Regional Guidance on Job Planning for Associate Specialists and Specialty Doctors in Northern Ireland

June 2009

Job Planning Guidance

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Job Planning Guidance

Introduction

The purpose of this document is to provide guidance to doctors and to Health and Social Care (HSC) Trusts with regards to job planning under the 2008 associate specialist/specialty doctor contracts. The guidance is based on the Associate Specialist Terms and Conditions of Service (Northern Ireland) (TCS) 2008 and the Specialty Doctor Terms and Conditions of Service (Northern Ireland) 2008. Participation in job planning is a mandatory requirement of the new contracts. This document provides specific advice for effectively managing the job planning process and the appropriate allocation of programmed activities for associate specialist/specialty doctors (to include Direct Clinical Care, Supporting Professional Activities, Additional HSC Responsibilities and External Duties).

Job Planning for Associate Specialists and Specialty Doctors should recognise that these are senior career grade doctors who may work independently or work in key service roles which should be designed to provide essential support to consultants to ensure service provision is maintained at all times. Whilst this guidance is directly applicable to doctors who take up the new contract, the principles of job planning and appraisal are equally applicable to all those who choose to remain on their current contract.

A uniform approach to job planning within the HSC is essential in order to ensure fairness and transparency for Trusts and associate specialist/specialty doctors. Job planning should be a collaborative process between Trusts and associate specialist/specialty doctors. Effective job planning creates a clear link between job plans, objectives and pay progression through incremental points and thresholds. High quality job planning is essential for both associate specialist/specialty doctors and Trusts if the potential benefits of the contract are to be realised.

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An important aspect of the working relationship between an associate specialist/specialty doctor and their employer is a shared understanding of the goals of both the employer and the individual associate specialist/specialty doctor. 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.

The associate specialist/specialty doctor contracts whilst focussed on time allocation for activities are professional contracts, ensuring that flexibility remains at the heart of the work of associate specialist/specialty doctors. This flexibility is essential to allow improved care for patients and service developments for future new treatments and care pathways.

1. Appraisal and Job Planning

Further information on appraisal is outlined in DHSSPS Circular HSS (TC8) 1/03 (issued 7 February 2003). Associate specialist/specialty doctor appraisals and job plan agreements are separate processes but have significant links. Timescales differ between appraisal and job planning. Appraisal is primarily concerned with ensuring the individual meets clinical and professional competence standards and is largely a reflective process looking back over an associate specialist/specialty doctor's achievements. Appraisal 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 associate specialist/specialty doctor.

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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 associate specialist/specialty doctor'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 a continuous process. There should be a two way flow of information between the clinical manager and the associate specialist/specialty doctor throughout the year. The clinical manager should be aware of how the associate specialist/specialty doctor is performing against the previous year's agreed objectives. This information should be shared with the associate specialist/specialty doctor. Similarly the associate specialist/specialty doctor 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 associate specialist/specialty doctor should have all the information necessary to agree a prospective job plan.

Scope of the Job Plan

A Job Plan should be a prospective agreement that sets out a doctor's duties, responsibilities, and objectives for the coming year as well as the resources/support required. For those doctors assimilating to the new contracts it is expected that they will

prepare an initial draft job plan based on their current timetable of activities. For all new posts it is expected that the employer will prepare the initial job plan.

In assessing 'hours of work', clinicians are advised to avoid double counting. An instance when this might occur would be the hours assessment related to 'teaching whilst in an out-patient clinic'. Such activity, whilst not aiming to deter from the individual's contribution to the departmental teaching commitment should only be 'counted' once for programmed activity purposes – i.e. as 'direct clinical care' activity, rather than 'direct clinical care' activity ***and*** 'teaching' activity.

The Job Plan should cover all aspects of a doctor's professional practice including clinical work, any teaching, education, research, audit, budgetary and managerial responsibilities captured within the following programmed activities (PAs):

- Direct Clinical Care (DCC) including any on-call work
- Supporting Professional Activities (SPAs) (a minimum of 1 PA)
- Additional Programmed Activities
- Additional HSC Responsibilities
- Agreed External Duties

The Job Plan should therefore set out:

- the doctor's main duties and responsibilities, including on call work
- scheduling of commitments including private professional services and fee paying services
- personal objectives, including any continuing medical education and training, and their relationship with wider service objectives
- all the support needed to fulfil the Job Plan

2. Job Plan Meeting

Preparation

The main purpose of this meeting is to produce a prospective job plan for the forthcoming year. On transfer to the new contracts a draft job plan should be prepared in line with a locally agreed template, by the associate specialist/specialty doctor based on current timetable of activities and forwarded to the clinical manager at least two weeks before the arranged meeting. All subsequent job plans should be prepared by the clinical manager and forwarded to the associate specialist/specialty doctor at least two weeks before the arranged meeting. The draft should indicate the associate specialist/specialty doctor's workload and commitments as well as any proposed changes. This will form the basis of the discussion. The rationale for proposed changes such as service development, or regional initiatives should be explained. The associate specialist/specialty doctor 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 existing job plan and outcome of diary exercise
- 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 associate specialist/specialty doctor's personal contribution towards agreed objectives
- Establish and record eligibility for a pay increment or threshold
- 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
  - Identification of support required for effective planning and management of the doctor's career.

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 associate specialist/specialty doctor should agree a timeframe of not more than two weeks for them to meet and seek to agree the job plan.

Within two weeks of the initial meeting and in the event there is no job plan agreement or a doctor disputes a decision that s/he has not met the required criteria for a pay increment or threshold, the clinical manager should provide a job plan in the form of an offer. The associate specialist/specialty doctor 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 (or a designated Associate Medical Director, subject to local arrangements) advising they wish to use the facilitation process. If facilitation is unsuccessful the doctor can move to appeal stage, (TCS Schedule 5, Paragraphs 4-15).

3. Objective Setting

Objective setting is a key component of job planning in the 2008 associate specialist/specialty doctor contracts (TCS Schedule 4, Paragraphs 10–13). It is a detailed process to agree an associate specialist/specialty doctor'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 associate specialist/specialty doctor wish to achieve'. The primary drivers for objectives will be the organisational aims of the Trust and the requirements of the associate specialist/specialty doctor 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 associate specialist/specialty doctor's appraisal and the aims of the Trust: these are reconciled in the job planning process. Objectives should be personal to the associate specialist/specialty doctor, or to a team of associate specialist/specialty doctors working a team job plan. The Job Plan should set out the relationship between local service objectives and personal objectives agreed between the associate specialist/specialty doctor 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 associate specialist/specialty doctor'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 associate specialist/specialty doctor 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 associate specialist/specialty doctor 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 associate specialist/specialty doctor are able to discuss possible objectives and reach agreement about them.

Objectives should be set for all activities that the associate specialist/specialty doctor 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 Associate specialist/specialty doctors

Job Plans should include agreed, appropriate, personal objectives. The nature of the objectives will depend on the associate specialist/specialty doctor'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 associate specialist/specialty doctor 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 associate specialist/specialty doctor's career;
- be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the associate specialist/specialty doctor's control, which will be considered at the Job Plan review.

The diagram below may be useful to both doctor and clinical manager before setting any objectives:

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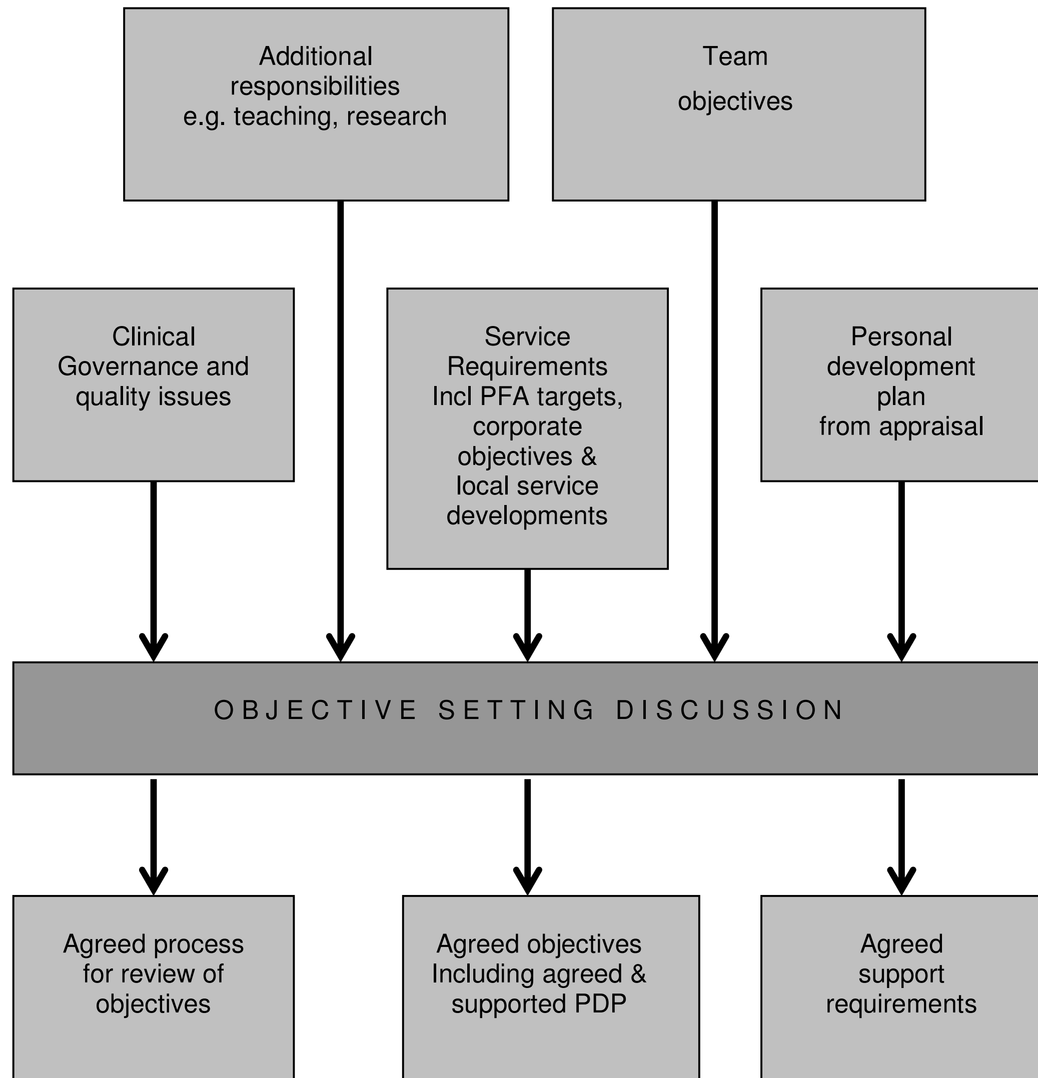

Types of Objectives

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.*

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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: Attend management development training; Gain IT database skills;*

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.*

Construction of Objectives

Objectives should follow the enhanced SMART framework and should be

<u>S</u>pecific

<u>M</u>easurable (quantified or descriptive)

<u>A</u>chievable and agreed

<u>R</u>elevant

<u>T</u>imed and tracked

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In order to ensure the objectives are SMART, ask yourself the following questions:

- Is it absolutely clear what I am being asked to achieve?
- Can the outputs be easily quantified?
- Are they realistic?
- What is the relevance?
- Is a time frame specified for each objective?
- Are there factors required to make them happen over which I do not have control?
- Will the employer guarantee the necessary resources?

If the answer to any of these questions is 'No' – seek clarification before finalising the content of the objectives.

One of the main reasons for setting objectives is to focus the associate specialist/specialty doctor'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 associate specialist/specialty doctor. 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 associate specialist/specialty doctors as *fait accomplis*. There must be discussion and agreement in order to have ownership and engagement. If associate specialist/specialty doctors 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 associate specialist/specialty doctors 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 associate specialist/specialty doctor agrees a personal element in the team job plan with the Trust informed by the team discussions.

Advantages of Team Job Planning

There are many potential advantages to both the Trust and associate specialist/specialty doctors 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 associate specialist/specialty doctors in the delivery of commitments
- It may allow associate specialist/specialty doctors 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 expressed agreement of all of the associate specialist/specialty doctors in the team before attempting to develop a team job plan. The clinical manager or the associate specialist/specialty doctors involved may request a meeting with all of the associate specialist/specialty doctors 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.

The following should be considered and calculated

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

Notwithstanding the nature of team job planning, each associate specialist/specialty doctor will have his or her own personal job plan to agree and sign. The number of PAs may vary for individual associate specialist/specialty doctors.

It is important that all associate specialist/specialty doctors 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 associate specialist/specialty doctors. 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

associate specialist/specialty doctors flexibility in timing of other work that they may undertake (e.g. 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 an associate specialist/specialty doctor undertakes work related duties. Programmed activities may be programmed as blocks of four hours or in half units of two hours each (TCS Schedule 4. Paragraph 2). See Section 7 for more details on calculating out of hours workload/on-call.

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
  An associate specialist/specialty doctor 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 associate specialist/specialty doctor takes equal amounts of annual and professional/study leave during the six calendar months when the clinic is running and when it is not. It also assumes that the associate specialist/specialty doctor takes 10

working days professional leave that year. These calculations should be adjusted if these assumptions are not correct.

- SPA Activity

  An associate specialist/specialty doctor is asked to lead/undertake a particular audit project or Private Finance Initiative 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 an associate specialist/specialty doctor to work a different total number of PAs per week during different periods of the year. For example an individual and the Trust 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. Where term time results in unpaid leave (eg 2 months off during the summer), terms and conditions should be pro rata as appropriate.

6. Pay Progression

During the annual job plan review, the clinical manager needs to determine whether the associate specialist/specialty doctor has met all the required criteria for a pay increment or threshold. 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. The clinical manager will have the responsibility of ensuring processes are in place to sign off the threshold assessment. It is expected that payments will be made automatically unless payroll are informed otherwise.

It will be the norm for associate specialist/specialty doctors to achieve a pay increment or progress through a threshold. Associate specialist/specialty doctors will not be penalized by the withholding of a pay increment or not progressing through a threshold if objectives have not been met for reasons beyond their control.

Where a doctor disputes a decision that he or she has not met the required criteria to progress either incrementally or through a threshold, the facilitation procedure and appeal procedure should be followed.

7. Direct Clinical Care (DCC)

It is paramount that Job Planning for Associate Specialists and Specialty Doctors recognises that these are senior career grade positions who may work independently or work in key service roles which should be designed to provide essential support to

consultants to ensure service provision is maintained at all times. 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, notes and telephone/e mail correspondence

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.

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Out of Hours / On-call Working

In addition, the Direct Clinical Care PAs should include both predictable and unpredictable emergency work and these should, where possible, be programmed into the working week. Predictable emergency work is work that takes place at regular and predictable times, often as a consequence of a period of on-call work (eg post-take ward rounds). Unpredictable emergency work is that which arises during the on-call period and is associated directly with the clinicians on-call duties eg recall to hospital to operate on an emergency basis. It is recommended that each specialty agree with their Clinical Director what they consider as predictable and unpredictable emergency work, as it is likely to vary across the different specialities.

A Programmed Activity in normal time is 4 hours. Any time that falls outside the period of 07.00 – 19.00 Monday to Friday and anytime on a Saturday or Sunday (or statutory or Public Holiday) is considered out of hours and three hours will be considered equivalent to one programmed activity. Out of hours working is recognised in the job plan in two ways:

Full Shift / Resident (live in)

If a specialty doctor works on a full shift pattern, an assessment of the total number of "Normal Time" hours and total number of "Premium Hours" should be made to determine the appropriate PAs.

For example, a specialty doctor works Monday to Thursday 9am to 5pm and 9am to 1pm on a Friday and contributes to the full shift pattern by working one night (resident cover from 5pm to 9am) one week in five. The normal time job plan equates to 9 PAs. The full shift (5pm to 9am) equates to 4 'normal time' hours and 12 'premium time' hours (Therefore 4/4 = 1 PA & 12/3 = 4 PAs. 5 PAs one week in five = 1 PA per week) This doctor would therefore be paid 10 PAs. An on-call availability supplement is not applicable for a shift/resident pattern.

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If this doctor participated “fully” in a full shift pattern, the PAs are likely to be much higher due to the number of premium time hours. Example below:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Normal	Prem
1	D	D	D	OFF	N	N	N	33	33
2	OFF	D	OFF	D	D	OFF	OFF	28.5	0
3	L	L	L	L	OFF	OFF	OFF	44	6
4	D	D	D	D	L	L	L	71	4.5
5	OFF	OFF	D	D	D	OFF	OFF	28.5	0
6	N	N	N	N	OFF	OFF	OFF	6	44
7	D	D	D	D	D	OFF	OFF	47.5	0
							Hrs	258.5	87.5
							PA's	9.23	4.17
							Total	PA’s	13.40

Normal		
Day	8am - 5.30pm	9.5 hrs
Long	8am - 8.30pm	12.5 hrs
Nights	8pm - 8.30am	12.5 hrs
Half Day	8am - 1pm	5 hrs

On-call Working (non resident)

If a specialty doctor works on a non resident on-call rota, an assessment of the number of Programmed Activities, as representing the average weekly volume of unpredictable emergency work arising from a doctors on-call duties will have to be made, normally during a period of between one and eight weeks.

For example, a specialty doctor works Monday to Thursday 9am to 5pm and 9am to 1pm on a Friday and participates in the non resident on-call rota by working one night one week in five. The normal time job plan equates to 9 PAs. To determine the PAs payable for the on-call work, the following calculation is made:

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A diary card exercise over an 8 week period has determined that the average weekly amount of time spent on unpredictable emergency work within the specialty was 25 hours. Prospective cover is included in the on-call PAs.

Average weekly hours associated with unpredictable emergency work	25
PA's in Premium Time (i.e. all unpredictable emergency work during diary exercise occurred outside 7pm – 7am or at a weekend)	8.33
Multiply by 52 weeks of the year	433.33
Divide by 42 working weeks of the year	10.31
Divide by the number of doctors on the on-call rota (in this case 5)	2.06

In this example, the doctor will be paid 11 PAs. In addition, doctors who are required to be on an on-call rota will be paid an on-call availability supplement. This shall be calculated as a percentage of full time basic salary (excluding any additional programmed activities, and any other fees, allowances or supplements). The supplement payable will depend on the frequency of on-call duties.

8. 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 associate specialist/specialty doctors. SPAs must be supported by clearly defined objectives which will allow both the associate specialist/specialty doctor 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 management meetings, handling complaints, form filling etc
- carrying out junior doctors' assessments (direct observation of doctor/patient encounters (DOPS), Mini-Clinical Evaluation Exercise (Mini CEX), Case-Based Discussion (CBD))

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

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 associate specialist/specialty doctor led teaching. Changes in training for doctors will require more dedicated teaching from associate specialist/specialty doctor trainers. All associate specialist/specialty doctors should be encouraged to develop their teaching skills and to provide dedicated teaching for doctors in training.

Greater allocations of time for teaching will require agreement between the associate specialist/specialty doctor 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, 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 associate specialist/specialty doctors should use to aid revalidation and maintain best practice. Associate specialist/specialty doctors 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 associate specialist/specialty doctor.

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.

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Relationship of SPA to DCC

For full time doctors, most Programmed Activities will be devoted to Direct Clinical Care (DCC) and a minimum of one PA will be allocated for Supporting Professional Activities (SPAs). It must be remembered that these posts are designed for doctors who may work independently or provide essential support to consultants to ensure service provision is maintained at all times.

In recognising that associate specialist/specialty doctors 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 associate specialist/specialty doctor and should also reflect the need to achieve compliance with working time regulations. As a doctor becomes more experienced and takes on a broader role, the employer will need to keep all elements of the job plan under review. Employers have a responsibility to ensure that doctors have the support needed to enable them to meet the requirements for incremental and career progression. Threshold two requires evidence of demonstrating a contribution to a wider role which may require reassessment of the balance between SPA and DCC duties and allocations (T&Cs Schedule15, paragraph 13). It will be important for doctors to use their appraisal and job planning meetings as an opportunity to discuss their development needs. Doctors will need to provide evidence if they consider that more than one SPA is needed to meet the CPD expectations of their specialty, to support development as a professional and to ensure that they are able to meet the criteria for progression through the grade.

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 associate specialist/specialty doctors. It is recognised that part-time associate specialist/specialty doctors 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 associate specialist/specialty doctor 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, and passing through thresholds one and two.

Additional HSC Responsibilities

Definition

Additional HSC responsibilities are special responsibilities, usually not undertaken by the generality of associate specialist/specialty doctors, which are agreed between an associate specialist/specialty doctor and the employer. They cannot normally be absorbed within the time that would normally be set aside for Supporting Professional Activities. These may include:

- Clinical Manager
- Clinical audit lead
- Clinical governance lead

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 associate specialist/specialty doctors and how they are funded to ensure appropriate job planning 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 associate specialist/specialty doctor.

Audit

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

10. External Duties

Employers recognise that it is important to the development of services and maintenance of standards that associate specialist/specialty doctors 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 associate specialist/specialty doctors. It is clear that there are a relatively fixed number of external duty roles which need to be filled by associate specialist/specialty doctors for external duty work specific to Northern Ireland, and a smaller number of national roles.

Associate specialist/specialty doctor Responsibilities

All associate specialist/specialty doctors must have approval before accepting any role. Associate specialist/specialty doctors 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. Please refer to the local HR department for further information on the approval process. The purpose of the early notification of the external duties is to give Trusts

adequate time to organize any potential changes to the associate specialist/specialty doctors' schedule or duties and to put in place arrangements to accommodate the external duty work, if approved. Examples of external duty work include Royal College committees, DHSSPS committees etc. It must be made clear to the Trust if additional roles attract external funding or are paid directly to the clinician to avoid any potential for double payment of time within a Job Plan. Where approval currently exists, there is no requirement to seek further approval.

Trust Responsibilities

If a associate specialist/specialty doctor 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 associate specialist/specialty doctors at various stages in their careers.

The Trust should not unreasonably refuse to facilitate associate specialist/specialty doctors 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 associate specialist/specialty doctor'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.

Job Planning Guidance

In those cases, where these duties are significant, on a regular basis, and cannot be accommodated within an associate specialist/specialty doctor'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 associate specialist/specialty doctor'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 associate specialist/specialty doctor's employer, 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.

11. Facilitation Process

The facilitation process should be initiated where it is not possible to agree a job plan or a associate specialist/specialty doctor disputes a decision that he or she has not met the required criteria for crossing a pay threshold. Schedule 5 of the TCS sets out the policy on the facilitation and appeals process. Doctors should refer to the Terms and Conditions of Service (Northern Ireland) 2008 Schedule 5, Paragraph 3, for detailed guidance on the process.

If it has not been possible to agree a job plan within the agreed time frame, the associate specialist/specialty doctor may refer the case in writing to the Medical Director or to a designated other Associate Medical Director (subject to local arrangements) who has not been involved in the initial decision, outlining the nature of the disagreement and requesting facilitation. The referral must be made in writing within 10 working days of the disagreement arising.

Details of the reason for the referral including the nature of the disagreement and the doctor's reasons for the request for facilitation should be provided in writing and normally within 15 working days of the initial referral being submitted.

Job Planning Guidance

The clinical manager responsible for the Job Plan review, or for making the recommendation as to whether the relevant criteria for a pay increments or thresholds have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received.

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.

The facilitation meeting shall normally be convened within 20 working days 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 associate specialist/specialty doctor. The Medical Director or designated other Associate Medical Director may have access to other information as required. Any such information must be shared with the associate specialist/specialty doctor at least two weeks in advance of the facilitation meeting.

The facilitation meeting will include the Facilitator (Medical Director or agreed designated other Associate Medical Director), clinical manager and associate specialist/specialty doctor only; a note taker may also be present.

If agreement cannot be reached at the meeting, the Medical Director or agreed designated other Associate Medical Director will make a decision and inform both parties, in writing, within 10 working days.

If the doctor is not satisfied with the outcome, s/he may lodge a formal appeal within 10 working days of receipt of the decision.

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 associate specialist/specialty doctor 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 associate specialist/specialty doctor 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, or designated other Associate Medical Director, to the clinical manager, indicating that the new job plan should now be signed by both parties.

12. Private Practice and Fee Paying Services

One of the principles of the contract is that specialty doctor/associate specialists may not normally retain payments for fee paying work done during scheduled HSC activity in their job plan. The Code of Conduct on Private Practice for consultants also applies to specialty doctor/associate specialists and must be adhered to. Fee-paying work and additional work for HSC organisations outside the main contract (e.g. domiciliary visits), (TCS Schedules 10 & 11) 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.

Job Planning for Private Practice or Fee Paying Services Activity

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. 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

Any regular non-HSC commitments, including regular private commitments, should be identified in the doctor's job plan to provide transparency, assist planning and timetabling of HSC work, and help organise out of hours cover (see Code of Conduct for Private Practice).

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).

13. Agreeing the support needed to fulfil Job Plans

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.

Job Planning Guidance

Resources

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. The agreed resources should be specified in the Job Plan.

Identifying potential barriers

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.

14. Personal Development

HSC organisations have a responsibility for the development of all their staff. 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.

Job Planning Guidance

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.

The Job Plan should include agreed aims for personal development and continuing medical education and identify appropriate time and resources for these activities.

References:

Department of Health, Social Services and Public Safety, April 2008, 'Job Planning Standards of Best Practice for Associate Specialists and Specialty Doctors'