

Objective Setting - A Resource for Devising and Agreeing Objectives in the 2003 Consultant Contract

Background

A consultant job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. Since the 2003 contract (schedule 3, paragraphs 10-13) this has explicitly included the agreement of personal and service objectives. They should cover all aspects of a consultant's role, including personal development, and they should be directly relevant to your work, focusing on patient benefit.

What are Objectives?

Objectives are mutually agreed aims which the consultant and his/her manager think would usefully develop the service, the consultant or both. They should be based on the SMART (Specific, Measureable, Achievable, Resourced, Timed) system. There should be a balance between service objectives that could be shared as part of a team and personal development objectives. Objectives should be set for most of the activities in the job plan and they should set out mutual understanding of what the trust and consultant aim to achieve in coming year and how this will contribute to team, service and organisational objectives.

Why would consultants want to use objectives?

They provide a significant opportunity for consultants, as clinical leaders, to set the agenda for their trusts and put forward the needs of their patients. We recommend consultants and departments are proactive in this area for the benefit of their patients.

Objectives – how does the process work?

Objectives should be discussed and agreed during job planning meetings. They should cover direct clinical care and supporting professional activities. It will be important to bring knowledge of trust objectives and service requirements into the objective-setting discussions. The clinical director should have an overview of objectives, seek the views of colleagues and achieve a consensus. It is also essential that you are able to identify the supporting resources you will need in order to carry out your objectives when you agree your job plan.

How to use these examples

These examples show objectives in a range of specialties and subspecialties that are designed to help consultants to develop objectives of their own. There are a range of drivers – clinical governance and quality, teaching and research, service developments, personal goals and team objectives should all be taken into account when job plans are agreed. Consultants will have their own ideas about how services can be improved so it is important to balance these with input from management and colleagues.

To adapt these examples for practical use you may need to expand on the detail, but consultants should be able to approach an objective without detailed supervision using professional flexibility. This will vary according to the capacities of the clinical manager and consultant. All your objectives and progress in achieving them should be discussed in your job plan review meeting. However, the review process for objectives should not be restricted to that meeting. Clinical directors will need to consider inputs from other sources.

How many specific objectives should you have in your job plan?

Examples of good practice vary from six to eight. An important principle is to balance personalised service objectives with personal development objectives. We suggest that you balance these two categories and

choose three or four of each (not all will be completed within one year). In this way you will be devoting your time to improving yourself as a consultant and the service that you offer to your patients. The examples of objectives in this guide will help you to identify and agree the objectives in your job plan. Building on the examples of good practice and suggestions for actual objectives, you will be able to enter job plan meetings with confidence. If you have any feedback on this guide please contact us: info.cc@bma.org.uk

Related resources

We recommend you do not use these examples in isolation. Search for job planning on the BMA website here: www.bma.org.uk (The web site will serve a better selection if you log in). Key documents are on the 'job planning' page, here <http://bma.org.uk/practical-support-at-work/contracts/job-planning>

The key document you will need is *A Guide to Consultant Job Planning*, 2011. This was prepared jointly by the BMA and NHS Employers and reflects a shared understanding of the key principles which should characterise a collaborative approach to the job planning process.

The NHS Employers website also has some useful documents here www.nhsemployers.org. Click on the 'pay and contracts' section, then the 'consultants and dental consultants' page. Key documents are:

- *Effective job planning – a concise guide for consultants*, 2005. This is in the job planning toolkit section of the web site. This deals particularly well with objective setting.
- *Consultant job planning – standards of best practice*, 2003. This is in the 'guidance' section and details the contractual standards.
- *Job planning handbook*, 2005. This was produced by the Consultant Contract Implementation Team in the Department of Health, and contained some sample objectives for consultants. It is in the 'job planning toolkit' section.

You should also refer to the web sites run by your medical royal college and specialty associations, which may contain advice on job planning and objectives.

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Reducing hospital acquired infection rates

Suitable for	Consultant.
Objective To reduce hospital acquired infection rates.	
Actions to achieve objective Annual hand hygiene and antibiotic prescribing updates. Reports raised where observed practice is inadequate.	
Success criteria and measures Team criterion: infection control audit shows increased compliance rates and reduced thrombophlebitis rates.	
Agreed review process and timetable Quarterly infection control audits at clinical audit meeting. Confirmed attendance at minimum two meetings per year.	
Support required (including removal of organisational barriers) Appropriate consumables present in all locations. Hand washing sinks installed in all clinical locations.	

Effective action on this is a high priority for many trust boards. This objective can easily be modified to be more specific and look at infection rates as they apply to ward patients in any specialty. However, it would not be appropriate to make one consultant responsible for all instances of infection where there are many factors leading to infection. Like any objective, it has to be something specific that the consultant can achieve.

Reducing infections with *Clostridium difficile*

Suitable for	Consultant.
Objective To reduce the number of <i>C. difficile</i> cases in my ward	
Actions to achieve objective Team prescribing practice to comply with trust antibiotic policy. All senior and junior medical staff to undergo mandatory training in prescribing and in infection control/hand washing.	
Success criteria and measures Mandatory training records complete for team. Antibiotic audit shows adherence to agreed trust guidelines.	
Agreed review process and timetable Monthly antibiotic report. Mandatory training records considered at annual job plan review.	
Support required (including removal of organisational barriers) Pharmacy collation of data and ward pharmacist audit of prescriptions. Administrative support to coordinate mandatory training.	

This objective looks at a different area of infection control and focuses on the consultant's leadership position. As team leader the consultant is ideally placed to make sure that the dull but necessary procedures are in place to guide antibiotic prescribing and to limit spread of infection on the hands or clothes of the team. Another success criterion might be a reduction in the number of cases. However, this may be too blunt a measure as infection should be rare anyway and the causes multifactorial and beyond the consultant's direct control.

Undertaking junior doctor inductions

Suitable for	Consultant.
Objective To improve the induction process for junior doctors in order to gain CNST certification at level 2.	
Actions to achieve objective Use education session to develop a series of subject specific tutorials. Involve the associate specialists as providers for some sessions.	
Success criteria and measures Register of attendance (CNST requirement) and course programme – 80% attendance on day, 100% catch-up within four weeks for modular completion. Written feedback from new trainees for each induction session.	
Agreed review process and timetable Annual meeting with clinical tutor to review outcomes as reported by inductees. Attendance checked with each new house.	
Support required (including removal of organisational barriers) “Bleep free” time for juniors to attend – divisional action. Postgraduate centre to coordinate sessions and analyse feedback.	

CNST have a criterion based on the induction process for staff members, and this consultant will be helping to achieve that certification. It's always tempting but rarely realistic to set 100% success criteria, even where this relates to mandatory training, so in this objective a more realistic target is set. However, approaching 100% will reduce the size of the task in catching up over the following four weeks.

Using incident reports to anticipate problems

Suitable for	Laboratory consultant.
Objective To improve quality surveillance and increase ability of department to identify problem areas early.	
Actions to achieve objective Change prevailing culture to increase incident reporting and error logging. Collect more of the actual incidents and increase diversity of staff making reports.	
Success criteria and measures Number of reports, number of staff making reports. Minuted discussion of issues in each local laboratory meetings.	
Agreed review process and timetable Quarterly analysis by clinical governance office. Both qualitative measures to increase 20% over last year.	
Support required (including removal of organisational barriers) Analytical support from clinical governance office. Laboratory meeting to be held monthly (laboratory and clinical management to ensure).	

Incident reporting is difficult because it is so counterintuitive to have an increase in the number of reported incidents as a desirable outcome. However, the culture that incidents are not reported needs to be changed if preventive action is to be taken in time. Furthermore, it is better that more staff make reports since this will increase the likelihood of catching important incidents.

Changing working methods to reduce on call frequency

Suitable for

Consultant orthopaedic surgeon.

Objective

To reduce onerous on call rota frequency and enhance patient care and safety.

Actions to achieve objective

Explore options for wider on call cover groups for specialties such as hand trauma and spine emergency.

- Shared with larger groups in same specialty with clinical guidelines to support immediate reception care before definitive care next morning.
- Shared with same subspecialty on county-wide basis.

Success criteria and measures

Establishment of changed working practice agreed between clinicians and SHA.

Abolition of all remaining subspecialty consultant rotas 1:4 or more frequent.

Agreed review process and timetable

Three months to identify preferred solution and agree with divisional director.

Twelve months to implementation if consultation results in agreement.

Support required (including removal of organisational barriers)

Commissioning director to assist with cross-boundary consultation.

Managerial support for business case for identified solution.

The end result is clear here but the means of achieving it not so. This objective calls for the consultant to develop an appropriate solution to a common problem in subspecialty work, the high frequency of the consultant on call rota and the increasing component of direct clinical care expected of the consultants under the traditional arrangements. The nature of the preferred solution is less important than that it is initiated by and attracts support from the local clinicians.

Appointing a new consultant colleague

Suitable for	Consultant (lead clinician).
Objective To appoint a new consultant colleague and thereby enhance quality of care and ability to achieve 18-week target.	
Actions to achieve objective To identify with consultants in specialty and agree PAs that can be re-allocated to job plan for a new consultant, reducing average to 10-11 range. Draw up appropriate job plan and job description, take through approval and engage with medical staffing to organise AAC.	
Success criteria and measures Appointment of new consultant.	
Agreed review process and timetable New consultant to commence work within one year.	
Support required (including removal of organisational barriers) Trust management to assist in developing business case and funding for new consultant. Medical staffing to organise AAC.	

Appointing a new consultant colleague is a complex process and this objective gives part of that task to one consultant who is probably already a lead clinician. Their role will be identifying a suitable job plan for the new appointment in negotiation with existing consultants, and taking it through the process with medical staffing. The support required includes that of management in taking the new job plan through the appropriate organisational approvals.

Improving diagnostics turnaround

Suitable for

Consultant radiologist.

Objective

To improve turnaround of GP radiology reporting.

Actions to achieve objective

Assess current reporting pathway and identify bottlenecks that could be addressed.

Devise methods to reduce these points of delay.

Success criteria and measures

Presentation of business case to divisional board for changed working.

Reduction of turnaround time to preset target.

Agreed review process and timetable

Bi-monthly report to clinical director or service improvement group (as appropriate).

Reduction in monthly turnaround times of at least 10% by one year.

Support required (including removal of organisational barriers)

Access to and support from radiology service manager, RIS manager or PACS manager.

Departmental/hospital service improvement facilitator (as appropriate to department).

This objective has a measurable and specific outcome measure, relating to diagnostics reporting turnaround times. Some imagination will be needed to assess the current pathway and come up with a range of solutions without just asking for more resource – although that may be the eventually necessity.

Promoting same day admissions

Suitable for

Consultant surgeon – clinical director.

Objective

To reduce length of stay for surgical patients by introducing same day admissions.

Actions to achieve objective

Enable patients to be admitted on the day of surgery:

- Examine and reform preoperative process including anaesthesia assessment.
- Formulate design criteria for on-day patient reception area.

Success criteria and measures

Reduced length of hospital stay.

Fewer same-admission cancellations (all reasons).

Agreed review process and timetable

Monthly review with divisional medical director on project status.

Expected completion at one year.

Support required (including removal of organisational barriers)

Business case support for identified solutions.

Clinical buy-in to concept of same day admissions.

Too often changed working practices are introduced which do not have support among clinicians and which then suffer from reduced effectiveness. This is a high-level objective for an existing medical manager who will need to consider how to enlist the help of consultant colleagues across several departments, along with the nurses and other clinical staff. Formulating it in this way keeps the responsibility for the solution with the clinical leadership of the hospital.

Establishing a non-physician endoscopist

Suitable for	Consultant physician.
Objective	To increase the availability of endoscopy procedures through establishing a non-physician endoscopy position.
Actions to achieve objective	Lead appointments procedure for new post.
Success criteria and measures	Able to perform colonoscopy fully independently within twelve months. Colonic intubation rate to be no lower than average for physician endoscopists.
Agreed review process and timetable	Appointment within six months. Independent colonoscopy within twelve months of appointment.
Support required (including removal of organisational barriers)	Business case in place. Medical staffing support for appointments process. Adequate time in job plan (part SPA and part DCC) to deliver theoretical and practical components of training.

With the business case in place the identification of a suitable individual and their training is a role for a consultant. The trust has accepted the necessary investment of consultant time in order to improve the service in the long term.

Improving efficiency in theatres

Suitable for	Consultant anaesthetist.
Objective To improve theatre efficiency by addressing case turnover.	
Actions to achieve objective Undertake 'lean thinking' review with theatre teams to identify amenable unproductive time. Make presentation to divisional board on recommendations for changed practice. Implement agreed changes.	
Success criteria and measures Sustained 25% reduction in case turnaround as measured by 'last out – next in' on theatre information system.	
Agreed review process and timetable Audit reported at quarterly divisional management board meetings.	
Support required (including removal of organisational barriers) Theatre information team support. Involvement and backfilling of sufficient staff for kaizen event and training.	

Complaints about theatre efficiency can too often become complaints about unproductive members of the team while not recognising the necessity of the team working together. An objective such as this requires concentration on multidisciplinary involvement to complete successfully and has a specific measurable success criterion.

Developing an Allied Health Professional service

Suitable for	Consultant haematologist.
Objective	To devise and introduce trust thromboprophylaxis guideline.
Actions to achieve objective	Write evidence based guideline and take through medical advisory board. Embed use of thromboprophylaxis assessment forms into practice for all inpatients.
Success criteria and measures	Audit figure shows uptake of greater than 90%.
Agreed review process and timetable	In place – two months. Audit compliance > 80% - four months.
Support required (including removal of organisational barriers)	Clinical governance officer to hold documents, arrange printing and conduct snapshot audit. Board support to secure cross-organisational buy-in.

Although the logical end point might be thought to be a reduction in the rate of death from pulmonary embolism, this is rare and so is a poor indicator of success at the objective. Performance is however critically dependent on doctors filling in more forms, traditionally a badly-regarded activity. The board demands 100% but realistic success criteria are needed.

Introducing a screening service

Suitable for	Consultant radiologist.
Objective To assess the practicality of introducing a screening service for abdominal aortic aneurysm	
Actions to achieve objective Assess the likely demand, resources needed and estimated costs. Develop links with vascular services and primary care.	
Success criteria and measures Developed outline business case.	
Agreed review process and timetable Bimonthly report to directorate meeting. Complete within planning review year	
Support required (including removal of organisational barriers) Access to vascular service managers and vascular surgeons. Support from ultrasound service manager and trust business planners	

An objective does not have to result in actual change; this one results in the information on which a decision can be taken, information which has not been available before.

Assuring consultant-led resuscitation

Suitable for	Consultant in emergency medicine.
Objective To ensure that trauma resuscitations are consultant led.	
Actions to achieve objective Direct presence: clearly designated consultant rota for resuscitation. Leadership: implementation of ED specific resuscitation training programme. Leadership: audit of clinical records of patients received by trauma team.	
Success criteria and measures All doctors leading resuscitation to be department-certified. Records audit to demonstrate reduction in serious pathway errors.	
Agreed review process and timetable Biannual review with Resuscitation Committee.	
Support required (including removal of organisational barriers) Sufficient EM consultants to allow dedicated clinical time. Administrative staff to conduct audit	

Consultant-led resuscitation is a requirement arising out of NCEPD reports; this encompasses direct presence much of the time and a review process for those where a consultant is not present.

Improving inpatient health

Suitable for

Consultant psychiatrist.

Objective

To improve the physical health of acute psychiatric inpatients.

Actions to achieve objective

Every acute admission should have a full physical examination within 24 hours or as soon as is practical.

Every patient should have appropriate investigations completed in one week.

Success criteria and measures

Examination compliance rate as recorded in medical record.

Proportion of 'at risk' patients who have had CXR and CT brain scans.

Agreed review process and timetable

Quarterly returns by ward managers on patients who have not been examined.

Six-monthly clinical audits, randomly applied across all wards.

Support required (including removal of organisational barriers)

All wards should be stocked with equipment for physical examination.

Adoption of this standard by trust audit committee for regular audit.

The objective of increasing health is potentially a very wide one but this objective breaks it down to something achievable by an individual consultant who can improve this area of practice.

After care service for critical care survivors

Suitable for	Consultant intensivist or neonatologist.
Objective	To introduce a comprehensive after care service for critical care survivors.
Actions to achieve objective	See patients and carers following life threatening events to provide counselling and rehabilitation packages.
Success criteria and measures	Improvement of quality of life measurable by questionnaire. Revise critical care specific management tool and adopt at governance meeting.
Agreed review process and timetable	Use CHKS to provide data on patient follow-up. Quality of life reported at audit meetings and assessed at appraisal.
Support required (including removal of organisational barriers)	Management support for business case. Finance set up and running costs for weekly clinic plus multidisciplinary support.

Introducing this new service will need investment by the employer; promoting the case for this investment will be assisted by the clear and measurable criteria for success defined in the objective.

Performance monitoring of clinical outcomes

Suitable for	Consultant surgeon.
Objective	To engage in performance monitoring of clinical outcomes.
Actions to achieve objective	To review quarterly reports of performance: personal and comparative within department.
Success criteria and measures	Validation confirmation sheet to be returned and logged. Improvement in measures identified at appraisal within one year.
Agreed review process and timetable	Quarterly returns to consultant and governance department. Annual review at appraisal.
Support required (including removal of organisational barriers)	Management commitment to supply the data in time for validation. Time and administrative support for departmental meetings.

This objective asks the consultant to review the available information on their practice. However, this will not be possible without the supporting resources listed – too many consultants have the experience that they would like to review the information on their performance but are not enabled to do so.

Reducing iatrogenic complications

Suitable for

Consultant intensivist.

Objective

To reduce ventilator associated pneumonia in critical care.

Actions to achieve objective

Lead process of devising local guideline on care bundle.

Lead education process for critical care nurses.

Success criteria and measures

Compliance figures for ventilator bundle >95%.

Reductions in VAP rate and increase in days since last VAP.

Agreed review process and timetable

Monthly review of figures at critical care governance meeting.

Annual report to divisional board.

Support required (including removal of organisational barriers)

Education release for training for nursing staff.

Support for purchase of necessary consumables.

This objective has a tight review process and stretching criterion for success, reflecting the importance of preventing ventilator associated pneumonia. Its successful completion depends on the provision of the supporting resources as listed.

Reducing drug budgets

Suitable for	Consultant anaesthetist.
Objective	To reduce overspend on sevoflurane budget.
Actions to achieve objective	Devise and complete audit of current usage patterns. Devise and implement rational use guidelines.
Success criteria and measures	25% cost improvement on sevoflurane usage. Or reasons for lack of progress reported and understood.
Agreed review process and timetable	Monthly purchase order tracking. Clinical audit of FGF and volatile patterns at six months.
Support required (including removal of organisational barriers)	Detailed costings and analysis support from Pharmacy. Full implementation of anaesthesia machine programme.

High expenditure on almost any expensive but non-mandatory drug is amenable this sort of approach in which an individual consultant takes responsibility for leading on the development of rational use guidelines.

Increasing use of outpatient treatments

Suitable for

Consultant neurologist.

Objective

To increase proportion of MS patients receiving infusion therapy as a day case.

Actions to achieve objective

Agree clinical guideline for patient selection for day case.

Promote use through quality of care meetings.

Audit use of steroids and monoclonal therapy – inpatient, outpatient and day case.

Success criteria and measures

Month on month increase in proportion of day case patients.

Agreed review process and timetable

Audit within three months.

Business plan within six months.

Completion within twelve months.

Support required (including removal of organisational barriers)

Funding and establishment of dedicated day case infusion unit.

Analysis of drug use by pharmacy.

This objective requires a significant resource investment for successful completion. In return for that investment there are clear success criteria for the consultant to achieve.

Reducing needless outpatient visits

Suitable for

Consultant with outpatient practice.

Objective

Reduce number of follow up clinic appointments in line with agreed local development plan.

Actions to achieve objective

Engage with PCT to agree appropriate new:FU ratio for speciality.
Devise clinical guideline for registrars governing criteria for follow up.

Success criteria and measures

Achievement of agreed ratio within one year.
No increase in re-referral rate.

Agreed review process and timetable

Monthly report on new:FU ratio
Clinical audit of all patients in top 5% of distribution.

Support required (including removal of organisational barriers)

Data presented within one month for validation.
SPA time and facilities for analysis of data and case audit.

Monitoring the effective utilisation of clinic resources is probably something that every consultant with an outpatient practice should be doing; it does require time and data support in order to undertake effectively. Adequate SPAs are essential for this.

Improving screening service

Suitable for

Consultant obstetrician.

Objective

To achieve early diagnosis of Down's Syndrome to allow patient a choice of action.

Actions to achieve objective

Introduce early Down's Screening – Nuchal scans, Pap A and β -HCG.

Establish robust patient information and invitation process.

Success criteria and measures

Halving number of mothers not offered screening by 13 weeks gestation.

Continual decrease in medical abortion for fetal anomaly.

Agreed review process and timetable

Quarterly monitoring of screening figures – one year to halve non-offers.

Annual review of medical abortion rates.

Support required (including removal of organisational barriers)

Establishment of administrative function to run screening process.

Diagnostics contract with registered laboratory.

As technology advances the services that can be offered increase. This objective starts from the acceptance that the change is necessary; the success criteria are based around the improved patient service that should be expected for this investment.

Improving postoperative analgesia

Suitable for

Consultant anaesthetist.

Objective

To improve immediate postoperative analgesia in thoracic patients and decrease unplanned ICU admission.

Actions to achieve objective

Achieve establishment of perioperative regional blockade in guideline and practice.
Establish education programme in pain management for recovery nursing staff.

Success criteria and measures

Improvement in pain scoring.
Decreased reintubation rates with feedback to recovery nursing staff and thoracic anaesthetic group.

Agreed review process and timetable

To be reviewed with CD, theatre users group and CTICU intensivists group.

- 3-monthly review using the pain team ongoing audit of pain scoring.
- 6-monthly review of thoracic patient admissions to ICU.

Support required (including removal of organisational barriers)

Educational support for both medical and nursing staff.
Formal database for thoracic HDU with IT support.

Poor postoperative analgesia can not only increase pain scores in patients, a concern for humane reasons, but it can increase the rate of complications such as postoperative hypercapnia and ICU admission. Many such problems can be thrown up during a clinical audit, perhaps undertaken for another reason. Resolving them is an ideal project to assign to a consultant.

Controlling the caesarean delivery rate

Suitable for	Consultant obstetrician.
Objective To reduce elective caesarean rate for breech presentation.	
Actions to achieve objective To maximise uptake of external cephalic version by ensuring all women with breech presentation are counselled about it.	
Success criteria and measures 100% of eligible women given information and an interview with an obstetrician. Reduce planned CS for breech presentation to less than 60% of eligible women.	
Agreed review process and timetable Audit of provision of written information. Audit of planned CS for breech presentation. These audits to be undertaken on a project basis by a midwife. Achievement within one year.	
Support required (including removal of organisational barriers) Audit department support. Illustration department to design patient information leaflet.	

There is a great emphasis on achieving a high rate of normal deliveries and to reduce caesarean delivery. It is a huge problem and here it has been broken down into one achievable objective, that of maximising the use of ECV so as to reduce needless caesarean for breech presentation.

Monitoring progress in chronic disease

Suitable for	Consultant psychiatrist.
Objective To carry out annual psychiatric review of outpatients with schizophrenia to note mental state, medication and psychological review.	
Actions to achieve objective Establish additional outpatients capacity in a consultant job plan. Establish mechanism to identify and invite all patients with schizophrenia.	
Success criteria and measures Record of attendance and recommendations in case notes – 90%. Sustained reduction in rate of unexpected admissions to less than 80% of present level.	
Agreed review process and timetable At annual job plan review. Consultant to identify any difficulties with patient attendance and bring to review.	
Support required (including removal of organisational barriers) Administration support for database to identify and record outcome. Clinical time to administer and carry out review.	

The consultant has identified the need for improvement of the state of health in apparently stable mental health patients, although this means what essentially are clinics devoted to follow up. The objective is a way of recording the organisational acceptance of this within the consultant's job plan.

Maximising organisational earned income

Suitable for	Consultant.
Objective To ensure that data accuracy in coding supports billing for the correct tariff payment.	
Actions to achieve objective Undertake audit to identify extent of inaccuracy using existing guidelines and quantify potential revenue loss. Establish modified operating procedure and clinical oversight to reduce inaccuracy.	
Success criteria and measures 95% accuracy on diagnostic codes at snapshot audit. Revenue increase of 5% for same activity (criterion confirmed after audit).	
Agreed review process and timetable Three months to obtain data on present system. Quarterly review thereafter with divisional finance manager.	
Support required (including removal of organisational barriers) Information system to supply material for audit and analytical support. Regular liaison sessions with coding clerks.	

There is a difference between what we do and what the information system says we do. Bringing the two closer together is important and is facilitated by this objective, which is essentially that of 'owning the data' while the organisation as a whole benefits from maximised income.

Reducing delayed discharge

Suitable for	Consultant geriatrician.
Objective	To reduce delayed discharge of elderly patients.
Actions to achieve objective	Establish procedures to speed up investigation process e.g. wait for CT scans. Representative of medical team at daily discharge planning meeting on each ward.
Success criteria and measures	No patient waiting more than two days for inpatient investigations. Agreed criterion-based discharge plans in all case notes within two days of admission.
Agreed review process and timetable	Monthly review at divisional board. Annual review of engagement in process at job plan review.
Support required (including removal of organisational barriers)	Senior management to assist in negotiating service agreements with social services, mental health trust.

Delayed discharge is a common reason for failure to achieve activity targets such as the four-hour maximum time in the emergency department. It also could lead to patient harm: the development of hospital associated complications such as thrombosis and infection. Many NHS trusts will be focused keenly on this area. This objective breaks the problem down to one area susceptible to intervention by one consultant working as part of the clinical team.

Supervision of specialist training

Suitable for	Pain management consultant.
Objective	To ensure specialty registrars are appropriately trained in management of acute and chronic pain conditions.
Actions to achieve objective	Review of Royal College syllabus against local practices. Personal clinical supervision and weekly review meetings.
Success criteria and measures	StR completes modular assessment. Achievement logged with college tutor.
Agreed review process and timetable	Quarterly reports to college tutor.
Support required (including removal of organisational barriers)	Allocated PAs in schedule for educational supervision. Trust support for StR taking appropriate study leave. Department to allocate StR for consistent module in pain management.

With this objective one of the organisational barriers is addressed; it is difficult to train junior doctors when they are repeatedly removed from the specialist area in order to provide basic emergency service elsewhere. Identifying this at the job plan meeting focuses the mind of the clinical manager on the importance of removing this barrier to the consultant's progress against the objective.

Implementing 'rapid access to service' target

Suitable for	Consultant physician – lead clinician.
Objective To meet the changing requirements on the 31/62 day targets for lung cancer from December 2008.	
Actions to achieve objective Close working with new lung cancer coordinator post. Consultation with primary care trust and representatives. Devise and implement new patient pathway.	
Success criteria and measures Proportion of patients who are within target compared with the required standards – at least 30% improvement on first audited figure in first six months. Number breaches and analyses of breaches – monthly review with expectation of month-on-month reduction to completion at one year.	
Agreed review process and timetable Monthly review with clinical director and lung cancer co-ordinator.	
Support required (including removal of organisational barriers) General management support for clinic reorganisation. Business case development for specialist nurse practitioner post. Additional responsibility PA time.	

This objective is required by movements in external expectations on the service. The actions to achieve the objective range widely inside and outside the trust and will need time in the consultant's job plan, probably as an additional NHS responsibility reflecting the lead clinician role.

Reducing time to see new patients in OPD

Suitable for	Consultant orthopaedic surgeon.
Objective	Reduce working time for new referrals to OPD and help achieve 18-week RTT target.
Actions to achieve objective	Lead the team in exploring new ways of working and pathways. Appoint and develop the role of extended scope practitioners (ESP) in physiotherapy for 'see and treat' clinic in defined conditions. Implement triage sessions
Success criteria and measures	Reduce wait from ten weeks to six weeks. Feasibility report on further reduction to three weeks.
Agreed review process and timetable	Monthly review of access times with clinical director. Chosen solution to be identified within two months. Reduction to be achieved in three months after introduction of chosen solution.
Support required (including removal of organisational barriers)	Consultants' scheduled time to triage referrals and support initiative. Trust to develop business case and fund arrangement of ESP physiotherapist.

18 weeks is a central target for many trusts now. Downloading it into consultant objectives is useless without an intelligent approach, where each consultant's contribution to the overall strategic objective is clarified. In that way each consultant's role in the process can be reviewed without the job plan meeting descending into a state of learned helplessness.

Completing CEPD and mandatory training

Suitable for	Consultant.
Objective To ensure that CEPD meets personal development and service needs.	
Actions to achieve objective Review service standards and mandatory training needs. Arrange and attend training.	
Success criteria and measures CEPD record is maintained in line with standards. Mandatory training undertaken and declared.	
Agreed review process and timetable Reviewed at annual job planning meeting. Successful revalidation (relicensure and recertification).	
Support required (including removal of organisational barriers) Adequate funding and time release for study leave and internal training. Trust to notify consultant of personal mandatory training needs. Trust to organise sufficient mandatory training sessions to be able to attend in SPA time.	

Mandatory training records are increasingly being checked by external bodies and will have a role in revalidation. Some trusts have supported consultant mandatory training by mounting two weeks each year in which rotating programmes of all the necessary training are offered, allowing consultants to attend all elements in SPA time.

Undertaking a research project

Suitable for	Consultant – academic or NHS.
Objective	To carry out a research project.
Actions to achieve objective	Identify collaborators, develop research 'question' and write protocol. Apply for research governance and ethical approval; investigate funding sources.
Success criteria and measures	Publication or presentation of research. Award of research grant.
Agreed review process and timetable	Reviewed at six-monthly intervals with director of research.
Support required (including removal of organisational barriers)	Peer review, mentorship and training. NHS or university research and development officer / department support. SPA time for research in job plan.

There is now a complex NHS research approval process which takes time, expertise and support. Much research is now collaborative which requires putting the research team in place as a research leader and identifying the support and roles of each of the participants. Research grant capture is becoming much more competitive but local sources of funding are available.

Doctors participating in research should have appropriate time for research training, needed to enable consultants to process the paperwork required. Sufficient time to take part in the research is essential as is the need to identify the support required for success, identifying a mentor and a local supportive informal peer review process will increase the chances of successful research and grant capture.

Measuring comparative clinical performance

Suitable for	Consultant anaesthetist.
Objective	To assess the quality of recovery of my patients by comparison with colleagues.
Actions to achieve objective	Follow local guidelines for symptom prevention and treatment. Validate and consider provided audit data on personal practice.
Success criteria and measures	All patients to have antiemesis and analgesia prescribed and administered in line with local clinical guideline where this exists. All suitable patients to have nerve block in conjunction with systemic analgesia.
Agreed review process and timetable	Reviewed as part of the clinical audit programme each year. Data to be validated and returned each month as provided by audit department.
Support required (including removal of organisational barriers)	Audit department support for rolling audit. Clinical guideline for recovery staff with criteria for discharge or review, and education programme to put this into practice.

Patient recovery after procedures is important in theatre activity but also as an end point for anaesthesia care. Pain is important but so is nausea and vomiting. The origin of these symptoms is complex and their prevention is multi-factorial; anaesthetists have a great role to play here. This objective looks at the problem in context and provides a way of determining whether the consultant's practice lies significantly outside what colleagues can achieve in the same workplace.

Acquiring a new clinical skill

Suitable for	Consultant surgeon.
Objective	To learn and develop skills in laparoscopic colorectal surgery.
Actions to achieve objective	Complete review with clinical director as to suitability of cases in present practice and tariff implications. Arrange and undertake CEPD attachment at training centre coordinated by APCGBI.
Success criteria and measures	Successful completion of programme.
Agreed review process and timetable	Dry lab and wet lab courses inside six months. Cases to commence in own hospital inside twelve months.
Support required (including removal of organisational barriers)	Reallocation of SPA time and some study leave for attachment and skills courses. Caseload reduction to support initiation of solo lists.

Acquiring a new skill as a consultant is a great challenge when placed alongside continuing an existing practice. The investment in training for the future has to be supported by clinical management. Using an objective is an ideal way to record that agreement and the envisaged timescales and support.

Maintaining basic knowledge

Suitable for	Consultant.
Objective	To keep up to date on basic core topics as defined by the Royal College.
Actions to achieve objective	Regular journal reading in the core journals for the discipline. Attendance at one general education meeting (out of subspecialty interest) per year.
Success criteria and measures	Description of reflections on practice at annual appraisal. Attendance certificate from education meeting.
Agreed review process and timetable	Recurrent annual review at appraisal.
Support required (including removal of organisational barriers)	SPA time and office facilities for reading and reflection. Funded and agree study leave.

Keeping up to date on new developments is vital to good medical practice. Recognition that this involves some relatively unstructured activities will encourage inspiration to strike as the consultant consolidates core topics and is exposed to new ideas. Most consultants should have such an objective in their minds and in their job plans.

Becoming a college examiner

Suitable for

Consultant with an interest in education.

Objective

To become an examiner for the Royal College professional examinations.

Actions to achieve objective

Attend examinations as visitor.

Attain educational qualification at the university.

Success criteria and measures

Recognition as college examiner.

Completion of master's course at university.

Agreed review process and timetable

Recognition as examiner within two years.

Sharing skills by becoming co-director of local exam course.

Support required (including removal of organisational barriers)

Study leave to complete qualification.

Professional leave to the extent of two weeks per year as examiner.

SPA time for local teaching.

Becoming a college examiner is a significant undertaking for a consultant and a significant investment for an employer. Using an objective in this way allows the extent of that investment and support to be qualified along with outlining the return on that investment.

Completing an evidence based guideline

Suitable for	Consultant obstetrician.
Objective To complete a local clinical guideline in operative vaginal delivery required for CNST certification.	
Actions to achieve objective Undertake evidence based review of area. Consult with colleagues in own and other departments.	
Success criteria and measures Guideline approved by clinical governance committee and added to CNST portfolio. Guideline into clinical practice at agreed date.	
Agreed review process and timetable Reviewed within three months with CNST lead clinician. Implementation date set within four months.	
Support required (including removal of organisational barriers) Library support for evidence base. Clerk to maintain this as part of the CNST portfolio.	

Producing a guideline portfolio for external inspection is a daunting task when faced by one individual. Clinical directors can use objectives to share the task around a number of consultants, but another important focus here is to increase the number of consultants who have skills in writing appropriate local clinical guidelines.

Developing interview skills

Suitable for

Consultant.

Objective

To prepare for sitting as a member of interview panels.

Actions to achieve objective

Undertake training for interviewing:

Complete e-learning module on diversity and equality.

Attend course in employment law.

Success criteria and measures

Pass online test at the end of the module.

Achieve certificate of attendance on the employment law course.

Agreed review process and timetable

To be completed within the next year and assessed at appraisal.

Support required (including removal of organisational barriers)

Leave to attend course in employment law.

Entrenching learning into practice by sitting as regular panel member.

This may be a low-key objective but it does provide a focus for a consultant who may be finding difficulty in allocating time to develop a role beyond their usual clinical practice.