Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Job Planning for Consultants and SAS Doctors Policy

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Executive Sponsor(s):	Dr Nick Mallaband, Acting Executive Medical Director
Author/reviewer: (this version)	Dr Ken Agwuh, Director of Infection Prevention & Control and Associate Medical Director for Workforce Julie Butler, Senior Business Manager - Corporate
Date written/revised:	28 July 2025
Approved by:	Trust Leadership Team
Date of approval:	8 September 2025
Date issued:	18 December 2025
Next review date:	8 September 2028
Target audience:	Senior Medical Staff

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Authors
Version 1	June 2025	This is a new procedural document, please read in full. Incorporated local changes from Trust Leadership Team review and insertion of clinical leadership programmed activities (Appendix 9) Updated language regarding mandated learning in line with national policy Updated training expectations at 5.1.1	Dr K Agwuh Julie Butler

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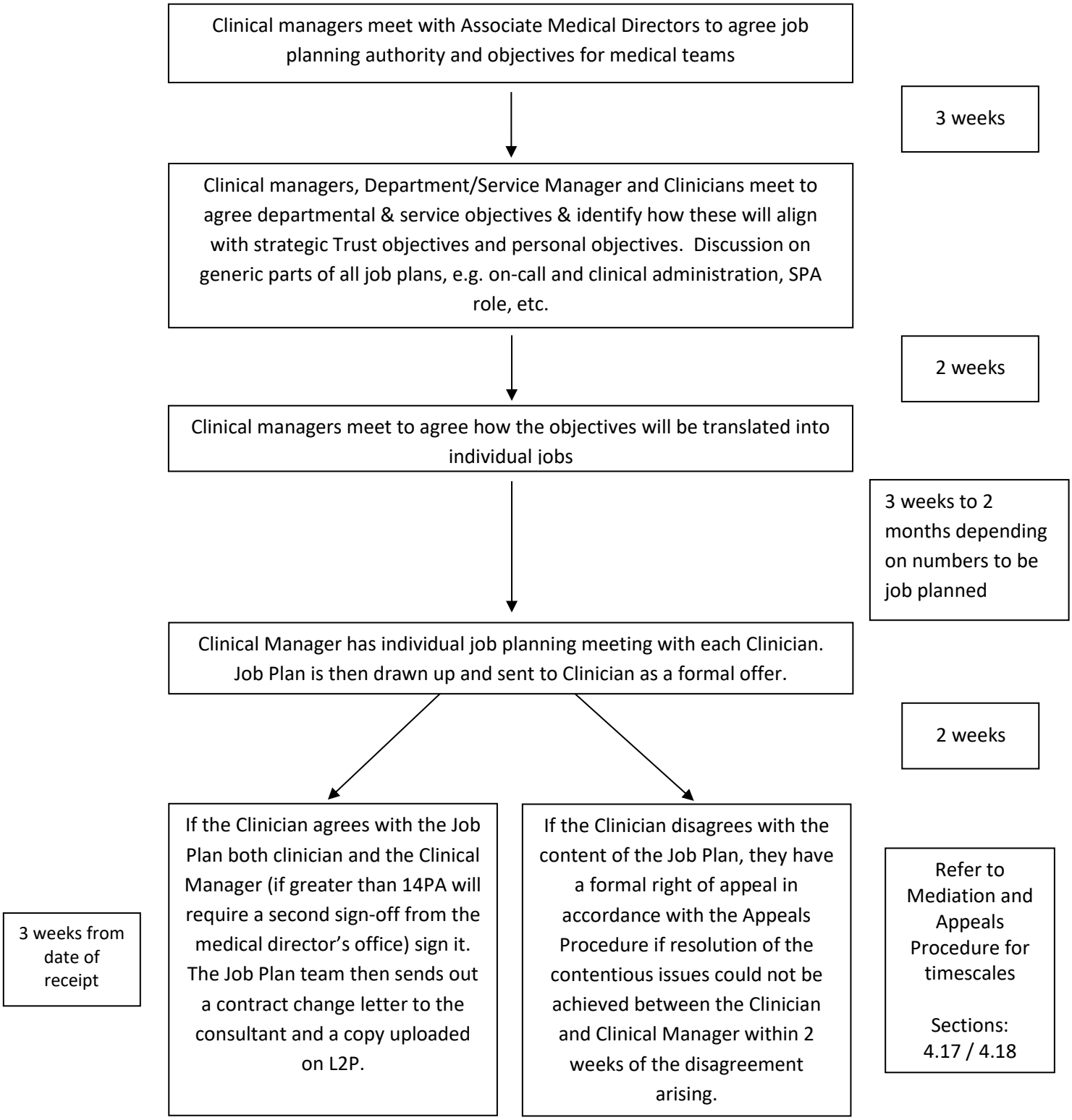
JOB PLANNING PROCESS FLOW CHART



1 INTRODUCTION

1.1 Job Planning for medical staff is an annual process in which the doctor/dentist being job planned has a formal structured meeting with their Clinical Manager to agree their individual programme of work. The Divisional General Manager/Business Manager may also attend this meeting with the prior agreement of the Consultant or SAS doctor. The job planning meeting is an opportunity to align the clinician's work to the corporate objectives and service capacity, to enhance the safety of service delivery, to agree personal development objectives and support work life balance.

1.2 This policy applies to all Consultants, Associate Specialists and SAS doctors employed by the Trust.

1.3 The policy adheres to the principle that all career grade medical and dental staff will undertake annual job planning in keeping with the process agreed under the Medical & Dental Terms and Conditions of Service, the Consultant contract 2003, and the SAS contracts 2008 and 2021. The specifics of this policy adhere to the 2003 and 2008 contracts.

1.4 The national Standards of Best Practice for Job Planning define the Job Plan as:

> *A prospective agreement that sets out a Clinicians' duties, responsibilities and objectives for the coming year. It should cover all aspects of their professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include personal objectives, including details of their link to wider service objectives, as well as details of the support required by clinicians to fulfil the job plan*.

Page 6 of the standards sets out quarterly milestones to support the process[1].

> *Good job planning helps to deliver services more effectively for patients. It can increase productivity and efficiency gains, aligning demands of the service with the clinical capacity to deliver it.*

1.5 This framework intends to be consistent with:

- The BMA and NHS Employers publication "A Guide to Consultant Job Planning"[2]
- The BMA and NHS Employers publication "A UK Guide to Job Planning for Specialty Doctors and Associate Specialists"[3]
- Definitions within Terms & Conditions of Service[4]

This framework does not replace the Terms and Conditions of Service 2003 (Consultants) and 2008 and 2021 (Specialty Doctors and Associate Specialists) or any preceding contracts agreed nationally nor any local variations.

[1] https://www.england.nhs.uk/wp-content/uploads/2022/05/consultant-job-planning-best-practice-guidance.pdf
[2] https://www.nhsemployers.org/system/files/2021-11/Guide_to_consultant_job_planning%20July2011.pdf
[3] https://www.nhsemployers.org/system/files/2021-06/SAS-job-planning-specialists-2012.pdf
[4] https://www.nhsemployers.org/sas https://www.nhsemployers.org/articles/consultant-contract-2003

1.6 The job planning meeting must include a review of the clinician's objectives, set in the previous years' job plan, in order to determine whether the clinician has met the requirements for pay progression.

1.7 Individual job plans for each Consultant and SAS doctor must be based on either a regular cycle (weekly, monthly etc.) or on an annualised basis.

1.8 All job plans must be completed on the Trust's electronic job plan platform (L2P). No other documentation will be accepted.

1.9 It is recommended that a team approach to job planning, or team-based service plan review, is adopted in the first instance. The intention of team job planning meetings is to enable all clinicians within the team to meet with the Clinical Manager and the Divisional General Manager/Business Manager in advance of individual job planning meetings to discuss any issues that are generic to all job plans within the team and to agree a consistent approach. This can include the number of PAs to be allocated to clinical activities, the amount of time required on average for clinical administration and on-call duties, the allocation of SPA roles within the team, etc.

1.10 In departments where team job planning takes place it should be remembered that each clinician is also expected to attend an individual job planning meeting with their Clinical Manager.

1.11 The job planning process for all clinicians should follow the flow chart on page 4 and at Appendix 1.

1.12 Clinicians employed on the pre-2003 Consultant contract, or pre-2008 contracts for SAS doctors should also refer to additional guidance in Appendix 2.

1.13 Failure to participate in job planning and/or job plan review meetings or be in a legitimate mediation or appeals process in line with published timescales may lead to the imposition of sanctions that may affect pay. As long as the individual doctor can demonstrate that they have met and agreed a proposed job plan failure of management approval mechanisms will not trigger the imposition of sanctions.

2 PURPOSE

2.1 The purpose of job planning is to value and reward the full range of work activities that clinicians undertake for the Trust. It is an annual process to marry the needs and aspirations of the organisation with those of the clinician and it should be noted that the national Terms and Conditions explicitly links participation in job planning and achievement of agreed objectives with eligibility for pay progression for Consultants and SAS doctors (2003 and 2008/2021 contracts).

2.2 The aim of this document is to:

- Provide clarity of the roles and responsibilities in job planning;
- Provide guidance to support job planning;
- Standardise practice and ensure consistency;
- Bring greater clarity, focus and consistency to the process;
- Ensure work patterns are safely aligned with the Trust's capacity and demand profile and specifically the business plans of the relevant services;
- Promote safety and quality through improved job planning.

2.3 The Divisional/Department Business/Service Manager's role in the job planning process is important to provide information and support to the clinical manager in order to ensure that job plans are linked to the process of business and capacity planning for the department.

2.4 In order to balance demand for services with available capacity, the Trust requires a medical workforce that is able to work with a degree of flexibility to meet patient needs and thereby deliver the accepted measures of high quality care. Job planning needs to recognise the complexities of the current environment we work in and needs to reconcile individual aspiration with the requirement to improve productivity and deliver a consistent standard of high quality, safe patient care across the organisation.

2.5 Job planning provides an opportunity for both the Trust and the individual clinician to review work patterns with a view to improving the clinician's work life balance within the exigencies of service provision. This may include the need to include unpaid breaks within the job plan, in line with the requirements of the Working Time Regulations.

3 DUTIES AND RESPONSIBILITIES

3.1 Trust Board

3.1.1 The responsibility for the provision of the Job Planning procedure will initially rest with the Trust Board.

3.1.2 The Trust Board recognises the need to treat all employees fairly and consistently by providing equality of opportunity in employment, training and development, promotion and retention of skills and experience.

3.2 People and Organisational Development (Human Resources Department)

3.2.1 The Chief People Officer will oversee the introduction, operation and monitoring of this procedure and will report to the Trust Board on a regular basis to ensure fair and sensitive application of the process throughout the Trust. Medical Human Resources (HR) Business Partners will provide advice in relation to the application of this procedure, guiding clinical managers, Divisional General Managers/Business Managers and clinicians through the process.

3.2.2 The Chief People Officer will ensure there is specific training for clinicians, clinical managers and Business/Service Managers to ensure awareness of the job planning process and to encourage a fair and consistent application by clinical managers and Divisional General Managers/Business/ Service Managers.

3.3 Local Negotiating Committee (LNC)

3.3.1 The LNC will regularly review the fair and sensitive application of the job planning procedure across the Trust and will report any concerns to the Medical Staff Committee, the Joint LNC and the Trust.

3.4 Executive Medical Director

3.4.1 The Executive Medical Director shall be responsible for overseeing job planning in the Trust. Particular areas of focus shall be:

- Ensuring that each Consultant and SAS doctor has a current job plan, which is subject to annual review (or interim reviews as necessary);
- Ensuring that all clinical managers and Divisional General Managers/Business Managers are trained appropriately;
- Ensuring the appropriate agreed documentation is used;
- Supporting the Appeals Procedure;
- Meeting with the Associate Medical Director(s) to agree consistent parameters for job planning by specialty within the framework of this document;
- Ensuring there is a system in place such that all new clinicians appointed to substantive posts meet with their clinical manager to confirm their job plan within first three months of appointment to post;
- Ensure clinicians are released to attend job planning meetings;
- Ensuring that an appropriate system is in place to support transition through pay progression for medical staff;
- Ensuring that registers are kept of all job plans.
- Ensuring that job planning training is provided to all staff with a defined role within the job planning process in line with paragraph 11.1 below.

3.4.2 The Executive Medical Director shall be responsible for undertaking the job plans of Divisional Directors and Medical Directors within the Medical Director's office.

3.5 Divisional Directors

3.5.1 The Divisional Directors shall be responsible for overseeing job planning in their respective Divisions. Particular areas of focus shall be:

- Ensuring that each Consultant and SAS doctor has a current Job Plan which is subject to annual review (or interim review as necessary):
- Meeting with the clinical managers in their respective areas to discuss specialty specific issues and agree parameters for job planning;
- Support the team job planning process where appropriate;
- Ensuring the appropriate agreed documentation is used;
- Agreeing and sign off job plans for Clinical Directors in their respective Divisions.

3.6 Associate Medical Director (AMD) for Workforce

3.6.1 The Associate Medical Director for Workforce shall ensure that;

- The Divisional Directors and Clinical managers are aware of Trust priorities regarding job planning.
- Divisional General Managers/Business Managers provide information on clinical activity and appropriate data relevant to clinical teams to the Clinical managers on a regular basis to help inform the job planning processes;

- Ensure that clinicians are released to participate in job planning;
- Work with the Divisional Directors, Clinical managers and Divisional General Managers/Business Managers in the development of service and team objectives;
- Work cooperatively with the Divisional Directors, Clinical managers and Divisional General Managers/Business Managers to address issues raised through job planning;

3.7 Clinical Managers (includes Clinical Directors and Divisional Directors)

3.7.1 Clinical managers (the individual's Clinical Director (CD) or Divisional Director in the case of CDs) shall be responsible for;

- Ensuring there are arrangements in place for all Consultants and SAS doctors within their Division/Service area to have an annual job plan review;
- Ensuring that interim job plan reviews are also undertaken as necessary, with the expectation that the need for interim reviews should be limited;
- Ensuring that Consultants and SAS doctors are aware of the Job Planning Policy and Procedure and understand the template documentation that must be used for all for job plans:
- Ensuring there are appropriate administration systems in place to keep an up to date record of **all** job plans in their Division and that job plans are retained;
- Leading the development of service and/or team objectives with their Divisional General Managers/Business Managers and the Associate Medical Director;
- Leading team job planning discussions, supported by the Divisional General Managers/Business Managers;
- Preparing, with the Divisional General Managers/Business Managers, a draft job plan for each Consultant and SAS doctor, to be discussed at the individual job planning meetings;
- Undertaking interim review of job plans (i.e. in advance of the annual review) where there is a significant/substantial change in work pattern or schedule or where there is clear evidence that performance in relation to key objectives is not being met. It is understood that the need for interim reviews should be limited and should the interim review be requested by the Trust the clinician will be given adequate time to prepare; Ensuring the issue of pay progression is discussed with the clinician in the annual job plan review (for 2003 and 2008/2021 contract holders) The Clinical Manager must notify the clinician of any issues that may impact on pay progression at an early stage, to ensure that the clinician is given appropriate time to address the problems satisfactorily in time for the pay progression to be approved at the right time;
- Ensuring that all annual job planning takes place three months before their anniversary date or between January and March every year for the following financial year, for most Consultants/SAS doctors.
- Giving all clinicians at least three months' notice of their job plan due date, with reminders at two months' notice, then one month, to allow adequate time for preparation;
- Agreeing job plans with individual clinicians in line with delegated parameters and recording the final job plan on the L2P job plan record.
- Highlight promptly to the Executive Medical Director, Associate Medical Director and Divisional Director any areas of concern resulting from job planning discussions, such as job plan exceeding a 14 PA threshold;
- Taking part in the Mediation and Appeals processes as required;

3.8 Divisional General Manager/Business Manager

3.8.1 The Divisional General Managers/Business Managers shall be responsible for;

- Providing information on clinical activity and appropriate data relevant to clinical teams on an annual basis to the clinical manager to help inform the job planning process;
- Ensuring an up to date record is kept of all job plans in their Division;
- To work cooperatively with clinical manager and Divisional Director in the development of service and/or team objectives;
- Attending team-based job plan/service plan review meetings in their Division;
- Attending individual job planning meetings to support the clinical manager only with the prior agreement of the clinician;
- Attending interim job plan reviews to support the clinical manager only with the prior agreement of the clinician;
- Highlight promptly to the Executive Medical Director, Associate Medical Director, and Divisional Director any areas of concern resulting from job planning discussions;
- At the end of the job planning cycle the Divisional General Managers/Business Managers shall support the clinical manager in preparing a report for the Executive Medical Director, Associate Medical Director and Chief People Officer summarising the job planning process within their Division/Specialty.

3.9 Consultant / SAS Doctor

3.9.1 Each clinician;

- Is contractually obliged to participate annually in job planning (or interim reviews as appropriate) and must ensure that they support the clinical manager in the timely and accurate submission of job plans. Each clinician can expect to receive at least 8 weeks' notice of their individual job planning appointments. Job plans must contain sufficient detail on PA allocations and agreed objectives and outputs for both DCC and SPA work;
- Is required to work within the framework of the agreed job plan;
- May seek an interim review of their job plan where there is a change in individual circumstances/working pattern;
- Is required to notify their clinical manager and Divisional General Managers/Business Managers of any significant circumstance that impacts on their job plan;
- Should consider the potential impact on their workload of issues such as expansion in Consultant numbers; changes in clinical practices etc. This does not remove from the Trust the duty not to undermine the clinician's duties as advertised on appointment.
- Should review and verify clinical performance data on an individual and specialty basis;
- Is required not to take on additional duties/roles (both internal and external) that impact on their work without the prior approval of their clinical manager (see Additional NHS Responsibilities below). The clinical manager will consider such requests sympathetically in line with the recommendations from the UK's Chief Medical Officers, the GMC and the BMA Chair requesting Trusts to release clinicians for work conducive to the promotion of quality in the NHS both locally and nationally. Job plans that exceed 14 PAs will require approval/sign-off by the Executive Medical Director's office;

- Is required to declare any regular private practice activity within their job plan;
- May seek mediation and appeal where agreement is not reached on a job plan.

4 PROCEDURE

4.1 Principles for Job Planning

4.1.1 The following principles shall apply to the job planning process;

- Job plans must ensure that the Trust delivers its corporate objectives and meets the requirements of the Trust business plan;
- Job plans must support the clinician in delivering safe, high quality patient care and support work life balance;
- Job plans must support the clinician to comply with CME, revalidation, appraisal, job planning and other duties required to promote individual development and safe practice;
- Job plans should align to the delivery of the business plan and service objectives, while promoting safety and quality;
- The job plan must ensure that the clinician is supported to meet any mandatory and/or personal organisational objectives (e.g. mandatory training, participation in appraisal, etc.);
- All job plans should explicitly include detail on clinical activity to be delivered over the forthcoming 12 months, including detail of clinic/activity templates (Standard Operating Procedure at Appendix 3 outlines review process).
- Job plans will also include full detail of any SPA activity in terms of outputs expected and average time allocated for this where appropriate. This will be calculated against a typical working year of 42 weeks (to allow for annual and study/professional leave) and will be amended on an individual basis as necessary.
- Objective setting (personal and organisational) are key elements of the job plan and will detail the core (mandatory) personal objectives, individual personal objectives, and the clinician's contribution to specialty/team objectives;
- In the case of clinicians with more than one employer, a lead employer will normally be designated to conduct the job plan review on behalf of all the clinician's employers (though this should, where possible, be jointly with other employers). The lead employer will normally be the employer for whom the clinician provides the majority of his or her Programmed Activities. The lead employer will take full account of the views of other employers (including for the purposes of pay progression) and inform them of the outcome.

4.2 Process of Job Planning

4.2.1 The job planning process will follow the flow chart in Appendix 1.

4.2.2 Each Consultant/SAS doctor will participate in job planning annually, or more frequently if necessary. Individual job planning meetings will usually take place between January and March and ideally should follow the appraisal meeting. Individual annual job planning meetings shall be informed by and agreements reached in the team job planning meeting, the outcome of the clinician's appraisal, divisional capacity and demand plans and governance requirements of the

Trust. The requirement for the clinician's agreement to changes is recognised as per national terms and conditions.

4.2.3 Interim job planning meetings may be requested by the clinician when it becomes clear that the job plan agreed at the last review no longer reflects the true working arrangements of the clinician, or when the clinician wishes to make proposals to change the agreed job plan. Additionally the clinical manager or the Divisional General Manager/Business Manager may also request an interim job plan review when there is a need to discuss proposals to introduce significant changes to duties, (including external duties) responsibilities or objectives within the year or if objectives are not being met to the detriment of the service and/or the clinician. Any changes that result in changes to the clinician's remuneration will require an interim job plan. The clinician will be given at least three months' notice to prepare for any interim job plan reviews requested by the Trust.

4.2.4 It is expected that interim job plan reviews should only be required in limited circumstances and the Trust must ensure that Managers do not use the arrangement excessively.

4.2.5 Clinical managers and the Divisional General Managers/Business Managers are responsible for agreeing processes locally for the arrangement of job planning meetings (see flow chart in Appendix 1). The process will be as follows:

- The clinical manager shall meet with the Associate Medical Director to discuss and agree the parameters for job planning;
- The clinical manager and Divisional General Manager/Business Manager will review the service needs and funding in preparation for job planning meetings (both team and individual);
- The clinical manager and Divisional General Manager/Business Manager will review the demand and capacity plans for the coming year and identify the number of Direct Clinical Care PAs required to deliver the service needs. This calculation should act as the basis for individual job plans, but the Trust should ensure that there will be no impact on the character of the clinician's duties for which they were appointed;
- The clinical manager and Divisional General Manager/Business Manager shall hold a team job planning meeting with all the clinicians in the team to discuss any issues that are generic to all job plans within the team and to agree a consistent approach;
- The Lead Consultant and Divisional General Manager/Business Manager will confirm in writing to all the clinician's in the team any agreements reached at the team job planning meeting in advance of individual job planning meetings;
- The clinical manager will meet with each clinician individually for the annual job plan review. In the meeting the Clinical Manager will discuss with the clinician the achievement of the previous years' objectives, discuss the coming years' service needs, agree and complete the agreed documentation regarding pay progression.
- In discussing the previous years' objectives consideration should be given to the following;
  - factors which may have affected the carrying out of duties and responsibilities as set out in the job plan;
  - progress against personal objectives;
  - current levels of workload and any changes to the clinician's duties and responsibilities;
  - aims for personal development and continuing medical education, including the identification of time and resources for these activities;

  - Support required by the individual clinician from the organisation and colleagues, in order to meet objectives. (This support may be provided in the guise of facilities, administrative or secretarial support, IT support and other forms).
- Having identified progress against the previous years' objectives the clinical manager should discuss the clinician's eligibility for pay progression and complete the necessary paperwork (see Appendix 4).
- Following the individual job planning meeting the clinical manager should draw up the job plan and send it to the clinician as a formal offer.
- The clinician and clinical manager may conduct an interim review of the job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the year. In particular, in respect of the agreed objectives in the job plan the clinician and Lead will:
  - review progress against the agreed objectives on a regular basis;
  - identify to each other any problems in meeting those objectives as they emerge;
  - propose an interim job plan review if it appears that the objectives may not be achieved for reasons outside the clinician's control;
- The clinician and the clinical manager will make every effort to agree any appropriate changes to the job plan at the annual or interim review. If it is not possible to reach agreement on the job plan, the clinician may refer to mediation and, if necessary, the appeal mechanism. Job plan changes cannot be made until resolution of mediation and appeal processes, section 4.17 and 4.18 below.
- The Trust operates a single sign off process for job planning (Appendix 1) where the clinician's job plan is signed off by their clinical manager – without the requirement for second sign off by Divisional Director (it should be noted that in the case of Clinical Directors the clinical manager is Divisional Director). The exception to this is where an individual has a 14+ PA job plan which requires sign off by the Executive Medical Director's office.
- When the job plan has been agreed the clinical manager will provide a copy of the job plan including pay progression information to the clinician, the Executive Medical Director, Associate Medical Director and Chief People Officer.
- The Executive Medical Director will ensure that there is an appropriate system to make recommendations on the clinician's suitability for pay progression
- Any clinician who is not recommended for pay progression has the right to appeal in line with section 4.18 below.
- Failure to participate in job planning and/or job plan review meetings or be in a legitimate mediation or appeals process in line with published timescales may lead to the imposition of sanctions that may affect pay and result in escalation to Divisional Director, Associate Medical Director and ultimately the Executive Medical Director. As long as the individual doctor can demonstrate that they have met and agreed a proposed job plan failure of management approval mechanisms will not trigger the imposition of sanctions.

4.3 The Job Plan Template

4.3.1 All job plans must be completed on the L2P electronic job plan platform.

4.3.2 All Job Plans agreed with the clinical manager will be reviewed by the Associate Medical Director. This is for administrative purposes only. The Associate Medical Director does not have the right to veto a job plan agreed between the clinician and the clinical manager.

4.3.3 It is recommended that the Job Plan Quality Checklist at Appendix 5 be used to support job plan conversations and ensure all elements of the job plan template are completed.

4.4 Preparing for Job Plan Review Meetings

4.4.1 Preparing for Team Job Planning Meetings

4.4.1.1 Clinical Manager and Divisional General Manager/Business Manager should undertake the following preparation in advance of team job planning meetings;

- Review the demand profile to understand the delivery needs for coming year, including;
  - Shape of the future service;
  - Aspirations of the service (business plan);
  - Must do's (e.g. Clinical Governance, Local Delivery Plans, Access, Finance);
  - Possible areas of confusion or difficulty.
- Make links with other departments/services taking account of;
  - The service 'map';
  - Shape of all linked services in the future;
  - Pressure points;
- Financial issues (e.g. affordability of job plans);
- Workforce issues;
- Existing known gaps.

4.4.1.2 Clinicians – Clinical teams should work with their clinical manager and Divisional General Manager/Business Manager to agree any generic issues that can be agreed within the team to be applied to all job plans. Team job planning meetings provide an opportunity for clinical teams to agree how activity can be allocated to meet service needs and objectives and agree roles and responsibilities across the team. Any clinicians with the same sub-specialty interests should reach agreements with colleagues in the same subspecialty on the generic aspects of job planning wherever possible.

4.4.2 Preparing for Individual Job Planning Meetings

4.4.2.1 Clinical Manager and Divisional General Manager/Business Manager should undertake the following preparation in advance of individual job planning meetings;

- Review demand profile to understand delivery needs for coming year, including;
  - Calculating the number of PAs required to meet service needs;
  - Align the clinical capacity with the business plan;
  - Link the capacity with other departments/services;
  - Pressure points;
- Financial issues (e.g. affordability of job plans);
- Consider the impact of any workforce issues (including existing/planned gaps);
- Consider the existing job plan of the individual clinician and any aspirations of the individual clinician;
- Draft the job plan to discuss with the individual clinician at the job planning meeting
- Ensure that adequate administrative support arrangements are in place to support effective job planning meetings;

4.4.2.2 Clinicians should take the opportunity of the job planning process to see that they are neither over nor under committed in delivering local or wider objectives of the NHS.

4.4.3 To get the best out of the processes clinicians will wish to:

- Decide beforehand what they want to get out of job planning;
- Decide what their objectives for personal, professional and service development will be over the coming year;
- Have a view on how changes can reasonably be achieved;
- Be ready to share all the facets of their practice within and outside the organisation, so that realistic agreements can be struck;
- Be aware of their colleagues' aspirations so that any agreement over the job plan is in a sensible context;
- Take broader clinical governance issues into consideration;
- Ensure that they achieve a good work life balance;
- Ensure they are supported to provide safe, quality care;
- Ensure they are given appropriate time, normally a minimum of 8 weeks, to prepare for their job planning meeting.

4.5 The Job Plan Components

4.5.1 A job plan is made up of a number of components. The components of the job plan are:

- Direct Clinical Care *(includes clinical activity, clinically related activity & emergency work*
- Supporting Professional Activity *(includes CPD, audit, teaching & research)*
- Additional NHS responsibilities
- External duties
- On-call activity
- Supporting resources
- Objectives
- Private Practice
- Fee Paying Services

4.5.2 Each of the components of the job plan should be reviewed separately, with average weekly Programmed Activities being defined for each component. The clinical manager shall normally accept the clinician's estimates unless there is prior evidence to the contrary. These components should then be brought together to determine the overall job plan commitment. This is then defined as a scheduled weekly / monthly / annual work programme.

4.5.3 The final job plan provides the basis of the contractual relationship between the individual clinician and the Trust and will determine the individual's pay. The job plan cannot be implemented nor any pay changes implemented until the agreement process is complete. The clinician shall continue to work to the last agreed job plan and be paid accordingly until agreement or resolution of the appeals process.

4.5.4 It is the responsibility of the clinical manager to determine the appropriate application of these components locally within each Division/Clinical area.

4.6 Direct Clinical Care (DCC)

4.6.1 DCC is activity directly relating to the prevention, diagnosis or treatment of illness. This includes emergency duties (see below), operating sessions (including preoperative and post-operative care), ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, administrative duties directly linked to patient management, and any public health duties.

- Multidisciplinary Team (MDT) meetings that relate directly to patient care and/or treatment planning for specific patients should also be counted as DCC time. Where MDT meetings have a mixed agenda (e.g. part clinically care based, part Divisional meeting), only the element relating to Direct patient care will count towards DCC time with the other element noted as a Supporting Professional Activity.
- Any administration that is directly related to the above (including but not limited to referrals and notes) will also be allocated as DCC time. The PA allocation will vary according to the administrative requirements of particular role but will be broadly similar within specialties. As a broad principle, DCC administrative time should be calculated over a reasonable period to determine how much time is required and considered to be a reasonable allocation.

4.6.2 The team job planning meeting should identify a consensus allocation within the specialty for DCC commitments (e.g. administration, ward rounds, pre/post op, MDT etc.).

4.7 Supporting Professional Activity (SPA)

4.7.1 SPAs are activities that underpin and improve DCC. It is expected that SPA time should predominantly consist of:

- relevant training;
- audit;
- medical education;
- research;
- other clinical governance activities;
- self-directed learning;
- clinical management: this does not include formal clinical management roles such as Clinical Director, which are classed as Additional NHS Responsibilities;
- teaching;
- job planning;
- appraisal/revalidation;
- reflection;
- planning.

4.7.2 Clinicians must be able to demonstrate at their annual job plan meeting that they have achieved the expected outputs from their SPA time otherwise pay progression may be affected. Clinicians will have access to an appeals process in the case of any disagreement.

4.7.3 Clinicians have an obligation to attend key sessions (such as audit meetings, teaching sessions or clinical governance activities) and achieve any agreed percentages of attendance. These activities are included within SPA time allocations. Those not doing so without valid reason (e.g. leave, private practice registered in the job plan or urgent clinical care) may be expected to account for their absence. There is an onus on the Trust and individual clinicians to agree job plans that facilitate this. Clinicians will be informed about key sessions well in advance. Apologies with valid reason will be accepted.

4.7.4 It is recognised that a proportion of SPA time may legitimately be undertaken outside of the hospital and only within the UK, this is at the discretion of Line Managers and must be agreed at the Annual Job Planning Meeting.

4.7.5 If the Trust requires the clinician to perform SPAs outside the core hours of Monday – Friday 7am – 7pm, excluding bank holidays, due to reasons such as the clinician's agreement to work additional DCC activities during core hours, SPAs will be 3 hours in duration. The Trust accepts that with a move to 3 session days a clinician will, by necessity have to perform most of their SPAs outside core hours.

4.7.6 Consultant SPA Allocation

Full time Consultants will typically undertake 1.5 SPAs per week. Therefore 1.5 is neither a minimum nor a maximum; neither is it an allowance. SPAs allocations provide for:

- All Consultants will have 1.5 SPA per week allocated to cover core requirements (continuing professional development, participation in job planning, appraisal, mandatory training, essential audit and clinical governance activity relating to their clinical role and clinical supervision during DCC work) and, subject to agreement in advance, some of this may be worked away from the hospital site. The evidence of their activity in relation to this SPA will be required as part of the consultant's revalidation portfolio.
- Any SPA allocations above the core 1.5 SPA will be discussed as part of the team job planning meeting coordinated by the clinical manager in each Division/Specialty, but will be agreed in individual job plans as appropriate. SPAs will be allocated for specific tasks/responsibilities and will include a PA value for the task as well as expected outputs (see guidance included in Appendix 6).

4.7.7 SAS Doctor SPA Allocation

SAS doctors will undertake a minimum of 1 PA per week in line with the recommendations of the Academy of Medical Royal Colleges. This time will be allocated for the core SPA requirements as defined above for Consultants. Any allocations above the core SPAs will be agreed individually.

4.7.8 SPA Allocation for Job Plans with less than full time PAs

Consultants' Job Plans totalling less than 5 PAs of direct clinical care will be allocated 1 PA of SPA, pro rata between a range of 4 and 8.5 total PAs.

SAS Doctors' Job Plans totalling less than 5 PAs of direct clinical care will be allocated 0.5 SPA, pro- rata between a range of 4 to 8.5 total PAs.

4.8 Additional NHS Responsibilities and External Duties

4.8.1 There are a range of additional NHS responsibilities and external duties, which occur within the NHS, which the Trust wishes to recognise and support. These are responsibilities which are not held by all clinicians but relate to a specific role filled by some clinicians for limited periods.

- Additional NHS Responsibilities: Examples include specialty lead clinician, audit and governance lead, college tutor, some additional teaching responsibilities and chairing Trust committees (see appendix 9 for clinical leadership programmed activities tariff).
- External Duties: Examples include work undertaken for the GMC, Specialty Training Committee Chair and BMA activities.

4.8.2 The key principles are;

- The individual clinician concerned is responsible for informing their clinical manager so that a full understanding of responsibility is reached;
- The nature of all additional NHS responsibilities/external duties should be discussed in advance with the Trust, as part of the job planning process. The Trust will adopt a pragmatic approach to the issue on an individual basis and in principle agree to support additional duties so long as:
  - There is a demonstrable benefit to the individual, the Trust or the wider NHS;
  - The impact on other clinical colleagues within the specialty/department is considered;
  - Time to perform the additional NHS responsibility/external duties should be recorded separately in the job plan. In some instances, it may be appropriate to agree that a responsibility exists and is recognised in the job plan, with associated objectives and supporting resources, for which the time may reasonably be contained within the SPA allocation. However, some additional NHS responsibilities/external duties can only be discharged when specific time is allocated outside SPAs and as such should be recorded separately.

4.9 On Call

4.9.1 On-call is recognised in the job plan through an availability supplement and through DCC PAs allocated for predictable and unpredictable emergency work.

4.9.2 Availability supplements for on call are paid as follows:
Consultants – The on-call availability supplement payable is based on a percentage range of 1 – 8% of the full-time basic salary, which is determined by the frequency of the rota commitment (high, medium or low frequency), and an allocation of either Category A or B depending on the likelihood of having to return to the hospital.
SAS Doctors – Payment of an on-call availability supplement for non-resident on call rotas (shift working is recognised through premium time PA calculations). The supplement payable is based on a percentage range of 2 – 6 % of the full-time basic salary, which is determined by the frequency of the rota commitment.

4.9.3 On call supplements payable to part-time participants will be applied pro-rata in accordance with their contribution compared with that of a full-time participant.

4.9.4 Programmed Activities in support of on call are based on the actual work undertaken when individual clinicians are on call. This includes telephone advice, travelling time to site for emergencies, regular ward rounds associated with on call and clinical interventions onsite.

4.9.5 PAs for on call/emergency work should include both predictable and unpredictable emergency work and these should be programmed into the working week.

- Predictable emergency work is work that takes place at regular and predictable times, often as a consequence of a period of on-call work.

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

4.9.6 It is recommended that each specialty agree what they consider as predictable and unpredictable emergency work at the team job planning meeting.

4.10 Prospective Cover for On Call

4.10.1 Clinicians are expected to deputise for absent colleagues so far as is practicable, even if on occasions this would involve interchange of staff within the Trust, which includes:

- cross cover of in-patient beds (including the provision of support to resident doctors);
- on call (in and out of hours).

4.10.2 Consideration of the need to cover planned absence should be given when agreeing a job plan. Prospective cover will be recognised with PA allocations for DCC, therefore should be calculated based on 52 weeks rather than 42 weeks. Where deputising is not practicable it is the clinician's responsibility to bring this to the attention of their clinical manager.

4.11 Additional Programmed Activities

4.11.1 For full time contract holders, PAs above 10 per week are temporary. In this context, Additional Programmed Activities must be formally reviewed as part of the annual Job Plan review and may be reduced following the review subject to three months' notice on either side (which can be waived by mutual agreement). APAs may consist of DCC, SPA, Additional NHS Responsibilities and/or other External Duties and should be clearly identified as APAs on the job plan.

4.11.2 There is no obligation on clinicians to offer, or accept the offer of, an additional PA, except when they wish to perform Private Professional Services (see paragraph 8.13 below).

4.11.3 Additional Programmed Activities which are regular features (non ad-hoc) of the job plan, will continue to be paid during absences, including annual and sick leave. Ad hoc APAs will not attract payment during absence.

4.12 Rest Breaks

4.12.1 If a clinician agrees to the inclusion of rest breaks in their job plan it must be accepted that the clinician is not expected to work in any way during this break. This includes attending meetings, supervising trainees, responding to emails, travelling to the next activity, etc.

4.13 Travelling Time

4.13.1 Where clinicians are required to travel away from their hospital site for any work activity, the time spent travelling will be allocated as PA time within the job plan for that activity, e.g. time spent travelling to DCC activities will be allocated in the job plan as DCC PAs.

4.14 Private Practice

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

4.14.2 All private professional services must be arranged and undertaken within the requirements of the Private Practice Code of Conduct. In line with the Code of Conduct for Private Practice the Trust will insist that private practice is not undertaken during scheduled DCC PAs without the prior agreement of the clinical manager. The Trust will only agree to this where time-shifting arrangements are formally agreed or where the income for the work is passed to the Trust. In some circumstances the Trust may at its discretion allow some private practice to be undertaken alongside a clinician's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the clinicians should ensure that any private services are provided with the explicit knowledge and agreement, in writing, of the clinical manager and Divisional General Manager/Business Manager and that there is no detriment to the quality or timeliness of services for NHS patients.

4.14.3 Where an individual clinician wishes to undertake private work and is not already committed to at least an 11 PA job plan (and the equivalent for Part-Time job plans with 1 additional PA pro rata), the Trust may at its discretion offer an extra DCC PA to the clinician. Where the extra PA is declined, and the clinician continues to undertake the proposed private work, the individual will not be entitled to receive pay progression during the year in question. If the Trust requires a clinician to reduce from an 11 PA or greater contract, down to 10 PAs, this should not prejudice the clinician's right to undertake private work or receive pay progression.

4.14.4 Where the Trust decides not to offer extra PAs, it may decide at a later date to do so and the same requirements will apply providing a reasonable period of notice is given consistent with the Terms and Conditions of Service 2003/2008 and the associated Code of Conduct for Private Practice.

4.14.5 While the Trust offers no extra PA the clinician may undertake the proposed private practice without jeopardising pay progression.

4.14.6 Where the Trust wishes to reschedule a clinician's activity to a time when they have private activity scheduled, the Trust will seek to achieve this by discussion and agreement. Where this not possible the Trust will give no less than six months' notice to allow the clinician to make arrangements to re-schedule their private professional services, starting from the date of resolution of any job planning appeals processes.

4.15 Fee Paying Services

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

4.15.2 Fees for such services may also be retained by the clinician without time-shifting where there is minimal impact on other activities and is explicitly agreed, in writing, by the clinical manager. For this purpose, minimal impact should be defined as not reducing Direct Clinical Care activity levels or the efficient use of Trust resources. Such an arrangement will be reviewed regularly.

4.16 Objectives

4.16.1 The agreement of objectives will be recorded on the job plan. Where possible clinical teams should meet and set objectives together, recognising that different roles are undertaken by different members of the team. Some objectives will be common to the team, others more specific to individuals.

4.16.2 Each clinician will have the following objectives;

- Core Personal Objectives
- Individual Objectives
- Contribution to team objectives

4.16.3 Objectives should relate to the clinical environment in which the clinician and their team works e.g. OPD, Wards, Operating Theatres, Laboratory, and Radiology etc.

4.16.4 The purpose of including agreed personal objectives in the job plan is to set out in clear and transparent terms what clinicians and their clinical manager have agreed should reasonably be achieved in the year in question.

4.16.5 The Terms and Conditions of Service and the "Job Planning - Standards of Best Practice" documents describe domains that may be useful in agreeing objectives:

- quality
- activity and efficiency
- clinical outcomes
- clinical standards
- local service objectives
- management of resources, including efficient use of NHS resources
- service development
- multi-disciplinary team working

4.17 Supporting Resources

4.17.1 The clinician and the clinical manager will use the job plan meeting to identify the resources that are likely to be needed to help the clinician carry out his or her job plan commitments over the forthcoming year and to achieve the agreed objectives for that year.

4.17.2 The clinician and the clinical manager will also use job plan reviews to identify any potential organisational or systems barriers that may affect the clinician's ability to carry out the job plan commitments or to achieve the agreed objectives.

4.18 Mediation

4.18.1 If at all possible, disagreements regarding job planning should be settled informally. Where this is not possible the clinician or clinical manager can request mediation. Process and mediation template outlined at Appendix 7.

4.18.2 In the first instance, the clinician or the clinical manager should refer the dispute to the Medical Director (or another designated person if the Medical Director has already been involved in the job planning discussions) in writing **within two weeks** of the disagreement arising, setting out the nature of the dispute. The reasons for the dispute will be shared with the other party and they will be required to set out their position on the matter.

4.18.3 There will then be a meeting, usually set up **within four weeks** of the referral, which will be chaired by the Medical Director. The clinician and the clinical manager will be invited to the mediation meeting to present their case. The Medical Director will seek to mediate a resolution to the points in dispute.

4.18.4 If agreement is not reached at the meeting, the Medical Director will take a decision or make a recommendation on the matter. The Medical Director must inform the clinician and clinical manager of the decision or recommendation in writing.

4.18.5 If the clinician is not satisfied with the outcome of mediation, a formal appeal can be lodged.

4.19 Appeal

4.19.1 Where a clinician remains dissatisfied with the outcome of job plan mediation or they wish to dispute a recommendation regarding their pay progression, they may lodge a formal appeal, in writing, to the **Chief Executive within two weeks**. The Chief Executive will then convene an appeal panel.

4.19.2 **Membership of the Appeal Panel for Consultant Appeals**
The membership of the panel is a chairman nominated by the Trust, a panel member nominated by the clinician and a third independent member from a list approved by the BMA/BDA and NHS Employers. The clinician can object on one occasion to the independent member who would then be replaced with an alternative representative.

4.19.3 **Membership of the Appeal Panel for SAS Appeals**
The membership of the panel is a chairman who is a Non-Executive Director of the Trust, a panel member nominated by the clinician preferably from the same grade and an Executive Director from the Trust.

4.19.4 The parties to the dispute will submit written statements of case to the appeal panel **one week before the hearing**. The clinician can either present their own case at the hearing or they can be assisted by a representative from the BMA or BDA.

4.19.5 The appeal panel will make a recommendation to the Trust Board, usually **within two weeks** of the hearing. The recommendation will normally be accepted by the Board.

5 TRAINING/GOVERNANCE

5.1 Training

5.1.1 The Trust will ensure that all clinicians, clinical managers, Divisional General Managers/Business Managers, Associate Medical Directors and all Executive Directors with any responsibilities associated with job planning are provided with training. This will be through self-learning from L2P training videos and ensuring annual updates are shared from the Medical Director's office.

5.2 Governance / Reporting

5.2.1 Trust level assurance of job plan compliance comes from the Executive Medical Director's job planning function. This team use L2P system reports to provide:

- High level management information for the Trust's Board of Directors
- National provider workforce returns on job plan sign off rates
- Divisional level specialty level and individual level job plans via L2P

5.2.2 Role based system access is also provided to divisional senior leadership teams, clinical managers and individual doctors.

5.3 Agreement

5.3.1 This policy and procedure has been presented to the local Joint Local Negotiating Committee. The Trust is going ahead with the process of publishing the policy. Any changes to the agreement document can only be made following further negotiation and agreement with the JLNC. The document will be subject to review every 3 years, or sooner where national guidance on the process of job planning changes.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Annual job plan review and sign off	AMD for Workforce Senior Manager Job Planning Coordinators	Weekly	Weekly Job Planning Meetings Escalation to Clinical Managers Escalation to Divisional Directors
Management Information relating to job planning performance	AMD for Workforce Senior Manager Job Planning Coordinators	Monthly	Monthly reports circulated to all Divisional Directors, clinical managers and Executive Medical Director

Key Performance Indicators relating to job planning	AMD for Workforce Senior Manager Job Planning Coordinators	Bi-Monthly	Job Planning Consistency Committee
Job Planning Performance	Board of Directors Head of Performance	Bi-Monthly	Via Integrated Performance Report reported to Board of Directors

7 DEFINITIONS

Consultant - A medical professional, on the specialist register, employed to provide specialist expertise, leadership, and clinical care within their field.

SAS Doctor – A Specialty, Associate Specialist or Specialist doctor who is experienced but not in a formal consultant training pathway, contributing significantly to patient care and service delivery.

Clinical Manager – will usually be the individual's Clinical Director (CD), or Divisional Director in the case of CDs, responsible for ensuring individuals' job plans meet the operational needs of their services and provide assurance that external duties and private practice do not impact unduly on service requirements.

Job Plan – A structured document outlining a senior medical professional's responsibilities, duties, objectives and time allocations, including clinical and non-clinical commitments.

Direct Clinical Care (DCC) – Activities directly related to patient care, such as consultations, procedures, ward rounds, and outpatient clinics.

Supporting Professional Activities (SPA) – Non-clinical activities supporting professional development, including teaching, research, management, and training.

Programmed Activities (PA) – Units of time (typically four hours each) used to allocate work responsibilities in a consultant's job plan.

On-call Duty – A period when the consultant is required to be available for urgent or emergency patient care outside regular working hours.

Annual Review – A formal process assessing the senior medical professional's job plan and ensuring alignment with service needs, professional development, and contractual obligations.

Flexible Working – An arrangement allowing senior medical colleagues to modify their work schedules while ensuring service needs are met.

Clinical Governance – The framework ensuring healthcare providers maintain high standards of care, patient safety, and continuous improvement.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 10)

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Appraisal Policy for Medical Staff of DBHFT as Designated Body (CORP/EMP 38)
- Civility, Respect & Resolution Policy (CORP/EMP 58)
- DBTH Leave Policy (including Annual, Professional and Duty for all staff, including medical) (CORP/EMP 49)
- Equality Analysis Policy (CORP/EMP 27)
- Flexible Working Policy (CORP/EMP 48)
- Pay Progression Policy (CORP/EMP 56)
- Statutory and Essential Training (SET) Policy (CORP/EMP 29)
- Special Leave Policy (Incorporating Carer's and Emergency Leave) (CORP/EMP 47)

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

11 REFERENCES

Consultant job planning: a best practice guide, NHS Improvement, July 2017.

A Guide to Consultant Job Planning, NHS Employers / British Medical Association, July 2011

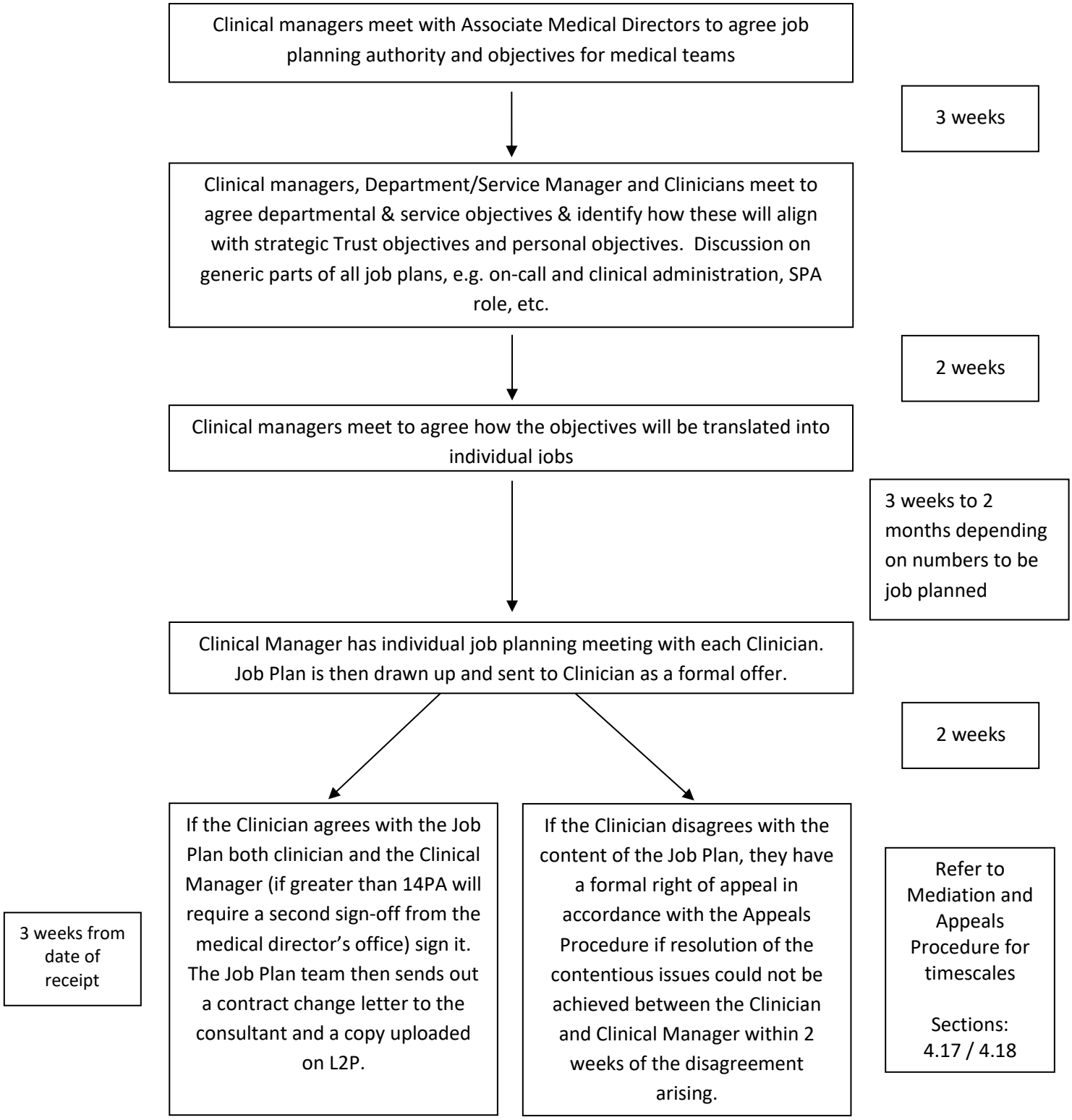
A UK guide to job planning for specialty doctors and associate specialists, NHS Employers / British Medical Association, November 2012

NHS Employers Consultant Contracts, Terms and Conditions – Consultants (England) (2003)

Medical Job Planning Improvement Guide (A guide to improving consultant, specialist, associate specialist and specialty doctors job planning), NHS England, May 2025.

APPENDIX 1 – JOB PLANNING PROCESS

FLOW CHART



APPENDIX 2 – APPLICATION OF THE JOB PLANNING POLICY AND PROCEDURE TO CLINICIANS ON "OLD" CONTRACTS

The principles outlined in the Job Planning Policy and Procedure will apply equally to clinicians employed on the old (pre-2003 Consultant, pre 2008 Specialty Doctor) contracts and those employed on subsequent new contracts.

Doctors employed on the old contract will be expected to participate in speciality level Job Plan discussions along with their colleagues prior to discussing their own Job Plan. Clinicians employed on old contracts must agree an annual job plan with their clinical manager in much the same way as their colleagues employed on the 2003/2008/2021 contracts. The agreed job plan will include:

- Outpatient clinics, ward rounds, operating lists, investigative work, administration and teaching, participation in medical audit, management commitments, emergency visits and on-call commitments; and
- Time for the clinician concerned to perform agreed duties of benefit to the wider NHS. The job plan will identify the nature and timing of the clinician's fixed commitments which will be worked in notional half days or sessions, or a fraction thereof. A notional half day is equivalent to three and a half hours. The table below shows the number of notional half days and fixed commitments applicable under the old (pre-2003) contract for Consultants and Terms and Conditions of Service for Associate Specialists.

Contract	Notional Half Days	Fixed Commitments
Full time	11	5-7
Maximum Part Time	10	5-7
Part Time	1-9	At least half the total number

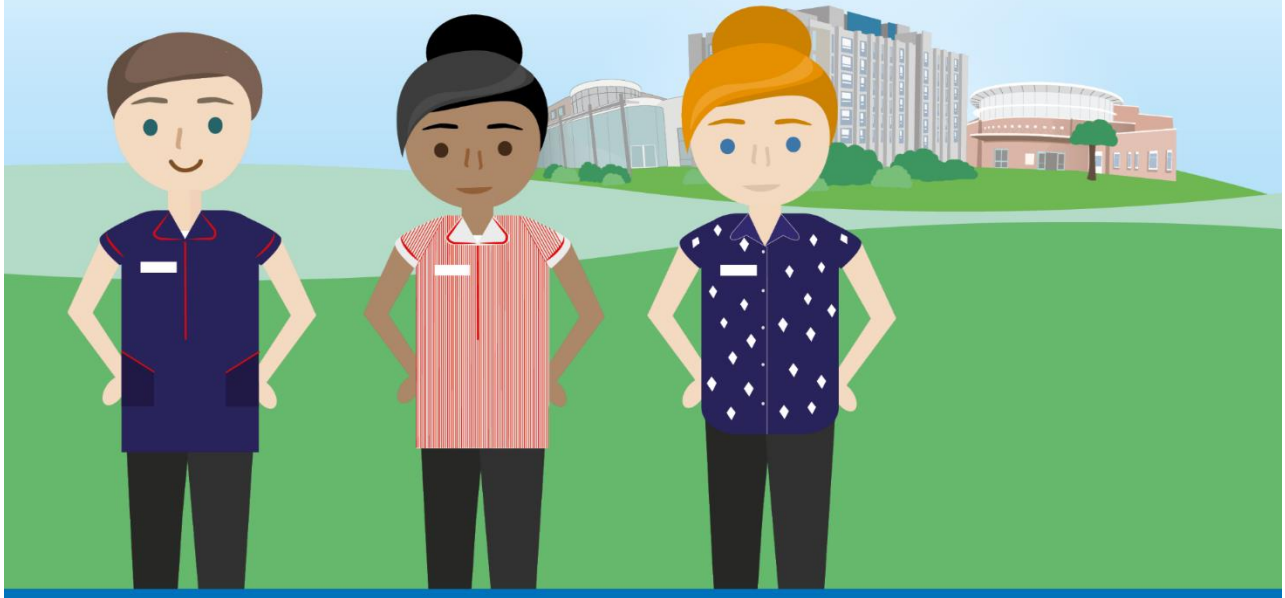
Under the old contracts either the clinician or the Trust can propose changes to the job plan as part of the annual review and both parties will use their best endeavours to agree any changes. Where it is not possible to agree a revised job plan the Trust will formally write to the clinician concerned to advise of its intention to amend the job plan. In instances where the clinician lodges a formal appeal against the proposed changes – mediation (as described in paragraph 9 above) will be offered in an attempt to reach resolution. If this is not successful the Trust will establish an appeals panel in accordance with paragraph 10 above the clinician chooses to use the processes of the old contract.

APPENDIX 3 – PROCESS FOR REVIEW OF PLANNED SESSIONAL DIRECT CLINICAL CARE (DCC) ACTIVITY

Timescale	Action
1 month prior to commencement of planned exercise	Individual receives notification from Business Manager of planned review of sessions delivered against job plan The notification will include the time period for data collection of planned sessions, e.g. number of weeks.
1 month following data collection	Data analysed against job plan timetable, taking into account any annual leave, study leave or periods of sickness
2 weeks following completion of data analysis	Individual will receive the outcome of the review and next steps
2 weeks post review	If delivered sessions match job plan, no further action If delivered sessions do not match job plan (either under or over) a meeting to be arranged with clinical manager to discuss remedial action*
2 weeks following agreed actions	Once remedial action agreed, outcome shared with Business Manager to reflect changes within planned sessions
*Any dispute following discussion with clinical manager will follow the standard mediation process	

APPENDIX 4 – CONSULTANT PAY PROGRESSION

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust



Develop Belong Thrive Here DBTH

We care

Consultant Pay Progression Review Meeting Record

Section 1 – Pay Progression Criteria Checklist

Pay progression criteria	Met	Not met for reasons beyond the consultant's control	Met subject to the achievement of remedial action	Not met
Made every reasonable effort to meet the time and service commitments in the Job Plan;				
Participated satisfactorily in the appraisal process;				
Participated satisfactorily in reviewing the Job Plan and the setting of personal objectives (including any service and quality improvements, or teaching and training) that may have been agreed as personal objectives.				
Met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effortto do so;				
Worked towards any changes agreed in the last Job Plan review as being necessary to support the achievement of the employing organisation's objectives;				
Taken up any offer to undertake additional Programmed Activities that theemploying organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions;				
Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.				
Engaged and participated with statutory and mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.				
No disciplinary sanctions active on the doctor's record.				
No formal capability processes ongoing.				

Outcome 1 – All criteria have either been met or not met due to reasons beyond the consultant's control.

(Columns 1 and 2 of the Pay Progression Criteria Checklist)

Consultant's reflection
Manager's reflections

If the consultant did not meet the criteria due to reasons beyond the consultant's control, please describe the circumstances.

Pay Progression has been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medial director) _____ Date _____

Outcome 2 – Pay progression criteria have been met subject to the achievement of remedial action.

One or more of the criteria have been met subject to the achievement of remedial action. All remaining criteria have been met or not met due to reasons beyond the consultant's control. (Columns 1, 2 & 3 of the Pay Progression Criteria Checklist)

Remedial action to be completed with timescales Remedial action deadline _____

If remedial action has been completed by the required date (or could not be completed for reasons beyond the consultant's control), please complete the following page.

If remedial action has not been completed by the required date, please complete outcome 3.

Consultant's reflection
Manager's reflections

If the consultant did not meet the criteria due to reasons beyond the consultant's control, please describe the circumstances.

Pay Progression has been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medical director) _____ Date _____

Outcome 3 – Pay progression criteria have not been met or remedial action has not been completed.

One or more of the criteria have not been met (Column 4 of the Pay Progression Criteria Checklist)
The consultant will remain on their current pay point but will be eligible for pay progression if they meet the criteria at their next increment date (i.e. no later than 12 months after they were first eligible for pay progression).

Clinical manager and consultant to agree an action plan and timescales on how the criteria will need to be met before the next incremental date.

Next incremental date _____

Pay progression has not been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medical director) _____ Date _____

A review meeting should be scheduled three-six months prior to the next increment date to review if the action plan has been met. A new pay progression form can be completed to accompany this action plan.

APPENDIX 5 – JOB PLAN QUALITY CHECKLIST

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

JOB PLANNING QUALITY CHECKLIST

Type	Checks	Y/N
Are all sections complete?	Are all participants assigned?	
Are all sections complete?	Doctor sign off	
Are all sections complete?	Is the contract section complete?	
Are all sections complete?	Has the leave entitlement been added in the contract section?	
Are all sections complete?	Ensure that contracted hours are added in the contract section.	
Are all sections complete?	Ensure that the objectives section is complete.	
Dates	Does this cover the correct period of time?	
Dates	Is there a meeting/discussion date in the system?	
Activities	Where a description is required, has it been added?	
Activities	Is there sufficient time allocated to CPD	
Activities	Are the activities correctly labelled?	
Activities	Where the activities are listed as "Other" is this necessary?	
Activities	Are all additional NHS roles added to the job plan	
Activities	Ensure that the recording of medical education activities have been correctly added.	
Activities	Has any on-call been added equitably?	
Activities	Is the frequency of any on-call or rotad activities correct?	
Activities	Has Private Practice (PP) been added and are any associated declarations completed?	
Activities	Has any SPA in addition to the minimum expected, been clarified or added any objectives?	
Activities	Does any SPA time occur in premium time	
Activities	Have any activities above the Core contracted hours been defined as APA/EPA?	
Overview	Does the total number of PA's exceed the maximum expected?	
Overview	Are the PA's over the contracted amount correct?	
Overview	If there are changes in the contracted PA's, has a change form been completed?	
Overview	Are the total number of hours within a 10 minute tolerance?	

APPENDIX 6 – GUIDE TO ALLOCATING SUPPORTING PROFESSIONAL ACTIVITIES

The below is intended to act as a guide for clinical managers and Department/Service Managers when drafting team and individual job plans and personal objectives and outcomes. The below allocations are indicative only and it is anticipated that some of the suggested allocations may change depending on the size of a department, number of staff etc. Consistency of job planning will be monitored by the Job Plan Consistency Group, as per its Terms of Reference available on request from the job planning office dbth.jobplans@nhs.net.

Activity	Role/Responsibility	Outcome	SPA Allocation
Continuous Professional Development (CPD) • Reading journals • Preparation: re-licensing and revalidation • General audit and clinical governance • Appraisal • Job planning • Associated administration	• Educational meetings (lunch-time and evening) and associated paperwork e.g. applying for CPD certificates with records of educational meetings attended and CPD points • Reading and other self-study, On-Line Learning/CPD Modules, Postgraduate Meetings, Peer Meetings (Specialty and Locality), External Training Events (lectures, courses, conferences, case presentations, journal clubs) • Meeting requirements as set by the appropriate Royal College • Meetings with representatives from pharmaceutical companies and keeping up to date with medicine developments • Review of papers for journals	• Maintain re-validation portfolio • Attend minimum of 75% of educational meetings • Undertake a minimum of 1 audit per annum • Update/develop clinical protocols/guidelines for clinical role when requested or for service needs • Appraisal for resident doctor reports as appropriate • Completion of resident doctor assessment • Completed clinical supervisor training	1.5 SPA

Activity	Role/Responsibility	Outcome	SPA Allocation
	• Collation of information for appraisal folder and preparation of the paperwork • Annual appraisal meeting • Appraiser of consultant colleagues and SAS doctors e.g. doing appraisals and associated paperwork • Attendance at CEPOD/audit meetings	• Job planning preparation and completing job planning paperwork. • Annual job plan review with manager.	
Nominated Clinical Supervisor (Does not include ad hoc supervision during DCC activity)	• Ensuring safe clinical oversight of the trainee's day to day performance. • Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety [SFT 1.1] • Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision [SFT 2.1] • Undertakes clinical supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee [SFT 1.3] • Undertakes assessment of trainees (or delegates as appropriate), has been trained in assessment and understands the generic	• Safe clinical practice by trainee and appropriate development of training and clinical skills • Acceptable feedback from trainee on clinical training provided • Tutorials, problem based learning, in and out patient learning sessions • Case summary guidance • Audit/Project supervision & guidance • Post graduate supervision of resident doctors – formal timetabled sessions and daily support and advice • Staff grade supervision & development • Foundation doctor teaching	Max 0.25 PAs per week total Required to demonstrate level 1 knowledge and skills.

Activity	Role/Responsibility	Outcome	SPA Allocation
	relationship between learning and assessment [SFT 1.2] • Liaises with the appropriate Educational Supervisor over trainee progression [SFT 2.2] • Must ensure that all doctors and non-medical staff involved in training and assessment understand the requirements of the curriculum (foundation, specialty or GP) as it relates to a particular trainee [SFT 4.2] (See HEE Education Roles and Responsibilities document).	• Contribution to clinical handbooks	
Nominated Educational Supervisor (often this role is undertaken by the college tutor)	Responsible for one or more named trainees for all aspects of educational supervision. (See HEE Education Roles and Responsibilities document). • Educational supervision-ST1-3 trainees • Educational supervision-ST4-6 trainees • Membership of Medical Education Committee • Equality and diversity training up to date	• General teaching, lectures and tutorials for medical students and resident doctors • Journal clubs • Tutorials, problem based learning, in and out patient learning sessions • Case summary guidance • Audit/Project supervision & guidance • Post graduate supervision of resident doctors – formal timetabled sessions and daily support and advice	0.5 per trainee See HEE Education Roles and Responsibilities document Required to demonstrate level 2 knowledge and skills

Activity	Role/Responsibility	Outcome	SPA Allocation
		• SAS doctor supervision and development • Reading and commenting on updated teaching materials prepared by colleagues • Writing presentations for unit teaching and other meetings • Undergraduate teaching and examinations • Foundation doctor teaching	
Trust Specialty Tutor / Training Programme Lead (college tutor)	• Representing the Trust on the relevant regional HEE Training Committee. • Leading the Local Faculty Group in their specialty, and representing it on the Trust Education Board. • Ensuring the delivery of the GMC/College curriculum within the Trust/Specialty. • Monitoring the number and type of posts and their educational opportunities. • Working with the Educational Supervisors and Programme Directors. • Co-ordinate educator training programmes within the Department / Specialty. • Ensure that induction process is in place in each Department / Specialty.	• Increased GMC survey compliance & satisfaction • Increased compliance at Deanery review visits • Attendance at relevant regional HEE meetings • Ensuring appropriate allocation of trainees to Tameside • Enhance /maintain Trusts reputation for excellence in training	0.5 PA for up to 10 trainees in specialty (excluding Foundation). 1 PA for 11 – 20 (excluding Foundation) 1.5 PAs for 21 – 40 (excluding Foundation)

Activity	Role/Responsibility	Outcome	SPA Allocation
	• Ensure that all trainees have a completed learning agreement with their Educational Supervisor. • Provide support in the use of e-portfolios etc. • Ensure systems are in place for each trainee to have an annual RITA/ARCP in their specialty. • Provide specialty career advice. • Provide advice on access to study leave opportunities. • Support the regional HEE Quality Control arrangements and provide an annual report to the Local Trust Education Board / DME and/or training programme director • Co-ordinating local recruitment issues within the appropriate school.		2 PAs for more than 40 (excluding Foundation)
Departmental Audit Lead	• Directing and supporting audit projects • Development and management of departmental audit plan • Quality reviews • Mortality paperwork • Reviewing local and national audit data/reports and developing action plans • Ensuring recommendations from action plans are discharged via appropriate divisional mechanisms/ structures/ committees • Attendance at Clinical Audit & Effectiveness Committee	• 75% attendance at Clinical Audit & Effectiveness Committee • 80% completion rate of departmental audits in audit year including development of action plans and ensuring these are discharged • Planning and management of trainee audits	0.5PA departmental lead Other consultants as part of core CPD SPA

Activity	Role/Responsibility	Outcome	SPA Allocation
Departmental Clinical Governance Lead • Clinical governance leads • Specialty Lead • Guidelines/ protocols/ procedures • Organisational/departmental/personal clinical governance • Management of departmental guidelines	• Effective & up to date departmental clinical governance programme • Development and management of departmental clinical guidelines review process • Ensure all relevant guidelines are up to date and developed or adopted. • Ensure all care bundles are developed and implemented • Critical incident reviews • Contribution to development of clinical protocols and guidelines • Ensure departmental clinical dashboards are developed and reviewed and any areas of concerned escalated • Ensure divisional risk register is reviewed and management as per risk management policy • Ensure departmental clinical governance meetings are of high quality and occur monthly and cover the whole recommended range of clinical governance activities • Ensure divisional clinical governance reporting framework is maintained and reported to CGAC 6 monthly • Ensure departmental has a robust system for incident reporting and risk management • Ensure complaints by departmental clinicians are handled in accordance with policy in a	• 75% attendance at Clinical Governance Accountability Group meetings • Development and reporting for clinical governance framework • Development and maintenance of clinical guidelines/protocols/care bundles • Evidence of participation in clinical incident investigations and critical incident reviews • Ensure > 90% of eligible patients are risk assessed for VTE • Ensure all roles and responsibilities mentioned are effectively discharged	Role included in Lead Clinical responsibilities unless otherwise agreed Other consultants as part of core CPD SPA

Activity	Role/Responsibility	Outcome	SPA Allocation
	timely fashion and with lessons for learning implemented		
Lead Clinician • Lead Clinician	• Clinical Governance lead role (see above) • Divisional meetings and associated work • Reading and disseminating management guidelines and policies • Local specialty advisory committee membership • Robust management of job planning with scrutiny and challenge of the process • Ensure consultant engagement in departmental and Trust affairs • Staff interviews, including short-listing • Policy development • Regional & Trust subcommittee duties, including meetings and preparation • Reading and replying to emails about department and national/regional matters • Membership of Departmental Management Teams • Updating unit documentation and patient information • Timely management of complaints, clinical incident investigations and critical incident reviews	• Objectives as above in clinical governance • Specialty specific lead objectives set annually by Medical Director/Director of Clinical Services • 75% attendance at divisional meetings • Attendance at interview panels • Contribution to policy development • Management of specialty job planning process and prospective job plans to be completed between Jan – March prior to the financial year end • Up to date correspondence and involvement in management matters • Maintain compliant and safe rotas • Timely complaints responses • Ensure > 90% of eligible patients are risk assessed for VTE	1.0 PA per week

Activity	Role/Responsibility	Outcome	SPA Allocation
Rota master	• In conjunction with Divisional General Manager/Business Manager and HR Department develop and maintain compliant sustainable and safe rotas for resident doctors and consultants • Support management to ensure safe and appropriate cover for rota gaps • Organising locum cover for absent resident doctors • Along with lead consultants identify patient safety issues in relation to staffing and ensure expeditious resolution • Identify quality and efficiency in medical staffing rotas • Support and promotion of bi-annual rota monitoring • Exception reporting and working with GOSW to resolve exception reports and review rotas where information indicate this • Involvement in e-rostering	• Assessment of these roles • Completion of rota monitoring as per national guidance	1.0PA per week
External Duties (must be agreed in advance with the Lead Consultant and approved by the MD)	• Examiner • Peer assessment • GMC/Royal College activities • NCAS	Defined per role	By agreement LNC Chair 1.0PA per week

Activity	Role/Responsibility	Outcome	SPA Allocation
• GMC/Royal College work • SCT chair • NCAS • Trade Union duties	• BMA (including LNC) work involving local and national meetings, regular e-mail correspondence, reading of related documentation in preparation for meetings, etc.	75% attendance at J/LNC meetings	LNC Deputy Chair 0.5PA per week These roles must be agreed by department and medical director before agreement
Additional Responsibilities • Caldicott Guardians • Regional Education Advisor	• Defined per individual role	• Defined per role	By agreement up to max 0.5 PA These roles must be agreed by department and medical director before agreement

APPENDIX 7 – MEDIATION AND APPEALS PROCESS

Timescale	Action
Within 2 weeks of dispute arising	Individual or clinical manager refers the dispute to the Executive Medical Director / Associate Medical Director for Workforce. This will be in writing setting out the nature of the dispute. The reasons for the dispute will be shared with the other party and they will be required to set out their position on the matter.
Within 4 weeks of referral	Meeting arranged, Chaired by the Executive Medical Director (or nominated representative). The Executive Medical Director (or nominated representative) will seek to mediate a resolution to the points in dispute. The Mediation process should be documented using the standard mediation report template dated and signed. If agreement is not reached at the meeting, the Executive Medical Director (or nominated representative) will take a decision or make a recommendation on the matter.
Within 2 weeks from the end of the mediation process	The individual and clinical manager informed of the decision or recommendation in writing.
Appeal Process Commences	If the clinician is not satisfied with the outcome of mediation, a formal appeal can be lodged.
Within 2 weeks of receipt of mediation outcome letter	The formal appeal should be made, in writing, to the Chief Executive. The Chief Executive will then convene an appeal panel.
As soon as practicable	Appeal Panel Convened – as soon as diaries allow and all necessary documentation/evidence being available.
1 week before hearing	Written statements of case submitted
2 weeks following the hearing	Appeal Panel will make recommendation to the Trust Board

MEDIATION TEMPLATE

Date of Mediation:	
Attendees:	
Situation:	
Background:	
Assessment:	
Recommendation:	
Signatures if in agreement:	
Date of sign-off:	
Deadline date for Appeal if no agreement reached:	
If you are not satisfied with the mediation outcome and you would like to appeal please can you write to Richard Parker, Chief Executive, within two weeks outlining the points of dispute and the reason for your appeal. Please copy in the Job Planning Team. dbth.jobplans@nhs.net	
Please submit this form when completed to the job plan team: dbth.jobplans@nhs.net	

APPENDIX 8 – PROCESS FOR FORMAL NOTIFICATION OF FIXED-TERM CONTRACT END DATE FOR ADDITIONAL PROGRAMMED ACTIVITIES

Process for Formal Notification of Fixed-Term Contract End Date for Additional Programmed Activities (APAs)	
Timescale	**Action**
Three months' prior to Job Plan due date	Notification giving notice that current job plan is due to expire and arrangements should be made with their Clinical Director/ Divisional Director to participate in job plan review and agreement for the following 12 months. Failure to engage in the job planning process by the expiry date will risk their job plan being reduced to 10PAs and APAs will cease* The notification will be sent via email from the Job Plan mailbox dbth.jobplans@nhs.net End date recorded on Trust's Electronic Staff Record (ESR)
Eight weeks prior to Job Plan due date	Individual receives automated system notification from L2P to inform that current job plan is due for review and sign off within the next two months Job plan republished and status changed to 'in progress' on L2P
Two weeks prior to Job Plan due date	**If job plan not signed off** Email reminder sent from the Job Plan mailbox
Job Plan due date	**If the job plan is not signed off and not in mediation/appeal** Formal notification that job plan has not been agreed and signed off, neither is it in mediation or going through an appeal process. The formal notice will give a three month grace period to take account of any delays outside their control, such as clinical manager absence, operational pressures etc. The formal notification will state that there is an expectation on individuals to engage in the job planning process, failure to do so by the expiry date of the three month grace period will risk their job plan being reduced to 10PAs and APAs will cease*
Eight weeks prior to grace period end date	**If job plan not signed off and not in mediation/appeal** Reminder emails will be sent from the Job Plan mailbox stating that if a new job plan is not finalised and signed off by the end of the grace period the APAs will cease*
At the end of the grace period	Any job plans not signed off at the end of the grace period, will be escalated to the Medical Director's office.

(*pay remains unchanged if job plan is undergoing mediation or appeal process)

APPENDIX 9 – CLINICAL LEADERSHIP ROLES PROGRAMMED ACTIVITY TARIFF

Directorate/Division	Role	Tariff	Reports To
Medical Director	VTE Lead	0.5	AMD Clinical standards
	Trust Appraiser (up to 8 appraisals/year)	0.25	AMD proffessional standards
	Lead Appraiser	1	AMD proffessional standards
	Lead Healthcare Scientist	1	Medical Director
	Ethics Committee Chair	1	Medical Director
	Consent Lead	0.25	Medical Director
	Medical examiner lead	2	Medical Director
	Medical examiner	1	Medical examiner lead
	Medical Director	5	Exec MD
	Associate Medical director	3	Exec MD
	Trust Clinical Lead for Organ Donation	0.5	Exec MD
	Trust Sepsis Lead	0.5	Exec MD
	Job Planning Consistency Committee Rep	0.125	Associate MD Workforce
	QUIT Smoking Lead	0.25	Deputy CEO
	SAS Doctor Advocate	0.25	Medical Director
CEO	Trust Medical Committee Chair	0.5	Chief Executive Officer
	Local Negotiating Committee Chair	1	Chief Executive Officer
	Director of Infection, Prevention & Control	5	Chief Executive Officer
Education and Research	Associate Director Education	2	Director Education & Research
	Deputy Associate Director of Education	1	Director Education & Research
	Associate Director Research	2	Director Education & Research
	Undergraduate Speciality Leads	0.5	Director Education & Research
	Medical Student Phase Leads	1.0	Director Education & Research
	Foundation Programme Director	1.0	Associate Director Education
	College Tutors	0.5-1.0	Associate Director Education
	Chief Registrar	0.25	MDO
	Education activity (educational supervisor/clinical supervisor (per traineee to	0.25	Director Education & Research
	Research activity	0.25	Associate Director Research
Chief People Officer	Guardian Safe working	2.0	Chief People Officer
Digital Transformation	Chief Clinical Information Officer	4	Chief Information Officer
Chief Operating Officer	Divisional Directors	5	COO
	Clinical Directors	1-2	DD
	Trust Oncology Lead	1	COO
	Trust Trauma Lead	1	COO
	Cancer MDT Lead	0.5-1	COO
	Cancer Deputy MDT Lead	0.25	COO
Divisions	ACP/PA supervision (per trainee up to a max of 0.25)	0.125	CD
	Divisional Governance Leads	2.0	DD
	Divisional GIRFT Lead	1.0	DD UEC
	Nutrition Lead	1.0	DD Medicine
	Dementia lead	1.0	DD Medicine
	Falls/Bone Health Lead	0.5	DD Medicine
	CESR Programme Director	1.0	DD UEC
	CESR Lead	0.5	DD UEC
	Specialty CESR Lead	0.25	CD
	Mortality reviewer	0.125	AMD Clinical Safety
	Anti-microbial Lead	0.25	Trust Infection Control Committee
	Divisional Sepsis Lead	0.25	DD
	Designated doctor for looked after children	1.50	DD Women's and Children
	Medical Lead for implementation of "Martha's rule"	0.25	DD
	Clinical Lead for Diabetes Eye Screening Programme	1.0	NHSE
	Clinical lead	0.25-0.5	CD

APPENDIX 10 – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Medical Job Planning	Executive Medical Director	Associate Medical Director	New Policy	18/06/2025

1) Who is responsible for this policy? Executive Medical Director's Office

2) Describe the purpose of the service / function / policy / project/ strategy? Serves to support all Senior Medical Staff across the organisation

3) Are there any associated objectives? NHS Employers Contract Terms and Conditions / NHS England job planning target

4) What factors contribute or detract from achieving intended outcomes? – Engagement of medical staff and managers

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No.

- **If yes, please describe current or planned activities to address the impact** N/A

6) Is there any scope for new measures which would promote equality? No action to be taken.

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 √	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: In line with Policy review date

Checked by: Julie Butler, Senior Manager to Executive Medical Director **Date: 18/06/2025**