



MANAGING THE JOB PLAN REVIEW

Guidance from the Scottish Consultants Committee

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BMA Scottish Consultants Committee


BMA
SCOTLAND

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1. Introduction

This guidance should be read in conjunction with BMA Scotland's job planning guidance for new consultants <https://bma.org.uk/practical-support-at-work/contracts/job-planning> which provides a detailed overview of job planning under the consultant contract and the terms and conditions of service associated with it. The purpose of this document is to provide supplementary tactical and practical suggestions in order to assist you in successfully managing the job plan review process.

It is very important that the job plan and programmed activities (PAs) truly reflect the balance of service required and the supporting professional activities protected within the contract. When undertaking a job plan review you should be clear about:

- What is currently in your job plan;
- What work you actually undertake at the moment (this may well be different from your current job plan);
- What you would like to see changed in your job plan in the future.

At each job plan review you should work in partnership with your medical manager to seek agreement. Should you fail to reach agreement then you have recourse to mediation and appeal (see section 12 below).

While you should have a job plan review at least once a year, you (or your medical manager) can request an interim review at any time during the year if you believe your workload is not reflected in your current job plan.

Electronic job planning is used increasingly in NHS boards across Scotland, but paragraph 3.1.2 of the consultant contract confirms that job plans must follow the model format contained at Appendix 4 of the consultant TCS.

2. Purposes of the job planning review

When you come to review your job plan at an interim or annual review, you should ensure that you have a clear idea of whether or not the existing job plan accurately reflects the work you actually do. This is particularly important if you are going to argue that your work justifies the payment of extra programmed activities. Keeping a diary of your activity will be vital for this and the terms and conditions include a model diary for you to use in carrying out this task (a copy of the model diary is attached at Appendix 1 of this guidance and is also available at <http://bma.org.uk/practical-support-at-work/contracts/job-planning/job-plan-diaries>).

For the most part, your work is likely to follow a regular pattern from week to week and should be relatively easy to assess. There will be exceptions for consultants who do not have such a regular pattern, such as consultants in public health medicine and clinical academic consultants, and in those circumstances a longer and more detailed diary exercise will be necessary. Note in particular that your workload is likely to be higher when you have colleagues on annual leave.

You should bring all the relevant data needed to plan the activities for the coming year. For example this could include:

- A working time diary (see Appendix 1)
- Relevant specialty advice on workload
- Information and evidence on activities undertaken in supporting professional activity (SPA) time
- Views on future objectives
- Evidence to support suggested new resources required to meet the work and objectives within the contract.

It is important to realise that the job planning process is dynamic. It is (at least) an annual event that gives all parties the chance to match workload to patient needs and to ensure an appropriate work/life balance.

Annual review

It is a contractual obligation that you have an annual job plan review. You may find that information arising from annual appraisal could inform this process, and so may wish to link the timing of your job plan review to after appraisal.

The review should consider:

- Progress against objectives and factors affecting the achievement of objectives
- Adequacy of resources
- Potential changes to duties or responsibilities
- Ways to improve workload management
- Planning of careers.

Clearly, this will be a significant meeting and will play an important part in determining pay progression. It will be a chance for you to demonstrate any additional work taken on and will also be a chance for you to suggest changes to your job.

REMEMBER:

JOB PLANNING AND APPRAISAL ARE SEPARATE

Information on evidence of output from audit, feedback from teaching etc, may be included in your appraisal folder and so could be used to inform job planning.

HOWEVER – the appraisal and job planning processes should remain separate

The significance of the annual job planning review meeting should not be exaggerated. Most matters relating to the performance of the job will be, and should be, the subject of ongoing dialogue in partnership with colleagues and management. The review meeting is an opportunity to take stock and explore significant matters which may require more substantial contractual decision-making. It should also be remembered that the review process will build upon the substantial work done in the first job plan meeting (and subsequent reviews). The first job plan enshrines the agreement between you and your employer on the nature, scope and timing of duties. The job plan review in each year will identify whether there is need for change in this job plan. In most cases, there will be a large measure of stability, since the extent of possible or desirable change from year to year will of necessity be limited.

It is clear that the job plan review process is intended to assist employers to effect change in the ways consultants work, in order to promote and respond to service change in a variety of ways. Consultants have always adapted constructively to change and the job plan review process should not be seen as threatening. It is simply a formal means by which you and your employer can reach agreement on developing the role. While your manager may have some different priorities from you, for example, in relation to aspects of service redesign, or in delivering numerical targets, you also have an interest in ensuring that there is a process to enable structured discussion on change which is desirable from your point of view.

In preparing for the job plan review, you should therefore reflect on the positive purposes that the review can achieve for you. It should not be seen simply as a passive response to an agenda determined by your medical manager. Some of the purposes you might consider are:

- Ensuring that all work done is recognised with an appropriate allocation of programmed activities (PAs)
- Ensuring that workload problems are identified and addressed
- Ensuring that resources to support the job are adequate and that any need for expansion of resources (including additional consultants) is identified
- Ensuring that job plans are adapted to reflect the necessary consequences of ongoing developments in the NHS environment
- Identifying changes in the job which may increase your ability to deliver a quality service to patients
- Promoting career development by seeking a change in the role.

The job plan review must also identify whether there are any reasons why your pay progression in any year should be withheld (see pay progression section 11) and agree objectives for the coming year (see objectives section 6).

The job plan review and appraisal processes are separate in purpose and function, and must be held at different times. Whereas the former is part of the process of your management accountability to your employer, the latter is a peer process which acts as the vehicle for professional revalidation and retention of your licence to practice. Appraisal also facilitates continuing personal and professional development and effective performance.

Interim review

You or your employer may request an interim review if changes to staffing resources, or working practices, or your circumstances, require it. You may present a case for this to your clinical manager and should agree a timetable for both review and implementation of changes.

3. Negotiation

The job plan review is, in part, a negotiation since your manager and you may, at times, have differing and conflicting aims and objectives. It should be stressed that in many, and perhaps most, instances, there will be no difficulty in reaching agreement. Many difficult areas are likely to have been dealt with and resolved in the first job planning agreement. However, you should note the following points as a brief guide to managing any negotiation which may arise:

- The key to any successful negotiation is careful and thorough planning and preparation. All relevant information and data should be gathered (see data in job planning section 4) and careful consideration should be given to the purposes to be achieved.
- Plan a strategy in relation to clear goals. Judge what are essential goals (failure to achieve which will require mediation and appeal) and what are desirable ones (which may be able to be traded in negotiating exchange).
- Consider what are likely to be management's goals and strategies.
- Assess strengths and weaknesses, both your own and management's, and negotiate to these.
- Use the strength of collective team positions where possible (see job planning and teams of consultants section below). Ensure that consultants in a team are aware of, and share, common positions where possible. For reasons of equity and consistency, a common position among a group of consultants working in a similar area is more likely to be successfully achieved than isolated standpoints.
- Avoid a confrontational approach. Aim for a 'win/win' outcome. Mediation and appeals should not be invoked lightly. It is also important to retain good working relations with management and colleagues and build a solid basis of agreement for future discussions.

- Be assertive in terms of your position. Do not be overawed by the organisation's power - the job plan requires to be agreed and both parties to the discussion are equal partners in seeking to reach agreement. Successful negotiation is confident negotiation.
- If you are subject to what you consider to be a bullying approach, ask to adjourn the meeting and seek advice and support from the BMA. All parties accept that bullying is not acceptable in job planning. A Partnership Information Network (PIN) guideline on Preventing and dealing with Bullying and Harassment in NHS Scotland has been agreed for application in NHSScotland and gives good guidance on how to deal with bullying (<http://www.msg.scot.nhs.uk/index.php/publications>)
- Remember that the existing job plan remains in contractual force until change is agreed or until after the conclusion of the appeals process.

4. Data in job planning

The most important piece of data to support the job plan review from your point of view is likely to be the diary of work commitments. Some consultants keep a diary at all times, but it is probably sufficient to have kept a diary over a representative period in each year. While this will only be strictly necessary to support a negotiation in which change is proposed (by you or your manager), it is sensible to have the information available to address this eventuality.

It is often the case that management prefer not to give the diary information appropriate weight in discussion. It should be part of the purpose of negotiation to ensure that it is accorded sufficient importance as reliable evidence of the reality of what is being done. It should therefore contain enough detail to be meaningful.

It should also be remembered that the diary, while providing necessary information, is not sufficient in itself, since management are entitled to explore and question the need for work to be done, and the efficiency with which it is done. This is less likely to be a problem where the diaries provide information consistently across a team. Where the information provided by your diary is substantially inconsistent with the position of colleagues doing similar work, you will need to be prepared and able to explain and justify material differences, perhaps by drawing attention to significant differences in the profile of work undertaken. Where it is not possible to account for these differences, you may have difficulty in defending your position.

It is likely that other data may be used by management in the review process to explore effectiveness and efficiency. This is likely to be data relating to activity, particularly relating to quantity and quality targets in the system, such as statistics relating to outpatient numbers, patient throughput, theatre utilisation, etc. Management will increasingly use such data to manage the performance of consultants in order to maximise consultant productivity.

Such data can sometimes be misleading if crudely applied, and it is important that sufficient notice is given to you to enable you to make sense of the information and respond to its intended purposes. In particular, such data will often be relevant only to a team context, and it is important that there is a consistent team approach among colleagues on the interpretation of such data and the use to which it might be put. In particular, consultants within teams should seek to reach agreement on what you consider to be reasonable activity levels to inform and support negotiations with management on such matters.

You can also make use of such data to support a case in relation to workload, and in support of additional resources.

5. Job planning and teams of consultants

The job plan is a contractual document which can be agreed only on an individual basis between the consultant and the employer. There has been some suggestion that it may be possible to agree 'team job plans' i.e. job plans which are agreed collectively across teams of consultants. This is not a position which is consistent with the terms and conditions of service and should be rejected.

However, there are many positive benefits in a team approach to discussing and obtaining consensus on the content of individual job plans. It is likely that management will adopt a broadly similar approach to consultants across a team, allowing for individual differences, and it makes sense, therefore, for consultants also to try to agree among yourselves, prior to any formal discussion with management, the important positions to be adopted in job planning discussions. As indicated above, it will also greatly strengthen your individual negotiating ability if you are aware that the position is shared in common with, and supported by, colleagues in the same department/unit.

Management are likely to respond positively to, and encourage, a team approach, since it will make the individual job planning meetings much easier if a broad measure of consensus has already been achieved in advance by collective discussions.

It should be remembered, however, that objectives should be agreed on an individual basis, even if some of these may be common to others. **You should avoid agreeing 'team objectives' in your individual job plans, since the achievement of these is outwith your individual control** (see objectives and pay progression sections 6 and 11).

6. Objectives

The key point for you to remember in discussing and agreeing objectives in your job plan each year is that failure to achieve objectives is one of the factors that entitle the employer to withhold pay progression. Objectives must be **agreed** with you, and where agreement cannot be reached, may be subject to mediation/appeal. In agreeing objectives, therefore, it is important above any other factors that you are confident that any objectives agreed are demonstrably achievable. This means that:

- the outcome of the objective should be within your individual control the objective should be at a level which you are confident that you will be able to deliver, and
- the objective should be of a nature which makes it possible, if necessary, to prove with evidence that it has been delivered.

It is also sensible for you to ensure that you are not burdened with an excessive number of objectives.

In agreeing objectives, it is also important to ensure that these do not distort the nature of the job which you wish or are able to deliver. Agreeing targets in a certain manner, for example, may be inconsistent with professional obligations in terms of quality, or agreeing to deliver in a particular area of the service may imply a radical and undesired shift in the structure of the post.

It is likely that objectives will fall into three categories: **'corporate'** which apply to all consultants, **'departmental'** which apply to consultants within teams, and **individual**. In all cases, objectives must still be agreed with individual consultants and be couched in terms which make them achievable by individual consultants. In terms of corporate and departmental objectives, it would be prudent for management to seek to reach agreement on the principles involved with the appropriate collective groups involved by means of negotiations with, for example, the Local Negotiating Committee (LNC) in respect of corporate objectives, and relevant teams in respect of departmental objectives. Consultants should, in any event, and in line with the guidance above in reference to job planning and teams, ensure that they agree collective positions as far as possible in relation to objectives which are intended to be applied collectively.

Discussion on objectives gives you a helpful opportunity to raise the issue of supporting resources since the achievability of objectives will be related to the resources available to the consultant. **Agreeing the appropriate resources to support a job should form an important part of the job plan: this is often neglected by management.**

7. Appraisal and revalidation

You should ensure that you have sufficient SPA time in their job plan to comply with appraisal and revalidation.

BMA Scotland has agreed with the Management Steering Group representing NHS Scotland employers and the Scottish Government that consultants who have undergone appraiser training should have sufficient time in their job plans to fulfil their appraiser role effectively, and that when a consultant becomes a trained appraiser, a job plan review will normally be appropriate, to ensure that the role is planned into their agreed work schedule.

8. Work in excess of the job plan and extra programmed activities (EPAs)

If you consider that you are working at a level which exceeds the number of PAs for which you receive paid recognition in the job plan, you should not wait for the annual job plan review in order to raise the matter. Section 4.6 of the terms and conditions of service sets out the mechanisms for addressing this issue and should be studied carefully by a consultant in this position. A consultant in this position should request an interim job plan review at the earliest opportunity since any remedy is backdated to the point at which this is requested.

A 'de facto' ceiling of 12 PAs has been imposed by employers across NHSScotland (although this has, on occasions, been exceeded by devices such as the use of "recognition payments"). This ceiling is consistent with the limit on hours imposed by the European Working Time Directive. It should be stressed that this ceiling has not been agreed with BMA Scotland. While we would wish to achieve an outcome by which no consultant is required to work in excess of 48 hours, we are aware that as a result of the reality of NHS pressures, many consultants feel constrained in the interests of patients and the service to continue to deliver an excessive workload, above 48 hours. The terms and conditions of service, however, do not permit unpaid extra work to be undertaken for the employer and NHS Boards are legally obliged to follow national terms and conditions of service.

If you continue to undertake work in excess of 12 PAs, we would recommend that you either seek for this to be recognised by agreement of EPAs (having signed an opt-out agreement in respect of the European Working Time Directive limit), or by a reduction in work to accord with the number of PAs being paid.

You are advised not to agree job plans which you know to be false, since any work not recorded is being undertaken outwith the contractual agreement with their employer. If you choose to continue to undertake unrecognised work, particularly in respect of Direct Clinical Care, then quite apart from the contractual impropriety, you may be likely to encounter difficulties in the event of future negotiations which may require you to identify such work (which officially you are not undertaking), for example, where management wish to alter your job plan in some detrimental manner. You could also point out to management that they will have a false understanding of capacity and be unable to plan the service accurately if all the work being done by consultants is not recorded in terms of PAs.

All EPAs must be the subject of a separate contract which clearly identifies the schedule of duties associated with them. It is management policy to require that all EPAs should be for Direct Clinical Care duties. While this is not a requirement of the TCS, this is a position which has merits for consultants, remembering that all EPAs can be terminated at 3 months' notice by either party. In agreeing what duties should be included in EPAs, you should be seeking to include work which you would be relaxed about dropping in the event of termination by either party.

9. Supporting professional activities

All full-time consultants are entitled to an allocation of 2.5 SPAs in their job plans and part-time consultants are entitled to a higher number than the pro-rata allocation. More or less is only possible by agreement. You are advised not to agree fewer than 2.5 SPAs since the full nature of a consultant's role should require this level of SPA activity. It may also be difficult to negotiate up to 2.5 SPAs again once a smaller allocation has been accepted.

Many Boards have accorded a substantial amount of flexibility in the working of SPAs, both in time and place, and this is ideal, both for the employer and consultant. Since much SPA activity cannot be easily fixed in time, an overly rigid approach is likely to have detrimental effects, both in terms of direct clinical care activities and SPAs.

Management may request that you account for the time spent on SPAs. While it would not be reasonable to require an hour by hour analysis, it is reasonable for the employer to seek information on the ways in which the time is being used. Such information could include demonstrating the outcomes and achievements of SPA activities, as well as describing the range of activities undertaken. You should remind yourself of the list of such activities, set out in paragraph 4.2.4 of the TCS, when providing information to management, since the range and extent of such activities is often forgotten. In particular, consultants commit a substantial amount of time to service management and planning, and support a wide variety of meetings and activities in this regard, yet many do not understand that this should be described as SPA activity.

Also, it is important to note that it is not possible for SPA time to be programmed at the same time as other activities. If SPA time is required to be fixed in the job plan, then you cannot be required to undertake Direct Clinical Care at the same time, including on-call duties. However, timeshifting between the two categories would be acceptable.

10. Additional responsibilities and external duties

There can be a tendency to confuse these categories with SPAs. You should remember that these two categories are itemised and described as having separate status in sections 4.2.5 and 4.2.7 of the TCS, and should familiarise yourself with the list of relevant duties. In general terms, **'Additional Responsibilities'** are duties carried out on behalf of the employer or the Scottish Government and which are beyond the normal range of SPAs, whereas **'External Duties'**, while usually in the broader interests of the NHS, are not done directly for your NHS employer.

The TCS require that Additional Responsibilities be substituted for other duties or remunerated separately. Where substituted, they should almost always be substituted for Direct Clinical Care since, being in addition to the normal range of SPAs, it would not usually be possible for you to give up SPAs in order to undertake these duties. In almost all cases, if you are unsatisfied with the arrangements proposed to compensate for Additional Responsibilities, it will be possible to opt not to undertake them. One approach might be to identify and allocate Additional Responsibilities across the consultants in a department using a team approach and based on individuals' interests and expertise.

Some difficulty has been experienced by consultants in obtaining agreement from management to undertake External Duties, especially regional roles, since the direct benefits seem less obvious to employers. It is often the case that management requires these duties to be absorbed within SPAs, or undertaken in a consultant's own time. While there is not a right to substitute such work for Direct Clinical Care time, it is being increasingly acknowledged that much work of this kind is in the wider interests of patients and the NHS, and should be accorded recognition by NHS employers to ensure its continued viability. Attendance at a limited number of necessary meetings and events can be undertaken by substitution for Direct Clinical Care, provided sufficient notice is given, and consultants

should seek to agree this in principle at job plan review meetings. Work undertaken specifically by accredited BMA representatives may more appropriately be undertaken during paid leave for trade union duties, which is an entitlement under NHS Trades Unions facilities agreements.

11. Pay progression

The consultant contract permits the employer to delay pay progression through seniority points in any year only if it can be demonstrated that, in that year, you have not fulfilled one of several criteria (see paragraph 5.2.3 of the TCS for details). **The burden of proof lies with management.** You should not be required to provide evidence each year that you have fulfilled the necessary criteria, since pay progression occurs automatically unless management can evidence failures in respect of the criteria.

A decision to withhold pay progression can only be made following the formal annual job plan review and requires to be approved by the Medical Director and Chief Executive. It should be remembered that any decision of this kind is only effective for one seniority year.

Where a manager believes that your pay progression is likely to be delayed, he/she must arrange an interim job plan review at the earliest opportunity to warn you of this and enable you to address the relevant problems.

Where the job plan review is held late, for reasons outwith your control, a decision to delay pay progression in any year cannot be implemented retrospectively. This means that where pay progression may be at issue, the job plan review must be held prior to the consultant's seniority date (the anniversary of transfer to the contract for those appointed prior to 1 April 2004, which in most cases is 1 April, or for those appointed after 1 April 2004, the anniversary of the date of appointment).

You have the right to use the robust and independent mediation/appeals mechanisms as set out in section 3 of the TCS if you wish to dispute any decision to withhold pay progression in any year.

12. Mediation and appeals

BMA Scotland believes that a partnership approach should allow most consultants to achieve agreement on a fair and balanced job plan. Where this has not happened members can involve the BMA to ensure resolution. It is inappropriate for consultants' goodwill towards maintaining patient services to be used as a lever to work excessive hours – this is contrary to the ethos of the contract.

If you have not been able to agree your job plan (or if you dispute a decision taken on whether you should receive pay progression for any given year) you have the right to mediation. If you are not happy with the outcome of mediation you are entitled to use the appeals process. Both of these processes are described below.

The appeals process, which is robust, balanced and binding, may be used in relation to disagreement over any aspect of the job plan, including objectives and pay progression. You should try to resolve disagreements if possible by discussion and mediation without recourse to appeal, but should not feel afraid to appeal if you feel that this is necessary in order to protect or promote an important aspect of your job plan

Experience of the mediation and appeal process has demonstrated that it has operated fairly. The process is, however, time-consuming, and the time limits specified are often not met.

The mediation and appeals process is available only for disagreements relating to job planning. All other disagreements in the course of employment, or relating to other terms and conditions of service matters, need to be pursued through your employer's grievance procedure. However, given the greater independence of the job planning appeals mechanisms, it would be advantageous to use this route where possible.

Mediation

The mediation process is a less formal attempt to resolve disagreements, conducted initially by the designated medical director (if they have not already been involved) and then the chief executive. Slightly different but analogous arrangements are in place for consultants in public health medicine.

1. Before the mediation meeting, set out in writing:
2. the nature of the disagreement
3. the reasons for your position
4. the evidence for your point of view
5. the consequences of the alternative job plan being proposed your ideas for reducing hours worked if the number of PAs is the cause of the disagreement.

The evidence you bring to the mediation meeting will depend on the nature of the disagreement, but may include work diaries, workload or activity statistics, corroborating letters from external organisations, comparison with agreed job plans of other consultants in the same or different organisations, specialty/college "best practice" advice, etc.

If agreement cannot be reached through mediation, you have the right to pursue a formal appeal.

Appeal

An appeal is lodged according to the provisions of Section 3.4 of the terms and conditions. The appeal panel will consist of a chairman nominated by the employer, a member nominated by the consultant and a third member chosen from a list agreed between the NHS Board and the local negotiating committee. The panel's decision is final and binding.

There is a nationally agreed model procedure for appeals panels.

Representation

You have the right to be represented at all stages of mediation and formal appeal. Timescales are set out, along with a lot more detail, in section 3.4 of the terms and conditions of service.

The BMA will be able to advise and support you through the mediation and appeals processes. BMA Assistant Secretaries and other local office staff are experts in employment matters but do not have expertise in clinical matters. Therefore, whilst they will be able to give you advice and guidance about the job planning process, they will not be able to advise you in detail about what is appropriate for you and your specialty.

However we appreciate that some consultants might not want formal external representation at the first stage of the mediation process: they might feel that this would not be in their interests in that it would formalise the discussion and that they would be happy to be accompanied by a departmental colleague or LNC member to provide support if necessary.

13. Conclusion: key messages

- Be aware of the provisions of the terms and conditions of service – knowledge is powerful.
- Be prepared – think about what you want to achieve in advance of the job planning meeting and discuss common issues like on-call with colleagues.
- Be prepared to negotiate.
- Remember that the contract requires you to be accountable for your time, so be prepared to account for it.
- Remember to ensure you have sufficient SPA time in your job plan, particularly to support appraisal and revalidation
- Remember that the best response to rigid management control is to offer no flexibility in response.
- Remember that you do not have to agree to undertake non-emergency work outside the hours of 8am-8pm Monday to Friday, 9am-1pm Saturdays and public holidays and that this cannot be taken to appeal.
- Use the job planning process to take the initiative and effect changes that you want.

APPENDIX 1

Model diary - 2004 contract Scotland

Name: _____ Specialty: _____

Principal place of work: _____

Week beginning: _____

	00.00 00.30	00.30 01.00	01.00 01.30	01.30 02.00	02.00 02.30	02.30 03.00	03.00 03.30	03.30 04.00	04.00 04.30	04.30 05.00	05.00 05.30	05.30 06.00
MON												
TUES												
WED												
THURS												
FRI												
SAT												
SUN												

	12.00 12.30	12.30 13.00	13.00 13.30	13.30 14.00	14.00 14.30	14.30 15.00	15.00 15.30	15.30 16.00	16.00 16.30	16.30 17.00	17.00 17.30	17.30 18.00
MON												
TUE												
WED												
THU												
FRI												
SAT												
SUN												

 Shaded area = Premium Rate Hours of Work

Please fill in the times as appropriate using the letters in bold within the key.

Key No of Hours

- Programmed Direct Clinical Care = **D**
- On-Call Worked = **OCW**
- Supporting Professional Activity = **S**
- Additional Responsibilities = **A**
- Other External Duties = **E**
- Leave = **L**

Total hours

On-Call :	1:
Level of On-Call:	1 / 2 (delete)
Availability Supplement:	%

	06.00	06.30	07.00	07.30	08.00	08.30	09.00	09.30	10.00	10.30	11.00	11.30
	06.30	07.00	07.30	08.00	08.30	09.00	09.30	10.00	10.30	11.00	11.30	12.00

	18.00	18.30	19.00	19.30	20.00	20.30	21.00	21.30	22.00	22.30	23.00	23.30
	18.30	19.00	19.30	20.00	20.30	21.00	21.30	22.00	22.30	23.00	23.30	00.00

Travelling Time (to be included in each category)
 Time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan is counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between other sites, travel when recalled from home during on-call periods (but not normal daily journeys between home and base) and "excess travelling time". "Excess travelling time" is defined as time spent travelling between home and a working site away from base less the amount of time normally spent travelling between home and base.

Please refer to the terms and conditions in Section 4 The Working Week.

Programmed Direct Clinical Care (D)

1. 'Programmed Direct Clinical Care' includes: emergency duties (including emergency work carried out during or arising from on-call), operating sessions, pre and post operative care, ward rounds, outpatient clinics, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care, administration directly related to patient care (e.g. referrals, notes, complaints, correspondence with other practitioners), on-site medical cover, any other work linked to the direct clinical care of NHS patients, and travelling time associated with any of these duties.
2. **On-Call Worked (OCW)**

All emergency work undertaken during or as a consequence of the on-call period

Supporting Professional Activities (S)

'Supporting Professional Activities' includes: continuing professional development, teaching and training, management of doctors in training, audit, job planning, appraisal, revalidation, research, contribution to service management and planning, clinical governance activities, any other supporting professional activities, and travelling time associated with these duties.

Additional Responsibilities (A)

'Additional Responsibilities' are duties of a professional nature carried out for or on behalf of the employer or the Scottish Executive which are beyond the range of the supporting professional activities normally to be expected of a consultant. Additional responsibilities are Caldicott guardians, clinical audit leads, clinical governance leads, undergraduate and postgraduate deans, clinical tutors, regional education advisers, formal medical management responsibilities, other additional responsibilities agreed between a consultant and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities and travelling time associated with these duties.

Other External Duties (E)

'Other External Duties' comprises work not directly for the NHS employer, but relevant to and in the interests of the NHS. Examples include trade union and professional association duties, acting as an external member of an advisory appointments committee, undertaking assessments for NHS Education for Scotland, NHS Quality Improvement for Scotland or equivalent bodies, work for the Royal Colleges, work for the General Medical Council or other national bodies concerned with professional regulation, NHS disciplinary procedures, NHS appeals procedures and travelling time associated with these duties.

Availability Supplement

A consultant participating in an on-call rota is paid a supplement in addition to their basic salary in respect of their availability for on-call work. This supplement is separate from and additional to the arrangements for recognising actual work undertaken in the on-call period. The level of supplement reflects frequency of availability and, in addition, recognises two levels of on-call availability. Level 1 applies to a consultant who needs to attend a place of work immediately when called, or to undertake analogous interventions (e.g. telemedicine or complex telephone consultations). Level 2 applies to a consultant who can attend a place of work later or respond by non-complex telephone consultations later.