Conclusion
The fact that one of the criteria for pay progression is that consultants should have met the personal objectives in the job plan, (or where this is not achieved for reasons beyond the consultant’s control, made every reasonable effort to do so) should suggest that consultants would do their best to meet those objectives set and agreed. Therefore, if the wrong objectives are set, the organisation may be prevented from playing its full role in healthcare improvement. By adopting the above approach, and setting sensible, challenging but attainable objectives, clinical managers should increase the likelihood that they will have a positive effect on consultant motivation, their relationship with consultants and their own credibility.

Top tips & possible pitfalls
One of the Best Practice Development Trusts, Hampshire Partnership NHS Trust, focused on the development of objectives within the job plan review process. It became clear early on that the development of meaningful objectives takes considerable time and consultation and that a process needs to exist within an organisation to assist clinicians with this matter.

The following section provides some of the learning points from the work done by the Trust.

Top tips
- Developing real and meaningful objectives is not easy or quick but improves with practice
- There should be no surprises – make sure the consultant knows about significant service challenges or changes which will impact on their objectives before the meeting
- A template is useful - give consultants examples of suitable objectives in advance – some samples are available in Appendix 7
- The consultant should develop draft objectives before the meeting, having consulted with rest of their team

Agree how to review progress on objectives throughout the year – don’t leave this until the next job plan review. Telephone or email contact may be useful where the consultant and clinical manager don’t meet regularly

- Involve general managers in the objective setting process – either by meeting with consultants beforehand, or participating in part of the job planning meeting. This is an opportunity for the consultant to hold the manager to account for support requirements identified and to explore what changes need to occur in other staff roles

- Objectives should reflect the full range of the consultant’s roles e.g. clinical quality and activity, supervision, teaching and training, research, service development, personal and professional development

- Consider staged objectives over a period of years where the overall objective can’t be achieved in one year. For example, where there is significant service reconfiguration

- Consultant and team objectives need to be linked. Where a number of staff need to contribute to a service development or change, clarify the consultant’s contribution, and decide how involvement of others is going to be assured.

Possible pitfalls
- Don’t use objective setting to deal with concerns about conduct or performance that haven’t already been identified
- Avoid too many objectives
- Don’t have the same objectives each year – they should change to reflect progress and service changes and challenges
- Don’t set objectives that are all achievable without any change on the part of consultant – they should be an impetus to do things differently
- Don’t set objectives without considering the provision of adequate supporting resources
- Be realistic about the pace of change that is possible – whilst being challenging, don’t expect too much too soon.