

Consultant Job Plan (see accompanying notes, below)

Name of Consultant Dr Total Pain GMC No. 9876543

Specialty: Pain Management

Main Hospital Base: St Elsewhere

1 JOB CONTENT

Day	Time	Location	Work	Cat	PA /wk
Monday	0830 – 0900	Office	Clinical Administration	C11	**
	0900 – 1230	OPD	Out Patient Clinic	C2	1
	1230 – 1300	Office / Clinic	Post Clinic Admin	C11	
	1330 – 1730	Office	Patient Administration (Pain) (reviewing results, GP calls, case review, etc)	C11	1
Tuesday	0815 – 0900	Theatre Suite/Wards	Pre-op Care / Consent etc	C4	**
	0900 – 1230	Theatres	Major Pain Treatments	C3	1
	1230 – 1300		Post Treatment Care & Admin (dictation/prescriptions etc)	C3/8 /11	
	1330 – 1700	Wards	Ward Referrals	C4	1
Wednesday	0830 – 10.30	Office	Clinical administration	C11	0.5
	1030 – 1230	Office / Variable	Audit / ClinGov / Management	S1/2 /4/7	0.5
	1300 - 1700	Office / Variable	Audit / Clin Gov / Management	S1/2 /4/7	1
Thursday	0830 – 0900	Office	Clinical administration	C7/ 11	**
	0900 – 1300	OPD	Out Patient Clinic	C2	1
	1300 – 1320	Office	Post Clinic Admin	C11	
	1340 – 1700	OPD	Out Patient Clinic	C2	1
	1700 – 1730	Office	Post Clinic Admin	C11	
Friday	0815 – 0900	Office	Pre-op care & Clinical administration	C11	**
	0900 – 1230	Minor Ops Theatre / OPD (alt weeks)	Minor Injection Clinic / Out Patient Clinic (alt wks)	C3 / 2	1
	1230 – 1300	Office	Post Clinic Admin	C11	
	1330 – 1700	Private Clinic	Private patients	-	-
Sat /Sun					
Additional agreed activity to be worked flexibly		Office / Clinic **	Pre clinic / Rx Care & Admin	C11/ 4	**0.6
		Variable	CPD / Training (SPA)	S1/ S2	0.5
		Office / Variable	Other Supporting Professional Activities (Teaching juniors & students inc. preparation, Job Planning, Appraisal, Research etc)	S1-6	0.5
		Variable	Other NHS Responsibilities		
Predictable emergency on-call work					
Unpredictable emergency on-call work	Variable	Variable	Annualised assessment avg 75mins per week, some in premium time (rounded up to compensate for rounding down of **)	C	0.4
TOTAL Pas					11

Programmed activity	Number
Direct clinical care (including unpredictable on-call)	8.5
Supporting professional activities	2.5
Other NHS responsibilities	reallocated flexibly within SPA/DCC as required by service, in consultation with medical manager
External duties	Reallocated flexibly by substitution with SPA/DCC to a maximum average 0.5 per week
TOTAL PROGRAMMED ACTIVITIES	11

2 ON-CALL AVAILABILITY SUPPLEMENT

Agreed on-call rota (eg 1in5):	1 in 3
Agreed category:	A
On-call supplement:	8%

3 OBJECTIVES

Objectives and how they will be met

1. To provide and develop assessment and treatment services for patients with chronic pain within sphere of expertise. To plan to widen services available to patients and expand expertise within the service. To ensure existing patients receive appropriate high quality follow-up care whilst also addressing aims to reduce waiting times for all new patient referrals.
2. To continue to develop links with other primary, secondary and tertiary care centres of interest (pain management) on both general and specific matters.
3. To develop integrated clinical audit trails within the pain service consistent with appropriate accepted guidelines and to use such to develop individual and general patient care
4. To develop the teaching programme for undergraduate and postgraduate students with secretarial and managerial support from the Trust.

4 SUPPORTING RESOURCES

Facilities and resources required for delivery of duties and objectives	In order to maintain the current service arrangements and commitment additional middle / junior grade support is needed
Staffing support	Additional administrative support for the Integrated Pain Service as well as clinical time from professional disciplines including pharmacy, clinical psychology, nursing and medical specialities. Project management support.
Accommodation	Additional clinical space to both run clinics or programs. Additional dedicated office space. Dedicated Pain Management Service space with patient pre-assessment / information areas. Minor treatments facilities.
Equipment	IT support (equipment and expertise) for audit trail and administration). Specialised pain management procedure table. Implanted device management equipment. Individual patient implanted devices as clinically indicated.
Any other required resources	Training and support to back-up clinical service developments

5 ADDITIONAL NHS RESPONSIBILITIES AND/OR EXTERNAL DUTIES

1. External Professional Duties on behalf of the Pain Society or other professional bodies worked flexibly by substitution of SPA/clinical duties by arrangement with medical manager to an agreed maximum *average* of 0.5 PA per week. Additional time on such activities will be in unallocated time or by rescheduling of allocated time, by arrangement with the Medical Manager.
2. Member of Formulary Committee. Meetings by substitution of other PAs by arrangement with Medical Manager

6 OTHER COMMENTS OR AGREEMENTS

1. It is accepted that although times and locations have been indicated for many of the DCC PAs including patient administration, there will be a degree of flexibility as determined by the consultant in consultation with the medical manager provided that the average allocation remains broadly as indicated.
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 medical manager 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
4. 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.
5. Although some supporting professional activities have been timetabled it is accepted that these 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

(a) Are you undertaking private medical practice as defined in the terms and conditions of service?	Yes
(b) If yes, are you already working an additional programmed activity above your main commitment?	Yes
(c) If no, has the Trust offered an additional programme activity this year?	N/A
(d) If yes, has this been taken up?	N/A
(e) If no, have other acceptable arrangements been made (eg taken up by a colleague)?	N/A

If yes, to (e) please describe:

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8 SIGNED OFF AND AGREED

	Name	Signature	Date
Consultant			
Clinical manager			
Chief Executive (or nominee) on behalf of Trust			
Review Date:			

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.

On Call Categories

Category A Where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

Category B This applies where the consultant can typically respond by giving telephone advice and/or by returning to work later.

Frequency Supplements: *(as amended by national agreement)*

	A	B	
High: 1 in 1 to 1 in 4	8%	3%	
Medium: 1 in 5 to 1 in 8		5%	2%
Low: 1 in 9 or less		3%	1%