NHS
Modernisation Agency

Effective job planning

A concise guide for consultants

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For Recipients Use			

Contents

Introduction

This concise guide provides an introduction to effective job planning for consultant medical and dental staff in England. It summarises the information contained within the *Job planning handbook*, which was issued as part of the NHS Modernisation Agency's *Consultant job planning handbook* in January 2005. The complete toolkit can be found online at: **www.modern.nhs.uk/consultants**.

Job planning should be undertaken in line with the Department of Health best practice guidance issued in 2003 (*Consultant job planning – Standards of best practice*) and consideration should be given to the place of consultant job plans within the wider context of the development of the NHS.

How to use this guide

The flow diagram (fig. 1) identifies the various components covered by the booklet and illustrates the roles both the consultant and the clinical manager need to play in preparation for the job planning meeting. Each section then explores these issues in further detail.

Where reference is made to clinical manager this is deemed to mean any appropriate medical manager or clinical leader as determined by the employer.

EFFECTIVE JOB PLANNING - A CONCISE GUIDE FOR CONSULTANTS
Introduction

Steps to consider when preparing for a job plan review

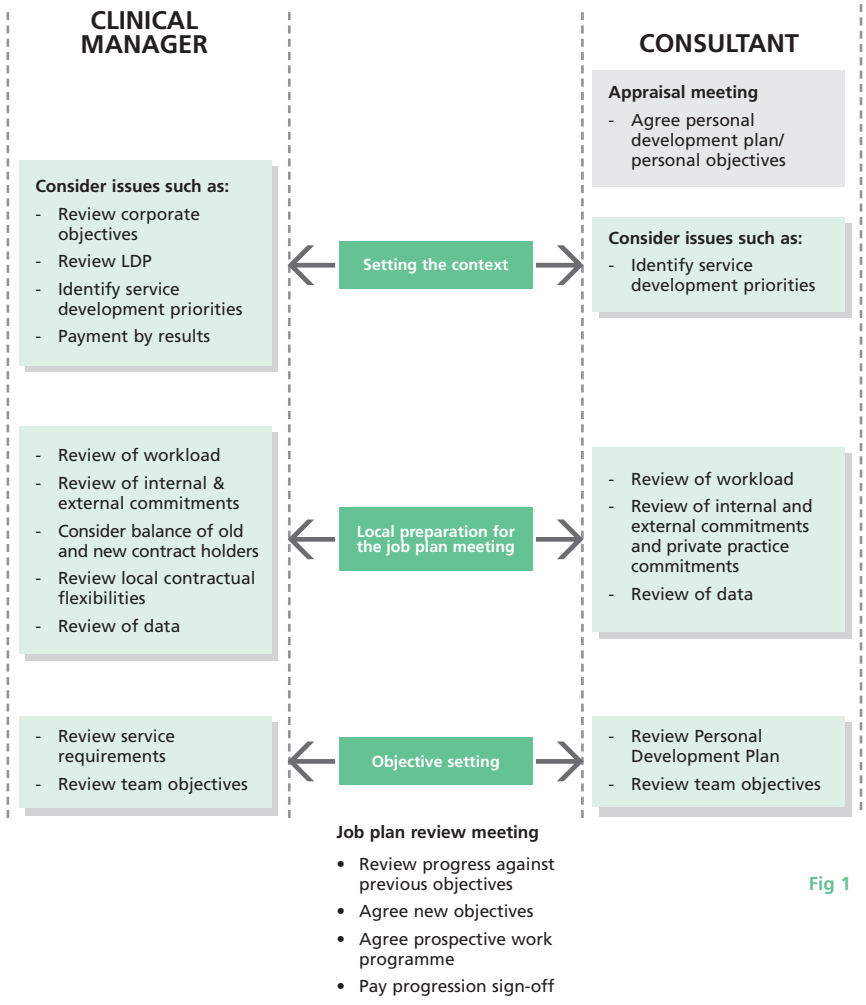


Fig 1

Setting the scene

The purpose, scope and effect of job planning

1. Background

Participation in job planning has been an agreed requirement under national terms and conditions of service for consultants since 1991. *Consultant job planning - standards of best practice* issued in 2003 by the Department of Health and British Medical Association (see **www.dh.gov**) represents recommended guidance on best practice in relation to consultant job planning for medical and dental consultants in England on the 2003 national contract and on the "old" contract.

2. Job planning - purpose

"A consultant job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. In most cases, it will build upon the consultant's existing NHS commitments." (*Consultant job planning – standards of best practice*).

Job planning should be undertaken in a spirit of partnership and balance the needs of patients, the Trust and the wider NHS with those of individual consultants. Within this context it is expected that all parties will participate openly in the process, and actively consider alternative ways of working and to enable service improvements within the job planning context. For example, each time a new consultant post is approved (and prior to advertisement), the opportunity should be taken to review job plans and on-call commitments of all consultants within that specialty or department.

3. Scope

a. A prospective process

Except for newly appointed consultants, the job planning process needs to start by reviewing the current job plan in the light of future service needs; to question what the individual or team is doing and whether it will meet the future requirements of the population served. This may be supported by the use of activity records or diaries. The information gathered should be used to develop prospective job plans for teams and individuals. Where team job plans are developed these should be converted into individual job plans with the addition of personal objectives.

For 2003 contract holders (or those intending to take up the contract), where it is not possible to agree a job plan, the consultant and clinical manager may refer outstanding issues to the mediation process. The provision also exists for consultants to appeal against the outcome of mediation, as set down in *Schedule 4 of the Terms and conditions of service*.

b. Service development

The job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation, and measuring and enhancing productivity as well as reducing any excessive working hours. The job planning process is an opportunity to look at current working practices and to consider alternatives to deliver high quality services. Where changes and improvements can be implemented quickly these should be built into the new job plans. Where it is not possible to do this, plans should be developed to make changes.

Job planning and Local Delivery Plans (LDP) have to be integrated, each informing the other. PCT engagement in the process occurs through the LDP, which needs to reflect the particular issues arising from job planning.

c. Objectives

The development and agreement of objectives is now part of the job planning process. Personal objectives will usually be developed during the appraisal discussion and then brought to the job plan review meeting for agreement and linking to service and corporate objectives, where appropriate. To enable objectives to be reached, there needs to be a realistic discussion and agreement about the resources required. It is for organisations to decide how the appraisal and job planning processes are integrated.

4. An opportunity

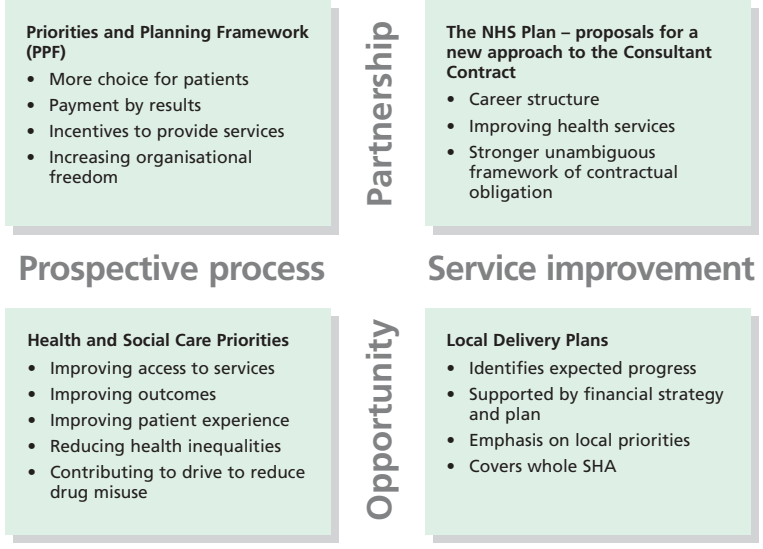
The job planning process should be seen as an opportunity. It is an opportunity to think about the way consultants work and the way services are organised. It is an opportunity to review at least annually the way the organisation supports consultants and employs the skills of all staff. It is an opportunity to make clear what the longer term strategic aims of the service are.

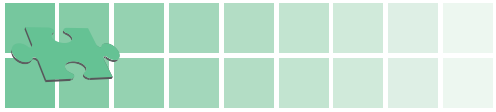
Setting the context in which job planning is undertaken

Fig 2 illustrates the national and local contexts in which job planning is undertaken. A short commentary on these follows with more detail supplied in *Appendix 1* of the *Job planning handbook* of the *Consultant job planning toolkit*.

Fig 2

Setting the context in which job planning is undertaken





Background

The NHS Plan

The NHS Plan set out the direction of travel for the NHS over a 10 year period - the modernisation of the service by increasing investment in staff and facilities, standardisation of care, removing demarcation between staff groups, improving performance, reducing central control and increasing patient choice. The NHS Plan has now been superseded by the NHS Improvement Plan and the Health and Social Care Standards and Planning Framework 2005-8.

The Plan outlined the objective to reform the consultant contract by having a career structure that rewards and incentivises consultants making the biggest contribution to the NHS, with a commitment for better arrangements for professional development and clarity of consultants' time commitment.

The Plan stated that increased investment would be made in facilities and staff; the development of new roles, increasing staff numbers, changes in education and training, maintenance of skills through appraisal and revalidation, and encouraging staff to undertake increasingly complex work through systems of competencies and assessment.

The quality of service would also be raised through the development of core standards; expanding best practice, developing National Service Frameworks (NSF) and ensuring services are commissioned and redesigned around patients' needs with staff working in teams rather than autonomously. A greater emphasis is being put on placing the patient at the centre of the NHS, by increasing patient choice and access and focussing chronic disease management in primary care.

Primary Care Trusts (PCTs) have been set up to commission services to take account of local needs and priorities in light of the national requirements of the latest planning frameworks, see opposite. These priorities and plans for change being set out in the Local Delivery Plan (LDP).

If the LDP changes the priorities then this could result in a radical change for some consultants.

Proposals for a new approach to the consultant contract

Integral to the NHS Plan proposals for a new approach to the consultant contract was a desire to reduce work intensity during a consultant's career. This new approach to tackling work-life balance was amplified in *Consultant job planning – Standards of best practice*. This applies to all medical and dental consultants employed by the NHS in England. For consultants job planning should

- clarify the commitments that are expected of them and the resources and other support they can expect from the employer to help meet these commitments
- prioritise work and better manage excessive workload
- promote flexible working and
- support, where appropriate, a phased approach to consultant careers.

There is no doubt that consultants lead busy working lives. Patient needs, increasing complexity of treatments, introduction of the working time regulations for junior doctors are some of the additional demands made. Job planning should seek to achieve a reasonable work-life balance as well as addressing these, and other, demands.

The NHS Improvement Plan and Health and Social Care Standards and Planning Framework 2005/8

The Priorities and Planning Framework (PPF) 2003/06, to be superseded by the Health and Social Care Standards and Planning Framework, identifies the national priorities and targets to be built into LDPs.

These planning frameworks set out to:

- increase the range and quality of services
- give payments by results
- involve users
- provide training and development
- give more choice for patients
- ensure patient safety
- change practice
- modernise IT systems.

The priorities for action laid out in the planning frameworks are to:

- improve access
- improve the patient experience
- improve care through NSFs e.g. cancer
- reduce health inequalities.

Local Delivery Plan (LDP) and monitoring arrangements

The planning frameworks ensure that organisations within health economies produce three-year plans, identify progress for each priority supported by a financial plan and strategy. Health economies need to set up systems to monitor progress to ensure plans are being delivered with the ability to amend them should the need arise.

The monitoring and performance management arrangements are clearly laid out.

- Each organisation to have its own system
- PCTs to hold provider organisations to account for service delivery that they have commissioned
- Strategic Health Authorities (SHAs) to hold all NHS organisations to account for their performance, with the exception of Foundation Trusts
- The Department of Health to hold SHAs to account for the performance of the NHS in their area, with the exception of Foundation Trusts.

Clinical managers and consultants need to understand the objectives and targets set out in the latest planning framework, and how these are to be delivered through the LDP. However, health economies, whilst taking account of the PPF, will have made some local interpretations to suit their population. It is, therefore, important that clinical managers and consultants have a sound working knowledge and understanding of their LDP.

How job planning links with appraisal

Introduction

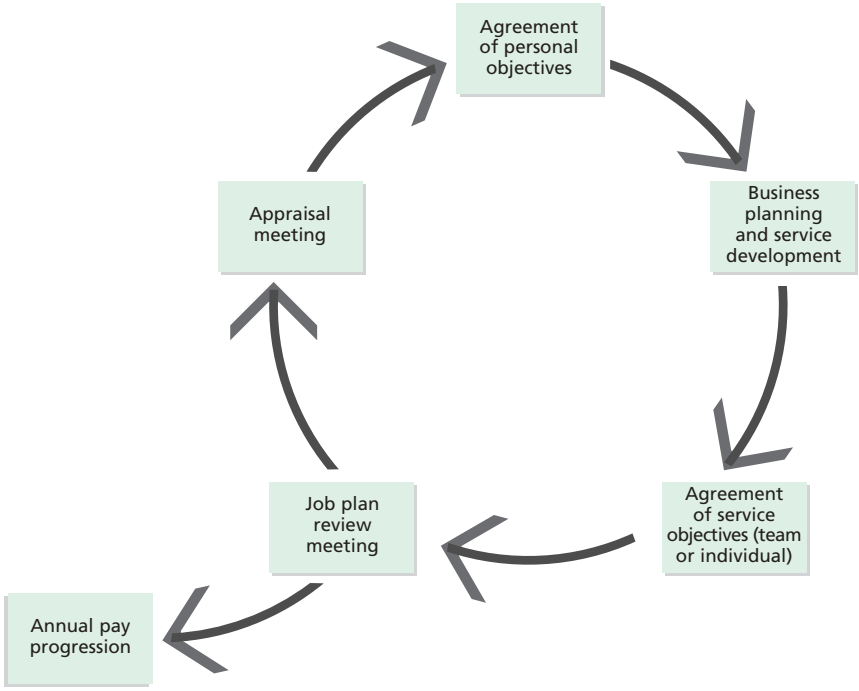
Increasingly, there is a need to understand the link between job planning and appraisal. The linkage is one that concerns time, inputs, outputs and people. This section looks at how the two are related. Individual organisations will differ in the way that they link these activities and it is possible, also, that different directorates within an organisation may take differing approaches.

The timing of appraisal and job planning

It is best to consider the two processes as a continuous cycle, one feeding into the other. Therefore, it is almost certain that the phase of the Trust's business cycle will determine the absolute start point. Thereafter, the cycle continues on at least a yearly basis. Consideration needs to be given to the link of job plan reviews with pay progression decisions – see section *Dealing with pay progression*.

Fig 3

Job planning and appraisal cycle



Appraisal and job planning are two different processes but are closely interlinked. In the main, they are distinct and are likely to be carried out by two different personnel at different times. However, it is important to link them in a logical manner. They can, in some instances, be carried out at the same time, conducted by the same person.

The purpose of job planning

Job planning is a systematic activity designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual and service objectives. It is prospective in nature.

The purpose of appraisal

Appraisal is a systematic approach to review a consultant's achievements, consider their continuing progress and to identify developmental needs. For NHS consultants, it is also a prime form of evidence required for licensing and revalidation purposes. It is a retrospective review of professional activities with a prospective element and the development of a personal development plan (PDP). The resources required to deliver this will need to be discussed at the job planning meeting.

Differences between job planning and appraisal

There are common elements between these two processes. It is probable that much of the information required will be duplicated. The most obvious are activity levels and quality of outcomes. There are, however, key differences between the two processes that may be a driver to keep them apart. Careful consideration and planning can overcome these differences allowing the two meetings to run at the same time. These differences are summarised in the table below.

The common element - objectives

It is clear, therefore, that, when considering objectives during the job planning session, their origin and value have to be certain, as does their ability to be met by factors within the control of the consultant. The objectives considered during job planning derive from two main sources, namely the corporate/directorate agenda and the personal development plan. The former objectives are about service provision, the latter about personal achievement. These latter objectives arise during the appraisal meeting and are of two types - either the maintenance or improvement of current skills or the development of new skills.

	Job planning	Appraisal
Driver	**Employer/Trust**	**GMC/Employer**
Present at meeting	Consultant, clinical lead, +/- general manager	Consultant and appraiser (must be registered and validated doctor)
Emphasis	Service delivery and patient care	Personal & professional standards and development framework
Framework	Consultant job planning - standards of best practice (DH guidance)	GMC revalidation requirements
Atmosphere, ethos	Businesslike	Developmental, supportive, creative
Measure	Quality	Quality
Standard benchmark	Commitments and duties to employer	Professional standards
Outcome	Timetable and agreed service/patient objectives	PDP – skills to deliver care
Benefits	Meet pay progression criteria	GMC revalidation/personal development

Job planning tools

The job plan review process

Introduction

The job plan review culminates in a job plan meeting, but the process itself may last from one year to the next. The guidance below outlines the different pathways and information that make up the process. It is important to get the process correct as this will maximise the opportunity to agree an effective job plan at the meeting. As discussed earlier in the booklet, there are strong links between appraisal and job planning and these should be kept in mind when reading this section.

This guidance does not stand alone but should be read in conjunction with:

- *Consultant job planning – standards of best practice* – issued by DH
- Terms and conditions of service for consultants
- Guidance notes for the employment of clinical academics, and associated contract documents.

Who is involved?

A wide range of people may be involved in the job planning process. For Clinical Academic staff both NHS and University representatives should be present.

The people most often involved are:

- Consultant / clinical academic/honorary consultant - as individuals or as a team
- Clinical manager - e.g. lead clinician, clinical director or medical director
- Directorate or other general manager - providing information on service changes, resource implications and links between corporate and directorate objectives
- Chief executive - responsible on behalf of the NHS employer for agreeing the job plan and that the pay progression terms are met
- Clinical academic managers – head of department / dean - responsible on behalf of the university employer for agreeing the job plan and that the pay progression criteria are met.

What is involved?

Prior to the job plan meeting, the two most important activities are collection of information and reflection. In addition, it is essential that the consultant has undergone his/her appraisal, resulting in a personal development plan. When considering the information requirements, **the purpose of the job plan**, as set out below should be borne in mind.

- prioritise work better and reduce excessive workload
- agree how a consultant or a team can most effectively support the wider objectives of the service and meet the needs of patients
- agree how the NHS employer can best support a consultant in delivering these responsibilities
- provide the consultant with evidence for appraisal and revalidation
- lead to compliance with working time regulations
- agree the appropriate number of PAs for the prospectively agreed commitment.

The job plan should be a prospective agreement setting out duties, responsibilities, objectives and supporting resources for the coming year. It should cover all aspects of the consultant's professional practice, including clinical work, teaching, education, research and budgetary and managerial responsibilities.

The main items to be included in a job plan are:

- the consultant's main duties and responsibilities
- scheduling of commitments
- the support needed in fulfilling the job plan.
- personal objectives, including any continuing medical education and training, and their relationship with wider service objectives.

The job plan review must occur at least annually. The similarity of the information required for the job plan review and for appraisal is such that the timing and inter-relatedness of these two events needs consideration. This subject is covered elsewhere in this booklet.

The purpose of the job plan review is to:

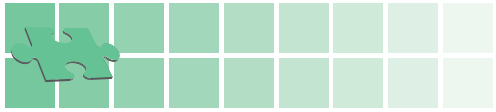
- consider progress against agreed objectives
- consider what has affected the job plan
- agree any changes to duties and responsibilities
- agree a plan for achieving personal objectives
- review the need for additional programmed activities
- review the relationship with other paid work
- agree the support needed from the organisation
- establish and record eligibility for pay progression.

Supporting Information

With the above as the rationale for job planning and review, and whilst remembering that one of the essential attributes is that it should be based on a partnership approach; the next process to consider is collecting the information. The consultant and the clinical manager will almost certainly collect different information and it is good practice to share this prior to the job planning meeting. The information requirements will vary from Trust to Trust and directorate to directorate. Examples of the type of information that might be collected are given below. A example of a template for collecting the actual workload information is available at **www.modern.nhs.uk/consultants**.

By the consultant:

- the previous year's job plan
- workload - actual and best for highest quality
- clinical audit / governance issues
- commitments – internal and external
- ideas for improving the service
- thoughts on blockages to effecting change
- personal development plan from appraisal.



By the clinical manager:

- quantity and quality targets for the directorate and performance against them previously
- clinical audit / governance issues
- changes in services being required or offered
- knowledge of resource base for directorate
  - changes in skill mix and numbers of staff
  - fixtures, fittings and services available
- understanding of planned initiatives within directorate and trust.

As well as reviewing these items the clinical manager should review the makeup of the department. They should:

- consider the needs of both "old" and 2003 contract holders
- review how any locally agreed contract flexibilities are working for 2003 contract holders
- review the impact of external commitments on the work patterns within the department
- ensure an understanding of how the service offered meets the service required.

Both the consultant and clinical manager have to be aware of the effects of other initiatives. These can be internal or external and their impact will vary significantly between consultants.

Internal and external factors could include:

- changes in practices and/or services of other directorates or of other providers
- national clinical audit / governance issues
- change in requirements of local health community
- alteration of tertiary centre referral requirements
- requirements of doctors in training
- changes in medical school curriculum

In conclusion, although the job planning meeting itself should be focused, a diverse amount of information from a wide range of people will be required in advance. In order to prevent duplication and save time it would be logical to agree at a directorate level the information requirements ahead of commencement of the job planning and appraisal processes.

Team job planning

Introduction

Clinicians frequently work in teams, be they teams of consultants, medical teams or multi-disciplinary teams. Recognising this, a number of approaches to team job planning have been developed. Some of these are provided as case studies in *Appendix 5* of the *Consultant job planning handbook*.

It is considered that there are a number of potential advantages to adopting a team approach to job planning and in devising a team job plan. Team job planning enables individuals to take account of the role of each team member in terms of service delivery and their achievement of team objectives. The presence of a team job plan is entirely acceptable so long as each individual agrees to participate without coercion, and that they still retain the right to sign an individual job plan agreement with the employing organisation.

In some circumstances it might be appropriate for various elements of the planning stages of the job plan review to be undertaken on a team basis, but for the written job plan agreement to be on an individualised basis only.

Job planning by team, rather than by individual, should not be viewed as a timesaving solution to the whole job planning process. If anything, it will take considerably longer, but it is suggested that the benefits gained make it a worthwhile investment of time.

Developing a team job plan - the following steps may assist the development of a team job plan:

Step 1: Understanding the demand, the capacity and the gap

i. Determine what direct clinical care (DCC) activities are required to deliver the service

ii. Identify the number of consultant hours required to deliver each activity

iii. Determine the number of weeks in the year when each activity occurs

iv. Determine annualised hours for each activity, based on points (ii) & (iii)

v. Quantify how many consultants are available week to week to deliver the service (taking account of absences for annual/study leave)

vi. Cross reference the activity with a departmental timetable to ensure all activity has been identified and capacity issues are understood

vii. Divide the annualised hours identified in (iv) by the figure identified in (v) to determine the average DCC working week per full time consultant

viii. In addition, quantify the total supporting professional activity (SPA) commitment as well as any additional duties (e.g. clinical director, lead clinician) and external duties (e.g. college examiner) across the team

ix. Add the figures identified in (vii) and (viii) together to determine the total weekly PA figure – if this figure lies outside the 10 PA full time contract then discussions will be needed about how to manage the gap – e.g. with additional programmed activities, consultant expansion, new ways of working.

Step 2: Development of an individual work programme from a team job plan

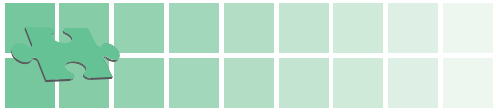
i. Individuals should have personalised schedules based on their average NHS working week and any individual external commitments they may have. In the spirit of team job planning, these may be shared with colleagues to enhance transparency

ii. The team should agree and sign a 'statement' about how they work as a team, defining their shared objectives and detailing how they intend to share the responsibility of the team job plan, to complement the individualised schedules.

Step 3: Ownership and review of the team job plan

i. Good communication between members of the team is essential to ensure shared ownership of the job plan and shared responsibility for its success

ii. A regular review is required to assess progress against the annualised job plan and to ensure working arrangements agreed remain the most effective and appropriate.



Team job plans – advantages

There are two main types of teams, the consultant team and the multi-disciplinary team. Outlined below are some of the potential advantages of pursuing a team job plan in each of these cases:

Consultant team job planning

Where consultants in a specialty act effectively as a team, sharing overall responsibility for the consultant input to a service, team job planning:

- can assist clinicians who work in several teams, e.g. vascular surgeons who may undertake their elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota
- recognises a team approach to service delivery, such that facilities such as theatres can be maximised, as it is the team that uses the slot rather than the individual – i.e. in the absence of one individual, another team member can still make use of the facility
- recognises a team approach to delivering a pathology or radiology service
- can help deliver contractual flexibilities
- would help groups of consultants support one or more of their number engaging in Royal College or other external activities
- planning separately for both the direct clinical care (DCC) and supporting professional activity (SPA) aspects of the job plan may assist with subsequent reviews of the overall teamwork programme, arising from a change in circumstances, e.g. additional theatre capacity or the arrival of a new colleague. In the latter example, it would be possible to divide the core activity in the DCC by one extra and re-evaluate roles within the SPA to assess whether or not there has been a re-allocation of duty and correspondingly a reallocation of PA's
- supports a transparent approach to job planning within departmental structures. For example, if the team agree the time commitment associated with the weekly ward round, the CT reporting session, or a theatre list, where these are common activities, then each member of the team has a set of common building blocks from which to build and identify their personal weekly commitment.

Multidisciplinary team job planning

Where the service is delivered by a multidisciplinary team working together, of which the consultant is a member, team job planning:

- allows for the specific contribution made by the consultant to the team to be clarified. This is especially of value if the consultant belongs to several teams
- provides an opportunity to consider whether other team members could effectively and safely do work currently done by the consultant. This may require a review of team skill mix, or additional training
- ensures multidisciplinary involvement in dealing with service pressures, and service changes and developments
- ensures clarity about clinical and medical responsibility.

EFFECTIVE JOB PLANNING - A CONCISE GUIDE FOR CONSULTANTS
Job planning tools

Annualised job planning

Many consultants, particularly but not exclusively those with managerial responsibilities, do not have a working pattern that lends itself to preparing a job plan based on weekly activities. These individuals may need to prepare job plans that are wholly or partially annualised. These job plans will not have weekly timetables, but will include the major responsibilities the individual will be expected to take on over the coming year and usually the relative amounts of time spent on each.

Furthermore, many consultants or teams of consultants may wish to have an element of their job plans annualised; the principles of job planning, however, remain unchanged. The job plan should be a prospective document that sets out the requirements of the organisation and the priorities for the individual to meet those requirements. Like all other job plans, it should include the objectives for the consultant or team of consultants and the support the organisation agrees to provide.

These groups of consultants may agree with their employers to have part of or their entire job plan agreed on an annualised basis.

1. **Full time or part time annualised job plan**
   Individuals who have an exclusively non-practising clinician role, for example a full time medical director, may need to have a completely annualised job plan. For individuals who need to have a major part of their job plan agreed on an annual basis but who also have a significant clinical commitment, it may be most helpful to regard the job plan as having two halves, a clinical job plan and an annualised job plan. It is sensible, however, to make clear what and when the time commitments are for each part of the job plan so that one part does not regularly encroach upon the other. If this does become the case, a job plan review may be necessary.

2. **Clinical variation**
   An example of an annualised element of a job plan for a clinician might be variation in the number of programmed activities worked at different times of the year. So, for example, an individual and the organisation may agree that during 28 weeks of school term time, an individual works an 11 PA job plan, but during the remaining weeks only 8 PAs are worked, with the total amount being averaged over the year to derive a 10 PA job plan. Many paediatricians, for example, have heavier workloads during the winter months. It may well be most appropriate for their job plans to be based on the average number of PAs undertaken on average over the whole year.

3. **"Chunking" time**
   Some individuals, particularly clinical academics, may need to agree a job plan that has periods of time devoted to patient care and other major periods of time devoted to a different activity, such as academic research. For example, two clinical academics may wish to agree that one will spend the first six months undertaking research whilst the other undertakes clinical work, with their roles then switching.

   These examples are not the only ways in which an annualised job plan can be used to reflect the needs of both clinicians and organisations, but serve to give ideas for how the job planning process can be used flexibly.

Local contractual flexibilities

Introduction

Job planning provides an opportunity to introduce by agreement, local contractual flexibilities for those on the 2003 contract. The purpose of the flexibility provided for in the new contract and its schedules is for the mutual benefit of NHS organisations and consultants to enable better service provision for patients.

The key areas of flexibility are:

- work schedules and job planning
- extra programmed activities
- objectives
- fee-paying services
- elements of pay.

The scope for flexibility within these areas is set out below.

Work schedules and job planning

Job plans and work schedules set out how the work is organised, where it is located, what it comprises and when it is to be undertaken.

- There is flexibility about how the hours are worked on a day to day basis
- PAs can be worked in half units as well as whole units
- The number of PAs worked per week can vary
- Locations other than the principal place of work may be agreed
- Flexibility to alter the 3:1 typical average balance of DCC:SPA to meet the needs of health communities
- Contract has no "standard" working day or week so there is flexibility to agree appropriate arrangements.

Extra programmed activities

Consultants are expected to offer the NHS first call on a portion of their spare professional time before undertaking private practice if they wish to remain eligible for pay progression. Consultants already working an additional PA will have fulfilled this. In addition, extra PAs may be required to meet a particular service need.

- Number of additional PAs
- The spread and timing of additional PAs

Objectives

It is a key part of the contract to agree and work to objectives. These should be in the job plan and whilst not contractually binding, reasonable efforts to achieve them should be made.

- Tailoring objectives to reflect local service development plans and priorities.

Fee Paying Services

There is a key principle that individuals should not be paid twice for the same period of working time and a default position that if fee paying services takes place as part of NHS PAs then the fee should be remitted to the Trust.

- Agreeing to allow fee paying services during NHS PAs (remitting fee)
- Agreeing minimally disruptive activities (with retention of fee)
- Time diarised outside, but alongside, NHS PAs to perform some services such that both NHS and fee paying services can be performed during the agreed hours
- Private work on NHS premises (with payment for facility).

Elements of Pay:

There is discretion allowed in the following elements of pay.

- Starting salary recognising relevant non-NHS experience
- Retention and recruitment premium (one-off or recurrent, but time limited; value; applicability to consultants with similar job plans)
- On-call availability supplement (number on rota and category of on-call)
- Timetabling and PAs for predictable on-call work
- Timetabling and PAs for unpredictable on-call work (method of assessing and reviewing unpredictable work)
- Recognition of premium time work by reduction of length of PA or by supplement
- Other payments and allowances can be made at the discretion of the employer.

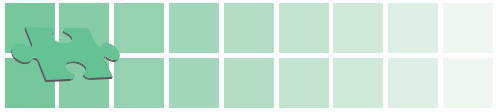
Pay progression – how it works

This section of the booklet applies to 2003 contract holders only. The 2003 consultant contract makes provision for a salary that rises through a series of pay thresholds over a 20 year period. For consultants whose first appointment as an NHS consultant was on or after 31st October 2003 the thresholds occur at the end of years 1, 2, 3, 4, 9, 14 and 19. For those consultants whose first appointment pre-dates 31st October 2003, there is an accelerated pay progression scheme. Passing through the threshold is not automatic and specific criteria have to be met, although progression will still be the norm. Failure to meet these criteria in any one year delays the pay progression process by one year.

The criteria that are reviewed annually for pay progression purposes are listed in the box below.

The consultant has to have:

1. made every reasonable effort to meet the time and service commitments in the job plan
2. participated satisfactorily in the appraisal process
3. participated satisfactorily in reviewing the job plan and setting personal objectives
4. met the personal objectives in the job plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so
5. worked towards any changes identified in the last job plan review as being necessary to support achievement of the employing organisation's objectives
6. taken up any offer to undertake additional programmed activities that the employing organisation has made to the consultant in accordance with *Schedule 6 of the Terms and conditions* (i.e. private professional services provisions) and
7. met the standards of conduct governing the relationship between private practice and NHS commitments set out in *Schedule 9 of the Terms and conditions*.



How do you meet the annual pay progression requirements?

1. Consultants need to have participated satisfactorily in the appraisal and job planning processes. This does not mean that they are required to have achieved everything they set out to do. It means that they have played an active part and have done their best to achieve the objectives that were agreed in both the appraisal and job planning sessions. Failure to meet one of the objectives, if due to issues outside of the consultant's control, may be adequate reason to prevent pay progression. However, pay progression should be subject to an overall assessment of the two processes.

For example:

- anticipated resources may fail to materialise
- clinics or operating sessions may be cancelled because of lack of support staff
- the service may have been withdrawn or
- the way in which the service is provided may have changed.

2. Consultants must have done their best to work to the agreed job plan. This does not mean that they should watch the clock, or count the hours, but it does mean that if a consultant has agreed to undertake a specific activity, then it should be done, unless there has been a prior agreement not to do it, or for some other good reason that has been brought to the attention of the clinical manager. The job plan is meant to be flexible, but the flexibility is by agreement.

3. Consultants need to comply with the *Schedule 6 of the Terms and conditions* provision for agreeing to perform up to one additional paid programmed activity per week if they wish to undertake private professional services (also referred to as private practice). The term 'private professional services' excludes fee paying services - these are described in *Schedule 10 of the Terms and conditions*.

4. Consultants need to have complied with the *Code of conduct for private practice and also Schedule 9 of the Terms and conditions*. These describe the relationship between NHS work, private practice and fee paying services. In essence, the consultant is responsible for ensuring that the provision of private professional services or fee paying services for other organisations does not result in detriment to NHS patients or service and that it does not diminish the public resources available for the NHS.

If all the above is agreed, then the consultant should receive pay progression for that year. This is the norm. Failure to achieve one or more of the criteria will lead to failure in pay progression for that year. However, where an individual has failed to meet one or more of the criteria for reasons such as personal illness, the chief executive has the discretion to decide that pay progression be awarded.

How is the pay progression decision made?

During the annual job plan review the consultant and the clinical manager should discuss all the criteria. The annual job plan review will be, in part, informed by the outcome of the appraisal discussions. Topics and issues that should be considered could include the following:

1. factors affecting the achievement or otherwise of objectives
2. adequacy of resources to meet objectives
3. any possible changes to duties or responsibilities, or the schedule of programmed activities
4. ways of improving management of workload
5. the planning and management of the consultant's career.

It is during this review that compliance with private practice and fee-paying service issues will be discussed.

Following the annual job plan review, the clinical manager will inform the chief executive, via the medical director, whether or not the criteria in *Schedule 15 of the Terms and conditions* for the purposes of pay progression have been met, a copy of which should be sent to the consultant. If the consultant disagrees with the outcome, the mediation and appeals procedures are available.

It is important to remember that the first four thresholds of the pay scale are annual, but to meet each of the remaining three thresholds consultants must have achieved the annual pay progression requirements five times for each. If the annual pay progression requirements in one or more years are not achieved, the pay threshold is delayed by the equivalent number of years.

For example:
A consultant has reached pay threshold 4 and has established a flourishing private practice. During the annual job plan review the employer asks for one additional programmed activity per week to be undertaken as additional levels of service are required and under Schedule 6 of the Terms and conditions, the employer has the right to ask this. The consultant refuses on the grounds that it will detract from his/her private practice. Therefore, pay progression would not be awarded and the salary would be based at threshold 4 until the consultant reconsiders his/her decision.

Date of 1st consultant appointment

On or after 31st October 2003 -
a consultant whose first appointment as an NHS consultant was on or after 31st October 2003 start on pay threshold one. Schedule 14.5 and 14.6 of the Terms and Conditions give the exceptions to this rule. These are based on consultant-level experience prior to appointment, flexible training and dual qualification.

Table 1, in *Appendix 3* of the *Job planning handbook*, gives in detail the progression through the pay threshold scheme. Salary is based on 2004/5 levels.

Pre 31st October 2003 -
Schedule 13 of the Terms & conditions describes in detail the transition arrangements that apply to those whose first appointment as an NHS consultant was before 31st October 2003. For the purposes of this chapter, only pay progression is being considered. There is an accelerated progress through the pay threshold time scale that depends on the seniority of the consultant on transfer to the new contract. Seniority is defined in *Schedule 13.5, 13,6* and *13.7* of the *Terms and conditions* but is, in essence, the sum of:

- the number of whole years completed as an NHS consultant
- plus the point on the salary scale when appointed (on a scale of 1 to 5, not 0 to 4)
- plus any additional seniority in whole year to reflect non-NHS consultant experience or flexible training.

Table 2, in *Appendix 3* of the *Job planning handbook*, describes how progression through the pay threshold scheme works for each starting level of seniority. This table combines, and simplifies, the two tables in *Schedule 13* of the *Terms and conditions*. Salaries given are based on the 2004/5 rates.

A guide to objective setting

Introduction

The document '*Consultant job planning – Standards of best practice*' which is applicable to all consultant medical and dental staff, provides guidance for the introduction of objectives into the consultant job plan.

It states that "a consultant job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and **objectives** for the coming year", and further that "consultant job plans should set out agreed personal objectives and their relationship with the employing organisation's wider service objectives".

Schedule 3 of the *Terms and conditions* of the 2003 contract goes further in that it provides a contractual framework for the role of objectives in consultant job planning.

It is clear that job planning is now much more than the simple agreement of a timetable; amongst the many criteria to be agreed during the job planning process are a consultant's objectives and the supporting resources required to deliver them.

The objectives should set out a mutual understanding of what the consultant will be seeking to achieve over the period that they cover and how this will contribute to the objectives of the employing organisation. They should:

- be based on past experience and on reasonable expectations of what might be achievable over the next period
- reflect different, developing phases in the consultant's career
- be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the consultant's control, which will be considered at the job plan review.

The flow diagram opposite provides a useful aide-memoire of the inputs and outputs that need to be considered by the consultant and the clinical manager, when setting objectives.

EFFECTIVE JOB PLANNING - A CONCISE GUIDE FOR CONSULTANTS
A guide to objective setting

Fig 4

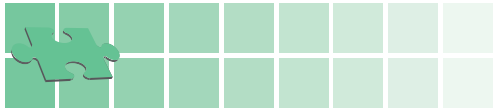
What is an objective?

An objective is a task, target or development need that the consultant, or the consultant and their clinical manager have agreed needs to be achieved.

- It should reflect the needs of the consultant, the organisation and the health community (in this context, it should arise out of the appraisal process or the job planning process)
- It should be well thought out and agreed
- The resource implications should be known – e.g. time, educational pursuit or equipment needs
- Many objectives will be team based – agreed by each team member – in these cases the role played by each individual has to be clear
- Objectives may also have different time scales. At the outset, it is essential to agree the proposed time scale, whether weeks, months or years
- A process for evaluating progress towards the achievement of the objective must be established.

Discussing and agreeing objectives

Agreeing objectives for consultants, either individually or as a team, is a complex, iterative process that may take several cycles to develop fully.



In some situations, the consultant will be able to achieve the agreed objective alone. However, in many situations, whilst the consultant will be responsible for their contribution to the objective, achieving it will require the involvement of other staff – e.g. service related objectives. The process of agreeing the consultant's objectives should clarify expectations of the individual, and identify what mechanisms need to be in place to ensure other staff play their part. One way to do this is to link the consultant / team and department objectives.

Whilst the final agreement on the consultant's objectives is between them and their clinical manager, the involvement of general managers in the development process can be helpful as it enables a dialogue about what support will be required to meet objectives.

A mix of objectives may be agreed. Some examples are set out below:

1. **Hard** objectives:

   These refer to something, usually quantifiable, that must be achieved.

   Examples:
   - *achieving the 4 hour A & E target*
   - *to see all out-patients within the 17 week limit*
   - cancer service pathology accreditation.

2. **Soft** objectives:

   These refer to activities that, whilst important, are difficult or unproductive to quantify. They often describe 'how' someone goes about their job and work best when they are descriptive rather than numerical.

   Examples:
   - *improved quality of service as judged by patients*
   - *greater involvement of patients in decision making*
   - *review the working of a multidisciplinary team.*

3. **Personal development** objectives:

   These relate to a skill or knowledge that, if developed, will improve the inputs and, consequently, the outputs.

   Examples:
   - *develop a subspecialty skill to meet a required health community demand*
   - *gain IT database skills or ECDL (European Computer Driving Licence)*
   - *gain an MBA as potential medical director.*

4. **Team** objectives:

   These are more useful where the team's performance is more relevant than one individual's performance.

   Examples:
   - *full accreditation for head & neck cancer team*
   - *increase home diagnosis and follow up of diabetic retinopathy*
   - *reduce hospital admissions by targeting treatment of patients at home e.g. respiratory care team.*

5. **Performance** standards:

   Although not strictly objectives these are appropriate where less-than-acceptable performance would be significant, but where better-than-acceptable performance is either impossible or unnecessary. It relates purely to where performance below the standard is unacceptable.

   Example:

   if the standard is to see patients within one hour post operatively, then seeing them three hours post operatively would be unacceptable. Whereas seeing them every ten minutes for the first three hours post operatively would be better than acceptable, but an unnecessary and uneconomic use of time (subject to any special circumstances).

Using a framework

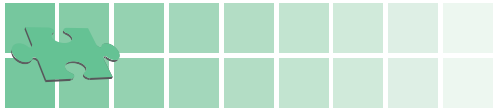
It may be helpful to use a framework when discussing and agreeing objectives. The enhanced SMART framework is one of the best:

- **S**pecific
- **M**easurable (quantified or descriptive)
- **A**chievable and agreed
- **R**elevant
- **T**imed and tracked

Summary of the steps to be taken in the development of an objective

- AGREE the local priorities to be addressed
- DEFINE the objective(s) to be achieved for each priority
- DETAIL the actions required to achieve the objective
- AGREE the measures against which the objective will be reviewed / the success criteria to be met
- DETERMINE how progress will be monitored and the timetable for this
- AGREE the support required to help the individual / team achieve the objectives.

A sample form detailing these steps is provided on the next page. This may be helpful to use as a template when agreeing objectives.



Sample objective form

Suitable for

Objective

Actions to achieve objective

Success criteria/measures

Agreed review process and timetable

Support required