

Job Planning Driving Improvement

Ensuring success for consultants, the service and for improved patient care

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Delivering successful job planning

“The 2003 contract for hospital consultants delivered many expected benefits, but there is room for improvement in how trusts manage their consultants

Realizing the contract’s benefits depends on how well individual NHS trusts manage consultants: for example, through effective job planning to improve the management of their time.”

Managing NHS Hospital Consultants. Report by the comptroller and auditor general, National Audit Office. 6 February 2013

Delivering successful job planning

- Update
- Implications of consultant contract negotiations and drive towards 7 day NHS
- Tensions and solutions
- Supporting Professional Activities
- New Consultants



Job Planning

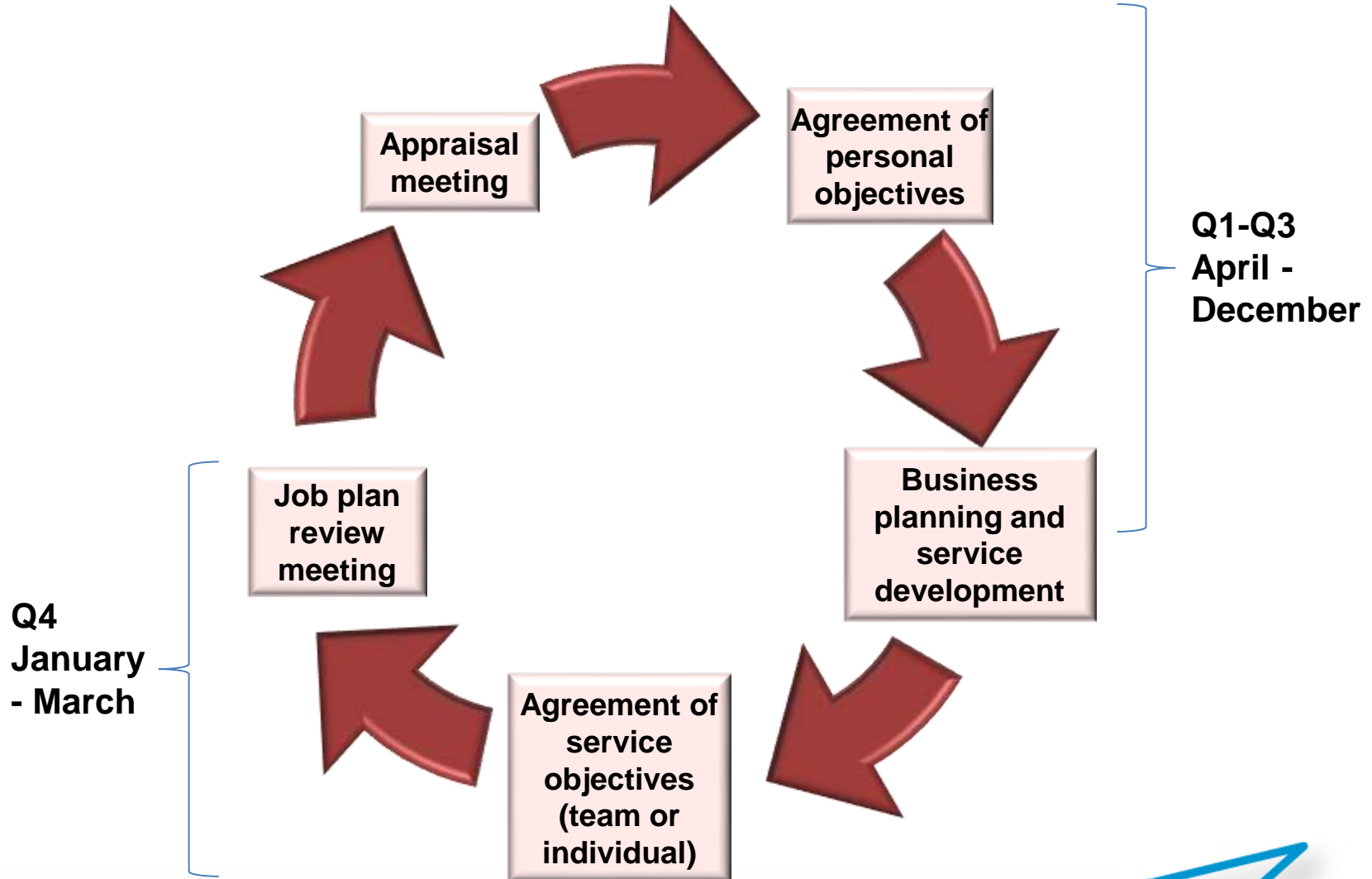
An annual prospective agreement between employers and consultants setting out:

- What work the consultant does
- Objectives to be achieved by the consultant
- Where it is done
- How much time the consultant is expected to be available
- What this work will deliver
- What resources are necessary
- What flexibility there is around the above

<http://bma.org.uk/practical-support-at-work/contracts/job-planning>



The Job Planning and Appraisal Cycle



Job Planning

Entails

- Template setting (e-job plans)
- Team Job planning
 - Clinical
 - Non Clinical
- Individual job planning
- Sign off



Team Job Planning

Meet annually as a team to review and plan elective and emergency work in relation to commissioning intentions for the coming year

- All elective work should be mapped out and an agreed plan drawn up to cover this work efficiently
- Emergency work must be covered for 52 weeks
- Agree PAs for emergency work (diary card validation)
- Plan cover for predictable absences
- Agree an annualised method of allowing for appropriate study/professional leave

Individual Job Planning

Two approaches:

- 1-2-1 with clinical lead

 - Proper preparation in advance

 - Allow up to 1 hour

 - Agree timetable and objectives

- e-JobPlan

 - Defined templates for clinical activity; can be very rigid!

 - Clinical activity deliverable over specified number of weeks

 - Agree timetable only (objectives set at appraisal)

 - May require evidence for SPA activity

 - 2 or even 3 stage sign off

 - Useful for complex job plans, monitoring progress and providing reports, some also manage appraisal

Update

Job Plan Wizard Step

1. REQUIRED INFORMATION > 2. PERSONAL OBJECTIVES > 3. ON-CALL > 4. CYCLE > 5. ROUTINE WORK > 6. SUMMARY > 7. FINISH

Job Plan Objectives

Personal Objectives are individual consultant's or SAS doctor's personal goals for the coming year in order to contribute to the department's service.

No objectives have been provided by your department.

No objectives have been provided by your Trust.

Edit objective title:

characters remaining 80

Service obj

None available

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Implications of consultant contract negotiations

Government proposed changes to consultant and doctors in training contracts December 2012.

Following exploratory talks BMA agreed to enter formal negotiations which commenced October 2013 but stalled October 2014.

DDRB commissioned by the Under Secretary of State for Health to critique proposals from DH and NHS Employers and provide a report by July 2015



Implications of consultant contract negotiations

NHS Employers and Government remit is to deliver more 7 day services “*within the existing spend*”. This can only be achieved if more hours of the day and more days of the week are defined as core hours

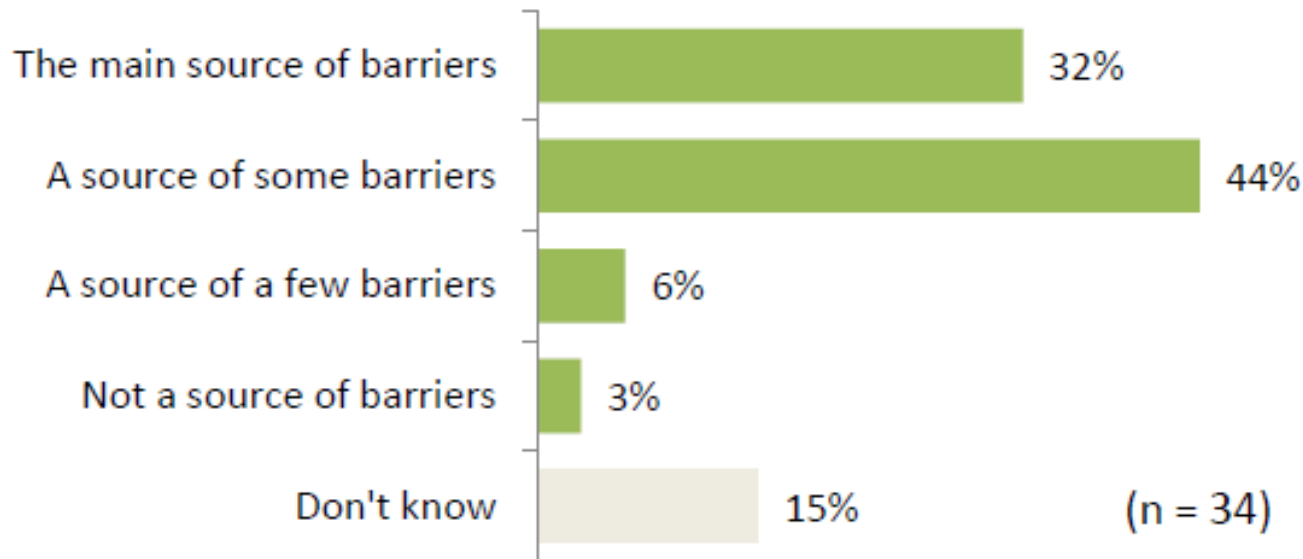
The 2003 contract gives consultants the right to refuse non-emergency work outside of core hours (after 7pm and before 7am weekdays and at weekends); Schedule 3, Paragraph 6

The BMA has stated that it is willing to negotiate removal of S3P6, seen as a block to 7 day services, but only on the basis of strong contractual safeguards



Implications of consultant contract negotiations

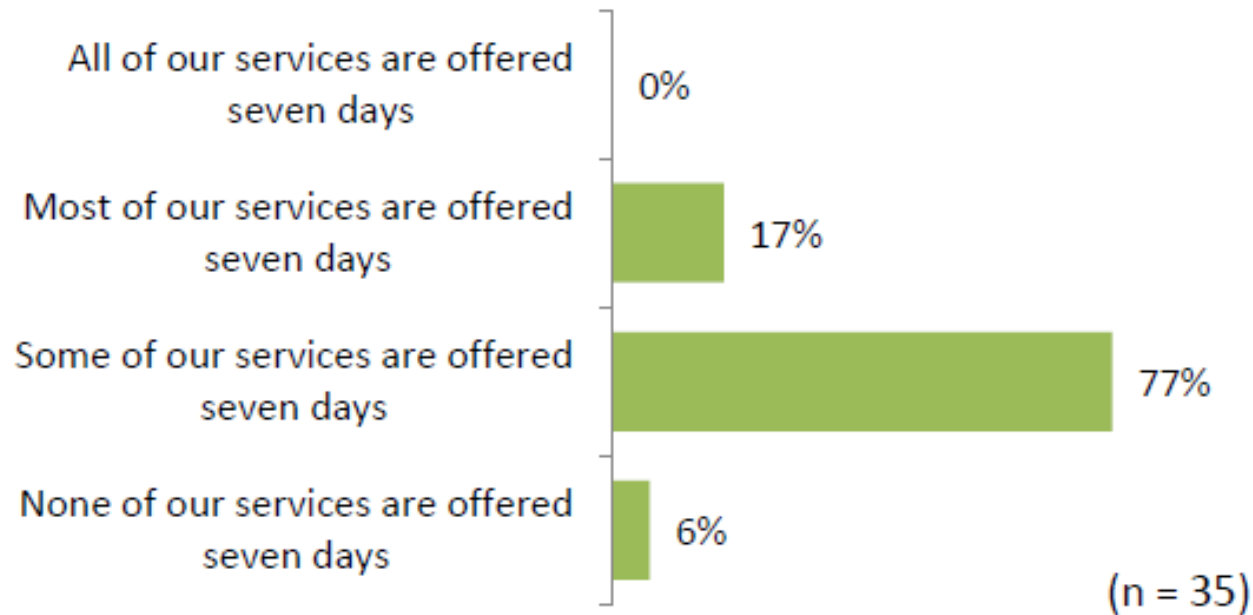
To what extent is the consultant contract a source of barriers to the delivery of more seven day services within existing spend?



Written evidence from NHS Providers (formerly the Foundation Trust Network)

Implications of consultant contract negotiations

To what extent is your trust already delivering seven day services?



Written evidence from NHS Providers (formerly the Foundation Trust Network)

Implications of consultant contract negotiations

- Core hours
 - Survey of NHS Providers (previously FT Network) reveals a broad consensus in support of extending core hours up to 10 pm, Monday through Saturday
- Elective work
 - Term covers 3 types of surgical activity, not all of which are truly elective
 1. Cold elective eg joint replacement
 2. Urgent but planned admission eg vascular
 3. Cancer
- (Unsocial hours tariff)

Tensions and solutions

Leave

Job Planning assumes 42 weeks of working per annum

6 weeks Annual leave

2 weeks Bank Holidays

2 weeks Study/Professional leave

Should 44 weeks be the default?

Should there be greater scrutiny of leave; e-Rota software?



Tensions and solutions

Medirota About | Help | Logout

Home Rota Multi Week Events Activities People Roles Groups Leave Reports Admin

Leave for Graham Brooks [Leave Books](#)

Book Leave

Type: Annual Leave

From: 1 May 2014 am

To: 1 May 2014 night

Book: am pm eve night

[Book Leave](#)

Summary of Leave Days

Period	Name	Taken*	Remaining
01 Apr 14 - 31 Mar 15	Annual Leave	0	32.00
01 Apr 15 - 31 Mar 16	Annual Leave	0	32.00
01 Apr 14 - 31 Mar 15	Study Leave	0	10.00
01 Apr 15 - 31 Mar 16	Study Leave	0	10.00

* Missed sessions [Make leave adjustments](#)

Leave booked in May 2014

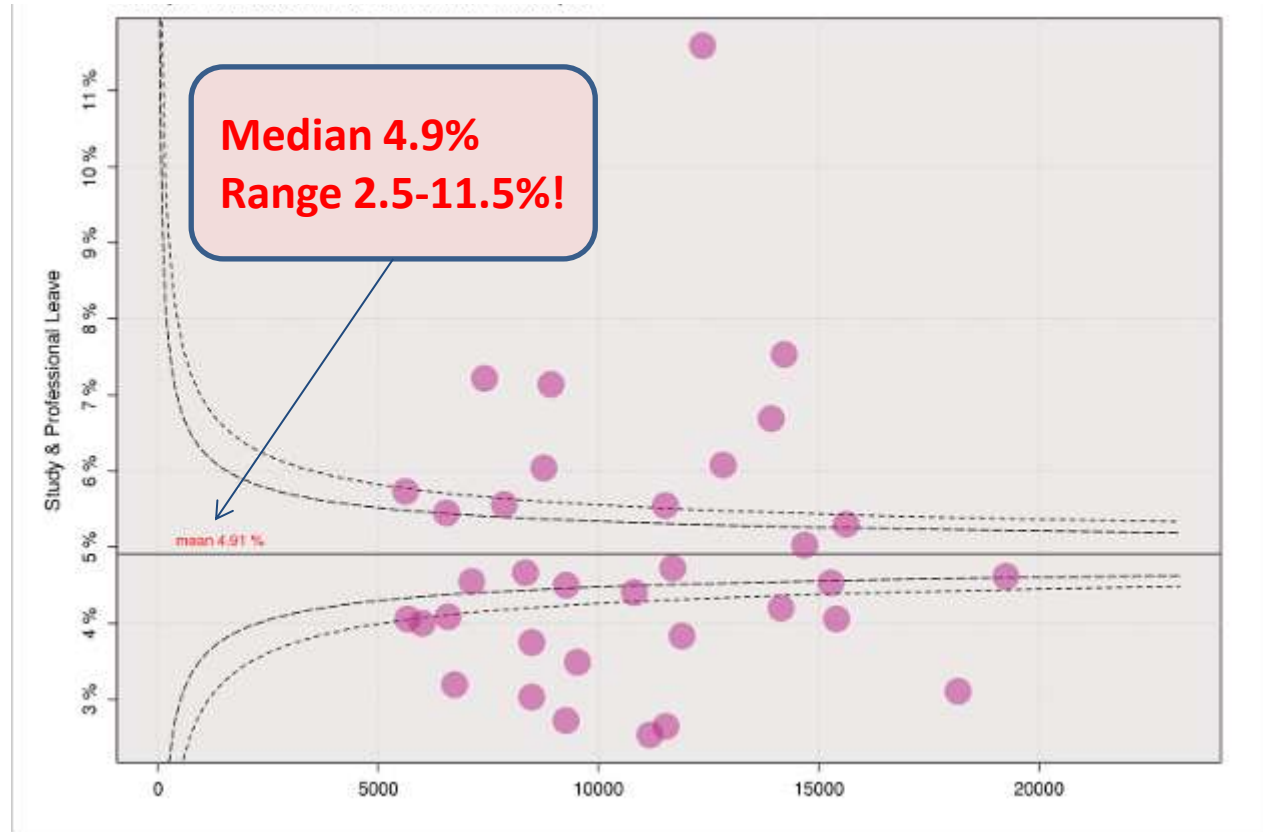
Period	Type
01st (am) - 03rd (night)	Annual Leave cancel
05th (am) - 09th (night)	Annual Leave cancel

◀ April 2014 **May 2014** June 2014 ▶

Medirota provides fine-grained leave control which includes leave limits by group.

Tensions and solutions

Study & Professional leave as a proportion of DCC work



Funnel plot shows significant overdispersion indicating that there is no common practice across trusts (even those of similar size) on how leave is managed.

<http://clwrota.com/benchmarks/march2013/>

Productivity

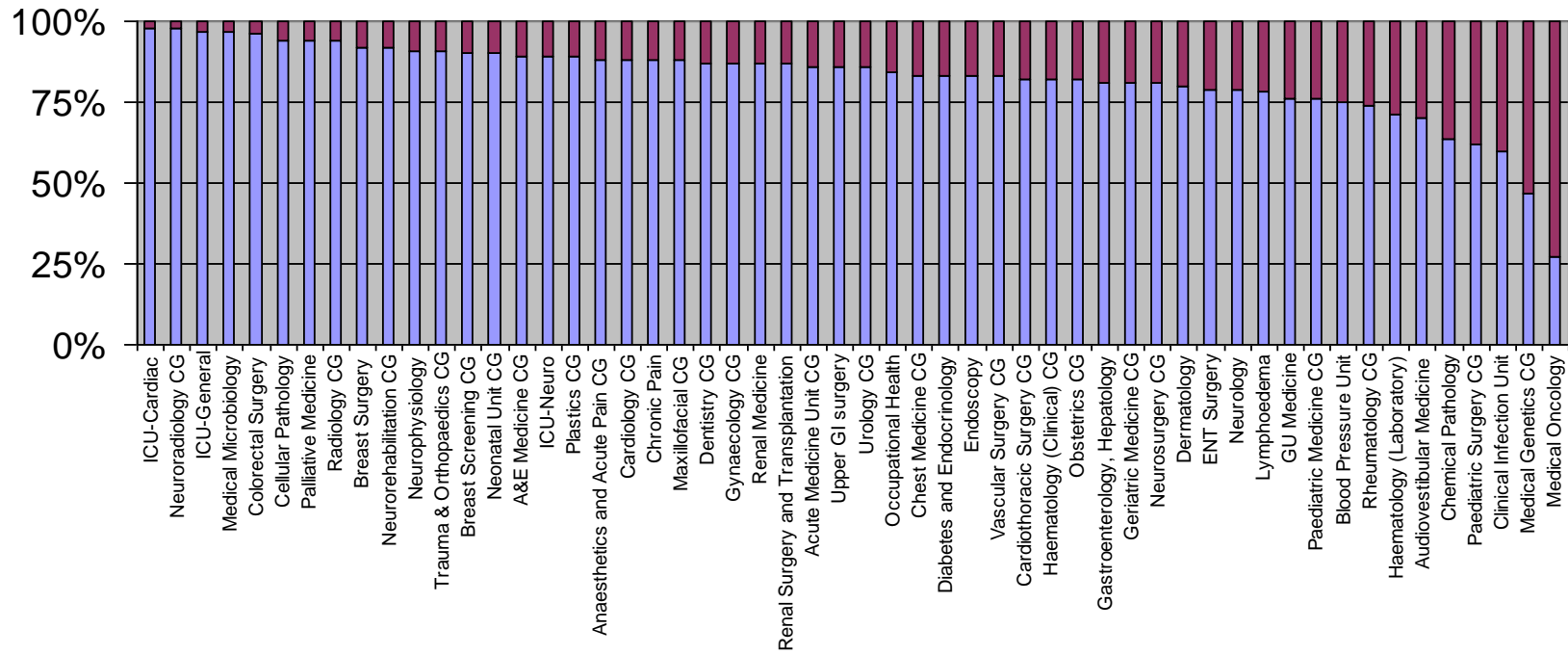
Average output per PA

- New/follow up patients per clinic
- Average letters per clinic
- Number of investigations reported
- Theatre utilisation
- CA/CRA ratio



Tensions and solutions

Consultant Elective DCC Activity; CA and CRA as % of Total Activity



Supporting Professional Activities

SPA reflect activities that are essential to the long term maintenance of the quality of the service but do not reflect DCC ie *Quality Improvement* (QI) time

SPA accounts for £1 billion/year of NHS expenditure

SPA can be divided into Core (personal QI) and Additional (organisational QI)

- Core SPA for activity necessary for revalidation and re-licensing; mandatory training, audit, internal CPD and appraisal (NB study leave for external CPD)
- Additional SPA granted for education, research, clinical management, service development etc.

Supporting Professional Activities

Core SPA

Academy of Medical Royal College's have proposed 1.5 SPA as the minimum time required for a consultant to satisfy requirements for revalidation

Advice on supporting professional activities in consultant job planning. AoMRC, London February 2010

In 2013 a survey of 27 large Trusts in England found that the time granted was:

0.5 SPA	by	6%	of Trusts
1.0 SPA	..	35%
1.25 SPA	..	12%
1.5 SPA	..	35%
2.0/2.5 SPA	..	6%


Supporting Professional Activities

Additional SPAs; Teaching - 1

Mandatory requirement

- Undergone training to satisfy the 7 domains of the GMC's standards for trainer accreditation

Supporting evidence

- Possession of, or working towards, a formal qualification in education
 - Trust-approved postgraduate medical education post
 - Membership of Academy of Medical Educators
 - Specified number of lectures annually to national, regional or local courses
- 

Supporting Professional Activities

Additional SPAs; Teaching - 2

NHS Consultants

- Deliver ~1 PA of both undergraduate and postgraduate teaching;
 - 50% during DCC activity (NB efficiency loss)
 - 50% as SPA activity (lectures, tutorials, etc)

NHS Consultants holding Senior Lectureships

- Deliver >1 PA of undergraduate teaching;
 - 50% clinical teaching
 - 50% non-clinical teaching and also medical school interviewing, OSCEs etc

NB Need to match delivery of teaching to SIFT allocation




Supporting Professional Activities

Additional SPAs; Research - 1

Mandatory requirement

- Current certificate of Good Clinical Practice for Clinical Trials

Supporting evidence

- Possession of, or working towards, a formal qualification in research/statistics methodology
 - Designated Chief Investigator or Principal Investigator
 - Specified number of publications annually (averaged over 3 years)
 - Specified number of presentations to scientific meetings
- 

Supporting Professional Activities

Additional SPAs; Research - 2

Research SPAs

- No identified income stream

- Evidence of high quality output

- “Own” research <2 hr/week included in Core SPA

Research PAs

- Identified income stream

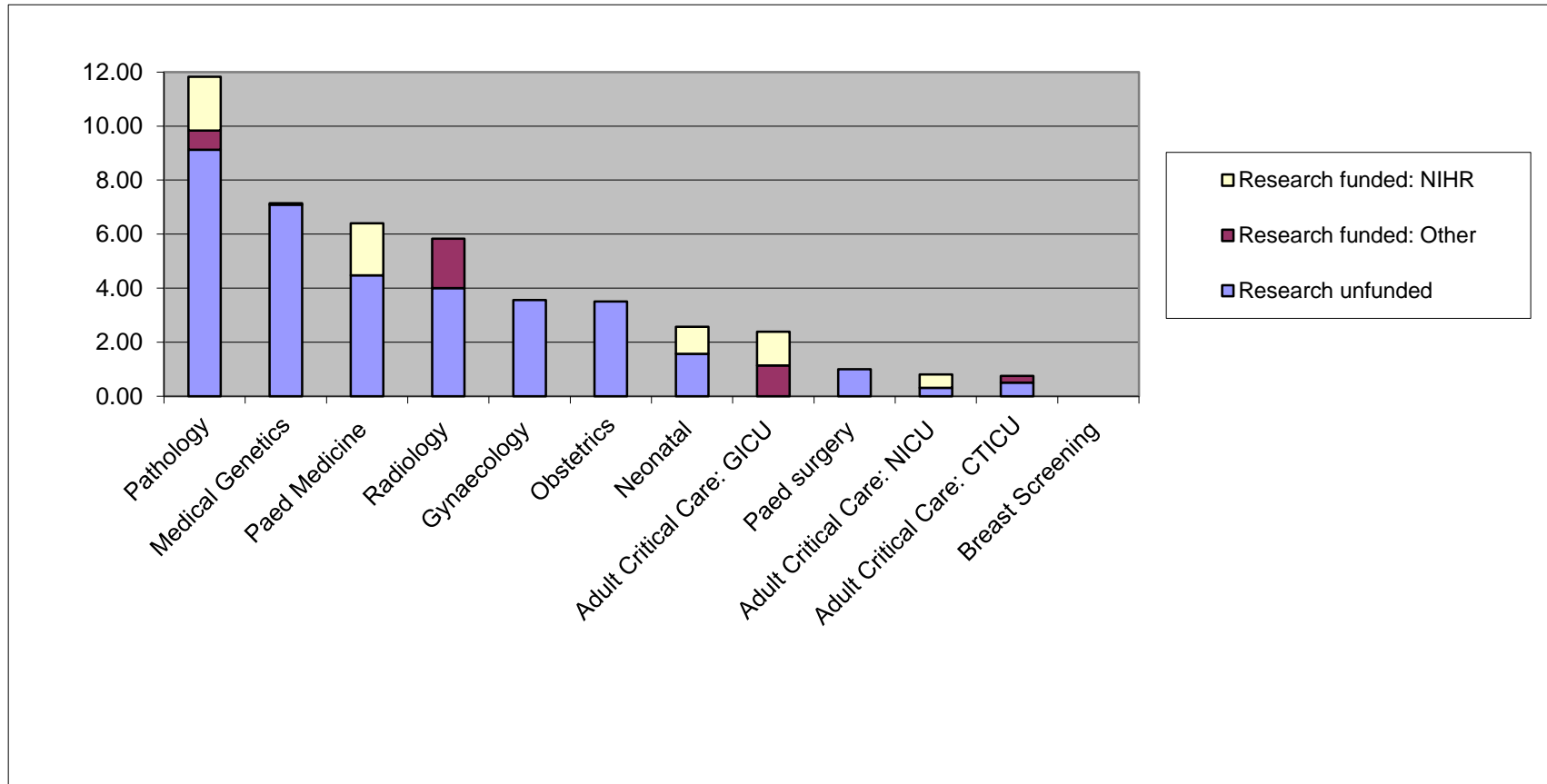
- Allocated for 3 years by competitive tender

- Subject to review



Supporting Professional Activities

Additional SPAs; Research PAs assigned 2011




Supporting Professional Activities

Additional SPAs; Management

Mandatory requirement

- Formal appointment to a Trust approved post with defined job description for that post

Supporting evidence

- Possession of, or working towards, a formal qualification in leadership/management
 - Certificate of Case Manager/Investigator training
 - Certificate of MHPS training by Trust Solicitors
 - Certificate of Enhanced Appraiser training
 - Life coach/mentor
- 

New Consultants

Initial Job Plan

Likely to change!

- Work diary to ensure job plan accurately reflects the duties and workload of the post
- Assessment of on-call work
- Fully flexible sessions

Can request an interim job plan review after 3 months in post

Job planning for your first consultant post Guidance from the Scottish Consultants Committee. February 2014



New Consultants

SPA allocation

New consultants tend to be offered contract with fewer SPAs with promise of an increase if justified but need additional time to orientate and be mentored into their new role

Some Trusts require new appointees to attend New Consultant Development Programmes whilst others allocate new appointees to quality improvement projects in return for additional SPAs



Summary

- Job planning is becoming more evidence-based
- The outcome of the re-negotiation of the consultant contract is likely to have implications for job plans
- Productivity can be informed by job planning and by consultant presence/absence monitoring
- SPA activity requires the same scrutiny as DCC activity
- Both the DCC and SPA components of new consultants' job plans may need early review



QUESTIONS?

