 **Guidance on Job Plan Review for Clinical Academics**

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# **What is the job plan?**

* 1. The job plan should identify the individual commitments to both organisations and agree objectives for the coming year. From the employers perspective it should arrive at a plan of work that makes clear their joint expectations of the clinical academic.
  2. The job plan should also detail any commitments to other organisations, including details of any payments made by those organisations.

* 1. Programmes Activities (PA’s) are used to reflect activity within a job plan for both the clinical and academic elements.
  2. One PA is equal to a four hour period of time.
  3. Within indicative job plans, a full academic day should equate to 2 PAs.
  4. One PA may be divided in to two with agreement from both parties.

# **Who holds a job plan review?**

* 1. The single integrated job plan is usually agreed and reviewed between the clinical academic consultant, their university manager and their clinical manager in a joint process; this is in line with the appraisal process. However, in this case by agreement, the employers may be represented by one person acting in a dual capacity.
  2. Within this joint process, NHS responsibilities should be agreed with the medical director, clinical director or other lead clinician. In these discussions, the university employer would normally be represented by the Dean of the Medical School, or for more senior clinical academic staff, the Deputy Vice Chancellor of the Medical School or their nominee.

# **When to hold a job plan review?**

* 1. Upon appointment at The University of Exeter it is expected that a job plan will be completed within the first three months of employment.
  2. The job plan should then be completed to cover a 12-month period from the anniversary date of the clinical academics transfer to the terms of the new Consultant contract.
  3. The job plan meeting/process as per the procedures should be carried out each year, regardless of whether or not a pay progression is due. This document will be considered evidence to support future threshold progression when it becomes due.
  4. Where possible the job planning discussion should take place immediately after the annual appraisal as much of the information can then be shared. As the personal development plan will have been agreed at the appraisal session, it can inform the job planning discussion. This also avoids the same people having to meet twice.

# **Before the job plan meeting**

* 1. If the job planning process is to have meaning and to be helpful to both the consultant and the employing organisations, some preparatory work is necessary by all parties.
  2. The University of Exeter representatives and NHS trust representatives should meet beforehand so that job planning flows naturally from organisational and team objectives and that job plans are not drawn up in isolation. Some of the areas the team should explore include:
* mapping the current commissioning and contracting environment, including expectations for the coming year and beyond
* reviewing the previous year and identifying what went well and where there might be areas for improvement across the organisation/directorate
* identifying the actions and resources needed to improve quality
* reviewing areas of strength and weakness and methods to maximise the opportunities and minimise the possible threats
* identifying the priorities the organisation(s) and the team(s) want to deliver and the shared objectives which might influence job plans
* setting out what will be needed to meet clinical governance requirements, including education, training and research
* improving the use of data in setting objectives and the job plan. The BMA’s consultant job planning diary can help to provide information on work load:

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&sqi=2&ved=0CCoQFjAA&url=http%3A%2F%2Fbma.org.uk%2F-%2Fmedia%2Ffiles%2Fexcel%2Fconsultantjobplanningdiaryv63.xls&ei=UsIMU9yoGbDn7AbTtoAw&usg=AFQjCNGKlAXS7vJH-qe2v9xd3q9-IH4E0g&bvm=bv.61725948,d.bGQ>

* linking to personal objectives around appraisal
* determine any known or likely significant demands on consultant time away from the trust (for example, senior college roles) that will impact on service delivery.
  1. By harmonising the job planning and appraisal cycles the assimilation of job and business planning can be eased and the link between personal development plans and business plans strengthened where appropriate. Induction programmes can provide an opportunity to emphasise the importance of the job planning process as a means of linking the aims and objectives of the service to individual activity.

# **The Balance of Activity**

* 1. The Medical School strongly supports the use of indicative job plans (rather than complicated detailed plans that include parts of PAs down to several decimal points); therefore activities wherever possible should be declared in blocks of whole PAs rather than fractions.
  2. Achieving an appropriate balance between academic and service work within the consultant clinical academic role is inherently difficult. The University of Exeter is committed to ensuring that the Medical School becomes one of the top in the country, and to do this there will be an emphasis on teaching and research quality over the coming years. It is also important that clinical academics maintain their professional skills and fulfil appropriate service commitments. Working in partnership with NHS trusts the Job Planning process will provide an opportunity to examine, individually and collectively, the focus of efforts and to define appropriate and achievable job plans.

# **The University of Exeter Programmed Activities**

* 1. For Consultant Clinical Academics a minimum of five University PAs per week will usually be allocated to activities undertaken for the University, including research, teaching, administration/management and university-related external activities.
  2. The content and balance of these five PAs will be agreed between the Clinical Academic and the University Appraiser as part of the job planning discussion. The NHS Trust appraiser should also be party to discussion and agree the content.
  3. For posts below the level of Consultant the number of PA’s will depend on the percent split working for each employer and should be agreed between the University of Exeter and the trust partner prior to recruitment.

# **NHS Programmed Activities**

* 1. For Consultant Clinical Academics no more than five PAs will be dedicated to NHS Programmed Activities per week, and will be allocated between Direct Clinical Care; Supporting Professional Activities; Additional NHS responsibilities and External Duties (as defined below).
  2. The content of these five sessions will be agreed between the Clinical Academic and the NHS Trust appraiser as part of the job planning discussion. The University of Exeter appraiser should also be party to and agree the content.

# **Definitions of NHS Programmed Activities**

* 1. **Direct Clinical Care (DCC)** is defined as work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the Trust. 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).
  2. **Additional Professional Responsibilities (APR’s)**  include such roles as being a Medical Director, Director of Public Health, Clinical Director or lead clinician, or acting as a Caldicott guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser or union representative. This list is not exhaustive.
  3. **Supporting Professional Activities** (SPA’s) are defined as 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 and local clinical governance activities.
  4. 1 SPA is the equivalent to 4 hours.
  5. All clinical academics should have identified within their clinical component 1 SPA to cover necessary clinical development including that required for revalidation purposes.
  6. It is recognised that there are also professional development needs that relate to academic work. This equates to normally 1 SPA in the academic part of the job plan.
  7. **External Duties** are those not included in any of the previous three headings, and which do not fall within the definition of Fee Paying Services or Private Professional Practice. These might include trades union duties; undertaking inspections for the Commission for Health Improvement (or its successor body), acting as an external member for an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessments 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 is not exhaustive.

# **Education and Research Orientated Roles**

* 1. Those Clinical Academics in Education and Research orientated role might typically expect the basis of their job plan to look as follows:

**The University of Exeter PAs**

Research and other academic/university activities = 5 PAs (wherever possible two clear days will be allocated for research).

* 1. **NHS PAs**

Direct Clinical Care = 3.75 PAs

Supporting Professional Activities = 1.25 PAs (of which up to 1 PA may be allocated for teaching).

# **Education and Scholarship Orientated Roles**

* 1. Those Clinical Academics in Education and Scholarship might typically expect the basis of their job plan to look as follows:-

**The University of Exeter PAs**

Teaching and other academic/University activities = 5 PAs (This will normally include at least 1 PA for the management/organisation of teaching).

* 1. **NHS PAs**

Direct Clinical Care = 3.75 PAs

Supporting Professional Activities = 1.25 PAs (although the balance may shift towards Direct Clinical Care where agreed by all parties).

# **Additional Programmed Activities (APA’s)**

* 1. APA’s are temporary and subject to review
  2. Additional programmed activities may be agreed at a job plan meeting, subject to availability of funding, and up to a maximum of two APA’s per week. By keeping to this as a maximum the need to opt out of the Working Time Regulations is avoided.
  3. Any clinical APA’s are based on the level of Direct Clinical Care (DCC) in full consultation with the relevant line manager in the Trust.
  4. Where the APA is for NHS related work, the Clinical Director will be responsible for securing the necessary funding from the Trust budget to support the costs.
  5. APAs may be recognised for those individuals with a large research, teaching or management/leadership portfolio; usually up to a maximum of 2 APAs.
  6. Any APAs in the academic component would be awarded in consultation with the relevant academic line manager and subject to agreement of the HR Director, the Medical School College Manager and the Dean of the Medical School.
  7. Where the APA is for The University of Exeter related work, the Head of Department will be responsible for securing the necessary funding from the University Faculty budget to support the costs.
  8. See remuneration of Clinical Academics for information on how to calculate the value of an APA.

# **Additional payments**

* 1. Official duties with external agencies such as Royal Colleges should be declared in the job plan with an estimation of time spent on these duties. If there are explicit arrangements for reimbursement of those sessions by the relevant body via the University of Exeter or Trust Partner, this should be made clear.
  2. Additional remunerated activities described as additional clinical practice (any clinical work which generates a payment to the clinician) should also be declared on the job plan but will not count towards remunerated PAs.

# **Administration**

# All job plans for clinical academics will be collated by Institute Directors or their representatives and then forwarded to The Medical School HR Business Partner.

# Job plans will be reviewed by The Dean of the Medical School or nominated representative who will either approve the job plan or request further clarification or changes.

# Any changes will be coordinated via the Institute Director, The Dean of the Medical School or a nominated representative.

# **Appeal process**

* 1. A clinical academic has the right of appeal against a decision by the Dean or his/her representative that he/she has not met the criteria in respect of any given year. In the event of an appeal, it will be the responsibility of the University of Exeter to show why this decision was taken.
  2. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement informally. A formal appeal will be heard by a panel under the procedure set out below.
  3. An appeal should be in writing and sent from the clinical academic to the member of the Vice Chancellors executive group responsible for the medical school , copied to the NHS Chief Executive within two weeks of the decision to withhold a threshold progression point. The appeal should set out the grounds for appeal and points in dispute. The member of the Vice Chancellors executive group responsible for the medical school , in consultation with the NHS Chief Executive, will, on receipt of a written appeal convene an appeal panel to meet within four weeks of receipt of a written appeal. The member of the Vice Chancellors executive group responsible for the medical school may delegate operational procedures as appropriate, but he or she retains overall responsibility for the appeal.
  4. Membership of the panel will be:
* a chair nominated by the University of Exeter;
* a representative nominated by the honorary employer;
* a representative nominated by the clinical academic;
* a member chosen by the University from the list of individuals approved by the BMA, which will also be used for job planning appeals for NHS consultants.
* a member chosen by the clinical academic from the list of individuals approved by the BMA and again if an objection is raised one alternative representative will be chosen.
  1. No member of the panel should have previously been involved in the dispute.
  2. The parties to the dispute will submit their written statements of the case to the appeal panel and to the clinical academic concerned at least one week before the appeal hearing.
  3. The appeal panel will hear oral submissions on the day of the hearing from the clinical academic and from the employers who will jointly present their case first explaining the agreed position on the integrated Job Plan.
  4. The clinical academic may present his/her own case, or be assisted by a work colleague or recognised trade union. Legal representatives acting in a professional capacity are not permitted.
  5. Where any party or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.
  6. It is expected that the appeal hearing will last no more than half a day.
  7. The appeal panel will make a recommendation on the matter in dispute in writing to the member of the Vice Chancellors executive group responsible for the medical school , copied to the Board of the honorary employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The clinical academic should see a copy of the recommendation when it is sent to the member of the Vice Chancellors executive group responsible for the medical school. The member of the Vice Chancellors executive group responsible for the medical school will make the final decision and inform all the parties in writing.
  8. No disputed element of the integrated Job Plan will be implemented until confirmed by the outcome of the appeals process.
  9. The appeals process set out in this document applies only to job planning. No further right of appeal exists through University Procedures.

Appendix 1 - Job plan checklist for clinical academic consideration

**A checklist of issues for Clinical Academics to consider in preparing for job planning**

* Last year’s job plan. If this is the first job plan or if any of the parties feel that there might be a need for significant change in the current job plan it may be useful to keep a diary over a number of weeks to ensure that nothing is overlooked.
* Teaching commitments and any feedback from students
* Research commitments
* Research student supervision
* Clinical responsibilities – your own and those of any team of which you are part
* On-call / Out of Hours responsibilities
* CPD requirements
* Latest Personal Development Plan including objectives agreed through the appraisal process
* Timetable of private practice commitments
* Exeter Medical School committees and working groups
* Management responsibilities for staff and resources
* Clinical governance responsibilities
* Commitments for the GMC or the Royal Colleges etc.
* Support/resources provided currently and anything not provided but required
* Anything that prevents you from working efficiently

**Appendix 2 - Annual Job Plan Review Insert Academic Year**

**Notes on completion of annual job plan review**

**The job plan**

Should identify the individual commitments to both organisations and agree objectives for the coming year. From the employers perspective it should arrive at a plan of work that makes clear their joint expectations of the consultant. It needs to include the following elements:

**The University of Exeter Annual Job Plan Review insert academic year**

1. **Name: Date of Review:**

**Institute/School:**

2. Have the academic and service objectives from last year been met? Yes/No

3. Is this a team job plan? Yes/No

If yes, please detail other team members below

|  |
| --- |
|  |

4.

|  |  |  |
| --- | --- | --- |
| **No. of Programmed Activities:** | **Current job plan** | **Proposed job plan** |
| **Academic** |  |  |
| **Direct Clinical Care** |  |  |
| **Supporting Professional Activity** (clinical) |  |  |
| **Total Programmed Activities (max 10)** |  |  |
| **Total Temporary Additional Programmed Activities** |  |  |
| **OVERALL TOTAL** |  |  |

|  |  |  |
| --- | --- | --- |
| **On call Category** (if appropriate) | **A/B** | **A/B** |
| **On call frequency** |  |  |

1. Please provide details of any recharge arrangements associated with this post. This should include the name of the funding provider, e.g. CLRN and if the funding is a monetary amount or a specified number of programmed activities.

|  |  |  |
| --- | --- | --- |
| **Source of funding** | **Amount of funding** | **Period of funding** |
|  |  |  |
|  |  |  |

1. Predicted “awayness” i.e. Special Leave and Official Duty; describe activity and expected number of days leave. Outline separately “academic leave” (guest lectures; collaborative research; external examiner ships, etc.)

Annual total expected……days for activity

7. Do you intend to undertake additional remunerated clinical practice / private practice in the next year? Yes/No

If yes, please detail below and attach a copy of your indemnity/insurance certificate.

|  |  |
| --- | --- |
| **Planned location** |  |
| **Expected timing** |  |
| **Type of work** |  |

Have you complied with the NHS trust policy on additional clinical practice: Yes/No

8. Additional Professional Responsibilities that are separately remunerated e.g. work for Postgraduate Deanery or NICE etc.

9. Agreed Service and Academic Objectives for forthcoming year

**Corporate**

1. To undertake and complete an annual joint appraisal
2. To ensure that leave of all types is approved and correctly recorded
3. To follow Trust and University Policies and Guidelines

**Academic** – e.g. objectives from Follett appraisal, such as research outputs, grants, numbers of papers; teaching, development of teaching programmes, etc.

iv)

v)

**Directorate Based** – e.g. service outcomes including the introduction of new clinics, achievement of targets, etc.

vi)

|  |  |
| --- | --- |
| **Clinical Academic Name:** | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **The Associate Clinical Director, in consultation with the service lead and academic line manager:** | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Clinical Director Name:** | |
| **Signature:** | **Date:** |

**--------------------------------------------------------------------------------------------------------------**

On completion of form please send together with:

a) Schedule of Planned Work

b) completed Pay Progression form to The Human Resources Business Partner for the Medical School who will then forward to the Dean of the Medical School**.**

**Decision by Faculty Equity Committee (including any comments):**

|  |  |
| --- | --- |
|  | **No. of Programmed Activities:** |
| **Academic** |  |
| **Direct Clinical Care** |  |
| **Supporting Professional Activities** (clinical) |  |
| **Total Programmed Activities (max 10)** |  |
| **Total Temporary Additional Programmed Activities** |  |
| **OVERALL TOTAL** |  |
| **On call Category** (if appropriate) | **A/B** |
| **On call frequency** |  |

**Signed Date:**

**Appendix 3 - Schedule of Planned Work to be undertaken during Insert academic year Name: .....................................................................**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Academic** | | **DCC** | | **Clinical SPA** | |
| Hours | PAs | Hours | PAs | Hours | PAs |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday (detail clinical work only)** |  |  |  |  |  |  |  |  |
| **Sunday (detail clinical work only)** |  |  |  |  |  |  |  |  |
|  | | **TOTALS** |  |  |  |  |  |  |