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Job Planning Standards of Best Practice for Associate Specialists and Specialty Doctors

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Key points

A Job Plan should be a prospective agreement that sets out a doctor's duties, responsibilities and objectives for the coming year. In most cases, it will build upon the doctor's existing HSC commitments.

Effective job planning is based on a partnership approach enabling doctors and HSC organisations to:

- better prioritise work;
- agree how a doctor or medical team can most effectively support the wider objectives of the HSC and meet the needs of patients;
- agree how the HSC organisation can best support a doctor in delivering these responsibilities;
- create a clear and fair link between job plans and pay progression;
- provide the doctor with evidence for appraisal and revalidation;
- comply with Working Time Regulations; and
- reward activity above the standard commitment via prospectively agreed Additional Programmed Activities for those on a new national contract.

Under the recommended standards set out in this Guidance, doctors' Job Plans should:

- set out agreed personal objectives and their relationship with the employing organisation's wider service objectives;
- set out how the employer will support doctors in delivering agreed commitments, e.g. through providing facilities, training, development and other forms of support;
- include a work schedule that covers all professional work, including teaching, research, management or other service responsibilities and clinical governance activities, and takes into account any non-HSC commitments;
- set out agreed arrangements for the location(s) at which doctors carry out their duties and responsibilities, including identifying work that can be carried out flexibly;
- set out agreed arrangements for carrying out Fee Paying Services, defined in Schedule 10 of the new national contracts, based on the underlying principle that such work should not disrupt HSC duties;
- be reviewed annually; and
- be undertaken on a team basis, where this is likely to be more effective.

Part 1

Introduction

- 1.1 These standards of best practice are designed to apply to Associate Specialists and Specialty Doctors employed by the HSC in Northern Ireland.
- 1.2 Participation in job planning is a mandatory requirement of the new contracts for Associate Specialists and Specialty Doctors. These standards represent recommended guidance on best practice in relation to job planning. This guidance is directly applicable to doctors who take up a new national contract and its broad principles should be applied, to the fullest extent possible, to those who remain on their current contract.
- 1.3 Job planning should not be a time consuming or resource intensive process. If used appropriately by both parties, it can be a highly effective tool for planning how the work of doctors and medical teams, together with associated resources, can be most effectively and efficiently organised.
- 1.4 Effective job planning, covering the full range of doctors' HSC duties should have strong mutual benefits both for doctors and for HSC organisations. For doctors it should help:
 - clarify the commitments that are expected of them and the resources and other support they can expect from their employer to help meet these commitments;
 - prioritise work and better manage excessive workloads, where these exist;
 - promote flexible working;
 - support, as appropriate, continuing professional development and acquisition or development of skills;
 - provide evidence of current practice that could form part of the evidence for GMC revalidation procedures.
- 1.5 For HSC organisations, effective job planning should help in:
 - planning the most effective use of overall resources;
 - ensuring compliance with the Working Time Regulations;
 - agreeing and providing transparency as to how doctors' work can most effectively support the employing organisation's wider objectives;
 - identifying possible changes in capacity, skill mix and/or ways of working; and,
 - agreeing appropriate time and resources to support clinical governance, quality improvements, audit, teaching, education and research.

- 1.6 For both doctors and HSC organisations, effective job planning creates a clear and fair link between job plans, objectives and pay progression through incremental points and thresholds (see the Terms and Conditions of Service for full details).

The wider context

- 1.7 To maximise improvements to patient care, HSC organisations need to work closely with doctors to help re-define services around the needs of HSC patients. Ways of working for HSC doctors and the activities of wider clinical teams need also to take into account:

- the planned changes to medical workforce numbers;
- the implementation of the European Working Time Directive and
- Modernising Medical Careers and changes to teaching and education practices.

- 1.8 Alongside these changes, HSC organisations should maintain efforts to make improvements to the quality of doctors' working lives. This includes:

- helping manage medical workloads, through effective deployment of available resources, optimum prioritisation of work, adequate administrative support, and greater delegation of selected duties to other members of the health care team;
- supporting doctors who wish to work in more flexible ways in accordance with the HR Strategy for improving working lives, for instance by better organising work to reflect family responsibilities, using annualised hours or similar approaches, where appropriate, to fit around childcare responsibilities, and introducing job sharing;
- a better planned and phased approach to doctors career development, including support to progress through pay thresholds;
- rewarding doctors on a new national contract who prospectively agree to working above their basic contractual commitment, for Additional Programmed Activities (APAs) under the terms of an APA contract.

Service development

- 1.9 The job planning process has a key role to play in creating more flexible HSC organisations, increasing capacity, improving resource utilisation, and measuring and enhancing productivity as well as helping to reduce any excessive working hours. The process provides 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 at the outset, plans should be modified as and when opportunities emerge.
- 1.10 Job planning should be undertaken in a spirit of partnership and balance the needs of patients, the employing organisation and the wider HSC with those of individual doctors. Within this context it is expected that all parties will

participate openly in the process, and actively consider alternative ways of working, so as to enable service improvements to be introduced.

An opportunity

- 1.11 The job planning process should be seen as an opportunity in itself. It is an opportunity to think about the ways in which doctors' work and the way services can be organised and provided. It is an opportunity to review at least annually the way the HSC organisation supports doctors and employs the skills of its entire staff. It is also an opportunity to make clear what the longer term strategic aims of the service are and to form closer links between these aims and available resources.

Part 2

Overall approach and process

Scope of the Job Plan

- 2.1 A Job Plan should be a prospective agreement that sets out a doctor's duties, responsibilities and objectives for the coming year. It is likely to build on the duties, responsibilities and objectives set out in the Job Plan for the previous year.
- 2.2 The Job Plan should cover all aspects of a doctor's professional practice including clinical work, and any teaching, education, research, audit, budgetary and managerial responsibilities.
- 2.3 The Job Plan should set out:
 - the doctors main duties and responsibilities (see Part 3 of this guidance);
 - scheduling of commitments (see Part 4);
 - personal objectives, including any continuing medical education and training, and their relationship with wider service objectives (see Part 5); and
 - the support needed in fulfilling the Job Plan (see Part 6).

Agreeing a Job Plan

- 2.4 Successful job planning requires a partnership approach. Job Plans should be drawn up and agreed between doctors and their clinical manager. Input may well be required from others, including the appropriate service manager and HR staff. The Medical Director of the HSC organisation should ensure that all doctors covered by this Guidance have agreed Job Plans, but the detailed discussions that lead towards such plans will usually, principally take place between the doctor and his/her clinical manager or other lead clinician, as nominated by the Medical Director.
- 2.5 Job planning is separate from, but should be closely linked to, the process of appraisal and agreement of personal development plans. Job planning may help provide a record of a doctor's practice that could form part of the evidence for appraisal and revalidation.

Job Plan reviews

- 2.6 A Job Plan review should take place annually. A timetable for this activity may be determined locally. Bearing in mind the relationship between appraisal and job planning it may be helpful for reviews to take place following annual appraisal meetings. Sufficient flexibility should be maintained so that either the doctor or the clinical manager may propose an interim Job Plan review, where, for instance duties, responsibilities or objectives have changed or need to change significantly within the year.

2.7 The review should be designed to:

- consider what factors have affected the carrying out of the duties and responsibilities set out in the Job Plan;
- consider progress against the personal objectives in the Job Plan and the factors involved;
- consider current levels of workload;
- agree any changes to the doctors duties and responsibilities, taking into account opportunities in relation to staffing, skill mix and ways of working and, if the doctor wishes, the scope for more flexible ways of working;
- agree a plan for achieving a doctors personal objectives;
- agree what support the doctor will need from the organisation and from colleagues to help achieve these objectives.

2.8 Where applicable, the Job Plan review should also be the occasion for reviewing the relationship between HSC duties and any private practice (in line with the Code of Conduct for Private Practice).

2.9 To support a more planned and phased approach to career development, it would be good practice to hold a broader career review from time to time, possibly linked to the quinquennial revalidation procedures.

Where agreement cannot be reached on a Job Plan

2.10 Doctors and employers should make every possible effort to agree Job Plans. In the rare circumstances where a doctor and employer fail to reach agreement on the content of a Job Plan, either initially or at a Job Plan review, they should follow the procedures set out in the doctor's Terms and Conditions of Service for resolving differences and, if the doctor requests it, facilitation and appeal.

Part 3

Agreeing duties and responsibilities

- 3.1 The Job Plan should set out the main duties and responsibilities of the post and the services to be provided, for which the doctor, or group of doctors, will be accountable.
- 3.2 For doctors on a new national contract, it may be convenient and helpful to categorise duties and responsibilities under the 4 types of Programmed Activities i.e. Direct Clinical Care, Supporting Professional Activities, Additional HSC Responsibilities and External Duties (see the Definitions in the Terms and Conditions for a description of each category).
- 3.3 For doctors who remain on an “old contract” and whose duties may not be categorised as in 3.2 above, it is recommended that the Job Plan cover the following aspects:
 - medical and clinical responsibilities;
 - any academic research and teaching;
 - personal management and development responsibilities;
 - any special additional responsibilities;
 - any agreed external duties.

Duties and responsibilities referred to in 3.3 above are set out below.

Medical and clinical responsibilities

- For the majority of doctors, the main part of their responsibilities will cover emergency duties (including emergency work arising from on-call duties), operating sessions including pre-operative and postoperative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, multidisciplinary meetings about direct patient care, public health duties and administration directly related to the above (including but not limited to notes and referrals).

Academic research and teaching

- For some doctors, part of their main responsibilities may cover other aspects of health provision such as providing medical education, formal teaching and academic research.

Personal management and development responsibilities

- These activities are essential to the continuing professional development of doctors and support the provision of medical and clinical activities. This may include participation in continuing professional development, training, teaching, audit, job planning, appraisal, research, local clinical governance duties and clinical management.

- To assist the planning process, it is recommended that the Job Plan should include continuing professional development and training and/or study leave commitments where these are known at the time of the Job Plan review.
- 3.4 By agreement between the HSC organisation and doctor, the Job Plan may also cover other contributions to the HSC, either for a doctor's main employer or for the wider HSC. It is recommended that all such agreed contributions should be covered in the Job Plan, regardless of whether they are remunerated separately or whether they form part of the doctor's main contract and replace other activities.

Additional responsibilities for the main employer

- These may be special additional responsibilities not undertaken by most doctors in the employing organisation. They could include specified team leadership or managerial roles. They could also include undertaking a leading teaching role or significant involvement in research.

Other duties and activities within the wider HSC

- Certain external duties, including work for other HSC organisations, may be specified as part of the Job Plan by agreement between the doctor and employer.
 - Such duties might include: reasonable quantities of work for the Royal Colleges in the interests of the wider HSC; reasonable quantities of work for a Government Department; specified work for the General Medical Council, or trades union duties.
- 3.5 At the discretion of the employer, paid professional leave or unpaid leave may be available for other professional activities not covered in the Job Plan.

Part 4

Agreeing scheduling of commitments

Timetabling and location of Job Plan commitments

- 4.1 The doctor and HSC organisation should use the process of job planning and Job Plan reviews to agree how, where and when the full range of commitments covered by the Job Plan should be delivered.
- 4.2 In the case of new posts, the clinical manager should prepare a draft Job Plan that should then be discussed and finalised in conjunction with the doctor. The Job Plan should take into account the doctor's views on resources and priorities and the employer's ability to provide the necessary supporting resources. For those doctors assimilating to a new contract it is anticipated that they will prepare an initial draft job plan based on their current timetable of activities. This should then be discussed and agreed with the clinical manager.
- 4.3 The HSC organisation and doctor should agree a timetable setting out when and how the commitments set out in the Job Plan will be delivered and the nature and location of the activity. This should cover all activities covered in the Job Plan, including medical and clinical responsibilities, personal management and development responsibilities, and any agreed additional responsibilities for the main employer or within the wider HSC (see Part 3).
- 4.4 Clinical managers and doctors should, where appropriate, agree flexible arrangements for timing of work. Under the new contracts, although Programmed Activities are expressed in units of four hours, or in half units of two hours each, a schedule can be composed of commitments of other durations to reflect service needs and individual circumstances.
- 4.5 Attaching a time value to commitments in the Job Plan should be regarded as providing greater transparency about the level of commitment expected of doctors by the HSC. It should not in any way diminish professionalism or override clinical judgement.
- 4.6 Subject to agreement via the job planning process and in accordance with employer's change management policies, doctors may be expected to take part in non-emergency work after 7pm and before 7am during weekdays or at weekends, or on public or statutory holidays. Such arrangements should be incorporated into Job Plans.
- 4.7 The HSC organisation and doctor should agree the location(s) from which the commitments in the Job Plan will be carried out. There should be local flexibility to agree off-site working where appropriate.
- 4.8 On call work should be assessed and incorporated into Job Plans in accordance with the Terms and Conditions and any related guidance. An assessment of the actual work undertaken while on call should be made during a reference period and converted to a weekly PA total.

- 4.9 Where job planning takes place on a team basis, each individual team member should agree a schedule of commitments.
- 4.10 All time taken out of the agreed working week (annual leave, professional or study leave) should be agreed with the employer in advance.
- 4.11 The doctor should be responsible for making every reasonable effort to work to the agreed Job Plan and the employer for making every reasonable effort to provide the necessary supporting resources (see Part 6).

Fee-paying work

- 4.12 Fee-Paying Work (as defined in Schedule 10 of the new national contracts) and additional work for HSC organisations outside the main contract (e.g. domiciliary visits), may be:
- carried out in the doctor's own time or in annual or unpaid leave;
 - carried out alongside the duties specified in the Job Plan, with the agreement of the HSC organisation and with the fee remitted to the employer or
 - where the work causes minimal disruption to HSC duties and at the discretion of the HSC organisation, carried out alongside the duties specified in the Job Plan without the fee being remitted to the employer.
- 4.13 The doctor and employer should agree as part of the job planning process how any fee-paying work of this kind should be carried out.
- 4.14 Where changes to the pattern of fee-paying work are likely to affect the performance of duties set out in the Job Plan, the doctor should agree with the employer at least two months in advance how this should be handled and, where necessary, agree a revised schedule of HSC duties.

Non-HSC commitments

- 4.15 Any regular non-HSC commitments, including regular private commitments, should be identified in the doctor's schedule to provide transparency, assist planning and timetabling of HSC work, and help organise out of hours cover (see Code of Conduct for Private Practice).
- 4.16 Scheduling of HSC work should take priority over the scheduling of non-HSC work. Where changes are introduced to the scheduling of HSC work, HSC organisations should allow a reasonable period for doctors to rearrange any private sessions (see Code of Conduct for Private Practice).

Annualisation

- 4.17 Timetables may cover a week, but alternative approaches covering a number of weeks, or annualisation, may be adopted where appropriate and where agreed between the doctor and HSC organisation.

Part 5

Agreeing objectives

5.1 The Job Plan should set out agreed personal objectives and their relationship with the HSC organisation's wider service objectives.

Personal objectives

5.2 A doctor's personal objectives should be agreed following the annual appraisal exercise. They should take into account:

- the needs of HSC patients;
- the development needs of the doctor;
- the wider objectives of the HSC organisation, directorate or team;
- the stage of the doctor's career;
- continuing medical education and training objectives; and
- any changes in ways of working agreed between the doctor and clinical manager.

5.3 The nature of a doctor's personal objectives will depend in part on his or her specialty, but they may include objectives relating to:

- quality;
- activity and efficiency;
- clinical outcomes;
- clinical standards;
- local service objectives;
- management of resources, including efficient use of HSC resources;
- service development;
- multi-disciplinary team working.

5.4 Personal objectives of this kind should represent a reasonable expectation of successful professional practice.

5.5 Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these should be both reasonable and agreed.

Relationship with wider objectives

5.6 The Job Plan should identify how the doctor's personal objectives relate to any relevant service objectives for the HSC organisation, directorate or team.

Meeting objectives

- 5.7 Agreed personal objectives, although an integral part of the Job Plan, should not be contractually binding. Doctors should nonetheless make all reasonable efforts to achieve such objectives.
- 5.8 Personal objectives should be agreed on the understanding that their achievement may be affected by circumstances or factors outside the control of the individual doctor or medical team.
- 5.9 Failure to achieve personal objectives should not be viewed negatively if the doctor has made all reasonable efforts to meet the agreed objectives. Where the HSC organisation considers that a doctor has not made reasonable efforts to meet these objectives, a Job Plan review should normally be used to explore the reasons involved. This should be followed by agreeing appropriate objectives for the forthcoming year and the support needed to help meet these objectives.
- 5.10 The process of job planning and Job Plan reviews should be used to assess the resources and other support needed to enable objectives to be achieved, together with identifying and addressing any organisational or systemic blocks that may prevent the doctor or medical team from achieving the objectives.

Part 6

Agreeing the support needed to fulfil Job Plans

- 6.1 HSC organisations are responsible for ensuring that doctors have the facilities, training, development and other support needed to help deliver the commitments in the Job Plan.

Resources

- 6.2 HSC organisations and doctors should use the process of job planning and Job Plan reviews to identify the resources that are likely to be needed to help carry out Job Plan commitments and help achieve incorporated objectives. This may include facilities, administrative, clerical or secretarial support, IT resources and other forms of support.
- 6.3 The agreed resources should be specified in the Job Plan.

Identifying potential barriers

- 6.4 Both HSC organisations and doctors should proactively seek to identify potential organisational or systems barriers that may affect the ability to carry out Job Plan commitments and achieve objectives. For example, if a doctor identifies that delays are occurring in patient throughput because of delays in the provision of other services, then this should be raised with the employer during the Job Plan review. Agreed factors of this kind together with the employer's proposed actions for resolving the problem should be recorded in the revised Job Plan.

Personal development

- 6.5 HSC organisations have a responsibility for the development of all their staff.
- 6.6 Personal development and continuing medical education are equally important aspects of a doctor's career. A doctor's developmental aspirations may change through the course of his or her career. As part of their personal development, doctors should have the opportunity to adapt their personal and career aims, improve their skills and take on new roles and responsibilities that reflect service needs.
- 6.7 Continuing medical education is a core principle that underpins clinical governance. Doctors are also required to demonstrate that their practice is up to date as part of the appraisal and revalidation process. In order to employ the safest and most up-to-date techniques, a doctor needs to be given opportunities for further professional training and education.
- 6.8 The Job Plan should include agreed aims for personal development and continuing medical education and identify appropriate time and resources for these activities.