NHS WALES

CONSULTANTS

- JOB PLANNING GUIDE -
# CONTENTS

## Job Planning: Best Practice Guidelines

<table>
<thead>
<tr>
<th>Key Points</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Introduction</strong></td>
<td>5</td>
</tr>
<tr>
<td>• The wider context</td>
<td></td>
</tr>
<tr>
<td><strong>2 Overall Approach &amp; Process</strong></td>
<td>7</td>
</tr>
<tr>
<td>• Scope of Job Plan</td>
<td></td>
</tr>
<tr>
<td>• Agreeing a Job Plan</td>
<td></td>
</tr>
<tr>
<td>• Job Plan Reviews</td>
<td></td>
</tr>
<tr>
<td>• Where agreement cannot be reached</td>
<td></td>
</tr>
<tr>
<td><strong>3 Agreeing duties and responsibilities</strong></td>
<td>10</td>
</tr>
<tr>
<td>• Direct clinical care</td>
<td></td>
</tr>
<tr>
<td>• Supporting professional activities</td>
<td></td>
</tr>
<tr>
<td>• Academic research &amp; teaching</td>
<td></td>
</tr>
<tr>
<td>• Additional responsibilities</td>
<td></td>
</tr>
<tr>
<td>• Other duties and activities</td>
<td></td>
</tr>
<tr>
<td><strong>4 Agreeing scheduling of commitments</strong></td>
<td>13</td>
</tr>
<tr>
<td>• Timetabling and location</td>
<td></td>
</tr>
<tr>
<td>• Clinical academics</td>
<td></td>
</tr>
<tr>
<td>• Fee-paying work</td>
<td></td>
</tr>
<tr>
<td>• Non-NHS Commitments</td>
<td></td>
</tr>
<tr>
<td>• Annualisation</td>
<td></td>
</tr>
<tr>
<td><strong>5 Agreeing expected outcomes</strong></td>
<td>18</td>
</tr>
<tr>
<td>• Expected personal outcomes</td>
<td></td>
</tr>
<tr>
<td>• Relationships with wider objectives</td>
<td></td>
</tr>
<tr>
<td>• Meeting expected outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>6 Agreeing the support needed to fulfil job plans</strong></td>
<td>20</td>
</tr>
<tr>
<td>• Resources</td>
<td></td>
</tr>
<tr>
<td>• Potential barriers</td>
<td></td>
</tr>
<tr>
<td>• Personal development</td>
<td></td>
</tr>
</tbody>
</table>
KEY POINTS

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

- Effective job planning is based on a partnership approach enabling consultants and employers to:
  - better prioritise work and reduce excessive consultant workload;
  - agree how a consultant or consultant team can most effectively support the wider objectives of the service and meet the needs of patients;
  - agree how the NHS employer can best support a consultant in delivering these responsibilities;
  - provide the consultant with evidence for appraisal and revalidation
  - comply with Working Time Regulations.

- Under the recommended standards set out in this guidance, consultant job plans should:
  - set out agreed expected personal outcomes and their relationship with the employing organisation’s wider service objectives
  - set out how the employer will support consultants in delivering agreed commitments, e.g. through providing facilities, training, development and other forms of support;
  - include a work schedule that covers all professional work, including teaching, research, management or other service responsibilities and clinical governance activities, and takes into account discussion on any non-NHS commitments that could affect this;
  - set out agreed arrangements for the location(s) at which consultants carry out their duties and responsibilities, including identifying work that can be carried out flexibly;
  - set out agreed arrangements for carrying out Category 2 and other similar work, based on the underlying principles that such work should not disrupt NHS duties and that there should be no ‘double payment’;
  - be reviewed annually;
  - be undertaken on a team basis, where this is likely to be more effective.

- NHS employers should ensure a dialogue with clinical academics and university employers to agree a single overall job plan and ensure mutual awareness of academics’ commitments.
Where these standards set out recommended good practice for consultants, the criteria for clinical excellence awards will include evidence that consultants are meeting those standards.
1 **INTRODUCTION**

1.1 These standards of best practice are designed to apply to all medical and dental consultants employed by the NHS in Wales.

1.2 Where these guidelines set out recommended standards of practice for consultants, adherence to those standards will form part of the eligibility criteria for commitment and clinical excellence awards (as set out in paragraph 2.7).

1.3 This document refers to ‘consultants’ and ‘NHS employers’ throughout. It is recognised that some consultants also have employment relationships with the University sector, with responsibilities for research and teaching. These responsibilities and the interests of University employers are of equally high priority and should be actively considered and taken into account when agreeing the single overall job plan.

1.4 Job planning should not be a time consuming or resource intensive process. If used well by both parties, it can be a highly effective tool for planning how the work of consultants and consultant teams, together with associated resources, can be most effectively and efficiently organised.

1.5 Effective job planning, covering the full range of consultants’ NHS duties, should have strong mutual benefits both for consultants and for NHS employers. For consultants it should help:

- clarify the commitments that are expected of them and the resources and other support they can expect from the employer to help meet these commitments;
- prioritise work and better manage excessive workload;
- promote flexible working;
- support, where appropriate, a phased approach to consultant careers
- provide evidence of current practice that could form part of the evidence for GMC revalidation procedures.

1.6 For NHS employers, effective job planning should help in:

- planning the most effective use of overall resources;
- supporting compliance with the Working Time Regulations
- agreeing and providing transparency as to how consultants’ work can most effectively support the employing organisation’s wider objectives subject to compliance with GMC’s “Good Medical Practice” and GDC’s “Maintaining Standards”; identifying possible changes in capacity, skill mix and/or ways of working; and
• agreeing appropriate time and resources to support clinical governance, quality improvements, teaching, education and research.

The wider context

1.7 To maximise improvements to patient care, NHS employers need to work closely with consultants to help re-define services around the needs of NHS patients. Ways of working for NHS consultants and wider clinical teams work need also to take into account:

• the planned expansion in consultant numbers;
• the commitment of the medical profession in Wales to innovative practice and service modernisation, for example, as set out in the BMA document, “Consultants leading the Modernisation Agenda for Wales”;
• the implementation of the European Working Time Directive for doctors in training; and
• modernising medical careers and changes to teaching and education practices.

1.8 Alongside these changes, the NHS should be seeking to make ongoing improvements to the quality of consultants’ working lives. This includes:

• helping manage consultant workload, through effective deployment of consultant expansion, optimum prioritisation of work, better administrative support, and greater delegation of some duties to other members of the health care team;
• supporting consultants who wish to work in more flexible ways, for instance by enabling consultants to organise elements of their work at different times in the week, subject to service needs, or to work on a part-time basis to reflect personal circumstances, and using annualised hours or similar approaches, where appropriate, to fit around childcare or other responsibilities, or introducing job shares;
• a more planned and phased approach to consultant careers, with – for instance – greater opportunities for more senior consultants to adapt their range of duties and greater use of sabbaticals; and
• greater recognition for those who make a sustained commitment and/or outstanding contributions to the NHS.

• Ensuring suitable consultant office space is available.
• Providing a pleasant social area, preferably with catering facilities to enable consultants to informally refer and discuss patients and meet each other in a confidential environment.
2 OVERALL APPROACH AND PROCESS

Scope of job plan

2.1 A job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and expected outcomes for the coming year. It is likely to build on the duties, responsibilities and expected outcomes set out in the job plan for the previous year. It is separate from, but linked to the appraisal process.

2.2 The job plan is the outcome of the job plan review, a discussion and agreement between the consultant and their employer on progress against the expected personal outcomes agreed in the previous job plan, and of the consultant’s agreed expected personal outcomes for the coming year.

2.3 The job plan should cover all aspects of a consultant's professional practice including clinical work, teaching, education, research, and managerial responsibilities.

2.4 The job plan should cover:
   • the consultant's main duties and responsibilities (see section 3 of this guidance);
   • scheduling of commitments (see section 4);
   • expected personal outcomes, including any continuing medical education and training, and their relationship with wider service objectives (see section 5); and
   • the support needed in fulfilling the job plan (see section 6).

Agreeing a job plan

2.5 Job planning requires a partnership approach. Job plans should be drawn up and agreed between the consultant and their employer as a result of the job plan review. This will be a detailed discussion, which will usually be carried out by the same person who undertakes the consultant's appraisal - in most cases the Clinical or Medical Director. The consultant should prepare for the job plan review meeting by maintaining a record of how they have carried out their existing job plan.

2.6 The Chief Executive of the NHS organisation should ensure that all consultants have agreed job plans, and will confirm to the consultant whether the job plan review is satisfactory.

2.7 Following the discussion at the job plan review, the Chief Executive will confirm to the Consultant whether the job plan review has been satisfactory, or has been unsatisfactory. A satisfactory job plan review will result when a Consultant has:
   • Met the time and service commitments in their job plan
• Met the agreed outcomes in their job plan, or - where this is not achieved for reasons beyond the individual Consultants control - has made every reasonable effort to do so
• Participated satisfactorily in annual appraisal, job planning and the setting of outcomes
• Worked towards any changes identified as being necessary to support achievement of the agreed outcomes in the last job plan review.

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

2.9 Job planning is separate from, but should be closely linked to, the process of consultant appraisal and agreement of personal development plans. Job planning may help provide a record of a consultant's practice that could form part of the evidence for appraisal and revalidation.

Job plan reviews

2.10 A job plan review should take place annually. The review should normally take place as soon as possible after the annual appraisal meeting, and should (following the transitional arrangements for introducing the 2003 amendments to the Consultant Contract in Wales), take place within one month of the Consultant's incremental date, unless jointly agreed otherwise.

2.11 Either the consultant or the clinical manager may wish to propose an interim job plan review, for instance where duties, responsibilities or expected outcomes have changed or need to change significantly within the year.

2.12 The review should be designed to:
• consider what factors have affected the carrying out of the duties and responsibilities set out in the job plan;
• consider progress against the expected personal outcomes in the job plan and the factors involved;
• consider current levels of workload;
• agree any changes to the consultant's duties and responsibilities, taking into account opportunities in relation to staffing, skill mix and ways of working and, if the consultant wishes, the scope for more flexible ways of working;
• agree a plan for achieving a consultant's expected personal outcomes;
• agree what support the consultant will need from the organisation and from colleagues to help achieve these outcomes.

2.13 The job plan review should also be the occasion for reviewing the relationship between NHS duties and any private practice where these may lead to any
conflict of interest with, or affect the delivery of, the Consultant's NHS commitments.

2.14 To support a more planned and phased approach to consultant careers, it would be good practice to hold a broader career review from time to time. In particular it is expected that the Medical Director of the NHS employer will arrange an interview in the Consultant's mid 50's, or other appropriate time, during which the balance of a Consultant's pattern of work will be reviewed and can be agreed to be amended subject to the exigencies of the service.

Where agreement cannot be reached on a job plan

2.15 Consultants and employers should make every possible effort to agree job plans. In the rare circumstances where a consultant and employer fail to reach agreement on the content of a job plan, either initially or at a job plan review, they should follow the procedures set out in the consultant's terms and conditions of service designed to resolve these differences informally, and, failing this, for formal appeal if the consultant so requests.
3 **AGREEING DUTIES AND RESPONSIBILITIES**

3.1 The job plan should set out the main duties and responsibilities of the post and the service to be provided, for which the consultant, or group of consultants, will be accountable.

3.2 These responsibilities will distinguish between direct clinical care duties, supporting professional activities, academic research and teaching, additional responsibilities for their main employer, and other duties and activities within the wider NHS.

3.3 For a full time consultant, there will typically be 7 sessions for ‘direct clinical care’ and 3 for ‘supporting professional activities’ (see boxes below). Variations will need to be agreed by the employer and the consultant at the job planning review.

Consideration should also be given to any:
- ‘Additional NHS responsibilities’, which may be substituted for other work or remunerated separately; and,
- ‘other duties’ – external work that can be included in the working week with the employer’s agreement.

There is also scope for local variation to take account of individual circumstances and service needs in, for example; management, teaching, research and development. Responsibilities.

3.4 Examples of these types of duties, responsibilities and activities include:

<table>
<thead>
<tr>
<th>Direct Clinical Care Covers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Emergency duties (including emergency work carried out during or arising from on-call).</td>
</tr>
<tr>
<td>ii. Operating sessions including pre and post-operative care.</td>
</tr>
<tr>
<td>iii. Ward rounds.</td>
</tr>
<tr>
<td>iv. Outpatient clinics.</td>
</tr>
<tr>
<td>v. Clinical diagnostic work</td>
</tr>
<tr>
<td>vi. Other patient treatment</td>
</tr>
<tr>
<td>vii. Public health duties</td>
</tr>
<tr>
<td>viii. Multi-disciplinary meetings about direct patient care</td>
</tr>
</tbody>
</table>

Pay Modernisation
December 2003
ix. Administration directly related to patient care (e.g. Referrals, notes)

### Supporting Professional Activities Covers:

<table>
<thead>
<tr>
<th>Activities cover:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A number of activities which underpin direct clinical care, including:</td>
</tr>
<tr>
<td>i. Training</td>
</tr>
<tr>
<td>ii. Continuing professional development</td>
</tr>
<tr>
<td>iii. Teaching</td>
</tr>
<tr>
<td>iv. Audit</td>
</tr>
<tr>
<td>v. Job Planning</td>
</tr>
<tr>
<td>vi. Appraisal</td>
</tr>
<tr>
<td>vii. Research</td>
</tr>
<tr>
<td>viii. Clinical Management</td>
</tr>
<tr>
<td>ix. Local clinical governance activities</td>
</tr>
</tbody>
</table>

### Academic Research & Teaching

For some consultants, all or a significant part of their main responsibilities may cover other aspects of health provision such as providing medical education, formal teaching and academic research.

### Additional Responsibilities for Main Employer

Some Consultants have additional responsibilities agreed with their employer which could include those of:

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Medical Directors, Clinical Directors and lead clinicians</td>
</tr>
<tr>
<td>ii. Caldicott guardians</td>
</tr>
<tr>
<td>iii. Clinical audit leads</td>
</tr>
</tbody>
</table>
### iv. Clinical governance leads

### v. Undergraduate and postgraduate deans, clinical tutors, regional education advisor

### vi. Regular teaching and research commitments over and above the norm, and not otherwise remunerated

### vii. Professional representational roles

All such agreed contributions will be covered in the job plan, regardless of whether they are remunerated separately or whether they form part of the consultant’s main contract and substitute for other sessions.

### Other Duties and Activities within the Wider NHS

Again Consultants will often participate in such work at different stages of their career, and this may be specified as part of the job plan by agreement between the consultant and employer. Such duties might include:

- **i. Trade union duties**
- **ii. Acting as an external member of an Advisory Appointments Committee**
- **iii. Undertaking assessments for the NCAA**
- **iv. Reasonable quantities of work for the Royal Colleges in the interests of the wider NHS**
- **v. Specified work for the General Medical Council**

Undertaking inspections for the Commission for Health Improvement or other health regulatory bodies

---

3.5 At the discretion of the employer, paid professional leave or unpaid leave may be available for other professional activities not covered in the job plan.
4 AGREEING SCHEDULING OF COMMITMENTS

Timetabling and location of job plan commitments

4.1 The consultant and employer should use the process of job planning and job plan reviews to agree how and when the full range of commitments covered by the job plan should be delivered.

4.2 The Consultant and the employer will normally prepare a joint draft job plan that should then be discussed and agreed. The agreement will take into account the consultant’s views on resources and priorities and the employer’s ability to provide the necessary supporting resources.

4.3 The employer and consultant will agree a timetable setting out when and how the commitments set out in the job plan will be delivered and the nature and location of the activity, including their on-call/emergency commitments. This should cover all activities covered in the job plan, including medical and clinical responsibilities, personal management and development responsibilities, and any agreed additional responsibilities for the main employer or within the wider NHS (see section 3).

4.4 Specifying commitments in the job plan should be regarded as providing greater transparency about the level of commitment expected of consultants by the NHS. It should not in any way diminish professionalism or override clinical judgement.

4.5 The employer and consultant will, on a voluntary basis, agree flexible arrangements for timing of work to reflect service needs and personal circumstances. It may, for example, be appropriate that certain activities within the consultant’s basic working week are scheduled during evenings, nights or weekends thus freeing up uncontracted time during the normal working week when the consultant has no NHS commitments.

4.6 Commitments during evenings and weekends, apart from those arising from on-call/emergency commitments should only be scheduled by mutual agreement between the consultant and his or her employer. Consultants have the right to refuse non-emergency work at such times without detriment to pay progression or any other matter.

4.7 The working week for a full-time Consultant will comprise 10 sessions with a timetabled value typically of three to four hours each. After discussion, these sessions will be programmed in appropriate blocks of time to average a 37.5 hour week.

4.8 There will be flexibility about the precise length of individual sessions with, for example, scope for variation, up and down, in the length of individual sessions from week to week around the average assessment set out in the job plan. Regular and significant differences between a Consultant’s timetabled hours and the hours actually worked will need to be discussed as part of job plan
reviews either at the planned annual review or an interim job plan review. Job planning review will be triggered if a Consultant regularly works one session more (or less than) these hours each week on average.

4.9 The employer and Consultant should agree the location(s) from which the commitments in the job plan will be carried out. There should be local flexibility to agree off-site working where appropriate.

4.10 Where job planning takes place on a team basis, each individual team member should still agree a schedule of individual commitments.

4.11 All time taken out of the agreed working week (annual leave, professional or study leave) should be agreed with the employer in advance.

4.12 The Consultant should be responsible for making every reasonable effort to work to the agreed job plan and the employer for making every reasonable effort to provide the necessary supporting resources (see section 6).

**On Call/Emergency Work**

4.13 All emergency work that takes place at regular and predictable times (e.g. post-take ward rounds) will be programmed into the working week on a prospective basis and count towards a Consultant's sessions. Less predictable emergency work will be handled, as now, through the following on-call arrangements:

- The first three hours of work done during on-call periods per week – averaged over a six-month period – unless specifically agreed otherwise will attract one direct clinical care session of time within the working week. Where this averages less than three hours, this will attract the appropriate proportion of a session of time.

- Consultants will not normally be resident on call.

- In exceptional circumstances where the Consultant is requested and agrees to be immediately available, i.e. ‘resident on call’, this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale, excluding commitment awards and Clinical Excellence awards. In such circumstances, there will be an agreed compensatory rest period the following day.

- For these purposes, a session will comprise four hours and apply between 5pm and 9am weekdays and across weekends.

- Consultants not on an on-call rota may be asked to return to site occasionally for emergencies but are not required to be available for such eventualities. Emergency work arising in this way should be compensated through a reduction in other sessional activities on an ad hoc basis.

- Where emergency recalls of this kind become frequent (e.g. more than 6 times per year), employers should review the need to introduce an on-call rota.
Where Consultants have onerous out-of-hours duties, the job plan review will be used to ensure that there is adequate flexibility to provide compensatory rest.

The European Working Time Regulations will apply and be implemented.

**Unrecognised Additional Work**

4.14 Where it is identified, through the job planning process, that a Consultant is undertaking a session or more a week of additional or pro rata for part-time work on a regular basis, in excess of their contracted hours, and not arising at the request of the employer, then the employer can request that such work be continued as additional sessions for the relevant period of time in excess of the contracted sessions, or discontinued as required.

4.15 These additional sessions will be voluntary, and can be ended at the request of either the Consultant or the employer, with reasonable notice. They may be undertaken during the working week in uncontracted time within an agreed overall annual total. Such sessions will be paid at the rates set out in the terms and conditions of service. There will be an expectation that such work will be eliminated or undertaken in other ways over a period of time.

**Planned Additional Sessions**

4.16 Consultants may be requested by their employer to carry out additional sessions from time to time in excess of their contracted sessions. These additional sessions will be voluntary. They may be undertaken during the working week in uncontracted time within an agreed overall annual total. Remuneration for such work will be locally negotiated between the employer and the Consultant.

**Waiting List Initiative Sessions**

4.17 Waiting List Initiatives work may be requested by the employer to be carried out in addition to the Consultant's contracted sessions. These additional sessions will be voluntary. Such sessions may be undertaken in uncontracted time. Remuneration for such work will be at the rate set out in the terms and conditions of service when carried out on Trust premises. All aspects of such work will be taken into account in calculating such sessions, e.g. time taken to see patients pre and post operatively.

**Clinical academics**

4.18 In the case of consultants who are also clinical academics, or undertaking teaching activities away from their principal place of employment (e.g. at a university), job plans should take full account of both university commitments and NHS commitments.
4.19 The NHS employer should ensure that there is discussion with the university employer and the consultant to ensure that a single overall job plan is mutually agreed and that all parties are aware of the consultant's full range of commitments. Job planning should take account of the likelihood of medical or clinical responsibilities resulting in emergency care that may impact on other scheduled responsibilities.

4.20 There should be equal importance attached to NHS and university work, with clear delineations as to when a consultant is working for which employer.

Fee-paying work

4.21 Fee-paying work including Category 2 (such as for government departments and additional work for NHS organisations) should not attract double payment. However, it may be carried out with the professional fee retained by the Consultant in the following circumstances, which will be agreed in the job plan review:

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

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

4.22 The consultant and employer should agree as part of the job plan and job plan review how any fee-paying work of this kind is to be carried out, and, therefore, how the relevant professional fees are to be allocated.

4.23 Where changes to the pattern of fee-paying work are likely to affect the performance of duties set out in the job plan, the consultant should agree with the employer in advance how this should be handled and, where necessary, agree a revised schedule of NHS duties.

Non-NHS commitments

4.24 Any regular non-NHS commitments, including regular private commitments, that may affect the consultant's ability to meet their NHS commitments should be identified in the consultant's schedule to provide transparency, assist planning and timetabling of NHS work, and help organise out of hours cover (see also terms and conditions of service).
4.25 Scheduling of NHS work should take priority over the scheduling of non-NHS work, subject to the employer providing sufficient notice of any proposed change to the agreed schedule (see also terms and conditions of service).

Annualisation

4.26 Timetables may cover a week, but alternative approaches covering a number of weeks, or annualisation, may be adopted where appropriate and where agreed between consultant and employer.
5  **AGREING EXPECTED OUTCOMES**

5.1 The job plan should set out agreed expected personal outcomes and their relationship with the employing organisation’s wider service objectives.

**Expected personal outcomes**

5.2 A consultant’s expected personal outcomes should be agreed as part of the annual job plan review. They should take into account:

- the needs of NHS patients and the employer subject to compliance with GMC’s “Good Medical Practice and GDC’s “Maintaining Standards”;
- the development needs of the consultant
- the stage of the consultant’s career;
- continuing medical education and training objectives; and
- any changes in ways of working agreed between the consultant and employer.

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

- Activity and safe practice
- Clinical outcomes
- Clinical standards
- Local service requirements
- Management of resources, including efficient use of NHS resources
- Quality of Care

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

5.5 Where outcomes are set in terms of output and outcome measures, these must be reasonable and agreement should be reached. They may, for example, reflect a broad framework of outcomes agreed with their employer by the clinical team for that specialty.

5.6 Expected personal outcomes of this kind should represent a reasonable expectation of successful professional practice.

**Relationship with wider objectives**

5.7 The job plan should identify how the consultant’s expected personal outcomes relate to any relevant service objectives for the NHS organisation, directorate or team.
Meeting expected outcomes

5.8 Agreed expected personal outcomes, although an integral part of the job plan, should not be contractually binding. Consultants should nonetheless make all reasonable efforts to work towards the achievement of these outcomes.

5.9 Expected personal outcomes should be agreed on the understanding that their achievement may be affected by circumstances or factors outside the control of the individual consultant or consultant team.

5.10 The aim is to help the Consultant achieve satisfactory outcomes for the benefit of the service. Therefore, any potential obstacles to achieving satisfactory outcomes must be raised and discussed between the Consultant and their employer as soon as these become apparent, and not be delayed until the next planned review. This is to enable any remedial action to be taken and avoid an unsatisfactory job plan review wherever possible.

5.11 In the rare event of an unsatisfactory job plan review, the employer will give details of the reasons for such a result, in writing, record whatever remedial action is agreed, and give a defined timetable for its completion. If such agreement is not reached, there will be recourse to the appeal process (see Section 2). An interim job plan review will be arranged no longer than 6 months following the unsatisfactory job plan review.

5.12 If the Consultant has remedied the situation, a satisfactory job plan review will be recorded as usual.

If the interim job plan review is also unsatisfactory, the Consultant will receive a formal letter outlining the reasons for deferring their commitment award for the period of one year. This deferment will also be subject to a right of appeal as agreed (see Section 2). Deferment may continue in subsequent years if agreed corrective action has not been completed at the next scheduled job plan review.

The expected outcomes for the following year should then be agreed, including the support needed to help meet these.

5.13 The process of job planning and job plan reviews should be used to assess the resources and other support that the employer needs to make available to enable outcomes to be achieved, together with identifying and addressing any organisational or systemic blocks that may prevent the consultant or consultant team from achieving these.
6 **AGREEING THE SUPPORT NEEDED TO FULFIL JOB PLANS**

6.1 NHS employers are responsible for ensuring that consultants have the facilities, training, development and other support needed to help deliver the commitments in the job plan.

**Resources**

6.2 Employers and consultants should use the process of job planning and job plan reviews to identify the resources that are likely to be needed to help carry out job plan commitments and help achieve job plan outcomes. This may include facilities, administrative, clerical or secretarial support, IT resources and other forms of support.

6.3 The agreed resources should be specified in the job plan.

**Identifying potential barriers**

6.4 Both employers and consultants should proactively seek to identify potential organisational or systems barriers that may affect the ability to carry out job plan commitments and achieve job plan outcomes. For example, if a consultant identifies that delays are occurring in patient throughput because of delays in the provision of other services, then this should be raised with the employer during the job plan review. Agreed factors of this kind - and the employer's proposed actions for resolving the problem - should be noted in the revised job plan.

**Personal development**

6.5 NHS employers have a responsibility for the development of all their staff.

6.6 Personal development and continuing medical education are equally important aspects of a consultant's career. A consultant's developmental aspirations may change through the course of his or her career. As part of their personal development, consultants should have the opportunity to adapt their personal and career aims, improve their skills and take on new roles and responsibilities taking into account service needs.

6.7 Continuing medical education is a core principle that underpins clinical governance. Consultants are also required to demonstrate that their practice is up to date as part of the appraisal and revalidation process. In order to employ the safest and most up-to-date techniques, a consultant needs to be given opportunities for further professional training and education. Consideration should also be given to reviewing onerous work patterns, particularly for consultants with longer experience.

6.8 The job plan should include agreed aims for personal development and continuing medical education and identify appropriate time and resources for these activities.