



# Job Planning

**Dr. Steven Grimshaw – Consultant Elderly Care**

# Job Planning – Do I really need to listen?

- Not exciting, some might say BORING
- Vital - Why it is relevant to you???



# Relevance



- Consultant Contract 2003 – Compulsory
  - Not a single document
  - Components
    - Statement of Particulars (contract)
    - Terms and Conditions of Service
    - Job Planning annually

# Relevance

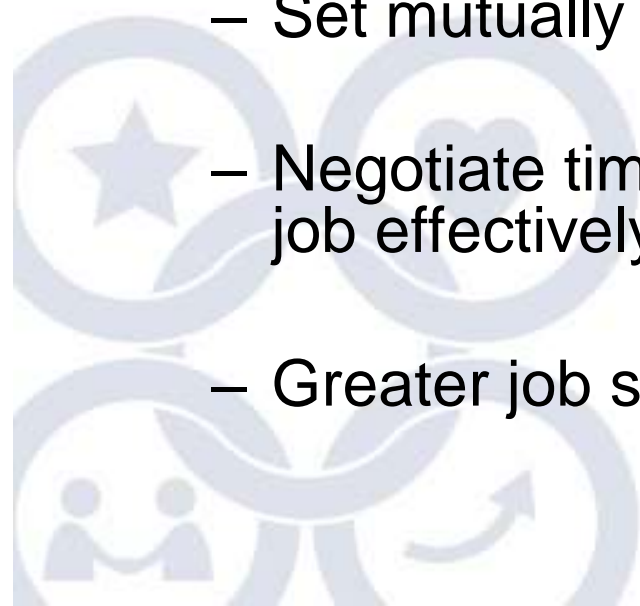
## Pay and Progression

### Consultants on the 2003 contract

Threshold	Value £
1 (starting salary)	84,559
2 (after 1 year completed as consultant)	87,207
3 (after 2 years completed)	89,855
4 (after 3 years completed)	92,503
5 (after 4 years completed)	95,144
6 (after 9 years completed)	101,432
7 (after 14 years completed)	107,721
8 (after 19 years completed)	114,003

# Relevance

- Job Satisfaction
  - Better to have an agreed Job Plan
  - Opportunities for service and personal development
  - Set mutually agreed objectives and goals
  - Negotiate time and resources needed to undertake job effectively
  - Greater job satisfaction



# Relevance



- Recognised as part of normal consultant good practice

- BMA

- GMC



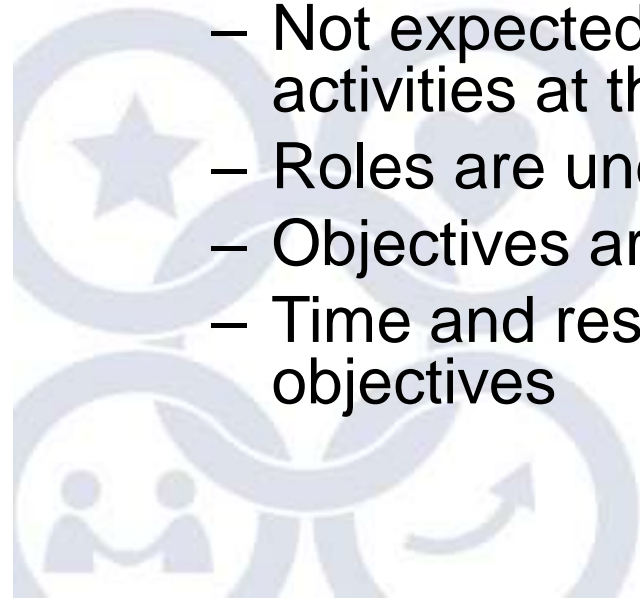
# BMA Guidance

- “Consultant Job Planning is at the heart of the 2003 Consultant Contract”
- “Job Planning is a means of organising resources effectively and efficiently in a way that brings benefits to the organisation, patients and Doctors in the planning of high quality patient care”



# Expectations of a Consultant -BMA

- Defining a consultant
  - Accept ultimate responsibility for clinical care
  - Time reflecting and reviewing care activities so quality and safety improve continuously
  - Involvement in teaching, training, research, management, running services and developing local services
  - Not expected that all consultant are involved in all activities at the same time
  - Roles are undertaken in teams
  - Objectives are made regarding these range of roles
  - Time and resources are allocated to achieve these objectives





# Objectives

- Cornerstone of Job Planning are setting objectives for the Department over the coming year.
- In well led services there will be two tiers of job planning
- Team Job Planning
  - Objectives for the whole team
  - How these will be distributed across the team
  - Equal allocation of time.
  - Allocation of resources
- Individual Job Planning
  - Personal objectives and allocation of time discussed



# Objectives

- Mutually Agreed
- Realistic
- Measurable with soft or hard data

The process should follow the SMART formula:

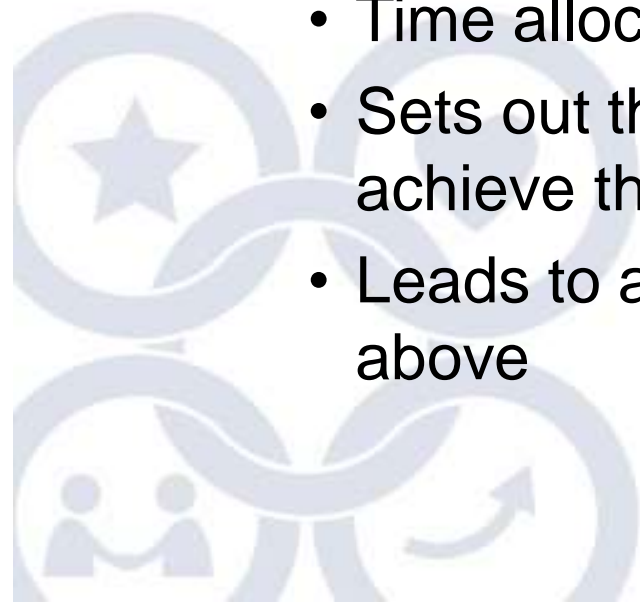
- specific
- measurable
- achievable and agreed
- realistic
- timed and tracked

Applying this method to objective setting will make the agreed objectives purpose clear and agreement on each aspect should avoid problems arising later.



# Individual Job Plan

- Simplified
  - Prospective agreement
  - Sets out duties, responsibilities and objectives expected from your work
  - When and where the work is done
  - Time allocation to achieve the expectations
  - Sets out the support and resources required to achieve the objective
  - Leads to a high level timetable to support the above



# Principles of Job Planning

- Contract based on units of time called Programmed activities (PA).
- Full time working is based on 10 PA's per week
- Core working hours
  - 1PA equals 4 hours of time
  - Monday- Friday 7am-7pm
- Premium working hours
  - 1PA equals 3 hours of time
  - Evenings, weekends and bank holidays
- Sub-division of PA time
  - 0.25/0.5 PA



# PA time Allocation in Job Planning

## 3. JOB PLANNING PRINCIPLES

The 2003 contract is time based; the job plan should therefore be supported by a robust work diary.

Working time is divided into four components:

1. Direct Clinical Care (DCC)
2. Supporting Professional activities (SPA)
3. Additional NHS responsibilities
4. External duties.

The standard full time job plan comprises 10-programmed activities, generally 7.5 (30 Hours<sup>2</sup>) for direct clinical care and 2.5 (10 Hours<sup>2</sup>) for supporting professional activities.

Working weeks covered:	0.00
Whole time	100%

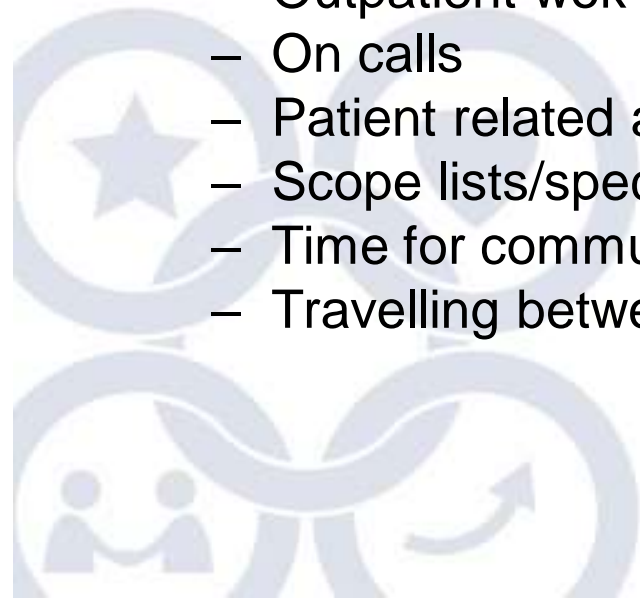
NHS mean weekly PAs	PAs
Clinical care: predictable on call	
Clinical care: unpredictable on call	
Total direct clinical care	
Supporting professional activities	
Additional responsibilities	
Other duties	
	0.00

Clinical academics	PAs
University teaching	
University research	
Remaining university activities	
	0.00

Total weekly work:	0.00
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# Direct Clinical Care (DCC)

- Any work that is related to the assessment, management, diagnosis and treatment of patients
- Many examples of this some generic, some speciality specific
  - Ward rounds
  - MDT meeting
  - Outpatient work
  - On calls
  - Patient related admin
  - Scope lists/speciality procedures
  - Time for communication with relatives
  - Travelling between sites during work



# Supporting Professional Activity (SPA)

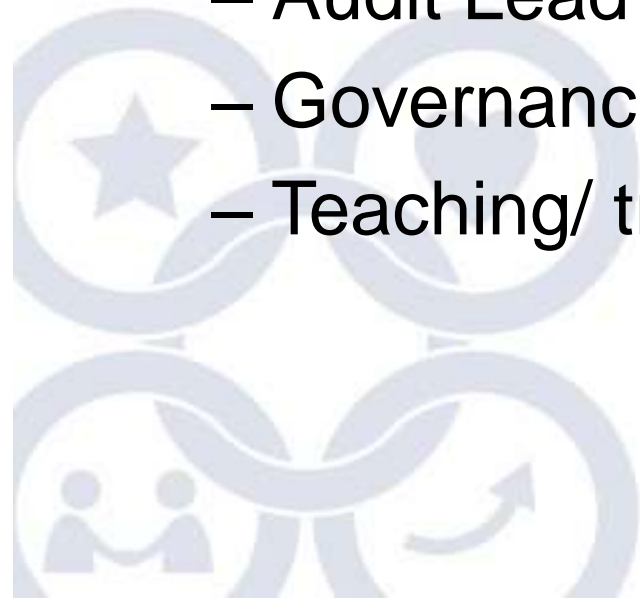
Non patient care related areas

- Continuing Professional Development (CPD)
- Appraisal
- Teaching
- Training
- Audit
- Service development
- Educational supervision



# Additional NHS Responsibilities

- Usually management type of roles
  - Medical director
  - Clinical Leads
  - Official Trust Management roles
  - Audit Lead
  - Governance Lead
  - Teaching/ training Leads





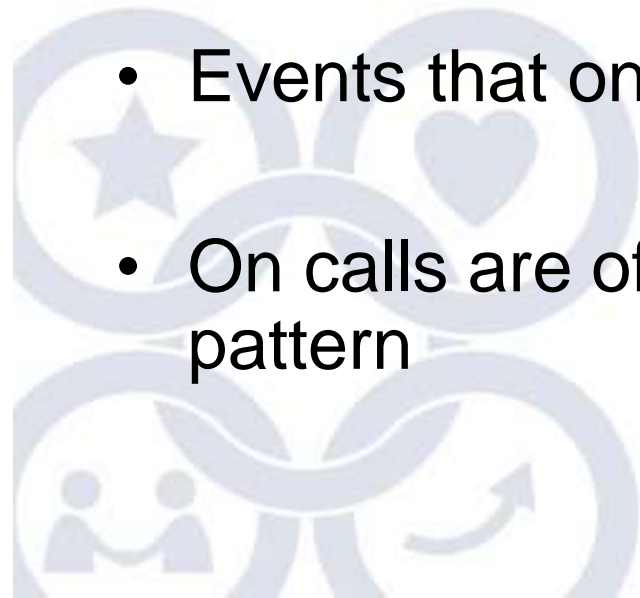
# External Duties



- Working outside of the core NHS acute Trust
  - College Tutor
  - Regional advisors
  - TPD/ other deanery roles
  - College work
  - University roles
  - Trade Unions
  - BMA/GMC roles
  - Other NHS bodies (Health Commission)

# Annualisation of Job Plan

- Many parts of the job plan do not fit into a nice weekly pattern
- Some things happens in frequently hence an annualised approach is often taken.
- Events that only happen once every few months
- On calls are often felt not to fit neatly into a weekly pattern



# Example of Annualisation

- A consultant routine day to day job plan is based 42 weeks of work per year
- On call is based on a 52 week year
- Annual leave of 32-35 days annually
- Study leave 30 days in a rolling three year cycle ( 10 days per year)
- Bank Holidays (vary but increasingly classified as a standard day)

# Example of annualised Hours

- On call 1 in 6 weekends
- Working Saturday and Sunday 8am -5pm
- Total work 18 hours
- Weekend equates to 6 PA time
- Most jobs have prospective cover
- Weekends worked  $52/6$  equals 8.667
- Total weekend PA equals 52 PA
- Worked over 42 weeks
- Weekly annualised allowance
  - $52/42$  PA/weeks done over
  - Weekly PA 1.23

# On Call Supplements

## Box 1. On-call categories

### Availability supplement

**Category A:** this applies where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

**Category B:** this applies where the consultant can typically respond by giving telephone advice and/or by returning to work later.

	Category A	Category B
High frequency: 1–4 consultants	8.0%	3.0%
Medium frequency: 5–8 consultants	5.0%	2.0%
Low frequency: 9 or more consultants	3.0%	1.0%

### Prospective cover

If the consultant covers colleagues' on-call duties when they are away on study leave and annual leave, this prospective cover should be taken into account when assessing the workload for both types of emergency work. With six weeks annual leave, on average two weeks study leave and statutory days, it is likely that this could mean another ten weeks of each colleague's duties. This could mean an average out of hours workload 24 per cent greater in the week and 18 per cent greater at weekends than that measured when nobody is on leave. Prospective cover is not taken into account when calculating the on-call supplement.

# Detailed Job Plan



- a timetable of activities
- a summary of the total number of PAs of each type in the timetable
- on-call arrangements i.e. supplement category and rota
- a list of agreed SMART objectives
- a list of supporting resources necessary to achieve objectives
- a description of additional responsibilities to the wider NHS and profession (including external duties)
- any arrangements for additional PAs
- any details of regular private work
- any agreed arrangements for carrying out regular fee-paying services
- any special agreements or arrangements regarding the operation/interpretation of the job plan
- accountability arrangements
- any agreed annualised activity.



# Additional Information

- Travelling time between sites
- Private practice – If you work privately, you have to provide an 11PA as standard
- Minimum of annual job planning review
- Interim Review
  - Either party can request this
  - Recommended when service needs have changes
  - Personal circumstances have changes
  - Substantial risk of failure to meet set objectives
  - Recourses not available to undertake an objective





# Conflict

- Job planning meeting should be done between departmental clinical lead and business manager
- Agree what can be agreed and acceptable to both parties
- Identify the areas of concerns and conflict
- Continual discussion with suggestions from both parties on how to resolve the areas of concern/ conflict
- Consider a further meetings with time specific goals





# Mediation

- Process commenced when an agreement departmentally has not been achieved – can be triggered by either consultant or head of service
- Informative process Lead by the Medical Director or their deputy.
- Process is commenced by formal writing and agreement – each side is invited to comment
- The following are considered
  - Nature of the disagreement
  - The reason for the disagreement
  - Evidence for their view point
  - Consequences of alternative job plans
  - Human Resources and Local Negotiating Committee representation can be present
  - Process is commenced by formal writing and agreement – each side is invited to comment
- It can take a number of emails back and forth till final job plan is sorted- remember to keep all your emails, letters in case you wish to appeal or there are disagreements in the future

# Appeals

- Appeal timeframe is clearly set out by Trust
- Appeals panel set up to consider grounds for appeal
- Takes into account consultant and Trust management position
- Will make formal recommendations
- Recommendations presented to the Trust board

# Summary



- Job Planning is mandatory
- Should be based on mutual discussions and agreements
- Objectives need to be realistic and supported with appropriate time and resources
- You can apply for interim review if the job plan is unrealistic or circumstances change