Job Planning guidance notes – 2016/17 Round

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Context

We would like to begin by recognising the efforts of most Consultants in meeting the deadlines set for the completion of the job planning process in the last annual round. Although a necessary part of both individual and service planning, we know that this can be a frustrating business at times. We will continue to respond to feedback and try to improve the process, working with the LNC whenever required.

Timelines

All consultants to enter an on-line job plan and meet with their Clinical Lead to discuss before 30th April 2016

All job plans to be signed off by CDs, ADOs and DDs by 30th May 2016.

Delay causes significant difficulty for those involved in planning service developments, does not help the reputation of Consultants in the Trust, and does a disservice to those who comply in a timely manner. As last year, there will be no pay progression, no support for CEA applications / renewals and no access to Special Professional Leave for consultants who do not complete their job plan by the required date if the reason for failure to meet the deadline is that they do not engage with the process in a timely manner. Extension of the deadline will require prior notification and agreement of exceptional circumstances by the MDs office.

Although routinely run as an annual process, a job plan review can be triggered by either the individual Consultant or Clinical Director at any time. Example catalysts may be the growth or reduction in the number of staff within a team on a temporary or permanent basis, a significant change in the way a service is to be delivered, or a perception by either party that the job plan and/or number of PAs being paid is not representative of the agreed work pattern.

Job planning – process and details

For details of the Online Job Planner, see:
‘RETURNING USERS – Online_Job_Planning_Guidance_2016’ and/or
‘NEW USERS – Online_Job_Planning_Guidance_2016’

Who will do your job plan?

Your job planning meeting will be with your Clinical Service Lead, Clinical Director or Divisional Director, the lead for job planning within each service being determined by the Divisional Director.

DCCs

DCCs will be allocated on the basis of a tariff system. Doing a particular clinic / procedure list / theatre list will be accorded X hours for the ‘patient facing time’ and Y hours for the ‘associated time’ attributable to that activity (be that for admin, correspondence or seeing patients pre or post procedures). Covering inpatient ward service will be accorded Z hours per day, where Z is the actual number of hours of work involved (not to be confused with the total number of hours per day for which the consultant is available for ward work). It will be for the relevant service lead to propose values for X, Y and Z, with agreement required from CD/DD/MD office. Values for X, Y and Z will be set in a fair and sensible way: how long
would it reasonably be expected to take for a consultant to do whatever it is that is to be done? X, Y and Z will then be the ‘going rate’ that is applied to all who perform a particular activity, unless there is clear justification for something different in individual cases. Similar mechanisms will be used to determine DCC time for MDT meetings, reporting sessions etc.

Key point – discuss with your consultant colleagues and service lead the standard tariffs to apply; consultants doing the same work should apply the same tariffs.

**On-call availability supplements**

It will be the responsibility of the Clinical Lead to identify the frequency and intensity of the on call rota for both general and sub specialty rota. The level of individual participation in the rota and the associated availability supplements will be determined and agreed by the Clinical Lead as part of the annual round.

Key point – consultants should not enter their on call duties (Personal details tab); this will be done by their Clinical Lead / CD.

**SPAs – standard allocation**

All consultants on a full time 10 PA (or more) NHS contract will be paid 1.5 SPAs. We do not wish to encourage a ‘stop watch culture’, but imagine that in many cases these will be spent roughly as follows: two hours for CPD; two hours for approved audit that aligns with team / directorate / Trust priorities, governance activities, preparation for appraisal etc; two hours for education and training. Health Education East of England require the Trust to record and report in detail on the number of SPAs dedicated to postgraduate training, hence we imagine that 90 minutes (0.375 PAs) are likely to be spent on this, with those consultants who are educational supervisors receiving an additional (above the 1.5 SPA) 0.125 PAs per trainee (to a maximum of an additional 0.5 SPAs).

For consultants on a full time academic contract with five (or more) clinical NHS PAs there will be an allocation of 1.0 SPAs from within these five, it being agreed that the University will contribute 0.5 SPAs from within their PA contribution. Doctors on SAS contracts will be paid a minimum of 1.0 SPAs, as has always been the case since the introduction of the SAS contract.

**Additional SPAs for teaching / training**

All consultants working in CUHFT are expected to be involved with teaching of medical students and training of postgraduate trainees onwards, in clinics and in theatre (etc). Such teaching is paid for within the standard 1.5 SPA allocation. In the (hopefully unlikely) event that a consultant was to decline such involvement, or if they are not registered with the PGMC as having completed their clinical and/or educational supervision training, then they could expect their standard SPA allocation to be reduced.

Those additional educational roles and responsibilities specifically identified by the Postgraduate Medical Centre and by the Clinical School will (as at present) receive additional SPAs specifically badged as ‘Clinical School Undergraduate Teaching PAs’ or ‘Postgraduate Training PA’s’ to allow their obvious identification (and movement from A to B when roles are handed over). The mechanism for determining allocation of these additional educational / training SPAs will be as follows:

**Postgraduate training**

The PGMC have identified that the following roles may qualify:

- Educational Supervisor (0.125 PAs per trainee, as evidenced by documentation of role)
• Regular teaching for Trust staff recognised by the PGMC (e.g. Foundation training, mandatory training courses, simulation training, cadaveric training)

If a consultant wishes to claim SPAs for performing one or more of these roles (or wish to have any other role considered), then the first question that they need to ask themselves is ‘do I cancel DCC activity to do this?’ If the answer is yes, then additional SPAs cannot be claimed (double-counting is not permitted). However, if the consultant can confirm that this training activity does not displace DCC, then when drafting their proposed job plan they should email Mary Archibald (ma10001@medschl.cam.ac.uk) with details of the frequency and time that they spend doing them. If corroborated by the PGMC, the PGMC will email the consultant to confirm support for X additional SPAs. Only with this explicit support will additional SPAs be considered.

Key point – email Mary Archibald now to obtain confirmation of Educational Supervisor duties or other activities for which you wish to obtain PGMC support for additional SPAs. In the entries that you make under the ‘Entry details’ tab, state that the PGMC have given specific support for X SPAs (assuming this to be the case), and keep a copy of the evidence of such support.

Undergraduate teaching
The Clinical School have identified that the following roles may qualify:

• Small group teaching: regular, dedicated ward-based teaching; clinical communication skills; professionalism; medical ethics and law; palliative care; pathology; public health; radiology
• Assessment activities: question-writing groups, standard-setting groups, exam marking (Final MB Part III, Component 2 Short Answer Questions), acting as an examiner in clinical exams
• Membership of Medical Student Fitness to Practise Committee / Panel
• Preclinical teaching: contributions as part of the MVST; hosting pre-clinical students on the clinical firm as part of the Preparing for Patients B

If a consultant wishes to claim SPAs for performing one or more of these roles (or wish to have any other role considered), then the first question that they need to ask themselves is ‘do I cancel DCC activity to do this?’. If the answer is yes, then additional SPAs cannot be claimed (double-counting is not permitted). However, if the consultant can confirm that this educational activity does not displace DCC, then when drafting their proposed job plan they should seek written confirmation of the frequency and time that they spend doing them from the relevant Specialty Lead Teacher, Theme Leader or Assessment Associate Dean. The consultant should then email this statement of support to FacultySec@medschl.cam.ac.uk. The Clinical Dean (or a nominated deputy) will then confirm whether or not a claim for additional time for SPAs (beyond the 1.5 PA’s) is supported, and how much time will be allowed. Only with this explicit support will additional SPA’s be considered.

Key point – email the Faculty Secretary now if you wish to obtain confirmation Clinical School support for additional SPAs. In the entries that you make under the ‘Entry details’ tab, state that the Clinical School have given specific support for X SPAs (assuming this to be the case), and keep a copy of the evidence of such support.

HEEoE (Deanery) roles
Educational roles and responsibilities specifically identified and remunerated by HEEoE (Deanery) will continue as at present, unless changed by HEEoE (Deanery). These monies will generally be paid as responsibility allowances rather than PAs to allow their clear identification.
Key point – the normal arrangement is to enter such roles as External Responsibilities and record that they are paid as responsibility allowances.

Additional SPAs for research
This section of the job planning form primarily relates to NHS Consultants. There is an expectation that all consultants will support research activities within the Trust, for example where appropriate by identifying patients who may be suitable for research projects, and discussing research projects with patients. This activity is part of the Supporting Professional Activities in all consultants’ job plans. Consultants may have additional programmed activity for research identified in their job plan if they fulfil one of the following:

- Author or co-author of a peer reviewed publication in the last calendar year
- Named applicant on a grant (registered with Cambridge University Hospitals R&D department)
- Named applicant on an approved ethics application, for which data collection occurred during the last year

Where NHS consultants have evidence of an ongoing programme of research (from publications in peer reviewed journals or research grant funding), the allocation of research programmed activities within the job plan may be agreed by the Divisional Director in consultation with the relevant Directorate Academic Lead. Any research time must be categorised in the job plan as BRC, LCRN, RCF or other funding (and if ‘other funding’, precise details should be given in the ‘description’ box of the online job planner – who? How much? How long?). The Trust may require some evidence of productivity related to research activity or direct evidence of participation in research.

Key point – enter the source of research funding; when using ‘other’, this must be explained in the ‘Description’ box (Who from? How much? How long?)

Team Job Plans / Annualisation
A number of Directorates have moved to a team based plan that focuses on a collective commitment to service delivery. This includes a template that captures all routine clinical and clinically related activities and, where jointly delivered, also includes some SPA activities. Whilst individual job plans are still required to ensure that there is transparency in how PAs and on call supplements are allocated, it will continue to be acceptable to append a copy of any existing team job plan to the individual template on the basis that either there has been no material change to its content or updated changes have been made. Any teams wishing to migrate to a team based approach should contact the Medical Director’s office.

Annualised job planning may best suit those individuals or services where a high percentage of clinical activities delivered do not easily fit a weekly, fortnightly or even monthly plan. This is likely to include those who deliver ad hoc or infrequent outreach services, or those who have a heavy external commitment to wider NHS activities e.g. Royal College appointments. It may also include those who work more locally but deliver a service that is not fixed to a regular plan. In such cases an annualised agreement in terms of the number of activities to be delivered over a 12 month period may be agreed. However, please note that annualisation does not mean that activities can be delivered intensively over a compressed period of the year, leaving the individual free to then be absent for significant periods: taking planned leave into account, all consultants routinely are expected to regularise their clinical commitments over the full 12 month cycle.

Objective setting
In line with national guidance and consistent with arrangements for other Trust employees, the need to explicitly state objectives remains in job plans. Rather than simply use the
Trust’s high level objectives directly, the Clinical Lead/Director in consultation with the Divisional Director will agree an outcome-focused set of Directorate specific objectives which can be further adapted for each Consultant. It is not expected that any Consultant should have more than 3 or 4 objectives and that many may only have 1 or 2.

**Claiming your PAs**
The online job planner calculates the total number of PAs worked, but does not automatically input the number of PAs to be paid. As indicated above, many consultants work longer hours than they are paid for. Under the ‘personal details’ tab, enter the number of PAs claimed in an appropriate way, e.g.

Consultant working for CUH on 10 PA contract
PAs claimed CUH: this plan – contracted = 10.

Consultant working for CUH on 11.4 PA contract
PAs claimed CUH: this plan – contracted = 10; additional = 1.4

Consultant working for CUH for 6 PA and for another NHS hospital for 5 PA
PAs claimed CUH: this plan – contracted = 5; additional = 1.
Other NHS/Academic (1): select correct location: this plan – contracted = 5
(The sum of PA in the contracted boxes cannot equal more than 10)

Consultant working for CUH for 6 PA and for another NHS hospital for 5 PA
PAs claimed CUH: this plan – contracted = 5; additional = 1.
Other NHS/Academic (1): select correct location: this plan – contracted = 5
(The sum of PA in the contracted boxes cannot equal more than 10)

University academic on standard 5/5 contract, with an additional 1 PA from CUH
PAs claimed CUH: this plan – contracted = 5; additional = 1.
Other NHS/Academic (1): select ‘clinical school (univ of Camb)’: this plan – contracted = 5

*Key point: enter the PAs you are claiming, and from what source(s), in the Personal Details tab. If you do not make any entry the system records that you are claiming for 0 PAs, which is unlikely to be correct.*

**What you should do now**

Please complete an online job plan and arrange to meet with your Clinical Lead / CD to discuss.