

Model job plan for Restorative Dentist based solely in a Dental teaching Hospital 11 PAs

1. Job content

Day	Time	Location	Work	Categorisation	No. of PAs
Monday	9am-1pm	Dental Hosp (DH)	Operating	DC	1
	1-2pm	DH	Pt admin	DC	0.25
	2-5pm	DH	New pt clinic	DC	0.75
Tuesday	8am-12	variable	Audit/research	SA	1
	12-1pm	DH	Pt admin	DC	.25
	2-5	DH	Chair-side teach-under/ post graduate	DC	.75
	6-9	variable	operating	private	
Wednesday	9am-1pm	DH	Operating	DC	1
	1-2pm	DH	Journal Club	SA	.25
	2-5pm	variable	Teaching/CME	SA	.75
Thursday	9-11am	DH	Case planning/ lab liaison	DC	.5
	11-1pm	DH	operating	DC	.5
	1-2pm	DH	Pt admin	DC	.25
	2-5pm	DH	Operating	DC	.75
Friday	8-10am	DH	Teaching prep/research	SA	.5
	10am-12	DH	Review clinic	DC	.5
	12-1pm	DH	Pt admin	DC	.25
	2-5pm	DH	New pt clinic	DC	.75
Saturday	9-1	variable	operating	private	
Sunday					
Additional agreed activity to be worked flexibly	Variable		Management meetings/ teaching admin working groups National duties modules/units Examining, CPD	SA	0.5
			Service development	DC	0.5
Predictable emergency on-call work				Direct clinical care	

Unpredictable emergency on-call work	Variable			Direct clinical care	
TOTAL PAs					11

Programmed activity	Number
Direct clinical care (including unpredictable on-call)	8
Supporting professional activities	3
Other NHS responsibilities	
External duties	
TOTAL PROGRAMMED ACTIVITIES	11

Notes

- There are four time blocks set out for each day. Not all blocks need to be filled in. It is feasible that consultants will have 1, 2, 3 or even more PAs on any one day.
- Under 'additional agreed activity' the consultant might agree, for example, with the employer that they will undertake a certain proportion of regular patient administration equating to x PAs, at an unspecified time and location during the week. This section might also be used to set out the number of PAs for any unpredictable external duties.
- Predictable on-call work: where this work follows a regular pattern each week, consultants should identify within the weekly schedule when and where this takes place. Where such work does not follow a regular pattern, for example due to the variability of the on-call rota, consultants should assess an average level of activity per week and identify it in the predictable activity box at the bottom of the form.
- The location and timing of unpredictable emergency work cannot be completed, therefore only the categorisation and number of PAs should be completed.
- Location can be the principal place of work or any other agreed location e.g. the consultant's home for some duties.
- In the 'work' column, a description of the duty should be completed, e.g. outpatient clinic, ward round, operating list.
- The 'categorisation' column should define whether the work is direct clinical care, supporting professional activity, additional NHS responsibility or external duty.
- The number of PAs should specify the number of PAs allocated to the duty. This can be a full PA or broken down into smaller units. If the work is in premium time after 1 April 2004, 3 hours of work is one programmed activity.
- Regular* private practice commitments should be identified broadly in terms of timing, location and type of work.
- In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibly (see section 5 below).

2. On-call availability supplement

Agreed on-call rota e.g. 1 in 5:

As appropriate

Agreed category (delete):

A / B

On-call supplement e.g. 5%:

As appropriate

3. Objectives

Objectives and how they will be met

1. Provide a high quality diagnostic and second opinion service
2. Provide high quality Restorative treatment for appropriate patients
3. Liaise with other specialists to provide high quality treatment service for complex high need cases that require an interdisciplinary approach
4. Continue to provide and develop a teaching centre for
 - SpRs
 - SHOs
 - Dentists in the general dental services
5. Provide teaching for undergraduate students in Restorative Dentistry
6. Promote the importance of team work with PCD in Restorative Dentistry

4. Supporting resources

Facilities and resources required for delivery of duties and objectives	
1. Staffing support	Adequate secretarial, clerical, nursing, hygiene and technical support
2. Accommodation	Sufficient accommodation to be able to provide operating facilities for all members of the Restorative Dental Team.
3. Equipment	Equipment which allows efficient operating and adequate cross infection control
4. Any other required resources	Adequate IT to allow efficient teaching and communication with patients to occur.

5. Additional NHS responsibilities and/or external duties

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

Other agreements

Note: In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibly. The method of dealing with such commitments should be set out in the box above.

6. Other comments or agreements

Detail any other specific agreements reached about how the job plan will operate. For example, with regard to category 2 fees, domiciliary consultations and location flexibility.
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7. Additional programmed activities

a. Are you undertaking private medical practice as defined in the terms 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 programmed activity this year?	Yes / No
d. If yes, has this been taken up?	Yes / No
e. If no, have other acceptable arrangements been made (e.g. taken up by a colleague)?	Yes / No

If yes to (e) please describe:

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8. Signed off and agreed

Consultant name

Signed (consultant)

Date

Clinical manager

Signed (clinical manager).....

Date

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