Blackpool Teaching Hospitals NHS
NHS Foundation Trust

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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

CONTENTS

1 PURPOSE

The purpose of this Policy is to set out the Trust's approach to Senior Doctor Job Planning and may address many of the issues which have proven problematic in the past. The guidance replaces all previous local guidance issued but does not over ride the Consultants contract (England 2003) and Specialty and Associate Specialist Contract (2008), which are much more extensive.

http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantJobPlanningToolkit/Pages/ConsultantJobPlanningToolkit.aspx

http://www.nhsemployers.org/PayAndContracts/LatestNews/Pages/SASjobplanningguidance.aspx

2 SCOPE

This guidance applies to all doctors employed by the Trust including Consultants, Locums, and Associate Specialists, Specialty (SAS) doctors, Staff Grades and those on part time contracts. Foundation Doctors are not included.

Every senior doctor will have a full job plan review at least annually. Job plan reviews can be requested by the individual or the Trust at any time.

3 POLICY

3.1 Introduction

The Medical and Dental contracts are time based, specifying where and when activity takes place. However, a reasonable amount of local flexibility and discretion can benefit doctors and employers. A robust system of Job Planning for Senior Doctors is an essential component in strategic planning, operational delivery, development of excellent patient care and sustainable healthcare services.

3.2 Definitions

3.2.1 Contractual and Consequential Services

The work that a consultant carries out by virtue of the duties and responsibilities set out in his or her Job Plan and any work reasonably incidental or consequential to those duties. These services may include:

- Emergency Work
- Supporting Professional Activities
- Direct Clinical Care
- Additional NHS Responsibilities
- External Duties.

3.2.2 Programmed Activity

A scheduled period, nominally equivalent to four hours, during which a senior doctor undertakes Contractual and Consequential Services during a normal week.

3.2.3 Emergency Work

Predictable emergency work: this is emergency work that takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds). This should be programmed into the working week as scheduled Programmed Activity. Unpredictable emergency work arising from on-call duties: this is work done whilst on-call and associated directly with the senior doctor's on-call duties (except in so far as it takes place during a time for scheduled Programmed Activities), e.g. recall to hospital to operate on an emergency basis. Non-emergency work shall be regarded as including the regular, programmed work of a senior doctor whose specialty by its nature involves dealing routinely with emergency cases, e.g. Accident and Emergency (A&E) doctors.

3.2.4 Supporting Professional Activities

Activities that underpin Direct Clinical Care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management (not formal appointment), clinical governance activities, service development or improvement.

3.2.5 Direct Clinical Care

Work directly relating to the prevention, diagnosis or treatment of patients that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977 (as amended). This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes).

3.2.6 Additional NHS Responsibilities

The Trust recognises that it gains significant value from attracting and developing consultants and others who take on roles and responsibilities internally. It needs and will continue to support these activities and senior doctors. Some examples internally include Clinical Director, Lead Clinician, Education Director, local Trade Union representation.

Senior doctors who wish to take on these roles must formally seek approval from their Head of Department and Divisional Director and have this work recognised in the Job Plan (or equivalent) as appropriate.

3.2.7 External Duties

Duties not included in any of the three foregoing definitions and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the Job Plan by agreement between the senior doctor and employing organisation. These might include trade union duties, undertaking inspections for the Care Quality Commission (or its successor body), acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive. Senior doctors who wish to take on these roles must formally seek approval from their Head of Department and Divisional Director and have this work recognised in the Job Plan (or equivalent) as

appropriate.

3.2.8 Premium Time

Any time that falls outside of the period 07:00 to 19:00 Monday to Friday, and any time on a Saturday or Sunday, or public holiday. The programmed activity will be 3 hours.

3.2.9 Standard Full Time Contract

The standard full time contract is based on 10 programmed activities (PAs). These sessions will comprise Direct Clinical Care; Supporting Professional Activities; and may include Emergency Work; Additional NHS Duties; External NHS Duties.

3.2.10 Additional Programmed Activities

PAs above the standard 10 PA contract. PAs above 10 per week are temporary and which sessions they are need to be identified and could be reviewed annually as part of the job planning review.

3.2.11 Objectives

The Job Plan will include appropriate and identified personal objectives that have been agreed between the senior doctor and his or her clinical manager and will set out the relationship between these personal objectives and local service objectives. Where a doctor works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers. The nature of a senior doctor's personal objectives will depend in part on their specialty, but they may include objectives relating to:

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

Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached. The objectives will set out a mutual understanding of what the senior 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 reasonable expectations of what might be achievable over the next period
- reflect different, developing phases in the doctor's career
- be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the doctor's control, which will be considered at the Job Plan review.

3.2.12 Personal Objectives
Objectives that set out a mutual understanding of what the doctor wants to achieve over the year they cover and how this will contribute to the objectives of the Trust. These need to be “SMART” (Specific, Measurable, Attainable, Relevant, Time bound).

3.2.13 Fee Paying Services
Any paid professional services, other than those falling within the definition of Private Professional Services, which a doctor carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions.

3.2.14 Private Professional Services (also referred to as “private practice”)
Such services as include:

- the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under section 65(2) of the National Health Service Act 1977), excluding fee paying services as described in Schedule 10 of the terms and conditions;

- work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited “list”, e.g. members of the hospital staff).

3.2.15 Professional and Study Leave
Professional leave or study leave in relation to professional work including:

- study, usually but not exclusively or necessarily on a course or programme
- research
- teaching
- examining or taking examinations
- visiting clinics and attending professional conferences
- participation in training.

3.2.16 General Council Conditions
The National Health Service Staff conditions of service of general application as determined by the General Council of the Whitley Councils for the Health Services (Great Britain) as may be amended from time to time, or any provisions which may be agreed by a successor body to the General Council and may reasonably be considered to have replaced the current conditions of service.

3.2.17 Annualisation
Annualisation is an approach to job planning in which a doctor agrees to undertake a particular number of PAs on an annual, rather than a weekly, basis. This can apply to the complete Job Plan or particular elements by agreement between the senior doctor and the Trust.

3.3 Duties / Responsibilities

3.3.1 Committee Duties and Responsibilities

3.3.1.1 Executive Director / Divisional Director Committee

The Executive Director / Divisional Director Committee is responsible for approving this Policy. It is responsible for monitoring the application of the Policy and for reporting to the Board of Directors on the performance of the Policy.

3.3.1.2 Joint Local Negotiating Committee (JLNC)

The medical and dental JLNC is responsible for agreeing this policy and agreeing any future changes to it.

3.3.1.3 Divisional Management Boards

Divisional Management Boards are responsible for ensuring that the Policy is implemented across the Division and Directorates. It is responsible for ensuring that all senior doctor and clinical managers comply with the requirement for annual review of the Job Plan.

3.3.2 Individual Duties and Responsibilities

3.3.2.1 Medical Director

The Medical Director is responsible for considering and taking appropriate action in respect of the recommendation of the Divisional Director in respect of incremental progression following a satisfactory review of the Job Plan.

The Medical Director is responsible for ensuring that all clinical managers receive appropriate training on Job Planning and for ensuring that all senior doctors have at least an annual review of their Job Plan.

3.3.2.2 The Policy Subgroup Management / JLNC

These representatives are responsible for negotiating any changes to policy and final ratification of policy through JLNC as required by the review dates annually.

3.3.2.3 Director of Human Resources (HR) and Organisational Development

The Director of HR and Organisational Development is responsible for ensuring that this Policy is updated as appropriate and available to all relevant staff. In addition, the Director of HR and Organisational Development will be responsible for ensuring that Job Plans are accurately recorded on a central database.

3.3.2.4 Divisional Director / Deputy Director of Operations

The Divisional Director / Deputy Director of Operations are responsible for ensuring that the terms of this Policy are effectively communicated to all relevant staff. They are accountable for ensuring that adequate preparation is provided to all consultants and the application of this Policy is fair and consistent and that any performance issues arising from the review are addressed appropriately within a reasonable time period.

3.3.2.5 Head of Department

Clinical Directors are responsible for ensuring that every senior doctor undertakes at least an Annual Job Plan Review. They are responsible for ensuring that appropriate evidence is provided by or for the doctor in advance of the review and that any actions agreed as a

result of this review are actioned within a reasonable time period. Clinical Directors are responsible for supporting the delivery of the agreed job plan.

3.3.2.6 Consultants / Associate Specialists, Staff Grades and Speciality Doctors

All senior doctors (Consultants, Associate Specialists, Staff Grades and Specialty Doctors) are responsible for providing evidence to support either the current plan or in support of any changes required. Once agreed, doctors are responsible for ensuring that they adhere to the Job Plan.

3.4 Principles and Application

3.4.1 Key Principles

The principles outlined below will govern the Job Planning process for all Consultants:

3.4.1.1 Equity

The essence of medical and dental contracts is to remunerate individuals on the basis of the activities they undertake. The Trust's intention is to remunerate appropriately for the work undertaken in the agreed Job Plan.

3.4.1.2 Consistency

It is crucial that a consistent and fair approach is adopted between individuals and specialties. This will be based upon a set of logical and transparent guidelines that will apply equally to everyone. The implementation process will reflect this principle.

3.4.1.3 Collaboration

The Trust considers the approach to Job Planning to be as important as the output. Consequently the fundamental concept is for the Trust to work in partnership with its senior doctors to agree mutually acceptable Job Plans. Discussion regarding individual Job Plans (including Job Plan meetings) will normally involve the doctor and their Head of Department/Directorate Manager (Divisional Director/Deputy Director of Operations should review Head of Department job plans).

3.4.1.4 Speciality Level Discussion

Some aspects of Job Planning should be discussed and agreed at a Speciality level prior to any individual Job Plan meetings being held. The Head of Department should therefore meet with all of the Consultants and other senior doctors in their Specialities 1-2 weeks before anyone to one Job Plan meetings to discuss and agree:

- The capacity, activities and developments for the following year and how these will be aligned with Job Plans;
- The number of Programmed Activities (PAs) allocated for the predictable and unpredictable work performed whilst on call, based on a diary exercise where necessary;
- Which Consultants, and other senior doctors, are going to undertake lead responsibilities;
- Which Consultants, and other senior doctors, are going to fulfil the role of Educational Supervisor for Trainees.

3.4.1.5 Trust
The Trust and the senior doctors will approach the Job Planning process with professionalism, honesty and openness.

3.4.1.6 Accountability
As a publicly funded organisation the Trust has a statutory responsibility for probity. For this reason Job Plans must be based upon fact and evidence and organisational need.

3.4.1.6.1 Prospective
The Job Planning process is prospective; therefore decisions made will affect further work, future workload and payments.

These principles will apply to all doctors irrespective of whether they are employed on the new or the old contract, or local contracts.

3.4.2 Strategic Goals
- Each doctor will have an accurate Job Plan that sets out the agreed number of Programmed Activities (PAs) and on-call commitments they will undertake, plus an understanding of the duties he or she has agreed to perform within the Job Plan.

- To align the objectives of individual consultant / senior doctor and teams with the objectives of the Trust in meeting the needs of patients.

- To recognise and acknowledge the work that senior doctors undertake in line with the Trust's objectives.

- To agree how the Trust can best support a Consultant and other senior doctors in delivering these responsibilities and to agree the specific resources that the trust will provide to meet these objectives.

- To effectively prioritise the work of Consultants and other senior doctors and reduce excessive workload.

- To provide doctors with evidence for appraisal and revalidation.

3.4.3 Work Commitment
Medical and Dental terms and conditions for senior doctors are based upon a full-time work commitment of 10 PAs per week. For all PA's which are reimbursed, the consultant or doctor should be contactable, available and doing work for the organisation. There should be transparency (via job plans and rotas) for time when clinicians are not working for the organisation.

Each 4 hours of work has a value of one PA, unless it has been mutually agreed between the doctor and the Trust to undertake the work in premium time, in which case it is 3 hours. Premium time is classified as any time that falls outside of the hours 07.00 to 19.00 Monday to Friday. Public Holidays are also premium time. Programmed activities may be programmed as blocks of 4 hours or in smaller units where appropriate.

PAs above 10 per week are temporary, Additional Programmed Activities (APAs). The

review of Additional Programmed Activities is a key part of the Job Planning process. APAs should be identified as such during job planning.

If clinicians choose to undertake a PA in premium time rather than core working hours for personal convenience, the time for the PA should be 4 hours.

The work commitments of those doctors employed on the old Consultant/Associate Specialist and Staff Grade Contracts will be discussed and agreed on an individual basis at least once a year.

3.4.4 Direct Clinical Care (DCC)

DCC activity also includes time spent teaching in clinical settings, for example at ward rounds and clinics (see 6.6).

Meetings which relate directly to the care or treatment of individual patients such as Multi Disciplinary Team (MDT) or Safeguarding Children meetings are counted as DCC time. There will be other similar meetings which can also be counted as DCC time. Preparation of materials for consideration at the MDT (for example diagnostics) is also counted as DCC.

Time given to patient focussed administration is required to deliver effective DCC time. The PA allocation will vary according to the administrative requirements of a particular role. This will be evidenced as part of the Job Planning round.

An average of DCC administrative time should be calculated over a reasonable period to determine how much time is required and considered a reasonable allocation.

Where senior doctors are expected to spend time on more than one site during the course of a day, time spent travelling between sites will be included as DCC.

Travel to and from work for NHS emergencies, and 'excess travel' will also count as DCC. 'Excess travel' is defined as time spent travelling between home and a working site other than the doctor's main place of work, after deducting the time normally spent travelling between home and main place of work. Employers and doctors may need to agree arrangements for dealing with more complex working days. Travelling time between a doctor's main place of work and home or private practice premises will not be regarded as part of working time.

3.4.5 Supporting Professional Activities (SPAs)

It is important that SPA activities are relevant to the individual doctor, the Trust, and/or the NHS. Therefore content should be explicitly discussed and agreed at the Job Plan session. For doctors working at other Trusts in addition to working at Blackpool Teaching Hospitals NHS Foundation Trust (BTH), SPA activities are to be agreed by mutual agreement between the doctor's contract holders.

For the purpose of clarity, SPA activity will be defined as 'core' and 'non-core activity.

As a guiding principle, contributions to an individual's ability to revalidate should be regarded as core SPA activity. Activities that contribute to organisational aims and objectives, or are part of wider NHS responsibilities, should be regarded as non-core SPA

activity.

3.4.5.1 Core SPA activity

This is activity that supports senior doctors with revalidation and enables engagement in activities to keep the individual as a clinician up to date and competent to undertake their clinical activities. These activities include the work underlying the revalidation process, such as CPD, audit, multi-source feedback, patient feedback and critical incident review, self reflection and mandatory training, and should all be accommodated within 'core' SPA time.

In terms of audit, core SPA activity should relate to audit of an individual doctor's own personal performance, and not departmental, organisational or national audits.

Once again, mandatory training follows a similar principle. Any form of mandatory training that is pertinent to an individual's ability to revalidate should be included under core SPA activity. Mandatory training as it pertains to organisational aims and objectives should be considered as non-core SPA activity.

The minimum core SPAs to achieve revalidation will therefore be 1.5 SPAs for consultants and 1 SPA for Associate Specialists, Staff Grades and Specialty Doctors.

3.4.5.2 Non-Core SPA activity

Core SPA activity does not include other SPA work such as teaching, training, research, service development, clinical governance and contribution to management and will be categorised as 'non-core SPA' activity. Activity under this category must be justified and agreed at the Job Plan session, and will be time allocated above the agreed minimum SPA allocation for core activity.

Activities will be categorised as 'non-core' where the consultant is required to develop others and are activities not classed as 'DCC'. For example, a formal medical education role recognised and funded research activity and externally funded posts.

Examples of non-core SPA activity include the following activities below, but this is not an exhaustive list:

- Audit as it pertains to the organisation, rather than to audit of an individual doctor's own personal performance and work.
- Mandatory training as it pertains to organisational aims and objectives.
- Complaints not relating to an individual doctors performance, eg responding g to complaints on behalf of the department
- External reviews and accreditations, e.g. cancer peer review, gastroenterology peer review, Clinical Pathology Accreditation (CPA) accreditation in laboratories, to name but a few
- National audits and reviews, e.g. National Confidential Enquiry into Patient Outcome and Death (NCEPOD).
- Other external reviews on behalf of other organisations e.g. Royal College Reviews.
- In relation to complaints, time spent by individuals responding about their own personal performance should be under Direct Clinical Care activity, but time spent answering complaints on behalf of the organisation when that individual was not

involved or named in that complaint should be regarded as non-core SPA activity.

The Trust has recognised that all consultants are expected to be engaged in professional management activities. *Dependent on Trust decision – insert additional information related to the time allocated to this activity.*

The minimum SPA allocation is dependent on the contractual terms and conditions applicable to the grade of the doctor;

3.4.5.2.1 Consultants
The contract and BMA guidance states that a full time Consultant (undertaking 10 PAs per week) will normally undertake an average of 2.5 SPAs per week. Therefore 2.5 is neither a minimum nor a maximum; SPA time shall be evidence based.

Of the total SPA allocation, all Consultants actively participating in the following core activities would normally be allocated 1.5 minimum SPA's averaged per week for activities which underpin Direct Clinical Care including: continuing professional development, audit, job planning, appraisal, and other activities in support of revalidation. All SPA allocation, including any SPA above 1.5 minimum, should be evidenced by diary exercise and reviewed at annual job planning meeting.

Given that these activities are required of all Consultants, this SPA should be performed at a time most appropriate for the individual and service and can be fixed or flexible, by agreement. The core SPA will be expected of all consultants irrespective of their working hours. Evidence that this activity has taken place would be through completion of appraisal / revalidation.

3.4.5.2.2 Associate Specialists and Specialty doctors (SAS)
Of the total SPA allocation, all SAS doctors actively participating in the following core activities would normally be allocated 1 minimum SPA's averaged per week for activities which underpin Direct Clinical Care including: continuing professional development, audit, job planning, appraisal, and other activities in support of revalidation. All SPA allocation, including any SPA above 1.0 minimum, should be evidenced by diary exercise and reviewed at annual job planning meeting.

Given that these activities are required of all SAS doctors, this SPA should be performed at a time most appropriate for the individual and service and can be fixed or flexible, by agreement. The core SPA will be expected of all SAS doctors irrespective of their working hours. Evidence that this activity has taken place would be through completion of appraisal / revalidation.

Typically further SPA will be agreed between the doctor and their Head of Department during the Job Plan review session or as part of any team job planning review and evidenced by diary exercise. Where appropriate, annualisation of SPA either on a team or individual basis may be explored.

SPA time will be allocated for specific activities which are agreed between the doctor and their Head of Department. Some of these activities will be agreed at Divisional or Specialty level whilst others will be agreed on an individual basis. All agreed activities must be of benefit to the Consultant/senior doctor, the Trust, and/or wider NHS and have measurable

evidence, wherever possible, associated with them. These objectives should be agreed as part of the Job Plan alongside an agreement on the resources required to achieve them. Progress against agreed objectives will be reviewed at the following annual Job Plan meeting, or earlier if necessary. Failure of the Trust to provide the resources agreed should be highlighted by the doctor if achievement of agreed objectives will be affected. The doctor should also inform their Head of Department if the nature of the agreed activity changes.

3.4.6 Part time working

The division of programmed activities between direct clinical care and other activities for part-time clinicians will be seen broadly as pro-rata of those for full time clinicians. However, it is recognised that part-timers need to devote proportionately more of their time to supporting professional activities, for example due to the need to participate to the same extent as full timers in continuing professional development. The principle is that the clinician must be able to undertake all teaching, audit, and clinical governance activities required by the employer within the time allowed for supporting activities.; the minimum SPA allocation is therefore 1.5. As for full timers, direct clinical care activities will not intrude on time for supporting professional activities except very occasionally in emergency situations.

Clinicians working part-time will not be expected to carry the same workload as a full time clinician. The assessment of the workload needed to fulfil a clinician's duties and responsibilities will be based on the agreed number of direct clinical care programmed activities in the job plan.

3.4.7 Teaching and Medical Education

It is recognised that workplace based teaching may affect the volume of activity which can be undertaken within a clinical session. Variations in activity will be identified and addressed as part of the job planning process.

3.4.8 Postgraduate medical education

All Clinicians are expected to participate in postgraduate medical education as part of their employment. It is important to recognise that time spent teaching these grades (FY1/2, CT1/2, ST1-5, SAS doctors, Trust grades) in clinics and ward rounds is not additional, it is part of those fixed clinical units of PA (DCC). If significant and regular additional teaching is taking place, the amount of SPA time for this activity will be individually negotiated as part of the job planning process with the involvement of the Division and the HR & OD Department through an evidenced based approach

3.4.8.1 Educational and Clinical Supervisors

Named Educational and Named Clinical supervisor roles are recognised by specific SPA allocations above the minimum Medical Education will only allocate appropriately trained and GMC recognised clinicians as named Educational and/or Clinical Supervisors. Senior doctors appointed as educational or named clinical supervisors will be allocated 0.25 SPA per week for each Trainee they undertake this role for, in accordance with the guidance issued by Health Education North West (HENW). This will be recognised by the department as non-core SPA.

HEENW recommend that every trainee requires a minimum of one hour every week allocated for one to one supervision. This must be incorporated into the supervisor's job

plan. The exact split of this time for supervision should be agreed at job planning based on supporting evidence. Additional time may be required for supporting and managing trainees in difficulty.

3.4.8.2 Educational Leads

Significant roles in Education will be appointed after open and fair competition, and remunerated by the Medical Education Department and will attract separate non-core SPAs as advertised. These roles will be subject to a separate Educational Appraisal.

3.4.8.3 Trust Speciality Training Leads (formally college tutors)

Senior doctors appointed as Trust Specialty Training Leads should be allocated adequate time to perform the role, in accordance with HENW guidance. The time required should be agreed on a case by case basis and should be based on the objectives the individual is required to achieve. HEENW has suggested that Tutors assigned up to 10 trainees (excluding Foundation doctors) should be allocated 0.5 spas/week, 11-20 trainees 1 spa/week etc. This time should be recognised as non-core SPA.

In the case of regional Training Programme Directors, these will be appointed by separate contracts. Roles that extend outside the organisation will be dealt with as outlined in section (6.10). External agencies such as HEENW may commission Additional Programmed Activities.

3.4.8.4 Undergraduate medical education

All Clinicians are expected to participate in Undergraduate medical education as part of their employment. It is important to recognise that time spent teaching these grades in clinics and ward rounds is not additional, it is part of those fixed clinical units of PA (DCC). If significant and regular additional teaching is taking place The amount of SPA time for this activity will be individually negotiated as part of the job planning process with the involvement of the Division and the Human Resources and Organisational Development (HR & OD) Department through an evidenced based approach.

3.4.8.5 Educational and Clinical Supervisors

Named Educational and Named Clinical supervisor roles are recognised by specific SPA allocations above the minimum. Medical Education will only allocate appropriately trained clinicians as named Educational and/or Clinical Supervisors.

3.4.8.6 Educational Leads

Significant roles in Undergraduate Education will be appointed after open and fair competition, and paid by the Medical Education Department and will attract separate non-core SPAs as advertised. These roles will be subject to a separate Educational Appraisal.

Where a member of staff undertakes a locally defined role for example taking post doctoral students, PHd or MSc students, facilitating PBL sessions, providing tutorial sessions, acting as Undergraduate educational supervisor or undertaking lead role in organising timetables for example medicine, surgery, palliative care, paediatrics and obstetrics and gynaecology these roles are included in extra minimum SPA time. (List of activities not exhaustive) The amount of SPA time for this activity will be individually negotiated as part of the job planning process with the involvement of the Division and the HR & OD Department through an evidenced based approach.

Where significant proportion of teaching is in clinical (DCC) sessions the department shall recognise the PA (DCC) contribution and the effect on clinical activity of teaching activity and ensure that such activity at individual and departmental level is appropriately funded and that any workload statistics are appropriately weighted to take into account the reduction of throughput in teaching clinics and team job planning is adjusted to take this into account.

3.4.9 Non Patient Related Administrative Time

All doctors may need some time for non-patient related administration e.g. reading trust mail, email etc. This time should be agreed at the job plan review using an evidence based approach.

3.4.10 Additional NHS Responsibilities

There are a range of additional NHS responsibilities within the Trust which it recognizes and wishes to support. These are responsibilities which are not held by all clinicians but relate to a specific role filled by some clinicians either long term or for limited periods. Examples include being a Head of Department or Lead Clinician, Clinical Audit Lead,

Doctors who wish to perform additional NHS responsibilities must seek formal agreement from their Head of Department and Divisional Director prior to applying for the role. The nature of the additional responsibility and the time required to fulfil it should be discussed and agreed. Where it is agreed that the doctor can undertake specific additional responsibilities the time required to discharge them should be included in the Job Plan as Additional Programmed Activities.

There are some educational and research additional NHS responsibilities which attract additional remuneration funded by corporate departments (i.e. education and research). Where this applies and the doctor is paid directly by the corporate service, there is no requirement for the department / division to allocate funding to discharge this responsibility. The nature of the additional activity should be noted and adequate time identified and clearly separated from departmental /divisional work.

3.4.11 External Duties

The Trust wishes to encourage and support relevant external duties in our position as a leader in clinical excellence. Doctors who wish to perform external duties must seek formal agreement from their Divisional Director. The Trust will adopt a pragmatic approach to the issue on an individual basis and in principle agree to support external duties so long as:

- There is a demonstrable benefit to the individual, the Trust and/or the wider NHS.
- The department supports the request.

Where doctors are already performing external duties the nature of these duties and the time commitment associated with them should be reviewed as part of the annual Job Plan review using the principles listed in 6.9 above.

3.4.12 Leave Principles

3.4.12.1 Leave

Managing annual leave consistently and fairly across the team can sometimes be difficult.

A week, for the purpose of annual leave entitlement, consists of whatever constitutes the practitioner's normal working week. So for a practitioner (whether part time or full time) who works a three-day week, a week's leave entails three working days off. Leave cannot apply to a day when no work is scheduled to take place. Annual leave entitlement (days per annum) is based on the assumption that the normal working week is five days.

Therefore, if the timetabled working week is only 3 days, the annual leave entitlement is based on the pro-rata calculation of 3/5 x annual entitlement equals the annual leave for entitlement for that individual.

Taking an extreme example, it is possible that a practitioner could deliver their contractual commitment in two days of work. If a consultant in that position took all their leave in individual days rather than weeks (on the assumption that 6 weeks = 30 days), they could spend several months away from the hospital. Although this is an extreme example, the principle that such a way of using leave is not consistent with professionalism and is unfair on his/her colleagues can be easily understood. In this case, the annual leave entitlement could be expressed as 2/5 x 30 = 12 days.

Practitioners should aim to take their leave to impact proportionately on their DCC and SPA (and external duties) activities.

The principles for booking leave are outlined in the Medical Workforce Absence Policy (CORP/PROC/602) which can be accessed on the Trusts intranet.

3.4.12.2 Professional and study leave includes:

Professional or study leave are categorized within the contract under the same heading, but serve different purposes. The recommended combined quota for consultants is a maximum of thirty days (including off-duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom. Please note this leave is not an entitlement, and approval to take this leave will be based on the needs of the service approval must be sought in accordance with the study leave policy.

3.4.13 On-Call

Doctors on an on-call rota are paid an on-call availability supplement in addition to basic salary. The level of supplement depends upon the frequency of the rota and the typical nature of response when called.

3.4.13.1 Consultants

Frequency of Rota	Value of supplement as % of full time basic salary	
Commitment	**Category A**	**Category B**
High Frequency 1 in 1 to 1 in 4	8%	3%
Medium Frequency 1 in 5 to 1 in 8	5%	2%
Low Frequency 1 in 9 or less frequent	3%	1%

Part-time consultants whose contribution to the on-call rota is the same as full-time consultants, should receive the same supplement as full-time consultants on that rota.

Category A: This applies where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

Category B: this applies where the consultant can typically respond by giving telephone advice and/or by returning to work later.2

NB: It should be noted that prospective cover arrangements cannot be considered when determining the frequency of a rota.

3.4.13.2 Associate Specialist and Specialty Doctors

Frequency	Percentage of Basic Salary
more frequent than or equal to 1 in 4	6%
less frequent than 1 in 4 or equal to 1 in 8	4%
less frequent than 1 in 8	2%

There is also a requirement for a PA allocation in recognition of the work actually undertaken whilst on call. This work is divided into predictable (takes place at regular and planned times) and unpredictable (purely unplanned clinical activity whilst on call). The amount of PA allocated for predictable and unpredictable work performed whilst on-call will be the same for all doctors on a rota and will be agreed at speciality level. The expected average amount of time that a doctor is likely to spend on unpredictable emergency work each week whilst on-call and directly associated with his or her on-call duties will be

treated as counting towards the number of Direct Clinical Care Programmed Activities that the doctor is regarded as undertaking.

This allocation is calculated by analysing the amount of time doctors spend on on-call related clinical activity to produce an average weekly amount. In order to achieve this individual need to record their workload over a representative period and share the results with their Clinical Manager so that an average can be agreed for the speciality or rota concerned. The length of the representative period should be agreed at speciality level; in most cases 10 weeks will be sufficient.

There are some doctors on more than one rota. For these individuals a calculation will be undertaken to identify the overall frequency of their on-call commitment.

3.4.14 Objectives

The objectives will set out a mutual understanding of what the doctor will be seeking to achieve over the year they cover and how this will contribute to the objectives of the employing organisation. More specifically they will:

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

Where a doctor works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.

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

- Trust objectives
- Local service objectives
- Quality
- Activity and efficiency
- Clinical outcomes
- Clinical standards
- Management of resources, including efficient use of NHS resources
- Service development
- Multi-disciplinary team working.
- Personal Development
- Research

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

3.4.15 Additional Programmed Activities

I. As already stated for full time contract holders, PAs above 10 per week are temporary. In this context, Additional Programmed Activities must be formally reviewed as part of the annual Job Plan review and may be reduced following the review. For doctors on a part time contract, any APAs will be reviewed in the same manner

II. Where the Trust requests a doctor to perform Additional Programmed Activities it will give him or her three months notice; or less by mutual agreement. Doctors with existing extra-contractual commitments (such as private practice commitments) will be entitled to six months notice. Removal of these APAs will also be subject to 3 months notice.

3.4.16 Private Practice and Fee Paying Services

I. Doctors on a 10 PA contract are obliged to offer an extra Programmed Activity to the Trust if they wish to perform Private Professional Services. It is at the Trust's discretion whether to accept this offer. (See section 6 of Terms and conditions.) This position can be reviewed throughout the year.

It is essential that these services are undertaken in accordance with the Code of Practice for Private Practice and as such do not:

- Result in detriment to NHS patients or services; or
- Diminish the public resources that are available for the NHS.
- Regular commitments in respect of Private Professional Services or Fee Paying Services must be documented in the job plan. This information will include the planned location, timing and broad type of work involved. If time spent undertaking Private Professional Services results in an individual working in excess of 48 hours per week, the decision and the responsibility to undertake that work will lie with the individual.
- **Where there would be a conflict or potential conflict of interest, NHS commitments must take precedence over private work. Individual doctors are responsible for ensuring that private commitments do not conflict with Direct care and SPA Activities**.
- Individuals who undertake private medico-legal work (i.e. work which is not performed in their capacity as a Trust employee) may be called to appear in court from time to time, a requirement which may interfere with NHS activity. For court appearances arrangements will need to be agreed with the relevant Head of Department.

3.4.17 Capacity Lists and other Capacity Work

Doctors are often asked to do additional operating lists, clinics, investigations or reports in order to reduce or maintain patient waiting times. One of the important principles of the medical and dental terms and conditions of service is that doctors cannot be paid twice for the same period of time. For this reason doctors must not, under any circumstances, do capacity lists or other capacity work whilst on-call.

The Trust will not, under any circumstances, ask doctors to do capacity lists or other capacity work whilst on call.

If doctors do capacity work during their SPA time, the displaced SPA will be performed at a specified time when the doctor is not contracted to work for the Trust (such as an evening) through agreement and monitoring by the Head of Department. The doctor will be entitled to payment for the capacity work at the appropriate rate.

3.4.18 Job Plan Reviews and the Link to Pay Progression

The medical and dental terms and conditions of service make provision for doctors' remuneration to rise through a series of thresholds subject to certain conditions being met. The majority of doctors will progress through the thresholds; however this is conditional and is not automatic. The criteria to be referred to annually for pay progression purposes are that the doctor has:

- Made every reasonable effort to meet the time and service commitments in the Job Plan;
- Participated satisfactorily in the appraisal process;
- Participated satisfactorily in reviewing the Job Plan and setting personal objectives;
- Met the personal objectives in the Job plan, or where this is not achieved for reasons beyond the Doctors control, made every reasonable effort to do so;
- Worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
- Taken up an offer to undertake an additional Programmed Activity that the employing organisation has made to the Doctor in accordance with Schedule 6 of the Terms and Conditions; and
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the Terms and Conditions.

The Head of Department who has conducted the Job Plan review will report the outcome to the Divisional Director who will in turn make a recommendation to the Medical Director on whether the doctor concerned has met the criteria for pay progression. Doctors will receive a copy of the report from the Divisional Director to the Medical Director.

The Medical Director, informed by the Divisional Director recommendation, will decide whether the clinician has met the criteria for pay progression. Where one or more of the criteria are not achieved evidence for this decision will be provided to the clinician. Clinicians who wish to appeal against the decision made by the Medical Director should do so in accordance with Schedule 4 of the Terms and Conditions which can be found on the NHS Employers web site www.nhsemployers.org/workforce/workforce-1037.cfm.

When a Doctor becomes eligible for a pay threshold they will receive it provided that the

Medical Director agrees they have met the criteria outlined above in every year since the award of the previous threshold, or in the case of a doctor's first pay threshold, since the commencement of their post.

If the Medical Director decides that a doctor has not met the necessary criteria the Trust will defer the award of the appropriate pay threshold until the criteria are met.

4 ATTACHMENTS	
Appendix Number	**Title**
Appendix 1	Job planning process schedule
Appendix 2	Declaration of Practising Privileges
Appendix 3	Guide to contracting for Additional Programmed Activities
Appendix 4	Calculation On Call Frequency to determine PA's
Appendix 5	Template Job Plan Pro-forma
Appendix 6	Equality Impact Assessment Form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	**Location**	**Date Issued**
1	Intranet	30/04/2015
2	Wards, Departments and Service	30/04/2015

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
CORP/PROC/602	Management of Leave for Medical Staff http://fcsharepoint/trustdocuments/Documents/CORP-PROC-602.docx

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
Further sources of help and guidance are:
Academy of Royal colleges, advice on revalidation (Feb 2010). http://www.aomrc.org.uk/aomrc/admin/news/docs/Academy%20SPA080210.pdf
Crown. (1977). *National Health Service Act 1977.* Available: http://www.legislation.gov.uk/ukpga/1977/49/contents . Last accessed 27/03/2015.
The contract reference documentation on the NHS Employers web site. www.nhsemployers.org/workforce/workforce-1037.cfm
The BMA guide to Job Planning (September 2004). www.bma.org.uk
The Modernisation Agency concise guide (January 2005). http://www.nhsemployers.org/SiteCollectionDocuments/Effective_job_planning.pdf
An agreed set of principles for applying the Doctor contract to clinical academics is available at http://www.bma.org.uk/images/Principles_tcm41-20063.pdf
The NHS Employers reference documentation includes a model honorary contract and guidance on *Job Planning for Doctor Clinical Academics*.

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
The GMC Code – Good medical Practice is available at: http://www.gmc-uk.org/guidance/good_medical_practice.asp
Guidance on job planning for educational roles. Available at: https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/job-planning

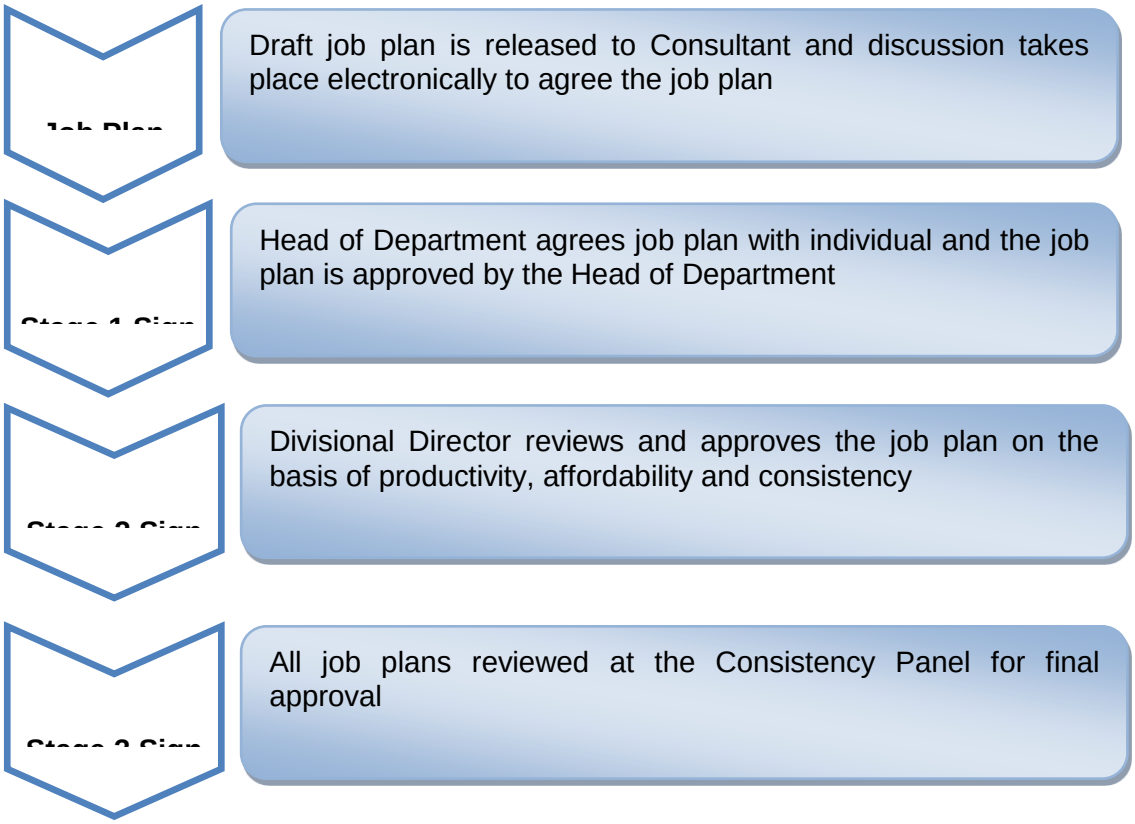
9 CONSULTATION WITH STAFF AND PATIENTS	
Name	**Designation**
Sonya Clarkson	Head of Medical Workforce

10 DEFINITIONS/GLOSSARY OF TERMS	
A&E	Accident and Emergency
APAs	Additional Programmed Activities
BTH	Blackpool Teaching Hospitals NHS Foundation Trust
CPA	Clinical Pathology Accreditation
CT	Core Training
DCC	Direct Clinical Care
FY1/2	Foundation Doctor
HR	Human Resources
HR & OD	Human Resources and Organisational Development
JLNC	Joint Local Negotiating Committee
MDT	Multi Disciplinary Team
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
PAs	Programmed Activities
PBL	Problem Based Learning
PMETB	Post Graduate Medical Education Training Board
SAS	Associate Specialists and Specialty doctors
SMART	Specific, Measurable, Attainable, Relevant, Time bound
SPAs	Supporting Professional Activities
STC	Speciality Training Committee

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Andrea Padgeon	**Checked By**	Sonya Clarkson
Job Title	Medical Workforce Manager	**Job Title**	Medical Workforce Manager
Date	October 2014	**Date**	January 2015

Appendix 1: Job planning process schedule

A clear process has been established for ensuring effective job planning processes are embedded into the organisation;



Appendix 2: Declaration of Practising Privileges

DECLARATION OF PRACTISING PRIVILEGES

Blackpool Teaching Hospitals (BTH) NHS Foundation Trust has appointed Professor Mark O'Donnell, Medical Director, as the named Responsible Officer for revalidation.

As your primary employer, Blackpool Teaching Hospitals NHS Foundation trust is now making the necessary preparations for the Revalidation process. These preparations include the central documentation of all external practising privileges held by all employed medical practitioners.

Please provide the following information regarding all of your external practising privileges. This information will be retained by your Responsible Officer and will be accessible via the Trust's intranet.

Any declaration of external practising privileges requires the practitioner to provide your Appraiser with supporting quality and clinical governance information relating to those privileges and to ensure your e-portfolio is updated with such relevant information.

Failure to declare external practising privileges may render a practitioner in breach of GMC standards for probity. Doctors are reminded that they are contractually required to submit a conflict of interest declaration form during the job plan review process, please refer to the trusts business standards policy.

Appendix 2: Declaration of Practising Privileges

DECLARATIONS OF PRACTISING PRIVILEGES& CONFLICT OF INTEREST

Name of Practitioner:	
GMC No:	
Specialty:	
Sub-Specialty:	

Please complete the following template for each external organisation.

Name of External Organisation	
Address of Organisation and Contact Details	
Name of Medical Director or Chair of Doctor Committee	
Contracted role within Organisation	

Contracted role within Organisation	

Details of Practising Privileges Granted

*Please delete as appropriate

a	Do you have practising privileges for Out Patients	*Yes : No
Date Privileges Granted		

b	Do you have admission rights and practising privileges for In Patients	*Yes : No
Date Privileges Granted		

c	Are you managing patients or undertaking procedures in the organisation that you do not regularly do within the NHS	*Yes : No
If 'yes' to question c, please provide further details:		
Date Privileges Granted		

Appendix 3: Guide to contracting for Additional Programmed Activities

1. Introduction

The purpose of this guide is to set out best practice regarding the contractual arrangements that we believe should apply to additional or extra Programmed Activities (PAs).

The 2003 doctor contract established a standard full-time working week comprised of ten PAs. The Terms and Conditions, Doctors (England) 2003 provide flexibility for NHS organisations and doctors to agree to contract for additional PAs for a variety of purposes, although no doctor can be compelled to agree to a contract containing more than ten PAs.

Similarly, employers should not advertise posts on the basis of more than ten PAs.

An important benefit of the 2003 contract is to provide an improved work/life balance for doctors. Where a workload is so onerous that it cannot be accommodated within a standard full-time working week, NHS organisations should identify ways of reducing workload over time, so that best employment practice is observed. It may be necessary to look at how services are delivered so that doctor time is used efficiently, for example by redesigning supporting roles or transferring work to other clinical staff.

2. 'Additional' or 'extra' Programmed Activities?

Provision is made within the Terms and Conditions for two types of extra contractual PAs (for practical purposes these can be used interchangeably).

The distinction is explained below, although for the purposes of simplicity in the remainder of this guide, we shall refer to all such PAs as 'additional PAs'.

Extra PAs are referred to in Schedule 6 of the Terms and Conditions as those that are linked to spare professional capacity. Doctors wishing to undertake private practice as defined, and who wish to remain eligible for pay progression, are required to offer up the first portion of any spare professional capacity (up to a maximum of one PA per week). Where a doctor intends to undertake such work, the employing organisation may, but is not obliged to, offer the doctor the opportunity to carry out up to one extra PA per week on top of the standard commitment set out in their contract of employment.

Schedule 6.2 of the Terms and Conditions sets out the provisions regarding putting offers to doctors and the periods of notice required.

There is flexibility to agree a fixed number of extra PAs to be undertaken as required over the course of the year and NHS organisations may find this provision particularly helpful in that arrangements can be tailored to reflect varying service needs. One approach, for example, is to assess on a departmental basis how many extra PAs are likely to be required during the course of a year to increase capacity temporarily, for example for waiting list work; to cover clinics and lists; or to cover a vacancy. The employer can then contract for an agreed number of extra PAs with those doctors willing to work them.

Additional PAs are not linked to spare professional capacity but may be used to reflect regular, additional duties or activities (whether scheduled or unscheduled) that cannot be contained within a standard ten PA contract.

Appendix 3: Guide to contracting for Additional Programmed Activities

They can be used, for example, to recognise an unusually high routine workload, or to recognise additional responsibilities. In this context “regular” is not intended to necessarily imply “at the same time each week or month”.

A doctor whose job plan includes at least one additional PA will be deemed to have satisfied the requirement as set out in Schedule 6.2 of the Terms and Conditions to offer up an extra PA for pay progression purposes.

3. Contracting for additional PAs

Clause 7.1 of the doctor contract should contain only the standard number of PAs (i.e. ten for a full-time doctor and the agreed number for a part-time doctor), while clause 7.6 provides for a written agreement covering any additional PAs.

When contracting for additional PAs, care should be taken to be explicit as to their purpose and duration, so as to avoid possible misunderstandings in the event that the requirement for additional PAs may cease. It is important to distinguish between standard contractual duties and additional contractual duties, as indicated in Clause 7.6 of the contract, since the additional contractual duties are intended to be temporary in nature and may be contracted for flexibly, while Clause 7.1 identifies the basic, mutual contractual commitment. This is particularly important for part-time doctors.

Pay protection arrangements do not apply to additional PAs, as they form no part of basic pay, for example this means that if PAs are reduced from say eleven to ten in future, pay would decrease as a consequence. It is not protected.

Paying for additional PAs

Additional PAs contracted for on a regular basis, for example weekly, and used for example, to recognise additional routine workload, will be payable for each week including annual and study leave weeks, and during any periods of sick leave.

Additional PAs that are contracted for on an ad hoc basis, for example by the parties agreeing prospectively to a level of extra activity that can be undertaken flexibly during the year, can be paid by annualising and paying through equal salary payments.

Up to ten PAs per week are pensionable, for both full-time and part-time doctors. Therefore, additional PAs for full-time doctors i.e. those in excess of ten PAs, are not pensionable, while for part-time doctors; additional PAs are pensionable up to an overall maximum of ten per week, including their standard contractual PAs.

Appendix 4: Calculation On Call Frequency to determine PA's

A practical guide to calculating on-call

One of the elements of the new contract that Trusts and doctors may find challenging is calculating the amount of work that is done on call and how to translate this into Programmed Activities. The purpose of this brief guide is to provide a possible mechanism and two methods for working this out.

It should be stressed that in 2003/04, all Pas have an average timetable value of 4 hours. However, since the average timetable value of PAs undertaken in premium time i.e. outside 7am to 7pm Monday to Friday, will be three hours from 1st April 2004 onwards, the examples shown have three hours as their average time content. It is also important to remember that up to one PA per week on average can be allocated to unpredictable work until 31st March 2005, rising to an average of two PAs a week after this date.

Step 1

All doctors should undertake a diary exercise and note how much work is undertaken as a result of being on call. This should be divided into predictable and unpredictable emergency work. From this, an average amount of work for each weekday (Monday to Friday) and weekend (Saturday and Sunday) can be calculated. The total amounts for the whole team should be calculated at this stage, not allocated to individuals.

Step 2

The number of days doctors are available for on call work should be calculated. Normally this would be 52 weeks 1 day minus 6 weeks (plus one day in 2011/12 and 2 days in subsequent years) annual leave plus 10 bank holidays and lieu days, and 2 weeks study leave per year, unless a local variation has been agreed. This gives a total of 211 weekdays and 44 weekends reducing to 210 weekdays in 2011/12 and 209 in subsequent years.

Step 3
There are two suggested methods of showing how the average amount of work undertaken by each doctor per week could be calculated. The second method is not a different calculation, but an arguably simpler way of showing the calculation.

Method 1
1. Calculate the number of PAs per year by multiplying the average number of PAs per weekday by 261 (52 X 5 + 1) – **Figure 1**.
2. Multiply the number of PAs per weekend by 52 – **Figure 2**.
3. Divide the number of PAs per year undertaken on weekdays (**Figure 1**) by 210, multiply by 5 (there are 5 weekdays in each week) and divide by the number of doctors on the rota.
4. Divide the number of PAs undertaken at weekends (**Figure 2**) by 44 and divide the result by the number of doctors on the rota.

Appendix 4: Calculation On Call Frequency to determine PA's

5. Add these two figures together to give the average number of PAs per week of on call work done by each doctor. The following examples show how this calculation works. For simplicity, the annual leave entitlement for 2011/12 is used.

Example 1

Five doctors are on a rota. They have undertaken a diary exercise for three months and this shows that on average, each weekday night on call generates 1 hours work, i.e. half a PA. In addition, each weekend they undertake ward rounds on both Saturday and Sunday mornings. Each ward round takes an average of 2 hours. In addition, there is a further 5 hours unpredictable emergency work over each weekend, giving a total of 9 hours or 3 PAs. In terms of predictable and unpredictable work, each week on call generates 12 _ hours or just over 4 PAs of unpredictable work and 4 hours or 1 1/3 Pas of predictable work.

• Over the whole year, this equates to 130 PAs on weekdays and 156 PAs at weekends.
• Weekdays – 130 divided by 210, multiplied by 5 and divided by 5 (number of doctors on the rota is 0.6)
• Weekends – 156 divided by 44 and divided again by 5 is 0.7.
• On average, the doctors undertake 1.33 PAs per week of on call generated work.

Example 2

A team of 10 doctors are on a rota. They have undertaken a diary exercise for 4 months.

This shows that on average, a weekday on call generates 6 hours work, or 2 PAs in total, with the time being split roughly 3 hours of ward rounds and 3 hours of unpredictable work.

They undertake ward rounds and theatre lists each Saturday and Sunday which last 4_ hours each day on average and in addition, each weekend generates 9 hours of unpredictable work, giving a total of 18 hours or 6 PAs of work. In total, therefore, each week on call generates 8 PAs of unpredictable work and 8 PAs of predictable work.

• Over the whole year, this is a total of 522 Pas during weekdays and 312 PAs at weekends.
• Weekdays – 522 divided by 210 multiplied by 5 and divided by 10 gives an average of 1.25 PAs per week.
• Weekends – 312 divided by 44 and divided again by 10 gives just under 0.75 PAs.
• On average, the doctors undertake 2 PAs per week of on call generated work.

Method 2

Multiply the average number of PAs per year for weekdays by 124.29% (261/210) and weekend PAs by 118.18% (52/44).

Appendix 4: Calculation On Call Frequency to determine PA's

Example 1

Each week of on call generates 7.5 hours or 2.5 PAs of work during weekdays and each weekend generates 9 hours or 3 PAs of work. As there are 5 doctors on the rota, this equates to 0.5 PAs for weekday work and 0.6

PAs for weekend work.
0.5 x 1.2429 = 0.62
0.6 x 1.1818 = 0.71
Total PAs per week arising from on call = 1.33 PAs

Example 2

Each week of on call generates 30 hours or 10 PAs of work during weekdays and each weekend generates 18 hours or 6 PAs of work.

As there are 10 doctors, this equates to 1 PA for weekday work and 0.6 PAs for weekend work.

1 x 1.2429 = 1.24
0.6 x 1.1818 = 0.71
Total PAs per week arising from on call = just under 2.

Appendix 5: Template Job Plan Pro-forma							
Job Plan Effective Period:							
Name:		Payroll Number:					
Day	Time start / end	Location	Frequency	10 PA contract activity		Additional APA's Contract (state time limit is any)	Capacity for extra activity
				DCC	SPA/ EPA / RPA / MPA/AR		
Mon am							
Mon pm							
Mon (7pm-7am)							
Tue am							
Tue pm							
Tue (7pm – 7am)							
Wed am							
Wed pm							
Wed (7pm – 7am)							
Thurs am							
Thurs pm							
Thurs(7pm – 7am)							
Fri am							
Fri pm							
Fri (7pm – 7am)							
Sat							
Sun							

Appendix 5: Template Job Plan Pro-forma				
Unpredictable on call PA allocation				TOTAL
TOTAL PA's (DCC) SPA's APA's				
Postholder	HOD	DD		
Date:	Date:	Date:		

Appendix 6: Equality Impact Assessment Form

Department	HR	**Service or Policy**	CORP/POL/533	**Date Completed:**	April 2015

GROUPS TO BE CONSIDERED

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	See Purpose			
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No			
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No			
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No			
How does the service, leaflet or policy/ development promote equality and diversity?	No			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No			
Does the policy/development promote access to services and facilities for any group in particular?	No			

Appendix 6: Equality Impact Assessment Form

Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No			

ACTION:			
Please identify if you are now required to carry out a Full Equality Analysis	~~**Yes**~~	**No**	**(Please delete as appropriate)**

Name of Author: **Signature of Author:**		**Date Signed:**	
Name of Lead Person: **Signature of Lead Person:**		**Date Signed:**	
Name of Manager: **Signature of Manager**		**Date Signed:**	