dates may alter if any significant changes are made	**Review Date:** 01/01/2026

- Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes**
- Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes**

Document for Public Display: Yes

CONTENTS

1. SUMMARY

1.1 This document provides a framework for a collaborative approach to medical job planning between managers, clinical leads, and individual clinicians. This includes agreeing SMART objectives to drive improvements and deliver high quality care and ensuring that the clinician's individual Job Plan contains an appropriate balance of activities. Job plans are based on an expected minimum of 42 weeks of service delivery for a clinician working full time.

1.2 The intent of this policy is to endorse consistency in the allocation and description of Programmed Activities (PAs) to create transparency and equality across the Trust.

1.3 This policy and its application will comply with all applicable Terms & Conditions of Service (TCS) and reflect the following National guidance:

- Consultant Job Planning: A Best Practice Guide 2017 (NHS Improvement)
- A Guide to Consultant Job Planning 2011 (BMA / NHS Employers)
- A UK Guide to Job Planning for Specialty Doctors and Associate Specialists 2012 (BMA / NHS Employers)

2. PURPOSE

2.1 This policy outlines the Trust's approach to Job Planning and has been developed to support the delivery of transparent and fair Job Plans and is designed to support those carrying out job planning as well as those conducting Job Planning reviews, with emphasis on the following:

- **Equity**: the essence of the Consultant and SAS contracts is to remunerate individuals based on the activities they undertake. The Trust's intention is to remunerate appropriately for the work undertaken in the agreed job plan. The Trust also undertakes to resource appropriate and agreed personal objectives.
- **Consistency**: it is crucial that a consistent and fair approach is adopted between individuals and specialties. This will be based upon a set of logical and transparent guidelines that will apply equally to everyone. The implementation process will reflect this principle.
- **Collaboration**: the Trust considers the approach to job planning to be as important as the output. Consequently, the fundamental concept is for the Trust to work in partnership with its Consultants and SAS Doctors to agree mutually acceptable job plans. Discussion regarding individual Consultant / SAS Doctor job plans (including job plan meetings) will normally involve the Consultant / SAS Doctor and their Clinical Manager. Where proposed changes to a Consultant / SAS Doctor job plan may adversely affect activity or income the proposed changes must be discussed with the relevant Clinical Manager, Business Manager and be signed off by the Clinical Director of the Care Group.

2.2 The Job Planning process should support and align with the objectives of the Trust, clinical teams, and individuals to plan and deliver innovative, safe, responsive, and efficient services.

2.3 This policy ensures that, across the Trust, there is a collaborative approach to agreeing objectives to drive improvements to deliver high quality care and promotes consistency in the allocation and description of Programmed Activities (PAs). The Job Plan should include a timetable of activities, description of all PAs in terms of activity type, on call arrangements, SMART objectives, a description of any additional activities, external duties, private work, or any agreed flexible working arrangements.

3. SCOPE

This policy applies to Consultants, Dentists, Specialists, Associate Specialists (including Trust equivalents) and Specialty Doctors. It is a contractual requirement, of the employer and employee, to undertake a job plan review not less frequently than annually.

3.1 Roles and Responsibilities

3.1.1 Chief Executive

3.1.1.1 The Chief Executive has overall responsibility for ensuring Medical and Dental Job Planning is performed annually across the Trust and in line with legislative requirements. Where it has not been possible to resolve any disagreements through the mediation process, the Chief Executive will arrange an appeal panel to meet within four weeks on the receipt of a formal written appeal.

3.1.2 Chief Medical Officer

3.1.2.1 The Chief Medical Officer. in support of the Chief Executive, is responsible for ensuring that Medical and Dental job plans are in place for all Consultants and SAS Doctors and the Job Planning Policy followed. Job plans will be produced and maintained on an applicable software platform.

3.1.2.2 The Chief Medical Officer reports Job Planning progress to the Trust Board on a quarterly basis through the confidential reporting process, supported by the Deputy Chief People Officer.

3.1.2.3 To ensure that any formal Job Planning appeals are appropriately handled in a consistent and fair way and provides 3rd sign off to Deputy Medical Directors (DMDs)

3.1.3 Chief Operating Officer

3.1.3.1 The Chief Operating Officer has overall responsibility for Trust service delivery and to support the Chief Medical Officer deliver effective job planning, is a member of the Job Planning Consistency Committee.

3.1.4 Deputy Medical Director

3.1.4.1 The Deputy Medical Director (DMD Scheduled Care and Medical Staffing) will support individual clinicians and Clinical Directors as required to give advice on how best to complete the job planning process, review any job plan exceeding 12 PAs, supported by the Head of Medical Workforce and will oversee the mediation process. To provide 3rd sign off to Clinical Leads and Clinical Directors.

3.1.5 Care Group Clinical Directors and Clinical Leads

3.1.5.1 The Clinical Directors (CDs) will encourage team job planning where possible to meet specialty / departmental service plans and to ensure the Job Planning process is completed within their Care Groups in line with the timeframes set out in this policy. A Team discussion / meeting will always be required if any aspect of an individual job plan will affect all members of the Specialty team.

3.1.5.2 The CDs will complete 2nd sign off for Clinical Leads (CLs) and 3rd sign off for all Consultants and SAS Doctors within their Care Group. The CD will be accountable for fairness, consistency and equality in job plans across the Care Group.

3.1.5.3 The CLs, with support from the Clinical Service Manager (CSM), will undertake the initial job planning discussion with the clinician to collaboratively agree a job plan with the Consultant / SAS Doctor to enable the clinician to complete 1st sign off. Team job planning should occur wherever possible and be the aspiration of every specialty. Individual job planning meetings are usually undertaken after Team job planning. The CL / CSM are responsible for ensuring job plans meet the need of the specialty service and will be accountable for fairness, consistency and equality in job plans across a Specialty team.

3.1.5.4 CDs and CLs will have a vital role in setting and agreeing the objectives of Consultants / SAS Doctors to ensure job plans link to the Trust's objectives and annual plan. Those objectives will include reasonable expected levels of service delivery.

3.1.6 Care Group Associate Director of Operations (ADOP)

3.1.6.1 ADOPs will support Clinical Directors in ensuring that job planning is delivered and that the objectives and detail described in job planning aligns with the service needs. ADOPs, alongside CDs, should provide scrutiny at 2nd sign off to ensure there is alignment with Care Group service requirements and Trust objectives.

3.1.7 Consultants / SAS Doctors

3.1.7.1 All Consultants and SAS Doctors must participate with job planning, not less frequently than annually, with their Clinical Directors/Clinical Leads. The clinician is expected to contribute to the Job Planning meeting and with the support of the CSM complete their proposed e-Job Plan on the software platform. This is expected to be a two-way process, balancing an accurate description of current

activities and timetables, with any agreed service needs and personal and team objectives and describing when and how work will be done for the next 12 months. The Consultant / SAS Doctor completes 1st sign off once the job plan is agreed. A job plan review may be requested at any time outside the annual cycle.

3.1.8 Head of Medical Workforce

3.1.8.1 The Head of Medical Workforce, and the wider Medical Workforce Team, will provide advice on how best to complete the job planning process and how to use the Trust's E-Job Plan platform, plus support the review of any job plan exceeding 12 PAs. Medical Workforce will be responsible for providing guidance / training on medical job planning and working with Care Group's management and clinicians to ensure their understanding of the policy and e-Job Plan system.

4. POLICY

4.1 General Principles

4.1.1 Annual job planning is a contractual obligation for all Consultants and SAS Doctors and will be mutually agreed between the Trust and clinician. The Job Plan will include the following key elements:

- SMART objectives (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound).
- Ensure that team/ individual job plans meet the overall need of the service.
- A timetable which accurately reflects the working pattern including definition of PAs
- On call and emergency work
- Incorporate roles agreed in specialty/departmental service plan and any NHS WTE approved roles.
- Be consistent with requirements of this framework and the relevant terms and conditions of service.
- Any leadership/ managerial role that may impact on clinical delivery.
- Any external duties and private professional services
- Any additional clinical roles with other health care providers/ Trusts (NHS)
- Academic, Research or National roles

4.1.2 If a Consultant / SAS Doctor or management fails to participate in team / individual job planning, this should be escalated as appropriate. There is a legitimate mediation or appeals process, defined within the timescale of the policy, where a clinician or management has participated in the job plan review but has been unable to reach agreement.

4.1.3 If there is a delay in the levels of sign off by the Leadership / Management team it will not have a detrimental effect on the individual doctor and accountability for the delay will lie with the Leadership/Management team.

4.1.4 Job plans will prospectively describe the objectives, duties, responsibilities of the post and the support provided for the coming year. The job plan cannot possibly be considered an exhaustive description of every potential eventuality, variation, or circumstance. A commencement date will be mutually agreed and be in line with the relevant Terms & Conditions of Service (TCS).

4.1.5 The following points apply:

- All parties should expect and support professional flexibilities.
- Where variations are significant and sustained these should be subject to interim review or carried over to subsequent job planning rounds
- Any interim job plan review may result in an updated and agreed amendment to the electronic job plan (e-Job plan) with sign off if changes are made or logged as reviewed with no changes.
- Any private work must be declared in the job plan and provide detail around the day, time, and location(s) of this activity.

4.1.6 The Consultant / SAS Doctor and CSM / CL may conduct an interim review of the Job Plan at any time where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the year.

4.2 Contracted Hours

A full-time contract for Consultants and SAS Doctors equates to 10 PAs per week, individual job plans will determine the PA allocation and distribution.

4.3 Premium Time

Premium Time is to be mutually agreed and accounted for as per the relevant schedule in the TCS, specifically:

- Consultants (England) 2003 – Schedule 7
- Associate Specialists – England (2008) – Schedule 8
- Specialty Doctors – England (2008) – Schedule 8
- Specialist – England (2021) – Schedule 8
- Specialty Doctors – England (2021) – Schedule 8

4.4 PA Categorisation

PAs are categorised dependent on the nature of the activity being undertaken. PA categories include Direct Clinical Care (DCC), Supporting Professional Activity (SPA), Additional Programmed Activity (APA), External Duties, Additional NHS Responsibilities (ANR) and Additional to Contract (ATC). If clinicians choose to undertake a non-DCC PA or SPA in premium time, rather than core working hours for personal convenience, the PA or SPA time allocation remains 4 hours.

4.5 Additional Programmed Activities (APAs)

4.5.1 APAs are PAs agreed above the full-time contract of 10 per week and are considered temporary. They are subject to change and review annually as part of

Job Planning and are not subject to pay protection or pension contributions. APAs may be removed by either party where 3 months written notification is provided. The job plan will clearly identify those PAs which are APAs and therefore subject to these provisions.

4.5.2 If a practitioner is off work on authorised sickness absence, APAs continue to be paid in addition to basic salary, as per the relevant schedule in the applicable TCS.

4.5.3 When discussing APAs, as part of the job planning process, reference should be made to the following schedules in the applicable TCS in relation to extra programmed activities and spare professional capacity:

- Consultants – Schedule 6
- SAS Doctors (all contracts) – Schedule 7

4.6 Job Plans in Excess of 12 PAs

4.6.1 The Working Time Regulations (WTR) provides a legal framework regarding the working week in terms of the hours worked and associated rest and breaks. The terms of the WTR offer protection to employees, from being overworked, becoming fatigued and it serves to promote a healthy work-life balance. In accordance with the WTR, the Trust position is for Consultant / SAS Doctors not to exceed 48 hours on average per week.

4.6.2 It is appreciated that there may be circumstances where a temporary agreement is made to exceed 12 PAs (48 hours) within a job plan to ensure service delivery. Article 5 of the WTR states that a worker may agree with their employer not to apply the limit of 48 hours per week, measured over a 26-week rolling period to that worker. This does not exempt the clinician from the rest requirements in the legislation or in their contract, nor does it exempt them from the hours' limits in their contract.

4.6.3 A Record of Agreement to opt out Working Time Regulation Opt-Out Waiver for any Consultant / SAS Doctor must be uploaded to the e-Job plan system and is subject to annual review. The Trust is required to keep a list of workers who have opted out, how long they have opted out for and how many hours they are working. The CD/ CL or Management team should not request for a Consultant / SAS Doctor to use their right to waiver. The decision to waiver is optional for the Consultant / SAS Doctor.

4.6.4 Associate Specialists / Specialists / Specialty Doctors who contribute to a mixed economy rota template with Doctors in Training / Locally Employed Doctors (LEDs) may be contracted more than 12 PAs; no clinician should be working more than 48 hours on average over a 26-week reference period.

4.6.5 Consideration should be given to the contribution of out of hours commitment provided by Associate Specialists / Specialists / Specialty Doctors as the PA may be more than 12 PAs but less than 48 hours of work due to the premium time worked as defined in the applicable TCS.

4.6.6 Any proposed Consultant / SAS Doctor job plan resulting in work more than 12 PAs or equivalent of 48 hours requires discussion and review by the DMD (Unscheduled Care and Medical Workforce). Consideration will be taken of any diary exercise evidence to support working excessive hours and any additional roles. In the event a diary exercise indicates a Consultant / SAS Doctor is consistently working more than 12 PAs, the job plan should reflect this, and every effort will be made to address future hours reduction. To accommodate an additional role, consideration and agreement is needed of activity that can be adjusted to maintain a job plan of 12 PAs or less.

4.6.7 Any job plan exceeding 12 PAs will need approval from the DMD (Unscheduled Care and Medical Workforce). If approved, this activity will then be defined as an APA and reviewed annually.

4.7 Annualisation

4.7.1 Annualisation is a flexible arrangement which needs to meet both the needs of the Consultant / SAS Doctor and the service / Trust. The Consultant / SAS Doctor will work an agreed annual total of PAs rather than the same number each week. There will be definition around numbers of specific activity to be delivered over the year.

4.7.2 Annualisation must be mutually agreed by the Consultant / SAS Doctor and CL/ CSM. The agreement must include the detail in terms of PAs or number of specific activities to be delivered in a year. PAs would usually be expressed as a mean number per week multiplied by the number of weeks in a working year. For a specific activity, such as an outpatient clinic, the total number to be delivered in a working year would be detailed. Consideration also needs to be given to the equal distribution of activity by quarter year taking into consideration leave entitlements.

4.7.3 The number of weeks of delivery against the agreed job plan, in a working year, is calculated as a minimum of 42 weeks.

4.8 Time Shifting

4.8.1 If a clinician, or a clinical manager, requests additional work including AAS, WLI, Private work or other roles on a day / time where a clinician has job planned activity, this must be agreed and approved in writing by both the clinician and CL / CSM in advance of the additional work occurring. The displaced activity, for example SPA, will be time shifted and done in job planned DCC time and agreed with the CL / CSM. For the avoidance of doubt SPA, or other displaced activity, which is done in the clinician's own time, will be remunerated on an extra-contractual basis.

4.9 Job Planning Process

4.9.1 Job planning is an annual requirement for all Consultant / SAS Doctors and will be based on a partnership approach to reach mutual agreement. A job plan should be agreed for a Consultant / SAS Doctor within one month of starting in post. An active job plan is defined as one signed off within the last 12 months.

4.9.2 The CSM will prepare a draft job plan to be discussed and agreed with the Consultant / SAS Doctor as per the team job planning discussions. Job plans will list all the NHS duties, the number of PAs contracted and paid, objectives and agreed supporting resources for the Consultant / SAS Doctor. Job planning meetings will include reviewing the previous year's job plan, changes to duties or responsibilities, planning and management of the Consultant / SAS Doctor's career.

4.9.3 The table below recognises that an active job plan is defined as being fully signed off in the previous 12 months with an illustrative table below:

Standard Job Planning Cycle	
Annually	CMO outlines the overall strategic objectives for the medical workforce. CDs and CLs agree how the Trust's strategic objectives will be translated into Job Plans within the Care Group. CLs to produce a Specialty Level Plan and agree team management principles with the clinicians.
Job Plan review(s) due in 3 months	Medical Workforce alert the clinician and Clinical Lead that a job plan review is required. Medical Workforce Team publishes a new template job plan for discussion and edit, based on the previously agreed version, on the job planning platform.
Job Plan review(s) due in 2 months	Medical and Dental Workforce Team makes last year's job plans available as new forward year job plans on the job planning system and informs the CMO, CD, CLs, and Service Managers. Team job planning meeting for the CL to share the Specialty Level Plan, discuss and agree team objectives, supporting professional activities list and any required rota changes. Individual job planning meetings take place between the Consultant / SAS Doctor and CL/CD Completion of e-Job Plans with sign off within 6 weeks of the initial meeting. 3 months written notice provided for any proposed job plan changes, unless mutually agreed otherwise.
As required	Mediation and appeals completed in line with the Schedules in the TCS.

	Pay progression and Local Clinical Excellence Awards eligibility (substantive consultants only) taken forward for those who have engaged in the job planning process. CSM to complete the necessary ESR changes for payroll once the Job Plan is fully signed off.
Sign off agreed	Job plan effective from mutually agreed start date and will be current for a period of 12 months unless a review is requested by the clinician or employer.

4.9.4 The aim of the Specialty Level Plan Medical Job Planning Workbook - Specialty Level Plan.xlsx is to:

- Provide the required service priorities to inform Team job planning.
- Ensure that job plans are aligned with contract demand plans for the forthcoming period.
- Ensure that the core duties and functions of the service are delivered and how these will be distributed across the medical workforce.
- Consider and agree on-call arrangements for the service.
- Remove unnecessary duplication of work.
- Achieve comprehensive coverage of Supporting Professional Activities and other activities that need to be delivered including education, clinical governance/ departmental clinical governance plan, appraisal and revalidation and any other roles as appropriate.
- Ensure responsibility is shared amongst clinicians supporting individual development and the team approach.
- Ensure clinician needs are addressed and job plans are mutually agreed.

4.10 Job Plan Sign Off

4.10.1 There are 3 levels of sign off, which will differ dependent on the roles that a clinician currently holds; the Job Plan is not agreed until Level 3 sign off has been achieved:

Who	Level 1 Sign Off	Level 2 Sign Off	Level 3 Sign Off
Consultant / SAS Doctor	Clinical Lead	ADOP / Deputy	Clinical Director
Clinical Lead	Clinical Director	ADOP	DMD
Clinical Director	Clinical Lead (Specialty)	ADOP	DMD
DMD	Clinical Lead (Specialty)	ADOP	CMO

4.11 Job Planning Consistency Committee

4.11.1 Job Planning Consistency Committee is responsible for the following:

- Ensuring that the Policy is implemented across the Care Groups.
- Ensuring that all Consultants, SAS Doctors, Clinical Leads and Clinical Directors comply with the requirement for annual review of the Job Plan.

- Ensure consistency checking of job plans across Care Groups

4.11.2 The Job Planning Consistency Committee is not a decision-making committee. Job Plan sign off, at all 3 stages, will not be amended by the Job Planning Consistency Committee, it will be returned to the discussion stage for agreement should any changes be considered necessary.

4.12 Job Plan Content

4.12.1 An individual job plan will set out a Consultant / SAS Doctor's NHS duties, responsibilities, professional work to a service for which the individual is accountable. It should include the following details:

- A timetable of activities setting out how, when and where the clinician's Job Plan will be delivered.
- Define activities in terms of PA type, namely DCC, SPA, ANR, ATC.
- On call arrangements including the category and rota
- Personal and Service SMART objectives with identification of necessary resources
- Travel time
- A description of additional responsibilities to the wider NHS and profession including external duties
- Any arrangements for additional PAs (APAs)
- Details of any private work
- Any agreed arrangements for carrying out regular fee-paying services.
- Any special agreements or arrangements regarding the operation/ interpretation of the job plan
- Accountability arrangements
- Any agreed annualised activity

4.12.2 Job plans will be based on a regular cycle but can be annualised if this is mutually agreed.

4.12.3 A Consultant / SAS Doctor should, in normal circumstances, expect to be contactable during all paid job planned activity relating to NHS work unless the PA is flexible.

4.12.4 The Trust utilises an electronic system for job planning, which is configured to produce exact PA allocation; the Trust will round up the PA total to the nearest 0.25 PAs.

4.13 Objectives

4.13.1 The job plan must help achieve service business plans and Trust objectives as well as any personal aspirations of the Consultant / SAS Doctor. Objectives must be focussed on improving quality, patient safety, patient experience and be subject to benchmarking where possible. They may relate to the Clinicians appraisal in terms of the agreed Personal Development Plan. Objectives should be in 'SMART' form (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imed)

4.13.2 Summary of the steps to be taken in the development of an objective:

- Agree the local priorities to be addressed.
- Define the objectives to be achieved for each priority.
- Detail the actions required to achieve the objective.
- Agree the measures against which the objective will be reviewed.
- Determine how progress will be monitored and the timetable for this.
- Agree the support required to help the clinician achieve the objectives.

4.13.3 Review of the previous objectives set should be part of the annual job planning process to determine whether the objectives were met, if any further support is needed and if they remain relevant.

4.14 On-Call Arrangements

4.14.1 Consultants

4.14.1.1 On call consists of two parts:

a) An availability supplement as per the national Terms and Conditions, which considers prospective cover.

b) Recognition of work done whilst on-call (in terms of PAs) which does recognise prospective cover.

4.14.1.2 A Consultant is on-call when they are required to be available to give advice / support by telephone or are required to return to work but are not expected to be working on site for the whole period. For the avoidance of doubt, resident on-site out of hours work does not fall within the definition of on-call.

4.14.1.3 In accordance with the terms and conditions of service, non-emergency work after 1900 and before 0700 during weekdays or at weekends will only be scheduled by mutual agreement between the Consultant and his or her clinical manager and will be recognised in the job plan as direct clinical care. Consultants will have the right to refuse non-emergency work at such times. It is also emphasised that holding an on-call bleep whilst present at the place of work as part of their job planned activities does not meet the definition of on-call.

4.14.1.4 Clinicians on an on-call rota are paid an on-call availability supplement in addition to basic salary. The level of supplement depends upon the frequency of the rota and the typical nature of response when called.

- **Category A**: this applies where the consultant is typically required to return immediately to site when called or must 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 consultant can typically respond by giving telephone advice and / or by returning to work later.

Frequency of Rota	Value of supplement as % of full-time basic salary	
Commitment	**Category A**	**Category B**
High Frequency 1 in 1 to 1 in 4	8%	3%
Medium Frequency 1 in 5 to 1 in 8	5%	2%
Low Frequency 1 in 9 or less frequent	3%	1%

4.14.1.5 Part-time consultants, whose contribution to the on-call rota is the same as full-time consultants, should receive the same supplement as full-time consultants on that rota.

4.14.1.6 It should be noted that prospective cover arrangements cannot be considered when determining the frequency of a rota.

4.14.1.7 The employing organisation will determine the category of the consultants on-call duties for these purposes by making a prospective assessment of the typical nature of the response that the consultant is likely to have to undertake when called during an on-call period. This assessment will take in to account the nature of the calls that the consultant typically receives whilst on-call.

4.14.1.8 If a consultant works two different on-call frequencies (for example one for midweek and another for weekends), the highest frequency is used to calculate the on-call supplement.

4.14.2 PAs for Predictable and Unpredictable Emergency Work

4.14.2.1 Programmed Activities for on call are based on the actual work undertaken when individual clinicians are on call. This includes telephone advice, travelling time to site for emergencies, regular ward rounds associated with on call and clinical interventions onsite. Work done whilst on-call will fall within the definition of Direct Clinical Care PAs including patient related administration.

4.14.2.2 There will therefore be a PA allocation in recognition of the work undertaken whilst on call. This work is divided into predictable (takes place at regular and planned times) and unpredictable (purely unplanned clinical activity whilst on call). The number of PAs allocated for predictable and unpredictable work performed whilst on-call will be the same for all Clinicians on a rota and will be agreed at specialty level.

4.14.2.3 Predictable emergency work is work that takes place at regular and predictable times, often because of a period of on-call work (e.g., post-take ward rounds, trauma lists, etc.). Where on-call work follows a regular pattern each week through a rota cycle it shall be considered predictable and consultants should identify within the weekly schedule when and where this takes place.

4.14.2.4 Unpredictable emergency work is that which arises during the on-call period

and is associated directly with the clinicians on-call duties (except in so far as it takes places during a time for scheduled Programmed Activities), e.g., recall to hospital to operate on an emergency basis.

4.14.2.5 Each specialty will be required to agree what they consider as predictable and unpredictable emergency work at the team job planning meeting.

4.15 Associate Specialist / Specialty Doctors (2008 contracts)

4.15.1 A job plan should clearly set out their on-call commitment; under the 2008 contract it is recognised in three ways:

- An availability supplement (see box below) based on the commitment to the rota.

- PA allocation for predictable emergency work arising from on-call duties (ward rounds, administration etc.) should also be prospectively built into timetables as Direct Clinical Care (DCC) Programmed Activities. There is no limit on the amount of predictable on-call work that can be allocated to DCC PAs and prospective cover (providing this is compliant with the Working Time Regulations). If an SAS clinician agrees to cover colleagues on call duties when they are away on annual or study leave, this should be factored into the calculation.

- PA allocation for unpredictable emergency work done whilst on-call. This should usually be assessed retrospectively (using diary evidence) and included first within the allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Once again, prospective cover (if mutually agreed) should be recognised here.

Frequency of rota commitment	Value of Supplement as a percentage of full-time basic salary
More frequent than or equal to 1 in 4	**6%**
Less frequent than 1 in 4 or equal to 1 in 8	4%
Less frequent than 1 in 8	2%

4.15.2 Prospective cover is the circumstance in which an SAS clinician provides cover for colleagues' annual, and study leave on the same rota. Prospective cover is a matter for local agreement and team job planning, although it is not a contractual requirement. If a prospective cover rota is agreed, there should be a suitable addition to their PA allocation to recognise any additional hours.

4.15.3 In accordance with the terms and conditions of service, for Associate Specialists, non-emergency work after 1900 and before 0700 during weekdays or at weekends will only be scheduled by mutual agreement between clinician and his or her clinical manager and will be recognised in the job plan as direct clinical care. Associate Specialists will have the right to refuse non-emergency work at such times

4.16 Specialist / Specialty Doctor (2021 Contract)

4.16.1 Clinicians who are required to be on an on-call rota will be paid an on-call availability supplement. This shall be calculated as a percentage of full-time Basic Salary (excluding any APAs). The supplement payable will depend on the category and frequency of the on-call duties.

4.16.2 The two categories are:

- **Category A**: this applies where the clinician is typically required to return immediately to site when called or must 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 clinician can typically respond by giving telephone advice and / or by returning to work later.

4.16.3 The availability supplements are:

Frequency	Value of availability supplement as a percentage of basic salary	
	Category A	Category B
More frequent than or equal to 1 in 4	8%	3%
Less frequent than 1 in 4 or equal to 1 in 8	5%	2%
Less frequent than 1 in 8	3%	1%

4.16.4 The trust will determine the category of the clinician's on-call duties for these purposes by making a prospective assessment of the typical nature of the response that the clinician is likely to have to undertake when called during an on-call period.

4.16.5 Where there is a change to the clinician's contribution to the rota or the categorisation of the clinicians on-call duties, the level of the availability supplement will be amended on a prospective basis.

4.17 Direct Clinical Care Activities (DCC)

4.17.1 DCC is work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977.

4.17.2 This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions (including pre-operative and post-operative care), ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, advice and guidance, public health duties, multidisciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes).

4.17.3 Consultants / SAS Doctors are expected to participate in education as part of their core role as a clinician. It is important to recognise that time spent teaching whilst in clinics, ward rounds etc. is part of the DCC PA offer. It is recognised by the Trust that workplace-based teaching may affect the volume of activity which can be undertaken within a clinical session. Variations in activity should be identified and accommodated as part of the job planning process. Please also see SPA guidance on education.

4.17.4 DCC Administration is administration related to patient care; the amount will be determined by specialty.

4.17.5 There are three types of DCC administration recognised which should be detailed in the Job Plan:

- **Immediate:** administration that is undertaken as part of another activity (e.g., requesting a test on a patient whilst in clinic). This should be part of the DCC being undertaken and should not impact significantly on this activity.

- **Consequential:** this is administration that arises as part of the clinician's role, such as answering clinical correspondence, and checking and acting on results.

- **Admin-based services:** services whose very nature is administrative (e.g., MDT and MDT preparation time, pooled administration time to allow cover for colleagues when they are on leave) but are related to patient care should be included in the job plan as DCC administration time.

4.18 Travel

4.18.1 Where Consultants / SAS Doctors are expected to spend time on more than one site during a day, time spent travelling between sites will be included as DCC.

4.18.2 Travelling time between a clinician's base hospital / site (principal place of work) and home or private practice premises will not be regarded as part of working time.

4.18.3 Job plans should be developed and arranged to minimise or eliminate travel between sites during any given day if possible.

4.18.4 There are standardised travel times defined between sites (time allocations are at Appendix 4), accepting that unusual traffic conditions may cause some variation which are automatically applied when expenses are claimed.

4.18.5 The e-Job plan system has been configured with all potential locations and new sites can be added as required.

4.18.6 Travel is calculated from the individual's principal hospital / site, which is agreed on appointment and included in contractual documentation. A change to the principal place of work will require negotiation and agreement between the doctor and the Clinical Manager.

4.18.7 Travel to and from work for NHS emergencies and excess travel will also count as DCC.
Excess travel is defined as time spent travelling between home and a working site other than the clinician's principal hospital / site, after deducting the time normally spent travelling between home and principal place of work.

4.18.8 The Trust and Consultants / SAS Doctors may need to agree arrangements for dealing with more complex working days.

4.19 Supporting Professional Activities (SPA)

4.19.1 SPA activities, agreed at a minimum value of 1.5 for Consultants and SAS Doctors (see Appendix 2), should be relevant to the individual clinician, the Trust, and / or the NHS. The content of SPA should be discussed and agreed at the job plan meeting, with a standard of 1 fixed SPA in the job plan and 0.5 SPA as flexible. For individuals working at other Trusts, in addition to working at University Hospitals of Morecambe Bay (UHMBT), SPA activities are to be agreed by mutual agreement between the clinician's contract holders.

4.19.2 As a guiding principle, contributions to an individual's ability to revalidate should be regarded as core SPA activity. This activity includes providing evidence of maintaining speciality knowledge and skills through CPD, clinical audit, multi-source feedback, patient feedback, clinical incident review, self-reflection, job planning and appraisal preparation, basic training of junior doctors, and mandatory training. Further detail regarding activity considered as Core SPA is included in Appendix 2.

4.19.3 The minimum core SPAs recognised as necessary for an individual on a job plan >5 PAs or more to achieve revalidation, appraisal and mandatory training is 1.5 SPAs.

4.19.4 For part time work with a job plan <5 PAs, individuals will agree the appropriate SPA time with their Clinical Lead / CSM (refer to appendix 2 for Core SPA allocations).

4.19.5 It is encouraged that SPA, as part of contracted hours, is taken off-site unless specific agreement is reached with the CL / CSM through job planning, which will detail an agreed on-site location. Where off-site work is in place, a Consultant / SAS Doctor should be contactable during all SPA time, as they could be requested to return to work if there is a requirement to do so. For purposes of the monthly audit session, the clinician's non-emergency DCC session will be taken down for the clinician to attend audit and the DCC session will not be time shifted.

4.19.6 SPA time should not be agreed as an off-site activity when coinciding with declared Private Practice.

4.20 Additional NHS Responsibilities (ANR)

4.20.1 ANR is not DCC or SPA and should not be classified as such; ANR must be for an agreed additional responsibility outside DCC and SPA.

4.20.2 Any proposed addition of ANR will require the Consultant / SAS doctor to advise their CL / CD in advance of any application.

4.20.3 Recognising Consultants / SAS Doctors contribute to professional leadership and management activities as a routine part of their role, ANR will include the following:

4.20.3.1 **Postgraduate Medical Education**: NHS England – Workforce, Education & Training (NHS WTE) states that all Consultant / SAS Doctors who supervise trainees must be recognised at least as Clinical Supervisors. This includes those working with trainees on call, at nights, weekends, in operating theatres or in outpatients etc. All Clinicians are expected to participate in postgraduate medical education as part of their employment. It is important to recognise that time spent teaching junior doctors of all grades in clinics and ward rounds is not additional, it is part of those fixed clinical units of PA (DCC). If significant and regular additional teaching is taking place, the amount of ANR time for this activity will be individually negotiated as part of the job planning process with the involvement of the Care Group.

4.20.3.2 **Educational and Clinical Supervisors:** Educational and Clinical Supervisor Roles are separate roles to the teaching undertaken as part of normal clinical activity. They are undertaken by appropriately trained and GMC recognised clinicians as named Educational and/or Clinical Supervisors.

4.20.3.3 The role of Educational Supervisor (ES) attracts a tariff of 0.25 ANR per trainee and should be job planned in normal working hours (not alongside any other activity). It is expected that the evidence for this activity is presented at team / individual job planning meetings. It is expected that any Consultant / SAS Doctor will routinely have no more than 4 junior doctors under their supervision (formal role). There may be exceptional circumstances where more than 4 junior doctors are supervised by one Consultant / SAS Doctor for a limited period, e.g. to cover maternity leave.

4.20.3.4 The role of Clinical Supervisor attracts 0.25 ANR irrespective of the number of trainees, and the evidence for this activity should be presented at team / individual job planning meetings.

4.20.3.5 Where individuals feel that the above time allocations are insufficient, this should be discussed with their Care Group and Educational teams on an individual basis; please refer to Allocation of Time for the Role of Educational and Clinical Supervisors for Doctors in Training (see section 6).

4.20.3.6 **Educational Leads**: significant roles in Education will be appointed after open and fair competition, and remunerated by the Medical Education Department

and will attract ANR as advertised. These roles will be subject to a separate Educational Appraisal.

4.20.3.7 **Trust Specialty Training Leads / College Tutors**: Consultants / SAS Doctors appointed as Trust Specialty Training Leads should be allocated adequate time to perform the role, in accordance with NHS WTE NW guidance. The time required should be agreed on a case-by-case basis and should be based on the objectives the individual is required to achieve. NHS WTE NW has suggested that Tutors assigned up to 10 trainees (excluding Foundation doctors) should be allocated 0.5 ANR per week, 11-20 trainees one ANR per week.

4.20.3.8 In the case of Regional Training Programme Directors, these will be appointed by separate contracts. Roles that extend outside the organisation will be dealt with as outlined in Paragraph 25. External agencies, such as NHS WTE NW, may commission Additional NHS Responsibilities.

4.20.3.9 **Undergraduate Medical Education**: all clinicians are expected to participate in Undergraduate Medical Education as part of their employment. It is important to recognise that time spent teaching these grades in clinics and ward rounds is not additional, it is part of those fixed clinical units of DCC.

4.20.3.10 **Educational and Clinical Supervisors**: appropriate time for named Educational and Clinical Supervisors will only be allocated to those who have been appropriately trained.

4.20.3.11 **Educational Leads**: significant roles in Undergraduate Education will be appointed after open and fair competition, funded by the Medical Education Department, and will attract separate APAs as advertised. These roles will be subject to a separate Educational Appraisal.

4.20.3.12 Where a member of staff undertakes a locally defined role for example taking post-doctoral students, PhD, or MSc students, facilitating PBL sessions, providing tutorial sessions, acting as Undergraduate educational supervisor, or undertaking lead role in organising timetables for example medicine, surgery, palliative care, paediatrics and obstetrics and gynaecology these roles are included as ANR.

4.20.3.13 Where a significant proportion of teaching is in clinical (DCC) sessions the department shall recognise the PA (DCC) contribution and the effect on clinical activity of teaching activity and ensure that such activity at individual and departmental level is appropriately funded and that any workload statistics are appropriately weighted to consider the reduction of throughput in teaching clinics and team job planning is adjusted to take this into account.

4.20.3.14 **Leadership roles**: these are responsibilities which are not held by all clinicians but relate to a specific role filled by some clinicians either long term or for limited periods. Examples include being a Clinical Director, Clinical Lead, Audit Lead, Research, or other lead role.

4.20.3.15 Clinicians who wish to perform additional NHS responsibilities, outside DCC and SPA, must advise their Clinical Lead and Care Group Clinical Director prior to applying for the role. The nature of the additional responsibility and the time required to fulfil it should be discussed and facilitated. Where it is agreed that the clinician can undertake specific additional responsibilities, the time required to discharge them should be included in the Job Plan.

4.20.3.16 There are some educational and research additional NHS responsibilities which attract additional remuneration funded by corporate departments (i.e., education and research). Where this applies and the clinician is paid directly by the corporate service, there is no requirement for the Speciality /Care Group to allocate funding to discharge this responsibility.

4.20.3.17 The nature of the additional activity should be noted, and adequate time identified and clearly separated from departmental /specialty work. This may require consideration of stopping other activities to ensure the job plan does not exceed 12 PAs (refer to Paragraph 10).

4.21 External Duties

4.21.1 The Trust wishes to encourage and support relevant external duties. Clinicians who wish to perform external duties must advise their Clinical Director / Care Group ADOPs / Chief Medical Officer before applying for or accepting such a role. This requirement does not apply to trade union roles / duties which fall within scope of agreed arrangements for joint consultation and negotiations.

4.21.2 It may be requested at Job plan meeting for evidence of attendance or participation which would be expected as 80% or more of meeting attendance.

4.21.3 Where clinicians are already performing external duties the nature of these duties and the time commitment associated with them should be reviewed as part of the annual Job Plan review using the principles listed above. If the time for the external duty is paid flexibly, then any activity cancelled to undertake the external duty will need to be re-provided.

4.21.4 Reasonable paid time off for trade union duties will, as appropriate, be agreed in accordance with the Trust's partnership and / or recognition agreement, the time will be specified in the job plan.

4.22 Additional to Contract (ATC)

4.22.1 ATC is defined as unpaid work undertaken by the Consultant / SAS Doctor, that can be included in the Job Plan, to recognise the time value of additional work being carried out by individuals over and above their paid contract. For substantive consultants, this will support applications for Local CEAs.

4.23 Private Practice

4.23.1 Details of all regular private professional services must be included in the job plan and schedule of Programmed Activities, including weekday evenings and weekends.

4.23.2 All private professional services must be arranged and undertaken within the requirements of the Private Practice Code of Conduct and as such do not diminish the public resources that are available to the NHS. There should not be routine overlap between NHS and private work.

4.23.3 In line with the Code of Conduct for Private Practice, private practice must not be undertaken during NHS job planned time without the prior agreement in writing with the CSM and/ or CL. The Trust will only agree to this where time-shifting arrangements are agreed with your manager or where the income for the work is passed to the Trust. In some circumstances the Trust may at its discretion allow some private practice to be undertaken alongside a clinician's scheduled NHS duties, if they are satisfied that there will be no disruption to NHS services. In these circumstances, the clinicians should ensure that any private services are provided with the explicit knowledge and agreement in writing, of the Clinical Lead and CSM and that there is no detriment to the quality or timeliness of services for NHS patients.

4.23.4 Private Practice must not be carried out when a clinician is on call. If a clinician has pre-arranged cover for their on-call duties, this must be made clear using Care Group processes. Such an arrangement should only occur in exceptional circumstances. With prior approval from the Organisation, Clinicians on a Category B on call rota with a frequency of 1 in 4, or more frequent, are permitted to perform private practice during on call hours. It should be noted that, in accordance with the 2003 Consultant contract, clinicians on a Category A return to site on-call rotas are not permitted to perform private practice when on call, even if they are able to return within the specified time. The only exception would be to attend an emergency in a private patient, in which case alternative on call cover must be arranged.

4.24 Fee Paying Services

4.24.1 Fee Paying Services should be included in the job plan and schedule of Programmed Activities. They should only be undertaken during DCC or SPA time with the prior agreement of the CSM /or CL and where time-shifting arrangements have been agreed. Where this is the case, the clinician may retain the fees. Where such a time-shifting arrangement is agreed it will be reviewed regularly and either party can end it with reasonable notice, sufficient to allow the other party to make satisfactory alternative arrangements.

4.24.2 Fees for such services may also be retained by the clinician without time-shifting where there is minimal impact on other activities and is explicitly agreed, in writing, by the Clinical Manager. For this purpose, minimal impact should be

defined as not reducing Direct Clinical Care activity levels or the efficient use of Trust resources. Such an arrangement will be reviewed regularly.

4.24.3 In general, private work undertaken during programmed activities and on-call is regarded as fraud to the Trust and the NHS.

4.25 Resolving Disagreements Over Job Plans

4.25.1 The individual clinician and Clinical Manager/Lead will make every effort to mutually agree a job plan at the job plan review meeting. If there is a failure to agree the job plan, the first stage response will be mediation by the DMD. If agreement cannot be reached following the process of mediation, this would move to formal appeals process as per the relevant Schedule is the Terms & Conditions of Service at Paragraph 29.3 below.

4.25.2 A formal disagreement should be made in writing to the Care Group CD / ADOP by the Consultant / SAS Doctor or Clinical Lead within 14 days of the failure to agree stating:

- The nature of the disagreement
- The reason for their position
- The evidence from their point of view
- The consequences of alternative job plans
- Ideas for solution

4.25.3 Where mediation is unsuccessful an appeal panel will be convened to consider a formal review of the job plan. The panel will consist of the Chief Medical Officer (or nominee), a consultant nominated by the appellant consultant and a consultant chosen from a list of individuals approved by NHS Employers, BMA, and BDA. The appeal shall proceed in accordance with the relevant schedules in the applicable TCS (Schedule 4 for Consultants and Schedule 5 for SAS Doctors (2008 & 2021 contracts)).

4.25.4 The appeal panel will consider the dispute considering the views of the clinician and the organisation and will make a recommendation to the Trust Board.

4.26 Link to Appraisal and Revalidation

4.26.1 Job planning is separate from but closely linked to appraisal and revalidation; discussions during the job plan review will inform appraisal and revalidation. The job plan objectives will inform the service and individual developmental needs and help the clinician formulate a personal development plan at the appraisal discussion. The job plan will include sufficient SPA time to undertake appraisal and activities associated with professional and personal development as part of core SPA.

4.27 Pay Progression

4.27.1 Both the Consultant and SAS Doctors contracts make provision for remuneration to rise through a series of thresholds, subject to certain conditions being met, and

this progression is therefore not automatic. Progression would be expected to occur in line with schedules detailed below:

- Consultants (England) 2003, Schedule 15
- Associate Specialist (England) 2008, Schedule 15
- Specialist – England (2021), Schedule 13
- Specialty Doctor (England) 2008, Schedule 15
- Specialty Doctors – England (2021), Schedule 15

4.28 Local Clinical Excellence Awards / National Clinical Impact Awards (substantive Consultants only)

4.28.1 Adherence to the standards of Best Practice for Job Planning also forms part of the eligibility criteria for the application process in relation to Local Clinical Excellence Awards and National Clinical Impact Awards.

4.29 Annual and Study Leave

4.29.1 Annual, Professional and Study leave must be booked 6 weeks in advance and is subject to approval following departmental guidelines for each Clinical Service Unit.

4.30 Work Diary

4.30.1 It is not a contractual requirement to maintain a work diary, but it is recommended by the BMA that clinicians should keep, or be asked to keep, a work diary to inform the job plan meeting of the range of activities and the time spent on those. The diary should not dictate the Job Plan but will assist in the job planning process where the clinician or the manager feels that there are discrepancies between the current job plan and the actual workload. The BMA diary exercise App can be accessed at: Dr Diary app (bma.org.uk)

4.31 Flexible Working

4.31.1 All Consultants / SAS Doctors have access to request flexible working arrangements in line with the Trust's Work & Home Life Policy.

4.32 Audit of Process and Monitoring Compliance

4.32.1 To ensure compliance with this policy, the Trust will undertake monitoring through interim audits and performance updates throughout the year. The Chief Medical Officer and Head of Medical Workforce will be responsible for the monitoring.

5. ATTACHMENTS

Number	Title	Separate attachment
1	Definition of Core SPA	N
2	Recommended PA Allocations	N
3	Travel Time	N
4	Monitoring	N

5. ATTACHMENTS		
Number	**Title**	**Separate attachment**
5	Values and Behaviours Framework	N
6	Equality & Diversity Impact Assessment Tool	N

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.

Unique Identifier	Title and web links from the document library
Corp/Pol/137	Work and Home Life Policy
TOR/062	Job Planning Consistency Committee - Terms of Reference
Corp/Pol/097	Allocation of Time for the Role of Educational and Clinical Supervisors for Doctors in Training

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

Every effort been made to review/consider the latest evidence to support this document?	Yes

If 'Yes', full references are shown below:

Number	References
1	Department of Health (2015) Review of Operational Productivity in NHS Providers. An Independent Report for the Department of Health by Lord Carter of Coles Interim Report June 2015,' (Accessed 03.05.24)
2	Department of Health (2016) Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations - GOV.UK (www.gov.uk) (Accessed 03.05.24)
3	NHS England » NHS Long Term Plan (Accessed 03.05.24)
4	NHSE/I (2020) 'E-Job Planning the Clinical Workforce' (Accessed 03.05.24)
5	The Working Time Regulations 1998 No.1833 (Accessed 03.05.24)
6	NHS Improvement (2017) ' Consultant job planning: a best practice guide,' (Accessed 03.05.24)
7	BMA and NHS Employers (2011) ' A guide to consultant job planning,' (Accessed 03.05.24)
8	BMA and NHS Employers (2012) ' A UK guide to job planning for specialty doctors and associate specialists,' (Accessed 03.05.24)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
E-Job Planning	Electronic Job Planning
PA	Programmed Activity
APA	Additional Programmed Activity
SPA	Supporting Professional Activity
ANR	Additional NHS Responsibility
ATC	Additional to Contract
TCS	Terms & Conditions of Service
SAS Doctor	Accepted term for Associate Specialists, Specialists and Specialty Doctors

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**
LED	Locally Employed Doctor
BDA	British Dental Association
BMA	British Medical Association
CMO	Chief Medical Officer
DMD	Deputy Medical Director
CD	Clinical Director
CL	Clinical Lead
ADOP	Associate Director of Operations
WTR	Working Time Regulations

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name/Meeting	Job Title	Date Consulted
Dr Lakshmanan Radhakrishnan	LNC Chair	11/01/2024
Michael Cheetham	BMA IRO	11/01/2024
Dr Jane McNicholas	CMO	11/01/2024
Dr Cathy Hay	DMD	11/01/2024

10. DISTRIBUTION & COMMUNICATION PLAN	
Dissemination lead:	Derek Thomas
Previous document already being used?	No
If yes, in what format and where?	N/A
Proposed action to retrieve out-of-date copies of the document:	N/A
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Direct e-mails to Care Group management structure. Direct e-mails to Consultants & SAS Doctors New documents uploaded to the Document Library.

11. TRAINING

Is training required to be given due to the introduction of this procedural document? **Yes**

If 'Yes', training is shown below:

Action by	Action required	To be completed (date)
Medical Workforce	Deliver job plan system training	Feb 24 onwards
Medical Workforce	Deliver training on the job planning policy	Feb 24 onwards

12. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date
1.0	08/05/2024		New	01/01/2026

Appendix 1: Definitions of Core SPA

The following table is based on the allocation of a standard 1.5 SPAs, with reference to Appendix 5:

Activity	Description
CME / CPD	• Continuing Professional Development (CPD) outside of study leave - personal study, attending trust educational meetings, grand rounds, audit meetings etc. • Time for statutory and mandatory training requirements as defined by the Trust / Chief Medical Officer • Participation in essential/relevant training for the specialty group • Job planning preparation and meetings • Time to undertake work diary exercises • Appraisal preparation and appraisal meetings to support the core requirements for revalidation • Personal/professional administration, e.g., completing 360-degree feedback for colleagues
QI and Audit projects / Governance	• Clinical audit and mortality review • Participation in mandatory audits, contributing to national audits etc. • Attendance at Clinical Governance meetings (including Audit, Clinical Incident, Mortality, and management meetings) at departmental, care group and Trust level • Participation in clinical incident review • Responding to complaints
Teaching and Training	• Workplace teaching and supervision for the undergraduate and postgraduate workforce (not ES/CS role)
Service Development and Management	• Attending regular specialty consultant meetings. • General non-patient related administration, e.g., correspondence, email • Service Development and improvement • Clinical Management (this does not include formal management roles, such as clinical lead, this is included as Additional NHS Responsibilities (ANR)). This may include contributing to commissioning discussions, clinical coding etc. • Responding to complaints, incidents, and general queries about one's own actions or on behalf of department • Larger service development roles will attract additional PA time

Appendix 2: Recommended PA Allocations

Category	Role/Activity	Weekly Allocated Hours	PA Allocation	Comments
Core SPA	CPD	As required	As required	For all categories, the total SPA should not exceed 1.5 PAs
	Revalidation	1 - 1.75 PAs includes 2 hours SPA	0.5-1 DCC add 0.5 SPA	
	Personal Audit	2 - 3.50 PAs includes 3 hours SPA	1.25-2.5 DCC add 0.75 SPA	
	Personal Appraisal	3.75 - 4.75 PAs includes 4 hours SPA	2.75-3.5 DCC add 1 SPA	
	Personal Job-planning	5 PAs, includes 5 hours SPA	3.75 DCC add 1.25 SPA	
	Governance (personal professional governance)	5+ PAs includes 6 hours SPA	4.5 or more DCC add 1.5 SPA	
	Mandatory Training	As required (not included in study leave allowance)	As required (not included in study leave allowance)	
Maximum total SPA for core SPA		6	1.5	A further SPA, up to a maximum of 2.5, may be agreed for a time limited period with the individual clinician. (e.g., professional portfolio (CESR))
Departmental Roles (ANR)	Named Clinical / Educational Supervisor	1 hour	0.25	0.25 PA per trainee - no more than 4 trainees per Consultant / SAS Doctor
	Research Lead	1 hour	0.25	
	Formal teaching	0.5 hour	0.125	More than 4 formal teaching sessions per year
	Appraiser	1 hour	0.25	6-8 Appraisees
Additional NHS Responsibilities	Specialty Governance Lead	4-8 hours	Up to 2 PA	Dependent on speciality, volume of incidents etc
	Audit Lead	Up to 4 hours	Up to 1 PA	
	Appraisal Lead	8 hours	2.00	
	Guardian of Safe Working Hours	6 hours	1.50	
	Care Group Clinical Director	20 hours	5.00	
	Clinical Lead	Up to 8 hours	Up to 2.00	The allocation must consider specialty requirements and staff numbers
	Director of Medical Education	8 hours	2.00	
	Foundation Programme Director	4 hours	1.00	
	AMD Appraisal and Revalidation	8 hours	2.00	
	SAS Advocate	4 hours	1.00	

Category	Role/Activity	Weekly Allocated Hours	PA Allocation	Comments
	Medical Examiner	1 hour	0.25	
	A Trust Lead role	2 hours	0.50	
	LNC Chair	4 hours	1.00	
	Deputy LNC Chair	2 hours	0.5	
	LNC Accredited Members	1 hour	0.25	
	SAS Tutor	4 hours	1.00	Deputy SAS Tutors given 0.5 PA as per NHS England Workforce, Training & Education standards
	MSC Chair	4 hours	1.00	
External Responsibilities	CQC inspections	By application for professional leave	By application for professional leave	Maximum of 10 days per year
	Royal College Representative	By application for professional leave	By application for professional leave	
	NHS Resolution PPA	By application for professional leave	By application for professional leave	
	GMC	By application for professional leave	By application for professional leave	
Administration related to DCC	Per clinic / procedure / Theatre PA – standard	Specialty dependant	Specialty dependant	Informed by Royal College guidance and standardised for all clinicians
Travel Time	As determined by the application of the national terms and conditions of service and Trust travel policies			
Private work	Private work should be identified in the job plan, including location, timing, and broad type of private work. Private work, which is not commissioned by the Trust, must not be completed during Trust contracted time as defined in the Job Plan, including during SPA time.			
Other SPA	Externally funded research	Based on external research contract	Based on external research contract	

Appendix 3: Travel Time

1. For work undertaken in the job plan on alternative sites, within the Trust, and locations other than at a clinician's base site, travel time will be shown in the job plan based on the timings in the table below one way, as per the conditions detailed in Paragraph 22 of the policy:

From	To	Time Allocated
RLI	FGH	1 hour, 15 minutes
RLI	WGH	35 minutes
RLI	QVH	20 minutes
RLI	BVH	1 hour
RLI	St John's Hospice	15 minutes
FGH	WGH	1 hour
FGH	Ulverston	20 minutes
RLI	Ulverston	60 minutes

Appendix 4: Monitoring

Section to be monitored	Methodology (incl. data source)	Frequency	Reviewed by	Group / Committee to be escalated to (if applicable)
Implementation of job planning process across the care groups	Discussion and reports	Minimum of monthly	Job Planning Consistency Committee	People Committee
Ensure all Consultants, SAS Doctors, Clinical Leads and Clinical Directors comply with the requirement for annual review of the Job Plan.	Discussion and reports	Minimum of monthly	Job Planning Consistency Committee	People Committee
Compliance with the policy	Interim audits and performance updates	Quarterly	Head of Medical Workforce	Chief Medical Officer

Appendix 5: Values and Behaviours Framework

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a positive workplace culture. By following our own policies and with our **ambitious** drive we can cultivate an **open, honest and transparent culture** that is truly **respectful and inclusive** and where we are **compassionate** towards each other.

Appendix 6: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Medical Workforce	
Lead Assessor	Derek Thomas	
What is being assessed?	Job Planning Policy	
Date of assessment	11 Jan 24	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Patient Experience and Involvement Group?	NO
	Staff Side Colleague?	YES
	Service Users?	YES
	Staff Inclusion Network(s)?	YES
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) **What is the impact on the following equality groups?**

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination / harassment / victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. carers, veterans, people from a low socioeconomic background,	Neutral	

people with diverse gender identities, human rights)		

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	N/A

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review once approved/noted by Trust Procedural Document Group.
For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.