EFFECTIVE CONSULTANT
JOB PLANNING
CONSULTANTS

A STEP BY STEP GUIDE FOR

CONSULTANTS
DIVISIONAL & CLINICAL DIRECTORS
GENERAL MANAGERS
DIRECTORATE MANAGERS

March 2011
FOREWORD

This concise guide provides an introduction to effective job planning for consultant medical and dental staff employed by Aneurin Bevan Health Board (ABHB). It summarises the information contained within the “Amendment to the National Consultant Contract in Wales (2003)” and the BMA “The Consultant Handbook for Wales (2008)”. Additionally, the guide provides explicit guidance to reinforce the duties and key responsibilities of those required to undertake and facilitate the job planning process, clinically lead and underpinned by clearly understood management processes to ensure consistency across the Health Board.

The amended Consultant Contract is designed to improve the working environment, recruitment & retention, work-life balance, in addition to facilitating partnership working between clinicians and managers to improve and develop the service for the patients of Wales. Job planning is a key tool for delivering these benefits and the Health Board therefore recognises the importance of effective job planning and strong clinical engagement as essential in the effective delivery of care and supporting the overarching objectives of the Health Board. The job planning process is an essential mechanism within which all consultants are able to agree how they will contribute to the corporate, divisional/locality and specialty local service plans, so as to enhance patient care and drive forward service developments to ensure a sustainable model of care.

Within this, there is a clear need to ensure that activity agreed within individual and team job plans is aligned to service and patient need, ensuring a balance between Direct Clinical Care (DCC) and Supporting Professional Activity (SPA) and that all programmed activity is supported through the appraisal and job planning review process.

The Health Board remains committed to the need to continually review targeted activity agreed through the job planning process, during which it is further committed to providing the necessary support and resources required to assure a high quality level of care and the delivery of tangible service improvement outcomes agreed within the business planning cycle.

Dr Andrew Goodall    Dr Grant Robinson
Chief Executive    Medical Director
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How to use this guide

This guide must be read in conjunction with the Health Board’s “Consultant Job Planning Protocol & Guidance” (A4 Document)

The flow diagram (Fig 1) identifies the various components covered by the booklet and illustrates the roles both for the consultant and the clinical manager need to play in the preparation for the job planning meeting. Each section then explores these issues in further detail.

Where reference is made to ‘clinical manager’, this is deemed to mean any appropriate medical manager or clinical leader i.e. Medical Director, Divisional Director, Assistant Divisional Director, Clinical Director.

<table>
<thead>
<tr>
<th>CLINICAL MANAGER</th>
<th>CONSULTANT</th>
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<tbody>
<tr>
<td><strong>Consider issues such as:</strong></td>
<td><strong>Appraisal meeting</strong></td>
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<tr>
<td>- Review corporate objectives</td>
<td>- Agree personal development plan/personal objectives</td>
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<td>- Review LSP</td>
<td></td>
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<tr>
<td>Identify service priorities</td>
<td><strong>Consider issues such as:</strong></td>
</tr>
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<td></td>
<td>- Identify service Development priorities</td>
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<td></td>
<td><strong>Local preparation for job plan meeting</strong></td>
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<tr>
<td>- Review of workload</td>
<td>- Review of workload</td>
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<tr>
<td>- Review of internal &amp; external Commitments</td>
<td>- Review of internal &amp; external commitments</td>
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<tr>
<td>- Review local contractual flexibilities</td>
<td>- Review of data</td>
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<td>- Review of data</td>
<td><strong>Objective setting</strong></td>
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<td>- Review service requirements</td>
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<td>- Review service requirements</td>
<td>- Review team objectives</td>
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<td>- Review team objectives</td>
<td><strong>Job Plan Review Meeting</strong></td>
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<tr>
<td></td>
<td>• Review progress against previous objectives</td>
</tr>
<tr>
<td></td>
<td>• Agree new objectives</td>
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<td></td>
<td>• Agree prospective work Programme</td>
</tr>
<tr>
<td></td>
<td>• Pay progression sign-off</td>
</tr>
</tbody>
</table>

Fig.1
JOB PLANNING

- Job content - Where & When
  
  ◦ Direct clinical care
    ⇒ Including predictable & unpredictable emergency work
    ⇒ Including patient-related administration
  
  ◦ Supporting professional activities
  ◦ Additional NHS responsibilities
  ◦ External Duties
  ◦ Travel time

- Accountability for contracted time

PROGRAMMED ACTIVITY

**Direct clinical care**
Work relating to prevention,
- Emergency work (*including on-call*)
- Operating, ward rounds, clinics, treatment sessions, MDM, public health, etc
- Admin. related to the above

**Supporting PAs**
Work underpinning Clinical Care.
- Training, education, teaching
- CPD, Audit & Research
- Job planning / Appraisal
- Service Management
- Local clinical governance

**Additional NHS responsibilities**
Lead clinician
College tutor etc

**External Duties**
Royal College / Spec. Soc
HMG / Trades Union etc
Two models of Job Planning

Lack of Partnership

- Organisation has no coherent plan for service delivery
- Consultants make up their own job plans
- Focus entirely on schedule of fixed commitments

- Organisation focused tightly on service delivery
- Job Plans written by service managers
- Objectives subordinated to targets

Missed opportunities

THE WORKING WEEK

As detailed in the “Amendment to the National Consultant Contract in Wales (2003)”:

- The working week for a full-time consultant will comprise of 10 sessions with a time-tabled value of three to fours each. After discussions with the Health Board management, these sessions will be programmed in appropriate blocks of time to average 37.5 hour week.

- There will be flexibility for the precise length of individual sessions, though regular and significant differences between timetabled hours and hours worked should be addressed through the mechanism of the job plan review.

- Working in evenings or weekends will only be undertaken with the voluntary agreement of consultant and the Health Board.

- Additional responsibilities that cannot be easily absorbed within a 3 session SPA envelope should be identified separately in the job plan e.g. Deanery and some College appointments, Clinical Director roles.

- At appraisal, there should be clear evidence of participation in SPA activity. This may include registration with a College CPD scheme, evidence of participation in clinical audit, patient safety or other quality improvement work, evidence of teaching and participation in statutory and other mandatory training.

- Each directorate should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process.
• For a full time consultant, there will typically be 7 sessions for ‘direct clinical care’ and 3 for ‘supporting professional activities. Variations will need to be agreed by the Health Board and the consultant at the job planning review.

Further consideration will be given to:

◊ ‘Additional NHS responsibilities’ that may be substituted for other work or remunerated separately
◊ ‘other duties’ - external work that can be included in the working week with the employer’s agreement

• There will be scope for local variation to take account of individual circumstances and service needs. E.G. management, teaching, research and development.

• With the Health Board’s and consultant’s agreement, specified additional NHS responsibilities, for instance additional work undertaken by clinical governance leads, Caldicott Guardians or Clinical Audit Leads, may be included in the working week. The Health Board and the consultant will work together to manage such additional NHS responsibilities.

SUPPORTING PROFESSIONAL ACTIVITIES (SPAs)

Supporting professional activities cover a number of activities which underpin direct clinical care, including:

i. Training
ii. Continuing professional development
iii. Teaching
iv. Audit
v. Job Planning
vi. Appraisal
vii. Research
viii. Clinical Management
ix. Local clinical governance activities

• Full time job plans should normally include at least 2 sessions of SPA to ensure that an appropriate amount of CPD and local governance activity occurs, and it is unusual for them to contain more than 3.

DEFINE THE JOB TO BE DONE

MEASURABLE OBJECTIVES LINKED TO IDENTIFIED SERVICE PRIORITY

OUTCOME MEASURES

PERFORMANCE MANAGED REVIEWED AT LEAST ANNUALLY
• The key point is for the consultant and job planner to focus on the needs identified within the service priorities, defining SPA time against a performance framework to identify activity and quality improvements.

**PROCESS**

All consultants must have a job plan documented in the form of a standard template (see page 11) which has to be signed by the consultant and by the Divisional or Clinical Director.

N.B. A copy of the completed job plan summary must be forwarded to the Medical Workforce Modernisation Team via the following email address: [Jobplan.ABB@Wales.NHS.Uk](mailto:Jobplan.ABB@Wales.NHS.Uk)

This is an essential requirement of the job planning exercise as the Health Board has a duty to monitor its compliance with the schedule of job planning activity to ensure it fulfils its contractual obligations to all consultant medical staff. Furthermore, the Health Board is subject to an annual audit of its compliance with the Consultant Contract by the Welsh Assembly Government to demonstrate that the organisation is maximising the mutual benefits afforded to consultants and the Health Board within the “amended contract”.

**ADMINISTRATION**

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

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

Divisions/Localities/Directorates must therefore ensure the provision of dedicated administrative support and furthermore that Directorate Managers oversee the submission of accurate, timely and authorised payroll forms to reflect any agreed changes to the job plan and associated changes to pay.
Consultants JOB PLAN SUMMARY proforma

Appendix 1

REVISED JOB PLAN -

A. WEEKLY TIME-TABLE OF DIRECT CLINICAL CARE DUTIES

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>HOSPITAL / LOCATION</td>
<td>TYPE OF WORK (Indicate any travel time)</td>
</tr>
<tr>
<td>MONDAY</td>
<td>AM</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>AM</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>AM</td>
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<tr>
<td>THURSDAY</td>
<td>AM</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>AM</td>
</tr>
<tr>
<td>WEEKEND</td>
<td>ON CALL</td>
</tr>
</tbody>
</table>

Other Direct Clinical Care Sessions:

TOTAL

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

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

Signed off:
Consultant: _______________________________ Date: __________

Job Plan proforma revised 26.3.04

B. AVERAGE NUMBER OF HOURS SPENT EACH WEEK ON NHS DUTIES

<table>
<thead>
<tr>
<th>TYPE OF DUTY</th>
<th>AVERAGE NO. OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency duties [inc. work on-call]</td>
<td></td>
</tr>
<tr>
<td>Operating sessions [including pre and post-operative care]</td>
<td></td>
</tr>
<tr>
<td>Ward rounds</td>
<td></td>
</tr>
<tr>
<td>Out patients</td>
<td></td>
</tr>
<tr>
<td>Clinical diagnostic work</td>
<td></td>
</tr>
<tr>
<td>Other patient treatment</td>
<td></td>
</tr>
<tr>
<td>Public health duties</td>
<td></td>
</tr>
<tr>
<td>Multi-disciplinary meetings about direct patient care</td>
<td></td>
</tr>
<tr>
<td>Administration directly related to patient care</td>
<td></td>
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<tr>
<td>Telemetry/monitoring</td>
<td></td>
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<tr>
<td>Clinical Management</td>
<td></td>
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<tr>
<td>Teaching</td>
<td></td>
</tr>
<tr>
<td>Continuing Professional Development</td>
<td></td>
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<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Information sharing activities</td>
<td></td>
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<tr>
<td>Public engagement planning</td>
<td></td>
</tr>
<tr>
<td>Clinical Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Clinical Diagnostic work</td>
<td></td>
</tr>
<tr>
<td>Clinical governance</td>
<td></td>
</tr>
<tr>
<td>Other activities</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

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

Medical/Clinical Director: _______________________________ Date: __________
SETTING THE SCENE
The purpose, scope and effect of job planning

1. Job Planning - Purpose

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

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

2. Scope

2.1 A prospective process

Except for newly appointed consultants, the job planning process needs to start by reviewing the current job plan in the light of future service needs; to question what the individual or team is doing and whether it will meet the future requirements of the population served. This may be supported by the use of activity records or diaries. The information gathered should be used to develop prospective job plans for teams and individuals. Where team job plans are developed, these should be converted into individual job plans with the additional of personal objectives.

2.2 Service Development

The job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation and measuring and enhancing productivity as well as reducing any excessive working hours. The job planning process is an opportunity to look at current working practices and to consider alternatives to deliver high quality services. Where changes and improvements can be implemented, these should be built into the new job plans.

Job Planning and Local Service Plans have to be integrated, each informing the other.

2.3 Objectives

The development and agreement of objectives is part of the job planning process. Personal objectives will usually be developed during the appraisal discussion and then brought to the job plan review meeting for agreement and linking to service and corporate objectives, where appropriate. To enable objectives to be reached, there needs to be a realistic discussion and agreement about the resources required.

3. An opportunity

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

Appraisal and job planning are two different processes but are closely interlinked. Appraisal is a systematic approach to review a consultant's achievements, consider their continuing progress and to identify development needs.

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

There are common elements between job planning and appraisal and it is probable that much of the information required will be duplicated. The most obvious are activity levels and quality of outcomes. There are, however, key differences between the two that may be a driver to keep them apart. Careful consideration and planning can overcome these differences allowing the two meetings to run at the same time. These differences are summarised in the table below:-
The common element—Objectives

<table>
<thead>
<tr>
<th></th>
<th>Job Planning</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
<td>Employer/Health Board</td>
<td>GMC/Employer</td>
</tr>
<tr>
<td>Present at meeting</td>
<td>Consultant, DD, ADD/CD, Lead Clinician + General Manager/Directorate Manager</td>
<td>Consultant and appraiser (must be registered and validated doctor)</td>
</tr>
<tr>
<td>Emphasis</td>
<td>Service delivery and patient care</td>
<td>Personal and professional development framework</td>
</tr>
<tr>
<td>Framework</td>
<td>Consultant Job Planning – Amendment to the National Consultant Contract in Wales and Health Board guidance &amp; process</td>
<td>GMC revalidation requirements</td>
</tr>
<tr>
<td>Atmosphere, ethos</td>
<td>Business-like</td>
<td>Developmental, supportive, creative</td>
</tr>
<tr>
<td>Measure</td>
<td>Quality</td>
<td>Quality</td>
</tr>
<tr>
<td>Standard benchmark</td>
<td>Commitments and duties to employer</td>
<td>Professional standards</td>
</tr>
<tr>
<td>Outcome</td>
<td>Timetable and agreed service/patient objectives</td>
<td>PDP – skills to deliver care</td>
</tr>
<tr>
<td>Benefits</td>
<td>Meet pay progression criteria</td>
<td>GMC revalidation / personal development</td>
</tr>
</tbody>
</table>

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

1. Introduction

The job plan review culminates in a job plan meeting, but the process itself may last from one year to the next. The guidance below outlines the different pathways and information that make up the process. It is important to get the process correct as this will maximise the opportunity to agree an effective job plan at the meeting. This guidance does not stand alone but should be read in conjunction with:-

- Amendment to the National Consultant Contract in Wales (2003)
- Guidance notes for the employment of clinical academics and associated contract documents

2. Who is involved?

A wide range of people can be involved in the job planning process. The people most involved are:-

- Consultant/clinical academic/honorary consultant - as individuals or as a team
- Clinical Manager e.g. Medical Director, Divisional Director, Clinical Director, Lead Clinician
- General Manager or Directorate Manager - providing information on service changes, resource implications and links between corporate and divisional/locality and directorate objectives

3. What is involved?

Prior to the job plan meeting, the two most important activities are collation of information and reflection. In addition, it is essential that the consultant has undergone his/her appraisal, resulting in a personal development plan. When considering the information requirements, the purpose of the job plan, as set out below should be borne in mind:-

- Prioritise work better and reduce excessive workload
- Agree how a consultant or a team can most effectively support the wider objectives of the service to meet the needs of patients
- Agree how the Health Board can best support a consultant in delivering those responsibilities
- Provide the consultant with evidence for appraisal and revalidation
- Compliance with working time regulations
- Agree the appropriate number of sessions for the prospectively agreed commitment

The job plan should be a prospective agreement setting out the duties, responsibilities, objectives and supporting resources for the coming year. It should cover all aspects of the consultant’s professional practice, including clinical work, teaching, education, research and budgetary and managerial responsibilities.
The main items to be included in a job plan are:

- The consultant’s main duties and responsibilities
- Scheduling of commitments
- The support needed in fulfilling the job plan
- Personal objectives, including any continuing medical education and training and their relationship with wider service objectives

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

The purpose of the job plan review is to:

- Consider progress against the agreed objectives
- Consider what has affected the job plan
- Agree any changes to duties and responsibilities
- Agree a plan for achieving personal objectives
- Review the need for additional programmed activities
- Review the relationship with salaried payments
- Agree the support needed from the organisation
- Establish and record eligibility for pay progression and ensure process of pay administration

Supporting Information

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

Internal and external factors could include:

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

In conclusion, although the job planning meeting itself should be focused, a diverse amount of information from a wide range of people will be required in advance. In order to prevent duplication and save time, it would be logical to agree at a directorate level the information requirements ahead of commencement of the job planning and appraisal processes.
**Team Job Planning**

1. **Introduction**

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

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

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

2. **Developing a team job plan**

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

**Step 1: Understanding the demand, the capacity and gap**

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

ii. Identify the number of consultant hours required to deliver each activity

iii. Determine the number of weeks in the year when each activity occurs

iv. Determine annualised hours for each activity, based on points (ii) and (iii)

v. Quantify how many consultants are available week to week to deliver the service (taking account of annual/study/professional leave)

vi. Cross reference activity with a departmental timetable to ensure all activity has been identified and capacity issues understood

vii. Divide the annualised hours identified in (iv) by the figure identified in (v) to determine average DCC working week per full time consultant

viii. In addition, quantify the total supporting professional activity (SPA) commitment as well as any additional duties (e.g. clinical director, lead clinician) and external duties (e.g. college examiner) across the team.

ix. Add the figures identified in (vii) and (viii) together to determine the total weekly session figure - if this figure lies outside the 10 sessions full-time contract, then discussions will be needed about how to manage the gap - e.g. with additional programmed activities, consultant expansion, new ways of working

**Step 2: Development of an individual work programme from a team job plan**

i. Individuals should have personalised schedules based on their average NHS working week and any individual external commitments they may have. In the spirit of team job planning, these may be shared with colleagues to enhance transparency

ii. The Team should agree and sign a ‘statement’ about how they work as a team, defining their shared objectives and detailing how they intend to share responsibility of the team job plan, to complement the individualised schedules.
Step 3: Ownership and review of the team job plan

i. Good communication between members of the team is essential to ensure shared ownership of the job plan and shared responsibility for its success

ii. A regular review is required to assess progress against the annualised job plan and to ensure working arrangements agreed remain the most effective and appropriate.

3. Team job plans - Advantages

There are two main types of teams, the consultant team and the multi-disciplinary team. Outlined below are some of the potential advantages of pursuing a team job plan in each of these cases:

Consultant team job planning

Where consultants in a specialty act effectively as a team, sharing overall responsibility for the consultant input to a service, team job planning:

- Can assist clinicians who work in several teams e.g. vascular surgeons who may undertake their elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota

- Recognises a team approach to service delivery, such that facilities such as theatres can be maximised, as it is the team that uses the slot rather than the individual - i.e. in the absence of one individual, another team member can still make use of the facility

- Recognises a team approach to delivering a pathology or radiology service

- Can help deliver contractual flexibilities

- Would help groups of consultants support one or more of their number engaging in Royal College or other external activities

- Planning separately for both the direct clinical care (DCC) and supporting professional activity (SPA) aspects of the job plan may assist with subsequent reviews of the overall team work programme, arising from a change in circumstances e.g. additional theatre capacity or the arrival of a new colleague, it would be possible to divide the core activity in the DCC by one extra and re-evaluate roles within the SPA to assess whether or not there has been a re-allocation of duty and correspondingly a reallocation of PAs

- Supports a transparent approach to job planning within departmental structures. For example, if the team agree the time commitment associated with the weekly ward round, the CT reporting session, or a theatre list, where these are common activities, then each member of the team has a set of common building blocks from which to build and identify their personal weekly commitment.
**Multidisciplinary Team Job Planning**

Where the service is delivered by a multidisciplinary team working together, of which the consultant is a member, team planning:

- Allows for the specific contribution made by the consultant to the team to be clarified. This is especially of value if the consultant belongs to several teams.
- Provides an opportunity to consider whether other team members could effectively and safely do work currently done by the consultant. This may require a review of team skill mix or additional training.
- Ensures multidisciplinary involvement in dealing with service pressures, service changes and developments.
- Ensures clarity about clinical and medical responsibility.

**Annualised Job Planning**

Many consultants, particularly but not exclusively those with managerial responsibilities, do not have a working pattern that lends itself to preparing a job plan based on weekly activities. These individuals may need to prepare job plans that are wholly or partially annualised. These job plans will not have weekly timetables, but will include the major responsibilities the individual will be expected to take on over the coming year and usually the relative amounts of time spent of each.

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

**i. Full time or part-time annualised job plan** - Individuals who have an exclusively non-practising clinician role, for example a full-time medical director, may need to have a completely annualised job plan. For individuals who need to have a major part of their job plan agreed on an annual basis but who also have a significant clinical commitment, it may be most helpful to regard the job plan as having two halves, a clinical job plan and an annualised job plan. It is sensible, however, to make clear what and when the time commitments are for each part of the job plan so that one part does not regularly encroach upon the other.
LOCAL CONTRACTUAL FLEXIBILITIES

1. Introduction

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

The key areas of flexibility are:

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

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

Work schedules and job planning

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

- There is flexibility about how the hours are worked on a day to day basis
- Sessions can be worked in half-hour units as well as whole units
- The number of sessions worked per week can vary
- Locations other than the principal place of work may be agreed
- Flexibility to alter the 7:3 typical average balance of DCC:SPA to meet the needs of the health community

Extra programmed activities

In addition, extra PAs may be required to meet a particular service need.

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

Objectives

It is a key part of the contract to agree and work objectives. These should be in the job plan and whilst not contractually binding, reasonable efforts to achieve them should be made.

A GUIDE TO OBJECTIVE SETTING

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

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

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

iii. “Chunking” Time

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

These examples are not the only ways in which an annualised job plan can be used to reflect the needs of both clinicians and organisations, but serve to give ideas for how the job planning process can be used flexibly.
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The flow diagram below provides a useful aide-memoire of the inputs and outputs that need to be considered by the consultant and the clinical manager, when setting objectives.

Discussing and agreeing objectives

Agreeing objectives for consultants, either individually or as a team, is a complex, iterative process that may take several cycles to develop fully. In some situations, the consultant will be able to achieve the agreed objective alone.
However, in many situations, whilst the consultant will be responsible for their contribution to the objective, achieving it will require the involvement of other staff - e.g. service related objectives. The process of agreeing consultant’s objectives should clarify expectations of the individual, and identify what mechanisms need to be in place to ensure other staff play their part. One way to do this is to link the consultant/team and department objectives.

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

A mix of objectives may be agreed. Some examples are set out below:

i. **Hard objectives:**

   These refer to something, usually quantifiable, that must be achieved. Examples:

   - Achieving the 4 hour A&E target
   - To see all out-patients within a xx week limit
   - Cancer service pathology accreditation

ii. **Soft objectives**

   These refer to activities that, whilst important, are less easy or unproductive to quantify. They often describe ‘how’ someone goes about their job and work best when they are descriptive rather than numerical. Examples:

   - Improved quality of service as judged by patients
   - Greater involvement of patients in decision making
   - Review the work of the multidisciplinary team

iii. **Personal development objectives**

   These relate to a skill or knowledge that, if developed, will improve the inputs and consequently the outputs. Examples:

   - Develop a subspecialty skill to meet a required health demand
   - Gain IT database skills

iv. **Team objectives**

   These are more useful where the team’s performance is more relevant than one individual’s performance. Examples:

   - Full accreditation for head & neck cancer team
   - Increase home diagnosis and follow up of diabetic retinopathy
   - Reduce hospital admissions by targeting treatment of patients at home e.g. respiratory care team
v. **Performance standards**

Although not strictly objectives, these are appropriate where less-than-acceptable performance would be significant, but where better-than-acceptable performance is either impossible or unnecessary. It relates purely to where performance below the standard is unacceptable. Example:

- If the standard is to see patients within one hour post operatively, then seeing them three hours post operatively would be unacceptable. Whereas seeing them every ten minutes for the first three hours post operatively would be better than acceptable, but an unnecessary and uneconomic use of time (subject to any special circumstances)

**Using a framework**

It may be helpful to use a framework when discussing and agreeing objectives such as the enhanced SMART framework:

- **Specific**
- **Measurable** (quantified and descriptive)
- **Achievable and agreed**
- **Relevant**
- **Timed and tracked**

**Summary of steps to be taken in the development of an objective**

- AGREE the local priorities
- DEFINE the objective(s) to be achieved for each priority
- DETAIL the actions required to achieve the objective
- AGREE the measures against which the objective will be reviewed/the success criteria to be met
- DETERMINE how progress will be monitored and the timetable for this
- AGREE the support required to help the individual/team achieve the objectives

**HELP**

If you have any questions about this guidance please contact:

Andy Jones, Head of Workforce Development
Dr Hywel Jones, Assistant Medical Director

for advice.