Guidance for Managing the Job Plan and Annual Review Process

This document sets out guidance for clinicians and managers to aid effective job planning for substantive Consultants, SAS Doctors and salaried GPs. The guidance is derived from best practice and reflects the jointly agreed principles contained within SGHSCD consultant job planning guidance DL (2016/14), which identifies the importance of engaging senior clinical staff on an on-going basis in the development of service objectives through team service planning and builds on the connection between this process and individual job planning.

In instances where the Board are instructed to "pause" the annual job planning cycle on account of the need to redirect resources in response to any national prevailing circumstances this guidance and associated process would be similarly be paused. Any change in working arrangements that requires staff to move away from their substantive job plan will, however, still require prior agreement. Whilst this guidance would be paused in respect of the annual job planning cycle, individual members of staff will still be entitled to request an interim review of any temporary arrangements at any time.

1. Job planning principles

The job plan is a contractual agreement between the doctor and their employer. It should be reviewed at a minimum time interval of once/year. Job planning is a process that should arrive at this contractual agreement. It should be:

- undertaken in the spirit of collaboration and cooperation;
- fully agreed and not imposed;
- realistic;
- approached with the view that all aspects of the job plan are equal;
- transparent, fair and honest;
- reflective of the professionalism of being a doctor;
- focused on enhancing outcomes for patients whilst maintaining service efficiency.
- inclusive where appropriate of measurable outcomes that benefit patients;
- consistent with the objective(s) of the individual, teams, the organisation, and the NHS;
- clear about the supporting resources the Board will provide to ensure that objectives can be met;
- flexible and responsive to changing individual or service needs;
- completed in good time;

2. Job plan purpose

The purpose of the job plan is to set out an annual agreement between the doctor and the employer describing:

- what work the doctor does for the organisation and the wider NHS;
- when that work is done;
- where it is done;
- what work will be delivered flexibly;
- how much time the doctor is expected to be available for work;
- what this work will deliver for patients, the employee and the employer;
- the expected outputs for each area of activity; and
- what resources are necessary for the work to be achieved.

3. Components of a job plan

A normal full-time job plan is composed of 10 Programmed Activities (PA) with a timetabled value of 4 hours each within when worked during the period Monday – Friday 0800 – 2000 and for SAS doctors 0700 – 1900. Such PAs will be paid at "plain-time" rates

Contracted work undertaken out with these hours or on a public holiday will carry a PA value of 3 hours or be paid at a premium rate of an additional 1/3.

The main items to be included in a job plan are:

- a clear description of activities (DCC or non-DCC) including;
  - emergency or on-call commitments, including, frequency; description of predictable activity and whether within or out with normal working hours any special arrangements; unpredictable activity arising from emergency or on-call commitments and the allocation of time associated with both;
  - predictable non-emergency work including: scheduling; whether delivered within or out with normal hours any special arrangements (e.g. remote/home working, annualisation of commitments or expected deliverable outcomes)
  - flexible commitments including, whether delivered within or out with normal hours; any special arrangements (e.g. remote/home working, annualisation of commitments or expected deliverable outcomes).
  - any agreed additional or external responsibilities and arrangements for recognising these, e.g. time, responsibility payment, or substitution
- a summary of the total number of PA's for each type of activity, including DCC, SPA, additional responsibilities (AR) and external duties (ED)
- a description of agreed objective(s);
- the support and resources needed to fulfil the job plan;
- any details of regular private practice;

- accountability arrangements; and confirmed base. The job plan will also show for each DCC/non-DCC activity the location where this is carried out. Activity with no fixed location or time of delivery will be captured in the appropriate section of the job plan

4. Team service planning:

To support the job planning process discussions should be undertaken on a model of service planning through engagement between medical and general managers and medical staff throughout the year and should contain the following elements:

- Reviewing the previous year and identifying what went well and where there might be areas for improvement across the organisation/directorate;
- Reviewing the clinical workload as defined in the business plan;
- Reviewing any changes to service delivery that have taken place during the year, taking into account the significant changes in capacity as a result of the COVID19 pandemic and the likely ongoing duration of such strictures on capacity
- Identifying the actions and resources needed to maintain and improve service delivery and the quality of care to patients;
- Reviewing areas of strength and weakness and methods to maximise the opportunities and minimise the possible risks such as workforce gaps and other threats to service continuity;
- Taking account of broad NHS Scotland aims, identifying the priorities organisations(s) and team(s) want to deliver and the objectives flowing from these which might influence and inform individual job plans;
- Taking account of the spread of activities throughout the team to inform individual job planning
- Understanding the resources the Department receives (e.g. salaries, recharges, Medical School sessions, teaching roles etc);
- Setting out what might be needed to meet clinical governance requirements including education, training, and research;
- Using local data to provide a robust evidence base for both the service planning and individual job planning processes;
- Taking account of specific individual objectives that may require broader team support or impact on service delivery;

- Taking account of any additional responsibilities, in particular external duties, undertaken by consultants, specifically the impact this has on service delivery and on the workload of the department;
- Including input from Junior doctors within the department

The discussions should not be about individual job plans, but instead focus on the whole work to be delivered by the department, including the impact and complexity of cross-site and Regional working.

It should be noted that the introduction of MS Teams in all areas may mean that team service planning can be carried out via virtual MS Teams meetings. It is strongly recommended that the resulting team service template is produced collaboratively as a file stored within the Team Channel

The following table can be used as a guide to this discussion and to aid the collection of data prior to the meeting to ensure this is effective and productive.

Example Type of activity	**Example data**
DCC: Emergency/on-call work	Rota frequency; in hours activity; out of hours activity (predictable and unpredictable); resources; cross-site working
DCC: Non-emergency work	Clinic templates; demand and capacity analysis; new to review ratios; theatre sessions and utilisation; over-runs; flexible sessions; MDT.
SPA: training staff	Standard tariffs agreed by NES; total number of trainees
SPA: appraisal and job planning	Time allocated to staff to prepare for appraisal and job planning
SPA: governance	Time allocated in the department to governance activities
SPA: mandatory training of substantive workforce	Specific requirements for training and the time requirements
SPA: Other	
AR/ED (additional responsibilities or external duties)	Time allocated to these roles such as appraisers, other management roles, college roles and trade union duties.
Travel Time	Associated travel time should be considered for all of the above categories of work and consideration given to potential efficiencies and environmental benefits of moving to more virtual/remote working

Each type of activity should be considered for the department, data collected and a summary generated of the expected demand, anticipated capacity and currently available resources. The team should use this information to facilitate discussions on how the department will approach demands and challenges in the coming year including mitigation of any potential shortfall/excess.

The resulting team service plan will have demonstrably involved medical staff in setting out what will be delivered, how it will be delivered and what resources will facilitate the alignment of individual job planning processes with service planning. This will place job planning firmly in the context of service needs while balancing the needs and objectives of individual doctors and the agreed objectives of the service.

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 clinician this should be based on evidence and done by collaborative discussion with those providing the service.
- If moving outside the agreed norm, there should 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 should not be conducted in a manner which leads to inflexibility or fails to take into account the complexity of the quantum of work required, individual capacity of each senior clinician land the environment in which that work is carried out.
- Any standardisation of job plans within or across Departments should take account of potential variations related to factors such as Departmental size and workload, and should 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, quality of service, and patient safety will be the paramount considerations.

5. The job plan review

The purpose of the job plan review is to:

- agree any changes to duties and responsibilities including a review of workload pressures and modes of delivery;
- review the need for any change in the current programmed activities;

- review the relationship with other paid work;
- consider progress against agreed objective(s);
- agree the support needed from the organisation; and
- establish and record eligibility for pay progression.

The process of review needs to be informed by **data**. This should be shared between parties prior to the review meeting (see timetable below) and may include:

From the doctor examples of such data could include:

- a clear description of activities with diary evidence of current delivery and any constraints or potential efficiencies that may have affected this or could impact in the coming period;
- where changes in the job plan are anticipated (e.g. vacancies, planned absences or additional roles), an estimate of the impact of such changes.
- MAST certificate
- a personal development plan from appraisal; or
- evidence of progress towards objective(s).

From the clinical manager:

- data on delivered activities in the preceding year (e.g. number of clinics or theatre lists delivered, constraints out with the doctor's control affecting delivery).
- the team service template (see section 4 above), including the impact of any service redesign of delivered work. This should be agreed with the team (including the general manager) and shared prior to the job plan review (see timetable below).

6. Timing of the job planning and the review process:

To work towards each substantive consultant or SAS doctor having an agreed prospective job plan effective from 1st of April each year it is recommended that the following process is adopted by the clinical management team:

April to September	Review Phase	Board's organisational service objective(s) communicated to the directorates.

	Team Service Planning Phase (see DL(2016)14 for additional guidance)	Team Service Template developed – see section 4
October to January	Individual Job Planning Phase	Clinical Director sends out preparation for and invitation to job planning meetings. Individual meetings take place. Job plans are entered on the appropriate documentation or system by 15th January.
January to March the following year	Completion Phase	Job plan agreed and signed off. Where job plan is not agreed, mediation and/or appeals completed as soon as possible; in line with the timeframe agreed under the respective contract.

The clinical manager or the clinician can request an interim job plan review, out with the above timeframe.

7. Recording of the Team service plan and individual job plan

As the individual job plan records agreement to a contract between the member of staff and NHS Ayrshire and Arran, it is vital that this is accurately recorded and documented. Current plans to introduce the Allocate system as a recording system are being progressed but at present either Allocate or the existing paper-based job plans will serve to record this agreement.

Team Service plans are not contractual agreements but are an integral part of the job planning process and equally should be recorded accurately and definitively and held in an accessible location for all members of the team. It is recommended that the agreed plan is stored within MS teams in a channel accessible to all or another agreed location with equivalent levels of accessibility.

8. Objective(s):

As part of the job planning process, the clinical manager and the substantive consultant or SAS doctor should normally agree at least one personal objective for the coming financial year. The objective(s) should be SMART (Specific; Measurable; Assignable; Realistic; Time-related) and considered against the Corporate Objective(s) and the Team Service Template. It should be recognised that not all objective(s) will be stretch goals and that in some years a maintenance objective is entirely satisfactory. The following table is a guide for describing objective(s) as part of the job planning process:

1. Description of the objective
2. What are you trying to achieve?
3. How will you know your objective has been achieved?
4. Does this relate to a Corporate or Team objective(s)?

It is good practice for the substantive consultant or SAS doctor to review the progress against the objective(s) with the clinical manager half way through the financial year and raise any concerns about completion including resourcing issues.

9. Pay Progression

It will be the normal expectation that pay progression will be awarded to the clinician provided the requirements of the relevant consultant, SD, AS or GP contract have been met. These may include;

- Met the time and service commitments in his/her job plan; or

- Met the personal objectives in his/her job plan – where this is not achieved for reasons beyond the individual consultant's control – having made every reasonable effort to do so; or
- Participated satisfactorily in annual appraisal, job planning and objective setting; or
- Worked towards any changes agreed as being necessary to support achievement of the organisation's service objectives in the last job plan review; or
- Met required standards of conduct governing the relationship between private practice and NHS commitments.

10. Resolving Disagreements – Mediation and Appeal

There may be occasions where, despite best efforts, agreement cannot be reached on the job plan. In these circumstances a referral to the next level of medical management should be made for mediation including a record of the area of disagreement. This should be made by the medical manager conducting the job planning.

At each stage, the review of the area of disagreement must be carried out by a medical manager who has had no prior involvement in the job plan. Best efforts of all parties will be used to seek to get resolution at as early as stage as possible.

To ensure the time available at each stage of mediation is used as productively as possible, while there is no requirement, it would be helpful if each party to the mediation provide the reasons why they have been unable to reach agreement. This should be submitted one week prior to the mediation meeting date, wherever possible.

The clinician has the right to be accompanied at any stage of the job planning process by either a work colleague or accredited trade union representative. With the prior agreement of the parties additional representatives may be invited to the mediation meeting.

At each stage of the mediation process it may be helpful for the full reasons for position reached to be provided to the respective parties.

<u>Mediation</u>

<u>Stage 1</u> (mediator would be an independent AMD or agreed deputy)

Referral to this stage will be within 2 weeks of exhausting the efforts to agree the job plan. Arrangements for the meeting should be made within 3 weeks of receipt of the mediation referral and held no later than 7 weeks from the date of notification. The

medical manager who conducted the job plan review, and the clinician would be present at this meeting. Human resources may be present if the clinician agrees. The written outcome of the mediation will normally be provided within 2 weeks of the meeting.

Stage 2 (mediator would be the Medical Director or agreed Deputy)

Following receipt of the outcome of Stage 1, if there continues to be disagreement with the proposed job plan, it would be normal practice for the stage 1 mediator to contact both parties to confirm if there continues to be no agreement and thereafter will refer this matter to this final stage of mediation. This request for mediation should be submitted after 2 weeks have passed since receipt of the outcome of Stage 1 and no later than 4 weeks.

Arrangements for the meeting should be made within 3 weeks of receipt of the mediation referral and held no later than 7 weeks from the date of notification. The medical manager who conducted the job plan review, and the clinician would be present at this meeting. Human resources may also be present if the clinician agrees. The written outcome will normally be provided within 2 weeks.

This is the final stage of mediation. Continued disagreement would progress to the formal Appeal Process.

Formal Appeal (appeal would be to the Chief Executive)

Following receipt of the outcome of Stage 2, if there continues to be disagreement with the proposed job plan, it would be normal practice for the stage 2 mediator to contact both parties to confirm if there continues to be no agreement and thereafter will refer this matter to formal appeal.

This referral should be submitted after 4 weeks have passed since the receipt of the outcome of stage 2 and no later than 5 weeks. An appeal panel comprising the undernoted will be convened within 6 weeks of the request.

Panel composition:

- Chair – Chief Executive or nominated deputy
- One member nominated by the clinician
- One member from the appeal panel list as agreed by the JLNC - member must be agreed with the panel chair and the clinician/representative. If required expert external expert advice may be sought.

The Appeal will be conducted in accordance with the arrangements laid out in the relevant consultant/SAS terms and conditions of service. The outcome of the appeal is the final stage