Regional Guidance on Job Planning for Medical and Dental Consultants in Northern Ireland

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Contents

Introduction 3
1. Appraisal and Job Planning 4
2. Job Plan Meeting 6
3. Objective Setting 8
4. Team Job Planning 13
5. Annualised Job Planning 15
6. Pay progression 17
7. Clinical Academics 17
8. Direct Clinical Care (DCC) 18
9. Supporting Professional Activities (SPAs) 19
10. Additional HSC Responsibilities 22
11. External Duties 24
12. Facilitation Process 28
13. Private Practice and Fee paying Services 30

Introduction

An important aspect of the working relationship between a consultant and their employer is a shared understanding of the goals of both the employer and the individual consultant. Development of this understanding during the job planning process will improve productivity, efficiency and enhance quality of care for patients. Job planning seeks to maximise achievement of goals of both parties.

Although the consultant contract has more focus on time allocation for activities, nevertheless, it remains a professional contract, thus ensuring that flexibility remains at the heart of the work of consultants. This flexibility is essential to allow improved care for patients and service developments for future new treatments and care pathways.

This document provides guidance to Health and Social Care Trusts in the HSC for job planning under the 2004 consultant contract. The guidance is based on the Consultant Terms and Conditions of Service (Northern Ireland) 2004 (TCS). It provides specific advice for effectively managing the job planning process and the appropriate allocation of programmed activities for consultants (to include Direct Clinical Care, Supporting Professional Activities, Additional HSC Responsibilities and External Duties). Job Planning for consultants employed by Queen's University Belfast requires particular consideration and should be undertaken jointly between the University and HSC Trusts.

A uniform approach to job planning within the HSC is essential in order to ensure fairness and transparency for Trusts and consultants. Job planning should be a collaborative process between Trusts and consultants. Effective job planning should reduce the number of facilitation processes and the number of consultant contract appeals. High quality job planning is also essential for both consultants and Trusts if the potential benefits of the contract are to be realised.

1. Appraisal and Job Planning

Consultant appraisals and job plan agreements are separate processes but have significant links. Further information on appraisal is outlined in DHSSPS Circular HSS (TC8) 11/01.

Timescales differ between appraisal and job planning. Appraisal is largely a reflective process looking back over a consultant's achievements, but also considers how achievements will be progressed, and identifies any personal development needs. Job planning is largely a prospective process looking forward to take into account the needs of the organisation to deliver its objectives, and to develop and maintain services for patients. Job planning facilitates a clear understanding of the individual's job for both the employer and the consultant.

Timing of Appraisal and Job Plan Review Meetings

Appraisal and job planning are linked processes but should be performed separately. Appraisal should be completed prior to the job plan review meeting since the consultant's personal development plan, an output of appraisal, is required to inform job planning. Ideally the job planning meeting should follow shortly after completion of the appraisal process, allowing both parties sufficient time for reflection on the appraisal discussion.

Preparation for Job Plan Meetings

Although the job plan review normally occurs annually preparation should be continuous throughout the year. There should be a two way flow of information between the clinical manager and the consultant throughout the year. The clinical manager should be aware of how the consultant is performing against the previous year's agreed objectives. This information should be shared with the consultant. Similarly the consultant should be told of any changes to the Trust's objectives or the environment in which work is being carried out at the earliest opportunity. This will allow both parties to consider how objectives may need to change in advance of the job planning meeting. Ideally by the time a job planning meeting takes place both the clinical manager and the consultant should have all the information necessary to agree a prospective job plan.

Job Planning for Clinical Academics will be undertaken jointly with QUB appropriate Directors of Education or Research or their nominee and HSC clinical managers to ensure the objectives for the consultant related to their employer are met, and that HSC responsibilities are appropriate to those objectives.

2. Job Plan Meeting

Preparation

The main purpose of this meeting is to produce a prospective job plan for the coming year. A draft job plan should be prepared by the clinical manager and forwarded to the consultant at least two weeks before the arranged meeting. This will form the basis of the discussion. The draft should indicate the consultant's workload and commitments as well as any proposed changes. The rationale for proposed changes such as new PfA targets, or regional initiatives should be explained. The consultant should be asked to reflect on the workload and develop ideas for improvements to the service. He or she should bring the agreed personal development plan from the appraisal meeting.

Format of the Job Plan Meeting

The clinical manager should lead the discussion using the following structure:

- Review of the previous year's job plan
- Progress against objectives from the previous year's job plan including factors affecting the achievement or otherwise of objectives and adequacy of resources to meet objectives
- Assessment of consultant's personal contribution towards agreed objectives
- Establish and record eligibility for pay progression
- Review current duties and responsibilities
    - Review of DCC and SPA time
    - Review additional HSC responsibilities and external duties
    - Review of other remunerated work – Private Practice, Fee Paying Work
- Discussion of future duties and responsibilities
    - Development of achievable personal objectives for the coming year
    - Agree any changes to duties and responsibilities
    - Requirement for changed duties and responsibilities or the schedule of Programmed Activities to allow fulfilment of job plan objectives
    - Identification of support required to carry out the job plan

Agreeing a Job Plan

The goal of the meeting is agreement on a prospective job plan. It should be possible for both parties to sign the job plan at this stage, but if not, then the clinical manager and consultant should agree a timeframe of not more than two weeks for them to meet and seek to agree the job plan.

The outcome of the annual Job Plan meeting (including any agreed job plan) will be reported via the Medical Director, to the Chief Executive, and confirmed to the consultant in writing within two weeks.

In the event there is no agreement within two weeks of the initial meeting, the clinical manager should provide a job plan in the form of an offer. The consultant should, within two weeks, of receipt of this written job plan offer have either decided to accept it and sign the job plan, or else have written to the Medical Director advising they wish to use the facilitation process.

Clinical Academics

In Job Planning for Clinical Academics it is expected that representatives of both the Trust and Queen's University will meet with the clinical academic when completing the job planning process. This clearly requires the Trust and Queen's University to effectively plan the meetings required. It should only be in exceptional circumstances that the job planning process for clinical academics is conducted separately with the Trust and subsequently the University. In such cases the University, the Trust and the clinical academic should agree that the process proceeds on this basis. Where delays occur with the University, then the Trust will seek to implement a prospective job plan for the service elements of the job for which the Trust is responsible.

3. Objective Setting

Objective setting is a key component of job planning in the 2004 consultant contract (TCS Schedule 3, paragraphs 10 – 13). It is a detailed process to agree a consultant's personal objectives and the supporting resources required to deliver them.

Objective Definition

'An objective is a task, target or developmental need that the clinical manager and the consultant wish to achieve'. The primary drivers for objectives will be the organisational aims of the Trust and the requirements of the consultant for their personal development, informed by clinical priorities, quality and safety of care, government policy and patient needs.

Objectives should normally arise from both the consultant's appraisal and the aims of the Trust: these are reconciled in the job planning process. Objectives should be personal to the consultant, or to a team of consultants working a team job plan. The Job Plan should set out the relationship between local service objectives and personal objectives agreed between the consultant and the clinical manager.

Reason for Personal Objective Setting in Job Plans

The purpose of agreeing appropriate personal objectives within job plans is to link the consultant's efforts to the Trust's objectives and management plan.

Objective setting may be a useful tool for motivation as long as the objectives are clear, agreed, and attainable because they provide greater clarity to both the consultant and the Trust about the expectations for that year. They may be used to give greater understanding and credibility to the specialty team and help to improve working relationships. In order to ensure there is clarity without ambiguity, there are two critical stages to the process. The first stage is for the clinical manager and consultant to carefully consider the objective and understand what it means in real terms. The second

stage is effective communication because it is vital that the clinical manager and consultant are able to discuss possible objectives and reach agreement about them.

Objectives should be set for all activities that the consultant has set out in their job plan, including direct patient care, supporting professional activities, additional HSC responsibilities and external duties. The nature of these objectives will vary from specific workload objectives for DCC time to more general beneficial objectives for external duties.

Type and Nature of Objectives for Consultants

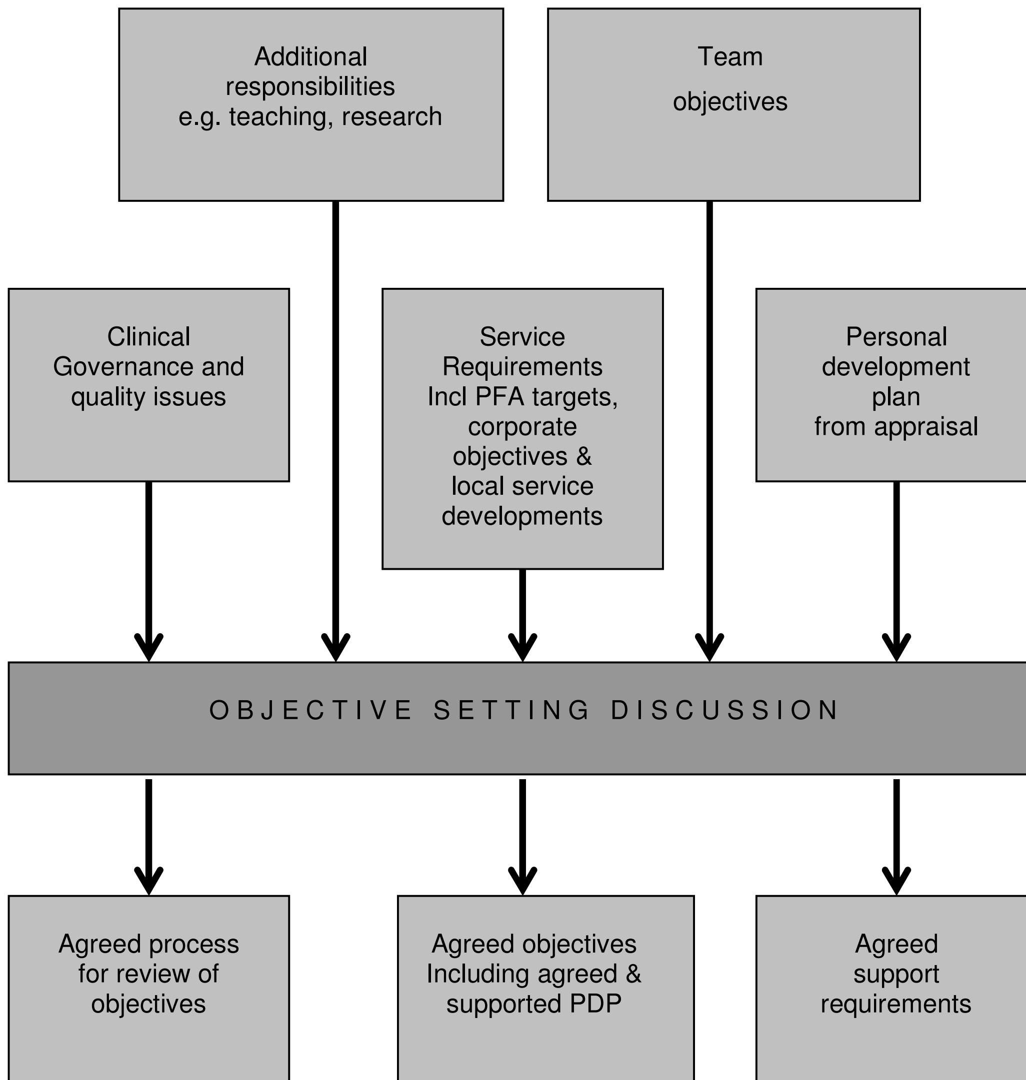
Job Plans should include agreed, appropriate, personal objectives. The nature of the objectives will depend on the consultant's specialty although they may include objectives relating to:

- safety and quality
- activity and efficiency
- clinical outcomes
- clinical standards
- local service objectives
- management of resources
- service developments
- multi-disciplinary team working

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

- be based on past experience and on agreed reasonable expectations of what might be achievable over the next period;
- where appropriate, 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 diagram below may be useful to both the consultant and the clinical manager before setting any objectives.



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Types of Objectives

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 a specified limit; Cancer service pathology accreditation.*

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.*

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 demand; Gain IT database skills; Gain an MBA as potential medical director; undergo medical leadership training.*

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 eg respiratory care team.*

Job Planning Guidance

Construction of Objectives

Objectives should follow the enhanced SMART framework and should be

Specific

Measurable (quantified or descriptive)

Achievable and agreed

Relevant

Timed and tracked

One of the main reasons for setting objectives is to focus the consultant's efforts so it is important to be sure that the objectives will be appropriate for the aims of the Trust and the work of the consultant. It is important to be as specific as possible about the objective(s) to avoid confusion.

The process is prospective. It is important that objectives are not presented to consultants as *fait accomplis*. There must be discussion and agreement in order to have ownership and engagement. If consultants are part of the process of decision-making, and encouraged to develop their own objectives prior to the meeting, it is likely that the job planning meeting will be more constructive. The benefits of on-going communication on these matters throughout the year should be emphasised.

4. Team Job Planning

Many consultants already work in teams or may wish to do so in the future. This section aims to enhance the process of team job planning and encourage CDs to investigate the possibility of agreeing team job plans. A team approach in developing a job plan still requires that the individual consultant agrees a personal element in the team job plan with the Trust informed by the team discussions. Clinical Academics should be embedded in a team of supportive HSC consultants.

Advantages of Team Job Planning

There are many potential advantages to both the Trust and consultants if a team job plan can be adopted. These include:

- Shared responsibility for service delivery in terms of direct clinical care (DCC) activity.
- Greater flexibility for consultants in the delivery of commitments
- It may allow consultants flexibility to support one another in carrying out external and other duties which benefit the service.
- It allows for greater transparency within the team
- It recognizes a team approach to delivering block contracts, for example within a Radiology or Laboratory setting.

Developing a Team Job Plan

It is essential that the clinical manager has the agreement of all of the consultants in the team before attempting to develop a team job plan. The clinical manager or the consultants involved may request a meeting with all of the consultants to discuss the possibility of either continuing with a team-based job plan or moving to this type of job plan. In order for such a plan to be successful and beneficial, agreement about the underlying principles is necessary.

Job Planning Guidance

The following should be considered and calculated

- The DCC activities required to deliver the service
- The consultant PAs this requires
- The number of weeks in the year during which the activity occurs
- The annualised PAs for each activity
- The number of consultants available per week
- Calculation of the average DCC per consultant
- The SPA requirements of all the consultants in the team. This may allow some consultants to concentrate on teaching, while others may concentrate on audit work or clinical service development.

Notwithstanding the nature of team job planning, each consultant will have his or her own personal job plan to agree and sign. The number of PAs may vary for individual consultants.

It is important that all consultants in the team maintain a dialogue with the clinical manager about the actual workings of the team. This will include details of shared objectives and responsibilities and will ensure joint ownership and shared responsibility for success of the team plan.

Team Objectives

The success of a team job plan will be dependent on objectives set for the whole team of consultants. Such objectives may be to guarantee to provide a fixed number of clinics or operating lists for the whole team over a year. This ensures for the Trust that clinical work is prioritised, while at the same time giving consultants flexibility in timing of other work that they may undertake (eg SPA work, private work, or external duties).

5. Annualised Job Planning

Job Plan Template

The job plan template should indicate the average weekly PA commitment: however, this is not suitable for all aspects of the workload and, in certain circumstances, there is a need to annualise PAs.

Programmed Activities

A programmed activity is a scheduled period, normally equivalent to four hours, during which a consultant undertakes work related duties. Programmed activities may be programmed as blocks of four hours or in half units of two hours each (Schedule 3.2). Programmed activities in premium time are paid at a rate of 1 PA for 3 hours work.

Annualisation of Programmed Activities

Annualisation of PAs will usually be necessary when there is variation in commitment or requirement through the year. The following are a few examples:

- DCC Activity
  A consultant provides an additional clinic each week, lasting for four hours, for six months of the year, equating to 1 PA. This may be annualized as 0.5 PAs for the year. This assumes that the consultant takes equal amounts of annual and professional leave during the six calendar months when the clinic is running and when it is not. It also assumes that the consultant takes 10 working days professional leave that year. These calculations should be adjusted if these assumptions are not correct.

- SPA Activity
  A consultant is asked to lead/undertake a particular audit project or PFI project with an estimate of 82 hours required to complete the work. In order to calculate

the necessary PAs, the actual time commitment would be annualized over 41.2 weeks of the year (6.8 weeks annual leave, 10 days professional leave, 10 days public holiday) rather than 52 weeks as it is accepted that the work is entirely annualized. Therefore the PA allocation would be 0.5 per week over the whole year (82*52/(41.2*52*4)).

- Additional HSC Responsibilities
  This work may be annualized due to the nature of this type of work. Alternatively it could be built in to a weekly APA slot in the job plan depending on the scope of the additional activity work.

- External Duties
  This work may be annualized due to the nature of the irregular timing of this type of work. This could usefully be given an allocation within programmed activities. Alternatively external duties can be addressed using special leave where it displaces other activity

- ‘Term Time’ Working
  It may be possible for a consultant to work a different total number of PAs per week during different periods of the year. Such an arrangement could, for example, be agreed with the clinical manager to facilitate a consultant who needed to care for children during school holidays. A 10 PA annualised commitment could be broken into a 12 week period at 6.75 PAs and a 40 week period at 11 PAs.

6. Pay progression

During the annual job plan review, the clinical manager needs to determine whether the consultant has met all the criteria for pay progression. Details of the agreement on pay progression are outlined in Schedule 15 of the TCS.

The pay progression determination should be completed by the clinical manager at the job plan review and forwarded to the Medical Director who will make a recommendation to the Chief Executive.

It will be the norm for consultants to achieve pay progression. Consultants will not be penalized if objectives have not been met for reasons beyond their control.

7. Clinical Academics

At all stages of the job planning process involving Clinical Academics, meetings should be conducted with a representative of the Trust and Queen's University present. It should only be in exceptional circumstances that the job planning process for clinical academics is conducted separately with the Trust and subsequently the University. In such cases the University, Trust and the clinical academic should agree that the process proceeds on this basis.

Academic Related Activities

- Research (publications, research leadership)
- Education/Teaching
- Management/Administration and/or Contribution to the Community

8. Direct Clinical Care (DCC)

Direct clinical care is work directly related to the prevention, diagnosis and treatment of illness that forms part of the services provided by the employing Trust. This includes the following categories of work:

- Emergency duties, including work during or arising from on-call
- Operating sessions including preoperative and postoperative care
- Ward rounds
- Outpatient activities
- Clinical diagnostic work
- Other patient treatment
- Public health duties
- Multidisciplinary meeting about direct patient care
- Any administration related to any of the above, including referrals and notes

Objectives for Direct Clinical Care Programmed Activities

A variety of objectives may be used for Direct Clinical Care PAs. These may include:

- Activity targets specifying agreed minimum activity for outpatient clinics, theatre lists etc. Objectives will vary for different specialties but it is important that targets are measurable, achievable and have an agreed baseline.

- Quality objectives incorporating attainment of standards of quality of care, for example, in use of consent procedures, communication with patients and relatives, patient feedback, medical negligence cases and multidisciplinary working.

9. Supporting Professional Activities (SPAs)

Supporting Professional Activities (SPAs) are those activities which underpin Direct Clinical Care and form an essential element of the contract of all consultants. SPAs must be supported by clearly defined objectives which will allow both the consultant and the clinical manager to show their contribution to the delivery of the clinical service. Work which forms SPAs include:

- participation in the training of other staff
- medical education
- continuing professional development (CPD)
- formal teaching of other staff
- audit
- job planning
- appraisal
- research
- clinical management
- service development
- local clinical governance activities
- general administration eg form filling (travel expenses, CEAs, study leave), handling complaints, management meetings etc

Some SPA activities will be distributed unevenly across clinical teams with some consultants undertaking more of one activity (eg teaching) and less of other activities (eg audit). Team job planning may help schedule such allocations.

Job Planning Guidance

Teaching

Teaching activity can be recognized in DCC PAs or SPAs. Informal, unstructured case based teaching activity and assessment undertaken during clinical activity should be reflected in the DCC allocation. Any structured teaching should be allocated specific SPAs and scheduled in the job plan.

It is important to encourage consultant led teaching. Changes in training for doctors will require more dedicated teaching from consultant trainers. All consultants should be encouraged to develop their teaching skills and to provide dedicated teaching for doctors in training. It is recommended that all consultants be allocated PAs for teaching according to their responsibilities.

Greater allocations of time for teaching will require agreement between the consultant and clinical manager on an appropriate allocation of PAs and an objective.

There are also clearly defined educational roles within the realm of postgraduate teaching, for example clinical tutors, foundation directors, and Regional Educational Advisors. This work should be allocated in Additional HSC Responsibility time by agreement with the Trust.

Audit

The auditing of clinical practice is an essential tool which consultants should use to aid revalidation and maintain best practice. Consultants should also be encouraged to actively participate in at least one audit of part of their practice each year. Specific objectives should be agreed during the job plan meeting for the required audits. The time necessary should be agreed in advance and annualized within the job plan by agreement between the clinical manager and the consultant.

Job Planning Guidance

Clinical Governance and Audit Leads

Within Trusts, there will, for example, be audit coordinators and clinical governance leads. Such work should be recognised in the job plan.

Research

HSC Trusts should encourage participation in formally approved research according to the Trust's R&D approval process.

Relationship of SPA to DCC

SPAs will typically average 2.5 PAs across the job plan year for each consultant. The schedule in a consultant's job plan will typically include an average of 7.5 PAs for DCC and 2.5 PAs for SPA (see Consultant Model Contract TC8/6/06). In recognising that consultants have different practices, professional interests and objectives, there should be flexibility to agree a different balance between PAs for DCC and SPA if required. The balance of PAs for DCC and SPA should properly reflect the agreed objectives of the consultant and should also reflect the need to achieve compliance with working time regulations. Within team job plans, there also needs to be recognition of the need to ensure a fair distribution of direct clinical care and supporting professional activities between consultants. It is recognised that part-time consultants need proportionally more SPA time.

SPA Monitoring

The individual allocation of SPA time should be linked to personal development plans and objectives agreed at appraisal meetings and job planning meetings. The outcomes agreed between consultant and clinical manager will assist the clinical manager to review and monitor the SPA activity. At the following years' job plan, attainment of SPA objectives for the previous year will inform the decisions regarding pay progression.

10. Additional HSC Responsibilities

Definition

Additional HSC Responsibilities are special responsibilities, usually not undertaken by the generality of consultants in the employing organisation. These are agreed between a consultant and the employing organisation and cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. These include

- Medical Director
- Director of Public Health
- Clinical Manager or lead clinician
- Clinical audit lead, clinical governance lead
- Undergraduate Dean
- Postgraduate Dean
- Clinical Tutor
- Regional Education Adviser.

This is, however, not an exhaustive list.

Teaching

There are also clearly defined educational roles within the realm of postgraduate teaching. Each clinical manager needs to be aware of the roles of the consultants and how they are funded to ensure appropriate job planning. Clinical tutors, foundation directors, and Regional Educational Advisors for example, have a considerable responsibility and time commitment. This work should be allocated in Additional HSC Responsibility time. The allocation may vary among specialties, depending upon the required commitment and, in some circumstances, the number of junior doctors. Further guidance and support should be sought regarding teaching roles, their time commitments and job planning for them. An appropriate PA allocation should be agreed between the medical manager and the individual consultant.

Job Planning Guidance

Audit

Within Trusts, there will be audit coordinators and clinical governance leads. Such work should be allocated in Additional HSC Responsibility time.

11. External Duties

The policy on External Duties is set out in the agreed document issued by the Department and the BMA (attached). Employers recognise that it is important to the development of services and maintenance of standards that consultants contribute to the regional and national agenda. It is important both parties understand the implications of participation in such activity before it commences.

Due to the changes in Trust structures brought about under the Review of Public Administration, with the rationalization to five Trusts, it is incumbent upon Trusts to realize that they must support external duty work for Northern Ireland consultants. It is clear that there are a relatively fixed number of external duty roles which need to be filled by consultants for external duty work specific to Northern Ireland, and a smaller number of national roles.

Consultant Responsibilities

Consultants should bring to the attention of the Trust, as soon as possible, any request or invitation to sit on an external body or take on a more senior role. The purpose of the early notification of the external duties is to give Trusts adequate time to organize any potential changes to the consultants' schedule or duties and to put in place arrangements to accommodate the external duty work. Consultants must have approval before accepting the role. Examples include Royal College committees, DHSSPS committees etc.

Trust Responsibilities

If a consultant wishes to apply to undertake external duties that are not included in his/her existing job plan, this will require discussion with the clinical manager on whether these duties can be accommodated within the existing job plan or if a job plan review is required. A broader re-assessment across the specialty team may also be

required. Inevitably, the extent of such work may vary among consultants at various stages in their careers.

The Trust should not unreasonably refuse to facilitate consultants to undertake external duties, bearing in mind the requirements of the service. All agreed external activity should be set within an agreed timeframe with a specific end date. It will be possible to agree extensions on these dates depending on the circumstances.

It may be possible, by agreement, to substitute time spent on external duties for some DCC or SPA work and/or to agree an annualised job plan with aggregation of the consultant's work across the year. It may also be possible to accommodate this activity through flexible use of SPA/DCC time in the context of team job planning.

In those cases, where these duties are significant, on a regular basis, and cannot be accommodated within a consultant's existing job plan, the Trust may choose to seek external funding.

An alternative approach to allocating specific PAs to external duties is to address external duties through the use of special leave.

External duties which do not contribute to the interests of the wider HSC should be carried out during annual leave.

Clinical managers should keep detailed records of external commitments and to provide an annual report of such commitments to the Medical Director.

Objectives for External Duties

Example objectives for external duty work are:

- Objective: to have a key role in the production of specialty association guidelines, which will feed into the improvement of patient care across the NHS and service delivery within the trust. The consultant's role should enable the trust to be a leader for change in this area.
- Objective: to respond to Government consultations as appropriate to the specialty, and to brief clinical managers on implications for the trust.
- Objective: to raise the profile and enhance the status of the consultant's trust, through participation in national work.
- Objective: to participate in fellowship examinations to ensure the supply of appropriately qualified doctors for the service; and to use the expertise so gained to establish a regional examinations course.
- Objective: to participate in the medical Royal College Council, thereby helping in the process of continual raising of standards; and to brief the relevant medical and non-medical managers on developments, opportunities and threats arising through this work.
- Objective: to undertake work for the General Medical Council, and use this experience to assist in the development of appraisal processes in the Trust in line with new developments on revalidation.
- Objective: to undertake work for the Regulation and Quality Improvement Authority (RQIA), and use this experience to improve quality and standards in the Trust.

Planning External Duties Using Special Leave

An alternative approach to allocating specific PAs to external duties is to address external duties through the use of special leave. Under very specific circumstances, external duties can be covered under professional leave if it involves "examining" or any of the other types of activity set out in paragraph 9 of Schedule 18 of the TCS.

The TCS state that the 'standard for consultants is leave with pay and expenses within a maximum of thirty days in any period of three years for professional purposes within the United Kingdom'. Leave for study also falls under the professional leave allowance. Trusts have discretion to grant additional periods of professional leave if required.

Paragraph 34 of Schedule 18 of the TCS sets out the parameters under which special leave can be authorised and taken. If all external duties are covered by special leave, then there may be no need for a PA allocation. This assumes for the consultant taking leave the external duty substitutes for PAs normally done at that time and that no work is displaced from the time of absence to a later date. It also assumes that other consultants are not required to do additional work to cover the absence. The onus is on the consultant requesting special leave to arrange clinical cover for unscheduled care and out of hours work.

One advantage of taking special leave is that a Trust need not agree time in a job plan to be worked off site, and this can avoid a potential barrier.

Objectives for external duties covered by special leave

It will be still essential to agree objectives and supporting resources in the job plan for external duties taken as special leave, even where there is no PA allocation.

12. Facilitation Process

The facilitation process should be initiated where it is not possible to agree a job plan or a consultant disputes a decision that he or she has not met the required criteria for crossing a pay threshold. Schedule 4 of the TCS sets out the policy on the facilitation and appeals process.

If it has not been possible to agree a job plan within the agreed time frame, the consultant or clinical manager may refer the case in writing to the Medical Director, outlining the nature of the disagreement and requesting facilitation. If the Medical Director has been party to the initial decision, an agreed, designated medical manager may take responsibility for the facilitation process.

Details of the nature of the disagreement and the reasons for the request for facilitation should be forwarded to the Medical Director within two weeks of the request for the facilitation.

Where the referral is made by the consultant, the clinical manager responsible for the Job Plan review, or for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the employing organisation's position or view on the matter.

Where the referral is made by the clinical manager, the consultant will be invited to set out his or her position or view on the matter.

It is essential that all areas of non-agreement within the job plan offer are identified at facilitation, as only the areas discussed during facilitation can be raised through the appeal mechanism.

Job Planning Guidance

The facilitation meeting shall normally be convened within four weeks of the receipt of the referral for facilitation. It is important that this time table is adhered to so disputes are resolved expeditiously in the interests of both the employer and the consultant. The Medical Director or designated medical manager may have access to other information as required. Any such information must be shared with the consultant at least two weeks in advance of the facilitation meeting.

The facilitation meeting will include the Facilitator (Medical Director or agreed designated medical manager), clinical manager and consultant only; a note taker may also be present; notes of the meeting will be shared with the consultant and agreed before being formally recorded.

If agreement cannot be reached at the meeting, the Medical Director or agreed designated medical manager will make a decision and inform both parties, in writing, within two weeks.

If agreement is reached, the job plan takes effect on the agreed implementation date (normally April 1st of the forthcoming year for prospective job plans). If the consultant is still not in agreement and proceeds to appeal, no disputed element of the job plan may be implemented until confirmed by the outcome of the appeal process. Any change in salary is effective from the date of request for facilitation or from the time the consultant would have received a change in salary, if earlier.

If there is no request for a formal appeal, a follow up letter will be issued by the Medical Director to the clinical manager, indicating that the new job plan should now be signed by both parties.

This guidance relates solely to the HSC component of job plans for joint appointments. QUB has a different procedure for facilitation for its component.

13. Private Practice and Fee paying Services

Principles

One of the principles of the new contract is that consultants may not normally retain payments for fee paid work done during time scheduled for HSC/NHS activity in their job plan.

Work within the Trust

Consultants are required to abide by the Code of Conduct on Private Practice. In general, where consultants undertake private practice or fee-paying work within the Trust, they should do this in their own time. However, they should ensure that the Trust is notified of such activity and use of the Trust's resources. Trusts should maintain a mechanism to recover Trust fees directly from private patients.

Minimal Disruption

The TCS (Schedule 11) indicate that a fee for private work may be retained by a consultant if that activity is deemed to be minimally disruptive and agreed by the clinical manager who should ensure that they are clear as to the level of disruption caused by such activity and discuss this frankly with consultants before reaching agreement.

Job Planning for Private Practice or Fee Paying Services Activity

All regular private work in HSC/NHS time must be timetabled in the job plan.

For fee paying services it is essential to state explicitly that time is included for domiciliary visits (DVs) or family planning activity.