JOB PLANNING POLICY

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1. INTRODUCTION

Job Planning is a contractual obligation for all Career Grade Medical and Dental Staff, i.e. Consultants, Associate Specialists and Specialty Doctors/Dentists.

Job planning is an essential element of the new Consultant and SAS contracts and it should be taken forward in partnership between the Clinician and their clinical manager.

1.1 This Policy is an update taking account of the previous NHS Greater Glasgow guidance, guidance from the Scottish Association of Medical Directors and recent guidance from the Scottish Government and should be read in conjunction with:

- Hospital Medical and Dental Staff and Doctors in Public Health and Community Medicine (Scotland) Consultant Grade Terms & Conditions of Service.
- Hospital Medical and Dental Terms and Conditions – Associate Specialist (Scotland) 2008
- Hospital Medical and Dental Terms and Conditions – Specialty Doctor (Scotland) 2008

These documents can be accessed via:

http://www.msg.scot.nhs.uk/pay/medical

1.2 Job Planning is required to be undertaken annually, is a **prospective** process and should accurately reflect expected working arrangements over the coming year. The Job Plan should set out the clinician's duties, responsibilities and objectives and provide clarity on the clinical and non clinical commitments of medical and dental staff. Formal job plan reviews, as well as team service planning meetings, provide an opportunity to discuss how time can be allocated and reviewed for the benefit of both the service and staff working within it.

While a job plan and the annual job plan review are specific to individual clinicians these will be informed by Team Service Planning, objectives and responsive to the needs of individual clinicians. The development of the service plans and objectives will in turn have been informed and influenced by full engagement and participation of clinicians, creating a flow between these processes which have the potential to affect improvement at all levels.

1.3 Job Planning is a joint responsibility between clinicians and the relevant Clinical Manager (Medical Director, Director of Public Health, Chief of Medicine, Clinical Director or Lead Clinician). Responsibility for ensuring that the annual review is initiated lies with the clinical manager. Each Chief of Medicine is accountable to the Medical Director for ensuring that each clinician has an agreed job plan and that there is a review in place each year. This accountability will be monitored on an ongoing basis by each Service Director and Chief Operating Officer.

2. TIMING OF JOB PLANNING

2.1 The Annual Job Plan Review process will normally take place between February and May and all plans which have been fully agreed, normally using the electronic Job Planning system (EJP), should where possible be signed off by 31 July. This allows the Corporate Objectives to feed into the service objective-setting process. This timescale is indicative and does not in any way supplant or remove the requirements for mediation and appeal in the event of a lack of agreement on the prospective job plan.

2.2 An interim Job Plan Review can be undertaken at any time where duties, responsibilities or objectives have changed or need to change significantly within the year, or where the manager indicates a belief that progression through seniority points criteria are unlikely to be met by the time of the next annual job plan review. Any agreed changes to the Job Plan in terms of appropriate remuneration will be backdated in accordance with Section 4.6.3 of Cons TCS/Schedule 4 of the SAS TCS to the date of the Job Plan Review request.

2.3 Sectors/Directorates will undertake work as part of team service planning to identify what would be a minimum data set for clinicians in particular specialties in order to inform the job planning process.

2.4 Newly appointed clinicians will agree an initial Job Plan on appointment and it will be entered onto E-Job Plan and signed-off within 6 weeks of their appointment. This Job Plan will normally require to be reviewed before the next annual Job Planning cycle depending on their date of appointment. It is proposed that on the first anniversary of their appointment, there will be an automatic recommendation for pay progression. Then in the following February to May, the first Annual Job Plan Review will occur. This proposal is made because:

- It is unlikely that there will be sufficient evidence to withhold pay progression in the first 12 months of a new appointment.
- It allows for the synchronisation of all Job Plan Reviews with the setting of Corporate Objectives.
- There may, however, be extenuating circumstances which arise where the withholding of pay progression requires consideration. In such cases the Medical Staffing Team should be approached for guidance.

3. ELEMENTS OF THE JOB PLAN

The agreed job plan will include all of the clinician's professional duties and commitments, including:

a) Agreed direct clinical care duties (DCC)
b) Agreed supporting professional activities (SPA)
c) Agreed additional responsibilities(AR) (Section 4.2.5 of Cons TCS/Schedule 4 of SAS TCS) (noted as ANR on E-Job Plan)
d) Agreed external duties (ED) (Section 4.2.7 of Cons TCS/Schedule 4 of SAS TCS)
e) Any agreed extra programmed activities/additional programmed activities (EPA/APA) (Section 4.4 of Cons TCS/Schedule 7 of SAS TCS)

3.1 Direct Clinical Care Duties

These duties are defined in Section 4.2.3 of the Consultant TCS

3.1.1 Clinical Managers and clinician need to agree an appropriate balance between the actual clinical delivery and the related activities. This will vary from specialty to specialty and from individual to individual. There will be explicit agreement on the expected/average duration of each Clinical Activity and this will take into account the availability of other staff to support the activity.

3.1.2 Norms

Where workload is predictable in nature, it may be possible to establish some locally agreed norms, thus introducing an element of standardisation within and between individual job plans.

- Where norms are agreed with the relevant clinicians, this should be based on evidence and done by collaborative discussion with the clinicians providing the service as part of Team Service Planning.
- If moving outside the agreed norm, there will be a discussion and exploration of the reason behind this, conducted with the degree of transparency appropriate in each circumstance.
- While providing a solid base for delivery of services, any standardisation in job planning will not be conducted in a manner which leads to inflexibility or fails to take into account the complexity of both the clinicians work and the environment in which that work is carried out.
- Any standardisation of job plans within or across Departments will take account of potential variations related to factors such as Departmental size and workload, and will be based on a sophisticated understanding of the nature of the actual workload being discussed.
- In any discussion of standardisation within and between job plans, fairness, both for individual clinicians and the teams within which they operate, patient and staff safety and quality of service, will be the paramount considerations.

3.1.3 Predictable and Unpredictable Emergency work

Direct Clinical Care includes all emergency work. This is the first call on time in job plans. Emergency work falls into two categories, predictable and unpredictable. Time for this will be allocated within the job plan as follows:,

Predictable emergency work is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds) and includes all travel and telephone calls associated with this when undertaken out with normal scheduled hours.

Unpredictable emergency work is that work done whilst on-call and associated directly with the clinician's on-call duties but which is not scheduled at a particular time or location e.g. recall to hospital on an emergency basis. It will be based on a diary exercise which will be undertaken over a representative period of time when the intensity of work changes significantly from the previous year. This will normally be assessed on a whole rota basis rather than individually and will involve recording the actual hours each individual spends undertaking telephone calls, travelling and in the hospital unpredictably during on call periods. The average of these hours is then divided by the frequency of the rota (to include prospective cover) and annualised – e.g. 12 hours including travel during an average on-call week, during premium time out of hours, on a 1 in 4 rota when a PA measures 3 hours in length would produce 1 PA weekly on an annualised basis.

3.1.4 Payment of an on-call availability supplement

For Consultants, the on call availability supplement payable is based on a percentage. This ranges from 1% to 8% of the full-time basic salary, and is determined by the frequency of the rota commitment. In addition, there are two levels which can be applied, Level 1 or Level 2, depending on the likelihood and rapidity of having to return to the hospital. Part-time clinicians qualifying for an availability supplement will receive the appropriate percentage of the equivalent full-time salary (Section 4.10 Consultant TCS)

When deciding on the level of the on call availability supplement prospective cover and nature of the request must be taken into account. To determine what supplement banding applies see the table below:-

Frequency of rota commitment (*including prospective cover)*	**Level 1 Need to return to site immediately or complex telephone advice required**	**Level 2 Call can be dealt with by a delayed return to work or simple telephone advice**
High Frequency: 1:1 to 1:4.49	8.0%	3.0%
Medium Frequency 1:4.5 to 1:8.49	5.0%	2.0%
Low Frequency 1:8.5 or less frequent	3.0%	1.0%

For SAS Grade clinicians the percentage ranges from 2% to 6% of the full-time basic salary, and is determined by the frequency of the rota commitment. This shall be calculated as a percentage of full-time Basic Salary (excluding any Additional Programmed Activities, and any other fees, allowances or supplements). The percentage rates are set out below.

Frequency	**Percentage of Basic Salary**
more frequent than or equal to 1 in 4	6%
less frequent than 1 in 4 or equal to 1 in 8	4%
less frequent than 1 in 8	2%

Appendix B gives some examples of how the frequency of the Out of Hours On-call Availability Supplement is calculated

3.2 Non Direct Clinical Care Activities

These duties are defined in Section 4.2.4 to 4.2.7 of the Consultant TCS and the Definitions section of the SAS TCS. These include:

- **Supporting Professional Activities (SPA)**
- **Additional NHS Responsibilities (AR) (noted as ANR on E-Job Plan)**
- **External Duties (ED)**

3.2.1 Clinicians will normally be expected to be at the location agreed in the Job Plan for all programmed activities that form part of their agreed working week, except where agreed with the employer and specified in the Job Plan. With agreement, elements of Non DCC activity may be:-

- scheduled flexibly
- undertaken off site

It is acceptable for non DCC PAs to be scheduled flexibly within the agreed Job Plan. Flexibility will be a two way process. Non DCC activity can only be scheduled within Premium-time if agreed within the Job Plan.

3.2.2 The other main requirement is to schedule flexibly to meet the needs of the service and avoid conflict with Direct Clinical Care [DCC] commitments. Most teaching, tutorials, lectures and meetings will fall into this category. Clinicians will need to attend on-site meetings as and when required to do so by the appropriate Manager. Such on-site meetings will include, but are not limited to, Directorate; Departmental and Hospital CME/CPD Meetings; Audit/Guideline Meetings; Risk Management; other "governance" meetings; Consultants' Meetings; Business Meetings; etc. Clinicians should not schedule Non DCC (including meetings) that conflict with DCC commitments. Occasionally this will be inevitable but, in that case, time shifting will be considered and if DCC is to be cancelled then advance agreement of the relevant Manager will be obtained.

3.2.3 Time shifting will be employed wherever possible when Non-DCC activity encroaches on DCC or vice versa. Where activity is displaced on account of dedicated weeks or part weeks of trauma/hot week agreement will be reached at job planning as to how this will be re-scheduled and accommodated. This may impact on available capacity and should be included in team service planning discussions.

3.2.4 Both parties should be satisfied that sufficient time is allocated to SPA for the individual to fulfil their CPD, Appraisal, Revalidation, statutory and mandatory training and Job Planning requirements as a minimum. This will be 1.0 PA per week and is referred to in E-Job Plan as Core SPA.

3.2.5 As part of team service planning, the clinical team will consider the outputs required from the department/directorate in terms of non-DCC work. This should be undertaken with the agreement of the full team and will consider factors such as the number of trainees assigned to them and their levels of training, whether the department/directorate has responsibilities to deliver enhanced appraisal, what level of research or audit is being undertaken, any offices or positions members of the department/directorate hold, etc. This will allow an assessment to be made of the number of non DCC PAs required to deliver those outputs and may also include discussion of who is best placed to deliver in each area in order to inform individual job planning. The Clinical Manager must be satisfied that there is sufficient non DCC time available to meet both the required outputs for the department/directorate and for the team's individual requirements for SPA to meet their CPD and other individual requirements.

A table showing a range of activities and how they should be allocated in relation to DCC and Non DCC/Study Leave is attached at Appendix C.

3.2.6 <u>Expected Outcomes from Non DCC Activity</u>

The output of non DCC activity should be discussed at annual appraisal. Whilst successful completion of appraisal is, in itself, evidence for a significant proportion of non DCC time, clinicians are also required to account for the utilisation of the time allocated to non DCC over and above these activities at their Annual Job Plan Review. Therefore, they will be required to collect evidence for the use of their non DCC time.

Examples of evidence which may be sought are highlighted below. The Board is currently developing similar guidance for appraisers as part of its quality assurance programme for medical appraisal:

a) Good Medical Care

Research

- Evidence of outputs e.g. interim reports to funders, papers delivered at scientific meetings, papers published, chapters and book published.
- Evidence from R&D office including grant income, peer reviewed and externally funded projects, contribution to RAE and other input from university head

Clinical Governance

- Evidence of participation in audit of an area of clinical practice against local or national standards with demonstrated reflection and change in practice where appropriate
- Evidence of involvement in a recognised national audit.
- Report of critical incidents/significant event reviews with demonstrated reflection and change in practice where appropriate
- Notification of any complaints and where upheld demonstrated evidence of learning and change in practice where appropriate
- Involvement in random case analysis with a peer

b) Maintaining Good Medical Practice

- Evidence of an annual PDP and of meeting PDP objectives
- Evidence of satisfying minimum CPD requirements for Royal College (CPD record) including time spent
- Evidence of educational meetings attended including mortality/morbidity meetings including time spent
- Evidence of participation in agreed Statutory, Mandatory and other training programmes.
- Evidence of participation in Committee work

c) Teaching and training

If a clinician is involved in teaching and training the following will be presented and discussed:

- Evidence of a departmental timetable for clinician's involvement in teaching as part of the team
- Log of teaching at clinics, ward rounds and ops/procedures
- Any feedback from students/ trainees/NES/conference organisers
- Evidence of having satisfied college/deanery requirements for teaching trainees
- Evidence of ARCPs/ FY and ST assessments undertaken
- Log of time spent as college examiner

3.2.7 Externally funded non DCC Roles

Clinicians who wish to undertake Non DCC roles that provide external funding e.g. NES funded Roles should have time incorporated into their Job Plan as EPA(s) where possible, or by reducing non DCC activity in the first instance. The non DCC activity will then be reallocated within the team as part of Team Service Planning.

3.3 Other Activities

All other activities that are to be included in the job plan will be agreed with the Clinical Manager.

3.3.1 Travelling and subsistence expenses are **not** regarded as "pay". Any other allowance or honorarium claimed or received **is** regarded as "pay" and as such will revert to the employing authority for external activities during non DCCtime or Study Leave. If the fee or honorarium is retained by the clinician then the external activity will be taken as either Annual Leave or agreed unpaid leave.

3.3.2 The time spent on these will be evidenced as previously described. Any such duties that a clinician considers cannot be accommodated within the non DCC allowance, or which will affect the performance of any "Direct Clinical Care" duties, will require the explicit advance agreement as noted in Section 4.2.8 of the Consultant TCS. If approved, this time will be regarded as Discretionary Leave. The option of time shifting (3.2.3) will always be considered in these circumstances.

3.3.3 Certain activities cannot be undertaken during Non DCC allocated time. These include, but are not limited to:-

- Private study of books, journals etc in excess of 42 hours/year;
- Any off-site leave for which formal Study Leave should have been sought;
- Overseas Leave (outside the European Union or EEA);
- Private Practice;
- Any paid work for any other employer;
- Any activity already accounted for as "Direct Clinical Care";
- Teaching which is part of Direct Clinical Care.

3.3.4. Appendix D sets out NHS Greater Glasgow & Clyde's guidance relating to Fee Paying Work.

3.4 Travel Time

Time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan will be counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between other sites, travel when recalled from home (but not normal daily journeys between home and base), and 'excess travelling time'. Excess Travel-time is defined as time spent travelling between home and a working site away from base, less the amount of time normally spent travelling between home and base.

A table giving approximate travel time by car to and from the main sites within NHS GGC is attached at Appendix E1 and travel from the main GGC sites to peripheral Health Boards at Appendix E2, using approximate travel times in optimal conditions. It will inform discussions when building travel time into the Job Plan where an individual clinician has regular work on sites other than their normal base.

3.5 European Working Time Regulations

The Annual Job Plan Review should consider an assessment of compliance with the European Working Time Regulations. If the clinician's Job Plan is not compliant then either:-

a) the work will be reduced; or
b) the work will be divided with other colleagues (provided that their Job Plans remain compliant); or
c) if the clinician is willing they will sign a waiver (see Section 4, Appendix A).

3.5.1 Compensatory Rest

This is not part of the job planning Terms and Conditions of Service (TCS); this is entirely a European Working time regulation (EWTR) which applies when the minimum rest requirements under EWTR are not achieved.

This can be taken in 2 ways:

1. The amount of time (minute for minute) which prevents the minimum rest requirement being achieved is taken back the next day. This being unpredictable may impact on service requirements or;
2. By building time off into the local rota by way of compensation where there is evidence of an average breach of the minimum rest requirements, i.e. time off post on-call.

Compensatory rest is not work and unpaid therefore will not be included in the PA calculation but where compensatory is being required on a regular basis, this will trigger a job plan review and in particular a review of the level of PA's allocated to on-call work.

Compensatory Rest should not be confused with Time off in Lieu (TOIL). TOIL is an alternative way of compensating for additional work undertaken and should only be used as an alternative to payment if the work is not already factored within the Job Plan.

3.6 Private Practice

If a clinician wishes to undertake any Private Practice they are obliged to inform their Employer at the time of appointment (or subsequently) of their intentions to do so. This will be submitted in writing to the Clinical Manager (Section 4.4.8 Consultant TCS and Schedule 7 SAS TCS).

3.6.1 Clinicians will also be asked to confirm if they intend undertaking regular private practice as part of the annual job plan review by signing the private practice declaration. See Appendix A(1) and A(2)

Appendix F sets out NHS Greater Glasgow & Clyde's Code of Conduct for Private Practice

3.7 Secondary Employment

If a clinician wishes to undertake Secondary Employment they must notify/obtain approval of the Board at the time of appointment (or subsequently). The request should be submitted in writing to the Clinical Manager (Section 9, NHS GGC Code of Conduct). If the additional work will impact upon their Job Plan then they require the approval, however, even if the work does not impact on the Job Plan, clinicians are required to inform their employer of the

secondary employment and may be asked to submit information relating to hours worked for EWTD purposes. Approval will be in writing and will be recorded in the clinicians file.

Clinicians must also ensure that unless they are representing NHSGG&C or the wider NHS in an official capacity they cannot make reference to their NHS employment or give the impression in anyway, whilst undertaking secondary employment that they are representing the views of, or acting with the authority, approval or sanction of the NHS.

4. KEY OUTPUTS OF THE ANNUAL JOB PLAN REVIEW

4.1 New Job Plan

The format of the Clinicians Job Plan is specified within Appendix 4 of the TCS. E-Job Plan is regarded as meeting those requirements and it is expected that most clinicians will wish to use this.

4.1.2 E-Job Plan

Clinicians within NHS Greater Glasgow and Clyde have access to E-Job Plan (EJP) – an electronic Job Plan recording system which records details of activity along with the frequency of the activity and calculates the number of PAs within the weekly plan. The system is web-based and clinicians are provided with a log-in which gives them access to a Job Plan "Wizard". The Wizard consists of 8 pages similar to the paper Job Plan documentation, and once completed, the Job Plan can be printed or exported to "Word" to allow upload to SOAR. The system also allows the Job Plan to be signed-off electronically by both the clinician and the Clinical Manager.

An example of the Printable Job Plan exported from E-Job Plan is attached at Appendix G

4.2 Objectives

Agreed objectives will set out a mutual understanding of what the clinician and employer will be seeking to achieve over the next 12 months or other agreed period - informed by past experience, based on reasonable expectations of what might be achievable in future and reflecting different and developing career phases. Objectives must also be achievable within the available resources.

4.2.1 Objectives may be:-

a) Personal development objectives from appraisal;
b) Service objectives – these are important and should be discussed as part of team service planning;
c) Team objectives.

4.2.2 Objectives should be:-

Specific
Measurable
Achievable
Relevant
Timed and tracked

4.2.3 The agreement of objectives requires:-

- that there is agreement on the local priorities;
- definition of the objective for each priority;
- agree the measures that will be reviewed;
- determine how progress will be measured;
- agree the support required.

4.2.4 Support and Resources required to Achieve Objectives

Any agreed support that the clinician requires to meet the agreed objectives will be documented in the Job Plan.

Examples of Objectives are attached within Appendix H

4.3 Pay Progression

4.3.1 The Clinical Manager will consider if the clinician has satisfied the criteria for pay progression. The criteria are:-

- made reasonable effort to meet time and service commitments in the Job Plan;
- participate satisfactorily in Appraisal (see Section 7);
- participate satisfactorily in Job Planning;
- met personal objectives or made every reasonable effort to do so;
- worked on changes identified in the last Job Plan;
- if doing Private Practice, has taken up any offer of an EPA;
- met standards of conduct governing the relationship between Private Practice and NHS commitments.

4.3.2 In accordance with CEL 2007(02) for Consultants/Schedule 15 of the SAS Grade TCS the form included at Appendix A(1) and A(2) is required to be completed to confirm the sign-off of the Job Planning process and pay progression. There are 4 sections to this document:-

- Section 1: Criteria for pay progression;
- Section 2: Private Practice;
- Section 3: Details of failure to meet criteria for pay progression;
- Section 4: European Working Time Directive.

There is functionality within E-Job Plan to allow Private Practice activity to be added to the Job Plan, however there is not the ability to confirm electronically if the clinician wishes to complete a Waiver Clause or has/has not completed criteria for pay progression. There is however the functionality to upload paper documentation to the EJP system so this form should be completed and uploaded as part of the Job Plan review. **This form will still require to be sent to Payroll if there has been a decision to delay Pay Progression.**

5 KEY INPUTS TO THE ANNUAL JOB PLAN REVIEW

5.1 Clinicians Preparation for Job Planning

In preparation for Job Planning a clinician will:-

- provide a diary in an approved format covering a representative period if they are anticipating a request for a change in their job plan. A diary format is provided in the T&C document and an alternative diary format is included in Appendix I, or the BMA Dr Diary app will all be acceptable formats. Similarly, if the Clinical Manager is seeking to negotiate a substantial change to a clinician's job plan they will ask the clinician to provide a representative diary in advance of the Job Planning meeting. If a diary is to be considered then it will be submitted to the Clinical Manager at least 2 weeks in advance of the Job Planning meeting to allow for the analysis to be checked;
- not be expected to provide a diary where no changes to the Job Plan are sought. However, in order to confirm that over time their activity continues to relate to their Job Plan a diary should be completed once every 5 years;
- identify any issues that have impacted on their ability to deliver their current Job Plan;
- highlight additional responsibilities, positions or external duties they intend to take on or no longer hold;
- provide evidence of non DCC activity undertaken including completion of the relevant mandatory training for their Specialty. Each Directorate will draw up a list of these;
- Consider Personal and Career Objectives
- provide evidence that progress has been made towards the delivery of their Objectives.
- Consider Board/Directorate/Service developments to which they could contribute
- Identify external commitments (including Private Practice)
- Identify additional resources required to fulfil NHS commitments

Any assessment of "hours of work" will avoid double counting – for example where teaching or administration occurs during a clinical activity the whole session will not be counted as direct clinical care (DCCs) and again as teaching. A portion of the time should be made to DCCs and a portion to teaching.

5.2 Clinical Manager's Preparation for Job Planning

To prepare for the Job Planning meeting, the Clinical Manager will as a minimum:-

- Have an understanding of the Organisational Service Objectives – i.e. the Local Delivery Plan and Clinical Strategy. The Job Planning process will be closely linked to the Team Service Planning process. The Clinical Manager will work closely with the team and General Manager/Service Managers to determine the appropriate levels of clinical activity to deliver the service objectives. These will relate to the Board's Corporate Themes for the following year.

- Consider introducing specific team objectives in agreement with colleagues, to promote Team Working and Team/Specialty responsibilities. Each clinician will also require personal objectives. Appendix H gives an example of an objective pro-forma.

- Collate and share, at least two weeks ahead of the job plan review meeting, evidence of the delivery of their Job Plan in terms of time and service commitments e.g.

- number of Theatre Sessions delivered and average time of sessions and/or cases performed;
- number of Clinic Sessions delivered and average time of attendance at clinics and/or patients seen;
- CPA Case conferences.

5.2.1 The Clinical Manager will proactively negotiate adjustments to the Job Plan to tailor it to the local service objectives.

5.2.2 The items to be discussed at the Job Planning meeting should be agreed and distributed in advance. They should include:-

- Any change in activities over the last year or proposed changes over the coming year;
- Any changes in available resources in the previous year or required to enable delivery of future objectives
- Annual Leave taken;
- Study Leave taken;
- Sabbatical Leave taken;
- Discretionary Leave taken;
- Activity figures including service requirements;
- Details of any Private Practice – checking that it is compliant with the Code of Practice;
- Details of EPAs;
- Details of non DCC activities - including timing, location, activities and outputs;
- Details of any requests for flexible working
- Objectives – Evidence that work has been undertaken towards the previous set of objectives and definition of a set of objectives for the next year including details of supporting resources.

The NHSGGC Medical Staff Leave Guidance can be accessed at:-
http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/

6. JOINT JOB PLANNING

Some Clinicians have clinical duties with more than one NHS organisation. They will have a clearly identified "Lead" employer who will be responsible for organising Job Planning. Any alterations in the Job Plans must be agreed with the appropriate Clinical Managers of all NHS organisations employing the clinician (Section 3.1.9 Consultant TCS) although job plan review meetings will be held only with the lead employer.

Each new Job Plan will be copied to the relevant Clinical Managers of all organisations employing the Clinician.

6.1 Clinical Academic Staff

Programmed activities for Clinical Academic Consultants working under their Honorary Contracts will be as for NHS Consultants and separated into:-

- direct clinical care activities;
- supporting professional activities;
- agreed additional responsibilities;
- other agreed external duties (Section 13.1.7 Consultant TCS).

For a full-time Clinical Academic, five weekly programmed activities will be set as the core commitment for the clinical service component of pay, subject to variation by agreement between the NHS employer, the University employer, and the Clinical Academic Consultant through the Job Planning process. The academic component will normally be six weekly programmed activities, including an extra programmed activity (Section 13.1.8/9 Consultant TCS).

6.1.2 A Clinical Academic would be required to carry out a proportional amount of Direct Clinical Care depending on the number of clinical PAs in the Job Plan. In accordance with 3.1, 3.2.4 and 3.2.5 above the number of SPA's and where they will be worked will be agreed between the University and the NHS employer.

6.1.3 Job Plan review meetings will be carried out by Clinical Academic and the University Head of Division or with the NHS Clinical Manager and will review the job content and objectives as well as the delivery of commitments (Section 13.3.3 Consultant TCS).

7 LINKS TO APPRAISAL AND REVALIDATION

7.1 Discussions in the Appraisal process may inform the Job Planning process and are useful in forming personal objectives.

7.2 The Appraisal process should be completed annually.

7.3 Satisfactory participation in appraisal is one of the criteria for pay progression. Pay progression forms will be completed annually on or before 31 March for all clinicians (see 4.1.3). At the time of sign-off the Clinical Manager will confirm that the Clinician has completed an appraisal in the year prior to the current year e.g. for sign off in 19/20 appraisal will have been completed during 18/19. This will allow for sufficient time for all Form 4s and PDPs to be returned to Chiefs of Medicine.

7.4 Where a clinician has not been appraised in the year in question without good reason, pay progression may be withheld providing the clinician has been advised of any issues in advance and given an opportunity to rectify these. The clinician will be informed of this by the appropriate Chief of Medicine.

8 RESOLVING DISAGREEMENT

8.1 Most job plan reviews will be straightforward, but occasionally, a clinician and their clinical manager will find it difficult to reach agreement. In such circumstances it is unhelpful for this to be left unresolved.

8.1.2 The Terms and Conditions set out a clear mechanism for resolving job planning disagreements. The information below is taken from joint guidance from BMA Scotland and the NHS Scotland Management Steering Group and does not seek to undermine or replace those TCS provisions in any way. However, the TCS are now over a decade old, and the roles and structures they refer to are not always still appropriate. This guidance is an attempt to ensure that processes relate to the current NHS in Scotland, without undermining the overall approach specified in the TCS. It also suggests a more mediated and less adversarial approach, which should help resolve disagreements at an earlier stage in the process.

8.1.3 It is open to either party (or both parties jointly) to seek further advice in order to try to resolve a disagreement in advance of proceeding to mediation. Whilst it is obviously preferable for disagreements to be resolved through such 'informal facilitation' it is equally important to reach genuine agreement and give all parties clarity as to the prospective job plan.
It is accepted that there will be times when despite everybody's best efforts for some reason agreement cannot be reached between the clinician or the clinical manager. It is important that such disagreement is recorded and either or both parties refer the matter to mediation in line with the provisions of the TCS. It is counter-productive for both the manager and the clinician to simply ignore the failure to agree. It is good practice that such failures to agree are referred to mediation in line with section 3.4 of the Consultant TCS and Schedule 5 of the SAS Grade TCS.

8.2 Mediation

Section 3.4.1 of the Consultant TCS and Section 2 of schedule 5 of the SAS Grade TCS details the mediation process; the intention of the guidance below is not to create any additional stages, only to complement the existing provisions of the TCS, and to facilitate an approach to resolving disagreements which is representative of a true mediation process.

Stage 1
Once the clinician and clinical manager have concluded that they are unable to agree a job plan then the clinician and or Clinical manager will, normally within 2 working weeks of the exhaustion of the initial discussion, refer the point(s) of disagreement, in writing, to the next level of Clinical management, provided that the clinician concerned has not had any previous involvement in the job plan review. In the event that the more senior manager has been involved in the discussion to date then the referral will be to another appropriate person nominated by the senior Clinical manager and agreed with the clinician.

The individuals who undertake the mediation do not necessarily have to be formally trained in mediation but rather should be individuals who are trusted by both parties and who have the interpersonal skills to be able to facilitate a constructive dialogue and enable both parties to put forward their issues and concerns. Ultimately if there is no resolution in the course of the mediation meeting they may be required to make a decision, however their approach should one of trying to reconcile the differences and reach agreement in the meeting.

The mediator should convene the meeting normally within three working weeks of the referral for mediation. There is no obligation on either party to provide information to the mediator in advance of the meeting but it is often helpful for both parties to provide the reasons why they have been unable to agree so that the mediator has some insight into the matters under

consideration. Providing a lot of new information on the day is likely to simply delay the process, which is not in the interests of either party.

Following the meeting the mediator will, normally within two working weeks, advise the clinician and manager of the outcome of the mediation and provide in full the reasoning for this.

Experience has shown that most disagreements will be resolved by stage 1 mediation. However if following receipt of the outcome a clinician or clinical manager remains dissatisfied with the proposed job plan the point(s) of disagreement may be referred to stage 2 mediation.

Stage 2
A clinician or clinical manager who remains dissatisfied with the proposed job plan should refer the matter to the manager set out in the scheme of delegation agreed with the LNC (or chief executive where no scheme of delegation has been agreed) normally within 2 working weeks of receipt of the outcome of the stage one mediation. S/he will then convene a meeting with the clinician and the clinical manager (i.e. the one who was involved in the original job planning meeting) to discuss the outstanding point(s) of disagreement and to hear the parties' consideration of the issues. As with Stage 1, with the agreement of the clinician concerned, responsibility for this stage of mediation may be delegated to a colleague of equivalent seniority with appropriate mediation skills who has had no previous involvement in the job planning issue under consideration.
Following this meeting the stage 2 mediator will, normally within two working weeks of the meeting, advise the clinician and manager of the outcome of the mediation and provide in full the reasoning for this.

If following the stage 2 mediation a clinician remains dissatisfied, s/he is entitled to present a formal appeal to the employer, the outcome of which is binding on both parties.

8.3 Formal appeal

Sections 3.4.2 –3.4.3 of the Consultant TCS and Section 4 of Schedule 5 of the SAS Grade TCS detail the formal appeal process.

A clinician has 4 working weeks following receipt of the outcome of stage 2 mediation to submit an appeal, and the relevant panel should be convened within 6 weeks of receipt of the appeal.

Clinicians should request an appeal by contacting the senior manager set out in the scheme of delegation agreed with the LNC. Where no scheme of delegation has been agreed, the appeal should be to the board Chief Executive, or the board chair for clinicians in public health medicine.

The membership of the appeal panel is set out within the terms and conditions in section 3.4.2. of the Consultant TCS

The appeal panel comprises

- one member nominated by the chief executive who chairs the panel
- one member nominated by the clinician
- one member appointed from the agreed appeals panel list

The appeals process will reflect the locally agreed procedure for conduct of appeals with regard to submission of information and the conduct of the appeal hearing itself.

This stage exhausts the process and there is no further right of appeal.

8.4 Conclusion

While in the vast majority of cases job planning results in an agreed plan which both individual clinicians and clinical management in Boards commit to, there are instances where there is a lack of agreement. While the 2004 terms and conditions of service (TCS) for Consultants and the 2008 for SAS Grade TCS contain provisions for dealing with these circumstances discussions between BMA Scotland and the NHS Scotland Management Steering Group identified potential for guidance which, while not changing or replacing the agreed TCS would be of assistance to both NHSS managers and individual consultants in moving towards agreement, using mediation as a means of doing so.

8.5 Policy Review

It has been agreed that this Policy will be reviewed in Partnership with the LNC every 2 years. The next review is scheduled to take place in 2022.

APPENDIX A (1)

Consultant – Job Plan Review

Job Planning Year _____

Name of Consultant: …….. **Directorate/Sector:** …….

Section 1: Progression through Seniority and Pay Points

[For completion by Clinical Manager and to be shared with the Consultant]

Paragraph 5.2.3 of the Consultant Grade Terms & Conditions of Service, states that "An Employer may decide to delay progression through seniority points in any year only where it can be demonstrated that, in that year, the Consultant has not met the following criteria".

		Y	N	N/A
a)	Met the time and service commitments in the job plan *(see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).*			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. *(see T&Cs paragraph 3.2.16 to 3.2.21)*			
c)	Participated satisfactorily in annual appraisal last year, job planning and objective setting for the forthcoming year;			
d)	Worked towards any changes agreed as being necessary to support achievement of the organisation's service objectives in the last job plan review.			
e)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have *(see T&Cs paragraph 4.4.6 to 4.4.12*); or			
f)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (s*ee Section 6 and Appendix 8 of T&Cs).*			

Progress through seniority points will not be deferred in circumstances where the inability to meet the requirements set out in paragraph 5.2.3 above is occasioned by factors out with the control of the Consultant, for example, absence on leave. In addition progression through seniority points must not be related to or affected by the outcome of the appraisal process.

I can/cannot * confirm that [Name of Consultant]……
has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed: ……(Clinical Manager) Date: …….

Name [Print]: …… Directorate: …….

(*Section 3 to be completed by Consultant and Clinical Manager if any criteria are not met)

Section 2: Private Practice – This section should be completed by the Consultant

Para 4.4.8 states that "A Consultant (whether working full-time or part-time) who wishes to undertaken Private Practice must inform NHSGG&C in writing".
A Consultant undertaking Private Practice must abide by the standards outlined in Section 6 and Appendix 8 of the Consultant Contract.

Please confirm if you plan to undertake Private Practice next year:

Yes ☐

No ☐

Signed: …… **(Consultant) Date:** …….

Name [Print]:……..…… **Directorate: ……..**

Section 3: Job Plan Review - Addendum

A. To be completed by Consultant
What if any factors, out with your control, have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Clinical Manager
In what way has the Consultant failed to meet the criteria listed in Section 1, please Include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: ……(Consultant) **Date:** …….

Name [Print]: ……

Signed: ……(Clinical Manager) **Date:** ……..…

Name [Print]: ……

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the Consultant) disagree with the terms of the report you will be entitled to

invoke the Mediation Process set out in Paragraph 3.4.1 (Stage 1) Consultant Grade Terms & Conditions of Service.

C. To be completed by Chief of Medicine		
Do you recommend pay progression for year	Yes ☐	No ☐

Signed: …… (Chief of Medicine) **Date:** ……..…

The completed form should be passed immediately to the Human Resources Department for processing in accordance with paragraphs 5.2.7 to 5.2.10 of the Terms and Conditions.

Section 4 : - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48 hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME:[Print]…….

Job Title: ……..…….

Contracted Hours: ……..

Period of the Agreement: From:……. **To:** …….

Reason for the Agreement: ……..…

(if applicable) ……..…….

…….

If the employee is working for another employer the terms on which the employee is to provide their Manager with details of the additional hours they are working within another job, must be stated below:-

.....

.....

.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee): .....**DATE:**……

SIGNED: (Director or Chief of Medicine):……..

DATE: .....

APPENDIX A (2)

Associate Specialist and Specialty Doctor – Job Plan Review

Job Planning Year _____

Name of Clinician: …….. **Directorate/Sector:** …….

Section 1: Progression through Incremental points and Thresholds

[For completion by Clinical Manager and to be shared with the Clinician]

Schedule 15 of the SAS Grades Terms & Conditions of Service, states that "All clinicians will pass through this threshold unless they have demonstrably failed to comply with any of the following criteria":

		Y	N	N/A
a)	Met the time and service commitments in the job plan *(see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).*			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. *(see T&Cs paragraph 3.2.16 to 3.2.21)*			
c)	Participated satisfactorily in annual appraisal last year, job planning and objective setting for the forthcoming year;			
d)	Worked towards any changes agreed as being necessary to support achievement of the organisation's service objectives in the last job plan review.			
e)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have *(see T&Cs paragraph 4.4.6 to 4.4.12*); or			
f)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (s*ee Section 6 and Appendix 8 of T&Cs).*			

Progress through incremental points and thresholds will not be deferred in circumstances where the inability to meet the requirements set out is occasioned by factors out with the control of the clinician, for example, absence on leave. In addition progression through incremental points and thresholds must not be related to or affected by the outcome of the appraisal process.

I can/cannot * confirm that [Name of clinician]…….
has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed: …… (Clinical Manager) Date: …….

Name [Print]: …… Directorate: …….

(*Section 3 to be completed by clinician and Clinical Manager if any criteria are not met)

Section 2: Private Practice – This section should be completed by the Clinician

Schedule 10 states "The clinician will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services.

Please confirm if you plan to undertake Private Practice next year:

Yes ☐

No ☐

Signed: …….. **(Clinician) Date:** …….

Name [Print]:……..…… **Directorate: ……**

Section 3: Job Plan Review - Addendum

A. To be completed by Clinician
What if any factors, out with your control, have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Clinical Manager
In what way has the clinician failed to meet the criteria listed in Section 1, please Include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: …… (Clinician) **Date:** …….

Name [Print]: ……

Signed: …… (Clinical Manager) **Date:** ……..…

Name [Print]: ……

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the clinician) disagree with the terms of the report you will be entitled to invoke the Mediation Process set out in Schedule 5 of the SAS Grades Terms & Conditions of Service.

C. To be completed by Chief of Medicine	
Do you recommend pay progression for year	Yes ☐ No ☐

Signed: …… (Chief of Medicine) **Date:** ……..…

The completed form should be passed immediately to the Human Resources Department for processing in accordance with Schedule 150 of the Terms and Conditions.

Section 4 : - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48 hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME:[Print]…….

Job Title: ……..…….

Contracted Hours: ……..

Period of the Agreement: From:……. **To:** …….

Reason for the Agreement: ……..…

(if applicable) ……..…….

…….

If the employee is working for another employer the terms on which the employee is to provide their Manager with details of the additional hours they are working within another job, must be stated below:-

.....

.....

.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee): .....**DATE:**……

SIGNED: (Director or Chief of Medicine):……..

DATE: .....

APPENDIX B

EXAMPLES OF HOW THE FREQUENCY OF OUT OF HOURS ON-CALL AVAILABILITY SUPPLEMENT IS CALCULATED

EXAMPLE 1

11 clinicians prospectively covering overnight

365/11 = 33.18 on-calls per year

1:11 with Prospective Cover (x42/52) = 1:8.88 rounded up to 1:9 = 3% for Consultants
2% for SAS Grades

EXAMPLE 2

19.5 clinicians covering 2 weekend nights (Sat and Sun) and 1 week of weeknights in 19.5 weeks

The combined frequency of weekday and weekend rotas should be calculated by working out the ***total number of on-calls*** worked across both rotas over a representative period of time.

52 weeks/19.5 clinicians = 2.66 x 5 nights = 13.33 on-calls per year
52 weekends/19.5 = 2.66 weekends per year
Additional weekend = 52/19.5 = 2.66 weekend per year
5.32 weekends x 2 nights = 10.64 weekend nights per year 10.64 on-calls per year
Total 23.97 on-calls per year

365/23.97 = 1:15.22 with P/C (x42/52) = 1:12.29 rounded down to 1:12 = 3% for Consultants
2% for SAS Grades

EXAMPLE 3

15 Clinicians prospectively cover weekdays (Mon-Thurs)
20 Clinicians prospectively cover weekends (Fri-Sun)

The combined frequency of weekday and weekend rotas should be calculated by working out the ***total number of on-calls*** worked across both rotas over a representative period of time.

Weekend = 156 nights
Weekday = 209 nights

156/20 = 7.8 on-calls
209/15 = 13.93 on-calls Total 21.73 on-calls per year

365/21.73 = 1:16.79 with P/C (x42/52) = 1:13.56 rounded up to 1:14 = 3% for Consultants
2% for SAS Grades

EXAMPLE 4

A consultant works on two different on call rotas:

1:10 and 1:20

The combined frequency of 2 rotas should be calculated by working out the *total* ***number of on-calls*** worked across both rotas over a representative period of time.

365/10 = 36.5 On-calls per year
365/20 = 18.25 On-calls per year Total 54.75 on-calls per year

365/54.75 = 1:6.66 with P/C (x42/52) = 1:5.37 rounded down to 1:5 = 5% for Consultants
4% for SAS Grades

APPENDIX C - ACTIVITIES AND HOW THEY SHOULD BE ALLOCATED

Theme/ Programme	Activity	Allocation In Contract	Comments/Issues
Personal Development	Induction	Core SPA	
	Mandatory Training	Core SPA	H&S, HAI etc
	Job Planning	Core SPA	
	Appraisal	Core SPA	
	Revalidation	Core SPA	
	CPD Activities	Core SPA or Study Leave	
	Attending Conferences	Study Leave	
	Attending Conferences with commercial Sponsorship	Study Leave	Clinical manager to decide whether any expenses are reimbursed and must comply with the 'Employee Conduct Policy'
	Clinical Skill Courses	Study Leave	
	Degree Work e.g. MBA	SPA / Study leave/ Annual Leave/ own time	Prior agreement must be sought and amount of SPA/ Study Leave agreed
	Departmental Meetings	SPA	
Clinical governance and risk activities	Significant clinical incident reviews	DCC	
Service Maintenance Development and Design	Organisational Events	SPA	
	Appointments Committees	ED	
	Specialty Advisers Activities	ED	Subject to an agreed maximum with clinical manager
	NHS HIS activities	SPA/DCC	Prior agreement to role and task with clinical manager
	Appraiser	SPA	0.5 PA per week based on 10 Appraisees per annum.
	NES Activities	SPA/AR/ED	NES funding should be sought for major elements
	GMC work	SPA/DCC/ED	Prior agreement to role and task with clinical manager. GMC funding for major elements
	Clinical Audit	SPA	
	SIGN Guideline Development	SPA	
	Clinical director / CoM	AR	

	MCN Meeting	SPA/DCC	Some of this is already in DCC such as clinical pathway meetings and also preparation time for these meetings.
	Recruitment Commitments	AR and subject to a maximum	Lost DCC to be replaced or Study Leave should be used. Team approach.
Trade union & Professional Association Activities	Trade Union Training	ED	
	Trade Union Duties	ED	
	Trade Union Activities	Study, annual or unpaid leave	
Medico-Legal Work	For NHSGG&C or CLO	DCC	By agreement with Clinical manager
	For outside Agencies	Annual Leave/own time	
	Statutory	DCC/SPA	Time shift if part of expert witness private practice
	Court Appearances	DCC/SPA If called then have to go only an issue if income generating private practice	Time shift if part of expert witness private practice
Postgraduate Training	Examiner Training	ED	
	Examining – UK	ED Time and Study Leave subject to a maximum	Lost DCC to be replaced or Study Leave should be used. Team approach. College Funding needed.
	Examining – Abroad	Annual Leave / Study Leave.	
	Regional Educational Advisers	SPA	Team Approach
	College Tutors	ED	Team Approach
	Foundation Programme Directors FY1/2	AR	Funded by NES Should be incorporated into Job Plan by reducing SPA/DCC
	Training Programme Directors	AR	Funded by NES Should be incorporated into Job Plan by reducing SPA/DCC
	College Committees	SPA	Team Approach
	Clinical Course Instructor/Trainer	SPA / Study Leave	Team Approach
	Assessments	SPA	Team Approach
	Assoc PG Dean	ANR	Funded by NES Should be incorporated into Job Plan

			by reducing SPA/ DCC.
	Named Educational Supervision	SPA	0.25 PA per trainee per week. Do not have to be Consultant in specialty.
	Mentoring	SPA	
	Unpaid external Lecturing	Own time/SPA	
	Named Clinical Supervision	SPA	8 hrs per trainee per year.
Undergraduate Teaching	Clinical Teaching – Formal	SPA	ACT funding mechanism
	Clinical Teaching – "Service Linked"	DCC	By definition happens as part of DCC but slows things down.
	Unpaid external Lecturing	Own time/SPA	
	SSMs	SPA	
	PBL Facilitators	SPA	
	Teacher Training	SPA	
Research	Ethics Committees	SPA	
	Protocol Development	SPA	Support for Science and Priorities and needs Funding.
Non Commercial	Writing Up	SPA	
	Clinical Research Work	SPA/DCC	
	Reporting results of NHS approved research projects	SPA / Study Leave	
	Ethics Application	SPA	
	Reporting Results	SPA	
Commercial	Research	SPA or own time	Annual leave or unpaid Leave

Most of these activities require the presence of the clinician on local NHS premises.
Examples of 'off site' locations include University library, Health Board Offices and NES offices.

APPENDIX D

NHS GREATER GLASGOW & CLYDE

FEE PAYING WORK

This paper will set out guidance allowing clinicians to retain the fee earned from Fee paying and similar work. The principle does however remain, which states that a clinician cannot be paid twice for work undertaken in programmed activity time unless it causes minimal disruption to work.

Minimal Disruption

Minimal Disruption can be defined as work carried out during the time in which a clinician is normally working which does not disrupt the provision of NHS Services in any material way. This work may be either of an ongoing nature or a sporadic nature and a further definition of minimal disruption would be defined as work which on an ongoing basis amounted to no more than one hour of clinical time in any one week. (this would not be cumulative unless with prior agreement from CD or equivalent Clinical Manager). The table on page two outlines some suggested duties which would fall under the minimal disruption definition.

Fee Paying Work

If this type of work is undertaken out-with programmed activities or during a period of leave, then the clinician would retain the fee.
Any fee paying work carried out in a clinicians own time must not disrupt the provision of NHS services and must not impact on NHS activity of other staff members. Level 1, Level 2, Level 3 details work under this heading.

Audit

An audit process to monitor fee paying work carried out by NHS clinicians to ensure that it adheres to the requirements for minimal disruption will be agreed between NHS Greater Glasgow and Clyde and the Local Negotiating Committee (BMA). This would be part of regular job planning.

Receipt of Fees

A clinician who receives and retains a fee as a result of carrying out Fee paying work is liable for the personal tax implications.

Fees for Attendance at Courts

Where a clinician is required to attend court as a consequence of non-NHS work this will be allowable by the employers. Any fees earned as a result of this attendance will only be retained by the individual if such attendance at court can be achieved by time-shifting of NHS work. Where time-shifting is not possible and NHS work will be affected the fee for the court appearance is payable to the employer.

Expenses

Expenses reimbursed for travel and subsistence are not fees and may be wholly retained by the clinician.

FEE PAYING WORK AND OTHER FEE PAYING WORK

Level One	**EXAMPLE OF DUTIES**
This level details work defined as minimal disruptions. These should be brief reports which can be compiled or completed because of prior knowledge of the patients. Fees at this level may be retained by the clinician. The use of NHS support resources would normally be acceptable e.g. secretarial time etc subject to agreement with the CD and/or GM.	• Production of standard report for the Criminal Injuries Compensation Board for a patient under the care of the clinician • Completion of reports for solicitors which can be prepared from records and do not require a specific examination of the patient. • Cremation Reports • Completion of standard report for the DVLA in relation to fitness to drive for a patient under the care of the clinician • Completion of report for Occupational Health Physician in relation to a patient under the care of the clinician • Examinations for and preparation of reports in connection with the procedures of the Adults with Incapacity (Scotland) Act for patients who are referred to the clinician or are under/her care as part of his/her main practice • Fees for lectures to healthcare professionals or university students as part of recognised training
Level Two These reports are likely to be longer and will require either prior knowledge and/or a detailed examination of the patients and will cause disruption to programmed activities. Fees for these reports can only be retained by a clinician if they are conducted in their own time and therefore out-with programmed activities. If this type of work constituted a substantial part of an individual's professional job then this work will be included in their programmed activities and all fees and expenses will be retained by NHS Greater Glasgow. Records must be kept of hours worked on NHS contracted activity.	• Assessment of Children for Adoption • Reports requested by the procurator fiscal and courts including post mortems

Level Three	**EXAMPLE OF DUTIES**
These reports may or may not require prior knowledge or detailed examination but should only be conducted **out-with** programmed activities in the clinicians own time. The fee is then an issue between the clinician and the agency requesting the report. Time shifting to allow clinicians to conduct such activity will only be permissible with prior agreement with the CD or GM.	• Reports for requests of appeals against detentions at request of a solicitor • Clinical examinations for, and preparation of reports for defence lawyers • Requests for examination in respect of civil litigation • Section 98 Mental Health Act work

APPENDIX E1

APPROXIMATE TRAVEL TIME WITHIN NHS GREATER GLASGOW AND CLYDE

	GRI - G4 0SF		QEUH/RHC - G51 4TF		STOB - G21 3UW		WGACH - G3 8SJ		GGH/GRH - G12 0YN/G12 0XH		RAH - PA2 9PN		IRH - PA16 0XN		VOL - G83 0UA		VI ACH - G42 9LF		DYKEBAR - PA2 7DE		LEVERNDALE - G53 7TU		PARKHEAD - G31 5ES		RAVENSCRAIG - PA16 9HA	
	Time (mins)	Miles	Time (mins	Miles	Time (mins)	Miles	Time (mins	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles
GRI			30	6.9	15	2.8	30	3.2	30	3.7	30	12.7	60	28	45	26.2	30	3.3	30	9.4	30	8	15	2.1	45	27.6
QEUH/RHC	30	6.9			30	8.4	15	3.6	30	3.5	30	7.5	45	22.8	45	18.3	30	5.6	30	6.8	30	3.8	30	8.6	45	22.8
STOB	15	2.8	30	8.4			30	4.9	30	4.8	45	13.6	60	29.6	45	28.6	30	7.2	30	11.1	30	9.7	15	3.5	60	29.3
WGACH	30	3.2	15	3.6	30	4.9			15	2.2	30	10.5	60	25.8	45	18.9	30	4.7	30	8.7	30	6	30	5.2	60	25.5
GRH/GGH	30	3.7	30	3.5	30	4.8	15	2.2			30	10.6	60	23.1	45	16.7	30	7.8	30	10.2	30	6.1	30	5.9	60	22.8
RAH	30	12.7	30	7.5	45	13.6	30	10.5	30	10.6			45	19.4	45	18.2	45	8.9	15	3.3	30	5.4	45	15.1	45	19.6
IRH	60	28	45	22.8	60	29.6	60	25.8	60	23.1	45	19.4			60	26.8	60	27.6	45	23	45	23.5	60	30.4	15	1.2
VOL	45	26.2	45	18.3	60	23.6	45	18.9	45	16.7	45	18.2	60	26.8			45	25.7	45	21.1	45	21.6	60	28.4	60	26.5
VI ACH	30	3.3	30	5.6	30	7.2	30	4.7	30	7.8	45	8.9	60	27.6	45	25.7			30	6.3	30	4.8	30	4.2	60	28
DYKEBAR	30	9.4	30	6.8	30	11.1	30	8.7	30	10.2	15	3.3	45	23	45	21.1	30	6.3			15	2.8	30	11.7	45	22.5
LEVERNDALE	30	8	30	3.8	30	9.7	30	6	30	6.1	30	5.4	45	23.5	45	21.6	30	4.8	15	2.8			30	11.3	45	22.9
PARKHEAD	15	2.1	30	8.6	15	3.5	30	5.2	30	5.9	45	15.1	60	30.4	60	28.4	30	4.2	30	11.7	30	11.3			60	29.9
RAVENSCRAIG	45	27.6	45	22.8	60	29.3	60	25.5	60	22.8	45	19.6	15	1.2	60	26.5	60	28	45	22.5	45	22.9	60	29.9		

Time rounded up to nearest 15 minutes to allow for Parking/walking from/to Car Park

APPENDIX E2

APPROXIMATE TRAVEL TIME FROM NHS GGC MAIN SITES TO PERIPHERAL HEALTH BOARDS

	Crosshouse		Forth Valley		Golden Jubilee		Hairmyres		Wishaw		Monklands		Lorn & Islands		Dumfries & Galloway		Aberdeen Royal		Argyll & Bute		Campbeltown		Ninewells	
	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles
GRI	45	27	30	21	30	10	30	18	30	16	30	11	180	99	120	79	210	145	165	89	225	139	105	77
STOB	60	30	30	20	45	12	45	20	30	16	30	11	180	101	120	78	210	143	165	92	225	141	105	76
QEUH/RHC	45	26	45	27	30	13	45	16	45	20	45	17	180	94	120	82	210	151	165	84	225	133	120	83
VIACH	60	23	45	27	45	10	30	7	45	16	45	16	180	100	120	78	210	150	150	90	225	139	120	83
WGACH	45	27	45	24	30	7	45	17	45	19	45	14	180	92	120	81	210	147	165	82	225	132	120	80
GRH/ GGH	60	29	60	25	30	7	45	19	60	20	45	14	180	90	120	82	210	148	150	80	225	130	120	81
RAH	45	24	60	34	30	11	45	15	60	27	60	23	180	91	135	88	225	157	150	82	225	131	120	90
IRH	75	38	90	49	45	20	75	40	75	42	75	39	195	100	180	100	240	173	165	90	195	75	180	105
VOL	75	48	75	47	45	13	60	38	75	40	75	37	180	75	180	101	225	147	120	66	180	115	120	80

***Time rounded up to nearest 15 mins to allow for Parking & walking from/to Car Park**
***Times are based on travelling from NHSGGC hospital at 12pm**

APPENDIX F

NHSGG&C CODE OF CONDUCT FOR PRIVATE PRACTICE

1 General Statement regarding Disclosure

1.1 If a clinician wishes to undertake any Private Practice they are obliged to inform their employer at the time of appointment (or subsequently) of their intentions to do so. This should be submitted in writing to the Clinical Manager [Cons T&C Section 4 – Para 4.4.8].

1.2 Clinicians will also be asked to confirm if they intend undertaking private practice as part of the annual job plan review by signing the private practice declaration contained in NHS CEL (2007) 2.

2 Part 1: Introduction

Scope of Code

2.1 This document sets out recommended standards of best practice for NHS Clinicians in Scotland about their conduct in relation to Private Practice. The standards are designed to apply equally to Honorary contract holders in respect of their work for the NHS. The Code covers all private work, whether undertaken in non-NHS or NHS facilities.

2.2 This Code will be used at the annual job plan review as the basis for reviewing the relationship between NHS duties and any Private Practice.

Key Principles

2.3 The Code is based on the following key principles:-

- ❖ Clinicians and NHS Greater Glasgow & Clyde will work on a partnership basis to prevent any conflict of interest between Private Practice and NHS work. It is also important that clinicians and our organisation minimise the risk of any perceived conflicts of interest; although no clinician will suffer any penalty (under the code) simply because of a perception;
- ❖ The provision of services for private patients should not prejudice the interests of NHS patients or disrupt NHS services;
- ❖ With the exception of the need to provide emergency care, agreed NHS commitments will take precedence over private work; and
- ❖ NHS facilities, staff and services may only be used for Private Practice with the prior agreement of NHS Greater Glasgow & Clyde.

3 Part II: Standards of Best Practice

Disclosure of Information about Private Practice

3.1 Clinicians will declare any Private Practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the Annual Job Planning process, clinicians will disclose details of regular Private Practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out-of-hours cover.

3.2 Under the appraisal guidelines agreed in 2001, clinicians will be appraised on all aspects of their medical practice, including Private Practice. In line with the requirements of Revalidation, clinicians should submit evidence of Private Practice to their Appraiser.

Scheduling of Work and On-Call Duties

3.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments will take precedence over private work. Clinicians will ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.

3.4 Clinicians will ensure in particular that:

- ❖ private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 6.3.8 below);
- ❖ there are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;
- ❖ private commitments are rearranged where there is regular disruption of this kind to NHS work; and
- ❖ private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.

3.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments must be noted in a Clinicians Job Plan, to ensure that planning is as effective as possible.

3.6 There will be circumstances in which clinicians may reasonably provide emergency treatment for Private Patients during time when they are scheduled to be working or are on call for the NHS. Clinicians will make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.

3.7 Where there is a proposed change to the scheduling of NHS work, NHS Greater Glasgow & Clyde will allow a reasonable period for clinicians to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services alongside NHS Duties

3.8 In exceptional circumstances NHS Greater Glasgow & Clyde may at our discretion allow some Private Practice to be undertaken alongside a clinicians scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the clinician will ensure that any private services are provided with the explicit knowledge and agreement of NHS Greater Glasgow & Clyde and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

3.9 In the course of their NHS duties and responsibilities clinicians will not initiate discussions about providing private services for NHS patients, nor will they ask other NHS staff to initiate such discussions on their behalf.

3.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, clinicians should ensure that any information provided by them, is accurate and up-to-date and conforms to any local guidelines.

3.11 Except where immediate care is justified on clinical grounds, clinicians will not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor will they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

3.12 Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.

3.13 Where a patient wishes to change from private to NHS status, clinicians will help ensure that the following principles apply:-

- a patient cannot be both a private and an NHS patient for the treatment of one condition during a single visit to NHS Greater Glasgow & Clyde;
- any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient, if eligible;
- any patient changing their status after having been provided with private services, will not be treated on a different basis to other NHS patients as a result of having previously held private status and will not gain any advantage or disadvantage over other NHS patients by doing so and will not be treated on a different basis to other NHS patients;
- patients referred for an NHS service following a private consultation or private treatment will join an NHS waiting list at a point determined by their clinical need. Subject to clinical considerations, a previous private consultation will not lead to earlier NHS admission or to earlier access to NHS diagnostic procedures.

Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

3.14 Subject to clinical considerations, clinicians will be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This will include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

3.15 Clinicians will make all reasonable efforts to support initiatives to increase NHS capacity including the appointment of additional medical staff.

4 Part III: Managing Private Patients in NHS Greater Glasgow & Clyde Facilities

4.1 Clinicians may only see patients privately within NHS Greater Glasgow & Clyde facilities with the explicit agreement. NHS Greater Glasgow & Clyde will decide to what extent, if any, our facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with our organisation's obligations to NHS patients.

4.3 Clinicians who practise privately within NHS Greater Glasgow & Clyde facilities must comply with our organisation's policies and procedures for Private Practice. NHS Greater Glasgow & Clyde will consult with all clinicians or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

4.3 NHS clinicians may not use NHS facilities for the provision of private services without the agreement of NHS Greater Glasgow & Clyde. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside NHS duties.

4.4 Where NHS Greater Glasgow & Clyde has agreed that a clinician may use NHS facilities for the provision of private services:-

- NHS Greater Glasgow & Clyde will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
- any charge will be collected by NHS Greater Glasgow & Clyde, either from the patient or a relevant third party; and
- a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.

4.5 Except in emergencies, clinicians will not initiate private patient services that involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with NHS Greater Glasgow & Clyde's procedures.

4.6 In line with the standards in Part II, private patient services will take place at times that do not impact on normal services for NHS patients. Private patients will normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a private patient. In these circumstances the Clinical Director must be informed at the earliest opportunity.

Use of NHS Staff

4.7 NHS clinicians may not use NHS staff for the provision of private services without our agreement.

4.8 The clinician responsible for admitting a private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.

APPENDIX G

SPECIMAN JOB PLAN DOWNLOADED FROM ALLOCATE E-JOB PLAN SYSTEM

NHS Greater Glasgow & Clyde Health Board

This job plan starts 02 April 2018.

Job plan for Dr A, Specialty B

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	Rolling cycle - 2 weeks
Start Week	1
Report date	31 Jan 2017
Expected number of weeks in attendance	42 weeks
Usual place of work	*Beatson West of Scotland Cancer Centre
Alternate employer	University of Glasgow
Contract	New
Doctor classification	Honorary Doctor
University name	Glasgow University
1 PA of premium time equates to	3 hours

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		8 Sep 2016	Mrs Liz Sinclair
In 'Discussion' stage – awaiting doctor agreement		31 Jan 2017	Mrs Liz Sinclair
1st sign-off agreed – awaiting 2nd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
2nd sign-off agreed – awaiting 3rd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
Signed off		31 Jan 2017	Mrs Liz Sinclair

PA Breakdown

	Main Employer PAs	Core PAs	EPA PAs	Total PAs	Core hours	EPA hours	ATC hours	Total hours
Direct Clinical Care (DCC)	4.238	4.238	0.000	4.238	15:54	0:00	0:00	15:54
Supporting Professional Activities (SPA)	2.233	2.233	0.000	2.233	8:56	0:00	0:00	8:56
Private Professional Services (PPS)	Does not attract a value				8:38	0:00	0:00	8:38
Total	6.471	6.471	0.000	6.471	33:28	0:00	0:00	33:28

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Level	Supplement	PAs
On-call Rota	*GGC On-call	10	10	1	5%	0.119

Type	Normal	Premium	Cat.	PA
			Total:	0.031
Predictable	0:00	0:00	DCC	0.000
Unpredictable	0:30	1:00	DCC	0.031

The total PAs arising from your on-call work is:	0.119
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	*GGC On-call
What is your on-call classification?	1
Weekday work	
What is the frequency of your weekday on-call work?	1 in 10.00
Do you work your weekday on-call on a specific day?	No fixed day
	Predictable **Unpredictable**
What are your average hours of emergency work per weekday on-call?	**00:00** **00:30**
How much of this takes place between 20:00 & 08:00? (premium time)	**00:00** **00:00**
How much of your weekday predictable on-call work displaces other activities?	**00:00**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 10.00
	Predictable **Unpredictable**
What are your average hours of emergency work per weekend on-call?	**00:00** **01:00**
Does your weekend predictable work displace other activities?	**No**
Other information	
Which objective does this on-call work relate to?	
Comments	

Sign off

Role:	Role:	Role:
Name	Name:	Name:
Signed:	Signed:	Signed:
Date:	Date:	Date:

TIMETABLE

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Activities

A Additional To Contract
E Extra Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core EPA ATC	4.852 0.000	21:02 0:00 0:00
	Mon	09:00 - 13:00	wks 1-2	Out-patient Clinic - Paediatric General Renal Comments: includes travel time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	42	1.000	4:00
	Mon	13:00 - 15:00		Teaching - (Please specify level) Comments: Students during University Term Time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	30	0.357	1:26
	Mon	13:00 - 15:00		Admin - Patient related (Reports, results, letters, vetting, GP/Patient/Relative communication	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	12	0.143	0:34
H	Tue	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Tue	09:00 - 13:00	wks 1-2	Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	36.8	0.876	3:30
H	Wed	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Wed	09:00 - 12:00	wks 1-2	Private Professional Services	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	PPS	36.8		2:38
H	Thu	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Fri	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Sat	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29
H	Sun	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29

No specified day

"( )" Refers to an activity that replaces or runs concurrently

A Additional To Contract

E Extra Programmed Activities

H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core EPA Replaced ATC	1.500 0.000 (0.000)	12:07 0:00 (0:00) 0:00
	4:00	0:00	Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	SPA	42	1.000	4:00
	2:00	0:00	Patient Treatment - DCC - Other (Please specify) Comments: something not specified within the "drop down" menu for DCC Activity.	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	DCC	42	0.500	2:00
	6:00	0:00	Private Professional Services	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	PPS	42		6:00

Board Objectives

Objective 1

Comply with Board policies including dress code and Medical Leave policy.

Objective 2

Engage in any Service Change Programme of NHSGGC and participate in any sub-groups, forums as appropriate.

Objective 3

Assist the organisation to monitor and comply with the European Working Time Regulations, Junior Doctors New Deal and manage the impact of Modernising Medical Careers.

Personal Objectives

TEST OBJECTIVE 1

This is a test Objective to show how Objectives can be linked to Activity within the Job Plan

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

Agreed Thursday is a NON working day

APPENDIX H

NHS GREATER GLASGOW & CLYDE
MODEL CAREER GRADE CLINICIAN - OBJECTIVES

Postholder's Name: **Job Plan Reviewer's Name:**

Designation: **Designation:**

OBJECTIVE/BEHAVIOUR		**TIMESCALE**	**OUTCOME**
CORPORATE			
1.	Support the delivery of NHSGG&C Local Delivery Plan and Clinical Strategy.		
2.	Engage in the Service Change Programme of NHSGG&C and participate in any Sub-Group, Forums or feedback as appropriate.		
3.	Clinical Governance – ensure clinical activity is delivered safely and to National Standards. Manage risk effectively in work area.		
4.	Staff Governance – assist the organisation to monitor and comply with the European Work Time Regulations, Junior Clinicians New Deal and manage the transition of Modernising Modern Careers.		
5.	Corporate Governance – Manage within available staff and financial allocation available.		

OBJECTIVE/BEHAVIOUR		**TIMESCALE**	**OUTCOME**
TEAMS/SPECIALTY/DIRECTORATE			
1.	Comply fully with the relevant Directorate Policies and Procedures whilst undertaking any work in areas such as Theatres and Out-Patients, ensuring a maximisation of available resources/theatre utilisation and reduction in clinic cancellations.		
2.	Behave in a manner which will facilitate and support effective team working.		
3.	Satisfy Royal College/Deanery requirements for teaching and training Undergraduate and Post-graduate Trainees.		
4.	Incorporate appropriate flexibility to support the team when colleagues are absent on Annual Leave and Study Leave.		
PERSONAL			
1.	Participate in Annual Job Plan Review and Appraisal.		
2.	Agree Job Plan which should take account of the NHSGG&C Capacity Plan to achieve Waiting Time Targets.		
3.	Participate fully in Risk Management and other Clinical Governance activities.		
4.	Undertake at least 42 weeks per year of all Direct Clinical Care Programmed Activities (exclusive of Directorate authorised leave).		
5.	Describe quality outputs from SPA time – eg teaching, research.		

CONFIRMATION OF OBJECTIVES - Year e.g. 2014/15

Clinician's Name:

Signature: **Date:**

Job Plan Reviewer:
[Clinical Director/Lead Clinician]

Signature: **Date:**

CONFIRMATION OF OUTCOMES - Year e.g. 2015/16

Consultant Name:

Signature: **Date:**

Job Plan Reviewer:
[Clinical Director/Lead Clinician]

Signature: **Date:**

COMMENTS:

Alternative Job Planning Documentation

Appendix I

CONSULTANT

I CERTIFY THAT THE ATTACHED INFORMATION IS AN ACCURATE RECORD WHICH FAIRLY REFLECTS MY CURRENT ACTIVITY.

NAME: ……..

SPECIALTY: ……..

HOSPITAL / BASE: ……..

SIGNED: ……..

CLINICAL DIRECTOR

THE DIARY ATTACHED TAKES ACCOUNT OF THE FOLLOWING SPECIFIC CIRCUMSTANCES (EG UNFILLED VACANCIES ADDITIONAL PAID SESSIONS, ANY OTHER NON-RECURRING SITUATION)

……

……

……

……

……

……

CHIEF OF MEDICINE

I CONFIRM THAT I AM AWARE OF THE INFORMATION ATTACHED

NAME: ……..

SIGNED: ……..

Date: ……..

OFFICIAL USE ONLY

Salary On Transfer To New Contract

……

……

……

……

On-Call Level / Frequency:

……

INITIAL PROGRAMME ACTIVITIES AGREED:

……

……

……

……..

i

CONSULTANTS ROUTINE ACTIVITY DIARY

Name: ________________ **Hospital:** ________________ **Date:** ________________

Start Time	Extract description of activity	Location	Finish Time

EXAMPLE - NOT NECESSARILY TYPICAL

Consultants Routine Activity Diary

Name: Joe Bloggs **Hospital:** Wishaw **Date:** 05 Jan 07

Start Time	Extract description of activity	Location	Finish Time
0845	Ward Round	W 13, 14, 15	1045
1100	Reading mail, answering mail	Office	1130
1130	Conducting tutorial for PRHOs	Seminar Room	1215
1215	2 sets of relatives	Office	1245
1330	Outpatient Clinic	OPD	1545
1545	Dictating Clinic Letters	OPD	1615
1630	Meeting with CD & HR re juniors' rotas	HR	1715

CONSULTANTS EMERGENCY WORKLOAD DIARY

NAME: _____ **HOSPITAL:** _____ **SHEET NO:** _____

START DATE: _____ **END DATE:** _____

Date	Start Time [1]	End Time [1]	Exact Description of Work	Time Taken: Hrs	Min
TOTAL					

[1] 24 Hour Clock