Job planning, appraisal and revalidation

**Integrated job planning**

A job plan is a detailed description of the duties and responsibilities of a doctor and of the supporting resources available to carry them out. Job planning has been a responsibility for all consultants in the NHS since 1991, but the 2003 consultant contract has placed a renewed emphasis on ensuring that job plans are accurate and up to date. A new job planning system has been developed in the NHS that is based on a partnership approach between consultant and clinical manager.

Standards of best practice for job planning were agreed between the BMA and the Department of Health (DH) in England as part of the documentation in support of the new consultant contract in September 2003. However, these standards represented recommended guidance on best practice in relation to job planning, both for consultants on the 2003 contract and for those who remained on their existing contracts. The CCSC has produced extensive guidance on this issue for members and MASC has also produced additional advice for clinical academic staff drawing on the Follett Review Principles of joint working.

For consultant or GP clinical academics, both the substantive and the honorary employers will be party to a joint, integrated job planning process and the recommendation on pay progression for the academic will be a joint recommendation, agreed between the joint employers. Where the clinical academic's duties or responsibilities have changed during the year the employers will also be able to propose amendments to the job plan. There should be appropriate application of the Follett Review Principles in the agreement of clinical academic integrated job plans, outlined in the accompanying guidance.

The purpose of the job planning process, as set out in the standards of best practice, is to:

- enable better priority setting of work and reduce excessive workload
- agree how the individual or their team can most effectively support the wider objectives of the service and meet the needs of patients
• agree how the NHS employer can best support the delivery of these responsibilities
• provide the doctor with evidence for appraisal and revalidation
• comply with Working Time Regulations; and
• reward activity above the standard commitment.

Job planning can therefore be of great benefit. Clinical academics are encouraged to prepare for and participate actively in job planning on an annual basis. For those on the 2003 consultant contract, participation in the process will be a factor in informing pay progression and for all, adherence to the principles of job planning will be a factor in decisions on CEAs.

England

In broad summary:

• clinical academics will have a commitment to the university/academic employer and the NHS employer. This will typically be five programmed activities (PAs) of academic work and five PAs of NHS work, although these proportions can be varied according to the needs of the job (for example, 6:4, 3:7)
• within the NHS commitment, there should be a typical ratio of three direct clinical care PAs to one supporting PA. Supporting PAs may include teaching and research activities if agreed with the NHS employer
• the integrated job plan should be agreed between the academic employer, NHS employer(s) and the clinical academic staff member
• additional PAs can be agreed with either employer, according to the needs of the job. Clinical academics should find it useful to keep a workload diary for a reasonable period in order to support the case for additional PAs and the BMA consultants’ committee has produced a spreadsheet for this purpose. Any work undertaken in additional PAs could be agreed on a separate short-term contract
• a key feature of the 2003 contract is flexibility. Consultants may decide to annualise their job plan rather than keep a weekly or fortnightly timetable, so that attendance at conferences, exam periods or research projects can be incorporated into the job plan more easily
service level agreements between a university and an NHS organisation to outline a defined amount of clinical service in a particular speciality with the aim of providing flexibility and continuity of services. These service level agreements can be implemented via individual integrated job plans.

Many of the principles of job planning can and should be applied to the pre-2003 contract.

Information
The clinical academic consultant contract (England) 2003, BMA advice on integrated job planning.

Guidance notes for the employment of consultant clinical academics/senior academic GPs

NHS Employers guide to contracting for additional programmed activities: www.nhsemployers.org/SiteCollectionDocuments/Guide_to_Contracting_for_APAs_180208_aw.pdf

CCSC consultant job planning and workload diary:
www.bma.org.uk/employmentandcontracts/working_arrangements/job_planning/jobplanning_diaryversion6.jsp

Scotland
The arrangements for job planning in Scotland are similar to those in England. However, it is important to note that under the Scottish consultant contract the split between academic work and NHS work is typically six PAs of academic work (five core and one extra) and five PAs of NHS work for a full-timer. There are differences in the agreed NHS commitment as well. In Scotland there should be a typical ratio of 3.5 direct clinical care PAs to 1.5 supporting professional activity PAs (SPAs).

Information
BMA guidance on job planning on 2004 consultant contract in Scotland which has a section on job planning for clinical academic consultants (section 10):
www.bma.org.uk/sc/employmentandcontracts/working_arrangements/job_planning/jobplanc onsscotdec04.jsp
Official guidance for clinical academic consultants which accompanies Section 13 of the 2004 consultant contract in Scotland:
www.bma.org.uk/sc/employmentandcontracts/employmentcontracts/medical_academics/guidancescotclinicalacademics.jsp

Section 13.2 of the terms and conditions of the 2004 consultant contract in Scotland which can be found at:

Wales
The arrangements for job planning in Wales are similar to those in England in that NHS employers in Wales will work with universities to agree the commitments with those on honorary contracts and build a job plan accordingly. Job plans for clinical academics will recognise that their role encompasses their responsibilities for teaching, research and the associated medical services.

Information
More information is available in Chapter 8 of the amendment to the national consultant contract in Wales.

Mediation and appeals
Subject to informal attempts at reaching a resolution having failed, a clinical academic may appeal about a dispute arising from the integrated job planning process or a decision about pay progression. Appeals will be conducted jointly by both the substantive and honorary employer with the clinical academic nominating a member of the appeal panel. The clinical academic is entitled to representation in the formal appeal and the BMA is able to support and represent members.
England
The mediation and appeals framework is set out in annex B of the honorary contract and annex E of the substantive contract. In summary it states that if there is a dispute over a job plan or a decision relating to pay progression, there is a process of mediation and appeal that can be followed.

Mediation
In the first instance, the clinical academic, the university manager or the clinical manager should refer the matter to the dean in writing within two weeks of the disagreement arising, setting out the nature of the dispute. The dean will consult with the NHS medical director (or another designated person if the medical director is one of the parties to the initial decision). The other party should then set out their position on the matter. There will then be a meeting, usually set up within four weeks of the referral, involving the relevant manager, the clinical academic and the dean working with the medical director. If agreement is not reached at the meeting, the dean in consultation with the medical director will take a decision or make a recommendation to the vice-chancellor, copied to the NHS Trust/board chief executive. The medical director must inform the clinical academic and clinical manager of the decision or recommendation in writing. Where the dispute is over pay progression, the vice-chancellor should write with his/her decision to the clinical academic, the dean, the medical director and relevant managers. If the clinical academic is not satisfied with the outcome, a formal appeal can be lodged.

Appeal
The clinical academic must lodge the appeal in writing to the vice-chancellor (copied to the NHS Trust/board chief executive) within two weeks. The appeal should set out the points in dispute and the reasons for the appeal. The vice-chancellor, in consultation with the NHS chief executive, will then convene an appeal panel. The membership of the panel is a chair nominated by the university/HEI, a representative nominated by the honorary employer and a representative nominated by the clinical academic and two independent members from a list
approved by the BMA/BDA and the strategic health authority (SHA) – one each chosen by the university and the clinical academic. The clinical academic can object on one occasion to the independent member who would then be replaced with an alternative representative. The parties to the dispute will submit written statements of case to the appeal panel one week before the hearing and may make oral submissions on the day. The panel may hear expert advice if required. The clinical academic can either present his or her own case at the hearing or he or she can be assisted by a representative, who may be a member of BMA Regional Services, but may not be someone acting in a professional legal capacity. The panel then makes a recommendation to the vice-chancellor, copied to the board of the NHS employing organisation, usually within two weeks of the hearing. The recommendation will normally be accepted and the vice-chancellor’s decision is final.

**Scotland**
The mediation and appeals process is set out in section 13.4 of the terms and conditions of service for the new consultant contract.

Contact askBMA for assistance with mediation and appeals.

**Information**
Annex E substantive contract (suggested clauses)
Annex B honorary academic contract
Section 13 of the terms and conditions of service (Scotland)

**Joint appraisal**
Appraisal is separate from, but informs, the job planning process. As with job planning, the appraisal process should include input from both employers as well as the clinical academic. Therefore the appraisal should be a joint process between the clinical academic, the NHS organisation and the university employer.
The objectives of the appraisal scheme are to enable the university/NHS employer and the clinical academic/NHS staff with honorary academic contracts to:

- review the contribution of the individual to education, research and patient care
- review the contribution of the individual to academic leadership of the discipline and to innovation locally, to the NHS, and nationally and internationally
- review annually an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources
- optimise the use of skills and resources in seeking to achieve the delivery of service priorities with respect to research, teaching and clinical practice
- consider the clinical academic's contribution to the quality and improvement of services and priorities delivered locally within higher education and the NHS
- set out personal and professional development needs and agree plans between the two sectors for these to be met
- identify the need for the working environment to be adequately resourced to enable any objectives in the agreed job plan review to be met
- allow consultants to discuss and seek support for their participation in activities for the wider NHS and HE sectors
- use the process to meet the requirements for GMC revalidation.

The BMA is aware that some HEIs require a separate appraisal from the joint appraisal with the NHS. Of the 33 HEIs that responded to the BMA's 2008 survey on human resource policies 10 indicated they require an appraisal in addition to the joint appraisal.

Information
BMA advice on clinical academic staff (consultants) appraisal scheme:
www.bma.org.uk/employmentandcontracts/doctors_performance/1_appraisal/Cliniacadstaffc
consultantsappraisalscheme.jsp
Revalidation
Following the publication in February 2007 of the chief medical officer (CMO) for England’s white paper, ‘Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century’, fundamental changes will take place to the way in which the UK medical profession is regulated. Under the white paper and the subsequent report by the CMO (see below), revalidation will be required for doctors to demonstrate their continuing fitness to practise. Revalidation will be a single process with two potential outcomes: relicensing for all doctors and, for those doctors on the GP register or the specialist register, relicensing plus specialist recertification. Annual appraisal will be a key vehicle by which it will be confirmed that a doctor is progressing satisfactorily and that any issues of concern are being managed effectively.

Revalidation will be a requirement for all doctors wherever they work: doctors in the NHS, academic departments, public companies, and those who are self-employed will have to demonstrate their fitness to practise every five years. Plans are underway and the GMC will introduce the licence to practise in the autumn of 2009.

Details of how revalidation will be implemented over the following two years were also set out in the CMO’s report Medical revalidation – principles and next steps published in July 2008. To meet the requirements of revalidation it is likely that a portfolio of evidence will be needed including:

- confirmation of participation in CPD
- results of appropriately tailored Multi-Source Feedback (MSF)
- outcomes-based assessment of performance
- robust audit data
- peer review of departments (and not individuals).
Currently arrangements for revalidation for medical academics are not yet fully agreed. The arrangements will need to be compliant with the Follett Review Principles. They will need to take account of the varying work patterns and responsibilities of medical academics. In both 2007 and 2008 CMO reports there was an acknowledgement that there would need to be careful consultation with all employers to ensure appropriate without prejudice arrangements for academic doctors; and that, therefore, specialist standards would need to be adapted accordingly.

The GMC has noted that ‘there will be no legal requirement to hold a licence for activities such as teaching, medical management, medical journalism, medico-legal work and some types of research. Nevertheless, holding a licence will demonstrate that you are up to date and fit to practice’. Hence, since some medical academic (as opposed to ‘active clinical’) activities will not need licensing, as they are outwith the ‘licence will require periodic renewal by revalidation’ regulations (subject to the caveat that all revalidation will have a 360º aspect to it and this does include teaching).

**Responsible officers**
As part of revalidation process, the 2007 white paper and 2008 Bill also set out plans to create responsible officers. It proposed that senior doctors will take personal responsibility for evaluating the conduct and performance of doctors and making recommendations on their fitness to practise.

At the time of writing, final details of how to progress with plans for a responsible officer had not been published. However, there are some keys issues for medical academics that have been highlighted by the BMA:

- as NHS organisations issue honorary contracts for clinical academics for their clinical work (which is the activity covered by revalidation), the relevant NHS organisation should be seen as the employer for the purposes of revalidation and should provide the responsible officer function without any charge to the higher education institution for which the clinical academic undertakes academic work
• clinical academics employed by HEIs but undertaking sessions in the NHS should relate to the responsible officer in the NHS organisation in which they undertake their clinical work or most of their clinical work if there is more than one. Whilst their academic work does not need to be covered specifically by the revalidation process, nonetheless responsible officers will have to be cognisant of such work in order to make sure that the process is compliant with the Follett Review Principles.

Information

Follett Review Principles (page 67)

BMA statement of principles on revalidation:
www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/revalidationstatement0708.jsp

Revalidation factsheet – meeting the demands:
www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/revalidationfactsheet1008.jsp

Trust, assurance and safety – the regulation of health professionals in the 21st century, February 2007:

Medical revalidation – principles and next steps, CMO’s report – July 2008: