The job plan review process

Introduction

The job plan review process culminates in a job plan meeting, but the process itself may last from one year to the next. The guide below outlines the different pathways and information that make up the process. It is important to get the process correct as this will maximise the opportunity to agree an effective job plan at the meeting.

As discussed earlier in the handbook, there are strong links between appraisal and job planning and these should be kept in mind when reading this section.

This guide does not stand alone but should be read in conjunction with:

• Consultant job planning - standards of best practice - issued by DH
• Terms and conditions of service for consultants
• Guidance notes for the employment of clinical academics, the honorary consultant contract and the consultant clinical academic substantive contract suggested clauses

These can be found in the Reference manual

Preparatory activity for the organisation

It is clear that job plan reviews will no longer be a brief conversation between the consultant and their clinical manager about their weekly timetable, and that the overall process is likely to be complex and will need careful management. There are a number of issues organisations need to consider prior to commencing the job plan review process.

• When should job plan reviews be undertaken?
• How is the job planning process linked to the Local Delivery Plan process?
• What information is required and who should collect it?
• How is job planning linked to appraisal?

Who is involved?

A wide range of people may be involved in the job planning process. They will vary, depending on whether the consultant is undertaking an individual or team job plan. For clinical academic staff both NHS and university representatives should be present.

The people most often involved are:

• Consultant / clinical academic / honorary consultant
• Clinical manager
• Directorate or other general manager
• Chief executive
• Clinical academic managers – head of department / dean

Consultant / clinical academic / honorary consultant: consultants can go through the process individually or as a member of a team. However, although team job planning can be very effective in producing a team job plan, each consultant will need his or her own personal objectives and personal schedule.

Clinical manager: this can be a lead clinician, a clinical director or the medical director. Remember that two clinical managers may be involved if the appraiser and job planner are different people.

Directorate or other general manager: early experience across a number of Trusts has shown that the involvement of general managers in the job planning process is vital. These managers have provided information on service changes, resource implications and links between corporate and directorate objectives.
The job plan should be a prospective agreement setting out duties, responsibilities, objectives and supporting resources for the coming year. It should cover all aspects of the consultant’s professional practice, including clinical work, teaching, education, research and budgetary and managerial responsibilities.

The main items to be included in a job plan are:
- the consultant’s main duties and responsibilities
- scheduling of commitments
- personal objectives, including any continuing medical education and training, and their relationship with wider service objectives
- the support needed in fulfilling the job plan.

The job plan review must occur annually. The similarity of the information required for the job plan review and for appraisal is such that the timing and inter-relatedness of these two events should be considered. This subject is covered in some depth elsewhere in this handbook.

The purpose of the job plan review is to:
- consider progress against agreed objectives
- consider what has affected the job plan
- agree any changes to duties and responsibilities
- agree a plan for achieving personal objectives
- review the need for additional programmed activities
- review the relationship with other paid work
- agree the support needed from the organisation
- establish and record eligibility for pay progression.

Chief executive: the job plan is agreed between the employer and the consultant. The detailed discussions, however, take place between the consultant and their clinical manager. The chief executive has to ensure that all consultants have an agreed job plan. Furthermore, following the job plan review the chief executive, informed by the medical director’s recommendation, decides whether the NHS consultant has met the criteria for achieving pay progression.

There is a modified approach for clinical academic staff. The job planning process is essentially similar to that of NHS consultants, except that the university (substantive) employer is part of the job planning process and the recommendation on pay progression is a joint one involving the substantive and honorary employer. The final decision on pay progression is taken by the substantive employer, normally the dean or his/her nominee.

What is involved?
Prior to the job plan meeting, the two most important activities are collection of information and reflection. When considering the information requirements, the purpose of the job plan has to be borne in mind.

The purpose of the job plan is to:
- prioritise work better and reduce excessive workload
- agree how a consultant or a team can most effectively support the wider objectives of the service and meet the needs of patients
- agree how the NHS employer can best support a consultant in delivering these responsibilities
- provide the consultant with evidence for appraisal and revalidation
- lead to compliance with working time regulations
- agree the appropriate number of PAs for the prospectively agreed commitment.
Supporting information

With the above as the rationale for job planning and review, and whilst remembering that one of the essential attributes is that it should be based on a partnership approach; the next process to consider is collecting the information. The consultant and the clinical manager will almost certainly collect different information and it is good practice to share this prior to the job planning meeting. The information requirements will vary from Trust to Trust and directorate to directorate. Trusts and directorates may use a proforma for this exercise. Examples of the type of information that might be collected are given below. A example of a template for collecting the actual workload information is provided in Appendix 4.

By the consultant:
- the previous year’s job plan
- workload – actual and best for highest quality
- clinical audit/governance issues
- commitments – internal and external
- ideas for improving the service
- thoughts on blockages to effecting change
- personal development plan from appraisal.

By the clinical manager:
- quantity and quality targets for the directorate and performance against them previously
- clinical audit/governance issues
- changes in services being required or offered
- knowledge of resource base for directorate
  - changes in skill mix and numbers of staff
  - fixtures, fittings and services available
- understanding of planned initiatives within directorate and trust.

As well as reviewing these items the clinical manager should review the makeup of the department. They should:
- Consider the needs of both old and 2003 contract holders
- Review how any locally agreed contract flexibilities are working for 2003 contract holders
- Review the impact of external commitments on the work patterns within the department
- Ensure an understanding of how the service offered meets the service required.

Both the consultant and clinical manager have to be aware of the effects of other initiatives. These can be internal or external and their impact will vary significantly between consultants.

Internal and external factors could include:
- changes in practices and/or services of other directorates or of other providers
- national clinical audit/governance issues
- change in requirements of local health community
- alteration of tertiary centre referral requirements
- requirements of doctors in training
- changes in medical school curriculum.

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