INTRODUCTION

The consultant contract in Wales was amended from 1st December 2003 in an agreement between the BMA Cymru Wales, the Welsh Assembly Government and NHS Trusts in Wales. We hope the agreement will improve financial reward, control the working environment and achieve a reasonable work life balance for Welsh consultants. The deal is also intended to aid recruitment and retention of consultants to Wales.

The main amendments include:

- A basic 37.5 hour working week.
- Session duration of 3-4 hours
- Typically 7 sessions of direct clinical care
- Provision that one session of supporting professional activities may take place at home or in the evening allowing uncontracted free time during the day. The Assembly Government has recognised the work undertaken by consultants at home e.g. preparing for teaching, research and CME.
- No requirement to provide an extra session of time to the NHS in order to acquire the right to undertake private practice.
- Existing unrecognised additional sessions for routine work to be entirely voluntary with no requirement for compulsory weekend or evening work.
- A payment escalator for existing unrecognised additional sessions.
- Extra sessions requested by the Trust to be voluntary and locally negotiated i.e. a time and price acceptable to both you and the Trust.
- Payment at three times the sessional rate and a period of compensatory rest for consultants asked to be unexpectedly resident on call.
- In the event of a job-planning dispute, an initial conciliation procedure followed, if necessary, by a balanced and fair appeals procedure that will be binding on the Trust and the consultant.
- A commitment award scheme to replace discretionary points, which will depend on achieving a satisfactory job plan. This is funded for 100% of consultants and will be achieved by nearly everyone.
- Early enhancement to basic salary, by increasing incremental points.
- Recognition of different patterns of work intensity, particularly later in a consultant's career.
- A sabbatical scheme.
- An intention by the NHS Trusts in Wales to improve working conditions for their consultant workforce.
- A good package for part timers and academics particularly with openness about individualised job planning.
- Flexibility and professionalism maintained as far as possible in the contract.

This guide is intended to help you negotiate a favourable result at your job planning meetings, which will be crucial in determining your pay and hours for the coming year. Achieving a satisfactory job plan review should be achieved by nearly everyone but will depend on agreeing outcomes for the following year in order to ensure payment of commitment awards. Your local LNC and the BMA centrally in Cardiff will be happy to provide support and advice in the event of difficulties.

JOB PLANNING

This is the essential part of the process. It is mandatory, with an annual review, and will inform the Commitment Awards scheme. The clinical managers and other appropriate staff within the Trusts will be trained to undertake this process. The main questions to ask (yourself and your manager) are:
What do I do during the week?
Where shall I do this work?
How much work shall I do?
Clearly the above will be governed by definitions of the WORKING WEEK.

The Working Week

- 10 sessions of 3-4 hours.
- Average 37.5 hours per week.
- Typically 7 Direct Clinical Care sessions and 3 Supporting Professional Activities sessions
- Unrecognised additional work sessions.
- Planned additional sessions.
- Waiting list Initiative sessions.
- Additional NHS Responsibilities.
- On Call/Emergency work

Direct clinical care covers:

- Emergency duties (including emergency work carried out during or arising from on-call).
- Operating sessions including 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)

Supporting professional activities cover a number of activities which underpin direct clinical care, including:

- Training
- Continuing professional development
- Teaching
- Audit
- Job Planning
- Appraisal
- Research
- Clinical Management
- Local clinical governance activities

Unrecognised Additional Work

This covers work being done at the moment (identified in your work diary), which is a session or more over the nominal 37.5-hour week (or pro rata for part-time work). Payment will not be for **fractions** of sessions. Note that these are voluntary. Job planning should ensure that you are only required to undertake an average 37.5 hours a week. If the employer requires this existing unrecognised but currently unpaid additional work to continue and you agree, it will be paid (in whole sessions) at the basic rate for 2 years then at 1.25 times and then 1.5 times the sessional rate after 4 years.

Planned Additional Sessions

These are sessions requested by management, to be carried out in addition to your agreed contracted sessions in your job plan. They are voluntary and you can negotiate any acceptable arrangement with the Trust.

Waiting List Initiative Sessions

Similarly these are carried out in addition to your agreed contracted sessions, voluntary and paid £500 per session. However if a session involves considerable pre and postoperative care you may be able to negotiate more than one session. This work in the private sector has no earnings cap.

Additional NHS Responsibilities

Some Consultants have additional responsibilities agreed with their employer which cannot reasonably be absorbed within the time available for supporting activities. These will be substituted for other work or remunerated separately by agreement between the employer and the Consultant. Such responsibilities could include those of:

- Caldicott guardians
- Clinical audit leads
- Clinical governance leads
- Undergraduate and postgraduate deans, clinical tutors, regional education advisor
- Regular teaching and research commitments over and above the norm, and not otherwise remunerated
- Professional representational roles

On Call/ Emergency work

All emergency work that takes place at regular and predictable times (e.g. post-take ward rounds) will be programmed into the working week on a prospective basis and count towards a Consultant's sessions. Less predictable emergency work will be handled, as now, through on-call arrangements.

The first three hours of work done during on call periods per week – averaged over a six month period – unless specifically agreed otherwise will attract one direct clinical

care session of time within the working week. Where this averages less than three hours, this will attract the appropriate proportion of a session of time.

In exceptional circumstances where the Consultant is requested and agrees to be immediately available, i.e. 'resident on call', this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale, excluding commitment awards and Clinical Excellence awards. In such circumstances, there will be an agreed compensatory rest period the following day.
For these purposes, a session will comprise four hours and apply between 5pm and 9am weekdays and across weekends.

Outcomes

The quantity and quality required are ***outcomes***, described in Section 1.17 of the Contract. Outcomes may vary according to specialty but the headings under which they could be listed include:

- Activity and safe practice
- Clinical outcomes
- Clinical standards
- Local service requirements
- Management of resources, including efficient use of NHS resources
- Quality of Care

1. *Outcomes need to be appropriate, identified and agreed. These could include outcomes that may be numerical, and/or the local application of modernisation initiatives.*
2. *Delivery against the job plan may be affected by changes in circumstances or factors outside the control of the individual – all of which will be taken into account at job plan review and considered fully and sensitively in the appraisal process. Consultants will be expected to work towards the delivery of mutually agreed outcomes set out in the job plan.*
3. *Outcomes should be kept under review, and the Consultant or Employer will be expected to organise an interim job plan review if either believe that outcomes might not be achieved or circumstances may have significantly changed. Employers and Consultants will be expected to identify problems (affecting the likelihood of meeting outcomes) as they emerge, rather than wait until the job plan review*
4. *The delivery of outcomes will not be contractually binding, but Consultants will be expected to participate in, and make every reasonable effort to achieve these. Pay progression via commitment awards will be informed by this process*

Appeals process

If the job plan is not agreed, then the following **appeals process** is invoked:

- *If it is not possible to agree a job plan, either initially or at an annual review, this matter will be referred to the Medical Director (or an appropriate other person if the Medical Director is one of the parties to the initial discussion).*

- *The Medical Director will, either personally, or with the Chief Executive, seek to resolve any outstanding issues informally with the parties involved. This is expected to be the way in which the vast majority of such issues will be resolved.*
- *In the exceptional circumstances when any outstanding issue cannot be resolved informally, the Medical Director will consult with the Chief Executive prior to confirming in writing to the Consultant and their Clinical Director (or equivalent) that this is the case, and instigate a local appeals panel to reach a final resolution of the matter.*
- *The local appeals panel will comprise:*
  One representative nominated by the Consultant, and one representative nominated by the Trust Chief Executive. These representatives shall be from a panel nominated by BMA Cymru Wales and Trust HR Directors who have been approved as trained in conciliation techniques.
- *The panel will be expected to hear the appeal following the format of the employer's normal grievance procedure, and reach a decision, which will be binding on both parties.*
- *Representatives will not act in a legal capacity.*
- *In exceptional circumstances where a decision cannot be agreed, a second panel would be constituted with alternative representatives as set out in Paragraph 1.37.*

JOB PLANNING PROCESS

Stage one: the first steps – collecting data

A workload diary showing tasks, phone calls and emergencies will be helpful in justifying on call sessions, supporting sessions and producing evidence for extra sessions of direct clinical care.
Use a suitable reference period (4-26 weeks..the longer the better).
Compile this diary using the enclosed scoring sheet. Be thorough and accurate. Account for everything. However be warned: ensure accuracy since this may be subject to management audit.

Record Direct Clinical Care Time:

1. "Predictable" On-Call
   high likelihood of on-call duty happening at regular and predictable times e.g. ward/unit rounds and work, handover time etc, work arising from on-call duties not already covered e.g. post-call acute lists, or additional administration which is predictable.
2. "Unpredictable" On-Call
   phone calls, returns to hospital, urgent or emergency operations etc which are irregular and unpredictable.
3. Clinical Administration
   Clinical letters, triaging referrals, MDT meetings about patients, analyzing diagnostic reports, results etc,etc.
4. Non-emergency Clinical work
   Seeing patients…clinics, rounds, lists, treatments, diagnostics etc

Record time for Supporting Professional Activities:

- Training
- Continuing professional development
- Teaching
- Audit
- Job Planning
- Appraisal
- Research
- Clinical Management
- Local clinical governance activities

Record time spent on additional special responsibilities or external duties
governance, tutor, audit lead, GMC, Royal Colleges etc

These may be included in your job plan by agreement.

Record time with category 2 and other fee-paying work.

Options:	Put in job plan then:-	Trust keeps fee
	Minimal disruption clause:-	Consultant keeps fee
	Do in own time:-	Consultant keeps fee
	Do 37.5 hours apart from category 2 work:-	Consultant keeps fee

Stage two: The Calculations

A
Average "**predictable**" on-call work:
Total number of hours **on average** worked per week.
Divide by 3.75 to convert to sessions

B
Average "**unpredictable**" on-call work:
Two categories: Daytime
Evenings/Weekends
Total number of hours **on average** worked per week for each category
Divide daytime by 3.75
Divide evenings/weekends by 3
Add to give total sessions for unpredictable on call
NB: Maximum 1 session per week allowed

C
Average "patient administration activities" time:
Total number of hours **on average** worked per week.
Divide by 3.75 to convert to sessions

D
Average "Non-emergency clinical work" time:
Total number of hours **on average** worked per week.
Divide by 3.75 to convert to sessions

E
Average "Additional responsibilities" time:
Total number of hours **on average** worked per week.
Divide by 3.75 to convert into sessions

The Results for Direct Clinical Care

Add **A+B+C+D** to give you the total number of sessions of direct clinical care. This should normally give you a figure of **7.**
Box **E** sessions should be substituted for direct clinical care sessions or remunerated separately by agreement.

X
Average "Supporting Professional Activities" time:
Total number of hours **on average** worked per week.
Divide by 3.75 to convert to sessions

The Results for Supporting Professional Activities
Box **X** gives you the total for the week

The Weekly Workload

Add up Direct Clinical Care and Supporting Professional Activities sessions. If the total is more than 10 it should be possible during job planning to either reduce the workload or (if 11 or more) receive payment for whole sessions worked above 10 sessions. These extra sessions, which have previously been unrecognised (i.e. not attracted any payment), are voluntary, and will initially be paid at plain rates, then after 24 months 1.25 times, after 48 months 1.5 times plain rate.

Rebalancing

Most consultants should average 7 sessions direct clinical care and 3 sessions supporting professional activities. If the supporting activities exceed 3, then you may need to agree a reduction. Similarly if direct clinical care significantly exceeds 7 sessions this should be addressed during job planning. The usual breakdown for Part-time consultants will be as follows:

TOTAL SESSIONS	DIRECT PATIENT CARE	SUPPORTING ACTIVITIES
9	6	3
8	5	3
7	5	2
6	4	2
5	3	2
4	2	2
3	2	1

Variations on the balance of sessions may be agreed between the Consultant and their employer.

Stage three: Preparing for Job Planning meetings

You cannot be too well prepared for your Job Planning Meetings. Prepare, prepare and again prepare. **Your Trust will look to discuss inconsistencies between consultants doing the same job, so an informal comparison of job plans within your directorate prior to the formal meeting would be sensible.** The Job Planning Meeting will be with your Clinical Director (or equivalent) who will normally be accompanied by appropriate manager. It will consist of a 3-stage process, which will have an initial interview to look at existing job plans, your views on changes and extra sessions you might agree. There will then be a review by the CD with the wider clinical team and then a final job-planning meeting to agree and finalise the situation.

Prior to the Job Planning meeting:

Look at:
- Direct clinical care duties.
- Supporting professional activities.
- Rota and on call commitment.
- Additional responsibilities.
- Any other agreed external duties.
- Any agreed additional sessions.
- Managerial responsibilities
- Accountability arrangements, to clinical director or medical director

Construct a draft timetable of what you feel might make a sensible job plan for the coming year. Your clinical director (or equivalent) will have had their own thoughts, but your preparing a draft will help the process of discussion and ultimate agreement. Variations to the ratio of sessions will need to be agreed by you and the employer at the job planning review.

Plan 7 sessions of DCC (or pro rata as per table above if part time). The first call on your time should be on-call emergency work, (boxes **A**+**B).**
This will create uncontracted time during the normal working week. Once on call is allocated then add the remaining DCC activities to a total of 7 DCC. In the event that your diary shows more than an average 7 DCC work per week, identify the current

unrecognised additional work being done and document separately. This work may include existing clinics, operating lists etc. You will need to discuss in the job planning meeting whether the Trust wish this work to continue or not. If they do, then additional DCC sessions (in whole sessions) may be added to your job plan by mutual agreement.

Plan 3 sessions of SPA (or pro rata as per table above if part time). These will be mutually agreed at the job planning review and may be scheduled across the week such that up to one session of contractual commitment may take place outside the normal working hours leaving a similar period free in which there is no contractual commitment during normal working hours. The remaining 2 SPA's have location to be agreed at job planning. Note: DCC's are all 'on site'. 'On site' means a work location as opposed to home.

Add in Category 2 and/or other fee-paying work as part of 7 DCC if you wish Trust to keep the fees. Alternatively agree 'minimal disruption' clause in job plan or leave out of job plan to do in own (uncontracted) time. Similarly Private Practice is to be carried out in your own (uncontracted) time. Note that Consultants may use NHS facilities for the provision of fee paying services either in their own time, in annual or unpaid leave, or with the agreement of the NHS employer in NHS time where work involves minimal disruption.

Outcomes

You will need to discuss and agree outcomes as part of the job plan:
These will set out a mutual understanding of what the Consultant and employer will be seeking to achieve over the next 12 months- based on past experience and reasonable expectations of what might be achievable in the future.

Some outcomes may be individual but some can involve the unit, so discuss a unified approach with colleagues before any job planning meetings. Suggest your own outcomes and keep it simple so that they are readily achievable and can be shown to be so. It is likely that your clinical director may have some suggestions of his or her own with which you may or may not agree.

Intensity Payments

On-call payments have increased so a review of your intensity payments may be due to ensure you are on the correct banding. With information that you have obtained with your diary, complete the enclosed questionnaire (Appendix 1) and get your CD to sign it. Confirm your banding during your planning interview. Rota Commitments should be specified in your job plan also. If at job plan review you have voluntarily offered to undertake part of your basic working week outside the normal working hours (under the flexible working arrangements of the contract), and this is agreed with your employer, then the scoring for Out of Hours Intensity payments will be related to work necessarily performed outside of these **agreed working hours.**

Stage four: The Job Planning Meeting

At your Job Planning Meeting come to a mutual agreement or a plan for resolving any disagreement.
Ensure your CD/MD signs the plan, keep a copy, and send another to the appropriate manager identified by the Trust.

Stage five: Job planning Reviews

Interim job planning reviews will be conducted where duties, responsibilities or outcomes are changed or need to change significantly within the year, or where the time commitment involved breaches the contract hours Trigger Point (one session over or under <33.75 hours or >41.25 hours).
So it is in your interest to:

- Maintain a diary of work, if you think your workload is changing.
- Watch for outcomes and notify CD if there is a problem.
- Watch for service creep and ask for a review if average hours >41.25

CLINICAL ACADEMICS

There are some special arrangements for clinical academics, but the process above will apply in relation to their NHS commitments.
Clinical Academics who hold an honorary Consultant Contract that work 4 Direct Clinical Care sessions and two Supporting Professional Activities sessions will be treated as if they are a whole time NHS consultant. If they work fewer than 6 sessions they will be treated as part-time. Normally up to one Clinical Teaching session or Clinical Research session from the NHS sessions can be considered as part of the Direct Clinical Care sessions.
Otherwise further Teaching and Research sessions will be available in the 4 non-NHS sessions.

APPENDIX 1

Out-of hours Work Intensity - Questinnaire

AL (MD) W5/2000
ANNEXES B AND C

Please complete the following short questionnaire, ticking the appropriate box or inserting the appropriate number as requested.
For the purposes of the questionnaire, the normal working day should be assumed to be Monday to Friday, and from 9am to 5pm (or equivalent).
Please be as accurate as possible in completing the questionnaire, to avoid distorting the overall results.

Only record the details relating to the contract you have with the employer who sent you the questionnaire.

Q1a What contract do you have with the NHS employer who sent you this questionnaire?
Whole Time
Part Time *
Honorary (clinical academic)**
* If *part time,* please indicate
- the number of sessions you receive ____
- the average number of hours worked for the NHS per week (excluding on-call) ____
** If honorary, please indicate the number of sessions worked for the NHS
the average number of hours worked for the NHS each week (excluding on-call)

Q1b What is your main specialty? _____

*Q1c In which year were you first appointed to a substantive post in the consultant grade?*_____

Q2 What rota commitment do you work?
Rota
1 in 2
1 in 3
1 in 4
1 in 5
1 in 6
Other – please indicate
No on-call commitment
If you participate in more than one rota, please give the aggregate commitment

The following questions relate to two forms of out of hours work: ***on-call*** *i.e. the provision of a service of immediate advice or re-call for emergency duties; and other* ***out of hours*** *activities, more closely linked to normal day-time work carried out within the terms of the basic contract. This might include undertaking post-take ward rounds in the early morning, evening or weekend; or attending meetings necessarily held in the evening.*

Q3a Please indicate the typical number of NHS work-related telephone calls received or
required to be made per month (either on an on-call rota or at other times out of hours).
Calls made received per month whilst:
Number
(i) On-call
(ii) Other out of hours
Total
Please do not count telephone calls which only request you to attend the place of work.

Q3b What proportion of total calls are typically received after 11pm and before your normal start time? _____

Q3c What proportion of total calls typically last more than 15 minutes? _____

Q4a Please indicate how often you normally have to remain at work, or are required to return to the place of work when on call. (Q5 covers returns when not on-call)
Remaining/Returning to work when on-call
More than 3 times a month –
please specify
3 times a month
2 times a month
Once a month
Less than 4 times a year
Never
The place of work should be considered as the place where the work is carried out other than your normal residence e.g. patient's home, police station, nursing home, hospital, etc.

Q4b What percentage of these would typically occur after 11pm and before your normal start time? _____

Q5a Please indicate how often you normally have to work out of hours, either remaining at the hospital or other place of work or returning there, when not on-call.
Frequency of other out-of hours work
More than 3 times a month when not on-call – please specify
3 times a month when not on-call
2 times a month when not on-call
Once a month when not on call
Less than 4 times a year
None

Q5b What percentage of these would typically occur after 11pm and before your normal start time? _____

Guidelines on out of hours banding

We have agreed the attached questionnaire and scoring system with the BMA.
Each consultant should complete the attached questionnaire which will indicate the level of both on-call work that is the provision of a service of immediate advice or re-call for emergency duties; and other out of hours activities, more closely linked to normal day time work carried out within the terms of the basic contract. This might include undertaking post take ward rounds in the early mornings, evenings and weekends, or attending meetings necessarily held in the evening.
We have identified four factors that we believe capture the work intensity to which out of hours can give rise:

- The on-call rota commitment worked by the consultant
- Expectation of being telephoned/contacted outside the hospital
- Expectation of being called back into workplace for emergency work
- Work necessarily performed out of hours

These factors can be subdivided into different levels, indicating the different levels of intensity to which they give rise. Each factor then has a value attributed to it; and the overall score determines the intensity band (if any) in which the post is placed.

Band 1 (low intensity) 51-75 points
Band 2 (medium intensity) 76-90 points
Band 3 (high intensity) 91-130 points

Out-of-hours Intensity – Scoring system

Q2 Rota Score	
None	0
1 in 2 or 1 in 1	20
1 in 3	15
1 in 4	10
1 in 5	5
1 in 6	5
1 in 7, lower, other	2

Q3a(i) Calls On-call Score	
None	0
16+	20
11-15	15
6-10	10
1-5	5

Q3a(ii) Calls NOT On-call Score	
None	0
16+	20
11-15	15
6-10	10
1-5	5

Q3b % of calls after 11pm

%	Score
0	0
1-19%	1
20-39%	2
40-59%	3
60-79%	4
80-100%	5

Q3c % of calls more than 15 minutes

%	Score
0	0
1-19%	1
20-39%	2
40-59%	3
60-79%	4
80-100%	5

Q4a Returns WHEN ON-CALL

Number	Score
Never	0
Less than 4 a year	5
Once a month	10
2 times	15
3 times	20
More than 3	25

Q4b % of returns after 11pm

%	Score
0	0
1-19%	1
20-39%	2
40-59%	3
60-79%	4
80-100%	5

Q5a Returns WHEN NOT ON-CALL

Number	Score
Never	0
Less than 4 a year	5
Once a month	10
2 times	15
3 times	20
More than 3	25

Q5b % of returns after 11pm

%	Score
0	0
1-19%	1
20-39%	2
40-59%	3
60-79%	4
80-100%	5

APPENDIX 2

Sample job plans from volunteering FTCC members

Surgery: Small Speciality

Week 1

	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
0800							
0830		A	A				
0900	C	D	C	C	D		
0930	D	D	D	X	D	A	
1000	D	D	D	X	D	A	
1030	D	D	D	X	D	A	
1100	D	D	D	X	D	A	
1130	D	D	D	X	D		
1200	D	D	D	X	D		
1230	D	D	D	x	D		
1300		D					
1330		D		D			
1400	D	D		D			
1430	D	D		D			
1500	D	D		D			
1530	D	D		D			
1600	D	D		D			
1630	D	D		D			
1700	X	X	X	X			
1730	X	X	X	X			
1800							
1830							

Week 2

	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
0800							
0830		A	A				
0900	C	D	C	D	C		
0930	D	D	X	D	X		
1000	D	D	X	D	X		
1030	D	D	X	D	X		
1100	D	D	X	D	X		
1130	D	D	X	D	X		
1200	D	D	X	D	X		
1230	D	D	X	D	X		
1300		D					
1330		D		D			
1400	D	D		D			
1430	D	D		D			
1500	D	D		D			
1530	D	D		D			
1600	D	D		D			
1630	D	D		D			
1700	X	X	X	X			
1730	X	X	X	X			
1800							

	Ward Round
	Clinics
	Inpatient Theatre
	Daycase Theatre
	Head and Neck Clinic
	Patient administration
	Audit/CPD/Teaching Meetings**[SPA]**
	Travelling
	Uncontracted time
Time Code	Hours per week
A	1.5
B	3(from diaries)
C	1.5
D	23.5
	29.5
X	11
Total	**40.5**

Addition Responsibilities	Interview selection committee for medical school entrants	3 x 3hours per year {9/43}	0.2hrs/week
	Teaching dental students	4 x 2 hours per year {8/43}	0.18 hrs/week
	Examining intercollegiate RCS	4 days per year	Special leave (MD)
	Member FTTC	10 sessions per year	Special leave (MD)
Trade union activities	LNC Chairman	4 meetings per year	
	LNC Forum Vice Chairman	2 meetings per year	
	Welsh Consultants and Specialists Committee	3 meetings per year	
	Central Consultants and Specialists Committee	3 meetings per year	
	Welsh BMA Council	2 meetings per year	
	Hospital Senior Medical and Dental Staff Meeting	1 meeting monthly	
	Hospital Senior Medical and Dental Staff Meeting	1 meeting bimonthly	

Psychiatry, part time

Timetable

	Mon	*Tues*	*Wed*	*Thurs*	*Fri*
9 00					
10 00					
11 00					
12 00					
13 00					
14 00					
15 00					
16 00					

1 supporting activities session out of hours.

KEY

	FREE = uncontracted time. Not available to the trust except by voluntary agreement.	
		Hours
D	Regular Ward round	3
C	Seeing relatives/key worker	1
C	Mental health review tribunals/section 117 meetings etc	2
C	Outpatient letters	1
C	Team meetings	1
D	Outpatient clinics at CMHT base	5
D	Urgent assessments at CMHT base, community or ward of my own sector patients (i.e. emergency but not on call)	3
C	Other correspondence/telephone calls to and about patients	2
C	Preparing reports	1
B	Daytime on call	1.0
B	Out of hours on call (incl. Phone)	0.5
	Total direct patient care:	**20.5**
X	One to one clinical teaching (e.g. hot audit after outpatients)	1.5
	Educational supervision	1
	CPD	4
	Teaching and preparation	2
	College tutor responsibilities (including STC meetings, appraisals, interview panels etc)	4
	Other responsibilities including research, audit, planning and clinical governance	2
	Special responsibilities e.g. medical staff committee, working group membership,	0.5
	Total supporting activities:	**15**
	TOTAL	**35.5**

I am currently contracted for 4 fixed and 3 unfixed sessions including one specifically for my work as college tutor. If I remain in my present post with no reduction of responsibilities I would stand to gain 2 sessions of pay making my salary 9/10 of full time.

If the CD was so inclined he could ask me to reduce waiting lists by offering another outpatient clinic per week, which would bring me up to full time. Alternatively he could ask me not to have a second outpatient clinic on Thursday which would increase waiting times but save them some money and give me another morning off.

If I give up my role as college tutor I will lose a session of pay and gain another free half day.

Occasional DV fees retained by myself with CD agreement. (Minimally disruptive and integral part of job.)

I will be available on call every week with some limitations to my lifestyle and no extra payment (since this level of on call will not trigger intensity payments). However, if I have to be on call on one of the sessions I am usually free I will swap my on call or use this for SPA and claim a free session on another day instead.

Surgical: Small Specialty

Existing Job Plan

Time	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
08:00 – 09:00					
09:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 13:00					
13:00 – 14:00					
14:00 – 15:00					
15:00 – 16:00					
16:00 – 17:00					
17:00 – 18:00					

Key

Ward Rounds

Theatre

Patient Admin/Multi disciplinary meeting

OPD Clinic

OPD Clinic Peripheral Hospital
(Alternate weeks including travelling time)

Supporting Professional Activities
Teaching/CME/audit/governance/research etc
One session of supporting professional activities done in evenings.

Uncontracted Time (Private Practice)

Direct Clinical Care

Unpredictable On Call	=	2 hours per week (1 in 3 rota)
	=	2 x $^{4}/_{3}$ = 2.6 hours when adjusted.
Ward Rounds	=	4 hours per week
Theatre	=	7½ hours per week
Clinics	=	12½ hours per week
Patient admin/multi disciplinary Meetings	=	4½ hours per week
Total Direct Clinical Care	=	31.1 hours per week

31.1/3.75 = 8.3 sessions of DCC

Supporting Activities

3 sessions.

Additional Unrecognised Sessions

Theatre extra 1.3 sessions worked over 37½ hours. Will claim for one extra session.

Additional Responsibilities

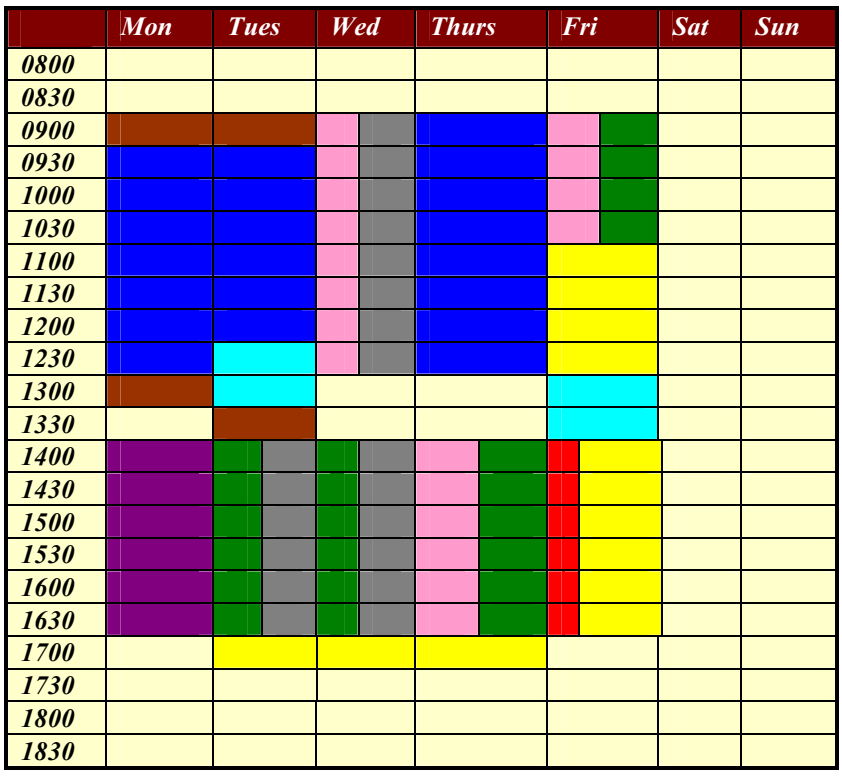
Educational Supervisor	=	0.5 hours per week
Organise International Otology Course at Hospital	=	0.5 hours per week
Chairman of Welsh Assembly Forum Terms & Conditions Committee	=	10 sessions per year (Special leave)
Assistant Editor Cochlear Implants International Journal	=	0.5 hours per week

Trade Union Activities

LNC Chairman	=	4 meetings per year
Chairman WCSC	=	3 meetings per year
Chairman Welsh JCC	=	2 meetings per year
Member CCSC	=	3 meetings per year
Member Welsh BMA Council	=	3 meetings per year
Member JCC	=	3 meetings per year
Member GP Sub Committee	=	4 meetings per year
Member Trust Medical Staff Committee	=	6 meetings per year

Radiology

Existing Job Plan



A	Predictable work
D	GI Screening
D	Ultrasound
D	Nuclear medicine
D	General reporting
D	CT Session
C	Patient administration
X	Audit/CPD/Teaching Meetings **[SPA]**
	Travelling
	Uncontracted time
Time Code	Hours per week
A	0.6
B	1
C	5.75
D	31.0
X	2
Total	**40.35**

On-call

Out of hours work Monday- Friday 6 hours average during on call week.
Weekend work 6 hours average during on call week.
1:6 rota makes average 2 hour/week equivalent to 2/3 session per week (2.5 hours) giving an uncontracted session every 2 weeks out of 3.

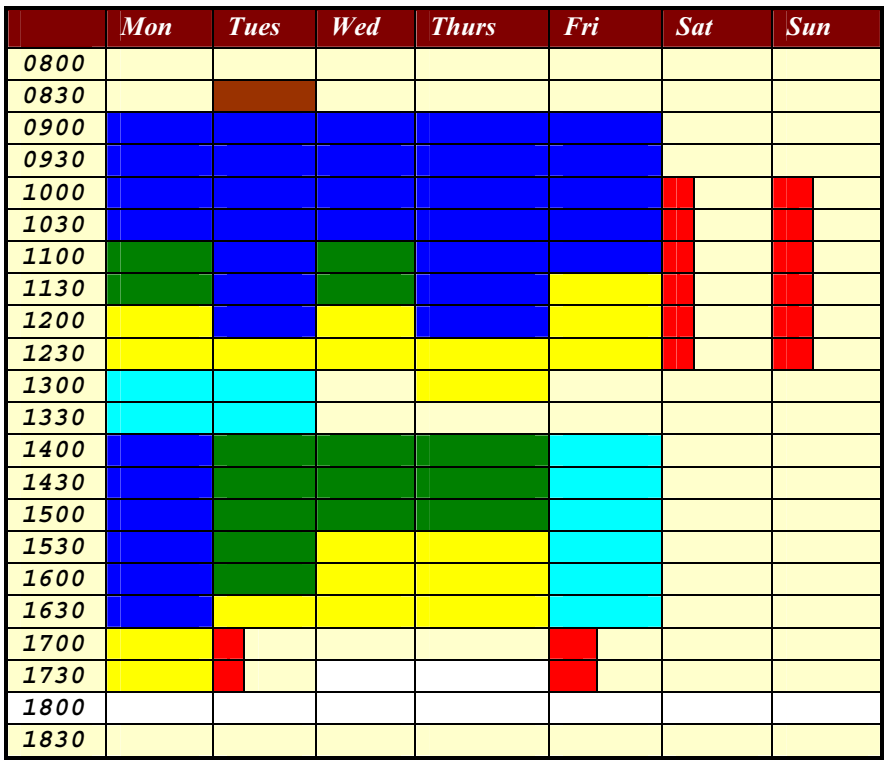
Sessions

Total sessions worked are 10.5 direct clinical care, 0.6 SPA so there should be a reduction in DCC sessions by 3.5, and an increase of SPA by 2. Two weeks out of three 1 session of uncontracted time should be inserted. The Trust may wish to pay for 1-2 sessions of additional unrecognised sessions.

Addition Responsibilities	Member Radiology Subcommittee	4 x 3 hours per year	
	Member FTTC	12 sessions per year	Special leave (MD)
Trade union activities	LNC member	4 meetings per year	Special leave (MD)
	Welsh Consultants and Specialists Committee	4 meetings per year	Special leave (MD)
	Central Consultants and Specialists Committee	4 meetings per year	Special leave (MD)
	Negotiating Sub Committee, Central Consultants and Specialists Committee	4 meetings per year	Special leave (MD)
	Vice Chairman, Welsh BMA Council	3 meetings per year	Special leave (MD)
	Hospital Senior Medical and Dental Staff Meeting	1 meeting monthly	Special leave (MD)

General Paediatrics

Existing Job Plan:



	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
0800							
0830							
0900							
0930							
1000							
1030							
1100							
1130							
1200							
1230							
1300							
1330							
1400							
1430							
1500							
1530							
1600							
1630							
1700							
1730							
1800							
1830							

Time Code	Hours per week
A	12/3=4
B	3
C	9.5
D	24
	40.5(includes travelling)
X	5
Total	**45.5**

Direct Clinical Care

Unpredictable on-call	=	3 hours per week (1:3 rota)
Predictable on-call	=	4 hours
Non emergency clinical work	=	23.5 hours
Patient administration	=	9.5 hours
Travelling	=	0.5 hours

Sessions

Total time is 40.5 equivalent to 10.8 sessions of direct clinical care.

Supporting Professional Activities

Total time is 5 hours equivalent to 1.3 sessions. 1 evening session undertaken.

Rebalancing:

The Unpredictable on call makes 1 session of uncontracted time during the week, which will be used on Thursday afternoon.
Therefore Direct Clinical care sessions will be 9.8 sessions with 2.3 SPA. So a claim for 2 extra unrecognised sessions will be put to the Clinical Director.

Addition Responsibilities	Royal College Tutor	0.5 hours per week	
	Educational Supervisor	0.5 hours per week	
	Named Doctor for Child Protection	3 hours per week	
	Member FTTC	12 sessions per year	Special leave (MD)
Trade union activities	LNC Chairman	4 meetings per year	Special leave (MD)
	Welsh Consultants and Specialists Committee	4 meetings per year	Special leave (MD)
	Chairman, Welsh LNC Forum	3 meetings per year	Special leave (MD)
	Hospital Senior Medical and Dental Staff Meeting	4 meetings per year	Special leave (MD)

APPENDIX 3

Job planning your own job
Stage 1
Look at your existing job and put it into the diary below:

	Mon	*Tues*	*Wed*	*Thurs*	*Fri*	*Sat*	*Sun*
0800							
0830							
0900							
0930							
1000							
1030							
1100							
1130							
1200							
1230							
1300							
1330							
1400							
1430							
1500							
1530							
1600							
1630							
1700							
1730							
1800							
1830							

If you have this as a computer copy, then fill in the areas as follows:

A	Predictable work
D	Non emergency clinical work
D	Non emergency clinical work
D	Non emergency clinical work
D	Non emergency clinical work
C	Patient administration
X	Audit/CPD/Teaching Meetings**[SPA]**
	Travelling
	Uncontracted time
Time Code	Hours per week
A	
B	
C	
D	
X	
Total	

Stage 2
Add up the hours for each type, and insert the average per week into the box on the left. If your average hours are greater than 41.25 then you will have to reduce some of the sessions times. Remember to add the unpredictable on call times into the uncontracted time slots.

Stage 3
Put on the job plan other responsibilities as shown in the examples. Include rotas and managerial roles.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Work Code	On-call?	Work Code	On-call?	Work Code	On-call?	Work Code	On-Call?	Work Code	On-call?	Work Code	On-call?	Work Code	On-call?
7AM to 7:30														
7:30 to 8:00														
8:00 to 8:30														
8:30 to 9:00														
9:00 to 9:30														
9:30 to 10:00														
10:00 to 10:30														
10:30 to 11:00														
11:00 to 11:30														
11:30 to Noon														
Noon to 12:30PM														
12:30 to 1:00														
1:00 to 1:30														
1:30 to 2:00														
2:00 to 2:30														
2:30 to 3:00														
3:00 to 3:30														
3:30 to 4:00														
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7:00 to 7:30														
7:30 to 8:00														
8:00 to 8:30														
8:30 to 9:00														
9:00 to 9:30														
9:30 to 10:00														
10:00 to 10:30														
10:30 to 11:00														
11:00 to 11:30														
11:30 to midnight														
Midnight to 12:30														
12:30AM to 1:00														
1:00 to 1:30														
1:30 to 2:00														
2:00 to 2:30														
2:30 to 3:00														
3:00 to 3:30														
3:30 to 4:00														
4:00 to 4:30														
4:30 to 5:00														
5:00 to 5:30														
5:30 to 6:00														
6:00 to 6:30														
6:30 to 7AM														

Work Code	*Work Type*
A	Predictable work
B	Unpredictable work
C	Patient administration
D	Non emergency clinical work
E	Additional responsibilities
X	Audit/CPD/Teaching Meetings [SPA]
Tr	Travelling
U	Uncontracted time
Time Code	***Hours per week***
A	
B	
C	
D	
E	
X	
Tr	
Total	

CHECKLIST FOR ACTION

1) Start a diary now of your activity.

2) Check and validate activity information that your IT department has on you.

3) Construct an existing Job plan as above examples:
   - Put down your clinics/rounds
   - Put down patient admin
   - Put down “on call” time
   - Put down SPA sessions.

4) Rebalance the sessions to obtain the typical 7:3 ratio.

5) Put the uncontracted time within the working week.

6) Have you got more DCC sessions than 7?

7) Do you want to do the sessions or press for payment?

8) Complete the Out-of-Hours Intensity Questionnaire.

9) Go to the first Planning interview with the above.

10) Take the lead in discussion. It is your working life!

11) If you cannot agree at the second interview then follow the appeal structure.

12) Speak to your LNC if you have problems.