

# Sample consultant anaesthetist job plan

## 1. Job content and programmed activities

Activity	PAs	
<b>Direct clinical care</b>	<b>10</b>	
Unpredictable on call (3 hours in premium time)	1	
Operating lists, ICU, acute pain or anaesthesia sessions - 7	7	
Preop and postop work associated with schedule	1.5	
Clinical administration outside schedule	0.5	
<b>Supporting professional activities</b>	<b>2.5</b>	
As listed below	2.5	
<b>Additional NHS responsibilities</b>	0	<b>0</b>
<b>Agreed external duties on a regular basis</b>	0	<b>0</b>
<b>Total programmed activities</b>		<b>12.5</b>
<b>Additional programmed activities</b>		<b>2.5</b>

NB it is legitimate for a job plan to have more than 12 PAs and still be compliant with the European Working Time Directive limit of 48 working hours per week if some PAs are in premium time.

Give details on other NHS responsibilities and agreed external duties in section 5.

### List schedule

My current schedule of lists undertaken as direct clinical care is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	General Surgery	ECT		Orthopaedic	Day case general
Afternoon		ITU		Gynae	Acute

### Notes

**Direct clinical care:** work directly relating to the prevention, diagnosis or treatment of illness. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes). **Please note particularly that administration relating to direct care is included here, as is travelling time relating to direct care.**

**Supporting professional activities:** activities that underpin direct clinical care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities. It should include an appropriate allowance for keeping up to date with relevant medical journals and literature.

**Additional NHS responsibilities:** special responsibilities – not undertaken by the generality of consultants in the employing organisation – which are agreed between a consultant and the employing organisation and which

cannot be absorbed within the time that would normally be set aside for supporting professional activities. These include being a medical director, director of public health, clinical director or lead clinician, or acting as a Caldicott guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list.

**External duties:** duties not included in any of the three foregoing definitions and not included within the definition of fee paying services or private professional services, but undertaken as part of the job plan by agreement between the consultant and employing organisation. These might include trade union duties, undertaking inspections for the Commission for Health Improvement (or its successor body), acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal College of Anaesthetists, the Association of Anaesthetists or the Pain Society and subcommittees, in the interests of the wider NHS, reasonable quantities of work for a government department, or specified work for the General Medical Council. This list of activities is not exhaustive.

## 2. On-call availability supplement

Give the appropriate entries for your on call rota.

Agreed on-call rota:	1:17 general
Agreed category:	A
On-call supplement:	3%

There is a second-on rota for the general work at the hospital. This is the subject of a separate and time-limited agreement.

## 3. Objectives

Objectives and how they will be met.

1. To continue to anaesthetise appropriate cases within sphere of expertise as referred into the unit and continue to provide an assessment service for anaesthesia and critical care. The objective will be met if at least the current level of service continues to be provided. It is agreed that increased junior staffing levels are required to maintain the current on-call rota structure
2. To work towards developing the day care anaesthesia assessment service in conjunction with the day care unit. A paid sabbatical is required to build on experience elsewhere.
3. To develop the teaching programme for undergraduate and postgraduate students with secretarial and managerial support from both Trust and University.

## 4. Supporting resources

Describe the facilities and resources required for delivery of duties and objectives.

1. Staffing support	As identified above, additional junior support for the on-call and ITU services. Additional trained nursing staff to support and run day care assessment clinics
2. Accommodation	University accommodation required
3. Equipment	Renewal program for Day case unit anaesthetic equipment
4. Any other required resources	Agreed paid sabbatical needs to take place

## 5. Additional NHS responsibilities and external duties

Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with.

1. There are no additional responsibilities as defined in section 1.
2. Paid time off from regular commitments as professional or special leave will be permitted for professional purposes and agreed external duties carried out on an occasional basis. Notice of such leave will be given through a formal application. These duties will simply replace the activity scheduled on the given day of absence. The clinical director may withhold permission to take leave for such purposes due to service and training need.
3. Scheduled meetings within the Trust will be notified to the Anaesthetics Office and the consultant relieved of other scheduled activities at that time if appropriate.

## 6. Other comments or agreements

1. The consultant may retain payments for Category 2 work and any domiciliary consultations. The Trust reserves the right to monitor such payments and review this agreement if there is significant disruption to NHS work.
2. Supporting professional activities are carried out at various times and in various locations, as determined by the consultant, to an agreed average of 2.5 programmed activities per week. The Trust reserves the right to monitor evidence that these commitments have been fulfilled. Such evidence will normally be provided through the process of consultant appraisal.

## 7. Additional programmed activities

Private practice cases scheduled for NHS operating lists that form part of your job plan, or which you are undertaking for the Trust, whether elective or emergency, may be undertaken and the fee retained. You will not be required to contract for any extra programmed activities in order to undertake such work and pay progression will not be affected.

Complete the following questions in relation to other private practice.

1. Are you undertaking private medical practice as defined in the terms of service?	No (see note above)
2. If yes, are you already working an additional programmed activity above your main commitment?	Not applicable
3. If no, has the Trust offered an additional programmed activity this year?	Not applicable
4. If yes, has this been taken up?	Not applicable
5. If no, have other acceptable arrangements been made (e.g. taken up by a colleague)?	Not applicable

If yes to (5) please describe:

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**8. Signed off and agreed**

Consultant name	
Signed (consultant)	
Date	
Clinical manager name	
Signed (clinical manager)	
Date	