

the job plan review

steps to achieving a good outcome

Claire Ashley
Senior Industrial Relations Officer



STANDING UP FOR DOCTORS



what is a job plan?

- part of your contract with the Trust
- timetable of activities
- sets out no. of PAs of each type – Direct Clinical Care, SPAs, Additional responsibilities (Trust related), External responsibilities (wider NHS)
- on-call arrangements
- arrangements for extra PAs
- agreed objectives
- supporting resources
- private and fee paying work information



STANDING UP FOR DOCTORS

BMA 

political and financial context

- financial pressures on Trusts:
 - £20bn savings across NHS in next 4 years;
 - reduction by 45% in management costs;
 - requirement to achieve FT status
 - costs of adapting to changes in NHS commissioning;
- focus therefore is on lowering costs and increasing productivity
- across the board 8:2 contracts, or worse
- pressure towards 10 PA job plans, even where work done is more than this



STANDING UP FOR DOCTORS

BMA 

Contractual context

- *“Job planning will be based on a partnership approach” (Schedule 3, TCS)*
- expectation is that there will be a dialogue, with willingness to compromise on both sides
- your job plan is part of your contract of employment. Changes must be **agreed**
- if you do not accept a proposed change to your job plan you can ask for mediation and also take the dispute to formal appeal



STANDING UP FOR DOCTORS

BMA 

Role of the clinical manager

“Effective job planning will require the clinical director to have an overview of objectives, to seek the views of individual consultants, (and potentially other) colleagues and to achieve a consensus. It will also be important to bring knowledge of Trust objectives and service requirements into the objective-setting discussions”

- “A Guide to Consultant Job Planning” (NHS Employers and BMA)



STANDING UP FOR DOCTORS

BMA 

direct clinical care - examples

- work directly relating to the prevention, diagnosis or treatment of illness
- emergency duties (including emergency work carried out during or arising from on call),
- operating sessions including pre-operative and post-operative care,
- ward rounds,
- outpatient activities,
- clinical diagnostic work,
- multidisciplinary meetings about direct patient care
- administration directly related to the above



STANDING UP FOR DOCTORS

BMA 

emergency on-call work

- should be the first priority in Job Planning
- separate from the on-call allowance
- average on-call over rota period usually used to provide average figure for emergency on-call PAs
- predictable work (e.g. ward rounds whilst on call) should be programmed into DCC in Job Plan.
- during Premium Time - 3hrs per PA



STANDING UP FOR DOCTORS

BMA 

Supporting professional activities - examples

- participation in training, medical education, CPD,
- formal teaching,
- audit,
- job planning,
- appraisal, revalidation
- research,
- clinical management and local clinical governance



STANDING UP FOR DOCTORS

BMA 

Supporting Professional Activities

- the “soft underbelly” of the contract as it does not attract income
- under attack in many Trusts
- BUT it is essential work, underpinning Direct Clinical Care
- “typically” 2.5 PAs in a 7.5 PA consultant job plan
- must be able to provide evidence of effective use of SPA time
- can receive > 2.5 PAs for this work if justified
- “use it or lose it”



STANDING UP FOR DOCTORS

BMA 

The importance of SPAs

“In order for NHS organisations to attract medical staff, both non-training and training grades, a culture of education and training needs to be further developed within the NHS. To ignore this would have a detrimental effect on recruitment, retention and return”.

- *Extract from NHS Employers “Guidance on supporting professional activities”*



STANDING UP FOR DOCTORS

BMA 

The importance of SPAs

“... In view of the uncertainty around revalidation... the Academy therefore proposes that the minimum number of SPAs allowed for this purpose should be 1.5 per week, not including annual study leave. However, a contract that includes only 1.5 SPAs and 8.5 Programmed Activities would have no time at all for other SPA work such as teaching, training, research, service development, clinical governance, contribution to management etc. It is unthinkable that a consultant could be employed with absolutely no involvement in management...”

- *Extract from Academy of Medical Royal Colleges “Advice on Supporting Professional Activities in consultant job planning”*



STANDING UP FOR DOCTORS

BMA 

Objectives

- should address relevant areas such as quality, activity, outcomes, standards, service objectives, resource management, service development or team working
- appropriate, identified and agreed
- careful of factors outside your control



STANDING UP FOR DOCTORS

BMA 

Supporting resources

- important opportunity – what do you need to help you do the job/achieve your objectives?
- secretarial support, medical and other clinical support, office space, IT etc
- impact on objectives



STANDING UP FOR DOCTORS

BMA 

Preparing for the job plan review

aim to make the JPR work in your favour. Questions to ask yourself :

- is all work I do recognised with an appropriate allocation of PAs? (keep a diary over a representative period to check. Important evidence)
- are there workload problems that need to be addressed?
- do you have the resources to support the job, including adequate staffing levels?
- are there ways to change your job to help deliver a better quality service to patients?
- what are your career development goals. Can a change in the role help you to achieve these?.



STANDING UP FOR DOCTORS

BMA 

negotiating over your job plan

- prepare properly! Gather all relevant information and data in advance
- plan your strategy:
 - what are your essential goals? What are desirable ones (which may be able to be traded in negotiating exchange).
 - Consider what are likely to be management's goals and strategies, and assess strengths and weaknesses (both your own and management's)
 - Ensure that consultants in your team share common position – strength in numbers
 - Avoid a confrontational approach. Aim for a 'win/win' outcome.
 - Be assertive in terms of your position. Both parties to the discussion are equal partners, seeking to reach agreement.
- if you are subject to what you consider to be a bullying approach, ask for an adjournment and seek advice and support from the BMA.



STANDING UP FOR DOCTORS

BMA 

golden rules

- prepare!
- familiarise yourself with the JPR TCS (BMA/NHSE websites)
- build the evidence – e.g. keep a diary
- identify your own goals and discuss common issues with colleagues
- be prepared to negotiate and to “trade” to reach agreement
- be prepared to account for your SPA time
- use the JPR process to try to effect changes you want
- mediation and appeal process to resolve disagreement



STANDING UP FOR DOCTORS

BMA 

if you can't agree...

- mediation process – normally with the medical director
- followed by formal appeal (with BMA representation) - three member panel:
 - Trust appointed chair
 - consultant nominee
 - third panel member from independent list



STANDING UP FOR DOCTORS

BMA 

Further guidance



- NHS Employers and BMA joint guidance “A Guide to Consultant Job Planning”
- emphasises the need for consultants and clinical managers to work closely together on the JP process *“to provide the best possible patient care within the resources available to them”*



STANDING UP FOR DOCTORS

BMA 