



JOB PLANNING POLICY

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* Paragraph 3.2.1 remains under discussion and will be updated in due course once agreement has been reached.

1. INTRODUCTION

Job Planning is a contractual obligation for all Career Grade Medical and Dental Staff, i.e. Consultants, Associate Specialists, Specialist Doctor/Dentists and Specialty Doctors/Dentists.

Job planning is an essential element of the new Consultant and SAS contracts, and it should be taken forward in partnership between the Clinician and their Clinical Manager.

1.1 This policy is an update taking account of the previous NHS Greater Glasgow guidance, guidance from the Scottish Association of Medical Directors and recent guidance from the Scottish Government and should be read in conjunction with:

- Hospital Medical and Dental Staff and Doctors in Public Health and Community Medicine (Scotland) Consultant Grade Terms & Conditions of Service.
- Hospital Medical and Dental Terms and Conditions – Associate Specialist (Scotland) 2008
- Hospital Medical and Dental Terms and Conditions – Specialty Doctor (Scotland) 2008
- Hospital Medical and Dental Terms and Conditions – Specialist Doctor (Scotland) 2022
- Hospital Medical and Dental Terms and Conditions – Specialty Doctor (Scotland) 2022

These documents can be accessed via:

<http://www.msg.scot.nhs.uk/pay/medical>

1.2 Job Planning is required to be undertaken annually, it is a **prospective** process and should accurately reflect expected working arrangements over the coming year. The split between DCC and Non DCC may change year on year depending on the requirements of both the clinician and Service. The Job Plan should set out the clinician's duties, responsibilities and objectives and provide clarity on the clinical and non-clinical commitments of medical and dental staff. Formal job plan reviews, as well as team service planning meetings, provide an opportunity to discuss how time can be allocated and reviewed for the benefit of both the service and staff working within it.

While a job plan and the annual job plan review are specific to individual clinicians these will be informed by Team Service Planning, objectives and responsive to the needs of individual clinicians. The development of the service plans and objectives will in turn have been informed and influenced by full engagement and participation of clinicians, creating a flow between these processes which have the potential to affect improvement at all levels.

1.3 Job Planning is a joint responsibility between clinicians and the relevant Clinical Manager (Medical Director, Deputy Medical Director, Director of Public Health, Chief of Medicine, Deputy Chief of Medicine, Clinical Director, Deputy Clinical Director or Lead Clinician). Responsibility for ensuring that the annual review is initiated lies with the clinical manager. Each Chief of Medicine is accountable to the Medical Director for ensuring that each clinician has an agreed job plan and that there is a review in place each year. This accountability will be monitored on an ongoing basis by each Service Director/General Management

2. TIMING OF JOB PLANNING

- 2.1 The Annual Job Plan Review process will normally take place between February and June and all plans which have been fully agreed, normally using the electronic Job Planning system (EJP), should be signed off by 31 July. This allows the Corporate Objectives to feed into the service objective-setting process. This timescale is indicative and does not in any way supplant or remove the requirements for mediation and appeal in the event of a lack of agreement on the prospective job plan.
- 2.2 An interim Job Plan Review can be undertaken at any time where duties, responsibilities or objectives have changed or need to change significantly within the year, or where the manager indicates a belief that progression through seniority points criteria are unlikely to be met by the time of the next annual job plan review. Any agreed changes to the Job Plan in terms of appropriate remuneration will be backdated in accordance with Section 4.6.3 of Cons TCS/Schedule 4 of the SAS TCS to the date of the Job Plan Review request.
- 2.3 Newly appointed clinicians will agree an initial Job Plan on appointment and it will be entered onto E-Job Plan and signed-off within 6 weeks of their appointment. This Job Plan will normally require to be reviewed before the next annual Job Planning cycle depending on their date of appointment. It is proposed that on the first anniversary of their appointment, there will be an automatic recommendation for pay progression. Then in the following February to May, the first Annual Job Plan Review will occur. This proposal is made because:
- It is unlikely that there will be sufficient evidence to withhold pay progression in the first 12 months of a new appointment.
 - It allows for the synchronisation of all Job Plan Reviews with the setting of Corporate Objectives.
 - There may, however, be extenuating circumstances which arise where the withholding of pay progression requires consideration. In such cases the Medical Staffing Team should be approached for guidance.

3. ELEMENTS OF THE JOB PLAN

The agreed job plan will include all the clinician's professional duties and commitments, including:

- a) Agreed direct clinical care duties (DCC)
- b) Agreed supporting professional activities (SPA)
- c) Agreed additional responsibilities (AR) (Section 4.2.5 of Cons TCS/Schedule 4 of SAS TCS) (noted as ANR on E-Job Plan)
- d) Agreed external duties (ED) (Section 4.2.7 of Cons TCS/Schedule 4 of SAS TCS)
- e) Any agreed extra programmed activities/additional programmed activities (EPA/APA) (Section 4.4 of Cons TCS/Schedule 7 of SAS TCS)

3.1 Direct Clinical Care Duties

These duties are defined in Section 4.2.3 of the Consultant TCS

- 3.1.1 Clinical Managers and the clinician need to agree an appropriate balance between the actual clinical delivery and the related activities. This will vary from specialty to specialty and from individual to individual. There will be explicit agreement on the expected/average duration of each Clinical Activity, and this will take into account the availability of other staff to support the activity.

3.1.2 Predictable and Unpredictable Emergency work

Direct Clinical Care includes all emergency work. This is the first call on time in job plans. Emergency work falls into two categories, predictable and unpredictable. Time for this will be allocated within the job plan as follows:

Predictable emergency work is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds) and includes all travel and telephone calls associated with this when undertaken out with normal scheduled hours.

Unpredictable emergency work is that work done whilst on-call and associated directly with the clinician's on-call duties, but which is not scheduled at a particular time or location e.g. recall to hospital on an emergency basis. It will be based on a diary exercise which will be undertaken over a representative period of time when the intensity of work changes significantly from the previous year. This will normally be assessed on a whole rota basis rather than individually and will involve recording the actual hours each individual spends undertaking telephone calls, travelling and in the hospital unpredictably during on call periods. The average of these hours is then divided by the frequency of the rota (to include prospective cover) and annualised – e.g. 12 hours including travel during an average on-call week, during premium time out of hours, on a 1 in 4 rota when a PA measures 3 hours in length would produce 1 PA weekly on an annualised basis.

3.1.3 Payment of an on-call availability supplement

For Consultants and SAS Grade Clinicians on the 2022 TCS, the on-call availability supplement payable is based on a percentage. This ranges from 1% to 8% of the full-time basic salary and is determined by the frequency of the rota commitment. In addition, there are two levels which can be applied, Level 1 or Level 2, depending on the likelihood and rapidity of having to return to the hospital. Part-time clinicians qualifying for an availability supplement will receive the appropriate percentage of the equivalent full-time salary (Section 4.10 Consultant TCS and Schedule 10 SAS Grade TCS 2022)

When deciding on the level of the on-call availability supplement prospective cover and nature of the request must be taken into account. To determine what supplement banding applies see the table below: -

Frequency of rota commitment (including prospective cover)	Level 1 Need to return to site immediately or complex telephone advice required	Level 2 Call can be dealt with by a delayed return to work or simple telephone advice
High Frequency: 1:1 to 1:4.49	8.0%	3.0%
Medium Frequency 1:4.5 to 1:8.49	5.0%	2.0%
Low Frequency 1:8.5 or less frequent	3.0%	1.0%

For SAS Grade clinicians on the 2008 TCS the percentage ranges from 2% to 6% of the full-time basic salary and is determined by the frequency of the rota commitment. This shall be calculated as a percentage of full-time Basic Salary (excluding any Additional Programmed Activities, and any other fees, allowances or supplements). The percentage rates are set out below.

Frequency	Percentage of Basic Salary
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%

Appendix B gives some examples of how the frequency of the Out of Hours On-call Availability Supplement is calculated

3.2 Non-Direct Clinical Care Activities

These duties are defined in Section 4.2.4 to 4.2.7 of the Consultant TCS and the Definitions section of the SAS TCS. These include:

- Supporting Professional Activities (SPA)
- Additional NHS Responsibilities (AR) (noted as ANR on E-Job Plan)
- External Duties (ED)

3.2.1 Both parties should be satisfied that sufficient time is allocated to SPA for the individual to fulfil their CPD, Appraisal and Revalidation, statutory and mandatory training and Job Planning requirements as a minimum. For SAS Grade clinicians employed on the 2008 Contract and Consultants this will be 1 PA per week. This is referred to in E-Job Plan as Core SPA.

3.2.2 As part of team service planning, the clinical team will consider the outputs required from the department/directorate in terms of Non DCC work. This should be undertaken with the agreement of the full team and will consider factors such as the number of trainees assigned to them and their levels of training, whether the department/directorate has responsibilities to deliver enhanced appraisal, what level of research or audit is being undertaken, any offices or positions members of the department/directorate hold, etc. This will allow an assessment to be made of the number of non DCC PAs required to deliver those outputs and may also include discussion of who is best placed to deliver in each area in order to inform individual job planning. The Clinical Manager must be satisfied that there is sufficient non DCC time available to meet both the required outputs for the department/directorate and for the team's individual requirements

3.2.3 Certain activities cannot be undertaken during Non DCC allocated time. These include, but are not limited to: -

- Any off-site leave for which formal Study Leave should have been sought
- Overseas Leave
- Private Practice
- Any paid work for any other employer
- Any activity already accounted for as "Direct Clinical Care"
- Teaching which is part of Direct Clinical Care.

- 3.2.4 Clinicians should not schedule Non DCC (including meetings) that conflict with DCC commitments. Occasionally this will be inevitable but, in that case, time shifting will be considered and if DCC is to be cancelled then advance agreement of the relevant Manager will be obtained.
- 3.2.5 Time shifting will be employed wherever possible when Non-DCC activity encroaches on DCC or vice versa. Where activity is displaced on account of dedicated weeks or part weeks of trauma/hot week agreement will be reached at job planning as to how this will be re-scheduled and accommodated. This may impact on available capacity and should be included in team service planning discussions.
- 3.2.6 Externally funded non DCC Roles

Clinicians who wish to undertake Non DCC roles that provide external funding e.g. NES funded Roles should have time incorporated into their Job Plan as EPA(s) where possible, or by reducing non DCC activity in the first instance. The non DCC activity will then be reallocated within the team.

A table showing a range of activities and how they should be allocated in relation to DCC and Non DCC/Study Leave is attached at Appendix C.

3.3 Other Activities

All other activities that are to be included in the job plan will be agreed with the Clinical Manager.

3.3.1 Travel Time

Time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan will be counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between other sites, travel when recalled from home (but not normal daily journeys between home and base), and 'excess travelling time'. Excess Travel-time is defined as time spent travelling between home and a working site away from base, less the amount of time normally spent travelling between home and base.

A table giving approximate travel time by car to and from the main sites within NHS GGC is attached at Appendix D1 and travel from the main GGC sites to peripheral Health Boards at Appendix D2, using approximate travel times in optimal conditions. It will inform discussions when building travel time into the Job Plan where an individual clinician has regular work on sites other than their normal base.

3.3.2 Private Practice

If a clinician wishes to undertake any Private Practice, they are obliged to inform their Employer at the time of appointment (or subsequently) of their intentions to do so. This will be submitted in writing to the Clinical Manager (Section 4.4.8 Consultant TCS and Schedule 7 SAS TCS).

Clinicians will also be asked to confirm if they intend undertaking regular private practice as part of the annual job plan review by signing the private practice declaration. See Appendix A (1) and A (2)

[Medical Private Practice Policy - NHSGGC](#)

3.3.3 Secondary Employment

If a clinician wishes to undertake Secondary Employment they must notify/obtain approval of the Board at the time of appointment (or subsequently). The request should be submitted in writing to the Clinical Manager (Section 9, NHS GGC Code of Conduct). If the additional work will impact upon their Job Plan, then they require the approval, however, even if the work does not impact on the Job Plan, clinicians are required to inform their employer of the secondary employment and may be asked to submit information relating to hours worked for EWTD purposes. Approval will be in writing and will be recorded in the clinician's file.

Clinicians must also ensure that unless they are representing NHSGG&C or the wider NHS in an official capacity they cannot make reference to their NHS employment or give the impression in anyway, whilst undertaking secondary employment that they are representing the views of, or acting with the authority, approval or sanction of the NHS.

3.3.4 Fee Paying Work

Although not defined under the TCS as private practice. Fee paying is defined as work that arises when individuals, employers, courts or the Department of Work and Pensions (DWP) request medical examinations, reports and associated diagnostic services from practitioners directly e.g. court reports, DVLA reports, Court of Protection Orders.

One of the key principles of the medical contracts is that an individual cannot be paid twice for the same work. Time-shifting therefore needs to be explicitly agreed with service management and occurs when fee-paying work is undertaken in place of scheduled Clinical Care activities. When this happens, the equivalent amount of Direct Clinical Care activity is built back into the job plan and undertaken without additional payment.

Click [Fee Paying Work - NHSGGC](#) to access The NHS Greater Glasgow & Clyde's guidance relating to Fee Paying Work.

4. **Norms**

Where workload is predictable in nature, it may be possible to establish some locally agreed norms, thus introducing an element of standardisation within and between individual job plans, to inform the job planning process

- Where norms are agreed with the relevant clinicians, this should be based on evidence and done by collaborative discussion with the clinicians providing the service as part of Team Service Planning.
- If moving outside the agreed norm, there will be a discussion and exploration of the reason behind this, conducted with the degree of transparency appropriate in each circumstance.
- While providing a solid base for delivery of services, any standardisation in job planning will not be conducted in a manner which leads to inflexibility or fails to take into account the complexity of both the clinicians work and the environment in which that work is carried out.
- Any standardisation of job plans within or across Departments will take account of potential variations related to factors such as Departmental size and workload and will be based on a sophisticated understanding of the nature of the actual workload being discussed.
- In any discussion of standardisation within and between job plans, fairness, both for individual clinicians and the teams within which they operate, patient and staff safety and quality of service, will be the paramount considerations.

5. Flexible Working

Clinicians will normally be expected to be at the location agreed in the Job Plan for all programmed activities that form part of their agreed working week, except where agreed with the employer and specified in the Job Plan. With agreement, elements of Non DCC activity may be: -

- scheduled flexibly
- undertaken off site

Flexibility will be a two-way process. Non DCC activity can only be scheduled within Premium-time if agreed within the Job Plan.

Clinicians can apply to undertake DCC activity off-site or amend their working pattern as part of the Job Planning process. The 2 NHS Scotland Flexible working policies application forms will be required to be completed as part of the review [Family Leave and Work Life Balance - NHSGCC](#)

6. European Working Time Regulations

The Annual Job Plan Review should consider an assessment of compliance with the European Working Time Regulations. If the clinician's Job Plan is not compliant then either: -

- a) the work will be reduced; or
- b) the work will be divided with other colleagues (provided that their Job Plans remain compliant); or
- c) if the clinician is willing, they will sign a waiver (see Section 4, Appendix A)

7. Compensatory Rest

This is not part of the job planning Terms and Conditions of Service (TCS); this is entirely a European Working time regulation (EWTR) which applies when the minimum rest requirements under EWTR are not achieved.

This can be taken in 2 ways:

1. The amount of time (minute for minute) which prevents the minimum rest requirement being achieved is taken back the next day. This being unpredictable may impact on service requirements or;
2. By building time off into the local rota by way of compensation where there is evidence of an average breach of the minimum rest requirements, i.e. time off post on-call.

Compensatory rest is not work and unpaid therefore will not be included in the PA calculation but where compensatory is being required on a regular basis, this will trigger a job plan review and in particular a review of the level of PA's allocated to on-call work.

Compensatory Rest should not be confused with Time off in Lieu (TOIL). TOIL is an alternative way of compensating for additional work undertaken and should only be used as an alternative to payment if the work is not already factored within the Job Plan.

8. KEY OUTPUTS OF THE ANNUAL JOB PLAN REVIEW

8.1 New Job Plan

The format of the Clinicians Job Plan is specified within Appendix 4 of the TCS. E-Job Plan is regarded as meeting those requirements and it is expected that most clinicians will wish to use this.

8.1.2 E-Job Plan

Clinicians within NHS Greater Glasgow and Clyde have access to E-Job Plan (EJP) – an electronic Job Plan recording system which records details of activity along with the frequency of the activity and calculates the number of PAs within the weekly plan. The system is web-based, and clinicians are provided with a log-in which gives them access to a Job Plan “Wizard”. The Wizard consists of 8 pages similar to the paper Job Plan documentation, and once completed, the Job Plan can be printed or exported to “Word” to allow upload to SOAR. The system also allows the Job Plan to be signed-off electronically by both the Clinician and the Clinical Manager.

An example of the Printable Job Plan exported from E-Job Plan is attached at Appendix E

8.2 Objectives

Agreed objectives will set out a mutual understanding of what the clinician and employer will be seeking to achieve over the next 12 months or other agreed period - informed by past experience, based on reasonable expectations of what might be achievable in future and reflecting different and developing career phases. Objectives must also be achievable within the available resources.

8.2.1 Objectives may be:-

- a) Personal development objectives from appraisal;
- b) Service objectives – these are important and should be discussed as part of Team Service planning;
- c) Team objectives.

8.2.2. Objectives should be:-

Specific
Measurable
Achievable
Relevant
Timed and tracked

8.2.3 The agreement of objectives requires: -

- that there is agreement on the local priorities;
- definition of the objective for each priority;
- agree the measures that will be reviewed;
- determine how progress will be measured;
- agree the support required.

8.2.4 Support and Resources required to Achieve Objectives

Any agreed support that the clinician requires to meet the agreed objectives will be documented in the Job Plan. Examples of Objectives are attached within Appendix F

8.3 Pay Progression

8.3.1 The Clinical Manager will consider if the clinician has satisfied the criteria for pay progression. The criteria are: -

- made reasonable effort to meet time and service commitments in the Job Plan;
- participate satisfactorily in Appraisal (see Section 7);
- participate satisfactorily in Job Planning;
- met personal objectives or made every reasonable effort to do so;
- worked on changes identified in the last Job Plan;
- if doing Private Practice, has taken up any offer of an EPA; (Section 4.4.6-4.4.12 Consultant TCS and Schedule 15 SAS 2008 TCS)
- met standards of conduct governing the relationship between Private Practice and NHS commitments.

8.3.2 In accordance with CEL 2007(02) for Consultants/Schedule 15 of the SAS Grade TCS the form included at Appendix A (1) and A (2) is required to be completed to confirm the sign-off of the Job Planning process and pay progression. There are 4 sections to this document: -

- Section 1: Criteria for pay progression;
- Section 2: Private Practice;
- Section 3: Details of failure to meet criteria for pay progression;
- Section 4: European Working Time Directive.

There is functionality within E-Job Plan to allow Private Practice activity to be added to the Job Plan, however there is not the ability to confirm electronically if the clinician wishes to complete a Waiver Clause or has/has not completed criteria for pay progression. There is however the functionality to upload paper documentation to the EJP system so this form should be completed and uploaded as part of the Job Plan review. This form will still require to be sent to Payroll if there has been a decision to delay Pay Progression.

9 KEY INPUTS TO THE ANNUAL JOB PLAN REVIEW

9.1 Clinicians Preparation for Job Planning

In preparation for Job Planning a clinician will:-

- provide a diary in an approved format covering a representative period if they are anticipating a request for a change in their job plan. A diary format is provided in the T&C document, or the BMA Dr Diary app will all be acceptable formats. Similarly, if the Clinical Manager is seeking to negotiate a substantial change to a clinician's job plan, they will ask the clinician to provide a representative diary in advance of the Job Planning meeting. If a diary is to be considered, then it will be submitted to the Clinical Manager at least 2 weeks in advance of the Job Planning meeting to allow for the analysis to be checked;
- not be expected to provide a diary where no changes to the Job Plan are sought. However, it is good practice to complete a Diary periodically in order to confirm that over time their activity continues to relate to their Job Plan;
- identify any issues that have impacted on their ability to deliver their current Job Plan;
- highlight additional responsibilities, positions or external duties they intend to take on or no longer hold;

- provide evidence of non DCC activity undertaken including completion of the relevant mandatory training for their Specialty. Each Directorate will draw up a list of these;
- Consider Personal and Career Objectives
- provide evidence that progress has been made towards the delivery of their Objectives.
- Consider Board/Directorate/Service developments to which they could contribute
- Identify external commitments (including Private Practice)
- Identify additional resources required to fulfil NHS commitments

Any assessment of “hours of work” will avoid double counting – for example where teaching or administration occurs during a clinical activity the whole session will not be counted as direct clinical care (DCCs) and again as teaching. A portion of the time should be made to DCCs and a portion to teaching.

9.2 Clinical Manager’s Preparation for Job Planning

To prepare for the Job Planning meeting, the Clinical Manager will as a minimum:-

- Have an understanding of the Organisational Service Objectives – i.e. the Local Delivery Plan and Clinical Strategy. The Job Planning process will be closely linked to the Team Service Planning process. The Clinical Manager will work closely with the team and General Manager/Service Managers to determine the appropriate levels of clinical activity to deliver the service objectives. These will relate to the Board’s Corporate Themes for the following year.
- Consider introducing specific team objectives in agreement with colleagues, to promote Team Working and Team/Specialty responsibilities. Each clinician will also require personal objectives. Appendix H gives an example of an objective pro-forma.
- It may be helpful to Collate and share, at least two weeks ahead of the job plan review meeting, evidence of the delivery of their Job Plan in terms of time and service commitments e.g.
 - number of Theatre Sessions delivered
 - number of Clinic Sessions delivered and average time of attendance at clinics and/or patients seen;
 - CPA Case conferences.

9.2.1 The Clinical Manager will proactively negotiate adjustments to the Job Plan to tailor it to the local service objectives.

9.2.2 The items to be discussed at the Job Planning meeting should be agreed and distributed in advance. They should include:-

- Any change in activities over the last year or proposed changes over the coming year;
- Any changes in available resources in the previous year or required to enable delivery of future objectives
- Annual Leave taken;
- Study Leave taken;
- Sabbatical Leave taken;
- Discretionary Leave taken;
- Activity figures including service requirements;
- Details of any Private Practice – checking that it is compliant with the Code of Practice;
- Details of EPAs;
- Details of non DCC activities - including timing, location, activities and outputs;

- Details of any requests for flexible working
- Objectives – Evidence that work has been undertaken towards the previous set of objectives and definition of a set of objectives for the next year including details of supporting resources.

The NHSGGC Medical Staff Leave Guidance can be accessed at:-
<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/>

10. JOINT JOB PLANNING

Some Clinicians have clinical duties with more than one NHS organisation. They will have a clearly identified “Lead” employer who will be responsible for organising Job Planning. Any alterations in the Job Plans must be agreed with the appropriate Clinical Managers of all NHS organisations employing the clinician (Section 3.1.9 Consultant TCS) although job plan review meetings will be held only with the lead employer.

Each new Job Plan will be copied to the relevant Clinical Managers of all organisations employing the Clinician.

10.1 Clinical Academic Staff

Programmed activities for Clinical Academic Consultants working under their Honorary Contracts will be as for NHS Consultants and separated into:-

- direct clinical care activities;
- supporting professional activities;
- agreed additional responsibilities;
- other agreed external duties (Section 13.1.7 Consultant TCS).

For a full-time Clinical Academic, five weekly programmed activities will be set as the commitment for the clinical service component of pay, subject to variation by agreement between the NHS employer, the University employer, and the Clinical Academic Consultant through the Job Planning process. The academic component will normally be six weekly programmed activities, including an extra programmed activity (Section 13.1.8/9 Consultant TCS).

10.1.2 A Clinical Academic would be required to carry out a proportional amount of Direct Clinical Care depending on the number of clinical PAs in the Job Plan. In accordance with 3.1, 3.2.4 and 3.2.5 above the number of Non DCC PAs and where they will be worked will be agreed between the University and the NHS employer.

10.1.3 Job Plan review meetings will be carried out by Clinical Academic and the University Head of Division or with the NHS Clinical Manager and will review the job content and objectives as well as the delivery of commitments (Section 13.3.3 Consultant TCS).

11. LINKS TO APPRAISAL AND REVALIDATION

11.1 Appraisal and job planning are two separate processes. The outputs from a job plan will normally be discussed as part of annual appraisal process but it is not a mechanism to agree the content of a job plan.

11.2 The Appraisal process should be completed annually.

Further information can be accessed via the following link:

12 RESOLVING DISAGREEMENT

12.1 Most job plan reviews will be straightforward, but occasionally, a clinician and their clinical manager will find it difficult to reach agreement. In such circumstances it is unhelpful for this to be left unresolved.

12.1.2 The Terms and Conditions set out a clear mechanism for resolving job planning disagreements. The information below is taken from joint guidance from BMA Scotland and the NHS Scotland Management Steering Group and does not seek to undermine or replace those TCS provisions in any way. However, the TCS are now over a decade old, and the roles and structures they refer to are not always still appropriate. This guidance is an attempt to ensure that processes relate to the current NHS in Scotland, without undermining the overall approach specified in the TCS. It also suggests a more mediated and less adversarial approach, which should help resolve disagreements at an earlier stage in the process.

12.1.3 It is open to either party (or both parties jointly) to seek further advice in order to try to resolve a disagreement in advance of proceeding to mediation. Whilst it is obviously preferable for disagreements to be resolved through such 'informal facilitation' it is equally important to reach genuine agreement and give all parties clarity as to the prospective job plan. It is accepted that there will be times when despite everybody's best efforts for some reason agreement cannot be reached between the clinician and the clinical manager. It is important that such disagreement is recorded and either or both parties refer the matter to mediation in line with the provisions of the TCS. It is counter-productive for both the manager and the clinician to simply ignore the failure to agree. It is good practice that such failures to agree are referred to mediation in line with section 3.4 of the Consultant TCS and Schedule 5 of the SAS Grade TCS.

12.2 Mediation

Section 3.4.1 of the Consultant TCS and Section 2 of schedule 5 of the SAS Grade TCS details the mediation process; the intention of the guidance below is not to create any additional stages, only to complement the existing provisions of the TCS, and to facilitate an approach to resolving disagreements which is representative of a true mediation process.

Stage 1

Once the clinician and clinical manager have concluded that they are unable to agree a job plan then the clinician and or clinical manager will, normally within 2 working weeks of the exhaustion of the initial discussion, refer the point(s) of disagreement, in writing, to the next level of clinical management, provided that the clinician concerned has not had any previous involvement in the job plan review. In the event that the more senior manager has been involved in the discussion to date then the referral will be to another appropriate person nominated by the senior Clinical manager and agreed with the clinician.

The individuals who undertake the mediation do not necessarily have to be formally trained in mediation but rather should be individuals who are trusted by both parties and who have the interpersonal skills to be able to facilitate a constructive dialogue and enable both parties to put forward their issues and concerns. Ultimately if there is no resolution in the course of the mediation meeting, they may be required to make a decision, however their approach should be one of trying to reconcile the differences and reach agreement in the meeting.

The mediator should convene the meeting normally within three working weeks of the referral for mediation. There is no obligation on either party to provide information to the mediator in advance of the meeting, but it is often helpful for both parties to provide the reasons why they

have been unable to agree so that the mediator has some insight into the matters under consideration. Providing a lot of new information on the day is likely to simply delay the process, which is not in the interests of either party.

Following the meeting the mediator will, normally within two working weeks, advise the clinician and manager of the outcome of the mediation and provide in full the reasoning for this.

Experience has shown that most disagreements will be resolved by stage 1 mediation. However, if following receipt of the outcome a clinician or clinical manager remains dissatisfied with the proposed job plan the point(s) of disagreement may be referred to stage 2 mediation.

Stage 2

A clinician or clinical manager who remains dissatisfied with the proposed job plan should refer the matter to the manager set out in the scheme of delegation agreed with the LNC (or chief executive where no scheme of delegation has been agreed) normally within 2 working weeks of receipt of the outcome of the stage one mediation. S/he will then convene a meeting with the clinician and the clinical manager (i.e. the one who was involved in the original job planning meeting) to discuss the outstanding point(s) of disagreement and to hear the parties' consideration of the issues. As with Stage 1, with the agreement of the clinician concerned, responsibility for this stage of mediation may be delegated to a colleague of equivalent seniority with appropriate mediation skills who has had no previous involvement in the job planning issue under consideration.

Following this meeting the stage 2 mediator will, normally within two working weeks of the meeting, advise the clinician and manager of the outcome of the mediation and provide in full the reasoning for this.

If following the stage 2 mediation a clinician remains dissatisfied, s/he is entitled to present a formal appeal to the employer, the outcome of which is binding on both parties.

12.3 Formal Appeal

Sections 3.4.2 –3.4.3 of the Consultant TCS and Schedule 5 of the SAS Grade TCS detail the formal appeal process.

A clinician has 4 working weeks following receipt of the outcome of stage 2 mediation to submit an appeal, and the relevant panel should be convened within 6 weeks of receipt of the appeal.

Clinicians should request an appeal by contacting the senior manager set out in the scheme of delegation agreed with the LNC. Where no scheme of delegation has been agreed, the appeal should be to the board Chief Executive, or the board chair for clinicians in public health medicine.

The membership of the appeal panel is set out within the terms and conditions in section 3.4.2. of the Consultant TCS

The appeal panel comprises

- one member nominated by the chief executive who chairs the panel
- one member nominated by the clinician
- one member appointed from the agreed appeals panel list

The appeals process will reflect the locally agreed procedure for conduct of appeals with regard to submission of information and the conduct of the appeal hearing itself.

This stage exhausts the process and there is no further right of appeal.

12.4 Conclusion

While in the vast majority of cases job planning results in an agreed plan which both individual clinicians and clinical management in Boards commit to, there are instances where there is a lack of agreement. While the 2004 terms and conditions of service (TCS) for Consultants and the 2008/2022 for SAS Grade TCS contain provisions for dealing with these circumstances discussions between BMA Scotland and the NHS Scotland Management Steering Group identified potential for guidance which, while not changing or replacing the agreed TCS would be of assistance to both NHSS managers and individual consultants in moving towards agreement, using mediation as a means of doing so.

12.5 Policy Review

It has been agreed that this Policy will be reviewed in Partnership with the LNC every two years. The next review is scheduled to take place in 2026.

APPENDIX A (1)

Consultant – Job Plan Review

Job Planning Year _____

Name of Consultant: Directorate/Sector:

Section 1: Progression through Seniority and Pay Points

[For completion by Clinical Manager and to be shared with the Consultant]

Paragraph 5.2.3 of the Consultant Grade Terms & Conditions of Service, states that “An Employer may decide to delay progression through seniority points in any year only where it can be demonstrated that, in that year, the Consultant has not met the following criteria”.

		Y	N	N/A
a)	Met the time and service commitments in the job plan (see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. (see T&Cs paragraph 3.2.16 to 3.2.21)			
c)	Worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review.			
d)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (see T&Cs paragraph 4.4.6 to 4.4.12); or			
e)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (see Section 6 and Appendix 8 of T&Cs).			

Progress through seniority points will not be deferred in circumstances where the inability to meet the requirements set out in paragraph 5.2.3 above is occasioned by factors out with the control of the Consultant, for example, absence on leave. In addition, progression through seniority points must not be related to or affected by the outcome of the appraisal process.

I can/cannot * confirm that [Name of Consultant] has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed: (Clinical Manager) Date:

Name [Print]: Directorate:

**(*Section 3 to be completed by Consultant and Clinical Manager if any criteria are not met)
Section 2: Private Practice – This section should be completed by the Consultant**

Para 4.4.8 states that “A Consultant (whether working full-time or part-time) who wishes to undertake Private Practice must inform NHSGG&C in writing”. A Consultant undertaking Private Practice must abide by the standards outlined in Section 6 and Appendix 8 of the Consultant Contract.

Please confirm if you plan to undertake Private Practice next year:

Yes

No

Signed: (Consultant) Date:

Name [Print]..... Directorate:

Section 3: Job Plan Review - Addendum

A. To be completed by Consultant
What if any factors, out with your control have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Clinical Manager
In what way has the Consultant failed to meet the criteria listed in Section 1, please Include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: (Consultant) Date:

Name [Print]:

Signed: (Clinical Manager) Date:

Name [Print]:

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the Consultant) disagree with the terms of the report you will be entitled to invoke the Mediation Process set out in Paragraph 3.4.1 (Stage 1) Consultant Grade Terms & Conditions of Service.

C. To be completed by Chief of Medicine
Do you recommend pay progression for year Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: (Chief of Medicine) Date:



The completed form should be passed immediately to the Human Resources Department for processing in accordance with paragraphs 5.2.7 to 5.2.10 of the Terms and Conditions.

Section 4: - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48-hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME: [Print].....

Job Title:

Contracted Hours:

Period of the Agreement: From..... **To:**

Reason for the Agreement:

(if applicable)

If the employee is working for another employer the terms on which the employee is to provide their Manager with details of the additional hours they are working within another job, must be stated below: -

.....
.....
.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee): **DATE**.....

SIGNED: (Director or Chief of Medicine)

DATE:

APPENDIX A (2)

Associate Specialist, Specialist Doctor and Specialty Doctor – Job Plan Review

Job Planning Year _____

Name of Clinician: **Directorate/Sector:**

Section 1: Progression through Incremental points and Thresholds

[For completion by Clinical Manager and to be shared with the Clinician]

Schedule 15 of the SAS Grades TCS 2008 and Schedule 11 of the SAS Grades TCS 2002, states that “All clinicians will pass through this threshold unless they have demonstrably failed to comply with any of the following criteria”:

		Y	N	N/A
a)	Met the time and service commitments in the job plan (see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. (see T&Cs paragraph 3.2.16 to 3.2.21)			
c)	Worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review.			
d)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (see T&Cs paragraph 4.4.6 to 4.4.12); or			
e)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (see Section 6 and Appendix 8 of T&Cs).			

Progress through incremental points and thresholds will not be deferred in circumstances where the inability to meet the requirements set out is occasioned by factors out with the control of the clinician, for example, absence on leave. In addition, progression through incremental points and thresholds must not be related to or affected by the outcome of the appraisal process.

I can/cannot * confirm that [Name of clinician] has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed: **(Clinical Manager) Date:**

Name [Print]: **Directorate:**

(*Section 3 to be completed by clinician and Clinical Manager if any criteria are not met)

Section 2: Private Practice – This section should be completed by the Clinician

Schedule 10 states "The clinician will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee-Paying Services.

Please confirm if you plan to undertake Private Practice next year:

Yes

No

Signed: **(Clinician) Date:**

Name [Print]:..... **Directorate:**

Section 3: Job Plan Review - Addendum

A. To be completed by Clinician
What if any factors, out with your control have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Clinical Manager
In what way has the clinician failed to meet the criteria listed in Section 1, please Include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: **(Clinician) Date:**

Name [Print]:

Signed: **(Clinical Manager) Date:**

Name [Print]:

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the clinician) disagree with the terms of the report you will be entitled to invoke the Mediation Process set out in Schedule 5 of the SAS Grades Terms & Conditions of Service.

C. To be completed by Chief of Medicine		
Do you recommend pay progression for year	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed: (Chief of Medicine) **Date:**

The completed form should be passed immediately to the Human Resources Department for processing in accordance with Schedule 150 of the Terms and Conditions.

Section 4 : - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48-hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME: [Print].....

Job Title:

Contracted Hours:

Period of the Agreement: From..... **To:**

Reason for the Agreement:
 (if applicable)

If the employee is working for another employer the terms on which the employee is to provide their manager with details of the additional hours they are working within another job, must be stated below: -

.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee): **DATE**.....

SIGNED: (Director or Chief of Medicine)

DATE:

APPENDIX B

EXAMPLES OF HOW THE FREQUENCY OF OUT OF HOURS ON-CALL AVAILABILITY SUPPLEMENT IS CALCULATED

EXAMPLE 1

11 clinicians prospectively covering overnight

$365/11 = 33.18$ on-calls per year

1:11 with Prospective Cover ($\times 42/52$) = 1:8.88 rounded up to 1:9 =
3% for Consultants
2% for SAS Grades

EXAMPLE 2

19.5 clinicians covering 2 weekend nights (Sat and Sun) and 1 week of weeknights in 19.5 weeks

The combined frequency of weekday and weekend rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

52 weeks/19.5 clinicians = 2.66 x 5 nights = 13.33 on-calls per year
52 weekends/19.5 = 2.66 weekends per year
Additional weekend = 52/19.5 = 2.66 weekend per year
5.32 weekends x 2 nights = 10.64 weekend nights per year
Total 23.97 on-calls per year

$365/23.97 = 1:15.22$ with P/C ($\times 42/52$) = 1:12.29 rounded down to 1:12 =
3% for Consultants
2% for SAS Grades

EXAMPLE 3

15 Clinicians prospectively cover weekdays (Mon-Thurs)
20 Clinicians prospectively cover weekends (Fri-Sun)

The combined frequency of weekday and weekend rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

Weekend = 156 nights
Weekday = 209 nights

156/20 = 7.8 on-calls
209/15 = 13.93 on-calls
Total 21.73 on-calls per year

$365/21.73 = 1:16.79$ with P/C ($\times 42/52$) = 1:13.56 rounded up to 1:14 =
3% for Consultants
2% for SAS Grades

EXAMPLE 4

A consultant works on two different on call rotas:

1:10 and 1:20

The combined frequency of 2 rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

365/10 = 36.5 On-calls per year
365/20 = 18.25 On-calls per year
Total 54.75 on-calls per year

$365/54.75 = 1:6.66$ with P/C ($\times 42/52$) = 1:5.37 rounded down to 1:5 =
5% for Consultants
4% for SAS Grades

APPENDIX C - ACTIVITIES AND HOW THEY SHOULD BE ALLOCATED

Theme/ Programme	Activity	Allocation In Contract	Comments/Issues
Personal Development	Induction	Core SPA	
	Statutory and Mandatory Training	Core SPA	
	Job Planning	Core SPA	
	Appraisal	Core SPA	
	Revalidation	Core SPA	
	CPD Activities	Core SPA or Study Leave	
	Attending Conferences	Study Leave	
	Attending Conferences with commercial Sponsorship	Study Leave	Clinical manager to decide whether any expenses are reimbursed and must comply with the 'Employee Conduct Policy'
	Clinical Skill Courses	Study Leave	
	Degree Work e.g. MBA	SPA / Study leave/ Annual Leave/ own time	Prior agreement must be sought and amount of SPA/ Study Leave agreed
	Departmental Meetings	SPA	
governance and risk activities	Significant Adverse Event Review	SPA DCC	Lead Reviewer role On Review team When activity is ad-hoc participation in the review process for the relevant clinical team, this will replace DCC.
	Appraiser	SPA	0.5 PA per week based on 10 Appraisees per annum.
Service Maintenance Development and Design	Organisational Events	SPA	
	Appointments Committees	ED	
	Specialty Advisers Activities	ED	Subject to an agreed maximum with clinical manager
	NHS HIS activities	ED/DCC	Prior agreement to role and task with clinical manager
	GMC work	AR/DCC/ED	Prior agreement to role and task with clinical manager. GMC funding for major elements
	Clinical Audit	SPA	

	Medical Management Roles	AR	
	MCN Meeting	SPA/DCC	Some of this is already in DCC such as clinical pathway meetings and also preparation time for these meetings.
	Recruitment Commitments	AR and subject to a maximum	Lost DCC to be replaced or Study Leave should be used. Team approach.
Trade union & Professional Association Activities	Trade Union Training	ED	
	Trade Union Duties	ED	
	Trade Union Activities	Study, annual or unpaid leave	
Medico-Legal Work	For NHSGG&C or CLO	DCC	By agreement with Clinical manager
	For outside Agencies	Annual Leave/own time	
	Statutory	DCC/SPA	Time shift if part of expert witness private practice
	Court Appearances	DCC/SPA If called then have to go only an issue if income generating private practice	Time shift if part of expert witness private practice
Postgraduate Training	Examiner Training	ED	
	Examining – UK	ED Time and Study Leave subject to a maximum	Lost DCC to be replaced or Study Leave should be used. Team approach. College Funding needed.
	Examining – Abroad	Annual Leave / Study Leave.	
	Regional Educational Advisers	SPA	Team Approach
	College Tutors	ED	Team Approach
	Foundation Programme Directors FY1/2	AR	Funded by NES Should be incorporated into Job Plan by reducing SPA/DCC
	Training Programme Directors	AR	Funded by NES Should be incorporated into Job Plan by reducing SPA/DCC
	College Committees	SPA	Team Approach
	Clinical Course Instructor/Trainer	SPA / Study Leave	Team Approach

	Assessments	SPA	Team Approach
	Associate PG Dean	ANR	Funded by NES Should be incorporated into Job Plan by reducing Non DCC/ DCC.
	Named Educational Supervision	SPA	0.25 PA per trainee per week. Do not have to be Consultant in specialty.
	Mentoring	SPA	
	Unpaid external Lecturing	Own time/SPA	
	Named Clinical Supervision	SPA	8 hrs per trainee per year.
Undergraduate Teaching	Clinical Teaching – Formal	SPA	ACT funding mechanism
	Clinical Teaching – “Service Linked”	DCC	By definition happens as part of DCC but slows things down.
	Unpaid external Lecturing	Own time/SPA	
	SSMs	SPA	
	PBL Facilitators	SPA	
	Teacher Training	SPA	
Research	Ethics Committees	SPA	
	Protocol Development	SPA	Support for Science and Priorities and needs Funding.
Non Commercial	Writing Up	SPA	
	Clinical Research Work	SPA/DCC	
	Reporting results of NHS approved research projects	SPA / Study Leave	
	Ethics Application	SPA	
	Reporting Results	SPA	
Commercial	Research	SPA or own time	Annual leave or unpaid Leave

Most of these activities require the presence of the clinician on local NHS premises. Examples of ‘off site’ locations include University library, Health Board Offices and NES offices.

APPENDIX D1

APPROXIMATE TRAVEL TIME WITHIN NHS GREATER GLASGOW AND CLYDE

	GRI - G4 OSF		QEUH/RHC - G51 4TF		STOB - G21 3UW		WGACH - G3 8SJ		GGH/GRH - G12 0YN/G12 0XH		RAH - PA2 9PN		IRH - PA16 0XN		VOL - G83 0UA		VIACH - G42 9LF		DYKEBAR - PA2 7DE		LEVERNDALE - G53 7TU		PARKHEAD - G31 5ES		RAVENS CRAIG - PA16 9HA	
	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles
GRI			30	6.9	15	2.8	30	3.2	30	3.7	30	12.7	60	28	45	26.2	30	3.3	30	9.4	30	8	15	2.1	45	27.6
QEUH/RHC	30	6.9			30	8.4	15	3.6	30	3.5	30	7.5	45	22.8	45	18.3	30	5.6	30	6.8	30	3.8	30	8.6	45	22.8
STOB	15	2.8	30	8.4			30	4.9	30	4.8	45	13.6	60	29.6	45	28.6	30	7.2	30	11.1	30	9.7	15	3.5	60	29.3
WGACH	30	3.2	15	3.6	30	4.9			15	2.2	30	10.5	60	25.8	45	18.9	30	4.7	30	8.7	30	6	30	5.2	60	25.5
GRH/GGH	30	3.7	30	3.5	30	4.8	15	2.2			30	10.6	60	23.1	45	16.7	30	7.8	30	10.2	30	6.1	30	5.9	60	22.8
RAH	30	12.7	30	7.5	45	13.6	30	10.5	30	10.6			45	19.4	45	18.2	45	8.9	15	3.3	30	5.4	45	15.1	45	19.6
IRH	60	28	45	22.8	60	29.6	60	25.8	60	23.1	45	19.4			60	26.8	60	27.6	45	23	45	23.5	60	30.4	15	1.2
VOL	45	26.2	45	18.3	60	23.6	45	18.9	45	16.7	45	18.2	60	26.8			45	25.7	45	21.1	45	21.6	60	28.4	60	26.5
VIACH	30	3.3	30	5.6	30	7.2	30	4.7	30	7.8	45	8.9	60	27.6	45	25.7			30	6.3			30	4.2	60	28
DYKEBAR	30	9.4	30	6.8	30	11.1	30	8.7	30	10.2	15	3.3	45	23	45	21.1	30	6.3			15	2.8	30	11.7	45	22.5
LEVERNDALE	30	8	30	3.8	30	9.7	30	6	30	6.1	30	5.4	45	23.5	45	21.6	30	4.8	15	2.8			30	11.3	45	22.9
PARKHEAD	15	2.1	30	8.6	15	3.5	30	5.2	30	5.9	45	15.1	60	30.4	60	28.4	30	4.2	30	11.7	30	11.3			60	29.9
RAVENS CRAIG	45	27.6	45	22.8	60	29.3	60	25.5	60	22.8	45	19.6	15	1.2	60	26.5	60	28	45	22.5	45	22.9	60	29.9		

Time rounded up to nearest 15 minutes to allow for Parking/walking from/to Car Park

APPENDIX D2

APPROXIMATE TRAVEL TIME FROM NHS GGC MAIN SITES TO PERIPHERAL HEALTH BOARDS

	Crosshouse		Forth Valley		Golden Jubilee		Hairmyres		Wishaw		Monklands		Lorn & Islands		Dumfries & Galloway		Aberdeen Royal		Argyll & Bute		Campbeltown		Ninewells	
	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles	Mins	Miles
GRI	45	27	30	21	30	10	30	18	30	16	30	11	180	99	120	79	210	145	165	89	225	139	105	77
STOB	60	30	30	20	45	12	45	20	30	16	30	11	180	101	120	78	210	143	165	92	225	141	105	76
QEUH/RHC	45	26	45	27	30	13	45	16	45	20	45	17	180	94	120	82	210	151	165	84	225	133	120	83
VIACH	60	23	45	27	45	10	30	7	45	16	45	16	180	100	120	78	210	150	150	90	225	139	120	83
WGACH	45	27	45	24	30	7	45	17	45	19	45	14	180	92	120	81	210	147	165	82	225	132	120	80
GRH/ GGH	60	29	60	25	30	7	45	19	60	20	45	14	180	90	120	82	210	148	150	80	225	130	120	81
RAH	45	24	60	34	30	11	45	15	60	27	60	23	180	91	135	88	225	157	150	82	225	131	120	90
IRH	75	38	90	49	45	20	75	40	75	42	75	39	195	100	180	100	240	173	165	90	195	75	180	105
VOL	75	48	75	47	45	13	60	38	75	40	75	37	180	75	180	101	225	147	120	66	180	115	120	80

***Time rounded up to nearest 15 mins to allow for Parking & walking from/to Car Park**

***Times are based on travelling from NHSGGC hospital at 12pm**

APPENDIX E

SPECIMAN JOB PLAN DOWNLOADED FROM ALLOCATE E-JOB PLAN SYSTEM

NHS Greater Glasgow & Clyde Health Board

This job plan starts 02 April 2018.

Job plan for Dr A, Specialty B

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	Rolling cycle - 2 weeks
Start Week	1
Report date	31 Jan 2017
Expected number of weeks in attendance	42 weeks
Usual place of work	*Beatson West of Scotland Cancer Centre
Alternate employer	University of Glasgow
Contract	New
Doctor classification	Honorary Doctor
University name	Glasgow University
1 PA of premium time equates to	3 hours

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		8 Sep 2016	Mrs Liz Sinclair
In 'Discussion' stage - awaiting doctor agreement		31 Jan 2017	Mrs Liz Sinclair
1st sign-off agreed - awaiting 2nd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
2nd sign-off agreed - awaiting 3rd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
Signed off		31 Jan 2017	Mrs Liz Sinclair

PA Breakdown

	Main Employer PAs	Core PAs	EPA PAs	Total PAs	Core hours	EPA hours	ATC hours	Total hours
Direct Clinical Care (DCC)	4.238	4.238	0.000	4.238	15:54	0:00	0:00	15:54
Supporting Professional Activities (SPA)	2.233	2.233	0.000	2.233	8:56	0:00	0:00	8:56
Private Professional Services (PPS)	Does not attract a value				8:38	0:00	0:00	8:38
Total	6.471	6.471	0.000	6.471	33:28	0:00	0:00	33:28

On-call summary

Rota Name	Location	Weekday Frequency	Weekend Frequency	Level	Supplement	PAs
On-call Rota	*GGC On-call	10	10	1	5%	0.119
Type	Normal	Premium	Cat.	PA		
			Total:			0.031
Predictable	0:00	0:00	DCC			0.000
Unpredictable	0:30	1:00	DCC			0.031
The total PAs arising from your on-call work is:		0.119				
Your availability supplement is:		5% (based on the highest supplement from all your rotas)				

On-call rota details

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	*GGC On-call
What is your on-call classification?	1
Weekday work	
What is the frequency of your weekday on-call work?	1 in 10.00
Do you work your weekday on-call on a specific day?	No fixed day
	Predictable Unpredictable
What are your average hours of emergency work per weekday on-call?	00:00 00:30
How much of this takes place between 20:00 & 08:00? (premium time)	00:00 00:00
How much of your weekday predictable on-call work displaces other activities?	00:00
Weekend work	
(A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 10.00
	Predictable Unpredictable
What are your average hours of emergency work per weekend on-call?	00:00 01:00
Does your weekend predictable work displace other activities?	No
Other information	
Which objective does this on-call work relate to?	
Comments	

Sign off

Role:	Role:	Role:
Name	Name:	Name:
Signed:	Signed:	Signed:
Date:	Date:	Date:
TIMETABLE		

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Activities

- A Additional To Contract
- B Extra Programmed Activities
- H Hot Activity
- U Unaffected by hot activity
- S Shrank by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core EPA ATC	4.852 0.000	21:02 0:00 0:00
	Mon	09:00 - 13:00	wks 1-2	Out-patient Clinic - Paediatric General Renal Comments: includes travel time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	42	1.000	4:00
	Mon	13:00 - 15:00		Teaching - (Please specify level) Comments: Students during University Term Time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	30	0.357	1:26
	Mon	13:00 - 15:00		Admin - Patient related (Reports, results, letters, vetting, GP/Patient/Relativ e communication	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	12	0.143	0:34
H	Tue	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Tue	09:00 - 13:00	wks 1-2	Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	36.8	0.876	3:30
H	Wed	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Wed	09:00 - 12:00	wks 1-2	Private Professional Services	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	PPS	36.8		2:38
H	Thu	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Fri	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Sat	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29
H	Sun	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29

No specified day

"()" Refers to an activity that replaces or runs concurrently

- ▲ Additional To Contract
- Extra Programmed Activities
- Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core EPA Replaced ATC	1.500 0.000 (0.000)	12:07 0:00 (0:00) 0:00
	4:00	0:00	Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	SPA	42	1.000	4:00
	2:00	0:00	Patient Treatment - DCC - Other (Please specify) Comments: something not specified within the "drop down" menu for DCC Activity.	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	DCC	42	0.500	2:00
	6:00	0:00	Private Professional Services	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	PPS	42		6:00

Board Objectives

Objective 1

Comply with Board policies including dress code and Medical Leave policy.

Objective 2

Engage in any Service Change Programme of NHSGGC and participate in any sub-groups, forums as appropriate.

Objective 3

Assist the organisation to monitor and comply with the European Working Time Regulations, Junior Doctors New Deal and manage the impact of Modernising Medical Careers.

Personal Objectives

TEST OBJECTIVE 1

This is a test Objective to show how Objectives can be linked to Activity within the Job Plan

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

Agreed Thursday is a NON working day

APPENDIX F

**NHS GREATER GLASGOW & CLYDE
MODEL CAREER GRADE CLINICIAN - OBJECTIVES**

Postholder's Name:

Job Plan Reviewer's Name:

Designation:

Designation:

<u>OBJECTIVE/BEHAVIOUR</u>	<u>TIMESCALE</u>	<u>OUTCOME</u>
CORPORATE		
<ol style="list-style-type: none"> 1. Support the delivery of NHSGG&C Local Delivery Plan and Clinical Strategy. 2. Engage in the Service Change Programme of NHSGG&C and participate in any Sub-Group, Forums or feedback as appropriate. 3. <u>Clinical Governance</u> – ensure clinical activity is delivered safely and to National Standards. Manage risk effectively in work area. 4. <u>Staff Governance</u> – assist the organisation to monitor and comply with the European Work Time Regulations, Junior Clinicians New Deal and manage the transition of Modernising Modern Careers. 5. <u>Corporate Governance</u> – Manage within available staff and financial allocation available. 		

<u>OBJECTIVE/BEHAVIOUR</u>		<u>TIMESCALE</u>	<u>OUTCOME</u>
TEAMS/SPECIALTY/DIRECTORATE			
1.	Comply fully with the relevant Directorate Policies and Procedures whilst undertaking any work in areas such as Theatres and Out-Patients, ensuring a maximisation of available resources/theatre utilisation and reduction in clinic cancellations.		
2.	Behave in a manner which will facilitate and support effective team working.		
3.	Satisfy Royal College/Deanery requirements for teaching and training Undergraduate and Post-graduate Trainees.		
4.	Incorporate appropriate flexibility to support the team when colleagues are absent on Annual Leave and Study Leave.		
PERSONAL			
1.	Participate in Annual Job Plan Review and Appraisal.		
2.	Agree Job Plan which should take account of the NHSGG&C Capacity Plan to achieve Waiting Time Targets.		
3.	Participate fully in Risk Management and other Clinical Governance activities.		
4.	Undertake at least 42 weeks per year of all Direct Clinical Care Programmed Activities (exclusive of Directorate authorised leave).		
5.	Describe quality outputs from Non DCC time – e.g. teaching, research.		

CONFIRMATION OF OBJECTIVES - Year e.g. 2024/25

Clinician's Name:

Signature:

Date:

Job Plan Reviewer:
[Clinical Director/Lead Clinician]

Signature:

Date:

CONFIRMATION OF OUTCOMES - Year e.g. 2015/16

Consultant Name:

Signature:

Date:

Job Plan Reviewer:
[Clinical Director/Lead Clinician]

Signature:

Date:

COMMENTS: