Integrated Job Planning for Clinical Academic Consultants and Senior Academic GPs in Scotland

BMA SCOTLAND

1. Introduction

A new contract for clinical academic consultants was introduced in Scotland in 2004 under section 13 of the 2004 Scottish Consultant Contract[1] following discussions between the BMA, BDA, Scottish Government and the relevant Scottish universities.

In 2007, a similar contract was also introduced for senior academic GPs[2]. While this guidance is primarily aimed at clinical academic consultants, the advice and arrangements outlined should also be applicable to this group of doctors, except for those who undertake their clinical duties as independent contractors under the nGMS contract (**see Section 9**).

This guidance aims to assist senior clinical academic staff in getting the best out of their contract. It explains some of the thinking behind the arrangements, and addresses the issues that have been raised by our members working in academia. It goes beyond the guidance agreed with employers[3] in 2004 and should not be confused with it.

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2. Purpose of the job plan

A job plan is a detailed description of the duties and responsibilities of a consultant and the supporting resources required to carry these out. Job planning was first introduced for NHS consultants in 1991, but became key to the implementation of the new consultant contract in 2004.

There is a nationally agreed model job plan (**see Annex A**), but this only covers the clinical components of the consultant role. Local arrangements should be in place that combine this with a record of academic commitments to form an integrated job plan covering the combined clinical and academic workload.

The aim of the job planning process is to:

- effectively prioritise work and avoid excessive consultant workload
- agree how a consultant or consultant team can most effectively support the wider objectives of the service and meet the needs of patients
- agree how the employer can best support a consultant in delivering the agreed responsibilities and objectives
- provide the consultant with evidence for appraisal and revalidation
- agree clinical and other activities above the standard commitment via prospectively agreed extra programmed activities

For clinical academic staff the integrated job plan, agreed between the university employer, NHS employer and the employee, is especially important.

The concept of an integrated job plan was developed by the employers and BMA to further application of the Follett Review recommendations[4] regarding clinical academic contracts. It is also referred to in the Memorandum of Understanding drawn up between Universities and the NHS in relation to the joint nature of employment of clinical academics[5].

Clinical academic consultants should take particular care to include all academic and NHS activities when drawing up and agreeing their job plans.

3. Agreeing the initial integrated job plan

For most clinical academics, their first experience of the job planning process will be as part of their appointment to a substantive senior academic post with an honorary NHS contract. It is important that the first agreed integrated job plan is an accurate reflection of their workload and commitments, as it provides the context for future reviews.

As part of the recruitment process, an indicative job plan is usually developed in partnership by the University and NHS to ensure that it meets the needs of both organisations. **This indicative job plan provides the basis for further discussion and agreement between the employer and consultant and we would strongly advise members to ensure that a final job plan is agreed by all parties before any contract is signed**. It is important to remember, on starting a new post, to monitor all work undertaken in the early stages to see if the job plan provides a fair reflection of the reality. If it does not, the consultant can ask for an interim job plan review (**see Section 4**).

Clinical academics wishing to ensure that the agreed job plan is one that fulfils their requirements, as well as the university and NHS, should take time to find out additional information in order to be prepared in advance of any discussion on the job plan with managers. While the job plan is a prospective agreement, it is usually based on an understanding of the activity and responsibilities of an existing or similar post. New postholders might also find it helpful to ask about the job plans of prospective colleagues before agreeing their own.

It is therefore helpful to be clear about:

- what is currently in the indicative job plan
- what work is actually undertaken (this may well be different from the job plan)
- how the work currently done would fit into the contract's definition (eg, in terms of NHS work, what is direct clinical care and what is supporting professional activity?)
- how the job could change in the future
- development opportunities that could be built into the job plan

New post holders should ensure that there is a fair balance between academic and NHS commitments, and where appropriate, an adequate allocation for on-call work. This may be one of the more difficult areas with a new job as the on-call work is meant to be assessed prospectively (**see section 7.2**). If there has been a previous post holder, this should give a fair indication of what the assessment should be, as should the allocation of other colleagues in the same specialty and department.

4. The job plan review

After agreement on the initial integrated job plan, the plan should be reviewed at least annually. An interim job plan review can also be arranged if duties, responsibilities or objectives have changed or need to change significantly within the year. Interim job plan reviews may be called for by either party at any time if it is felt there are any changes impinging on normal working patterns. Job plan reviews will be undertaken jointly by the clinical academic consultant and a representative from both the university and NHS employers.

The review should consider:

- progress against objectives and factors affecting the achievement of objectives
- adequacy of resources
- potential changes to duties or responsibilities
- ways to improve workload management
- career planning

Clearly this is a significant meeting and plays an important part in determining pay progression. It is also an opportunity for the clinical academic consultant to demonstrate any additional work taken on and to suggest any changes to the job. At the same time, its importance should not be exaggerated, in that most matters relating to the performance of the job will be, and should be, the subject of ongoing dialogue in partnership with colleagues and management. The review meeting is an opportunity to take stock and explore significant matters which may require more substantial contractual decision-making. It should also be remembered that the review process will build upon the substantial work done in the first job plan meeting (and subsequent reviews). The first job plan enshrines the agreement between the consultant and employer of the nature, scope and timing of duties. The job plan review each year will identify whether there is need for change in this job plan. In most cases, there will be a large measure of stability, since the extent of possible or desirable change from year to year will of necessity be limited.

The job plan review process is intended to give employers a degree of control over the way consultants work in order to promote and respond to service change in a variety of ways. Consultants have always adapted constructively to change and the job plan review process should not be seen as threatening. It is simply a formal means by which employer and consultant can reach agreement on developing the role. While managers have some different priorities from consultants, for example, in relation to aspects of service redesign, or in delivering numerical or research targets, consultants also have an interest in ensuring that there is a process to enable structured discussion on change which is desirable from their point of view.

In preparing for a job plan review, consultants should therefore reflect on the positive purposes that the review can achieve for them. It should not be seen simply as a passive response to an agenda determined by management. Some of the positive purposes consultants should consider are ensuring that:

- any workload problems are identified and addressed
- adequate resources are provided by both the university and the NHS to support the job and that any need for additional resources is identified
- the job plan is adapted to reflect any clinical pressures or NHS service redesign

The job plan review must also identify whether there are any reasons why a consultant's pay progression in any year should be withheld (see below) and to agree objectives for the coming year (**see section 7.7**).

It should be remembered that the job plan review and appraisal processes are separate in purpose and function and must be held at different times. While the former is part of the process of management accountability of the consultant to his/her employer(s), the latter is a professional process to facilitate continuing personal development and effective performance, and to provide the vehicle for revalidation.

The contract states that following the job plan review meeting, the employers jointly must make a report as to whether the clinical academic consultant has met the required criteria to achieve pay progression[6]. This report should be prepared within 2 weeks of the job plan review meeting and should be sent to the clinical academic consultant, the Dean of the university and the Chief Executive of the NHS employer. If the clinical academic consultant disagrees with the terms of the report they can invoke the mediation and appeals process (**see Section 8**).

An employer can only decide to delay progression through seniority points where it can be demonstrated that, in that year, the clinical academic consultant has not done any of the following:

- met the time and service commitments in his/her job plan
- met the personal objectives in his/her job plan or, where it is not achieved for reasons beyond the individual clinical academic consultant's control, has made every reasonable effort to do so
- participated satisfactorily in annual appraisal, job planning and objective setting
- worked towards any changes agreed as being necessary to support achievement of both organisation's service objectives in the last job plan review
- allowed, in preference to any other organisations, the NHS to utilise the first portion of any additional capacity they have[7] (**but see Section 7.6**)
- met the required standards of conduct governing the relationship between private practice and University or NHS commitments.

It should be noted that employers should give fair warning at the earliest opportunity if they believe any consultant may not be granted pay progression for any of the above reasons to give a reasonable opportunity to rectify any potential issues.

It should be remembered that any decision of this kind is only effective for one seniority year. Where the job plan review is held late, for reasons outwith the clinical academic consultant's control, a decision to delay pay progression in any year cannot be implemented retrospectively. This means that where pay progression may be an issue, the job plan review must be held prior to the consultant's seniority date.

5. Preparing for the job plan review

It is crucial in preparing for the job planning review meeting that the consultant has good, accurate information about the job currently undertaken. This is particularly important if one of the aims is to argue for additional time or resources. There is no real alternative to collecting this data via a diary of activity. The terms and conditions of the 2004 Consultant Contract include a model diary (**see Annex B**) which can assist in this task. This has been agreed with the Scottish Government on behalf of NHS Scotland employers and will therefore be accepted at least by the NHS employer as being the agreed documentation to record clinical activity.

For NHS consultants, the BMA recommends that a diary is kept for a period of six weeks as a minimum, though the longer the period for which the diary is kept the greater the evidence regarding workload. It is recognised that clinical academic staff are likely to have more variable workloads than their NHS colleagues. It may be appropriate, therefore, to monitor a longer period that properly reflects the range of work that is carried out (including, for example, grant applications and review, managing examinations and assessments, and attending conferences). It is also important to consider the impact of colleagues' annual leave and periods of particular or unexpected service pressure (e.g. winter pressures) on the ability to deliver the job plan and objectives.

For clinical academic staff who are part of an on-call rota, one of the most difficult tasks will be to assess the amount of time spent doing actual work while on-call because this may well vary from night to night or there may be a concerted period of on-call, say one week in five. There may therefore need to be an assessment of on-call work over a longer period (**see section 7.2**). It may, therefore, be necessary to have two diaries, one for regular work and one for unpredictable on-call.

In completing the diary, all work undertaken should be included, from time of arrival at work each day until the time the consultant leaves. Travelling time is included between sites and where extra time is taken to get to a site different from the normal one. All work undertaken when on-call should be included, such as telephone advice, travelling to and from work and waiting to begin work (for example, before an operation).

Lunch breaks are not mentioned in the terms and conditions of service. There is therefore flexibility about individual lunch arrangements and there is no requirement that they be timetabled into the job plan. Many consultants would expect to be contactable during their lunch breaks and take such breaks flexibly; only where this is a true break from work with the consultant not being present on site should this be unpaid.

It is often the case that management prefer not to give diary information appropriate weight in discussion. To ensure that it is accorded sufficient importance as reliable evidence of the reality of what is being done, it needs to contain enough detail to be meaningful.

It should also be remembered that the diary, while providing necessary information, is not sufficient in itself, since management are entitled to explore and question the need for work to be done, and the efficiency with which it is done. This is less likely to be a problem where diaries provide information consistently across a team. Where the information provided by a consultant's diary is substantially inconsistent with the position of colleagues doing similar work, he/she will need to be prepared and able to explain and justify material differences, perhaps by drawing attention to significant differences in the profile of work undertaken. Where it is not possible to account for these differences, consultants may have difficulty in defending their position.

Other data may be used by management in the review process to explore effectiveness and efficiency. This may include data relating to activity, particularly relating to quantity and quality of targets in the system, such as statistics relating to outpatient numbers, patient throughput, theatre utilisation etc. Management will increasingly use such data to manage the performance of consultants in order to maximise consultant productivity. It may also include, from a university perspective, information relating to successful grant applications, data from research contracts or individual input to the Research Assessment Exercise, undergraduate and/or postgraduate education.

Such data can sometimes be misleading if crudely applied, and it is important that sufficient notice is given to consultants to enable them to make sense of the information and respond to its intended purposes. In particular, such data will often be relevant only to a team context, and it is important that there is a consistent team approach among colleagues on the interpretation of such data and the use to which it might be put. In particular, consultants within teams should seek to reach agreement on what they consider to be reasonable activity levels to inform and support negotiations with management on such matters.

Consultants can also make use of such data to support a case in relation to workload and in support of additional resources.

6. Negotiating advice

The job plan review is, in part, a negotiation since the manager and the consultant may, at times, have differing and conflicting aims and objectives. It should be stressed that in many, and perhaps most instances, there will be no difficulty in reaching agreement. Many difficult areas are likely to have been dealt with and resolved in the first job planning agreement. However, consultants should note the following points as a brief guide to managing any negotiation which may arise:

- The key to any successful negotiation is careful and thorough planning and preparation. All relevant information and data should be gathered (**see Section 5**) and careful consideration should be given to the purposes to be achieved.
- Plan a strategy in relation to clear goals. Judge what are essential goals (failure to achieve which will require mediation and appeal) and what are desirable ones (which may be able to be traded in the negotiating exchange).
- Consider what are likely to be management's goals and strategies.
- Assess strengths and weaknesses, both the consultant's own and management's, and negotiate to these.
- Use the strength of collective team positions where possible (**see Section 5**). Ensure that consultants in a team are aware of, and share, common positions where possible. For reasons of equity and consistency, a common position among a group of consultants working in a similar area is more likely to be successful than isolated standpoints.
- Avoid a confrontational approach. Aim for a 'win/win' outcome. Mediation and appeals should not be invoked lightly. It is also important to retain good working relations with management and colleagues and build a solid basis of agreement for future discussions.
- Consultants should be assertive in terms of their position, and not be overawed by the organisation's power – the job plan requires to be agreed and both parties to the discussion are equal partners in seeking to reach agreement. Successful negotiation is confident negotiation.
- If a consultant is subject to what they consider to be a bullying approach, they should ask to adjourn the meeting and seek advice and support from the BMA. All parties accept that bullying is not acceptable in job planning. Individual universities will have their own policies on bullying; within the NHS there is a Partnership Information Network (PIN) guideline on Dignity at Work which applies across NHSScotland and gives good guidance on how to deal with bullying: (**http://www.show.scot.nhs.uk/spf/partnership_information_network.htm**).

Remember that the existing job plan remains in contractual force until change is agreed or until after the conclusion of the appeals process (see Section 8).

7. The Job Plan

7.1 Academic and clinical activities

The two major components of the job plan are the academic (ie university) and clinical (ie NHS) activities which are of equal importance and together make up the integrated workload. The working week is expressed in terms of programmed activities (PAs), which are typically four hours in length but may be shorter (**see 'Premium time and the normal working week' in Section 7.2**). For a full-time consultant these are made up of 10 core PAs, plus up to two extra PAs.

University programmed activities are typically

- Undergraduate teaching and assessment
- Research
- Administration and management undertaken on behalf of the university employer

Programmed activities under the NHS commitments are separated into

- Direct clinical care (DCC) duties
- Supporting professional activities (SPA)
- Additional agreed responsibilities
- Other agreed external duties

It should be noted that the concepts of DCC and SPA do not apply usually to university commitments, although CPD activities to support academic work would be classed as SPA time. If there is any doubt as to whether tasks are an NHS activity or a university activity, it is not the responsibility of the clinical academic to address any lack of clarity. The employers should make responsibilities and accountabilities clear as part of the integrated job planning process.

For most clinical academics, their commitment to academic activities will, in reality, equate to significantly more than the university's notional pro-rata share of 10 core PAs. In recognition of this, and also of the fact that the concept of 'premium time' does not apply to the academic component of the job plan, in Scotland the clinical academic contract stipulates that this extra (and at times unsocial) commitment should be recognised by the university employer in the offer of an extra PA[8].

For full time academic consultants, the integrated job plan will therefore normally comprise the equivalent of 6 (5 core and 1 extra) weekly academic PA equivalents and 5 weekly NHS programmed activities. These norms can only be varied at the agreement of all interested parties.

A clinical academic is under no obligation to accept the offer of extra PAs, and may restrict their academic activities to the equivalent of 5 or fewer PAs[9], without any detriment to pay progression.

Clinical academic consultants may also have significant extra academic workload or administrative responsibilities for their academic employer that cannot adequately be contained within the equivalent of 6 (i.e. 5 core and 1 extra) weekly academic PAs. In these circumstances, there is the flexibility to first increase the number of extra PAs to a maximum equivalent of 2 weekly PAs. Any further increase may be achieved by adding core academic activity and reducing pro-rata the core commitment to clinical service PAs to keep within the integrated weekly job plan normal maximum of 12 PAs.

Examples of substantive university managerial and administrative roles[10], which may require more than the equivalent of 6 weekly academic PAs include

- Dean/ Sub-Dean/ Postgraduate Dean
- Teaching Dean/ Research Dean
- Head of Division/ Head of Department
- Phase Convenor/ Specialty Convenor

The NHS employer may also offer extra clinical PAs[11]. This will not normally be more than 1 extra PA, but can be varied by agreement between the consultant, university employer and the NHS employer. Unlike the academic component of the job plan, additional work over the core PAs is not automatically recognised through the offer of an extra PA, but has to be agreed with the NHS employer. Consultants are advised not to agree job plans which they know to be inaccurate. If a clinical academic consultant works more clinical hours than are agreed in the job plan, and for which they are paid, then a precedent may be set which would make it difficult to reduce hours unilaterally in the future. If the NHS employer refuses to pay for extra work on the grounds of lack of funding, there is no obligation to do that work.

No more than 2 extra weekly PAs will normally be offered under the combined substantive and honorary contracts, and the integrated job plan maximum will not normally exceed the equivalent of 12 PAs. However, in exceptional circumstances and subject to the legal requirements of the Working Time Regulations, the overall limit of 12 PAs may be extended.

The table below sets out examples of variations in the balance between academic and clinical service commitments within the integrated job plan expressed as PAs.

Variation	Total PAs	Academic		Clinical Service	
		Core	Extra	Core	Extra
1	11	5	1	5	0
2	12	5	1	5	1
3	12	5	0	5	2
4	12	5-10	2	5-0	0
5	≤10	≤5	0	≤5	0

Explanation of variations:

1. The norm for a clinical academic consultant with a full-time contract and no extra clinical service PAs
2. As for (1) with one extra clinical service weekly PA
3. As for (1) with two extra clinical service weekly PA
4. Clinical academic consultant with a substantive university managerial role
5. Clinical academic consultant contracted for the equivalent of 10 weekly PAs or less

7.2 NHS commitments

As outlined above, NHS commitments are separated into

- Direct clinical care duties
- Supporting professional activities
- Additional agreed responsibilities
- 1Other agreed external duties

A core NHS commitment of 5 PAs will normally include 3.5 direct clinical care PAs. This will vary for consultants undertaking more or less NHS PAs. If the NHS component requires more supporting professional activities (SPAs) or includes additional responsibilities or external duties, this must be reflected in the job plan by reducing the direct clinical commitments (DCCs), paying extra PAs (by agreement) or both.

Direct clinical care (DCCs):

This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions, pre and post operative care, ward rounds, outpatient clinics, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care, administration directly related to patient care (e.g. referrals, notes, complaints, correspondence with other practitioners), on-site medical cover, any other work linked to the direct clinical care of NHS patients and travelling time associated with any of these duties. (Please note particularly that administration relating to direct clinical care is included here, as is travelling time relating to direct clinical care. It is not appropriate for employers to set 'tariffs' for the administration element of direct clinical care as a proportion of the overall amount). The allocation of these PAs in the job plan should be based upon an assessment of what is required for the consultant to do the work.

Supporting professional activities (SPAs):

This includes continuing professional development, teaching and training, management of doctors in training, audit, job planning, appraisal, revalidation, research, contribution to service management and planning, clinical governance activities, any other supporting professional activities, and travelling time associated with these duties. Consultants should remember to include an appropriate assessment for keeping up to date with relevant medical journals and literature.

Additional responsibilities:

These are duties of a professional nature carried out for or on behalf of the employer or the Scottish Government which are beyond the range of the supporting professional activities normally to be expected of a consultant. Additional responsibilities are Caldicott guardians, clinical audit leads, clinical governance leads, undergraduate and postgraduate deans, clinical tutors, regional education advisers, formal medical management responsibilities, other additional responsibilities agreed between a consultant and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities and travelling time associated with these duties. This is not an exhaustive list.

Other external duties:

These are duties not included in any of the three foregoing definitions and not included within the definition of fee paying work or private practice, but undertaken as part of the job plan by agreement between the consultant and the employer. They comprise work not directly for the NHS employer, but relevant to and in the interests of the NHS. Examples include trade union and professional association duties, acting as an external member of an advisory appointments committee, undertaking assessments for NHS Education for Scotland, NHS Quality Improvement for Scotland or equivalent bodies, work for the Royal Colleges, work for the General Medical Council or other national bodies concerned with professional regulation, NHS disciplinary procedures, NHS appeals procedures and travelling time associated with these duties. This list of activities is not exhaustive.

On-call work

Under the new contract, work arising from on-call duties is counted toward the number of DCC PAs. It is therefore important to make an assessment of this work.

This is about time actually worked while on-call rather than time spent at home not working while being on-call, but it does include time spent on the telephone and travelling to and from work. The requirement to be available is recognised separately via the on-call availability supplement (see section below on availability supplements).

On call work is divided between:

> ***Predictable work****:* taking place at a regular and predictable time, often as a consequence of a period of on-call work. An obvious example is post-take ward rounds. This should be programmed into the week as scheduled direct clinical care PAs. This predictable work should be relatively easy to assess as by its nature, it will happen fairly regularly. There is no limit to the amount of this type of work you can put in your job plan.
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> ***Unpredictable emergency work****:* work done on-call which is directly associated with on-call duties; for example, recall to the hospital for an emergency operation or public health management of meningococcal disease. Unless otherwise agreed, this is usually set as 1 PA per week averaged over a year for a clinical academic consultant contracted for 5 weekly clinical service PAs. This can be varied pro-rata for those working more or less than 5 clinical service PAs. If the work is sufficiently regular it should be programmed as predictable work.

The contract stipulates that NHS employers, in scheduling on-call rotas, must take account of the full integrated workload of the clinical academic consultant, recognising the principle that the clinical and academic components of the job are of equal importance[12].

If the job involves cover of colleagues' on-call duties when they are away on study leave, annual leave and public holidays, this prospective cover should be considered when assessing workload for both types of emergency work. With 6 weeks' annual leave, on average 2 weeks' study leave plus public holidays, it is likely that a consultant may be required to cover 10 weeks of each colleague's duties. This may mean that the average out of hours workload is greater than that measured when nobody is on leave.

Availability supplements

In addition to payment for work carried out while on-call, consultants receive a supplement to recognise the inconvenience of being on-call. The supplement depends on the number of consultants on the rota and the category of on-call as follows:

Level 1 applies to a consultant who needs to attend a place of work immediately when called, or to undertake analogous interventions (e.g. telemedicine or complex telephone consultations)

Level 2 applies to a consultant who can attend a place of work later or respond by non-complex telephone consultations later.

Academic clinical consultants qualifying for this on-call availability supplement are entitled to receive the appropriate supplement as determined by the frequency of their on-call commitment[13].

In calculating the frequency of the rota, it is important to take into account prospective cover rather than taking the frequency to be equivalent to the number of people taking part in the rota. Prospective cover will result in a change in the frequency of the rota commitment and therefore of the frequency band. For example a 1 in 10 or 1 in 9 rota with prospective cover will be pushed into the medium frequency band, becoming at least a 1in 8 rota, and a 1 in 5 rota will be in the high frequency band, becoming a 1 in 4 rota. This is based on the formula: Rota after including prospective cover is 1 in (number on rota x 42/52).

Frequency of Rota CommitmentValue of supplement as a percentage of full-time basic salary		
	Level 1	**Level 2**
High Frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium Frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low Frequency: 1 in 9 or less frequent	3.0%	1.0%

It is important to agree in advance with the employer which category of on-call applies to the individual job plan. This is an area where a collective agreement for all consultants in a department might apply – for example, if the employer expects a consultant to be in a position to return to site when called, they should be in Level 1.

Premium time and the normal working week

Any programmed activity undertaken outside of the hours 8am to 8pm, Monday to Friday, is regarded as taking place in 'premium time'. This means that each programmed activity at these times lasts only 3 hours instead of 4 hours and that there will be a reduction of one hour in the timetabled weekly work. It is important to bear this in mind when making an assessment of how many PAs the job is worth.

This definition of premium time does *not* mean that 8am to 8pm, Monday to Friday, has been designated as the 'normal working week'. It simply sets a rate of pay for work outside of these hours. The normal working week for a full time consultant is 10 programmed activities.

It is important to remember that non-emergency work after 8pm and before 8am during the week, any time during the weekend and on public holidays cannot be scheduled without the consultant's agreement, although such work on Saturday mornings and public holidays could be imposed as a result of a job plan appeal. This does not imply that work between 8am and 8pm weekdays can be forced upon a consultant: it is clear that the entire job plan should be drawn up by agreement. It is simply explicit that the consultant cannot be required to do non-emergency work at specific times.

It is important to note that the reference to non-emergency work here includes the regular programmed work of specialties with emergency routine cases, such as A&E, obstetrics and gynaecology and intensive care.

7.3 University commitments

Work done for the university should also be recorded in the diary. **If there is any doubt whether research, education or indeed any other part of the job is a university or NHS activity, this should be clarified by the employers as part of the agreement of the integrated job plan.** The BMA recommends that tasks such as clinical academic appraisals should be shared equally between university and NHS time. Consideration should also be given to how work is allotted when acting as academic representative on an NHS committee (for example, Advisory Appointment Committees).

Under the new contract, work done in university time is not categorised in the way that NHS commitments are – the concepts of DCC and SPA do not apply. Instead, it is suggested that the diary is used to record time spent on different academic activities. A list below provides some examples.

Teaching and assessment
Curriculum development
Producing course materials
Undergraduate education
Postgraduate (taught)
Student counselling/ support/ advice
Examining
QAA/GMC visits and associated work
Education-related administration

Research
Grant applications and review
Research
Writing/ Review of papers
Postgraduate supervision (Academic)
Research related administration

Administration and management undertaken on behalf of the university employer
Committee work/ University meetings
University administration/ management
Attending/ organising conferences
Commercial activities
Inter-campus travel

External Duties
External examining
Grant Committees

7.4 Location

The contract will state the principal place of work. The consultant will generally be expected to undertake the programmed activities at the location agreed in the job plan. Arrangements to work off-site or at home at specified times may be agreed in relation to specified duties and should be set out in the job plan, while some supporting professional activity time can be scheduled flexibly and undertaken off-site. It is advisable to discuss and agree any flexible locations with the employer during job planning.

There is absolutely no reason why a consultant cannot agree to do some direct clinical care work such as administration or SPA work, such as reading journals and audit, at home and at a time of the consultant's convenience. The consultant should carry out an assessment of how much time this type of work is likely to take and seek to agree with the employer that this work will be undertaken flexibly during the week. There is some concern that NHS employers will try to make sure that consultants do all of their NHS work on NHS premises but such a rigid approach would not be appropriate or even feasible in some specialties.

7.5 An annualised approach to job planning

Clinical academic consultants are far more likely than their NHS colleagues to experience variations in workload as they respond to the demands of the academic year; for example, coordinating the examinations process, attending conferences, writing grant applications or preparing submissions for research assessment. The time given over to these activities may vary from week to week, and it may be impractical to have a weekly job plan.

It is perfectly reasonable as part of the discussions on the integrated job plan to agree a job plan period longer than a week so that fluctuations in workload and types of work are recognised. Three months, six months or a year may be appropriate. This approach can also be applied to recognise variations in NHS work.

7.6 Private practice and fee paying work

Private Work

The rules and conditions regarding private practice outlined in the 2004 consultant contract apply equally to clinical academic consultants as to NHS consultants[14]. These include a Code of Conduct for Private Practice for consultants.

Where a clinical academic consultant wishes to undertake private practice, and this is allowed under the terms of the contract and permitted under the terms of the university employer's regulations, the impact on the university and NHS components of the consultant's working week should be a matter of determination by the university employer in liaison with the NHS Medical Director. In doing so, they will be required to bear in mind the need to achieve a fair balance between the individual's NHS and university commitments.

There is no requirement under the contract to work more than 40 hours before undertaking private practice. However, one of the criteria for achieving pay progression is the acceptance of an extra paid programmed activity, *if offered*, before doing private work.

It should be remembered that:

- If the consultant is already receiving an extra academic PA or working 11 PAs or equivalent (in total, comprising both university and NHS work) as a full timer there is no requirement to do any more
- 11 PAs could be less than 44 hours if some work is undertaken in premium time (**see 'Premium time and the normal working week' in Section 7.2**)
- Any offer for an extra PA may be declined and private work undertaken, but this will risk pay progression, except as above.
- Additional PAs must be offered to both substantive and honorary consultants in the specialty and if colleagues take all the available extra work, there is no impact on pay progression
- If an extra PA is offered and taken up, there is a right to notice of 6 months if other commitments have to be rearranged to accommodate this. There is a right to 3 months if there are not.
- If private work is undertaken as a requirement or expectation of university employment, this work should be a recognised part of the integrated job plan, and will not have an adverse impact on pay progression
- If the proceeds from private work are retained by, or used to the benefit of, the university, there should be no expectation that an extra PA should be undertaken to qualify for pay progression
- Any separately remunerated work undertaken explicitly on behalf of the university employer is exempt from the requirement to offer an extra PA in order to qualify for pay progession
- For the purposes of these provisions, private work refers only to the diagnosis or treatment of patients by private arrangement. Publishing books or other activities are not covered by these rules.

If a consultant does undertake **regular** private practice, this should be identified in the job plan. Consultants are required to provide information on the planned location, timing and the broad type of work undertaken. However, there is no requirement to go into specific detail and it should be noted that an employer has no right to ask for financial details relating to private practice.

Fee paying work

The 2004 consultant contract operates on the general principle that consultants are entitled to receive fees for the work done in a consultant's own time, but should not receive extra fees for work undertaken during NHS programmed activities.

However, there is scope to retain fees for work done in programmed activities where there is "minimum disruption to NHS work". This is another area where confirmation on how the employers intend to implement the contract is required before signing up to the job plan. Particularly if this sort of work is routinely undertaken, clinical academics might like to confirm that the NHS employer will agree to them keeping the fees because minimal disruption is caused. Alternatively, agreements could be made that the NHS work is made up at another time – effectively shifting the work. Such work could also be scheduled as agreed programmed activity with the fee going to the employer.

Fees for NHS work (also known as section 9 work), including domiciliary visits and medical services to local authorities may only be claimed for work undertaken outwith agreed programmed activities.

7.7 Objectives

The integrated job plan will include personal objectives and clinical academics will need to make every reasonable effort to meet these objectives in order to achieve pay progression. Objectives need to be appropriate and identified and, most importantly, agreed between the clinical academic, university manager and clinical manager.

It is important to think about personal objectives and be in a position to suggest and justify them when it comes to the integrated job planning meeting.

There is no obligation to sign up to any objectives that individual clinical academics think are unreasonable. If it is not possible to agree objectives, clinical academics will have recourse to the mediation and appeals processes (**see section 8**).

It is important that the consultant is confident that any objectives agreed are demonstrably achievable. This means that:

- the outcome of the objective shotuld be within the individual control of the academic consultant
- the objective should be at a level which the academic consultant is confident that he/she is able to deliver, and
- the objective should be of a nature which makes it possible, if necessary, to prove with evidence that it has been delivered

Objectives could relate to quality; activity; clinical, research or teaching outcomes; standards; service or university objectives; resource management; service development or team working. It is also sensible to ensure that the academic consultant is not burdened with an excessive number of objectives.

In agreeing objectives, it is important to ensure that these do not distort the nature of the job which the academic consultant wishes or is able to deliver. Agreeing targets in a certain manner, for example, may be inconsistent with professional obligations in terms of quality, or agreeing to deliver in a particular area of the service may imply a radical and undesired shift in the structure of the post.

It is likely that objectives will fall into three categories: **'corporate'** which apply to all consultants, **'departmental'** which apply to consultants within teams, and **individual**. In all cases, objectives must still be agreed with individual consultants and be couched in terms which make them achievable by individual consultants. In terms of corporate and departmental objectives, it would be prudent for management to seek to reach agreement on the principles involved with the appropriate collective groups involved by means of negotiations with, for example, the Local Negotiating Committee (LNC) in respect of corporate objectives, and relevant teams in respect of departmental objectives. Consultants should, in any event, ensure that they agree collective positions as far as possible in relation to objectives which are intended to be applied collectively.

7.8 Supporting resources

The job plan joint review should also identify the resources needed to do the job properly. This is an important part of the integrated job plan. It gives the opportunity to make sure that the employers are formally aware of what supporting resources are required, for example secretarial support, medical and research staff support, office space and information technology.

A lack of appropriate supporting resources could have an impact upon meeting objectives. It is therefore important to identify the required resources when agreeing the integrated job plan. Remember, pay progression cannot be withheld if objectives have not been met for reasons beyond the consultant's control.

Agreeing the appropriate resources to support a job should form an important part of the job plan: this is often neglected by management.

8. Mediation and appeals

The 2004 contract sets out the mediation and appeals processes in the event of disagreements arising between academic clinical consultants and employers with regard to job planning and job planning reviews[15].

The mediation process is a less formal attempt to resolve disagreements, conducted by the Dean in liaison with the NHS Board medical director (if they have not already been involved in the job plan under disagreement). If agreement is not reached at this first stage, there is a second stage which allows the clinical academic consultant to refer the issue to the University Vice-Principal, who will consult the NHS Board Chief Executive, and convene a meeting with the parties involved to discuss and consider the issues under disagreement.

It is preferable to resolve disagreements if possible by discussion and mediation without recourse to appeal. However, if agreement still cannot be reached through this process, the clinical academic has the right to pursue a formal appeal.

The appeal panel should consist of
A chairman who will be a member nominated by the Principal on behalf of the University in agreement with the NHS Board Chief Executive
A member nominated by the clinical academic consultant
One member appointed from an agreed clinical academic consultants' appeals panel list (a list of individuals agreed by the NHS Board, the University employer and the BMA[16])

The panel's decision is final and binding on all parties.

Clinical Academic Consultants have the right to be represented at all stages of mediation and formal appeal.

The appeals process is available only for disagreements relating to job planning. All other disagreements in the course of employment, or relating to other terms and condition of service matters, need to be pursued through the relevant grievance procedures.

9. Arrangements for Senior Academic GPs working under the nGMS contract

The principles of integrated job planning set out in this guidance apply to those senior academic GPs undertaking the clinical aspect of their work under an NHS honorary contract[17]. If, however, the GP is undertaking the clinical aspect of their work within a GP practice under the nGMS contract, either as a salaried GP or a partner, the GP is considered to have two separate posts rather than an integrated one, and these arrangements do not apply. University employers are, nevertheless expected to bear the Follett recommendations in mind when conducting job appraisals for these employees. Such GPs are also expected to work in partnership with the university employer, keeping it informed of their general practice commitments or any aspect of their general practice work which might have a bearing on the university contract. This includes, in particular, any relevant issues highlighted in their annual NHS appraisal. Failure to keep the university employer informed of any such information may be considered a disciplinary offence.

10. BMA Support

BMA Assistant Secretaries and their colleagues are experts in employment matters but do not have expertise in clinical matters. Therefore, while they will be able to provide advice and guidance about the job planning process, they will not be able to advise members in detail about what is appropriate for each individual and their specialty. To contact the BMA for advice call: 0300 1231233.

The BMA is also able to advise and support members through the mediation and appeals processes. Some members may not want formal external representation at the first stage of the mediation process, and might prefer to be accompanied by a department colleague or for a Local Negotiating Committee (LNC) member to provide support if necessary.

Further information and guidance on clinical academic issues is available in the **BMA Medical Academic Handbook**[18].

MODEL JOB PLAN FORMAT

Annex A

Name: _____ **Specialty:** _____

Principal Place of Work:

Contract:	Full Time	Part Time	Honorary	**Programmed Activities:**	**EPAs**
Availability Supplement:	None	Level 1	Level 2	(delete as appropriate)	
Premium Rate Payment Received:	**%**				

Managerially Accountable to: _____

Responsible for: _____

a) Timetable of activities which have a specific location and time

DAY	HOSPITAL/ LOCATION	TYPE OF WORK
Monday **From / To**		
Tuesday **From / To**		
Wednesday **From / To**		
Thursday **From / To**		
Friday **From / To**		
Saturday **From / To**		
Sunday **From / To**		

b) Activities which are not undertaken at specific locations or times

c) Activities during Premium Rate Hours of Work e.g. hours outwith 8am-8pm Monday to Friday

d) Extra programmed activities – see separate contract and schedule

MODEL JOB PLAN

Type of activity	Description of activity including when and where activity is conducted.	Average number of hours spent on each activity per week including travel where appropriate
Direct Clinical Care		
Emergency duties (including emergency work carried out during or arising from on-call) (refer to Section D, 4.7)		
Operating sessions		
Pre and post operative care		
Ward rounds		
Outpatient clinics		
Clinical diagnostic work		
Other patient treatment		
Public health duties		
Multi-disciplinary meetings about direct patient care		
Administration directly related to patient care (e.g. referrals, notes complaints, correspondence with other practitioners)		
On-site medical cover		
Any other work directly linked to the direct clinical care of NHS patients		
Total Direct Clinical Care Activities		

Type of activity	Description of activity including when and where activity is conducted.	Average number of hours spent on each activity per week including travel where appropriate
Supporting Professional Activities		
Continuing professional development		
Teaching and training		
Management of doctors in training		
Audit		
Job Planning		
Appraisal		
Revalidation		
Research		
Contribution to service management and planning		
Clinical governance activities		
Any other supporting professional activities		
Total Supporting Professional Activities		

Type of activity	Description of activity including when and where activity is	Average number of hours spent on each activity per week including travel where appropriate
Additional responsibilities (i.e. duties of a professional nature carried out for or on behalf of the employer or the Scottish Executive which are beyond the range of the supporting professional activities normally expected of a consultant)		
Caldicott guardian		
Clinical audit lead		
Clinical governance lead		
Undergraduate and postgraduate deans		
Clinical tutors		
Regional education advisers		
Formal medical management responsibilities		
Other additional responsibilities		
Total Additional Responsibilities		

Type of activity	Description of activity including when and where activity is conducted.	Average number of hours spent on each activity per week including travel where appropriate
Other external duties (i.e. work not directly for the NHS employer, but relevant to and in the interests of the NHS)		
Trade union and professional association duties		
Acting as an external member of an advisory appointments committee		
Undertaking assessments for NHS Education for Scotland, NHS Quality Improvement for Scotland or equivalent bodies		
Reasonable quantities of work for the Royal Colleges in the interests of the wider NHS		
Work for the General Medical Council or other national bodies concerned with professional regulation		
NHS disciplinary procedures and NHS appeals procedures		
Other external duties		
Total Other External Duties		

Facilities and Resources	
Details of the facilities and resources necessary to support delivery of the consultant's duties and objectives for all programmed activities	
Staffing support	
Accommodation	
Equipment	
Any other identified resources necessary.	

Objectives may cover personal development needs, training goals, organisational issues, CME and CPD e.g. acquisition / consolidation of new skills and techniques.

Objective	How objective will be met and resources required	Timescale
1.		
2.		
3.		
4.		
5.		

MODEL DIARY

ANNEX B

Name:_____ Specialty: _____
On-Call Rota: 1:
Principal Place of Work: _____ Level of On-Call: 1 2 (delete)
Week beginning:_____ Availability Supplement: %

	00.00 00.30	00.30 01.00	01.00 01.30	01.30 02.00	02.00 02.30	02.30 03.00	03.00 03.30	03.30 04.00	04.00 04.30	04.30 05.00	05.00 05.30	05.30 06.00	06.00 06.30	06.30 07.00	07.00 07.30	07.30 08.00	08.00 08.30	08.30 09.00	**09.00** **09.30**	**09.301** **0.00**	**10.00** **10.30**	**10.30** **11.00**	**11.00** **11.30**	**11.30** **12.00**
MON																								
TUE																								
WED																								
THU																								
FRI																								
SAT																								
SUN																								

	12.00 **12.30**	**12.30** **13.00**	**13.00** **13.30**	**13.30** **14.00**	**14.00** **14.30**	**14.30** **15.00**	**15.00** **15.30**	**15.30** **16.00**	**16.00** **16.30**	**16.30** **17.00**	17.00 17.30	17.30 18.00	18.00 18.30	18.30 19.00	19.00 19.30	19.30 20.00	20.00 20.30	20.30 21.00	21.00 21.30	21.30 22.00	22.00 22.30	22.30 23.00	23.00 23.30	23.30 00.00
MON																								
TUE																								
WED																								
THU																								
FRI																								
SAT																								
SUN																								

Shaded area = Premium Rate Hours of Work
Please fill in the times as appropriate using the letters in bold within the key. Explanation of Key overleaf.

Key			No of Hours
Programmed Direct Clinical Care	=	**D**	
On-Call Worked	=	**OCW**	
Supporting Professional Activity	=	**S**	
Additional Responsibilities	=	**A**	
Other External Duties	=	**E**	
Leave	=	**L**	
Total Hours			

Travelling Time (to be included in each category)

Time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan is counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between other sites, travel when recalled from home during on-call periods (but not normal daily journeys between home and base) and "excess travelling time". "Excess travelling time" is defined as time spent travelling between home and a working site away from base less the amount of time normally spent travelling between home and base.

Please refer to the terms and conditions in Section 4 The Working Week.

Programmed Direct Clinical Care (D)

1. 'Programmed Direct Clinical Care' includes: emergency duties (including emergency work carried out during or arising from on-call), operating sessions, pre and post operative care, ward rounds, outpatient clinics, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care, administration directly related to patient care (e.g. referrals, notes, complaints, correspondence with other practitioners), on-site medical cover, any other work linked to the direct clinical care of NHS patients, and travelling time associated with any of these duties.

2. **On-Call Worked (OCW)**

All emergency work undertaken during or as a consequence of the on-call period.

Supporting Professional Activities (S)

'Supporting Professional Activities' includes: continuing professional development, teaching and training, management of doctors in training, audit, job planning, appraisal, revalidation, research, contribution to service management and planning, clinical governance activities, any other supporting professional activities, and travelling time associated with these duties.

Additional Responsibilities (A)

'Additional Responsibilities' are duties of a professional nature carried out for or on behalf of the employer or the Scottish Executive which are beyond the range of the supporting professional activities normally to be expected of a consultant. Additional responsibilities are Caldicott guardians, clinical audit leads, clinical governance leads, undergraduate and postgraduate deans, clinical tutors, regional education advisers, formal medical management responsibilities, other additional responsibilities agreed between a consultant and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities and travelling time associated with these duties.

Other External Duties (E)

'Other External Duties' comprises work not directly for the NHS employer, but relevant to and in the interests of the NHS. Examples include trade union and professional association duties, acting as an external member of an advisory appointments committee, undertaking assessments for NHS Education for Scotland, NHS Quality Improvement for Scotland or equivalent bodies, work for the Royal Colleges, work for the General Medical Council or other national bodies concerned with professional regulation, NHS disciplinary procedures, NHS appeals procedures and travelling time associated with these duties.

Availability Supplement

A consultant participating in an on-call rota is paid a supplement in addition to their basic salary in respect of their availability for on-call work. This supplement is separate from and additional to the arrangements for recognising actual work undertaken in the on-call period. The level of supplement reflects frequency of availability and, in addition, recognises two levels of on-call availability. Level 1 applies to a consultant who needs to attend a place of work immediately when called, or to undertake analogous interventions (e.g. telemedicine or complex telephone consultations). Level 2 applies to a consultant who can attend a place of work later or respond by non-complex telephone consultations later.

References

1 Available on the NHSScotland MSG website at: **http://www.msg.scot.nhs.uk/index.php/pay/medical/consultants**

2 Available on the SGHD website at: **http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)02.pdf**

3 Guidance associated with Section 13: Clinical Academic Consultants – Annex C of the 2004 Consultant Contract at **http://www.bma.org.uk/sc/employmentandcontracts/employmentcontracts/medical_academics/guidancescotclinicalacademics.jsp**

4 Further information on the Follett Review is available on the BMA website at: **http://www.bma.org.uk/employmentandcontracts/employmentcontracts/medical_academics/mascfollet.jsp**

5 Available on the SGHD website at: **http://www.sehd.scot.nhs.uk/mels/CEL2008_22.pdf**

6 See paragraphs 13.3.5- 13.3.8 of the 2004 Consultant Contract

7 See paragraph 13.6.1 of the 2004 Consultant Contract

8 As set out in Paragraphs 13.1.10-13.1.13 in the 2004 Consultant Contract.

9 Ibid

10 See paragraph 13.1.11 of 2004 Consultant Contract

11 See paragraph 13.1.12 of 2004 Consultant Contract

12 See paragraph 13.2.5 of the 2004 Consultant Contract

13 See paragraphs 4.10.9- 4.10.15 of the 2004 Consultant Contract

14 See Section 6 of the 2004 Consultant Contract, and Appendix 8, which provides the "Code of Conduct for Private Practice: Recommended Standards for NHS Consultants"

15 See Section 13.4 of 2004 Consultant Contract

16 For more information on the Appeal Panels see paragraphs 13.4.4-13 of 2004 Consultant Contract

17 2007 contract for Senior Academic GPs is available on the SGHD website at: **http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)02.pdf**

18 Available on the BMA website at **http://www.bma.org.uk/sc/employmentandcontracts/employmentcontracts/medicalacademichandbook.jsp**