

# Job planning checklists and diary

## Specialty doctors and associate specialists

April 2008

# Introduction

This guidance is offered as an aid to job planning. It comprises checklists and a diary for use by clinical managers and doctors, both of which may be of particular assistance to those who are approaching job planning for the first time. Word versions of the checklists and diary can be found at **[www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm)**

It should be read in conjunction with the comprehensive guide *Job planning standards of best practice for associate specialists and specialty doctors* (December 2007), which may be found at **[www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm)**

# Scope of the job plan

In very broad terms, the job plan should cover:

- the doctor's main duties and responsibilities
- the scheduling of commitments
- accountability arrangements – professionally and managerially
- the support needed to fulfil the job plan.

In developing the job plan the following should be borne in mind:

- it should be developed and agreed in a spirit of partnership
- it is a prospective agreement setting out duties, responsibilities and objectives for the coming year
- it should cover all aspects of a doctor's professional practice
- it may be modelled on but does not need to repeat the previous year's plan
- the plan may be wholly or partly team based
- it could include local and national service objectives
- it should include personal objectives
- resources and support required are agreed and stated
- the process is separate from, but linked to, appraisal.

# Checklists and diary

Set out below are two checklists, the first of which is intended for the use of clinical managers whilst the second may be completed by the doctor. The purpose is to suggest possible sources of information that may be required in order to inform the drafting of job plans. The lists could form the basis of the initial job planning discussion.

The diary can help provide a comprehensive account of duties, responsibilities and activities. This may be helpful when drafting a prospective job plan for the first time.

## Information checklist for clinical managers

- quantity and quality targets for the directorate and performance against them by the team and individually in the previous year
- knowledge of the relevant priorities within local delivery plan
- any imminent changes in services being required of, or offered by, the directorate
- clinical audit and clinical governance issues affecting the directorate
- knowledge of the resource base of the directorate including numbers of staff, changes in skill mix and those services, resources and equipment available
- understanding of relevant current and immanent initiatives within directorate or trust

In addition, the clinical manager and/or the doctor may require information from other sources in order to inform discussions. This might include:

- duties and activities for other employers (in the case of joint appointments)
- changes in practices and/or services of other relevant directorates
- national clinic audit or clinical governance issues
- changes in the health provision requirements of the local health community
- workload and changes in clinical practice, in association with the clinical team
- the requirements of related medical schools (if any)
- the needs of doctors in training
- feedback from trainees

A Word version of this checklist can be found at [www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm)

## Information checklist for doctors

- last year's job plan. If this is the first job plan or if either party feels that there might be need for significant change in the current job plan, a diary may be kept over an appropriate number of weeks, in order to inform discussions
- list of main clinical and any related responsibilities for employer
- workload figures broken down in a meaningful way
- teaching commitments
- CPD/CME requirements
- personal development plan
- list and time commitment of any other duties and responsibilities for main employer
- list and time commitment of agreed or proposed duties and activities for other organisations such as work for trades unions, GMC, Healthcare Commission, Royal Colleges etc.
- clinical governance issues to be addressed
- current support provided by the employing organisation and any additional support required
- thoughts on any blockages to efficient service delivery
- current and proposed timetable of any private practice commitments
- list and scheduling of any current or proposed fee paying services
- national clinical audit or clinical governance issues

In addition, the clinical manager and/or the doctor may require information from other sources in order to inform discussions. This might include:

- duties and activities for other employers (in the case of joint appointments)

- changes in practices and/or services of other relevant directorates
- national clinical audit or clinical governance issues
- changes in the health provision requirements of the local health community
- Workload and changes in clinical practice, in association with the clinical team
- The requirements of related medical schools (if any)
- The needs of doctors in training
- Feedback from trainees

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## Diary

The purpose of the diary is to help clinical managers and doctors develop a job plan for the first time. The plan should record any private practice or other additionally remunerated work, including any such work that is irregular.

Predictable emergency work (e.g. post take ward rounds) should be programmed where possible into the working week and count towards programmed activities. Less predictable emergency work should be encompassed, as has been the case in the past, through on-call arrangements. For this reason, a distinction should be made between predictable and unpredictable on-call duties in the diary.

### Completing the diary

On each page of the diary are two tables. On the left hand side of the page is the diary and on the right hand side is a list of activity codes. For each day the doctor should:

- a. put the date underneath the day
- b. at the end of every day, assign the relevant code to each half-hour block in the first column and write it in the relevant box. Half-hour blocks should be bracketed together for ease of completion. This is a survey of WORK activities, not a doctor's private life. All activities not related to NHS or other additionally remunerated work are covered by the single code N2
- c. on-call status should be recorded in the second column. Half-hour blocks may be bracketed together for ease of completion

A Word version of the diary can be found at [www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm)



## Preparation for job planning – record of workload and commitments

Background details	
Name	
GMC/GDC registration number	
Main employer	
Other employer(s)	
Date of completion of relevant appraisal	
Deadline to agree new job plan	

	Monday		Tuesday	
	Work code	On-call?	Work code	On-call?
07:00 to 07:30				
07:30 to 08:00				
08:00 to 08:30				
08:30 to 09:00				
09:00 to 09:30				
09:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
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03:00 to 03:30				
03:30 to 04:00				
04:00 to 04:30				
04:30 to 05:00				
05:00 to 05:30				
05:30 to 06:00				
06:00 to 06:30				
06:30 to 07:00				

CODES	
<b>Direct clinical care</b>	
Emergency attendance	C1
Outpatient or other clinic	C2
Operating session (including anaesthetists)	C3
Ward round	C4
Other patient treatment or relative consultation	C5
Telephone advice to hospital	C6
Multi-disciplinary meetings about direct patient care	C7
Investigative, diagnostic or laboratory work	C8
Public health duties	C9
Travelling time between sites, not to usual place of work	C10
Patient administration	C11
<b>Supporting professional activities</b>	
Training	S1
Continuous professional development	S2
Teaching	S3
Audit / clinical governance	S4
Job planning / appraisal	S5
Research	S6
Clinical management	S7
<b>Additional responsibilities</b>	
Caldicott Guardian	A1
Audit lead or clinical governance lead	A2
Clinical tutor	A3
Clinical directors' and lead clinicians' PAs by substitution or additional remuneration	A4
Other additional responsibilities	A5
<b>Other duties</b>	
Trade union duties	D1
Appointment committee member	D2
NCAS, GMC, Healthcare Commission	D3
Work for Royal Colleges	D4
Other	D5
<b>Additionally remunerated work (see notes on p1)</b>	P
(e.g. private practice P1, Fee paying services, work P2, and other additionally remunerated work P3)	
<b>Non-work activity</b>	
Absent from work (annual or sickness leave)	N1
Other (i.e. time spent not working)	N2
<b>On-call status (column 2 – see notes on p1)</b>	
Predictable on-call	1
Unpredictable on-call	2

	Wednesday		Thursday	
	Work code	On-call?	Work code	On-call?
07:00 to 07:30				
07:30 to 08:00				
08:00 to 08:30				
08:30 to 09:00				
09:00 to 09:30				
09:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
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05:00 to 05:30				
05:30 to 06:00				
06:00 to 06:30				
06:30 to 07:00				

CODES	
<b>Direct clinical care</b>	
Emergency attendance	C1
Outpatient or other clinic	C2
Operating session (including anaesthetists)	C3
Ward round	C4
Other patient treatment or relative consultation	C5
Telephone advice to hospital	C6
Multi-disciplinary meetings about direct patient care	C7
Investigative, diagnostic or laboratory work	C8
Public health duties	C9
Travelling time between sites, not to usual place of work	C10
Patient administration	C11
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Training	S1
Continuous professional development	S2
Teaching	S3
Audit / clinical governance	S4
Job planning / appraisal	S5
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Clinical tutor	A3
Clinical directors' and lead clinicians' PAs by substitution or additional remuneration	A4
Other additional responsibilities	A5
<b>Other duties</b>	
Trade union duties	D1
Appointment committee member	D2
NCAS, GMC, Healthcare Commission	D3
Work for Royal Colleges	D4
Other	D5
<b>Additionally remunerated work</b>	P
(e.g. private practice P1, fee paying services P2, and other additionally remunerated work P3)	
<b>Non-work activity</b>	
Absent from work (annual or sickness leave)	N1
Other (i.e. time spent not working)	N2
<b>On-call status (column 2)</b>	
Predictable on-call	1
Unpredictable on-call	2

	Friday		Saturday	
	Work code	On-call?	Work code	On-call?
07:00 to 07:30				
07:30 to 08:00				
08:00 to 08:30				
08:30 to 09:00				
09:00 to 09:30				
09:30 to 10:00				
10:00 to 10:30				
10:30 to 11:00				
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(e.g. private practice P1, fee paying services P2, and other additionally remunerated work P3)	
<b>Non-work activity</b>	
Absent from work (annual or sickness leave)	N1
Other (i.e. time spent not working)	N2
<b>On-call status (column 2)</b>	
Predictable on-call	1
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Sunday		
	Work code	On-call?
07:00 to 07:30		
07:30 to 08:00		
08:00 to 08:30		
08:30 to 09:00		
09:00 to 09:30		
09:30 to 10:00		
10:00 to 10:30		
10:30 to 11:00		
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04:00 to 04:30		
04:30 to 05:00		
05:00 to 05:30		
05:30 to 06:00		
06:00 to 06:30		
06:30 to 07:00		

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<b>Non-work activity</b>	
Absent from work (annual or sickness leave)	N1
Other (i.e. time spent not working)	N2
<b>On-call status (column 2)</b>	
Predictable on-call	1
Unpredictable on-call	2

**Information about on call (if any)**

1	Actual rota frequency	1 in
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**Information on activities that are supporting professional activities**

1
2
3
4
5
6
7
8
9
10

**List of additional duties and responsibilities for main employer and time commitment (if any)**

Duty	Time commitment
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**List of external duties for other organisations, both NHS and non-NHS, and time commitment (if any)**

Duty	Time commitment
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**List of private practice commitments (if any)**

Type of clinical work	Scheduled time
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**List of regular fee-paying services (if any)**

Type of clinical work	Scheduled time
1	
2	
3	
4	
5	
6	
7	
8	
10	

**List of non-regular fee-paying services (if any)**

Type of clinical work	Frequency
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

# Preparing the job plan

There should now be sufficient information for a draft job plan to be prepared. This should include the following elements:

- activities, timing, content and where it is envisaged they will happen
- on-call commitments (if any) and the work that is generated as a consequence of being on-call
- commitments to the NHS organisation that do not occur on a regular, weekly basis
- additional duties for the NHS organisation
- commitments, actual or proposed, to other organisations
- draft personal objectives
- the support required to undertake the job that is already provided by the NHS organisation
- additional support requested

## **The job planning meeting**

It is essential that both parties allow sufficient, uninterrupted time (perhaps one hour, although more time may be required for first job plans or where significant changes are being proposed). It is also essential that sufficient time has been allowed to prepare for the meeting, that all relevant information has been collated and that a provisional job plan has been drawn up for discussion.

Both parties should make every possible effort to agree job plans. In the rare circumstance where a doctor and employer fail to reach agreement on the content of a job plan, either initially or at a job plan review, they should follow the mediation and appeal procedures set out in Schedule 5 of the terms and conditions of service for

specialty doctors and Schedule 5 of the terms and conditions of service for associate specialists.

### **Further guidance**

Comprehensive guidance on all aspects of job planning is contained within *Job planning standards of best practice for associate specialists and specialty doctors* (December 2007), which may be found at **[www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm)**



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- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

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## Contact us

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