NHS
Sheffield Health and Social Care
NHS Foundation Trust

Policy:

HR 054 Job Planning (including electronic recording)

Executive Director Lead	People Director
Policy Owner	HR Business Partner
Policy Author	HR Business Partner

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Summary of policy

This policy sets out the main requirements and process for agreeing the job plans of senior medical staff

Target audience	Senior Medical Staff, Service Managers and Human Resources

Keywords	Job Plan /Programmed Activities

Storage & Version Control

This is version 2 of this policy and should replace any copies of version1. It is stored and available through the SHSC intranet/internet.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	01/2022	NA
2.0	Approval and issue	07/2023	Minor amendments made during consultation with MWPG/JLNC and BMA. Added that all doctors need to refer to the declaration policy regarding private practice working. Added reference numbering in section 7.
3.0	Review / approve / issue	MM/YYYY	NA
41	Review on expiry of policy	MM/YYYY	NA
5.0	Review / approval / issue	MM/YYYY	NA

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1 Introduction

The national consultant contract was introduced in 2003 and included a requirement to undertake a formal job planning process This concept was subsequently extended to other senior medical staff. The process has been in operation within the Trust since the national agreement was concluded and its local implementation has been agreed by the Joint Local Negotiating Committee.

2 Scope

This policy applies to senior medical staff in the grades of Consultant, SAS doctors (ie doctors who are designated as Specialty, Specialist or Associate Specialist), GPs with Extended Roles (GPswER) and Clinical Academics on honorary contracts. (The policy principally applies to Consultants and SAS doctors and will be adapted to GPs with Extended Roles as specified or as otherwise agreed to be appropriate .)

3 Purpose

The purpose of this policy is to help support and standardise the job planning process which, in itself, is designed to help plan and deliver high quality care that is safe efficient, responsive and innovative. The process is also designed to enable agreement on the appropriate time and resources needed by medical staff for the provision of high-quality care.

4 Definitions

The list of definitions is set out in Appendix 3. These definitions are taken from the national terms and conditions of service.

5 Summary of the policy

Effective job planning is based on a partnership approach and the job plan should be drawn up and agreed between the clinician and their clinical manager. Extensive and detailed joint guidance has been issued by NHS Employers and the British Medical Association which is referenced in Section 13 below. This policy will highlight the key elements involved, as well as any local applications as agreed by the Trust's Joint Local Negotiating Committee. It also has reference to the implementation and monitoring of e-job planning within the Trust.

6 Duties

The Executive Medical Director is the accountable officer responsible to the Trust Board for the implementing and monitoring of job planning and for leading the regular associated workforce group considerations within the Medical Workforce Planning Group.

Associate Medical Directors, Clinical Directors and the designated Lead Clinicians for GPswERs (defined as Medical Managers) are responsible for ensuring that agreed job plans are completed for their areas of responsibility and that they are current and reviewed each year.

All participants are responsible for engaging with the job planning process and ensuring that the information that they are required to provide is accurate and up to date.

They are also responsible for ensuring effective liaison with any other organisations for whom they work (e.g. University or GP Practice) to ensure that the job plan is consistent with their commitments to the Trust.

7 Procedure

Standards for Job Planning

Every senior clinician should have a current job plan which is reviewed and agreed at least once a year.

Every senior clinician should have their job plan reviewed and agreed prior to commencing a new role or undertaking a significant change to their role.

Job plans are to be entered, managed, and maintained on the Trust's electronic system.

Each job plan should cover all the areas specified within the national terms and conditions.

Job plans must be signed off on the electronic system by all required signatories within two weeks of the Job Plan being reviewed and agreement reached.

If the agreed job plan cannot be fulfilled for any reason or needs to be amended in response to changing circumstances, then there is a responsibility on the parties to raise any issues as soon as reasonably practicable in order that the concerns can be considered and addressed as soon as possible.

7.1 Participants

Job Planning is carried out by the senior clinician involved and their medical manager. With the agreement of both participants, another party may be involved (such as the Service Manager) where it is jointly identified that their participation would be of benefit. For clinical academics, the University should be represented.

It may also be appropriate to have team job planning (see section below).

7.2 Areas to be covered

These include

- Direct Clinical Care (DCC)
- Supporting Professional Activities (SPA)
- Additional NHS Responsibilities
- External Duties
- On Call Duties
- Objectives
- Supporting Resources

Each activity must specify the precise nature of the activity and the time and place where it is to be undertaken.

7.3 Programmed Activities (PAs)

Activities will be divided into Programmed Activities which are blocks of time of four hours duration (1 PA) or two hours duration (0.5 PA).

By agreement, PAs or fractions of PAs can be aggregated over periods of greater than a week to establish an average weekly PA allocation based on a longer reference period such as with annual hours calculations.

Where the activity is variable then a prospective agreement should be reached on the overall number of PAs required over an agreed reference period and then allocated accordingly in the Job Plan. Provision should be made to review this allocation at

agreed intervals in order to ensure that it is valid. If necessary, a monitoring exercise should be undertaken to demonstrate the appropriateness of the assessment.

The scheduling of the PAs should accord with the provisions in the national terms and conditions of service relating to the timing of non-emergency work e.g. for consultants this relates to taking place between 7 am and 7 pm Monday-Friday and for SAS doctors the relevant hours are between 7 am and 9pm. Any work outside these periods for the doctors concerned should either be emergency / on call work or only occur with the express agreement of the doctor.

A full-time commitment is 10 PAs per week. The distribution within the Trust for all senior medical staff will typically follow the breakdown set out below with the addition of clearly defined SPA time for clinical leadership activities:

Consultants:	7 DCCs and 3 SPAs
Specialist Drs:	7 DCCs and 3 SPAs
Associate Specialists:	7 DCCs and 3 SPAs
Specialty Doctors:	8 DCCs and 2 SPAs

The above breakdown provides enhanced recognition (beyond the national guidance) of the time which is to be devoted to additional responsibilities such as medical management or educational roles. Such variations should be set out in the Job Plan. (See separate section below on management, leadership and educational roles and activities)

Part-time doctors would (depending on the extent of their commitment) need to have more than proportionate SPA time in order to meet their continuing professional development needs. The agreed amount will be set out in the Job Plan.

GPs with Extended Roles will have their own specific arrangements as set out in their contract which in turn will be consistent with their part-time role and funding as well as other commissioning requirements. The allocation for GPswER will also reflect the extent to which their CPD needs are being met by virtue of their work as GPs outside the context of the Trust.

7.4 Direct Clinical Care and Supporting Professional Activities

In most situations it will be clear which responsibilities are to be categorised as Direct Clinical Care and which as Supporting Professional Activities and the definitions are given in Appendix 3. It should be noted that both multidisciplinary meetings and administration directly related to patient care are part of DCCs. SPAs include not only continuing professional development but also other activities such as training, teaching, audit, job planning, appraisal and additional NHS responsibilities (see below).

7.5 Additional Programmed Activities (APAs)

Where because of service needs (including additional roles and responsibilities) the activities cannot be undertaken within the established weekly commitment, then APAs can be agreed. For full-timers this will mean working beyond their 10 PA entitlement while for part-time staff it will be beyond their contractual commitment.

There is no requirement on a doctor to agree to work APAs and any agreement to do so should include the expected duration of the commitment and the period for review. Such APAs are intended to be temporary and will not change the established contractual commitment. Either party can withdraw from this separate additional commitment by giving written notice. The amount of notice should reflect the length of the anticipated arrangement and advice should be sought from Human Resources. As

a guide, commitment expected to last a year or more should require notice periods of three months. The underlying principle should be to minimise disruption to the service and to the individual so that when ending the arrangement, any transitional issues can be avoided as far as possible.

If it is felt to be appropriate then, after advice from HR, the APA element can be set out in a separate contract.

It is important that the agreement of APAs should not involve any breach of the Working Time Regulations or the Trust's Policy on Working Time.

Where APAs are agreed then they will be remunerated in accordance with the national terms and conditions of service.

The JLNC has agreed a list which sets out the amount of Programmed Activity which has been deemed appropriate for a number of specified roles. This list should be taken into account during job planning. It is accessible by contacting the Medical Compliance Officer.

7.6 Additional NHS Responsibilities

These responsibilities will be specified by the Medical Director in accordance with service needs and discussed with the relevant medical managers and the Medical Workforce Planning Group. The roles will be made available to all appropriate senior clinicians (as defined by the job description/ person specification) and an agreed process for appointment will be agreed. An appropriate PA allocation will be identified and set out in the Job Plan. In cases where an urgent appointment is required then the Medical Director will consult with the Medical Staff Committee Chair to agree an interim arrangement (e.g. temporary cover) pending the application of the appointment process.

7.7 Medical Management, Leadership and Educational Roles / Activities

The Trust recognises the significance of management and educational roles and activities to the successful operation of its services. It has agreed locally therefore to the following arrangements

All doctors should have articulated leadership of management activity within their Job Plan which should be reflected within their appraisal documentation. The 3 SPAs for Consultants and Specialist/AS doctors is designed to reflect the inclusion of specified leadership, management and educational responsibilities. These should be defined and included in the Job Plan with relevant evidence submitted as part of the appraisal process. They will be subject to annual review.

Doctors in such roles should ensure that they have undertaken the relevant leadership/management training (ideally including membership of FMLM-full title needed) and complete reflection in appraisal. The allocation will include any relevant training /CPD for that role.

Examples include responsibilities for postgraduate and undergraduate teaching, quality improvement, service development or the leadership of key committees such as the MSC/JLNC. This list is not exhaustive and will be responsive to changing development and service needs.

For Specialty doctors the expectation is that appropriate involvement in such leadership activities will be undertaken within their allocated SPA time.

Any Consultant or SAS doctor may apply for specific additional planned roles which may require an allocation of additional SPA time. This will be subject to an overall maximum of 12 PAs unless agreed otherwise by the Medical Director. (Alternatively, it may be agreed that the work will be in lieu of DCCs and specific arrangements will need to be agreed to ensure that there is an appropriate balance of responsibilities.) Such additional roles will be time-limited with the maximum specified at the outset. This will generally be three years and no greater than five.

All such roles will require to be considered at appraisal for scope of practice, evidence of activity in role and the undertaking of relevant CPD. If more than 2PAs are allocated to the role then it will also be the subject of formal performance review by the Trust.

Doctors may also seek to have reflected in their Job Plan time allocated to specific courses such as a leadership course or CESR The allocation will be subject to a maximum of 1 PA and be time limited and subject to review.

7.8 External Duties

External duties generally encompass work for other NHS organisations at regional or national level. The agreement of external duties within the Job Plan will require the prior approval of the relevant Medical Manager or, if it involves a Medical Manager, the Medical Director. The Medical Staffing team will keep a record of all such work to ensure consistency and transparency and an anonymised record will be available for consideration by the Medical Workforce Planning Group on a periodic basis as determined by the MWPG.

Doctors may undertake External Duties outside the Job Plan without pay. However, such work must not conflict with their responsibilities and be consistent with the relevant Trust policies on declarations of interest, working time and private practice.

Undertaking clinical work at another Trust on behalf of SHSC is not an external duty and should be classed as a DCC. In such instances there may be a need to involve other parties in the discussion in order to ensure compatibility with the external provider and/or other SHSC departments dealing with contracting and finance.

7.9 Private Practice/Fee Paying Work

Every doctor must familiarise themselves with and abide by the Code of Conduct on Private Practice. This includes ensuring that such work is recorded in the Job Plan even if it is not to occur within the time allocated for NHS work. If the work is to commence before a Job Plan meeting is scheduled, then the doctor must inform their medical manager before undertaking such work to ensure that there is no incompatibility with their NHS responsibilities.

Such work can only be undertaken within normal NHS time with the express approval of the Medical Director and such approval will only be considered if there is no disruption to NHS provision and time-shifting is both practicable and desirable. This arrangement must be recorded in the Job Plan

Should there be any breach by the doctor of their responsibilities relating to private practice (under this policy or otherwise) then there will be an investigation and the doctor could therefore I be liable to disciplinary action including dismissal. All doctors are advised to refer to the declaration policy.

Fee paying work is defined in Appendix 3. It differs from private practice in that it may be linked to the clinician 's role but not part of their SHSC responsibilities such as undertaking reports for judicial or insurance processes. They also differ in that there is more scope for such work to be undertaken in the clinician's own time or during their leave.

Similar commitments apply to fee paying work in terms of declaring any such activities as part of job planning. This is important for transparency but also to enable a better understanding of how such work may or may not be accommodated within the Job Plan. Depending on the situation it may be clear that the work is minimal and will not affect NHS duties or that it can be undertaken on the basis of remitting the fee or by specifying time-shifting in the Job Plan. Whatever the arrangement arrived at, it should be recorded in the Job Plan and reviewed at least annually. As with private practice, breach of these responsibilities may result in an investigation which could lead to disciplinary action including dismissal.

The Medical Staffing team will keep a record of all such work to ensure consistency and transparency and an anonymised record will be available for consideration by the Medical Workforce Planning Group on a periodic basis as determined by the MWPG.

If the extent of the private practice and/or fee-paying work is anticipated to increase, then the doctor must inform their medical manager as soon as reasonably practicable and at least two months in advance so the position can be re-assessed. If the work is urgent then preliminary approval may be sought from the Medical Director for a limited period.

If the need for NHS work changes, then the Trust reserves the right to withdraw approval of private practice or fee-paying work. This should be undertaken at an interim Job Plan meeting. If agreement is to be withdrawn, then the amount of notice will be reasonable according to the circumstances and take account of the impact both on the doctor and the private or fee paying work which would otherwise have been undertaken.

7.10 On Call

All consultants will be required to participate in the on-call rota unless there is an exemption agreed within the Job Plan. Such exemptions would only be agreed in exceptional circumstances (e.g. a clinically-diagnosed health reason or special domestic circumstances which prevented the doctor from being available for a period of time). The exemption would need to be recorded in the Job Plan together with the reason for exemption. A review period should also be specified which may vary according to the circumstances but should be at least annually.

As with External Duties (see above), the MWPG may review the numbers and reasons for exemption. However, this will be on an anonymised basis and not contain details of any health or domestic reason without the explicit agreement of the individual concerned.

The Job Plan will set out any on call commitment. Where this is scheduled to take place during standard hours as a regular commitment then it should be treated the same as other programmed activities. (e.g., a morning post-take round following an on-call night.) Where it is part of emergency cover outside normal hours then there should be a prospective assessment of the extent to which a return to work would be required as part of the on-call duties and the assessment should be included in the Job Plan. This assessment would then be subject to review in the same way as for variable commitments. (See section above on Programmed Activities.) When reviewing such prospective assessments, account should be taken of the implications for the health

and safety of the doctor in accordance with working time legislation and the Trust's Working Time policy.

On call will also attract an On-Call Availability Supplement in accordance with the national terms and conditions. By local agreement, consultants and SAS doctors who agree to undertake to cover on the junior doctor rota will be entitled to additional payment as set out by the Joint Local Negotiating Committee.

7.11 Team Job Planning

In some situations, it may be appropriate to undertake job planning on a team basis. This could, for example, create opportunities to dovetail differing skills and/or availability to variations in the nature or timing of workload. There may consequently be more scope for flexible or annualised working. This could apply to particular elements of the Job Plan rather than the whole Job Plan. Such an arrangement would require careful facilitation in order to ensure that all the appropriate parties were involved, and all the necessary information was considered. Once the team requirements were agreed, individuals would still be required to have their own Job Plan. It would inform individual Job Plans, therefore, rather than replace them

7.12 Objectives

The Job Plan should set out the objectives it is intended to achieve. These include the personal objectives of the doctor as well as organisational objectives which should reflect the scope to enhance patient care at the various appropriate levels (NHS, Trust, Directorate, team, individual) on a clinical, academic and/or multi-disciplinary basis.

They could embrace improvements to clinical outcomes and standards by means of new ways of working or the introduction of new treatments or methods of service delivery or other aspects of clinical excellence. Careful consideration, however, will need to be given as to how these are to be identified and measured (e.g., SMART) and consistently and coherently applied across individuals. Objectives set in terms of output and outcome measures must be reasonable. While objectives should not be contractually-binding, the doctor should make all reasonable efforts to achieve them.

The objectives can also reflect personal goals in terms of professional development and the stage of their career.

As job planning is a continuing process, subsequent job plan meetings should commence with a review of the objectives agreed previously in order to inform the objectives for the coming year and explore any difficulties which may have arisen in achieving the objectives. However, this should not prevent timely consideration of issues from taking place or objectives being revisited during the year-with the job plan being modified accordingly at an interim job plan meeting.

It is possible for objectives to carry-over from year to year to enable longer-term goals to be achieved or because of unforeseen circumstances. If, nevertheless, the same objectives are being repeated, then it may indicate that they need to be re-assessed.

7.13 Supporting Resources

Consideration needs to be given to the nature and extent of the resources which are needed to support the undertaking of the Job Plan commitments. These could be related to the availability of time, other staff and/or equipment. Any such additional

resource may not be immediately accessible and so the participants should consider an action plan as to how to proceed on an interim basis and timescales for reviewing progress.

An aspect of support could also be the nature and extent of training/CPD/Study leave available and, as appropriate, this should also be considered as part of the Job Plan. Alternatively, it may be agreed that these are matters best explored as part of the appraisal process and the Responsible Officer's advice should be sought.

7.14 Mediation and Appeals

Every effort should be made by the participants to seek agreement on the Job Plan. If this does not prove possible then either participant may refer the issue to mediation in the first instance and, if still unresolved, to appeal. The respective processes are set out in the national terms and conditions of service or if these do not apply then equivalent local arrangements will be agreed. These should be referred to at an early stage to ensure the stipulated timescales are met. Human Resources should be contacted for advice.

7.15 Other Issues

It may be that in the course of the Job Planning meeting, other issues arise which are not appropriate for the meeting and may prevent progress. The participants should consider either adjourning the meeting to obtain further information or advice, or arranging for the issues be considered at a different meeting including other participants as necessary.

7.16 Arrangements for Consultant Cover

It is not anticipated that a Job Plan review would normally be required where a senior clinician such as a consultant or SAS clinician is asked to provide cover for an absent colleague. These clinicians are contractually required to provide cover so far as is practicable.

For short periods of absence, normal operational processes should be sufficient without the need for particular measures to be considered. However, it is possible that a doctor may be asked to move teams and/or location.

Where it is anticipated that a consultant will be absent for a period of two weeks or more, then the medical managers will organise a team meeting in order to discuss and agree how best to organise the duties which require to be covered (recognising that not all the duties may require to be covered at this point). Account needs to be taken, when agreeing the allocation, of the potential impact on the health and well-being of those providing the cover and on the implications for supervision. (In some instances, the medical manager may need to allocate duties immediately because of clinical need but this should be followed up with a team meeting as soon as possible.)

Once the allocation of duties has been agreed, the medical manager should assess the extent to which an APA would be appropriate depending on the number of clinicians providing the cover and the extent of the additional duties/responsibilities involved. As the circumstances will vary depending on the situation, it is not possible to prescribe an exact amount. The medical managers should, however, jointly discuss what is reasonable and record their decision in order to help with transparency and consistency.

Where a SAS clinician is asked to provide cover for a consultant then there will be a need to consider the level of expertise required and the scope for development. Where a SAS clinician provides cover there will be a need to also assess the appropriateness of an acting-up payment. Or a locum consultant appointment The medical managers should include this within their consideration set out above.

If the cover continues for more than two weeks, there should be a review of the additional workload and the potential impact on health and wellbeing. If the absence is for health reasons, then information should also be sought regarding the likelihood of a full or partial return to work of the absent consultant. (This is only in terms of the timing of return as confidentiality needs to be maintained on the health reasons for the absence.)

Where a prolonged absence of a month or more looks likely then the viability of any interim cover needs to be re-assessed and alternative arrangements need to be considered. (In situations where a locum appointment is required then it is the Trust and not the individual who is responsible for the engagement of the locum.)

7.17 Appraisal and Revalidation

Appraisal and revalidation are a separate and distinct process from job planning. They do, however, interrelate and the personal development plans arising from appraisal can inform the job plan objectives.

7.18 Job Planning Preparation

The job planning process will be co-ordinated across the Trust and timescales will be identified to the participants. A summary of the key preparatory steps is set out below.

7.19 **Medical Managers :**

- Communication of NHS/Trust/Directorate /Team objectives relevant to job planning.
- Communication and agreement of required clinical commitments for relevant services.
- Communication of anticipated service developments or changes (both local and national)
- Arranging team job planning meeting where relevant to discuss and agree workload distribution within clinical team.
- Review and agree local contractual flexibilities.
- Identify service development priorities.
- Review relevant data where applicable including quantity and quality targets for the directorate/service and performance against them.
- Identify any local or national clinical audit/governance issues.
- Review available resources and funding.
- Review and identify educational and supervision requirements.
- Identify any changes in practices and/or services of other directorates or of other providers.
- Identify any change in the requirements of the local health community or commissioners.
- Understand planned initiatives within directorate and the Trust.
- Identify any changes in services being required/offered or changes in skill mix and numbers of staff within service/directorate.
- Identification and scheduling of job plan review meeting at an appropriate time and venue for a sufficient duration (recommendation of up to two hours allocated time).

7.20 Clinicians

- Meet with supervisor/local service manager to discuss commitments and anticipated clinical workload and changes.
- List and scheduling of clinical, leadership and management responsibilities and commitments for the Trust.
- List & provide time commitment for agreed/proposed activities for other organisations or private practice/fee paying activities
- List & provide time commitment for agreed/proposed additional activities e.g., research.
- List resources required and available to fulfil commitments and responsibilities for the Trust.
- List personal development objectives as agreed in the clinician's medical appraisal.
- Diary of activity if appropriate
- Identify any clinical audit/governance issues
- Identify any barriers or challenges to service delivery or improvement.

7.21 Electronic Sign -Off and Record Keeping

The Job Plan process will involve the use of electronic systems to ensure that a record of the agreement is maintained and available as required.

The Medical Directorate will provide guidance and support to medical staff with using the electronic system.

The electronic system will also be used to help monitor the implementation of this policy as determined by the Medical Workforce Working Group.

8 Development, Consultation and Approval

This policy was drafted by Human Resources and Medical Staffing in conjunction with members of the Medical Workforce Planning Group and the Joint Local Negotiating Committee. It is based on national agreements and guidance as supplemented by local agreements and policies.

9 Audit, Monitoring and Review

Monitoring will be on an ongoing basis pending any amendments which may occur due to revised legislation or release of good practice guidance information from relevant organisations, e.g. ACAS. Overall, People Directorate policies are subject to joint monitoring and review between management and Staff Side at the Joint Policy Group (a sub-group of the Joint Consultative Forum).

Monitoring Compliance Template

Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
The prevalence of current and complete agreed Job Plans	Review, audit including use of electronic data.	Medical Workforce Planning Group and Joint Local Negotiating Committee	. Annual	Medical Workforce Planning Group and Joint Local Negotiating Committee	Medical Workforce Planning Group and Joint Local Negotiating Committee	Medical Workforce Planning Group and Joint Local Negotiating Committee.

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. In its first year of implementation this policy will be reviewed after 12 months.

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be replaced on the Intranet and SHSC website.	Director of Corporate Governance	Within 5 working days of ratification	August 2023
A communication will be issued to all staff via Connect.	Director of Corporate Governance		August 2023

11 Dissemination, Storage and Archiving (Control)

. This policy is available on the Trust's intranet and available to all staff.

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The HR department will be responsible for archiving and version control..

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	September 2022	September 2022	September 2022	
2.0	August 2023	August 2023	August 2023	
3				
4				

12 Training and Other Resource Implications

This policy will be disseminated to the Medical Workforce Planning Group and the relevant subgroup will identify and implement the training required and consult with other appropriate teams

13 Links to Other Policies, Standards (Associated Documents)

Medical Appraisal Policy Guide to consultant job planning – July 2011

JLNC Agreed Remuneration Rates for Established Roles

https://www.nhsemployers.org/sites/default/files/2021-11/Guide_to_consultant_job_planning%20July2011.pdf

Guide to job planning – SAS doctors
https://www.nhsemployers.org/articles/sas-2008-job-planning-guidance

Guidance on the employment of medical and dental consultants
https://www.nhsemployers.org/articles/guidance-employment-medical-and-dental-consultants

Schedule 9 of the Terms and Conditions for Consultants (England) 2003, the Code of Conduct for Private Practice and BMA guidelines.

14 Contact Details

Title	***Name***	***Phone***	***Email***
HR Business Partner	Maria Jessop	50764	Maria.jessop@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Maria Jessop/Date:24th July 2023	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**No**	**Yes by more effective matching of work commitments to individual circumstances**	**Yes by multi-disciplinary interaction when considering work commitments**
Disability	**No**	**As above**	**As above**
Gender Reassignment	**No**	**As above**	**As above**
Pregnancy and Maternity	**No**	**As above**	**As above**
Race	**No**	**As above**	**As above**

Religion or Belief	**No**	**As above**	**As above**
Sex	**No**	**As above**	**As above**
Sexual Orientation	**No**	**As above**	**As above**
Marriage or Civil Partnership	**No**		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Maria Jessop, July 2023

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	✓
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓

Appendix 3 – Job Planning Definitions

Contractual and Consequential Services: the work that a doctor carries out by virtue of the duties and responsibilities set out in his or her Job Plan and any work reasonably incidental or consequential to those duties. These services may include:
• Direct Clinical Care
• Supporting Professional Activities
• Additional NHS Responsibilities
• External Duties.

Direct Clinical Care: work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes).

Supporting Professional Activities: activities that underpin Direct Clinical Care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.

Additional NHS Responsibilities: special responsibilities – not undertaken in the employing organisation – which are agreed between a doctor and the employing organisation, and which cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. These include being a Medical Director, Director of Public Health, Clinical Director or lead clinician, or acting as a Caldicott guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list.

External Duties: duties not included in any of the three foregoing definitions and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the Job Plan by agreement between the doctor and employing organisation. These might include trade union duties, undertaking inspections for the Commission for Health Improvement (or its successor body), acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive.

Emergency Work: Predictable emergency work: this is emergency work that takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds). This should be programmed into the working week as scheduled Programmed Activity.

Unpredictable emergency work arising from on-call duties: this is work done whilst on- call and associated directly with the doctor's on-call duties (except in so far as it takes place during a time for scheduled Programmed Activities), e.g. recall to hospital to operate on an emergency basis.

For the purposes of Schedule 3, paragraph 6, non-emergency work shall be regarded as including the regular, programmed work of doctors/consultants whose specialty by its nature involves dealing routinely with emergency cases, e.g. A&E consultants.

Fee Paying Services: any paid professional services, other than those falling within the definition of Private Professional Services, which a doctor carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions.

Private Professional Services (also referred to as "private practice"): such services as include:

• the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under section 65(2) of the National Health Service Act 1977), excluding fee paying services as described in Schedule 10 of the terms and conditions

• work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", e.g. Members of the hospital staff).

Professional and Study Leave: professional leave or study leave in relation to professional work including:

• study, usually but not exclusively or necessarily on a course or programme
• research
• teaching
• examining or taking examinations
• visiting clinics and attending professional conferences
• participation in training.

Programmed Activity: a scheduled period, nominally equivalent to four hours, during which a doctor undertakes Contractual and Consequential Services.

Premium Time: any time that falls outside the period 07:00 to 19:00 Monday to Friday, and any time on a Saturday or Sunday, or public holiday (For SAS doctors the weekday period is 07.00 to 21.00)

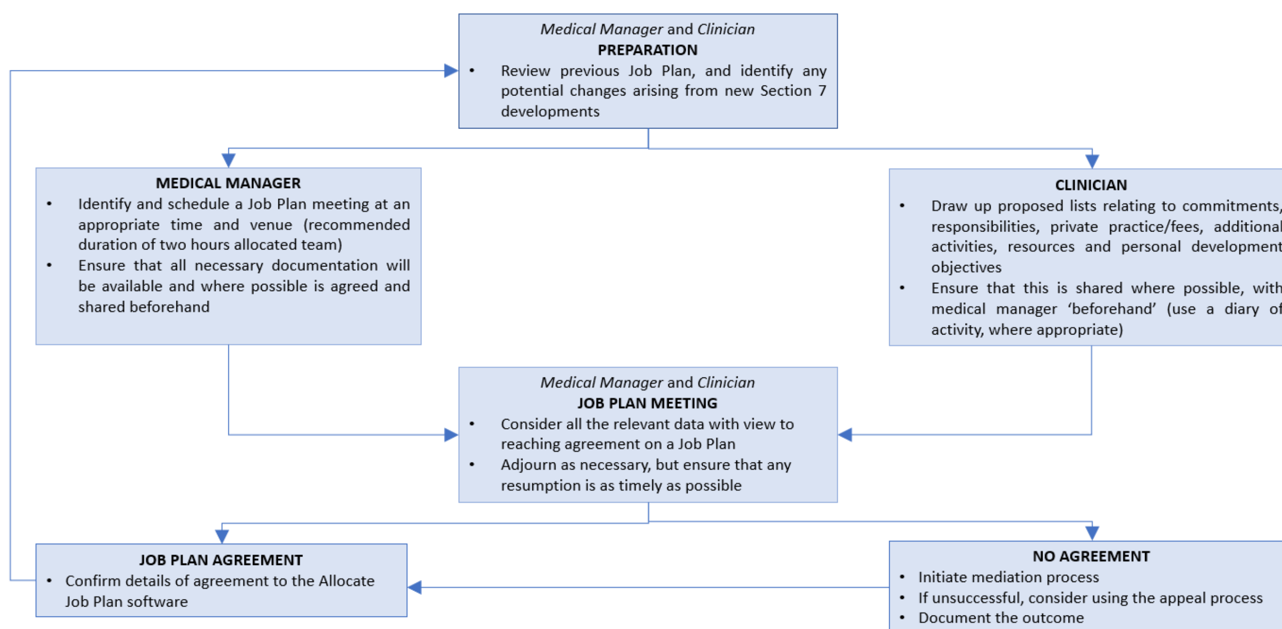
APA/EPA s – Additional or Extra Programmed Activities: A doctor working full time will work 10 PAs or sessions per week and is not obliged to agree to a contract containing a greater number of PAs or sessions.

An employer may offer APAs or EPAs in addition to the contracted number of PAs or sessions. This is to reflect spare professional capacity, agreed, regular additional duties or activities not contained within your standard contract. They can be used, for example, to recognise an unusually high routine workload, or to recognise additional responsibilities.

Supporting Resources - Resources required to support the deliver of the job plan – these may include:

- Workspace
- Clinical team
- Administrative support
- Learning Opportunities

Appendix 4 – Flowchart



NOTES

- Seek guidance from your Medical Manager/Medical Directorate/HR if not clear on process
- If Team-Based Job Planning is to be used then ensure that this element is planned well in advance of meeting and agree modifications in the process to take it into account
- It can be agreed that there should be an additional person at the meeting if that would help resolve any queries or issues.