1. INTRODUCTION / RATIONALE

A job plan is a prospective agreement setting out duties, responsibilities and objectives for the coming year. It should include all aspects of professional practice including clinical work, teaching, research, education and managerial responsibilities.

The purpose of this policy is to set out Gloucestershire Hospital’s job planning arrangements for Consultants, SAS Doctors and Trust Doctors.

GP Clinical Assistants are not covered by this policy.

Clinicians and NHS Employers have a joint responsibility to work closely together to provide the best possible care within the resources available to them. The job plan is a key mechanism through which this shared responsibility can be agreed, monitored and delivered.

A job plan is a prospective agreement setting out duties, responsibilities and objectives for the coming year. It should include all aspects of professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments and should include personal objectives, including details of their link to wider Service and Trust objectives.

As a publicly funded organisation the Trust has a statutory responsibility for probity. For this reason Job Plans must be based upon fact and evidence.

It is expected that all parties will participate openly and collaboratively in the process and actively consider alternative ways of working, so as to enable service improvements to be introduced. Matching workforce availability to activity will bring greater efficiencies and quality to patient care, as well as a better work-life balance for individuals.
### 2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Plan</td>
<td>A prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the individual and the support and resources provided by the employer for the coming year</td>
</tr>
<tr>
<td>Consultant</td>
<td>Senior NHS Doctor. Consultants accept ultimate responsibility for and delivery of expert clinical care, usually within a team.</td>
</tr>
<tr>
<td>SAS Doctors</td>
<td>Specialty Doctors and Associate Specialists (2008). Includes Trust Doctors and Fellows whose contract of employment is the same as a Specialty Doctor</td>
</tr>
<tr>
<td>Programmed Activity (PA)</td>
<td>A scheduled period, nominally equivalent to four hours, during which a consultant or SAS Doctor undertakes Contractual and Consequential Services.</td>
</tr>
</tbody>
</table>

### 3. POLICY STATEMENT

The purpose of this policy is to set out Gloucestershire Hospital's job planning arrangements for Consultants, SAS Doctors and Trust Doctors.

This policy supersedes any previous policies relating to job planning.

### 4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>• Overall responsibility for ensuring job planning is conducted annually across the organization and in line with DoH requirements</td>
</tr>
<tr>
<td></td>
<td>• Advise Chief of Service at second signoff of Medical Director job plan</td>
</tr>
<tr>
<td>Director of Service Delivery</td>
<td>• Set the timeframes for annual delivery of job planning through the Trust Management Team planning process</td>
</tr>
<tr>
<td></td>
<td>• Advise Medical Director at second signoff of Chief of Service job plans</td>
</tr>
<tr>
<td>Medical Director</td>
<td>• Review and maintain this document in conjunction with the Local Negotiating Committee in line with Trust Policy</td>
</tr>
<tr>
<td></td>
<td>• Undertake second signoff for Chief of Service job plans</td>
</tr>
<tr>
<td></td>
<td>• Lead the mediation process if required (see 'A guide to consultant job planning'. (p41)</td>
</tr>
<tr>
<td>Divisional Chief of Service (CoS)</td>
<td>• Undertake second signoff for Chief of Service job plans</td>
</tr>
<tr>
<td></td>
<td>• Contribute to the mediation process is required (see 'A guide to consultant job planning'. (p41)</td>
</tr>
<tr>
<td>Medical Staffing Manager</td>
<td>• Advise on the interpretation of this policy in accordance with national terms and conditions.</td>
</tr>
<tr>
<td></td>
<td>• Review the policy in conjunction with the Local Medical Negotiating Committee in line with Trust policy.</td>
</tr>
<tr>
<td>Specialty Director (SD)</td>
<td>• Ensure that the job planning process takes place within their specialty/department, in accordance with the timeframe set out by the Director of Service Delivery</td>
</tr>
<tr>
<td></td>
<td>• Prepare for and lead job planning review meetings</td>
</tr>
<tr>
<td></td>
<td>• Undertake first sign off of agreed job plans</td>
</tr>
<tr>
<td>General Manager (GM)</td>
<td>• Whether present at the job planning session or not, the management team will support the Specialty Director/Clinical Lead in preparing the necessary information for the session and undertaking actions that arise from it</td>
</tr>
<tr>
<td>Individual member of staff</td>
<td>• Ensure they undertake job planning on an annual basis with their Line Manager</td>
</tr>
<tr>
<td></td>
<td>• Prepare for job planning review meetings</td>
</tr>
</tbody>
</table>

### 5. PREPARING FOR THE JOB PLAN

Preparation is the key to effective job planning. To facilitate an informed discussion at the job planning meeting, those involved should bring all the relevant data needed to plan the activities for the coming year. With the support of the General Manager, the Specialty Director should gather all the supporting resources required. See Action Card JP1.

#### 5.1 Format of the meeting

At least an hour should be set aside for the meeting at a time when all parties are free of other commitments. As far possible, interruptions, such as pagers and mobile phones should be avoided. The job planning meeting will generally take place between the individual and their line manager. If the job plan cannot be finalised at the first meeting, e.g. if additional information is required, subsequent meetings should take place until the job plan is agreed. While there are agreed processes for mediation and appeal, it is best if the parties can arrive at an agreed job plan by themselves.
5.2 Role of the general manager in job planning

Job planning should be undertaken in a spirit of collaboration and cooperation and individuals should expect that the relevant member of the management team will be present at their job planning session. It is not mandated that Managers will be present at every job planning session and Specialty Directors will determine whether the presence of a member of the management team is appropriate/necessary. Whether present at the session or not the management team will support the Specialty Director in preparing for the session and undertaking actions that arise from it.

The presence of the relevant general manager can significantly improve the job planning process and is supported by the Local Negotiating Committee.

6. COMPONENTS OF THE JOB PLAN

The job plan will include a schedule of programmed activities setting out how, when and where the individual's duties and responsibilities will be delivered. All programmed activities will normally take place at the individual's prime place of work, unless this has been negotiated otherwise during the job planning discussions. In order to drive measurable and sustainable improvements in quality, an effective job plan needs to be more than a high level timetable which sets out in general terms the range of activity. It is vital that it articulates the relationship between the organization and the member of staff and the desired impact on patient care.

The schedule of programmed activities will require full discussion with the line manager taking into account both their and the individual’s views on resources and priorities.

6.1 Cycle of work activities

Job plans should be based on a regular cycle (weekly, monthly etc.). Job plans may cover a week, or where a weekly cycle is not appropriate, a month or year, where such a period is agreed by all parties as appropriate.

6.2 On-call

Where an individual is required to participate on an on-call rota, the job plan will set out the frequency of the rota.

6.3 Managerial responsibilities

The job plan will clearly set out the individual's management responsibilities which may include appraisal of colleagues, management and training of junior doctors/nurses, managing budgets and clinical governance activities.

6.4 Location

The job plan will state the principle place(s) of work and the individual will generally be expected to undertake programmed activities at agreed locations.

6.5 Objectives

Job planning should not be carried out in isolation. It should form part of a dynamic patient-focused process which incorporates organizational, team and individual objectives.

The job plan will identify reasonable and achievable (SMART) objectives that have been agreed between the individual and his/her line manager and will set out the relationships between these personal objectives and Service Line and Trust objectives. Where an individual works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.
6.6 Link with Appraisal

Although objectives should be discussed and agreed at the job planning meeting, the appraisal process is important for agreeing and monitoring development objectives and a helpful source of information for the job planning process.

It is important that the appraiser has a discussion with the clinical manager prior to the job planning meeting to provide Form A from the last appraisal process that may be useful in the job planning meeting. This information should be shared in an open and transparent manner with the individual at the same time.

It should be noted that job planning and appraisal are, and should remain, separate processes but job planning and appraisal cycles should be harmonised where possible. The e-job plan which has been signed off by the Specialty Director and Chief of Service should be taken to the appraisal.

6.7 Supporting resources

The individual and his/her Line Manager will use job planning reviews to identify the resources that are likely to be used to help the individual carry out his/her job plan commitments over the following year and achieve his/her agreed objectives for that year.

The individual and his/her Line Manager will also use job plan reviews to identify any potential organizational or systems barriers that may affect the individual’s ability to care out the job plan commitments, or to achieve agreed objectives.

6.8 Annualised contracts

Annualisation is a flexible working arrangement which needs to meet both the needs of the individual and employer. It is an approach to job planning in which the individual contracts with the Trust to undertake an agreed number of programmed activities or other activities on an annual rather than a weekly basis.

As with all aspects of job planning the decision whether to annualise a job plan or not must be by mutual agreement. The job plan will set out variations in the level and distribution of activities within the overall annual total. Both parties should agree on the outputs and outcomes expected from activity in the job plan, and the means by which they will be measured and reported.

6.9 Team job planning

In some specialties a team approach to job planning may be developed. In such cases, each individual must still agree a schedule of commitments and personally ‘sign-up’ to the job plan. Where there has been team job planning of some elements of the timetable, e.g. on-call, emergency cover this should not be revisited in the job planning meeting on an individual basis.

6.10 Travel allocation

Travelling time to and from the usual place of work is not included in the job plan. As sites in Gloucestershire are spread out, standard travel times which are applicable to all staff have been agreed. Times are programmed into the Allocate job planning system (used by Medical Staff) and can be found at Appendix A1.

6.11 Premium time

Non-emergency work after 19.00 and before 07.00 during week days or anytime at weekends (premium time) will only be scheduled by mutual agreement between the individual and his/her Line Manager and will take into consideration private patient activity done in normal time which displaces NHS routine work into premium time.

If clinicians choose to undertake a Programmed Activity (PA) in premium time rather than core working hours for personal convenience, the time for the PA must still need to equate to 4 hours.
6.12 Private work

As part of the job planning process, any private practice should be reviewed to ensure compliance with the Code of Conduct on Private Practice. The job plan should include details of any private work carried out. The individual should identify any regular private commitments in their job plan and provide information on the planned location, timing and the broad type of work done to facilitate effective planning of NHS work and any out-of-hours cover.

The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services.

Further information will be available on the forthcoming new private patient policy.

6.13 Trust guidelines

The Trust has published a set of locally agreed guidelines to ensure consistency across the Trust. Nothing in the guidance document should be taken as a substitute or as a variance from the formal Consultant Contract (2003) and SAS Contract (2008).

7. TIMETABLE FOR JOB PLANNING AND LINKS TO BUSINESS PLANNING

The job plan should be reviewed on an annual basis, but an interim review of a job plan may be conducted if duties, responsibilities and accountability arrangements have changed or need to change significantly within the year. The member of staff or the line manager can initiate an interim job plan review. This is important during periods of organisational change and where unexpected changes occur, such as the absence of a colleague for a prolonged period or proposed service reconfiguration. Job planning supports the delivery of Specialty and Trust Business Plans by providing a mechanism to ensure that corporate goals are incorporated into individual job plan objectives, and that the aspirations of clinical staff are consistent with those of the Trust. The links between business plans and individual job plans cover three main areas:

<table>
<thead>
<tr>
<th>Business Plan</th>
<th>Job Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Corporate objectives</td>
<td>Personal objectives</td>
</tr>
<tr>
<td>2 Quality standards</td>
<td>Performance objectives</td>
</tr>
<tr>
<td>3 Planned activity levels</td>
<td>Clinical sessions and activity targets</td>
</tr>
</tbody>
</table>

In order to ensure that the activities are coordinated and that the Trust works throughout the financial year with an agreed business plan and signed-off job plans the timetable will be determined through the Trust Management Team (TMT) planning process.

The Medical Staffing Manager will republish job plans on Allocate annually on 2nd January with refreshed Trust objectives.

8. DOCUMENTATION

8.1 Recording

It is essential that all changes agreed at job planning sessions for future reference by the member of staff, Specialty Management and Medical Staffing Teams and to enable any agreed actions to be recorded and tracked.

The Trust uses the Allocate system for collating, signing off and monitoring Medical Staff job plans. All Consultant and SAS Grade job plans must be uploaded individually on the Allocate system.

8.2 Signing off job plans

What is agreed at the job planning meeting should be put in writing but is should not be put into effect until this has been reviewed and signed off by all parties. There may be a need to discuss some
aspects of the agreement with other parties before a revised job plan can take effect. Once the job plan has been agreed all parties must complete formal sign off within two weeks.

All those involved in the job planning process should be clear about the level of sign-off required at each stage. The default arrangements are as follows:

<table>
<thead>
<tr>
<th>Clinician</th>
<th>1st Signoff</th>
<th>2nd Signoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant/SAS Grade</td>
<td>Specialty Director</td>
<td>Only requires 2nd signoff for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• new staff/first job plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• or where performance issues are known</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• or designated by the Chief of Service</td>
</tr>
<tr>
<td>Specialty Director</td>
<td>Chief of Service</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Chief of Service</td>
<td>Specialty Director</td>
<td>Medical Director with advice from Director of Service Delivery</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Specialty Director</td>
<td>Chief of Service with advice from the Chief Executive</td>
</tr>
</tbody>
</table>

Action Card JP2 provides guidance on the signoff process.

9. **NEW POSTS**

Before replacing an existing post the Specialty Director and Chief of Service should ensure that there is a continuing requirement for the post.

Each time a new post is approved (and prior to advertisement), the opportunity should be taken to review job plans and on-call commitments of all individuals within that specialty or departments. In this way there is a clear and agreed expectation and understanding of the role and the contribution of the post of the service and to patient/client care.

The process for signoff of new job plans can be found in Action Card JP7.

An indicative job plan should be included with recruitment paperwork. This should be drawn up using advice from clinical colleagues within the department (including the previous postholder, where possible) and the clinical manager. On appointment the job plan should be reviewed by the post holder and Specialty Director and then annually as part of the annual job planning round.

10. **STAFF EMPLOYED BY MORE THAN ONE ORGANISATION**

In the case of consultants with more than one employer, the designated body will conduct the job plan review on behalf of all the consultant’s employers. The designated body will take full account of the views of other employers (including for the purposes of Schedule 5) and inform them of the outcome.

11. **MEDIATION AND APPEALS**

Where issues arise the Trust will work hard to resolve them. The mediation and appeals process should only be used when all other channels have been exhausted. The mediation and appeals process is covered in the ‘A guide to consultant job planning’ (p41) and in ‘A UK guide to job planning for specialty doctors and associate specialists’ (p33).

Mediation will be completed within 3 months from initiation. The old/current job plan will be used until the mediation process is complete.

12. **CONSULTANT JOB PLANNING**

Annual job planning is a contractual obligation for all Consultants Medical Staff, irrespective of whether they hold a 2003 national contract or a pre-2003 national contract.

A set of common implementation principles for job planning will be used throughout the Trust (Sections 4-11). This policy is not an exhaustive guide on how to conduct job planning and should be used in conjunction with ‘A guide to consultant job planning’. This document is a joint British Medical
Association/NHS Employers publication available on the NHS Employers website. Gloucestershire Hospitals NHS Foundation Trust will carry out consultant job planning as described in this document. Guidance is based on agreed principles that can be used to provide the framework for a collaborative approach, which enables consultants and managers to meet their shared responsibility for providing the best possible patient care.

12.1 Categories of activity

The duties and responsibilities set out in the job plan will include, as appropriate:

- Direct clinical care duties including on-call work
- Supporting professional activities
- Additional NHS responsibilities
- External duties

The job plan will set out all the consultant NHS duties and responsibilities and the service to be provided for which the consultant is accountable. The job plan will include any duties of other NHS employers. A standard full-time job plan will contain 10 programmed activities. Subject to the provisions in Schedule 7 of the Consultant 2003 terms and conditions for recognizing work done in premium time, the programmed activity will have a timetable value of 4 hours.

12.2 Consultants on part time contracts

Consultants who wish to work part time will have a job plan agreed on commencement. Full-time consultants wishing to reduce their job plan will be required to notify the Specialty Director who will discuss with the Chief of Service and reply to the Consultant with the outcome. The request will be considered together with the requirements of the service in line with the Trusts Flexible Working Policy. Consultants are required to declare their other roles in addition to the Gloucestershire Hospitals work to the Responsible Officer on the Scope of Work form section 4 of the MAG Appraisal Form.

If Occupational Health advice that part-time work should be considered on health grounds, the Consultant and Specialty Director will agree adjustments to the job plan. Regular assessments and reviews will be had with Occupational Health until the Consultant is fit to return to their previous job plan.

SPA allocation for Part time job plans with 4 DCCs or less will be pro rata.

12.3 GMC revalidation

In order to proceed to appraisal consultants must have an agreed job plan signed off within the last twelve months. In the rare and exceptional circumstance where a disputed job plan is holding up appraisal there will be an individual discussion with the Specialty Director and Chief of Service as to how to proceed.

12.4 Pay progression

The Consultant Contract makes provision for consultants’ remuneration to rise through a series of thresholds subject to certain conditions being met. The majority of consultants will progress through the thresholds; however this is conditional on conditions being met and is not automatic.

12.5 Clinical Excellence Awards (CEA) scheme

Consultants are not eligible for an award if they have not participated in job planning and/or do not have an agreed job plan which has been signed off in the last twelve months.

12.6 Locums

Specialty Directors should agree job plans with locums. The job plan may be different to that of the consultant they are replacing, and they may deliver proportionately more direct clinical care. A standard level of SPA should be allocated to allow locum doctors to meet college and other external requirements. It is suggested that this should be between 1 and 1.5 SPAs.
12.7 Consultants employed on the old contract (pre 2003)

The work commitments of consultants employed on the old consultant contract will be discussed and agreed on an individual basis at least once a year.

13. SPECIALTY DOCTOR AND ASSOCIATE SPECIALIST JOB PLANNING

The SAS doctor job plan is at the heart of the 2008 Specialty Doctor and Associate Specialist Contract. A set of common implementation principles for job planning will be used throughout the Trust (Sections 4-11). This policy is not an exhaustive guide on how to conduct job planning and should be used in conjunction with ‘A UK guide to job planning for specialty doctors and associate specialists’. This document is a joint British Medical Association/NHS Employers publication available on the NHS Employers website. Gloucestershire Hospitals NHS Foundation Trust will carry out SAS Doctor job planning as described in this document. Guidance is based on agreed principles that can be used to provide the framework for a collaborative approach, which enables doctors and managers to meet their shared responsibility for providing the best possible patient care. The BMA guidance is directly applicable to doctors who are on the 2008 SAS Doctors Terms and Conditions of Service but the principles of job planning and appraisal are equally applicable to all those who have chosen to remain on the pre-2008 SAS contracts.

13.1 Categories of activity

The duties and responsibilities set out in the job plan will include, as appropriate:

a. Direct clinical care duties, including on-call work
b. Supporting professional activities
c. Additional NHS responsibilities
d. External duties

The job plan will set out all the consultant NHS duties and responsibilities and the service to be provided for which the SAS Doctor is accountable. The job plan will include any duties of other NHS employers. A standard full time job plan will contain 10 programmed activities.

13.2 SAS doctors on part time contracts

SAS Doctors who wish to work part time will have a job plan agreed on commencement. Full time Doctors wishing to reduce their job plan will be required to notify the Specialty Director who will discuss with the Chief of Service and reply to the Doctor with the outcome. The request will be considered together with the requirements of the service in line with the Trusts Flexible Working Policy. SAS Doctors are required to declare their other roles in addition to the Gloucestershire Hospitals work to the Responsible Officer on the Scope of Work form section 4 of the MAG Appraisal Form.

If Occupational Health advise that part time work should be considered on health grounds, the Doctor and Specialty Director will agree adjustments to the job plan. Regular assessments and reviews will be had with Occupational Health until the Doctor is fit to return to their previous job plan. SPA allocation for Part time job plans with 4 DCCs or less will be pro rata.

13.3 GMC revalidation

Revalidation requires that SAS doctors demonstrate that they remain fit to practice. In order to proceed to appraisal SAS Doctors must have an agreed job plan signed off within the last twelve months. In the rare and exceptional circumstance where a disputed job plan is holding up appraisal there will be an individual discussion with the Specialty Director and Chief of Service as to how to proceed.

13.4 Pay progression

The SAS Doctors Contract makes provision for remuneration to rise annually to point 4 of the salary scale and then through two thresholds subject to certain conditions being met. The majority of SAS Doctors will progress through the thresholds; however this is conditional on conditions being met and is not automatic.
13.5 Locums

Specialty Directors should agree job plans with locums. The job plan may be different to that of the doctor they are replacing, and they may deliver proportionately more direct clinical care. The Trust must allocate at least the agreed minimum entitlement of one PA per week for SPA time to allow locum doctors to meet college and other external requirements.

13.6 SAS doctors employed on the old contract

The work commitments of SAS Doctors employed on pre-2008 contracts will be discussed and agreed on an individual basis at least once a year.

14. TRAINING

- New members of staff will be given access to and training on Allocate by the Medical Staffing Manager
- The suppliers of Allocate provide two training days per year. These days will be advertised in advance to all Consultants and SAS Grades who should make themselves available to attend. The training days will be structured so that half a day will be available to the planners and half a day to the planned
- Training is required for all individuals who sign off job plans. This will include training on contractual aspects, shared organisational aims, quality improvement and objective setting. Training for Specialty Directors will be covered in the ILead Programme.
- Training should be included in the objectives of clinical managers and other staff central to the job planning process

15. MONITORING OF COMPLIANCE

<table>
<thead>
<tr>
<th>Monitoring requirements and methodology</th>
<th>Frequency</th>
<th>Further actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Specialty Director to submit a policy compliance report including evidence of compliance with the policy and demonstrate that job planning is being undertaken annually.</td>
<td>Annual</td>
<td>Report to Divisional Board. Should monitoring uncover any shortfalls the Medical Directors will initiate remedial action for improvement.</td>
</tr>
</tbody>
</table>

16. REFERENCES


<table>
<thead>
<tr>
<th>DOCUMENT PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REFERENCE NUMBER</strong></td>
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<tr>
<td><strong>CATEGORY</strong></td>
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<tr>
<td><strong>AUTHOR</strong></td>
</tr>
<tr>
<td><strong>ISSUE DATE</strong></td>
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<tr>
<td><strong>REVIEW DETAILS</strong></td>
</tr>
<tr>
<td><strong>ASSURING GROUP</strong></td>
</tr>
<tr>
<td><strong>APPROVING GROUP</strong></td>
</tr>
</tbody>
</table>
| **APPROVAL DETAILS** | Policy approval: HR Policy Group January 10th 2017  
TPAG approval: 31st January 2017 |
| **EQUALITY IMPACT ASSESSMENT** | B0682 RD3 |
| **CONSULTEES** | Medical Staffing Team, LNC (Local Negotiating Committee) |
| **DISSEMINATION DETAILS** | Upload to Policy Site; Consultant email; cascaded via divisions |
| **KEYWORDS** | Job Plan, Medical Staff, Consultants, SAS Doctors |
| **RELATED TRUST DOCUMENTS** | Leave Policy for Medical Staff  
Study Leave Policy for Medical Staff  
Clinical Excellence Awards Process  
Appraisal Policy |
| **EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION** | • Working Time Regulations 1998  
• Consultant Contract 2003  
• Specialty Doctor and Associate Specialist Contract 2008 |