



**Isle of Man  
Government**

*Reiltys Ellan Vannin*

# **Department of Health and Social Care**



## **Job Planning Policy for Medical Practitioners**

**March 2020**

## VERSION CONTROL

Version	Date	Name	Status	Change
1.0	23.03.20	Anne Corkill	Final	Incorporating changes to draft agreed at JCNC
2.0	25.06.20	Anne Corkill	Final	<p>1. Tidy up references to appendices in relation to Job plan template as word document was historic and PREP system now available:</p> <p>Amended, Page 19: The standard organisation job plan template is available through the Department's on-line software package for job planning which supports the delivery of this policy.</p> <p>Replacing: The standard organisation job plan template is attached at Appendix 1, although an on-line software package for job planning is in place and supports the delivery of this policy.</p> <p>2. Include Guide to SPA allocation which had been omitted from Final version due to formatting problems and amend references to Appendix:</p> <p>Amended Page 15: Attached at Appendix 1 is a summary of potential SPA activities and their associated indicative PA allocation.</p> <p>Replacing: Attached at Appendix 6 is a summary of potential SPA activities and their associated indicative PA allocation.</p>
3.0	30.06.20	Anne Corkill	Final	<p>1. Amendment to reflect JCNC agreement and ensure consistency with rest of document.</p> <p>Amended Page 10: Where team job planning takes place it should be remembered that each consultant is also expected to attend an individual job planning meeting with their Clinical Director, or such other appropriate medical practitioner as may be appointed by the Medical Director.</p> <p>Replacing: Where team job planning takes place it should be remembered that each consultant is also expected to attend an individual job planning meeting with their Clinical Director, or such other person as may be appointed by the Medical Director.</p>

# CONTENTS

<b>SECTION</b>	<b>PAGE</b>
<b>1. Doctors and Associate Specialists</b>	<b>3</b>
<b>2. Job Planning Process</b>	<b>8</b>
<b>3. Preparing for the Job Plan Review Meetings</b>	<b>10</b>
<b>4. Job Plan Components</b>	<b>12</b>
<b>5. Capacity Lists and other Capacity Work</b>	<b>17</b>
<b>6. Objectives</b>	<b>17</b>
<b>7. Job Plan System and Template</b>	<b>18</b>
<b>8. Job Plan Sign-off Process</b>	<b>18</b>
<b>9. Job Planning and the link to Pay Progression</b>	<b>19</b>
<b>10. Training</b>	<b>21</b>
<b>11. Agreement</b>	<b>21</b>
<b>Appendices</b>	
<b>Appendix 1: Guide to Allocating Supporting Professional Activities</b>	

# 1. Doctors and Associate Specialists

## Purpose

This policy is designed to:

- Ensure that all Consultants, Specialty Doctors and Associate Specialists have a fair, transparent, current, agreed job plan with clear objectives which is reviewed at least annually
- Bring fairness, consistency and transparency to job planning across the organisation
- Provide clarity of the roles and responsibilities in job planning
- Describe the circumstances when variations might be appropriate
- Provide an annual timetable for job planning
- Provide guidance to support job planning
- Ensure work patterns are safely aligned with the organisation's capacity and demand profile and specifically the service delivery plans of the relevant services
- Promote safety and quality through improved job planning
- Ensure adherence to national guidelines and advice from speciality colleges and learned societies regarding job planning

## Introduction

Job Planning is an annual process in which the doctor being job planned has a formal structured meeting with their Clinical Director or such other person as may be appointed by the Medical Director, to agree their individual program of work.

The Care Group Manager may also attend this meeting. 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.

This policy applies to all Consultants, Specialty Doctors and Associate Specialists employed by the organisation and adheres to the principle that all doctors will undertake annual job planning in keeping with the process agreed under the Terms and Conditions for Consultants (England) 2003 and the Specialty Doctor and Associate Specialist Terms and Conditions of Service (England) 2008.

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.*

This policy is based on:

- The BMA and NHS Employers publication "A Guide to Consultant Job Planning" (July 2011)  
[file:///C:/Users/OHRAGRE/Downloads/jobplanningconsultantsengland4july%20\(3\).pdf](file:///C:/Users/OHRAGRE/Downloads/jobplanningconsultantsengland4july%20(3).pdf)
- The BMA and NHS Employers publication "A UK Guide to Job Planning for Specialty Doctors and Associate Specialists" (November 2012)  
<https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/job-planning-specialists.pdf?la=en&hash=5>
- Local interpretation of and definitions within the Terms and Conditions of Service for Consultants (England) 2003
- Local interpretation of and definitions within the Terms and Conditions of Service for Specialty Doctors and Associate Specialists (England) 2008

This policy does not replace the Terms and Conditions of Service or any preceding contracts agreed via any local variations.

## **Background**

The purpose of job planning is to value and reward the full range of work activities that clinicians undertake for the organisation and to ensure that activity is linked to organisational aims and objectives. It is an annual process to marry the needs and aspirations of the organisation with those of the clinician. Job Plans are vital agreements that underpin and support the organisation's ability to plan for and deliver services across the organisation.

## **Principles**

### **Trust**

The organisation and clinicians will approach the job planning process with fairness, professionalism, honesty, openness and transparency.

### **Accountability**

The organisation will exercise its statutory responsibility for probity therefore job plans will be based upon fact and evidence where available.

### **Equity**

Individuals will be remunerated on the basis of the activities they undertake in the agreed job plan.

### **Consistency**

The organisation will adopt a consistent and fair approach based on the principles set out in this policy.

### **Flexibility**

In order to balance demand for services with available capacity, the organisation 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 and will aim to reconcile individual aspiration with the requirement to improve productivity and deliver a consistent standard of high quality, safe patient care across the organisation.

## **Responsibilities**

The Medical Director has responsibility for the implementation and monitoring of the job planning policy.

The Organisation 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.

This policy will support the following:

- Ensuring that all those involved in the job planning process for example, Clinical Directors, Care Group Managers and Department/Service Managers are trained appropriately
- Supporting the Appeals Procedure
- Working with the Medical Director to agree consistent parameters for job planning by specialty within the framework of this document
- Ensuring that an appropriate system is in place to support transition through pay progression for medical staff;
- Ensuring that job planning training is provided to all staff with a defined role within the job planning process

### **Medical Director**

The Medical Director is responsible for ensuring that the job planning process and standards are adhered to, with particular focus on:

- Ensuring that each Consultant and SAS Doctor has a current job plan, which is subject to annual review (or interim reviews as necessary)
- Ensuring there is a system in place such that all new Consultants appointed to substantive posts meet with their Clinical Director, or those delegated by the Medical Director, to confirm their job plan within the first three months of appointment to post
- Ensuring clinicians are released to attend job planning meetings
- Supporting the mediation and appeals procedure
- Working with Clinical Directors, Care Group and Service Managers in the development of service and team objectives and to address issues raised through job planning

The Medical Director's job plan review will be undertaken by the Chief Executive Officer.

The Medical Director or individual with delegated responsibility, will be responsible for undertaking the job plan reviews.

### **Clinical Directors**

Clinical Directors, or such other person as may be appointed by the Medical Director, are 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 rare
- Ensuring that clinicians are aware of the job planning policy and understand the template documentation or relevant job planning IT system 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 Care Group/Service Managers and the Medical Director
- Leading team job planning discussions, supported by the Care Group/Service Manager
- Preparing, with the Care Group Manager, a draft job plan for each clinician, to be discussed at the individual job planning meetings, with adequate notice
- Undertaking interim review of job plans (for example: 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 organisation the Doctor will be given adequate time to prepare; the clinician will be given at least 8 weeks' notice to prepare for any interim job plan reviews requested by the hospital. It is expected that interim job plan reviews should only be required in exceptional circumstances and the MD Medical Director must ensure that managers do not use the arrangement excessively
- Ensuring the issue of pay progression is discussed with the clinician in the annual job plan review - the Clinical Director must notify the clinician of any issues that may impact on pay progression at an early stage, to ensure that they are given appropriate time to address the problems satisfactorily in time for the pay progression to be approved at the right time. Pay progression is automatic, subject to an agreed Job Plan according to existing contractual agreement
- Agreeing job plans with individual clinicians in line with agreed parameters and recording the final job plan on the agreed template or IT system
- Highlighting promptly to the Medical Director any areas of concern resulting from job planning discussions

- Taking part in the Mediation and Appeals processes as required
- At the end of the job planning cycle the Clinical Director, or such other person as may be appointed by the Medical Director, will provide the Medical Director and Executive Board with a report summarising the job planning process within their Division/Specialty

Clinical Directors, or such other person as may be appointed by the Medical Director, are responsible for undertaking the job plans of the Consultants within their sphere of responsibility. Some Consultant/SAS Doctor job plan reviews may be delegated to an appropriate Clinical Lead, subject to agreement with the Clinical Director and Medical Director.

### **Care Group Managers**

The Care Group Manager is responsible for:

- Providing information on clinical activity, quality indicators, patient safety and benchmarking data relevant to clinical teams on an annual basis to the Clinical Director, or such other person as may be appointed by the Medical Director, to help inform the job planning process
- Ensuring an up to date record is kept of all job plans in their Division
- Working cooperatively with Clinical Director in the development of service and/or team objectives
- Attending team job planning meetings in their Division
- Attending individual job planning meetings or interim reviews where support is needed
- Highlighting promptly to the Medical Director any areas of concern resulting from job planning discussions. At the end of the job planning cycle the Care Group Manager will support the Clinical Director, or such other person as may be appointed by the Medical Director, in preparing a report for the Medical Director and Executive Board summarising the job planning process within their Division/Specialty
- Ensuring that job plan amendments which impact on pay are notified to payroll shared services

### **Clinicians**



Each doctor

- Is contractually obliged to participate annually in job planning (or interim reviews as appropriate) and must ensure that they support their Clinical Director, or such other person as may be appointed by the Medical Director, 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; meetings may be convened earlier with agreement by all parties. 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 and complete the job plan diary as requested
- 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 Director and Care Group Manager of any significant circumstance that impacts on their job plan
- Should review and verify clinical performance data on an individual and specialty basis where this is provided by the Department of Health and Social Care; clinicians are able to use their own data for such purposes
- Is required not to take on additional duties/roles (both internal and external) that impact on their work without the prior approval of the Medical Director
- Is required to declare any regular private practice activity within their job plan
- May seek mediation and/or appeal where agreement is not reached on a job plan

### **Human Resources Department**

The Human Resources Department will provide advice in relation to the application of this procedure, guiding Clinical Directors, Care Group Managers and clinicians through the process as necessary. The HR department will support the Medical Director, or such other person as may be appointed by the Medical Director, in the implementation of the policy.

### **Joint Consultative and Negotiating Committee (JCNC)**

The JCNC will agree and ratify the Job Plan Policy and will regularly review the fair and consistent application of the job planning procedure across the organisation. The JCNC will receive any concerns reported by staff side members or the Medical Staff Committee, and will action as appropriate.

## **2. Job Planning Process**

## Key Values

- 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
- Individual job plans for each Doctor must be based on either a regular cycle (weekly, monthly etc.) or on an annualised basis
- All job plans must be completed on the hospital's job plan IT system. The organisation is in the process of purchasing an electronic job planning system which will be used for all job plans

It is recommended that a team approach to job planning is utilised. The intention of team job planning meetings is to enable all clinicians within the team to meet with the Clinical Director and the Care Group Manager, or such other person as may be appointed by the Medical Director, 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. Where team job planning takes place it should be remembered that each consultant is also expected to attend an individual job planning meeting with their Clinical Director, or such other appropriate medical practitioner as may be appointed by the Medical Director.

- 
- Failure to participate in job planning and/or job plan review or failure to participate in a legitimate mediation or appeals process in line with published timescales may lead to disciplinary action. 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 disciplinary action
- Job plans must support the organisation to deliver its corporate objectives and help meet the requirements of the organisation's 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 revalidation, appraisal, job planning and other duties required to promote individual development and safe practice, ensuring that any mandatory and/or organisational objectives are met
- All job plans should explicitly include detail on clinical activity to be delivered over the forthcoming 12 months. Job plans will also include details of SPA activity in terms of outputs expected and average time allocated for this and where it is to be carried out

In the case of Doctors with more than one employer, a lead employer will normally be designated to conduct the job plan review on behalf of all the 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.

- Each clinician will participate in job planning annually, or more frequently if necessary (should be rarely necessary). Individual job planning meetings will usually take place as agreed and ideally should incorporate and link with the content of the appraisal discussion
- Individual annual job planning meetings shall be informed by and agreements reached in the team job planning meeting, the outcome of the consultant's appraisal, divisional service delivery plans and governance requirements of the organisation
- Interim job planning meetings may be requested by the Doctor when it becomes clear that the job plan agreed at the last review no longer reflects the true working arrangements of the doctor, or when the doctor wishes to make proposals to change the agreed job plan. Additionally the Clinical Director or the Care Group 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 doctor. Any changes that result in changes to the clinician's remuneration will require an interim job plan. The clinician will be given at least 8 weeks' notice to prepare for any interim job plan reviews requested by the organisation. It is expected that interim job plan reviews should only be required in exceptional circumstances and the organisation must ensure that managers do not use the arrangement excessively

### **3. Preparing for Job Plan Review Meetings**

#### **Clinical Directors and Care Group Managers**

Clinical Directors and Care Group Managers 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 (for example: 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 (for example: affordability of job plans)
- Workforce issues
- Existing known gaps

Team job planning should ensure that similar job plans among doctors within the team carry similar PA's and that the sum of the PA's of all the doctors in the team matches service requirements.

## **Clinicians**

Clinical teams should work with their Clinical Director and Care Group 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 where possible.

## **Preparing for individual job plan meetings**

Managers undertaking the job plan review meeting with the Doctor 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 (for example: 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

Clinicians should take the opportunity with the job planning process to see that they are neither over nor under committed in delivering local or wider objectives. To get the best out of the processes consultants should:

- 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, high quality care, in line with national standards
- Ensure they are given appropriate time, normally a minimum of 8 weeks, to prepare for their job planning meeting

## 4. Job Plan Components

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 (predictable & Unpredictable)
- Supporting resources
- Objectives
- Private Practice
- Fee Paying Services

Each of the components of the job plan should be reviewed separately, with average weekly Programmed Activities being defined for each component. The Clinical Director, or appropriate medical practitioner appointed by the Medical Director, practitioner should review the clinician's estimates alongside diary and activity data. 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.

The final job plan provides the basis of the contractual relationship between the individual doctor and the organisation 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.

It is the responsibility of the Clinical Director, or such other person as may be appointed by the appointed medical practitioner to determine the appropriate application of these components locally within each Division/Clinical area.

### **Work Commitment**

The organisation's job planning system is based on a standard full time work commitment of **10 Programmed Activities (PA's)** per week. Each 4 hours of work has a value of one PA, unless it has been mutually agreed between the doctor and the organisation to undertake the work in premium time, in which case the PA relates to 3 hours. Premium time is classified as any time that falls outside of the hours 07.00 to 19.00 Monday to Friday and any time on a Saturday, Sunday or Public Holiday. PA's may be programmed as blocks of 4 hours or in smaller units where approved as appropriate.

If Consultants choose to undertake a PA in premium time rather than core working hours for personal convenience and this is agreed with the organisation, the time for the PA will be calculated as 4 hours.

PA's above 10 per week are subject to annual review and are non-pensionable (Additional Programmed Activities – APA's). The review of APA's is a key part of the job planning process.

### **Direct Clinical Care (DCC)**

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 (for example: 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 roles 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.

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

### **Supporting Professional Activity (SPA)**

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

- CPD
- Mandatory and other relevant training
- Audit
- Mortality review
- 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
- Job planning
- Appraisal/revalidation
- Reflection
- Planning

Clinicians must be able to demonstrate at their annual job plan meeting that they have achieved the expected outputs from their SPA time otherwise Job Plan agreement, and therefore pay progression may be affected.

Doctors 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 (for example: leave, private practice registered in the job plan or urgent clinical care) will be expected to account for their absence. There is an onus on the organisation and individual Doctors to agree job plans that facilitate this. Clinicians will be informed about key sessions well in advance. Apologies with valid reason will be accepted.

The organisation accepts that there is a direct link between clinical activity and the mandatory training required to be undertaken to maintain clinical skills and for organisational corporate compliance. For the purposes of job planning, mandatory training should be considered as a core SPA activity.

The organisational mandatory training requirements for doctors, must be adhered to and included in the doctor's annual medical appraisal. It is recognised that individual specialties should have speciality requirements.

All SPA activities must be evidenced by the doctor at the job planning meeting.

Some SPA activities such as bedside teaching may overlap with items detailed in DCC activities. Doctors need to ensure the recording of this information does not result in double counting of activities and for the purposes of job planning will be recorded as DCC.

The time and place where SPAs are performed must clearly be documented in the job plan. Given the nature of SPA work it is inevitable that a significant proportion will be undertaken in the organisation environment. It is expected that the majority of SPA activity will be undertaken at the normal place of work unless there is prior agreement of the Clinical Director and Care Group Manager to take certain components of SPA activity off site. Supporting resources such as office space and appropriate access to a computer will be provided by the organisation to facilitate this.

## SPA Allocation

Full time Medical Practitioners on a standard 10 PA contract 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) and, subject to agreement in advance, some of this may be worked away from the organisation site. The evidence of their activity in relation to this SPA will be submitted 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 Director / Care Group 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.

Attached at Appendix 1 is a summary of potential SPA activities and their associated indicative PA allocation.

[https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Guidance\\_on\\_supporting\\_prof\\_activities\\_190208\\_aw.pdf?la=en&hash=91B37D421A47177AE7F41B9AAA2DDAB5E2865270](https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Guidance_on_supporting_prof_activities_190208_aw.pdf?la=en&hash=91B37D421A47177AE7F41B9AAA2DDAB5E2865270)

A medical practitioner 10 PA contract should *typically* comprise of 7.5 DCC and 2.5 SPA (AoMRC recommendation)

[https://www.aomrc.org.uk/wp-content/uploads/2016/05/Advice\\_on\\_SPA\\_in\\_job\\_planning\\_0210.pdf](https://www.aomrc.org.uk/wp-content/uploads/2016/05/Advice_on_SPA_in_job_planning_0210.pdf)

For job plans less than 10 PA's the core SPA allocation will be:

5.1 – 9.9 PA DCC in Job Plan	1.5 Core SPA
3 – 5 PA DCC or less in Job Plan	1 Core SPA*
< 3 PA DCC in Job Plan	0.5 Core SPA*

\*It is acknowledged that doctors need a minimum of 1.5 SPAs for revalidation purposes; where Doctors perhaps hold more than one employment contract with different employers, the SPA allocation may be shared between the employers.

SAS doctors will undertake a minimum of 1.5 SPAs 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.

## Additional NHS Responsibilities

There are a range of additional NHS responsibilities that clinicians undertake both within the organisation and externally which the organisation recognises and supports. These are responsibilities which are not held by all Doctors but relate to a specific role filled by some clinicians for limited periods.

Examples of additional NHS responsibilities include:

- Medical managerial leadership e.g. Clinical Director, Divisional Director or lead clinician



- Governance: clinical audit lead or other governance activity
- Regional or national educational roles e.g. Undergraduate Dean, Postgraduate Dean, clinical tutor

## **External Duties**

Some Doctors undertake additional duties for organisations which are associated with health but not formally part of the health system, for example:

- Trade union duties
- Undertaking inspections
- Acting as a member of an Advisory Committee
- Undertaking assessments for the National Clinical Assessment Service
- Royal College or Government duties
- Specified work for the General Medical Council

Doctors who wish to perform external duties must seek agreement from their Clinical Director and Care Group Manager prior to applying for the role. The organisation will take a pragmatic approach to this decision on an individual basis and in principle agree to support external duties so long as:

- There is a demonstrable benefit to the individual and the organisation
- The impact on other clinical colleagues within the specialty/department is considered
- Time to perform the 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

## **On Call**

A Doctor who is required to participate in an on-call rota will be paid a supplement in addition to basic salary in respect of his or her availability to work during on-call periods. On-call is recognised in the job plan through the availability supplement and through DCC PAs allocated for emergency work.

Programmed Activities for 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.

The on-call supplement is set out in the organisation Consultant / SAS Doctor Contract.

## **Prospective Cover for on call**

Clinicians are expected to deputise for absent colleagues within the same specialty so far as is practicable, this includes

- (cover of in-patient beds (including the provision of support to junior doctors))
- on call (in and out of hours)

Consideration of the need to cover planned absence should therefore be given when agreeing a job plan. Prospective cover, where agreed, will be recognised within PA allocations for DCC.

### **Additional Programmed Activities**

For full time contract holders, PAs above 10 per week are subject to annual review. 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.

There is no obligation on clinicians to offer, or accept the offer of, an additional PA. 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.

### **Travelling Time**

Where clinicians are required to travel, away from their normal place of work for any work activity, the time spent travelling to/from the alternative site, during working hours 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. When work on any day commences at an alternative site this constitutes the normal home to work journey for that day and an allowance for travelling time will not ordinarily be given.

## **5. Capacity Lists and other Capacity Work**

Doctors may be asked to perform additional lists, clinics, investigations or reports in order to reduce or maintain patient waiting times. One of the important principles of the 2003 Consultant Contract is that consultants cannot be paid twice for the same period. **For this reason, consultants must not, under any circumstances, undertake other capacity work whilst on-call.**

The organisation will not normally ask consultants to perform non job planned activities during their SPA time. When this is necessary, the displaced SPA should be allocated at another time and there should be explicit written agreement regarding the time and location of this. Where it is agreed that the displaced SPA will be performed in lieu of a clinical session, the consultant will not be entitled to any additional remuneration for the additional sessional work undertaken. In contrast, where it has been agreed that the displaced SPA will be performed at a time when the Consultant is not due to work for the organisation the consultant is entitled to payment for the non-job planned activity work at rates at least equivalent to the rates of standard time as defined by terms and conditions of service.

If a doctor offers to cover a colleague's DCC in their SPA time which is for unexpected emergencies (e.g. sick leave) rather than capacity work, the SPA time will be repaid back at a mutually agreed time. This will not attract enhanced payment.

## 6. Objectives

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.

Job planning should be focused on measurable outcomes that benefit patients and are consistent with the objectives of the hospital, teams and individuals.

The job plan will include objectives that have been agreed between the doctor and his or her Clinical Director. These objectives, which map to job-planned activities, are distinct from personal development plans arising from the appraisal process.

The objectives will:

- Be **SMART** – Specific, Measurable, Achievable, Realistic and Timed
- Reflect different, developing phases in the doctor's career
- Be informed by team job planning and team objectives
- Be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside of the doctor's control, which will be considered by the job plan review
- Take account of any objectives agreed with other employers where relevant
- Agree objectives specific to organisation approved SPA's or additional programmed activities

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 Director have agreed should reasonably be achieved in the year in question.

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
- supporting resources
- service development
- multi-disciplinary team working

### Supporting Resources

The Clinician and the Clinical Director will use the job plan meeting to identify the resources that are likely to be needed to help the consultant carry out his or her job plan commitments over the forthcoming year and to achieve the agreed objectives for that year.

The Clinician and the Clinical Director 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.

## **7. Job Plan System and Template**

The standard organisation job plan template is attached at Appendix 1, although an on-line software package for job planning is in place and supports the delivery of this policy. All Doctors should ensure that they fully co-operate with the organisation job planning processes.

## **8. Job Plan Sign-off Process**

The draft job plan will be reviewed and agreed by the Doctor and their Clinical Director and Care Group Manager. There will be a demonstration of adherence to budget and job planning principles, including the following:

- Confirm budget approval
- Confirm DCCs are consistent with service needs
- Confirm SPAs are permitted under the policy

Draft job plans should be approved by the Medical Director and Director of the organisations.

A job plan summary report should be submitted to the Executive Board for information and monitoring purposes.

## **9. Job Planning and the link to Pay Progression**

The Consultant contract makes provisions for clinicians' remuneration to rise through a series of thresholds subject to an agreed Job Plan, reviewed annually. The criteria to be referred to annually for pay progression purposes are that the consultant has:

- Made every reasonable effort to meet the time and service commitments in the job plan, including participating fully in the job planning process
- Engaged satisfactorily in the appraisal process

Whilst clinicians must make every reasonable effort to meet their objectives it is recognised that there will be occasions where doing so is outside of the clinician's control; where the Clinical Director accepts the reasons for this, pay progression will not be affected.

The Clinical Director who has conducted the job plan review, in conjunction with the Care Group Manager will report the outcome to the Medical Director. Where performance and agreed standards have not been met to allow pay progression, this will be reported to the Chief Executive who will decide whether the consultant has met the criteria for pay progression.

Where one or more of the criteria are not achieved, evidence for this decision will be provided to the doctor. Doctors who wish to appeal against the decision made by the Chief Executive should do so in accordance with Schedule 4 of the UK NHS Terms and Conditions in so far as is

practicable – for example: responsibilities under the procedure may be delegated and the third member of a panel will be sought from another work area within the organisation and agreed between the staff representative and panel chair.

Where the Consultant has not met the necessary criteria for pay progression, the organisation will defer the award of the appropriate pay progression and this will be reviewed one year hence. Pay progression will only be paid on designated pay progression dates and where an appeal has been successful pay will be back dated to the original pay progression date.

## **Mediation**

If at all possible, disagreements regarding job planning should be settled informally. Where this is not possible the clinician can request mediation.

In the first instance, the Consultant or the Clinical Director 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.

The Medical Director will first meet with the clinician, Clinical Director and Care Group Manager separately; all three will then meet together, which will normally be held within four weeks of the referral. The Medical Director will seek to mediate a resolution to the points in dispute.

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 Doctor and Clinical Director of the decision or recommendation in writing.

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

## **Appeal**

Where a Doctor 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 to meet within four weeks.

### **Membership of the Appeal Panel for Consultant Appeals**

The membership of the panel will be:

- A chairperson nominated by the organisation
- A representative nominated by the Doctor
- An independent member agreed between the organisation and the BMA

The Doctor can object on one occasion to the independent member who would then be replaced with an alternative representative.

No panel member should have been previously involved in the dispute.

The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Management will present its case first explaining the

position on the job plan, or the reasons for deciding that the criteria for a pay threshold have not been met.

The Doctor may present his or her own case in person, or be assisted by a work colleague or trade union / other professional organisation representative.

Legal representatives acting in a professional capacity are not permitted.

HR Representatives must be present to provide objectivity, advice and support.

Where the Doctor, the employer or the appeal panel requires it, the appeals panel may hear expert advice on matters specific to a specialty.

It is expected that the appeal hearing will last no more than one day.

The appeal panel will make a recommendation on the matter in dispute in writing to the Chief Executive, normally within two weeks of the appeal having been heard and this will normally be accepted. The Doctor should see a copy of the recommendation when it is sent to the Chief Executive. The Department of Health and Social Care will make the final decision and inform the parties in writing.

No disputed element of the job plan will be implemented until confirmed by the outcome of the appeals process. Any decision that affects the salary or pay of the Doctor will have effect from the date on which the doctor referred the matter to mediation or from the time that he or she would otherwise have received a change in salary, if earlier.

In the case of a job planning appeal from a Medical Director, mediation would take place via a suitable individual, for example, an appropriate Director.

### **Membership of the Appeal Panel for SAS Appeals**

The membership of the panel is a Chairperson who is normally a Clinical Director from the Hospital, a panel member nominated by the clinician, preferably from the same grade, and the Chief Executive.

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.

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

## **10. Training**

The organisation will ensure that all clinicians, Clinical Managers, Department/Service Managers, Associate Medical Directors and all Executive Directors with any responsibilities associated with job planning are provided with training no less frequently than every 3 years.

## **11. Agreement**

This policy and procedure has been agreed following negotiation with the JCNC. Any changes to the agreed document can only be made following further negotiation and agreement with the JCNC. The document will be subject to review after the first year and subsequently every 3 years thereafter or sooner where national guidance on the process of job planning changes.

## 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.

Activity	Role/Responsibility	Outcome	SPA Allocation
<p><b>Continuous Professional Development (CPD)</b></p> <ul style="list-style-type: none"> <li>• Reading journals</li> <li>• Preparation: re-licensing and revalidation</li> <li>• General audit and clinical governance</li> <li>• Appraisal</li> <li>• Job planning</li> <li>• Associated administration</li> </ul>	<ul style="list-style-type: none"> <li>• Educational meetings (lunch-time and evening) and associated paperwork e.g. applying for CPD certificates with records of educational meetings attended and CPD points</li> <li>• 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)</li> <li>• Meeting requirements as set by the appropriate Royal College</li> <li>• Meetings with representatives from pharmaceutical companies and keeping up to date with medicine developments</li> <li>• Review of papers for journals</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain re-validation portfolio</li> <li>• Attend minimum of 75% of educational meetings</li> <li>• Undertake a minimum of 1 audit per annum</li> <li>• Update/develop clinical protocols/guidelines for clinical role when requested or for service needs</li> <li>• Appraisal for all junior reports</li> <li>• Completion of junior doctor assessment</li> <li>• Completed clinical supervisor training</li> <li>• Job planning preparation and completing job planning</li> </ul>	<p>1.5 SPA</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<ul style="list-style-type: none"> <li>• collation of information for appraisal folder and preparation of the paperwork</li> <li>• Annual appraisal meeting</li> <li>• Appraiser of consultant colleagues and SAS doctors e.g. doing appraisals and associated paperwork</li> <li>• Attendance at CEPOD/audit meetings</li> </ul>	<p>paperwork.</p> <ul style="list-style-type: none"> <li>• Annual job plan review with manager.</li> </ul>	
<p><b>Nominated Clinical Supervisor</b> (Does not include ad hoc supervision during DCC activity)</p>	<ul style="list-style-type: none"> <li>• Ensuring safe clinical oversight of the trainee's day to day performance.</li> <li>• Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety [SFT 1.1]</li> <li>• Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision [SFT 2.1]</li> <li>• Undertakes clinical supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of</li> </ul>	<ul style="list-style-type: none"> <li>• Safe clinical practice by trainee and appropriate development of training and clinical skills</li> <li>• Acceptable feedback from trainee on clinical training provided</li> <li>• Tutorials, problem based learning, in and out patient learning sessions</li> <li>• Case summary guidance</li> <li>• Audit/Project supervision &amp; guidance</li> <li>• Post graduate supervision of</li> </ul>	<p>Max 0.25 PAs per student/trainee per week</p> <p>Required to demonstrate level 1 knowledge and skills.</p>



Activity	Role/Responsibility	Outcome	SPA Allocation
	<p>the trainee [SFT 1.3]</p> <ul style="list-style-type: none"> <li>• Undertakes assessment of trainees (or delegates as appropriate), has been trained in assessment and understands the generic relationship between learning and assessment [SFT 1.2]</li> <li>• Liaises with the appropriate Educational Supervisor over trainee progression [SFT 2.2]</li> <li>• 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]</li> </ul> <p>(See HEE Education Roles and Responsibilities document).</p>	<p>junior medical staff – formal timetabled sessions and daily support and advice</p> <ul style="list-style-type: none"> <li>• Staff grade supervision &amp; development</li> <li>• Foundation doctor teaching</li> <li>• Contribution to clinical handbooks</li> </ul>	
<p><b>Nominated Educational Supervisor</b> (often this role is undertaken by the college tutor)</p>	<p>Responsible for one or more named trainees for all aspects of educational supervision. (See HEE Education Roles and Responsibilities document).</p> <ul style="list-style-type: none"> <li>• Educational supervision-ST1-3 trainees</li> </ul>	<ul style="list-style-type: none"> <li>• General teaching, lectures and tutorials for medical students and junior doctors</li> <li>• Journal clubs</li> <li>• Tutorials, problem based</li> </ul>	<p>0.25 per trainee</p> <p>See HEE Education Roles and Responsibilities</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<ul style="list-style-type: none"> <li>• Educational supervision-ST4-6 trainees</li> <li>• Membership of Medical Education Committee</li> <li>• Equality and diversity training up to date</li> </ul>	<p>learning, in and out patient learning sessions</p> <ul style="list-style-type: none"> <li>• Case summary guidance</li> <li>• Audit/Project supervision &amp; guidance</li> <li>• Post graduate supervision of junior medical staff – formal timetabled sessions and daily support and advice</li> <li>• SAS doctor supervision and development</li> <li>• Reading and commenting on updated teaching materials prepared by colleagues</li> <li>• Writing presentations for unit teaching and other meetings</li> <li>• Undergraduate teaching and examinations</li> <li>• Foundation doctor teaching</li> </ul>	<p>document</p> <p>Required to demonstrate level 2 knowledge and skills</p>
<p><b>Trust Specialty Tutor / Training Programme Lead (college tutor)</b></p>	<ul style="list-style-type: none"> <li>• Representing the Trust on the relevant regional HEE Training Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased GMC survey compliance &amp; satisfaction</li> </ul>	<p>0.5 PA* for up to 10 trainees in specialty</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<ul style="list-style-type: none"> <li>• Leading the Local Faculty Group in their specialty, and representing it on the Trust Education Board.</li> <li>• Ensuring the delivery of the GMC/College curriculum within the Trust/Specialty.</li> <li>• Monitoring the number and type of posts and their educational opportunities.</li> <li>• Working with the Educational Supervisors and Programme Directors.</li> <li>• Co-ordinate educator training programmes within the Department / Specialty.</li> <li>• Ensure that induction process is in place in each Department / Specialty.</li> <li>• Ensure that all trainees have a completed learning agreement with their Educational Supervisor.</li> <li>• Provide support in the use of e-portfolios etc.</li> <li>• Ensure systems are in place for each trainee to have an annual RITA/ARCP in their specialty.</li> <li>• Provide specialty career advice.</li> <li>• Provide advice on access to study leave</li> </ul>	<ul style="list-style-type: none"> <li>• Increased compliance at Deanery review visits</li> <li>• Attendance at relevant regional HEE meetings</li> <li>• Ensuring appropriate allocation of trainees to Tameside</li> <li>• Enhance /maintain Trusts reputation for excellence in training</li> </ul>	<p>(excluding Foundation).</p> <p>*only areas such as Medicine would attract the allocation.</p> <p>If trainee numbers are small (e.g. 1 / 2) this should be incorporated into generic SPA's.</p> <p>1 PA for 11 – 20 (excluding Foundation)</p> <p>1.5 PAs for 21 – 40 (excluding Foundation)</p> <p>2 PAs for more than 40 (excluding Foundation)</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<p>opportunities.</p> <ul style="list-style-type: none"> <li>Support the regional HEE Quality Control arrangements and provide an annual report to the Local Trust Education Board / DME and/or training programme director</li> <li>Co-ordinating local recruitment issues within the appropriate school.</li> </ul>		
<b>Departmental Audit Lead</b>	<ul style="list-style-type: none"> <li>Directing and supporting audit projects</li> <li>Development and management of departmental audit plan</li> <li>Quality reviews</li> <li>Mortality paperwork</li> <li>Reviewing local and national audit data/reports and developing action plans</li> <li>Ensuring recommendations from action plans are discharged via appropriate divisional mechanisms/ structures/ committees</li> <li>Attendance at Clinical Audit &amp; Effectiveness Committee</li> </ul>	<ul style="list-style-type: none"> <li>75% attendance at Clinical Audit &amp; Effectiveness Committee</li> <li>80% completion rate of departmental audits in audit year including development of action plans and ensuring these are discharged</li> <li>Planning and management of trainee audits</li> </ul>	<p>0.5PA departmental lead</p> <p>Other consultants as part of core CPD SPA</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
<p><b>Departmental Clinical Governance Lead</b></p> <ul style="list-style-type: none"> <li>• Clinical governance leads</li> <li>• Specialty Lead</li> <li>• Guidelines/ protocols/ procedures</li> <li>• Organisational/departmental/ personal clinical governance</li> <li>• Management of departmental guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Effective &amp; up to date departmental clinical governance programme</li> <li>• Development and management of departmental clinical guidelines review process</li> <li>• Ensure all relevant guidelines are up to date and developed or adopted.</li> <li>• Ensure all care bundles are developed and implemented</li> <li>• Critical incident reviews</li> <li>• Contribution to development of clinical protocols and guidelines</li> <li>• Ensure departmental clinical dashboards are developed and reviewed and any areas of concerned escalated</li> <li>• Ensure divisional risk register is reviewed and management as per risk management policy</li> <li>• Ensure departmental clinical governance meetings are of high quality and occur monthly and cover the whole recommended range of clinical governance activities</li> </ul>	<ul style="list-style-type: none"> <li>• 75% attendance at Clinical Governance Accountability Group meetings</li> <li>• Development and reporting for clinical governance framework</li> <li>• Development and maintenance of clinical guidelines/protocols/care bundles</li> <li>• Evidence of participation in clinical incident investigations and critical incident reviews</li> <li>• Ensure &gt; 90% of eligible patients are risk assessed for VTE</li> <li>• Ensure all roles and responsibilities mentioned are effectively discharged</li> </ul>	<p>Role included in Lead Clinician responsibilities unless otherwise agreed</p> <p>Other consultants as part of core CPD SPA</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<ul style="list-style-type: none"> <li>• Ensure divisional clinical governance reporting framework is maintained and reported to CGAC 6 monthly</li> <li>• Ensure departmental has a robust system for incident reporting and risk management</li> <li>• Ensure complaints by departmental clinicians are handled in accordance with policy in a timely fashion and with lessons for learning implemented</li> </ul>		
<p><b>Lead Clinician</b></p> <ul style="list-style-type: none"> <li>• Lead Clinician</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Governance lead role (see above)</li> <li>• Divisional meetings and associated work</li> <li>• Reading and disseminating management guidelines and policies</li> <li>• Local specialty advisory committee membership</li> <li>• Robust management of job planning with scrutiny and challenge of the process</li> <li>• Ensure consultant engagement in departmental and Trust affairs</li> <li>• Staff interviews, including short-listing</li> </ul>	<ul style="list-style-type: none"> <li>• Objectives as above in clinical governance</li> <li>• Specialty specific lead objectives set annually by Medical Director/Director of Clinical Services</li> <li>• 75% attendance at divisional meetings</li> <li>• Attendance at interview panels</li> <li>• Contribution to policy</li> </ul>	1.0 PA per week

Activity	Role/Responsibility	Outcome	SPA Allocation
	<ul style="list-style-type: none"> <li>• Policy development</li> <li>• Regional &amp; Trust subcommittee duties, including meetings and preparation</li> <li>• Reading and replying to emails about department and national/regional matters</li> <li>• Membership of Departmental Management Teams</li> <li>• Updating unit documentation and patient information</li> <li>• Timely management of complaints, clinical incident investigations and critical incident reviews</li> </ul>	<p>development</p> <ul style="list-style-type: none"> <li>• Management of specialty job planning process and prospective job plans to be completed between Jan – March prior to the financial year</li> <li>• Up to date correspondence and involvement in management matters</li> <li>• Maintain compliant and safe rotas</li> <li>• Timely complaints responses</li> <li>• Ensure &gt; 90% of eligible patients are risk assessed for VTE</li> </ul>	
<b>Rota master</b>	<ul style="list-style-type: none"> <li>• In conjunction with Department/Service Manager and HR Department develop and maintain compliant sustainable and safe rotas for juniors and consultants</li> <li>• Support management to ensure safe and</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of these roles</li> <li>• Completion of rota monitoring as per national guidance</li> </ul>	<p>Up to 1.0 PA per week, where appropriate*</p> <p>*PA allocation is dependent on size</p>

Activity	Role/Responsibility	Outcome	SPA Allocation
	<p>appropriate cover for rota gaps</p> <ul style="list-style-type: none"> <li>• Organising locum cover for absent junior doctors</li> <li>• Along with lead consultants identify patient safety issues in relation to staffing and ensure expeditious resolution</li> <li>• Identify quality and efficiency in medical staffing rotas</li> <li>• Support and promotion of bi-annual rota monitoring</li> <li>• Involvement in e-rostering</li> </ul>		<p>and scope of the demand required – e.g. the Anaesthetics Rota will be more time intensive than others. It is expected that duties associated with Rota development will be incorporated into the Lead Clinician role.</p>
<p><b>External Duties</b> (must be agreed in advance with the Lead Consultant and approved by the MD)</p> <ul style="list-style-type: none"> <li>• GMC/Royal College work</li> <li>• SCT chair</li> <li>• Practitioner Performance Advice (formerly NCAS)</li> <li>• Trade Union duties</li> </ul>	<ul style="list-style-type: none"> <li>• Examiner</li> <li>• Peer assessment</li> <li>• GMC/Royal College activities</li> <li>• NCAS</li> <li>• BMA (including LNC) work involving local and national meetings, regular e-mail correspondence, reading of related documentation in preparation for meetings, etc.</li> </ul>	<p>Defined per role</p> <p>75% attendance at J/LNC meetings</p>	<p>By agreement up to max 0.5</p> <p>These roles must be agreed by department and medical director before agreement</p>



Activity	Role/Responsibility	Outcome	SPA Allocation
<b>Additional Responsibilities</b> <ul style="list-style-type: none"> <li>• Caldicott Guardians</li> <li>• Regional Education Advisor</li> </ul>	<ul style="list-style-type: none"> <li>• Definer per individual role</li> </ul>	<ul style="list-style-type: none"> <li>• Defined per role</li> </ul>	By agreement up to max 0.5 These roles must be agreed by department and medical director before agreement



**Isle of Man**  
**Government**

*Reiltys Ellan Vannin*



**Any enquiries regarding this policy should be directed to:**

**The Office of Human Resources  
Illiam Dhone House  
Circular Road  
Douglas  
Isle of Man IM1 1AG  
Telephone 01624 685000**