

GENITOURINARY MEDICINE (GUM)

JOB PLANNING GUIDANCE AND MODEL JOB PLAN EXAMPLE

The British Association for Sexual Health and HIV (BASHH) has developed this guidance to help consultants with the job planning process.

INTRODUCTION

Since 1991 it has been a contractual requirement for all consultants to have a job plan, which is agreed and reviewed annually. The need for a job plan remains whether or not the consultant is employed on the 2003 consultant contract or on an old style pre-2003 consultant contract.

The 2003 consultant contract and the Terms and Conditions of Service state that job planning should be a partnership approach with the job plan being drawn up and agreed between the consultant and their clinical manager.

Where a consultant works for more than one employer, one should be identified as the lead employer who will assume responsibility for agreeing the entire job plan.

The job plan is a detailed description of the duties and responsibilities of a consultant and of the facilities needed to carry them out. It incorporates a work programme showing the nature, location and timing of the consultant's commitments, as agreed by the consultant and the employing Trust.

THE STRUCTURE OF THE JOB PLAN

The 2003 consultant contract is based on programmed activities (PAs) which are measured in units of time and categorised according to the type of work undertaken.

PAs are categorised as direct clinical care (DCC), supporting professional activities (SPAs), additional NHS responsibilities and external duties.

The unit of time for 1 PA is 4hrs during standard time and is 3hrs during premium time. Standard time in England is between 7am to 7pm Monday to Friday, in Scotland it is between 8am to 8pm Monday to Friday. Outside of these times, including all day on Saturday, Sunday and public holidays, premium time applies.

PAs are often subdivided into smaller units, or may be annualised if this pattern is appropriate for the consultant's working pattern.

A standard full time working week consists of 10 PAs, of which 7.5 PAs will typically be for DCC and 2.5 PAs will be for SPAs. However, whilst this is a typical figure, modification may be needed for individual consultants, particularly where the consultant has heavy commitments in non-clinical areas.

Emergency work should be assessed prospectively and the associated workload should be built into the job plan as PAs. Consultants on an on-call rota should also receive an on-call availability supplement as set down in the Terms and Conditions of Service.

The job plan should include specific objectives, which are agreed between the consultant and the employing Trust and the resources, which are needed to support the agreed job plan.

INCORPORATING WORKLOAD INTO THE JOB PLAN

It is important to ensure that all of the work undertaken is reflected in the agreed job plan.

Travelling time should be included between sites and where extra time is taken getting to a site, which is not the consultant's usual place of work. All of the work done on-call should be included, such as telephone advice, travelling to and from work and waiting time to begin work. Flexible breaks for food can be included as part of a PA, if the consultant is available for contact during the period.

Typical work included in the following three general categories is:-

1. Direct clinical care

This should equate to 7.5 PAs.

The number of PAs may be modified depending on the individual consultant's other commitments.

This includes work directly relating to the prevention, diagnosis or treatment of illness, both planned and emergency duties. It also includes administration relating to direct patient care, and travelling time relating to on-call emergency care or between hospital sites. The administrative load will vary between consultants and the type of case load in their practice.

The exact composition of direct clinical care will vary between consultants but the time spent on the following should be included, where applicable:-

- Out-patient or other clinic, whether performing or providing cover for the clinic. Out-patient clinics may include general GUM, HIV, colposcopy, psychosexual, erectile dysfunction, genital/HIV dermatology, young/older person, sex worker, or contraception clinics. This is not an exhaustive list and will vary between individual consultants.
- Community clinics, including any required travelling time.
- Clinical supervision of doctors in training, staff and associate specialist (SAS) doctors and nursing staff. This is complementary, but separate to educational supervision or teaching. It may include a wide variety of activities but typically includes, direct supervision in the clinic, discussion of cases, and reviewing the clinical management of patients.
- Patients seen in the clinic but outside the usual clinic times.
- Patient or relative consultation.
- Ward round.
- Operating session, including minor procedures eg. diagnostic skin biopsy, curettage.
- Patient treatment or procedure eg. lumbar puncture.
- Investigative, diagnostic or laboratory work.
- Telephone advice to other hospitals or colleagues, either secondary or primary care.
- Visits to other hospitals, hospice centres and community facilities to see patients.

- Meetings about direct patient care, these may be between doctors or multidisciplinary with other healthcare professionals.
- Public health duties eg. work with public health colleagues, clinical coding for KC60 (ISD(D)5 in Scotland), SOPHID, and case note review.
- Travelling time between sites, not to usual place of work.
- Patient administration, including dealing with referrals, letters, following up results and reviewing case notes. This should also include the time spent on dealing with reports.
- Work on developing guidelines for patient care or clinical pathways.
- All clinical work relating to on-call emergency duties, including travelling and waiting time relating to on-call emergency work. Any prospective cover should be included. It does not include the time spent on-call but not actually working, this is recognised by the availability supplement. For some GUM consultants the on-call work may be predictable eg. ward rounds after an on-call period and should be programmed into the job plan. However, it is more likely that the on-call work will be unpredictable eg. recall for an emergency admission or a telephone consultation/advice. Unpredictable on-call work can be measured over a typical rota period and averaged to obtain a weekly amount for inclusion into the weekly job plan.

2. Supporting professional activities (SPAs)

This should equate to not less than 2.5 SPAs.

It may be higher depending on the individual consultant's commitments.

These are activities which underpin direct clinical care and all consultants need at least 2.5 SPAs.

Activities in this category include:-

- Participation in training, including medical, nursing and support staff. It is important for educational supervisors to include the time spent arranging training, performing assessments and appraisals, and completing supporting documentation.
- Undergraduate examining and related duties .
- Continuing professional development, including medical education and updating activities. This should also include the time spent in recording this activity with the Royal Colleges, either using the paper or electronic system.
- Teaching. This includes formal teaching responsibilities.
- Audit.
- Clinical governance.
- Job planning and appraisal. This should include the time needed for completing personal appraisal as well as the time spent in appraising others.
- Research.
- Clinical management. This includes work needed for service delivery within the GUM clinic, outreach facilities, community services or within the Trust, but which is not related to direct patient care or categorised to specific additional responsibility duties.

3. Additional responsibilities

Additional responsibilities are undertaken by some consultants. These duties may be scheduled into the job plan or an agreement may be reached for flexible working. The time allowed for these duties and the notice which the consultant will give for any absence in relation to the duties should be agreed with the employing Trust.

The duties fall into two categories:-

a. Additional NHS responsibilities

These are special responsibilities, which are agreed between a consultant and the employing Trust, which cannot be absorbed within the time set aside for SPAs. These are specific to individual consultants and usually support the work of the NHS by special responsibilities, usually within the Trust or in relation to education.

The list is not exhaustive but the type of responsibilities that GUM consultants may have include:-

- Medical director.
- Director of public health.
- Clinical director, lead clinician, head of service.
- Caldicott guardian.
- Clinical audit lead.
- Clinical governance lead.
- Undergraduate or postgraduate dean.
- Director of postgraduate education.
- Clinical tutor or regional education advisor.
- Trust committees.

b. External duties

These are duties which are not included in any of the other categories and which do not fall within the categories of fee paying services or private professional services. They are undertaken as part of the job plan by agreement between the consultant and the employing Trust. External duties are specific to individual consultants and usually support the wider work of the NHS by special responsibilities on a National basis, which are usually external to the employing Trust.

The list is not exhaustive but the type of responsibilities that GUM consultants may have include:-

- Trade union duties such as work for the British Medical Association.
- Membership of Advisory Appointments Committees.
- Undertaking inspections for the Care Quality Commission.
- Undertaking inspections for the National Clinical Assessment Authority.
- Participating in Peer review visits.
- Work for the Royal Colleges, including examining duties.
- Work for specialist societies such as BASHH, British HIV Association and the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians & Gynaecologists.
- Work for a government department such as the Department of Health.
- Specified work for the General Medical Council.

SPECIFIC SITUATIONS

1. Extra programmed activities

The basic working week for a WTE consultant is 10 PAs but additional PAs can be agreed with the employing Trust. According to the European Working Time Directive consultants should not work more than 48 hours for the employing Trust, unless they have agreed to do this and sign an individual opt out form.

2. Private professional services

Consultants are advised to consult the Terms and Conditions of Service and current advice from the CCSC, BMA and other relevant bodies regarding any work they are intending to provide outside their NHS contract.

3. Fee paying work

This includes Category 2 work, domiciliary consultations and Section 12 Mental Health Act assessments but with respect to GUM it predominantly applies to Category 2 work.

Consultants are advised to consult the Terms and Conditions of Service and current advice from the CCSC, BMA and other relevant bodies regarding any work they are intending to provide outside their NHS contract.

4. Location of duties

The contract will state the consultant's principal place of work and they will generally be expected to undertake the PAs at their principal place of work. However, off-site working may be agreed for a proportion of SPA work by negotiation with the employing Trust.

AGREEING SPECIFIC OBJECTIVES

Specific personal objective should be included in the job plan. These need to be appropriate and agreed between the consultant and clinical manager. The consultant will need to make every reasonable effort to meet these objectives in order to achieve pay progression.

Objectives may relate to quality, clinical outcomes, standards, service objectives or development, resource management, team objectives, educational activities, network roles, clinical governance, audit and evaluation, research and development. This list is not exhaustive and the specific objectives identified will depend on the individual consultant and the specific service situation. The objectives must be reasonable and specifically agreed by the consultant and the Trust.

SUPPORTING RESOURCES

The resources needed to do the agreed job plan should be identified. It is important that these are included in the job plan as they may be integral to the consultant being able to achieve the agreed objectives.

The resources needed will depend on the individual consultant and the specific service situation. Particular attention should be given to ensuring that a safe, effective and quality service for patients can be provided.

EXAMPLE JOB PLAN

1. General considerations

The workload and duties of individual and team job plans in GUM can vary significantly depending on the structure of the team, the numbers and skill-mix of supporting staff, training commitments, the balance of HIV and GUM activity, the clinical case-mix, and whether emergency on-call work is required.

If the individual consultant's job includes additional NHS responsibilities or external duties, this needs to be reflected in the job plan and agreed with the employing Trust. There are a number of ways this may be done, either by reducing direct clinical care, paying extra PAs, or a mixture of both. As the additional responsibilities vary greatly between individuals these have not been included in the example detailed plan.

2. Detailed job plan

Day	Time	Location	Work	Category	Number of PAs
Monday	9am - 1pm	Site A	HIV OPD Clinic	DCC	1.0
	1pm - 3pm	Site A	Patient related Admin	DCC	0.5
	3pm - 4pm	Site A	Teaching	SPA	0.25
	4pm - 5pm	Site A	Patient related Admin	DCC	0.25
Tuesday	9am – 11am	Site A	CPD (personal)	SPA	0.5
	11am- 1pm	Site A	Clinical Governance	SPA	0.5
	1pm – 2pm	Site A	CPD (Grand Round)	SPA	0.25
	2pm – 2.30pm	Travelling	Travelling time (alternate wks)	DCC	0.0625
	2.30pm – 5.30pm	Site B	GUM community clinic (alternate wks)	DCC	0.375
5.30pm – 6pm	Travelling	Travelling time (alternate wks)	DCC	0.0625	
Wednesday	8.30am – 9.30am	Site A	CPD (Journal Club)	SPA	0.25
	9.30am – 10am	Site A	Telephone Advice	DCC	0.125
	10am – 1pm	Site A	Public Health duties (clinical coding, SOPHID, notifications etc)	DCC	0.75
	1pm – 2pm	Site A	Training	SPA	0.25
2pm – 3pm	Site A	Clinical Management	SPA	0.25	
Thursday	9am – 1pm	Site A	Patient Related Admin	DCC	1.0
	1pm – 4pm	Site A	MDM	DCC	0.75
	4pm – 8pm	Site A	GUM OPD Clinic (3hrs standard rate & 1hr premium rate)	DCC	1.08
Friday	9am – 1pm	Site A	GUM OPD Clinic	DCC	1.0
	1pm – 2pm	Site A	Audit	SPA	0.25
Predictable Emergency On Call	-	-	-	-	-
Unpredictable Emergency On Call	Variable	Variable	Emergency patient admissions Telephone consultations/advice	DCC	0.5
TOTAL				DCC SPA	2.5 7.5