

Date: 23rd April 2026
Ref: CORP 26/27 - 006

Dear xxx

Freedom of Information request: Consultant SPAs and External Duties (CORP 26/27 – 006)

Thank you for your request for information which the Trust received on 10th April 2026.

Your Request:

1. *The number of substantive consultants employed (headcount and WTE).*
2. *Your organisation's current standard (or reference) job plan for a full-time consultant, including the normal DCC/SPA split. (Please provide the document or template if available).*

SPA Allocation

3. *Number of consultant posts with SPA time and total SPAs allocated.*
4. *Typical SPA allocation in a 10-PA contract.*
5. *How many consultant posts have no SPA time allocated?*
6. *Count of consultants according to the number of SPAs stated in their job plan:*
 - <1.0 SPA
 - 1.0–1.4 SPA
 - 1.5–1.9 SPA
 - 2.0–2.4 SPA
 - ≥2.5 SPA
7. *Since 1 April 2020, have there been any changes to SPA allocation policy or the standard consultant DCC/SPA split? Yes/No. If yes, please provide any available documentation and briefly outline these changes.*

External Duties

Royal Colleges, Specialist Associations and National Bodies

Recently refreshed National guidance highlights the need to support professional and national roles within job planning.

8. *Does your organisation have a policy or standard approach for recognising external professional duties including but not limited to the following: Roles for Royal Colleges / Faculties, Specialist societies or associations, National clinical networks, guideline groups or NHS national bodies, or Regulatory roles (e.g., GMC, NICE)*
Please answer: Yes/No. If yes, provide the policy or a summary.

For consultants who currently hold such external or national duties, please provide the number who:

9. *Have allocated PA(s)*
10. *Are permitted to use existing SPA allocation*
11. *Undertake these duties in their own time.*

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.





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Protection of SPA time

12. Does the organisation monitor whether planned SPA time is delivered? Yes/No. If yes, please provide a short description of the method.
13. Does the organisation have a policy or guidance on the protection of SPA time (including but not limited to, discouraging routine cancellation or repurposing SPA for service pressures)? Yes/No. If yes, please provide the document.
14. Summary of activities SPA time was used for (e.g. including but not limited to; education, CPD, audit, research, governance, external duties, etc).

SPA Time Over the Past Five Years

For each of the past five complete job-planning years, please provide an annual summary showing:

15. Number of consultants with SPA time
16. Total or average SPA time allocated (total SPA PAs or average per consultant).
17. Total or estimated SPA time used in that year.

Please find the Trust's response below:

1. The number of substantive consultants employed (headcount and WTE).

72 headcount; 62.35 WTE

2. Your organisation's current standard (or reference) job plan for a full-time consultant, including the normal DCC/SPA split. (Please provide the document or template if available).

10 sessions – 7 DCC/3 SPA. Please see Appendix 1.

SPA Allocation

3. Number of consultant posts with SPA time and total SPAs allocated.

68 posts with SPA time.
156.24 total SPA sessions.

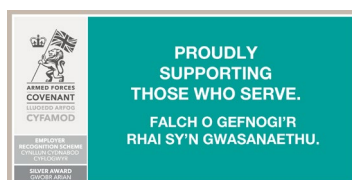
4. Typical SPA allocation in a 10-PA contract.

2.71 – average SPA for consultants on 10 or more sessions (NB. Does not include "Additional NHS Responsibilities" or "External Duties Sessions").

5. How many consultant posts have no SPA time allocated?

4 consultant posts.

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6. Count of consultants according to the number of SPAs stated in their job plan:

- <1.0 SPA - 9
- 1.0–1.4 SPA - 10
- 1.5–1.9 SPA - 5
- 2.0–2.4 SPA - 21
- ≥2.5 SPA - 27

7. Since 1 April 2020, have there been any changes to SPA allocation policy or the standard consultant DCC/SPA split? Yes/No. If yes, please provide any available documentation and briefly outline these changes.

No changes.

External Duties

Royal Colleges, Specialist Associations and National Bodies

Recently refreshed National guidance highlights the need to support professional and national roles within job planning.

8. Does your organisation have a policy or standard approach for recognising external professional duties including but not limited to the following: Roles for Royal Colleges / Faculties, Specialist societies or associations, National clinical networks, guideline groups or NHS national bodies, or Regulatory roles (e.g., GMC, NICE)

Please answer: Yes/No. If yes, provide the policy or a summary.

As per NHS Wales Effective Job Planning for Consultant Medical and Dental Staff (Appendix 1)

For consultants who currently hold such external or national duties, please provide the number who:

- 9. Have allocated PA(s)**
- 10. Are permitted to use existing SPA allocation**
- 11. Undertake these duties in their own time.**

External Duties are recorded separately to SPAs or DCC in job plans. There are 10 job plans with External Duties recorded – total 26.35 sessions.

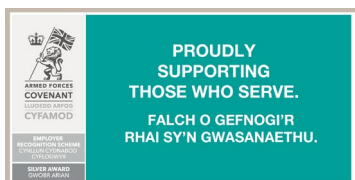
Protection of SPA time

12. Does the organisation monitor whether planned SPA time is delivered? Yes/No. If yes, please provide a short description of the method.

Yes – annual job planning, and in-year discussions.

13. Does the organisation have a policy or guidance on the protection of SPA time (including but not limited to, discouraging routine cancellation or repurposing SPA for service pressures)? Yes/No. If yes, please provide the document.

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No

14. Summary of activities SPA time was used for (e.g. including but not limited to; education, CPD, audit, research, governance, external duties, etc).

SPA activities include Core SPA, Appraiser and Revalidation Roles, Committee Work, Formal Teaching or Assessment, Governance, Research, Service Management, and Training, Supervision, Coaching and Mentoring.

SPA Time Over the Past Five Years

For each of the past five complete job-planning years, please provide an annual summary showing:

15. Number of consultants with SPA time

16. Total or average SPA time allocated (total SPA PAs or average per consultant).

17. Total or estimated SPA time used in that year.

This information is not available as our electronic job planning system has only been through one full year of annual job planning cycle. Manual extraction of this data from historical records over this time period would take several days.

As result, the Trust is applying an exemption under Section 12 Freedom of Information Act (Exemption where cost of compliance exceeds appropriate limit), the legislation in this instance states:

12 Exemption where cost of compliance exceeds appropriate limit.

(1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
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Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff,
CF10 2HH
Telephone: 0330 414 6421
email: wales@ico.org.uk

Yours sincerely

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The National Health Service in Wales

Effective Job Planning for Consultant Medical and Dental Staff

April 2014



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A : INTRODUCTION TO THE AMENDMENT TO THE NATIONAL CONSULTANT CONTRACT IN WALES (2003)

A.1 Introduction

The NHS in Wales has been through considerable structural change while facing intense financial pressure. Within this landscape of unprecedented and continuous change, achieving improvements in clinical care and the quality and outcomes for patients must be the aim for doctors, managers, healthcare staff and the public.

The consultant job plan is one of the key mechanisms through which this shared responsibility can be agreed, monitored and delivered.

A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and outcomes of the consultant and the support and resources provided by the employer for the coming year.

The job planning process provides an opportunity to align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes in order to allow, consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.

Consultants are crucial to the success of the NHS. Innovative approaches are needed to meet the new challenges and the increasingly complex needs of patients. This is bringing a renewed focus on professional development and the demonstration of improved outcomes for patients.

All consultants work as part of a team of consultants, whether this is to provide emergency cover as part of a rota, or, as is increasingly seen, working as part of a multi-consultant team sharing the day-to-day responsibility for patients. A team based approach to job planning, where these responsibilities are shared by all the consultants is being increasingly used to deliver more efficient and effective healthcare.

To make job planning a better instrument for consultants and managers to provide high quality care, the process should be:

- led by appropriately trained clinical managers
- adequately resourced (i.e. protected time set aside for it, managerial & I.T. support etc.)
- undertaken in a spirit of collaboration and cooperation
- prepared for and completed in good time
- reflective of the professionalism of being a doctor

- focused on measurable and achievable outcomes that benefit patients
- consistent with the objectives of the NHS, the organisation, teams and individuals
- clear about the supporting resources the Health Board/Trust will provide to ensure that outcomes can be met
- transparent, fair and honest
- flexible and responsive to changing service needs during each job plan year
- fully agreed and not imposed
- focused on enhancing outcomes for patients whilst maintaining service efficiency
- consistent with the principles set out in the Follett review, in the case of clinical academics

Employers should agree an explicit job planning approach with the Local Negotiating Committee (LNC) based on this guidance which should make the 'sign-off' process for finalising job plans clear. This should include the outline process for appeals and timeline for aiding resolution of areas of disagreement where these exist.

While software can be helpful in collating information relevant to job planning, it is no substitute for proper preparation and engagement in job planning by both parties.

Where reference is made to 'clinical manager' this is deemed to mean any appropriate Medical Manager/Leader i.e. Medical Director, Associate Medical Director, Divisional Director, Chief of Staff, Assistant Divisional Director, Clinical Director and so on. During the process the clinical manager will be accompanied and assisted by the nominated service manager.

A.2 The job plan in context

Although consultants have been asked to agree job plans with their employers since 1991, job planning only really became a central part of consultants' working lives with the agreement of the 2003 Amendment to the National Consultant Contract in Wales. This made explicit the link between job planning and a successful relationship between the consultant and their employer(s).

So what are job plans? Simply, they are an annual prospective agreement between employers and consultants setting out:

- what work the consultant does for the NHS organisation and in the case of clinical academic consultants, what work they also do for the university
- the outcomes expected to be achieved by the consultant and supported by the employer(s)

- when that work is done
- where it is done
- how much time the consultant is expected to be available for this work
- what this work will deliver for the employer(s), employee and patients in measurable terms of both quantity and quality
- what resources are necessary for the work to be achieved
- what flexibility there is around the above
- the working relationships and interactions, if any, that the consultant may have outside his primary role for the employer.

It should always be remembered that consultants or their clinical managers may call for an interim review. This is particularly important at a time of considerable and often quite fluid organisational change, but is also important where unexpected changes occur, such as the absence of a colleague for a prolonged period or due to proposed service reconfiguration.

Since the Amendment to the contract was introduced, workload diaries have been seen as an important tool in job planning because they form the basis of an agreed timetable of work and the allocation of sufficient time. It was essential to establish this in order to implement the Amendment and they still have a role in monitoring changes in workload.

Job planning is not just about agreeing a weekly timetable: Used well it can provide a powerful means to improve the quality of patient care. Flexibility in job planning, such as annualisation of activities and team/departmental job planning, are two examples that can be used to support improvement.

Outcomes, used properly, can help consultants and managers work together to lead improvements to the service, for example through innovation and development of new ways of working, or audit and improvement of existing ways of working.

A.3 From outcomes to the job plan

The Amendment to the National Consultant Contract in Wales (2003) makes clear that job plans must include personal outcomes which take account of wider organisational objectives.

The nature of a consultant's personal outcomes will depend in part on his or her specialty, but they may include outcomes relating to:

- quality
- activity and efficiency
- clinical outcomes
- local service objectives
- management of resources, including efficient use of NHS resources

- service development
- teaching, training, research
- multi-disciplinary team working
- continuing professional development and continuing medical education.

Where outcomes are set in terms of output and outcome measures, these must be achievable and agreement should be reached. How their achievement will be assessed and over what time period will also need to be agreed.

The outcomes will set out a mutual understanding of what the consultant will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation. They should:

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

Outcomes should be set for most of the activities the consultant has in their job plan. This can be explicit – in a stated objective – or implicit in the agreed job schedule and agreed sessions delivered. They should set out a mutual understanding of what the consultant will be seeking to achieve over the year (often informed by the appraisal process) and how this will contribute to the objectives of the employing organisation.

As outcomes will generally be set out for the coming year, it will normally only be necessary to review these at the annual job plan review. However, if either consultant or employer believe that outcomes might not be achieved or circumstances have significantly changed, there should be an interim job plan review to identify whether outcomes need to be reviewed and/or other changes to the job plan agreed.

Outcomes should cover all aspects of a consultant's role; direct clinical care (DCC), supporting professional activities (SPAs) including personal development and those which are more professionally oriented and academic sessions, where appropriate. However, all outcomes should ultimately focus on the benefits to patients, although in some instances, for example education and training, the impact may be less direct or immediate. All outcomes need to be clear in the way that they define the individual consultant's specific and personal outcomes. It is only through personalising outcomes that meaningful progress can be made and measured.

A key role of clinical managers is to take organisational and directorate (or equivalent) objectives and translate them into meaningful outcomes for individual consultant colleagues that can be agreed. It is also important to summarise the actions points from individual job plan reviews and use these to inform directorate and organisational priorities and strategy on an annual basis.

In most instances, this is initially best achieved through the team of consultants meeting and looking at the team's outcomes for all. Individual consultant outcomes should therefore link to the team outcomes and individual job plans should be considered collectively to see how they fit together and work as a whole towards meeting the needs of patients.

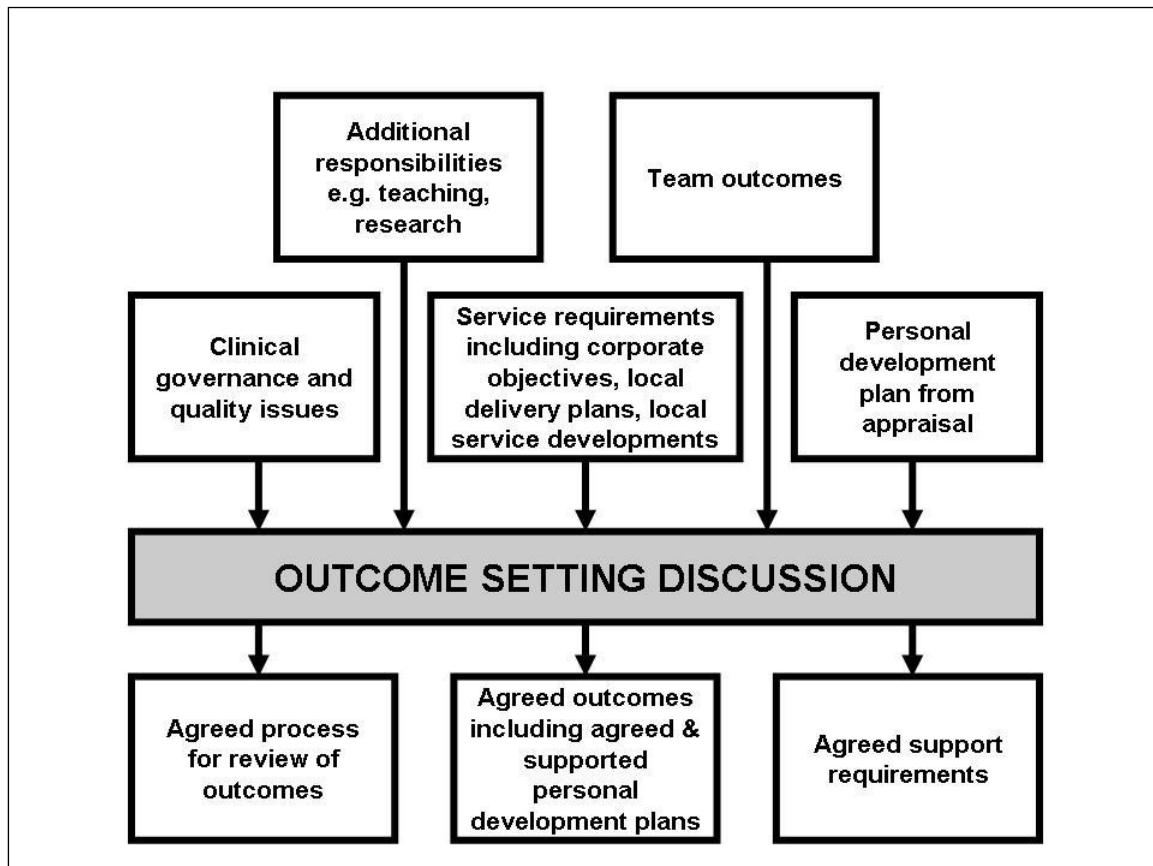
The clinical manager's aims should be to:

- enhance the quality and efficiency of patient care
- remove unnecessary duplication of effort amongst the consultant and wider medical team
- ensure a consistent approach
- achieve a fair balance between the needs of the individual and those of the service
- achieve comprehensive coverage of the SPA and other non-clinical work needing to be done. Examples would be the contribution of the consultants to deliver the education and training of junior doctors and other staff and involvement in quality improvement processes
- assure that responsibility for this work is shared and does not rest with one individual consultant
- provide the supporting resources needed for this work
- regularly monitor progress.

Effective job planning will require the clinical manager to have an overview of outcomes, to seek the views of consultant teams, (and potentially other) colleagues and to achieve a consensus about what is balanced and fair to facilitate individual agreements. It will also be important to bring knowledge of Health Board/Trust objectives and service requirements into the outcome-setting discussions.

A.4 Figure 1: Overview of outcome setting

This diagram gives a useful summary of the inputs and outputs that consultants and managers should consider as part of a discussion for individual and consultant teams:



Outcomes must be appropriate, identified and agreed. A consultant should take part in the process and must make reasonable efforts to achieve the agreed outcomes. This is not only a general expectation in the Amendment to the contract but is necessary for pay progression through commitment awards.

Consultants should not be penalised for failing to meet outcomes for reasons beyond their control, such as illness, whether this is due to a lack of agreed supporting resources or another reason. However, both employers and consultants have a responsibility to identify potential problems with achieving outcomes as they emerge rather than waiting for an annual job plan review meeting.

The absence of an unsatisfactory job plan is a requirement for the award of Commitment and Clinical Excellence Awards. If a consultant

consistently fails to engage with the process of job planning they will be viewed as having an unsatisfactory job plan.

A.5 Supporting resources

The job plan review should identify and agree the resources that are necessary if the outcomes are to be met. There is no point in agreeing outcomes if they cannot be realistically achieved.

Not achieving an outcome may be because of a lack of necessary resources or the existence of organisational barriers to progress. If this happens the consultant and manager should meet to discuss how such barriers could be overcome at the earliest possible opportunity, so that the agreed outcomes can be achieved, the job plan altered and/or new achievable outcomes agreed.

Examples of supporting resources	
Generic	Specific
Time (SPA)	Time – leave or external duties
Workspace and computer	Access to database
Medical staff team	Audit/governance support
Secretarial/PA	Off site remote access to servers
Mandatory training opportunity	Theatre access
	Access to hospital beds

Induction programmes can provide an opportunity to emphasise the importance of the job planning process as a means of linking the aims and outcomes of the service to individual activity.

A.6 Team job planning and flexible working arrangements

A job plan is an agreement between an individual consultant and his/her employer. Some groups of consultants have found that there is benefit in developing job plans as a team. This can then inform the job planning process for the individual consultants, where appropriate and beneficial. A team agreement is not contractually binding but helps set out a transparent understanding of how the team intends to map its outcomes across into individually agreed job plans.

Flexible working arrangements, such as annualisation, should also be

considered, as outlined in the Amended Contract. In many cases this will need consideration of the working of the whole team.

B : GUIDE TO JOB PLANNING

B.1 How to use this guide

The flow diagram (figure 2) identifies the various components required for effective job planning and illustrates the roles for the Medical and Dental Staff ,the clinical manager and service manager need to undertake in preparation for the job planning meeting. Where reference is made to 'clinical manager' this is deemed to mean any appropriate Medical Manager/Leader i.e. Medical Director, Associate Medical Director, Divisional Director, Chief of Staff, Assistant Divisional Director, Clinical Director.

B.2 Figure 2: Flow diagram of effective job plan

Clinical Manager & Service Manager		Consultant
Appraisal Meeting		
Consider issues such as:		• Agree Personal Development plan/personal objectives
• Review Corporate objectives • Review LSP (Local Service Plans) • Identify Service priorities	Setting the Content	Consider issues such as: • Identify Service • Development priorities
• Review of workload • Review of internal & external commitments • Review local contractual flexibilities • Review of data	Local preparation for job plan meeting	• Review of workload • Review of internal & external commitments • Review of data • Diary evidence
• Review Service requirements • Review team objectives	Objective Setting	• Review personal development plan • Review team objectives
	Job Plan Review Meeting	
	• Review progress against previous objectives	
	• Agree new outcomes	
	• Agree prospective work programme	

B.3 Job plan overview

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

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

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

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

B.3.1 Helpful Definitions

Direct Clinical Care Covers:

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

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

- Training, teaching
- Continuing professional development

- Audit and Research
- Job Planning, Appraisal and Revalidation
- Clinical Management
- Local clinical governance activities

Additional NHS Responsibilities:

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

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

External Duties:

- Certain other external duties, including work for other NHS organisations, might be specified as within the working week by explicit agreement between Consultant and employer based on a clear understanding of the sessions that will be fulfilled. Such duties, all of which must be explicitly agreed in advance, and may involve a rearrangement of clinical activities, could include: Trade union duties
- Acting as an external member of an Advisory Appointments Committee
- Reasonable quantities of work for the Royal Colleges in the interests of the wider NHS
- Specified work for the General Medical Council
- Undertaking inspections for the Commission for Health Improvement or other health regulatory bodies

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

B.3.2 The Working Week

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

- The working week for a full-time consultant will comprise of 10 sessions with a timetabled value of three to four hours each. After discussions with the Health Board/Trust management, these sessions

will be programmed in appropriate blocks of time to average 37.5 hour per week.

- There will be flexibility for the precise length of individual sessions, though regular and significant differences between timetabled hours and hours worked should be addressed through the mechanism of the job plan review
- Working in evenings or weekends will only be undertaken with the voluntary agreement of consultant and the Health Board/Trust.
- At appraisal, there should be clear evidence of participation in SPA activity. This may include registration with a College CPD scheme, evidence of participation in clinical audit, patient safety or other quality improvement work, evidence of teaching and participation in statutory and other mandatory training.
- Each directorate (or equivalent) should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process.
- For a full time consultant, there will typically be 7 sessions for direct clinical care' and 3 for 'supporting professional activities'. Variations will need to be agreed by the Health Board/Trust and the consultant at the job planning review.

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

B.4 Process

All Consultants must have a job plan documented in the form of a standard template (Appendix) which has to be signed by the consultant and by the appropriate clinical manager, and then forwarded to the department which has been identified within the Health Board/Trust for collating job plans (as per local policy)

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

mutual benefits afforded within the “amended contracts”.

The **Job Plan Summary** proforma attached at Appendix 3 is the formal record of the outcome of the job plan review. It is **compulsory** that this is completed for each Consultant for each year’s Job Plan review. A copy of this document needs to be completed, and signed by both the Consultant and Clinical Manager, and subsequently counter-signed by the Health Board/Trust Chief Executive (or his/her nominee) following agreement of the Consultant’s Job Plan for the coming year. The Consultant, the Clinical Manager and the General Manager will each retain a copy, which will be the document upon which the end-of-year review is based at the first (Stage 1) interview at the start of the following year’s review.

B.4.1 Administration

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

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

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

B.4.2 The Purpose Job Planning

“A consultant job plan should be a prospective agreement that sets out a consultant’s duties, responsibilities and expected outcomes for the coming year. In most cases, it will build upon the consultant’s existing NHS commitments - BMA Consultants (Wales) Handbook”

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

B.4.3 The Scope of Job Planning

A Prospective Process

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

Service Development

The job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation and measuring and enhancing productivity as well as reducing any excessive working hours. The job planning process is an opportunity for the employer and Consultant to address (i) whether agreed outcomes need to be reviewed; (ii) the adequacy of resources; (iii) the need for amendment to time and service commitments and to consider alternatives to deliver high quality services. Where agreed changes and improvements can be implemented, these should be built into the new job plans.

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

B.4.4 Outcomes

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

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

- Activity and safe practice
- Clinical outcomes
- Clinical standards

- Local service requirement
- Management of resources, including efficient use of NHS resources
- Quality of Care

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

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

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

B.4.5 Setting the Scene

An Opportunity

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

Preparation

- Job planning interviews must be scheduled well in advance. All Medical and Dental Consultants have time in their SPA allocation for job planning and appraisal so it should be possible to achieve this without them cancelling clinical work.
- Job planning will include a review of the current job plan, any changes being proposed, performance against the outcome measures agreed and the PDP from their most recent appraisal
- Where required, an exchange of documentation should take place two weeks before the job plan interview to allow all parties time to consider the issues and information.
- It is advisable to keep and discuss a workload diary but it is not mandatory for job planning reviews. Clinical Managers may wish to discuss diarised activities that are carried out, taking into account those agreed by the Health Board/Trust (for example additional responsibilities or other duties) that may be external to the Directorate (or equivalent).

- There is a need to provide for close alignment of job planning in inter-related disciplines such as surgery and anaesthetics. Clinical managers should ensure that discussion takes place at all appropriate levels with other relevant Directorates (or equivalent).

Job Planning Review

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

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

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

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

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

- Met the time and service commitments in their job plan
- Met the agreed outcomes in their job plan, or – where this is not achieved for reasons beyond the individual Consultants control – has made every reasonable effort to do so
- Participated satisfactorily in annual appraisal, job planning and the setting of outcomes
- Worked towards any changes identified as being necessary to support achievement of the agreed outcomes in the last job plan review

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

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

Divisions/ Clinical Programme Groups will need to consider DCCs and

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

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

A contract to work more than 48 hours per week can only be approved in advance by the Medical Director, and will require written consent from the Consultant.

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

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

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

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

- Evidence to justify the amount of SPA time in the job plan must be obtained. The level of that evidence will reflect the number of SPA sessions being offered to ensure that the time allocated to SPAs is fair and equitable.
- Time for medical management should be managed flexibly. There is recognition that on occasions it may displace both DCC and SPA time. This will be discussed in more detail at the job plan interviews.

The job plan interview should capture any fee paying work carried out. This work including Category 2 (such as for government departments and additional work for NHS organisations) should not attract double payment. However, it may be carried out with the professional fee retained by the Consultant in the following circumstances, which will be

agreed in the job plan review:-

- When carried out in the Consultants uncontracted time or in annual or unpaid leave.
- Where it is agreed the work involves minimal disruption to contracted NHS time. This may be particularly relevant in circumstances such as the undertaking of the occasional post-mortem examination for the Coroner's office. This will be considered as part of the job plan review.
- Where such work constitutes a significant element of time, Consultants will identify this in the job planning process, and identify 37½ hours of time provided to the NHS apart from this work.

If none of the above circumstances apply and the work is carried out within NHS sessions with no compensatory time provided elsewhere, the professional fee is remitted to the employer.

(Otherwise provision as set out in Terms & Conditions, Paragraphs 30 to 39.)

- Job planning is an opportunity to review out of hour's intensity payments for Consultants, which should be reviewed annually. The out of hour's questionnaire and guidance can be found online at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4010978.pdf .
- Sessions of "supporting professional activities" – mutually agreed at the job planning review, may be scheduled across the week such that up to one session of contractual commitment may take place outside the normal working hours leaving a similar period free in which there is no contractual commitment during normal working hours.
- Supporting professional activities sessions will be exclusively devoted to NHS work. The location(s) of this will be discussed and agreed at the job planning review.
- If service demands are such that additional DCC time is required in the working week, it is permissible to displace an SPA session to another part of the core working week. This must be prospectively recorded and auditable. This session could be delivered off site providing outcome measures for the activity can be demonstrated.

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

Only time will be paid for in sessional remuneration. Any differentials in

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

B.5 The Job Plan

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

The Main Items to be Included in a Job Plan

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

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

This subject is covered elsewhere in this booklet.

The purpose of the job plan review

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

Supporting Information

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

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

Internal and External factors could include

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

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

Monitoring the Job Plan

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

Clinical Academics

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

Visiting Consultants

- Where the Health Board/Trust is the lead employer for Medical and Dental staff who undertake sessions in other Health Boards, Divisions must invite representatives from the other organisations to participate in the process. This will include sharing copies of the documentation when agreed.
- Where the Health Board/Trust has visiting Medical and Dental staff who are employed by other Health Boards, Divisions should contact the other organisation to request that they are included in the process. If timescales are not compatible, the two organisations will need to agree what will work best for all parties.

B.6 Team Job Planning

Clinicians frequently work in teams, be they teams of Consultants, medical

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

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

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

B.6.1 Features of Team Job Planning

- Can assist Clinicians who work in several teams e.g. vascular surgeons who may undertake their elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota
- Recognises a team approach to service delivery, such that facilities such as theatres can be maximised, as it is the team that uses the slot rather than the individual - i.e. in the absence of one individual, another team member can still make use of the facility.
- Recognises a team approach to delivering a pathology or radiology service
- Can help deliver contractual flexibilities
- Would help groups of Consultants support one or more of their number engaging in Royal College or other external activities
- Supports a transparent approach to job planning within departmental structures. For example, if the team agree the time commitment associated with the weekly ward round, the CT reporting session, or a theatre list, where these are common activities, then each member of the team has a set of common building blocks from which to build and identify their personal weekly commitment.

B.6.2 Developing a Team Plan

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

Step 1: Understanding the Demand, the Capacity and Gap

- i. Determine what direct clinical care (DCC) activities are required to deliver the service

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

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

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

Step 3: Ownership and Review of the Team Job Plan

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

B.7 Flexible Timetabling

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

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

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

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

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

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

Furthermore, many Consultants or teams of Consultants may wish to have an element of their job plans annualised; the principle of job planning, however, remains unchanged. The job plan should be a prospective document that sets out the outcomes of the organisation and the priorities for the individual to meet those outcomes. Like all other job plans, it should include the agreed and achievable outcomes for the consultant or team of Consultants and the support the organisation agrees to provide. These groups of Consultants may agree with the Health Board/Trust to have part of or their entire job plan agreed on an annualised basis.

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

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

These examples are not the only ways in which an annualised job plan can be used to reflect the needs of both clinicians and organisations, but serve to give ideas for how the job planning process can be used flexibly. Appendix 2 gives some more details about annualisation.

B.8 Local Contractual Flexibilities

B.8.1 Introduction

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

The Key Areas of Flexibility

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

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

B.8.2 Work Schedules and Job Planning

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

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

B.8.3 Planned Additional Sessions

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

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

B.8.4A Guide to Outcome Setting

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

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

Agreeing outcomes for Consultants, either individually or as a team, is a complex, iterative process that may take several cycles to develop fully. In some situations, the consultant will be able to achieve the agreed outcomes alone.

However, in many situations, whilst the Consultant will be responsible for their contribution to the outcomes, achieving it will require the involvement of other staff. The process of agreeing consultant's outcomes could clarify expectations of the individual, and identify what mechanisms need to be in place to ensure other staff play their part. One way to do this is to link the consultant/team and department outcomes.

Whilst the final agreement on the consultant's outcomes is between them and their clinical manager, the involvement of general managers in the development process can be helpful as it enables dialogue about what support will be required to meet these outcomes.

B.9 Appeals

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

In the exceptional circumstances when any outstanding issue cannot be resolved informally, the Medical Director will consult with the Chief Executive prior to confirming in writing to the Consultant and their clinical

manager that this is the case, and instigate a local appeals panel to reach a final resolution of the matter. The Medical Director will advise the Guardians of the appeals process and ask them to formulate a panel.

B.9.1 The Local Appeals Panel

The local appeals panel will comprise:

- One representative nominated by the Consultant
- One representative nominated by the Health Board/Trust Chief Executive

These representatives shall be from a panel nominated by BMA Cymru Wales and the Directors of Workforce & OD, who have been approved as trained in conciliation techniques. These representatives will be contacted by the Guardians who hold the list.

The panel will be expected to hear the appeal following the format of the employer's normal grievance procedure, and reach a decision which will be binding on both parties. Representatives will not act in a legal capacity.

In exceptional circumstances where a decision cannot be agreed, a second panel would be constituted with alternative representatives as set out in Paragraph 1.37 of the *Amendment to the National Consultant Contract in Wales (2003)*.

Section 1.39 of the Job Planning Appeals issued from the Welsh Government has been slightly amended since this copy, indicating that any decision to constitute a second panel would be made by the two representatives comprising the first panel.

B.10 Appraisal and Job Planning

Appraisal and Job Planning are two different processes but are closely interlinked (see Appendix 1). Appraisal is a systematic approach to review a consultant's achievements, consider their continuing progress and to identify development needs.

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

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

B.11 Training

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

B.12 Helpful Information

A comparison between job planning and appraisal

	Job Planning	Appraisal
Driver	Employer/Health Board	GMC/Employer
Present at meeting	Consultant, Clinical manager and Service Manager (or equivalent)	Consultant and appraiser
Emphasis	Service delivery and patient care	Personal and professional development framework
Framework	Consultant Job Planning – Amendment to the National Consultant Contract in Wales and Health Board/Trust guidance & process	GMC revalidation requirements
Atmosphere, ethos	Business-like	Developmental, supportive, creative
Measure	Quality	Quality
Standard benchmark	Commitments and duties to employer	Professional standards
Outcome	Timetable and agreed service/patient	PDP – skills to deliver care

	outcomes	
Benefits	Meet pay progression criteria	GMC revalidation / personal development

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

B.12.1 Sources of Help

Each Health Board/Trust will need to provide sources of help and support for job planning. It is suggested that this is ideally done by the Workforce & OD Department together with staff within the department of the Medical Director, closely working with BMA representatives, through the Local Negotiating Committee of the Health Board/Trust.

Web Information...

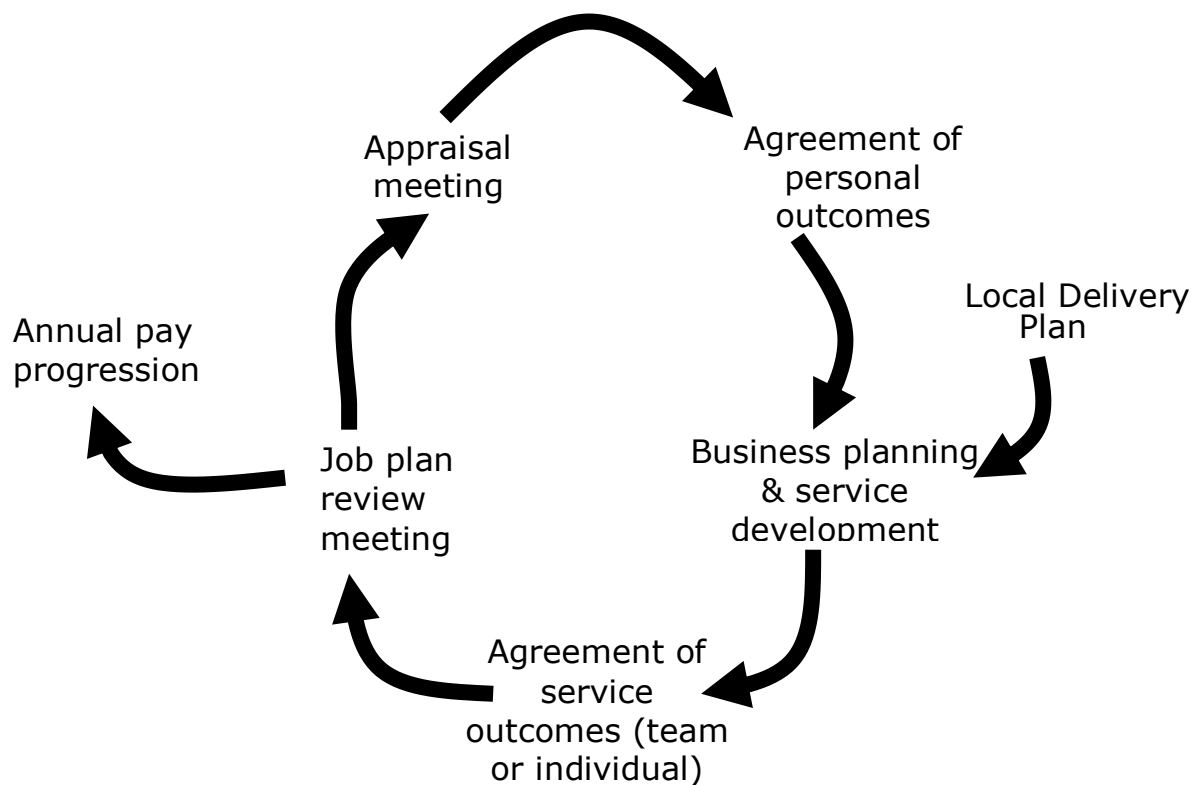
http://www.wales.nhs.uk/sites3/Documents/433/Nat_Constant_Contract.pdf

<http://www.wales.nhs.uk/sites3/Documents/433/TheJobPlanningAppealsProcedure.pdf>

<http://www.wales.nhs.uk/sites3/Documents/433/Medical%20Dental%20Staff%20Wales%29Handbook.pdf>

C APPENDICES

C.1 Appendix 1: The job planning and appraisal cycle



C.2 Appendix 2: Annualised flexible working arrangements: principles and worked examples.

C.2.1 Key principles of annualisation

- Annualisation is a flexible working arrangement in which consultants work an agreed annual total number of sessions, instead of a regular weekly number.
- An alternative approach is to agree an annual number of specific activities, for example outpatient clinics.
- The arrangement must be compatible with the Amended Contract, which provides for working time measured in sessions and also for paid leave.
- The arrangement must be acceptable to both the consultant and the employer, and the details agreed by both.
- The consultant and their employer will need to agree what work will be done and how its achievement will be assessed.
- These should be confirmed as measurable outcomes for the year ahead.
- The arrangement must align activity with the needs of patients and the services they use.
- There are many forms that such an arrangement may take. Below are examples of some.
- Outcomes are not contractually binding but should be achievable.

C.2.2 Overview of calculations

- Agreement must be reached on the annual number of sessions or specific activities
- This is usually calculated by the mean number per week multiplied by the number of weeks in the *working year*.
- Calculation of the working year must take account of paid leave.
 - It is not a fixed number
 - It will vary between individuals
 - It equals 52 – (annual leave+Bank Holidays+Stat Days+study leave+professional leave)
 - The previous year should be taken as a guide – this may need reviewing during the first year of the arrangement if there appears a significant variance.
 - Bank holidays may affect scheduled activities disproportionately as they occur disproportionately on Mondays.

C.2.3 Monitoring

- The timescale for meeting agreed outcomes and mechanism(s) of

monitoring will also need to be agreed. The timescale for most outcomes will be within one year.

- If sessions are cancelled for reasons beyond the control of the consultant (e.g. lack of ICU/HDU beds) this will count as a session, but consultants will be expected to use the time for the benefit of the Health Board/Trust.
- If, after allowing for unplanned events that have affected availability for work (e.g. sick leave), the consultant is significantly at variance with planned activity during the year the consultant and their clinical manager should agree what the reasons for this are and hold an interim job-plan review in order to agree, if necessary, a new job plan and/or new outcomes.

C.2.4 Example 1: Term time working

Consultant A wishes to spend as much time during the school holidays at home. He or she then arranges their job plan on an annualised basis so that all their direct clinical care (DCC) work is carried out during term time. Supporting professional activities (SPAs) are worked partly during term time and partly during the school holiday periods. This is how the job plan is worked out:

Assumptions

- 10 session job plan
- Direct clinical care (DCC) – 7 sessions/week (including 1 session of unpredictable on call work).
- Supporting professional activities (SPA) – 3 sessions/week
- Year = 35 weeks term + 17 weeks school holidays
- Annual leave
 - = 6 weeks + 2 weeks bank holidays/extra days
 - 8 weeks to be taken during school holidays
- Professional leave = 1 week to teach on postgraduate course
- Term time sessions under 11 per week
- Study leave :30 days in 3 years
- On call duties during holidays swapped as per holidays

Calculations

- Weeks in working year = 52
 - – 8 [annual leave]
 - – 1 [professional leave]
 - – 2 [study leave]
 - = 41 weeks
- Annual sessions = $41 \times 10 = 410$ [10 session contract]
 - DCC = $41 \times 7 = 287$
 - SPA = $41 \times 3 = 123$
- Term time [35 weeks]
 - DCC – 287 session in 35 weeks = 8.2 per term time week

- SPA – 2 per week to make 10.2 sessions per week
 - Total number of term time SPA = $35 \times 2 = 70$
- School holidays [17 weeks]
 - DCC = None
 - SPA
 - total = $123 - 70 = 53$
 - per week = $53 / 17 = 3.1$

Summary

- Term time [35 weeks] = 8.2 DCC + 2 SPA
- School holidays [17 weeks] = 0 DCC + 3.1 SPA

C.2.5 Example B Seasonal variation in demand

- The consultants and their employer agree that workload for acute medicine is greater during the winter months and therefore, on average three months are spent working a 12 session week.
- During the summer months, workload is eased and thus the consultant works three months at 10 sessions per week.
- The other six months of the year are worked at 11 sessions
- The consultant's salary is maintained at 11 sessions across the year.
- This is a simple form of annualisation which may be useful for specialties with a seasonal variation in workload.

C.3 Appendix 3: Consultant Job Plan Summary Proforma

AGREED JOB PLAN OUTCOMES

For period to

Consultant's Expected Outcomes:-

1.
2.
3.
4.
5.
6.

ACTION

BY WHOM

BY WHEN

1.
2.
3.
4.
5.
6.

The Job Plan set out overleaf together with the above Expected Outcomes and Support action is agreed between the following:-

ConsultantDate.....

Clinical DirectorDate.....

General ManagerDate.....

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

SUPPORTING ACTION AGREED TO BE UNDERTAKEN

For period to

Consultants JOB PLAN SUMMARY proforma Appendix 1

REVISED JOB PLAN - _____

A. WEEKLY TIME-TABLE OF DIRECT CLINICAL CARE DUTIES					
		Sessions	Hours	HOSPITAL / LOCATION	TYPE OF WORK (Indicate any travel time)
MONDAY	AM				
	PM				
TUESDAY	AM				
	PM				
WEDNESDAY	AM				
	PM				
THURSDAY	AM				
	PM				
FRIDAY	AM				
	PM				
WEEKEND					
ON CALL					
Other Direct Clinical Care Sessions:					
TOTAL					

NOTE: ONLY DIRECT CLINICAL CARE COMMITMENTS SHOULD BE INCLUDED IN THIS TIME TABLE

The above Job plan has been agreed at the job plan review.
Signed off :

Consultant..... Date/...../.....
Job Plan proforma revised 26.3.04

B. AVERAGE NUMBER OF HOURS SPENT EACH WEEK ON NHS DUTIES (combine and complete boxes as appropriate)	
TYPE OF DUTY	AVERAGE NO. OF HOURS
Emergency duties [inc. work on-call] *	
Operating sessions [including pre and post-operative care]	
Ward rounds	
Out patients	
Clinical diagnostic work	
Other patient treatment	
Public health duties	
Multi-disciplinary meetings about direct patient care	
Administration directly related to patient care	
Training	
Continuing Professional Development	
Teaching	
Audit	
Job Planning	
Appraisal	
Research	
Clinical Management	
Local Clinical Governance Activities	
Fee-paying work (specify whether included or not included in above)	
Planned Additional Sessions	
Waiting list Initiatives	
Average Hours On-Call Work Done (where not included in * above)	
TOTAL	
Additional Responsibilities	
Management Responsibilities	
Other external relevant NHS duties	
Rota Arrangements eg. 1 : 4 and number of sites covered	

NOTE: COMPLETION OF THIS TABLE DOES NOT GIVE RISE TO A CONTRACTUAL DUTY TO WORK BEYOND THE ACTUAL CONTRACTUAL COMMITMENT

Medical/Clinical Director..... Date/...../.....