



A UK guide to  
job planning for  
specialty doctors  
and associate  
specialists

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# Foreword

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As senior hospital clinicians, staff grade, associate specialists and specialty (SAS) doctors and dentists are fundamental in delivering quality and safety in medical care for patients. Working as part of a coordinated team in the NHS is more important than ever. NHS organisations have to meet demands for high-quality care at the same time as managing changes in health systems and delivering significant efficiency savings. Tackling any one of these individually would require a major effort; to do so simultaneously will need SAS doctors and their managers to work together collaboratively and innovatively.

Broadly speaking, a job plan should be a prospective agreement that sets out a doctor's duties, responsibilities and objectives (known as 'outcomes' in Wales) for the coming year. In most cases, it will build upon the doctor's existing NHS commitments. The act of job planning should be a systematic activity designed to produce clarity of expectation for the employer and doctor about the use of time and resources to meet individual service objectives.

The SAS doctor job plan is at the heart of the 2008 Specialty Doctor and Associate Specialist Contract. The challenges currently facing the NHS underline the importance of job planning for SAS doctors as a means of organising resources effectively and efficiently in a way which brings mutual benefits to organisations, patients and doctors in the planning and delivery of high-quality patient care.

That is why we have put together this new job planning guidance based on principles that we believe can be used to provide the framework for a collaborative approach, which enables SAS doctors and clinical managers to meet their shared responsibility for providing the best possible patient care. This guidance is closely based on *A guide to consultant job planning*,<sup>1</sup> the consultant job planning guidance for England, produced jointly between the British Medical Association (BMA)<sup>2</sup> and the NHS Employers<sup>3</sup> organisation.<sup>4</sup> We are very grateful to members of the NHS Employers working group and to members of the Consultants Committee of the BMA for their work in developing the original guidance. In general, the SAS job planning process should mirror that used for consultants.

Whilst this guidance is directly applicable to doctors who are on the 2008 SAS Doctors Terms and Conditions of Service, the principles of job planning and appraisal are equally applicable to all those who have chosen to remain on the pre-2008 SAS contracts.

It should be noted that throughout this document the terms 'SAS doctor' and 'doctor' are intended to include dentists within the SAS grades as well.

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1 [http://www.nhsemployers.org/Aboutus/Publications/Documents/Guide\\_to\\_consultant\\_job\\_planning.pdf](http://www.nhsemployers.org/Aboutus/Publications/Documents/Guide_to_consultant_job_planning.pdf)  
2 [www.bma.org.uk](http://www.bma.org.uk)  
3 [www.nhsemployers.org](http://www.nhsemployers.org)  
4 [www.nhsemployers.org/JobToolkit](http://www.nhsemployers.org/JobToolkit)

This guidance for SAS doctors is applicable in England, Wales, Scotland and Northern Ireland. Any variations in national terminology will be noted once, and should then be assumed as appropriate. This guidance should be read in conjunction with the 2008 National Terms and Conditions of Service for Specialty Doctors and Associate Specialists.<sup>5</sup>

SAS doctors in Wales should read this in conjunction with Welsh Assembly Government's *Staff grades and associate specialists group (SAS) Wales good practice guide*.<sup>6</sup>

SAS Doctors in Northern Ireland should read this in conjunction with guidance from the Department of Health, Social Services and Public Safety.<sup>7</sup>

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<sup>5</sup> <http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/StaffAndAssociateSpecialistDrs/Pages/Keydocuments1.aspx>

<sup>6</sup> [www.wales.nhs.uk/sites3/Documents/433/GPG%20Final.rtf](http://www.wales.nhs.uk/sites3/Documents/433/GPG%20Final.rtf)

<sup>7</sup> [www.dhsspsni.gov.uk/sas-job-planning-guidance.pdf](http://www.dhsspsni.gov.uk/sas-job-planning-guidance.pdf)

# Defining an SAS doctor

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The SAS grade includes associate specialists, specialty doctors, staff grades, clinical assistants, general medical practitioners, general dental practitioners and hospital practitioners. Many of those in the SAS grades work as some of the most senior doctors in the NHS and the job planning process should support them in doing that.

SAS doctors provide experienced, specialist care, often within a multi-disciplinary team. This includes management of complex cases and spending time and effort reflecting on and reviewing patient care activities so that quality and safety improve continuously.

SAS doctors are also involved in teaching, training, researching and developing local services as appropriate to their skills and experience. Associate specialists and senior specialty doctors will “have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility and will also take a broader role in the organisation through other activities such as teaching and audit.”<sup>8</sup> It is expected, therefore, that senior SAS doctors will be provided with the opportunity to engage in independent practice.

The NHS depends on SAS doctors to be involved in providing a high level of care within the organisations they work in, and the NHS generally.

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<sup>8</sup> BMA (2007) *Your contract – your decision: summary of the proposed new contracts for SAS group doctors*, page 5.

# Executive summary

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Job planning should be undertaken in a spirit of partnership and balance the needs of patients, the employer and the wider NHS with those of the individual doctors. Within this context, it is expected that all parties will participate openly in the process and actively consider alternative ways of working, so as to enable service improvements to be introduced.

This guidance has been prepared jointly by the BMA, NHS Employers and representatives from each UK administration. It reflects a shared understanding of the key principles which should characterise a collaborative approach to the job planning process. The guidance is applicable in all four UK nations.

Job planning should be:

- undertaken in a spirit of collaboration and cooperation
- mutually agreed and not imposed
- completed in good time with at least annual review
- reflective of the professionalism of being a doctor
- agreed taking account of the career development and aspirations of the doctor
- focused on maintaining high-quality care
- transparent, fair and honest
- agreed taking into account the individual doctor's area(s) of expertise
- agreed with adequate provision for any activities mandated by regulating agencies
- responsive to appraisal discussion.

Job planning should not be carried out in isolation. It should form part of a dynamic, patient-focused process which incorporates organisational, team and individual objectives and, in the case of SAS doctors who are clinical academics, always undertaken jointly with the university employer. Where a SAS doctor is employed by more than one organisation, the work commitments of each individual employer should be taken into consideration to develop two separate and mutually exclusive job plans. Alternatively, in exceptional circumstances, there could be a lead employer arrangement where the lead employer carries out the job plan review, which is agreed with the doctor and with the second employer.

The guidance highlights the benefits of effective preparation for both NHS employers and SAS doctors. It covers objective setting, gathering all the supporting resources which may be required, and some of the current contractual provisions relevant to component parts of the job plan.

# 1. Introduction and key recommendations

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- 1.1 Within the continuously changing landscape of healthcare, the aim of achieving improvements in quality and outcomes for patients is a necessity for doctors.
- 1.2 SAS doctors and NHS employers have a joint responsibility to work closely together to provide the best possible care within the resources available to them. The SAS doctor's job plan is a key mechanism through which this shared responsibility can be agreed, monitored and delivered.
- 1.3 A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the SAS doctor and the support and resources provided by the employer for the coming year. However, in order to drive measurable and sustainable improvements in quality, an effective job plan needs to be more than a high-level timetable which sets out in general terms the range of a SAS doctor's activity. It is vital that it articulates the relationship between the organisation and the SAS doctor and the desired impact on patient care. The key to this is the use of SMART objectives (see Section 3).
- 1.4 The job planning process should align the objectives of the NHS, the organisation, clinical teams (and, in the case of clinical academics, their higher education institution) and individuals, in order to allow SAS doctors and the wider NHS team to plan and deliver safe, responsive, efficient and high-quality care. At the same time, the job plan should provide opportunities to develop both personally and professionally (including applicable opportunities for independent working) to help drive quality improvement in line with the present and future needs of patients.
- 1.5 Revalidation requires that SAS doctors demonstrate that they remain fit to practise, bringing a renewed focus on professional development and demonstrating improved outcomes for patients.
- 1.6 All SAS doctors work as part of a team of doctors, whether this is to provide emergency cover as part of a rota or, as is increasingly seen, working as part of a multi-professional doctors' team sharing the day-to-day responsibility for patients with consultants and other colleagues. A team-based approach to service delivery, where these responsibilities are shared by all the doctors, is being increasingly used to deliver more efficient and effective healthcare. Matching workforce availability to activity will bring greater efficiencies and quality to patient care, as well as a better work-life balance for SAS doctors.

- 1.7 Effective job planning is a prospective process, which covers the full range of doctors' professional duties and has strong mutual benefits for both doctors and NHS organisations.

In general, the job plan will determine:

- what work the SAS doctor does for the NHS organisation and, in the case of clinical academic SAS doctors, what work they also do for the university
- when that work is done
- where it is done.

For doctors, the process:

- clarifies the commitments that are expected of them and the resources and other support that they can expect from their employer to help meet these commitments
- enables them to prioritise work and manage workloads
- enables flexible working where appropriate and agreed
- supports, as appropriate, continuing professional development and acquisition of development of skills
- provides evidence of current practice that could form part of the evidence for General Medical Council (GMC) revalidation
- identifies what flexibility there is around the working relationships, commitments and interactions, if any, that the SAS doctor may have outside their primary role for the employer
- should ensure compliance with the Working Time Regulations.

For NHS organisations, the process:

- ensures the most effective use of resources
- ensures compliance with the Working Time Regulations
- provides transparency as to how doctors' work supports the employing organisation
- ensures appropriate time and resources are allocated to support clinical governance, quality improvements, audit, teaching, education and research.

- 1.8 Employers should agree an explicit job planning procedure with the local negotiating committee (LNC), or equivalent local negotiating structure for doctors where no LNC exists, which will as a minimum include the provisions of the national terms and conditions for SAS doctors to clarify any local arrangements.
- 1.9 While software can be helpful in collating information relevant to job planning, it is no substitute for proper preparation and direct engagement in job planning by both parties.



## 2. The job plan in context and the link with appraisal

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- 2.1 Although SAS doctors have been asked to agree job plans with their employers since 1991, job planning only really became a central part of SAS doctors' working lives with the agreement of the 2008 associate specialist and specialty doctors' contracts and terms and conditions of service. This made explicit the link between job planning and a successful relationship between the SAS doctors and their employer(s).

*"Job plans should recognise the time needed to meet the development requirements agreed through the appraisal process".<sup>9</sup>*

- 2.2 Job plans should be agreed on an annual basis as a minimum, but it should always be remembered that SAS doctors or their clinical managers may call for an interim review at any time. This is particularly important at a time of considerable and often quite fluid organisational change, but is also important where unexpected changes occur, such as the absence of a colleague for a prolonged period or due to proposed service reconfiguration.
- 2.3 Workload diaries are an important tool in job planning because they represent the best available evidence of the doctor's normal working pattern and the allocation of sufficient time to each aspect of the working week. It is important for SAS doctors to complete workload diaries reflecting their working pattern, to be used to inform the job planning discussion. Where there is persistent disruption of sleep whilst on call, this period should be dealt with in accordance with local policy for diary/job planning purposes and should be subject to appropriate compensatory rest in accordance with Working Time Regulation requirements.
- 2.4 Job planning is not just about agreeing a weekly timetable: it should also be used to improve the working lives of SAS doctors and patient care, utilising the SAS doctor's skills and interests. Some employers are looking at new IT tools, some at annualisation, and others at team or departmental job planning, amongst other initiatives. All these have the potential to improve the process and should be explored, but the best way to ensure sound job planning is to focus on individual and organisational objectives.
- 2.5 Objectives, used properly, can help SAS doctors and their clinical managers work together to lead improvements to the service, for example through innovation and development of new ways of working, or audit and improvement of existing ways of working.

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<sup>9</sup> NHS Employers (2008) *Employing and supporting specialty doctors, a guide to good practice*, page 19.

- 2.6 Although objectives should be discussed and agreed at the job plan meeting, the appraisal process is an important source for agreeing and monitoring personal development objectives and a helpful source of information for the job planning process. Making sure that job plans reflect organisational and personal development objectives is a good way of making sure that the necessary supporting resources have been allocated. For this reason, it is important that the appraiser has a discussion with the clinical manager prior to the job planning meeting to provide any evidence from the appraisal process that may be of use in the job planning meeting. This information should be shared in an open and transparent manner with the individual SAS doctor at the same time. For clinical academics, it is important that the university appraiser/line manager is also involved in this process. Like the appraisal process, job planning should be the subject of continuing dialogue and discussion throughout the year in the spirit of the 'no surprises' approach which underpins effective appraisal.

## 3. From objectives to the job plan

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- 3.1 When the SAS contracts were introduced in 2008, the BMA, NHS Employers and each national government published several pieces of guidance explaining different aspects of the contract alongside the terms and conditions of service and the model contract.
10. *The Job plan will include appropriate and identified personal objectives that have been agreed between the doctor and his or her clinical manager and will set out the relationship between these personal objectives and local service objectives. Where a doctor works for more than one NHS (HSC in Northern Ireland) employer, the lead employer will take account of any objectives agreed with other employers.*
  11. *The nature of a doctor's personal objectives will depend in part on his or her specialty, but they may include outcomes relating to:*
    - *quality*
    - *activity and efficiency*
    - *clinical outcomes*
    - *local service objectives*
    - *management of resources, including efficient use of NHS resources*
    - *service development*
    - *multi-disciplinary team working*
    - *continuing professional development and continuing medical education.*
  12. *Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.*
  13. *The objectives will set out a mutual understanding of what the doctor will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation. They will:*
    - *be based on past experience and on reasonable expectations of what might be achievable over the next period*
    - *reflect different, developing phases in the doctor's career*
    - *be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the doctor's control, which will be considered at the job plan review.<sup>10</sup>*

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<sup>10</sup> Excerpt from the Terms and Conditions of Service for Specialty Doctors and Associate Specialists (England) paragraphs 10–13, schedule 4.

- 3.2 Objectives should be set for the activities the SAS doctors have in their job plan. This can be explicit – in a stated objective – or implicit in the agreed job schedule and agreed programmed activities (PAs, sessions in Wales) delivered. They should set out a mutual understanding of what the SAS doctor will be seeking to achieve over the year (often informed by the appraisal process) and how this will contribute to the objectives of the employing organisation. As objectives will generally be set out for the coming year, it will normally only be necessary to review objectives at the annual job plan review, but these may also be reconsidered at any interim review if practical and sensible (for example, if the interim review has been called to account for a change in the service which will affect potential achievement of objectives).
- 3.3 Clear objectives provide focus for SAS doctors and managers as well as helping with both service provision and quality improvements. Objectives may be ‘hard’ (relating to quantifiable achievements) or ‘soft’ (where they may be more descriptive about how someone goes about their job).
- 3.4 The process should follow the SMART formula:
- **S**pecific
  - **M**easurable
  - **A**chievable and agreed
  - **R**ealistic
  - **T**imed and tracked.
- Applying this method to objective setting will make the agreed objectives’ purpose clear, and agreement on each aspect should avoid problems arising later.
- 3.5 Objectives should cover all relevant aspects of a SAS doctor’s role; direct clinical care (DCC), supporting professional activities (SPAs), academic sessions, additional responsibilities and external duties, as well as including personal development and those which are more professionally oriented, and additional programmed activities (APAs, additional sessions in Wales) where appropriate. All objectives need to be clear in the way that they define the individual SAS doctor’s specific and personal objectives. It is only through personalising objectives that meaningful progress can be made and measured.
- 3.6 More general contractual requirements, such as the need to retain professional registration, participation in mandatory training or adherence to the employer’s policies and procedures, do not necessarily need to be included as separate objectives as they are the expectations of being an employee and are covered by employment law and guidance. In some employing organisations there may be some benefits in having mandatory training and other general requirements under one objective to ensure that it is reviewed at job planning and receives necessary additional focus.
- 3.7 Clinical managers share the responsibility for making the process work as intended. The clinical director or lead clinician may have a role in setting and agreeing the objectives of all the SAS doctors in the directorate/specialty, and should guide and direct the SAS doctors in pursuing their objectives and career progression.

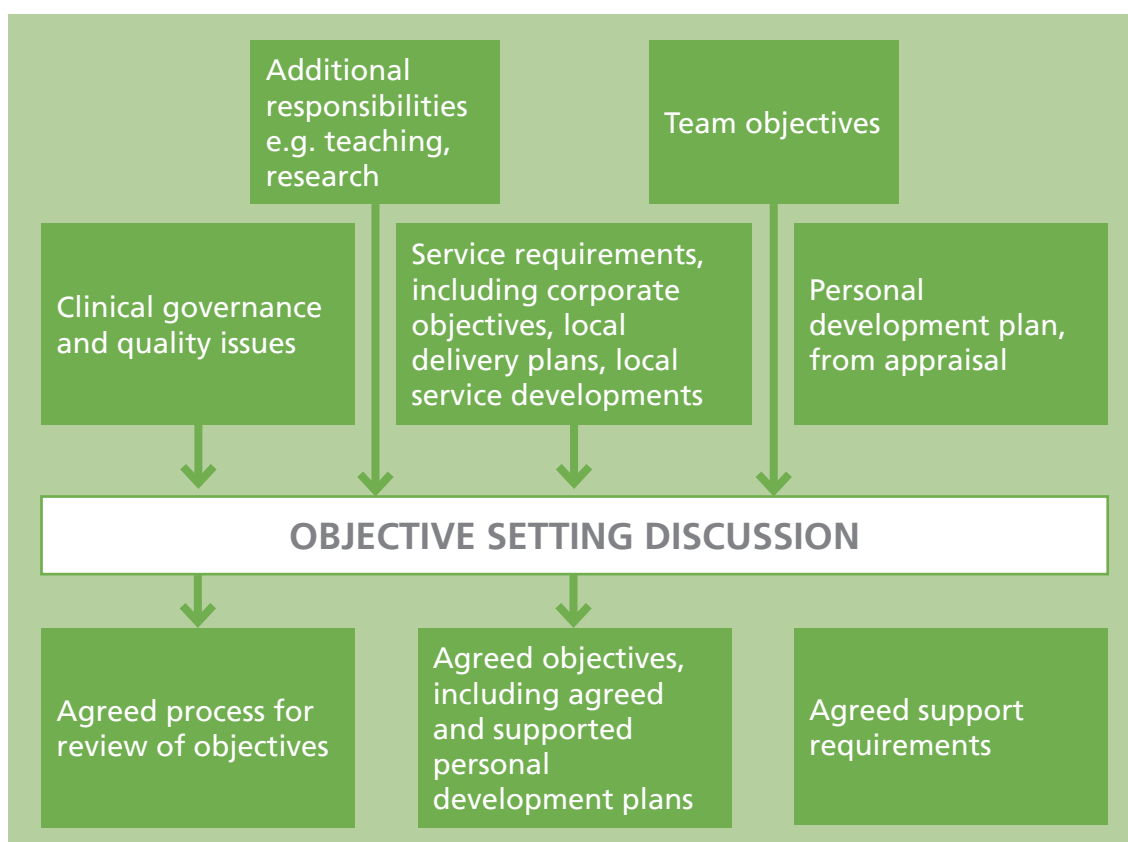
- 3.8 In most instances, this is initially best achieved through the team meeting and looking at the team's objectives for all. Where possible, individual SAS doctors' objectives should therefore link to the team objectives and individual job plans should be considered collectively to see how they fit together and work as a whole towards meeting the needs of patients.

The clinical manager's aims should be to:

- enhance the quality and efficiency of patient care
  - remove unnecessary duplication of effort amongst the SAS doctors and wider medical team
  - achieve comprehensive coverage of the non-clinical work needing to be done. Examples would be the contribution of the SAS doctors to deliver the education and training of junior doctors and other staff (where applicable) and involvement in quality improvement processes
  - assure that responsibility for this work is shared and does not rest with one individual SAS doctor or consultant
  - provide the supporting resources needed for this work
  - regularly monitor progress.
- 3.9 Effective job planning will require the clinical manager to have an overview of objectives, seek the views of individual SAS doctors and their consultant colleagues and achieve a consensus. It is helpful for SAS grade doctors to be given the opportunity to take up clinical management posts, where the individual has the appropriate skills and interests to do so.
- 3.10 Objectives must be appropriate, clearly identified and agreed. All SAS doctors should take part in the objective setting process and must make reasonable efforts to achieve the agreed objectives. This is not only a general expectation in the contract but is laid out in two of the criteria for pay progression:
- *made every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review*
  - *met the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so.*<sup>11</sup>
- 3.11 The following diagram gives a useful summary of the inputs and outputs that SAS doctors and managers should consider as part of an objective setting discussion for individuals and SAS doctors' teams:

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<sup>11</sup> Excerpt from Terms and Conditions of Service for Specialty Doctors and Associate Specialists, schedule 15, paragraph 4.



- 3.12 It is the norm for SAS doctors to achieve pay progression, but progression through the thresholds is not automatic. SAS doctors should not be penalised for failing to meet objectives for reasons beyond their control, i.e. any action or inaction on the part of the employer. However, both employers and SAS doctors have a responsibility to identify potential problems with achieving objectives as they emerge rather than waiting for an annual job plan review meeting.
- 3.13 The clinical director/medical director will have the responsibility of ensuring processes are in place to sign off the incremental progression assessment. Where one or more of the criteria are not achieved in any year, the clinical director/medical director, or designated person, will have the discretion to decide where appropriate, for instance, because of personal illness, that the doctor should nonetheless be regarded as having met the criteria for that year.

## 4. Supporting resources

- 4.1 The job plan review should identify and agree the resources that are necessary if the objectives are to be met. There is no point in agreeing objectives if they cannot be realistically achieved. The agreement of the job and objectives is also an agreement to provide the supporting resources to achieve these.
- 4.2 Not completing an objective may be because of a lack of necessary resources or the existence of organisational barriers to progress. If this happens, the SAS doctor should request an immediate job plan review with their clinical manager to discuss how such barriers could be overcome at the earliest possible opportunity, so that the agreed objectives can be achieved or new achievable objectives agreed. The clinical manager has a responsibility to meet to discuss this at their first available opportunity, and in any case within six weeks of the request.

### Example of supporting resources

(NB: this is not an exhaustive list)

| Resource               | Intended function   |
|------------------------|---|
| Workspace              | Should include office space with the necessary facilities and appropriate access to individualised and personalised workload and outcomes data (to facilitate compliance with revalidation requirements) where applicable |
| Medical staff team     | To carry out audits and provide governance support  |
| Secretarial/PA support | To ensure off-site remote access to servers and provide essential support for clinical work as the position demands   |
| Training opportunities | To provide adequate access in terms of time and funding and access to rooms intended for training purposes  |

# 5. The role of the team in job planning

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5.1 Job plans often flow naturally from organisation and team objectives and, in preparation for job planning, it is practical to consider the areas listed below. Where job planning discussion takes place on a team basis, each team member individually agrees to their own schedule of commitments, which recognises their personal career goals and must give express consent for team job planning.

In preparation for job planning the team (including SAS representatives) should consider the following:

- mapping the current healthcare environment and contracting environment (if appropriate), including expectations for the coming year and beyond
- reviewing the previous year and identifying what went well and where there might be scope for improvement across the service area, including audit results
- identifying the actions and resources needed to improve quality
- identifying clinicians specific concerns, in particular with respect to any changes in workload expectations, etc.
- reviewing areas of strength and weakness and methods to maximise the opportunities and minimise the possible threats
- identifying the priorities the organisation(s) and the team(s) want to deliver and the shared objectives which might influence job plans
- setting out what will be needed to meet clinical governance requirements, including education, training and research
- improving the use of data in providing evidence and setting objectives and the job plan. The BMA's SAS doctors job planning diary<sup>12</sup> can help to provide information on workload
- determine any known or likely significant demands on SAS doctors' time away from the department (for example, external duties such as college or trade union roles) and planning how to manage the impact on service delivery.

5.2 Organisations can take practical steps to ease the assimilation of job and business planning by understanding the links between the job planning and appraisal cycles and strengthening the link between personal development plans and business plans where appropriate. Induction programmes can provide an opportunity to emphasise the importance of the job planning process as a means of linking the aims and objectives of the service to individual activity. It should be noted, however, that job planning and appraisal are, and should remain, separate processes.

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<sup>12</sup> <http://bma.org.uk/practical-support-at-work/contracts/job-planning/job-plan-diaries>



- 5.3 Teams could also consider benchmarking their job planning process with those of others within the organisation, or even in different organisations, to secure consistency and benefit from good practice. Transparency of the outcome of job planning allows SAS doctors to have confidence in the process. For example, integrating preparation for individual job planning across teams in different specialties can lead to improved theatre use and reduce delays. Teams should reflect upon what they want to achieve over the year, their shared objectives and link the outcome to individual job plans.

## 6. Background information to consider

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- 6.1 The NHS is moving from a target driven approach to one which improves outcomes and quality of care for patients, with NHS organisations being asked to think critically about how they can continue to improve the quality of the care they provide and to do so more efficiently. It follows that job planning should also focus on outcomes and the patient experience. All data should be discussed and shared in good time.
- 6.2 The job plan diary has the potential to provide the most immediate piece of data on activities undertaken by SAS doctors, which can then be supplemented by other sources of information, for example patient outcome data linked to service level agreements. Focusing the job plan diary on the collective elements of the job plan (for example, DCC, SPAs) and how these have changed over time is likely to be more productive for job plan discussions than detailed accounts of timed activity.
- 6.3 The Department of Health and the devolved nations have issued guidance to help employers to compare the activity rates of doctors they employ with national benchmark data. Some of the data being used to assess the productivity of SAS doctors can be limited in scope, and can fail to measure quality of care or reflect the intricacies of patient care and how SAS doctors contribute to that care. For this reason, it is essential that both SAS doctors and managers are aware of how the data is collected and agree upon how it is interpreted to provide evidence of the individual SAS doctor's contribution and used to drive improvements in future. It may also be useful to consider where SAS doctors can contribute to developing and improving data used for these purposes.
- 6.4 To facilitate an informed discussion at the job planning meeting, those involved should bring all the relevant data needed to plan the activities for the coming year. For example, this could include:
  - a working time diary
  - appraisal and agreed personal objectives
  - any academic objectives
  - any data on individual performance over the past 12 months
  - information on activities undertaken in supporting professional activity (SPA) time, including:
    - audits
    - teaching
    - clinical management
    - continuing professional development (CPD)
    - administration

- research
- views on future objectives
- evidence to support any new resources required to meet the work and objectives within the contract.
- relevant specialty advice, for example, royal college and specialty association guidelines
- evidence of the benefits to the employer or local patients of external duties/ work for outside organisations.

# 7. The job planning process

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- 7.1 Employers should ensure that those involved in job planning receive appropriate training – not just on the contractual aspects, but also on the shared organisational aims, quality improvement and objective setting which underpin the whole job planning process. This will help to support consistency across teams and promote fairness to individuals. Training should be included in the objectives of clinical managers and other staff central to the job planning process. Employers should consider setting up a local review panel or quality assurance group to provide a forum to discuss key principles and to undertake benchmarking work. This function could be directly undertaken by the joint local negotiating committee (JLNC) or a sub-group of the JLNC set up to monitor this specifically. In all cases, a partnership approach should be taken.
- 7.2 It is clear that a new appointee is unlikely to be able to contribute significantly to the formulation of a job plan prior to their appointment and in such cases an indicative job plan should be provided as part of the recruitment pack. Wherever possible, this should be drawn up using advice from medical colleagues within the department (including the previous postholder, where possible) and the clinical manager. The indicative job plan should be reviewed within three months of appointment with the new postholder and again where necessary.
- 7.3 It is important that at the outset there is a common understanding of the purpose and scope of the job plan meeting. As suggested earlier, in many instances there may have been preparatory ‘team’ discussions of some elements of the timetable, for example, on-call, emergency cover, departmental SPA (for example, audit) and, unless specific circumstances dictate otherwise, it is inadvisable for this to be revisited on an individual basis. While the meeting can sometimes throw up other issues that are outside the scope of job planning (such as annual leave booking arrangements), these are best noted to be dealt with at another time as otherwise the meeting can be distracted from its core purpose.
- 7.4 At least an hour should be set aside for the meeting at a time when the parties are free of other commitments. Avoiding interruptions, such as pagers and mobile phones, as far as possible, is conducive to a productive meeting. The job planning meeting will take place between the individual SAS doctor and their clinical manager (who will often be the clinical director) or academic manager for clinical academics. All of those involved in the process should be clear about the level of sign-off required at each stage.
- 7.5 As objectives are at the heart of the SAS doctor’s job plan, it is best to start by reviewing the objectives from the previous job planning round (for new appointees this may not be possible). If any have not been achieved then the reasons for this should be explored in a non-critical fashion. If any change in overall direction of the SAS doctor’s job plan is anticipated, this should be discussed at this point. The next

step is to consider what objectives are appropriate for the following year.

It can be entirely appropriate for some of these to be identical to the previous year's objectives but, in general, to have a completely unchanged set suggests poorly chosen objectives.

- 7.6 Once the objectives are agreed, the resources required to achieve them should then be considered. These could, for example, include clinic or operating theatre time, support from other staff, SPA time or secretarial and IT support (further information is provided in section 4 of this guidance). This is an aspect of the job plan that may need to be revisited at an interim review if it appears that objectives may not be achieved because either agreed resources are not being provided or some resources are required that were not anticipated.
- 7.7 The SAS doctors and their manager(s) then need to review the agreed resources and any elements that have already been agreed through team discussions, so that they can be mapped to the timetable. This is an opportune point to consider whether there are advantages to the SAS doctors, the organisation or both in creating flexible working arrangements. There should also be consideration of whether any external duties will be undertaken and whether professional leave or time off for trade union duties will be required for these. Any private practice should be reviewed to ensure compliance with the code of conduct on private practice.<sup>13</sup>
- 7.8 What if there is a disagreement? The job plan is so central to the work of SAS doctors that it is worth taking the time to get it right. If an element of the job plan cannot be agreed, then it may be best to leave that issue for further discussion at another time. Both parties should consider if they can compromise, for example, where there is an activity that the SAS doctor wants to continue but there seems little room within the overall PA envelope for it: alternating this activity with another on a weekly basis may satisfy both parties. While there is an agreed process for mediation and appeal, it is best if the parties can arrive at an agreed job plan by themselves.
- 7.9 What is agreed at the job planning meeting should be put in writing but it should not be put into effect until this has been reviewed and signed off by all parties. There may be a need to discuss some aspects of the agreement with other parties before a revised job plan can take effect. There should be an agreement as to when the job plan will be reviewed and whether there is any specific data that may be required at that time. Once the job plan has been verbally agreed, both parties must complete formal sign off within a maximum of six weeks.

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<sup>13</sup> Department of Health (2004) *Code of conduct on private practice*:  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085197](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197)

Scottish Government (2007) *Code of conduct on private practice (Scotland) (appendix 8)*:  
[www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)11.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)11.pdf)

# 8. The job plan detail

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8.1 The job plan will outline the SAS doctor's commitments to the NHS and, for clinical academics and NHS SAS doctors with academic components to their job, to the university. It should include:

- a timetable of activities and details of all activities which are not completed at a set location or time
- a summary of the total number of PAs of each type in the timetable
- confirmation of the normal workbase
- on-call arrangements
- any arrangements for acting up/down
- a list of agreed SMART objectives
- a list of supporting resources necessary to achieve objectives
- a description of additional responsibilities to the wider NHS and profession (including external duties)
- any arrangements for additional PAs
- any details of regular private work
- any agreed arrangements for carrying out regular fee-paying services
- any special agreements or arrangements regarding the operation/interpretation of the job plan
- accountability arrangements
- any agreed flexible working activities.

## Job plan components

### The basic timetable

8.2 The full time commitment is for ten (PAs) of four hours each (which may be equated to three hours in premium time). These may be divided into any of the following categories as defined in the terms and conditions of service:

- direct clinical care
- supporting professional activities
- additional responsibilities
- external duties.

### Direct clinical care (DCC)

8.3 DCC is work that directly relates to the prevention, diagnosis or treatment of illness. 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
- patient-related administration linked to clinical work, i.e. directly related to the above (primarily, but not limited to, notes, letters and referrals).

### On-call duties

8.4 An SAS doctor's job plan should clearly set out their on-call commitments. Under the 2008 contract it is recognised in three ways:

- An availability supplement (see Box 1 below) based on the commitment to the rota. There is no prospective cover allowance here.
- PA allocation for predictable emergency work arising from on-call duties (ward rounds, administration etc) should also be prospectively built into timetables as DCC PAs. There is no limit on the amount of predictable on-call work that can be allocated to DCC PAs and prospective cover (providing this is compliant with the Working Time Regulations). If an SAS doctor covers colleagues' on-call duties when they are away on annual or study leave, this should be factored into the calculation.
- PA allocation for unpredictable emergency work done whilst on-call. This should usually be assessed retrospectively (using diary evidence) and included first within the allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Once again, prospective cover should be recognised here.

#### Box 1

|  |    |
|--|----|
| 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% |

- 8.5 Employers may also need to clarify the on-call arrangements for a SAS doctor working for two employers. Where a doctor participates in on-call rotas for different employers at different times, those employers should satisfy themselves that there are no governance or risk management issues which might affect performance in any subsequent activity, such as a late finish followed by an early start.
- 8.6 It might be the case that an SAS doctor is on two rotas of differing frequency with the same employer. In such cases, the availability supplement can be calculated by working out their overall contribution on an annual or equivalent basis. For example, a doctor working one rota with a frequency of one in ten and another rota with a frequency of one in four could be said to work an average of one in seven. Employers should only pay the appropriate on-call supplement for the period of time that doctors are contributing to the rota and not automatically for the whole year.
- 8.7 In the case of an SAS doctor working on an on-call rota which does not cover the whole week, it is advised that the availability supplement should be calculated by working out the overall contribution on an annual or equivalent basis. For example, if an SAS doctor works on-call every Saturday night (but at no other time during the week), this would be the equivalent of working 48 times in a year, or four times in a month, or a one in seven.

### **Providing cover**

- 8.8 According to the Terms and Conditions of Service, SAS doctors have a reasonable duty to provide cover on a short-term basis. Where this is undertaken outside of the SAS doctor's contracted hours, they will receive either an equivalent off duty period or remuneration. However, if the employer believes that cover is required for a longer period, it should be agreed with the SAS doctor and reflected in the job plan.
- 8.9 Prospective cover is not the same as providing cover on a short-term basis as described in the previous paragraph. Prospective cover is the circumstance in which an SAS doctor provides cover for colleagues' annual and study leave on the same rota. Prospective cover is a matter for local agreement and team job planning, although it is not a contractual requirement. If a prospective cover rota is agreed, there should be a suitable addition to their PA allocation to recognise any additional hours.
- 8.10 There are several different and valid ways of calculating prospective cover. Two examples of calculations are set out in Annex 1.

### **External duties and additional NHS responsibilities**

- 8.11 In addition to direct clinical care and supporting professional activities, SAS doctors often have extra responsibilities to undertake, such as being a clinical director or working from time to time for a royal college. Where the work is regular, it should be set out and scheduled. Where it is irregular, an allocation of PAs can be agreed or there could be a substitution for other activities.
- 8.12 It is a good approach to discuss potential commitment to external duties as part of the preliminary team discussion so that:
- the impact on service can be assessed and managed
  - any potential benefits to the organisation can be identified
  - there is fairness and transparency between team members at the outset.



8.13 The opportunities to contribute in this way arise during the course of a career and both the timing and relevance of the proposed external activity may be a subject for discussion within the team, on the understanding that individuals may wish to take up additional responsibilities at different stages in their careers. SAS doctors and employers should agree outcomes for this activity and arrangements for reporting back to the employer.

### **Additional NHS responsibilities**

8.14 These are special responsibilities, which are agreed between a SAS doctor and the employing organisation and which cannot be absorbed within the time that would be set aside for SPAs. Some examples include:

- rota coordinator
- medical director
- a director of public health
- clinical director or lead clinician
- acting as a Caldicott guardian
- clinical audit lead
- coding lead
- clinical governance lead
- undergraduate dean
- postgraduate dean
- clinical tutor
- regional education adviser.

### **External duties**

8.15 External duties are those duties 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 SAS doctor and employing organisation. Some examples of external duties include:

- local/regional/national trade union duties
- undertaking inspections for the Care Quality Commission and equivalents in the devolved nations
- 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
- specified work for the GMC.

- 8.16 It is accepted that undertaking external duties such as these brings benefit to the wider NHS, and SAS doctors have been actively encouraged to partake in such activities. However, employers and SAS doctors need to minimise the impact on the delivery of clinical services and the ability of SAS doctors to deliver their agreed job plan outcomes. In some cases, external bodies reimburse individuals or employers for such work. Even when this is the case, employers and SAS doctors need to consider any support costs and the potential effect on workload for the wider team. SAS doctors should not be paid twice for the same work.
- 8.17 Team-based job planning discussions (where applicable) and agreements between the SAS doctors and clinical manager should be used as a basis for the discussion. The level of flexibility needed to deliver both the employer's and external needs will also need to be considered.

### **Additional programmed activities**

- 8.18 A basic full-time contract is for ten PAs. Additional programmed activities may be offered on a fixed basis but, where possible, the employing organisation will offer them on a mutually agreed annualised basis. They can be used as a useful means for dealing with peaks of activity and other short-term pressures, but should be regarded as a temporary and short-term measure. In some cases, this may be a more effective solution than appointing extra staff.
- 8.19 Provision is made within the terms and conditions for two types of extra-contractual PAs (for practical purposes, these can be used interchangeably):
1. Additional PAs are referred to in the terms and conditions (In England, Scotland and Northern Ireland) as those that are linked to spare professional capacity. SAS doctors wishing to undertake private practice as defined in the TCS, and who wish to remain eligible for pay progression, are required to offer up the first portion of any spare professional capacity.

Where a SAS doctor intends to undertake such work, the employing organisation may, but is not obliged to, offer the SAS doctor the opportunity to carry out up to one extra PA per week on top of the standard commitment set out in their contract of employment. Schedule 7.2 of the terms and conditions sets out the provisions regarding putting offers to SAS doctors and the periods of notice required. There is flexibility to agree a fixed number of additional PAs to be undertaken as required over the course of the year and NHS organisations may find this provision particularly helpful in that arrangements can be tailored to reflect varying service needs. One approach, for example, is to assess on a departmental basis how many additional PAs are likely to be required during the course of a year to increase capacity temporarily, for example, for waiting list work; to cover clinics and lists; or to cover a vacancy. The employer can then contract for an agreed number of additional PAs with those SAS doctors willing to work them.

2. Additional PAs are not necessarily linked to spare professional capacity (this is always the position in Wales) but may be used to reflect regular, additional duties or activities (whether scheduled or unscheduled) that cannot be contained within a standard ten PA contract. They can be used, for example,

to recognise an unusually high routine workload, or to recognise additional responsibilities. In this context, “regular” is not intended to necessarily imply “at the same time each week or month”.

- 8.20 The terms and conditions provide flexibility for employers and SAS doctors to agree to contract for additional PAs for a variety of purposes, although an SAS doctor can not be compelled to agree to a contract containing more than ten PAs.
- 8.21 A part-time doctor may also contract for APAs on top of their normal working week. Up to ten programmed activities will be superannuable.
- 8.22 Although the APAs must appear in the job plan, they are contracted for separately, with a three month notice period on either side. This is subject to at least an annual review.

### **Supporting professional activities**

8.23 SPAs are activities that underpin DCC. They may include but are not limited to:

- audit
- continuing professional development
- local clinical governance activities
- training
- formal teaching
- appraisal
- job planning
- research.

- 8.24 Used effectively, SPAs will benefit the individual, the organisation and the wider NHS as SAS doctors take time to enhance skills, extend knowledge, work on quality improvement initiatives, undertake research and lead and develop others in pursuit of the common aim of improving the patient experience. The doctor should be able to demonstrate his learning from the above by reflection in their continuing professional development (CPD) diary and changes in their practice where appropriate. However, like any other resource, SPAs should be deployed to support the individual SAS doctor in achieving their own agreed objectives and those of the team and organisation in which they work.
- 8.25 The job planning process should develop a range of SPA activities for individuals linked to personal CPD requirements and the agreed needs of the team and the service.<sup>14</sup> Therefore, there may be variation in the number of SPAs, and in the range of activity, within individual job plans.
- 8.26 It is important that the time needed for revalidation is fully accounted for in SPA time. Time allocated for SPA activities should be individually agreed and will vary according to individual roles and responsibilities. CPD activities encompass

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<sup>14</sup> In Wales, good practice guidance recommends that full-time SAS doctors should be entitled to two SPAs. Doctors in Wales should consult the *Welsh good practice guidance* for further details at <http://www.wales.nhs.uk/sites3/Documents/433/GPG%20Final.rtf>.

clinical, personal, professional and academic activities. Additional SPA time should be linked to organisational objectives, such as research, clinical management or medical education roles.

- 8.27 There should be clarity on the core content and expectations around activity, such as audit, CPD, revalidation. There may be flexibility on timing and location of activity but this must be agreed between the employer and the SAS doctor in order to help service planning. It should be clear that time set aside for SPA activity should only be spent on those elements identified within the job plan and not on any other activity.

### **Administration**

- 8.28 Administration relating to individual patient care (letters to colleagues, notes etc) will fall into DCC activities. Other administration may be categorised as SPA time, additional responsibilities or external duties as appropriate.

### **Location**

- 8.29 The contract will state the principal place(s) of work and SAS doctors will generally be expected to undertake programmed activities at agreed locations. However, there is the facility to agree off-site working where appropriate. A rigid approach may not be feasible where, for example, office space or resources are limited. The focus should be on what outcomes are achieved rather than on where they are achieved.

### **Travelling time**

- 8.30 Travelling time to and from the usual place of work is not included. However, travel between sites and for on-call duties is included within the PA for which the travel is necessary. Travelling time for emergencies is also included. In allowing for travel time, employers and SAS doctors should clarify and agree what constitutes the normal place of work. Where sites are spread out and there is regular travel between them, employers should consider agreeing standard travel times applicable to all staff.

### **Lunch breaks**

- 8.31 A proper balance of work and rest is vital to maintain a healthy workforce. It is recommended that SAS doctors have adequate breaks from clinical work during the day. However, the nature of many SAS doctors' work means that it is rarely possible for them to absent themselves from the normal work place and have a total break. This necessary professional attitude to patient care means that during a day of clinical activity it is unlikely that many SAS doctors will be able to free themselves from potential interruption to take an unpaid lunch break. SAS doctors normally exercise their judgement in taking breaks flexibly, at times chosen to minimise disruption to patient care, and to promote the safety of patients.

### **Timing**

- 8.32 PAs may be planned in whole or half units. SAS doctors may elect to use smaller units, where appropriate, with agreement with their employer, to provide for greater flexibility. Attaching a timed value to PAs is intended to provide greater transparency. However, flexible arrangements can be agreed, such as averaging duties over a period of time to allow for variable childcare commitments. Annualisation can be useful for this. Such agreements should be documented in the job plan.

### Premium time

- 8.33 Any programmed activity undertaken outside of the hours 7am to 7pm, Monday to Friday, and all of Saturday and Sunday, and any statutory or public holiday, is regarded as taking place in 'premium time'. This means that a programmed activity at these times lasts only three hours instead of four hours. Alternatively, payment is made at time and a third of the basic rate.
- 8.34 For associate specialists, non-emergency work after 7pm and before 7am during weekdays, or at weekends and on bank holidays, will only be scheduled by mutual agreement between the associate specialist and his or her clinical manager. Associate specialists will have the right to refuse non-emergency work at such times. Should they do so there will be no detriment in relation to pay progression or any other matter.<sup>15</sup> Non-emergency work for these purposes includes the regular, programmed work of associate specialists whose specialty, by its nature, involves dealing routinely with emergency cases, for example, A&E. Teams should discuss with their managers how to cover non-emergency work in premium time as part of the objective-setting discussions in advance of the job planning meeting.

### Private practice

- 8.35 The Code of Conduct on Private Practice, and their equivalents in the devolved nations, established the principle that the provision of services for private patients should not prejudice the interests of NHS patients or disrupt NHS services. Other than in an emergency, NHS commitments should take priority over private work.
- 8.36 The job plan should include details of any private work carried out. SAS doctors should identify any regular private commitments and provide information on the planned location, timing and the broad type of work done to ease effective planning of NHS work and any out-of-hours cover.
- 8.37 The code also states that effective job planning should minimise the potential for conflicts of interest between different commitments. Employers and SAS doctors should be clear about the implications of not delivering the job plan because of the impact of private practice.
- 8.38 Employers and SAS doctors should recognise that the nature of NHS work may vary and at times impact upon private commitments, which may have to change as a result. Any change should take place after a reasonable period to allow SAS doctors to rearrange sessions and fulfil binding or contractual commitments that they may have. The job plan should recognise the potential for SAS doctors to be called in for sudden, unexpected events, if they are available. Successful integration of private work and NHS commitments will depend on both parties having all the information available on the full range of activity.
- 8.39 Except where immediate care is justified on clinical grounds, SAS doctors should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor should 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.

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<sup>15</sup> Terms and Conditions of Service for Associate Specialists, schedule 4, paragraph 7: Non-emergency work after 7pm and before 7am during weekdays or weekends will only be scheduled by mutual agreement between the associate specialist and his or her clinical manager. Associate specialists will have the right to refuse non-emergency work at such times.

- 8.40 Employers, SAS doctors and other NHS staff should be clear about the need to take out professional indemnity for private practice and fee paying work. Employers are not responsible for a healthcare professional's private practice, even in an NHS hospital. However, where junior medical staff, nurses or members of professions supplementary to medicine are involved in the care of private patients in NHS hospitals, they would normally be doing so as part of their NHS contract, and would therefore be covered. It remains advisable that health professionals who might be involved in work outside the scope of their NHS employment should have professional liability cover.
- 8.41 Fee-paying services are by definition not undertaken for the employing NHS body and are therefore not covered by NHS indemnity. Unless the work is carried out on behalf of the employing NHS body, professional liability cover would be needed.

### **Fee-paying services**

- 8.42 There is a basic principle within the contract that SAS doctors should not be paid twice for the same work and that any extra-contractual work should not conflict with or only cause minimal disruption to NHS duties. However, an SAS doctor and their employer can agree for fee-paying work to continue with the SAS doctor retaining the fee if:
- the work causes minimal disruption to NHS work
  - the work is undertaken in the SAS doctor's own time (for example, on leave or out of NHS hours or by 'time-shifting', where this is appropriate, i.e. without cancelling or curtailing clinics).
- 8.43 It may be that the employer and the local negotiating committee (LNC) can agree a protocol for how fee-paying work will be treated within the employing organisation. Many services depend upon a flexible approach being adopted in this area by both sides, and this is ultimately in the best interests of patients and the wider NHS. It is essential that SAS doctors ensure that there is no conflict between such work and their NHS work. Flexibility in job planning is the best way to achieve this.

# 9. Flexible working arrangements

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- 9.1 Many SAS doctors will work all or part of their job flexibly. Good job planning is essential to the success of flexible working. Diary evidence is likely to be required at job plan reviews. This could occur in the following situations:
- variable on-call commitments
  - PAs which are not worked at a particular time in a job plan timetable
  - SAS doctors who have 'term time working' arrangements.
- 9.2 Any flexible working arrangements must reflect the professional nature of the SAS doctor's contract and SAS doctors' continuing responsibility for care as described in the GMC's Good Medical Practice.<sup>16</sup> At the same time, employers should clarify a SAS doctor's responsibilities when they are not scheduled to work and not undertaking any other planned activity, on-call or when they are on leave, for example, whether they are required to return to work in the event of an emergency.
- 9.3 The key principles of flexible working are:
- Flexible working arrangements should be to the benefit of both the individual and the service. SAS doctors work an agreed annual total of programmed activities instead of the same number each week.
  - One approach is for there to be an agreement as to the number of specific activities, for example, out-patient clinics, to be delivered over the year.
  - Any arrangement must be compatible with the SAS doctor's contract, using job planning best practice. This provides for working time measured in programmed activities and also for the appropriate statutory paid leave.
  - The flexible working arrangement is the basis to the job plan which must be agreed in the usual manner. This agreement is between the SAS doctor and their clinical manager.
  - Agreement must be reached on how many programmed activities or specific activities are to be done.
  - For programmed activities, this is usually expressed as a mean number per week, multiplied by the number of weeks in the working year. For example, on a ten PA fully annualised contract, this would be the number of weeks in the working year, multiplied by ten.
  - For individual components (for example, clinics, lists) this is usually expressed as the number normally undertaken in a week, multiplied by the number of weeks in the working year.
  - The number of weeks in the working year is not a fixed number. It is equal to 52, less the number of weeks granted as leave (annual, public holidays, study,

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<sup>16</sup> [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

professional). This number will vary for individuals and cannot be assumed to be 42 or any other fixed number. Using the previous year as a guide, it should be possible to estimate prospectively the number of weeks' leave that will be taken.

- Programmed activities do not always run to exactly the scheduled time, and a professional approach should be taken to this. In the short term such variances will often balance out but, if an activity consistently lasts longer or for less time than the PA time allowed, then an interim job plan review should be held.
- An annual approach to timetabling clinical activities is likely to be required for job plan reviews and may assist in job planning and decisions on the planning for service delivery.
- The delivery of clinical activities will be aligned to patient demand/waiting times and the capacity of the service to deliver. It is important, therefore, that the agreed job plan specifies when the activities will be delivered to meet these requirements.
- Within a job plan which includes an element of flexible working, it is important to ensure that the working arrangements of the doctor comply with the Working Time Regulations.

9.4 There is no agreed or recommended way of job planning for flexible working. Examples are included in Annex 2 as a possible guide to assist the process.

9.5 One type of flexible working is annualisation – an approach to job planning in which a SAS doctor contracts with their employer to undertake a particular number of PAs or activities on an annual, rather than a weekly, basis. Most SAS doctors are used to carrying out at least part of their work on an annualised basis where the on-call commitment varies from week to week.

9.10 If annualisation is mutually agreed, both SAS doctors and employers should have an idea of where they are against their annualised total. In some circumstances, a minimum number of PAs per week or month may need to be agreed for annualised plans so that activity can be delivered in a predictable manner. There should also be agreement on the frequency and nature of reporting arrangements so that any issues arising can be dealt with within a timeframe that allows reasonable changes to be made.



# 10. Locums

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- 10.1 Employers should agree job plans with locums which take into account their familiarity or otherwise with local systems and processes and the extent to which their potential contribution may differ from that of their substantive colleagues. The job plan may be different to that of the SAS doctors they are replacing. They may deliver proportionately more direct clinical care, but employers must allocate at least the agreed minimum entitlement of one PA per week for SPA time to allow locum doctors to meet college and other external requirements.

# 11: Annual review, mediation and appeals

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- 11.1 Job plans must be reviewed annually. Information arising from annual appraisal could inform this process, and so it is sensible to link the timing of the job plan review to some time after appraisal. The review should consider:
- factors affecting the achievement of objectives
  - adequacy of resources
  - potential changes to duties or responsibilities
  - ways to improve workload management
  - planning of careers.
- 11.2 This will be a significant meeting and will play an important part in determining pay progression. It will be a chance to clarify any changes to workload and any issues around supporting resources.
- 11.3 It is good practice for clinical managers to keep a regular review of progress against objectives for all SAS doctors. This may be informal or, should it become necessary, more formally through an interim review.
- 11.4 Either party may request an interim review where duties or needs have changed during the year or where there is a substantial risk of failure to meet an objective.
- 11.5 If there is disagreement about a job plan, the next step is mediation. Mediation is an informal process, normally led by the medical director or their (medically qualified) nominee (unless he or she has already been involved in the disputed plan) for resolving disagreements. The mediator will first meet the doctor and the clinical manager separately; all three meet together subsequently. This will normally be within four weeks of referral.
- 11.6 As soon as there is formal disagreement, the SAS doctor should request mediation by writing to the medical director and consider copying the letter to the director of human resources and LNC chairman. This request must be made within two weeks of the failure to agree.
- 11.7 In preparation for the mediation meeting, the following should be considered by both sides:
- the nature of the disagreement
  - the reasons for their position
  - the evidence for their point of view
  - the consequences of alternative job plans
  - their ideas for changing the hours worked if the number of PAs is the cause of the disagreement.

11.8 Evidence brought to the mediation meeting will depend on the nature of the disagreement, but may include:

- work diaries
- workload or activity statistics
- corroborating letters from external organisations
- comparison with agreed job plans of other SAS doctors in the same or different organisations
- specialty/college 'best practice' advice
- Care Quality Commission (CQC) or devolved nation equivalent visit information
- NICE or devolved nation equivalent guidance.

11.9 The mediation meeting involves the mediator, the SAS doctor and the clinical manager. If agreement is reached, the job plan should be signed off within five working days. If mediation does not resolve the differences, a formal appeal should be lodged.

11.10 A formal appeal panel will be convened when it has not been possible to resolve the disagreement using the mediation process. An appeal is lodged according to Schedule 5 of the terms and conditions and should be lodged by the doctor, in writing, to the chief executive as soon as possible and in any event within ten working days of receipt by the doctor of the mediation decision. The panel will consider the dispute, taking into account the SAS doctor's and the management's views. The decision of the panel is binding on both the doctor and the employing organisation and will be provided no later than 15 working days from the date of the appeal hearing.

# Other useful guidance

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## ENGLAND

*Employing and supporting specialty doctors: a guide to good practice*<sup>17</sup> (April 2008)

## SCOTLAND

*Supporting documentation for the new specialty doctor and associate specialist 2008 contracts (FAQs, model job plan, model contract, guide to contracting for additional programmed activities)*<sup>18</sup>

## NORTHERN IRELAND

SAS doctors in Northern Ireland should read this in conjunction with *guidance from the Department of Health, Social Services and Public Safety*,<sup>19</sup> which is available here:

## WALES

SAS doctors in Wales should read this in conjunction with Welsh Assembly Government: *Welsh SAS Doctors Good Practice Guide*.<sup>20</sup>

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17 <http://www.nhsemployers.org/Aboutus/Publications/Pages/EmployingSpecialtyDoctorsGoodPractice.aspx>

18 [www.sehd.scot.nhs.uk/mels/CEL2008\\_56.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_56.pdf)

19 [www.dhsspsni.gov.uk/sas-job-planning-guidance.pdf](http://www.dhsspsni.gov.uk/sas-job-planning-guidance.pdf)

20 [www.wales.nhs.uk/sites3/Documents/433/GPG%20Final.rtf](http://www.wales.nhs.uk/sites3/Documents/433/GPG%20Final.rtf)

# Annex 1: Prospective cover examples

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There are several different and valid ways of calculating prospective cover. The following are examples of calculations. This is not a definitive list and other valid calculations exist.

## Example 1

- Step 1: number of PAs to be covered per year divided by number of doctors on the rota = number of PAs each doctor has to do per year.
- Step 2: number of PAs each doctor has to do per year divided by weeks in the year.

Result = number of PAs to be added to the weekly job plan.

Note that 'weeks in the year' is normally taken to be 42 weeks, but there are local variations.

## Example 2

Based on the Riddell formula:

This example is based on the assumption that all hours on the rota are covered prospectively.

The total hours, including prospective cover, that need to be worked per doctor per week are:

$(\text{Average weekly hours} * 52 - \text{number of holiday weeks per year} * \text{number of hours in a leave week}) / (52 \text{ weeks} - \text{number of holiday weeks per year})$

For example

$$(44 * 52) - (6 * 40) / (52 - 6) = 44.34$$

= approximately 0.34 extra hours per week

This is the same as:

$(\text{Annual working hours} - \text{annual leave hours}) / \text{working weeks per year}$ .

The BMA and NHS Employers will add other methods of calculating prospective cover to the guidance, as and when they come to light.

# Annex 2: Flexible working examples

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## Example A: Term time working

Specialty doctor A wishes to spend as much time during the school holidays at home as possible. He or she then arranges their job plan on an annualised basis so that all their elective direct clinical care (DCC) and emergency work is carried out during term time. Supporting professional activities (SPAs) are worked partly during term time and partly during the school holiday periods. This is how the job plan is worked out:

### Assumptions

- Specialty doctor A does one PA of unpredictable on-call work per week and 7.5 elective direct clinical care work PAs.
- There are 34 weeks of term time per year and 18 weeks of school holiday time.
- All annual leave (six weeks plus two weeks of bank holidays and extra days = eight weeks) will be taken during the school holidays. This means that ten weeks of the school holidays are working weeks.
- A week of professional leave will be taken to teach on a postgraduate course.
- That leaves 43 weeks during which specialty doctor A must work. This equates to 430 PAs per year based on a ten PA contract.
- Specialty doctor A will work all their DCC programmed activities (PAs) in the 34 weeks of term time. SPAs will be worked over both term time and school holiday time.
- Study leave will be handled on an ad hoc basis.
- On-call duties falling during school holidays will be swapped as they would be for annual leave.
- During term time, specialty doctor A will work on average an 12.42 PA week, consisting of 11.07 DCC and 1.35 SPAs.
- Specialty doctor A will do no work during their eight leave weeks. During the ten working weeks of school holidays, specialty doctor A will do just two PAs per week of SPAs only.
- These proportions can be adjusted according to the needs of both specialty doctor A and the employer.
- Over the year, specialty doctor A will deliver a total of 430 PAs.

|  | Weekly equivalent (52 weeks) | School holidays (ten working weeks) (PA per week) | School holidays (eight leave weeks) | Term time (33 working weeks) (PA per week) | Term time (one week on postgraduate course) (PA per week) |
|--|------------------------------|---|-------------------------------------|--|---|
| Direct clinical care (DCC)                 | 8.5                          | 0   | 0                                   | 11.07                                      | 0   |
| Supporting professional activities (SPAs)  | 1.5                          | 2   | 0                                   | 1.35                                       | 0   |
| Total programmed activities (PAs) per week | 10                           | 2   | 0                                   | 12.42                                      | 0   |
| Total programmed activities (PAs) per year |                              | 20  | 0                                   | 410  | 0   |

### Example B: Annualisation

- Associate specialist B works five DCC PAs per week but would like to work this out on an annualised basis.
- Associate specialist B takes a total of eleven weeks (55 days; 110 half days) of approved leave (for bank holidays, annual leave, study leave, professional leave and sick leave).
- This leaves 41 weeks, so that means 205 PAs should be carried out during the rest of the year.
- SPAs can be worked out in a similar way.

### Example C: Intensified winter working

- The SAS doctors, consultants and the employer agree that workload for acute medicine is greater during the winter months and therefore, on average, three months are spent working a 12 PA week.
- During the summer months, workload is eased and thus the specialty doctor works three months at ten PAs per week.
- The specialty doctor's salary is maintained at 11 PAs across the year. This is a simple form of annualisation which may be useful for specialties with a seasonal variation in workload.

### Example D: Clinics at various times in the week

- An agreement is reached that an associate specialist who nominally undertakes two outpatient clinics per week and has a working year of 42 weeks, will deliver 84 clinics per year.
- Flexibility is provided by the employer that this can at times be delivered at different times in the week than may have been nominally indicated on the weekly timetable.





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