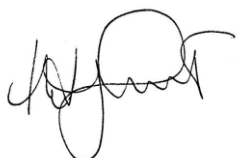


Job Planning Policy

for Medical Consultants, SAS Doctors, Other Non- Training Grade and Trust Locum Doctors

Policy number and category	HR16	Human Resources
Version number and date	3	January 2021
Ratifying committee or executive director	Operational Management Team	
Date ratified	April 2021	
Next anticipated review	April 2024	
Executive Director	Medical Director	
Policy Lead	Medical Directorate Manager	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy Context

Job planning for doctors is a mandatory annual process which forms part of a doctor's contract of employment and sets out duties, responsibilities and objectives for the coming year that contribute to the overall delivery of services. Doctors and employers should reach an agreement about how doctors will use their time and resources to deliver individual and service objectives.

Policy Requirement

- Provide guidance to support to help facilitate the process of job planning as set out by national contracts.
- Standardise practice to bring greater clarity, focus and consistency to the process.
- Ensure work patterns are fully aligned with the organisation's priorities and specifically the business plans of the relevant services.
- Support doctors in the delivery of high-quality patient care.

- Improve work life balance to support doctor's health and wellbeing.

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1. INTRODUCTION:

1.1 Rationale

1.1.1 A job plan is a prospective, supportive measure and professional agreement describing each doctor's duties, responsibilities, accountabilities and objectives. It sets out how doctors working time is spent on specified direct clinical care (DCC), specified supporting professional activities (SPA) and other activities, such as additional NHS responsibilities and external duties.

1.1.2 Job plans should be created / maintained annually to ensure they accurately reflect current service requirements, patient and staff needs. Automatically rolling on a job plan will not achieve this.

1.1.3 Job Planning for doctors is now a mandatory annual process in which the doctor whose job plan is being reviewed has a formal planned structured meeting to agree individual programmes of work that contribute to the overall delivery of services. This meeting requires a partnership approach and should take place with all relevant clinical manager(s).

1.1.4 The medical management structure is designed to enable and enhance engagement within services and so improve the process of business planning, providing a clearer and better informed context for job planning.

1.2 Scope

1.2.1 This policy is applicable to doctors (Consultants, Specialist and Associate Specialist (SAS) doctors and other non-training grade doctors). It also covers all Trust locum doctors employed on fixed term contracts in these grades. It does not apply to honorary doctors, doctors in training, bank staff, agency staff, contractors and visiting doctors.

1.2.2 The policy adheres to the principle that medical staff will undertake annual job planning in accordance with the process agreed at the time by the BMA and Department of Health under the Consultant Contract 2003 and the Terms & Conditions of Service for Associate Specialists (2008) and Specialty Doctors (2008). This policy does not seek to change the agreed national terms and conditions of these contracts.

1.2.3 The 'Code of Conduct for Private Practice' and the Terms and Conditions of Service outline the basis for the relationship between NHS and Private Practice activity.

1.2.4 Birmingham and Solihull Mental Health NHS Trust affirms its commitment to actively promoting inclusion, equality and eliminating discrimination in the delivery of its services and in the employment working arrangements and management of its staff.

1.3 Principles

1.3.1 All job plans will reflect an agreed anticipated prospective plan of clinical activity and supporting professional activity. This will be calculated against the typical working year of 42 weeks after annual leave, bank holidays professional and study leave. Job plans are formulated and agreed as PAs which are blocks of time, in which contractual duties are performed.

1.3.2 There are four basic categories of work:

- Direct Clinical Care (DCC)
- Supporting Professional Activities (SPAs)
- Additional Responsibilities
- External duties

1.3.3 A job plan will set out how many PAs are being worked and how many will be used undertaking different types of work.

1.3.4 A significant proportion of time may be spent on DCC. Direct clinical care work is any work that involves the delivery of clinical services and administration directly related to them. However,

a job plan will cover other activities that are essential to professional development and to the wider NHS.

1.3.5 The Trust recognises that doctors will work differently in different phases of their career with respect to the relative proportions of activities within their job plan. The usual split would be 7.5 DCC to 2.5 SPA for consultants and 8.5 DCC to 1.5SPA for SAS doctors.

1.3.6 The job plan must align with the delivery of the service plan, including any personal and mandatory Trust objectives and adhere to all relevant Trust Policies and Procedures. The agreed activity will form part of objective setting within the job planning process. The following is a list of some of the things to include and consider when agreeing a job plan:

- A timetable of activities.
- A summary of all the PAs (programmed activities) or sessions for all the type of work being undertaken.
- On-call arrangements (ie rota frequency and availability supplement category).
- A list of SMART objectives or outcomes.
- A list of supporting resources necessary to achieve objectives.
- A description of additional responsibilities to the wider NHS and profession. For example, being a medical director, clinical director, clinical governance/audit lead, undergraduate / postgraduate Dean, etc.
- A description of external duties (eg trade union duties, work for a royal college, etc).
- Any arrangements for additional PAs or sessions, over and above the doctor's standard contract.
- Any details of regular private work.
- Any agreed arrangements for carrying out regular fee-paying services.
- Any special agreements or arrangements regarding the operation or interpretation of the job plan.
- Accountability arrangements.
- Any agreed flexible working arrangements.

1.3.7 The Trust recognises and supports the need for medical staff to participate actively in research and teaching at local, national and international level. The national rules for funding for these major elements of our role as a Trust means that job plans must identify and measure the output from these activities.

1.3.8 Programmed activities (PAs) must be evidenced where possible to ensure transparency and provide an audit trail. Evidence can consist of activity which relates to entries from RiO diaries, My Clinical Dashboard, Blackberry or other written documentation.

1.3.9 The overriding principle for the governing of private practice activity alongside the NHS commitment is that no individual should be paid twice for the same period of time. The Trusts Pay Policy regulates Category 2 activity and private work during NHS working time.

1.3.10 Declining to participate reasonably in the process may affect:

- Annual pay progression
- Application for new and/or renewal of clinical excellence awards (consultants) and may be subject to investigation and disciplinary action
- Appraisal – a current job plan must be in place prior to an appraisal taking place unless this is beyond the doctor's control.

This does not apply to circumstances beyond the doctor's control.

2. POLICY

2.1 Purpose

The purpose of job planning is to recognise value and reward the full range of work that doctors do for the NHS. It is an annual process to successfully marry the aspirations of the organisation with those of the doctor.

2.1.1 The aim of this document is to:

- Provide guidance to support to help facilitate the process of job planning as set out by national contracts.
- Standardise practice to bring greater clarity, focus and consistency to the process.
- Ensure work patterns are fully aligned with the organisation's priorities and specifically the business plans of the relevant services.
- Support doctors in the delivery of high-quality patient care.
- Improve work life balance to support doctors' health and wellbeing.

2.1.2 Due to fluctuations in contract demand and capacity, the Trust needs a workforce that is able to work with a degree of flexibility to meet patient needs and thereby deliver high quality care. Both the Trust and doctor can seek an interim job plan review during the year, if the agreed job plan no longer reflects the true working arrangements, if there are concerns about whether objectives can be met or if the clinical manager needs to discuss proposals to introduce significant changes to duties.

2.1.3 Job plan 'check ins' should also occur at Regular Management Supervision to ensure that content still accurately reflects working arrangements.

2.1.4 The process should be collaborative and cooperative and the job plan must be agreed, and not imposed. It should focus on enhancing outcomes for patients while maintaining service efficiency.

2.2 The Link to Appraisal and GMC Revalidation

2.2.1 Annual appraisal remains a contractual obligation for doctors. Chief Executives are accountable for ensuring the Trusts' compliance with the delivery of the annual appraisal. The Medical Director is responsible for the delivery of medical work force appraisals.

2.2.2 Job planning is not part of the appraisal process; these activities should be considered as two distinct and complementary entities. While the job planning process may facilitate the delivery of any objectives agreed during the appraisal process, it should not be used as a 'performance management tool' as job planning is intended to complement existing workforce planning tools.

2.2.3 Doctors will be required to produce portfolio evidence of their professional practice for GMC revalidation purposes. Documentary evidence of annual job planning and appraisal will be of assistance in this process.

2.2.4 An agreed job plan is a prospective agreement on the activities to be undertaken for the next 12 months. To align with the business plans for services, job plans are agreed between September and March in each financial year so that the job plan will begin from April of the next financial year.

2.2.5 New starters should agree an indicative job plan with their relevant clinical managers within the first month.

3 PROCEDURE

3.1 Prior To The Job Planning Meeting Taking Place

3.1.1 The relevant clinical managers must be cognisant of service plans and the views of service managers.

3.1.2 The doctor should prepare a record of their activity which relates to their average activity using entries from their RiO diary, My Clinical Dashboard, Blackberry or other written documentation in preparation for their job plan meeting. All activities must be identified in the timetable. Flexibility (time and place shifting) in the delivery of activities may be required to meet the agreed amount of activity in the interests of patients, the doctor and the Trust. These changes will be by prospective agreement between the doctor and their clinical manager(s).

3.1.3 Doctors will be required to produce copies of their most recent declaration of interest submission, private practice declaration form, indemnity insurance and evidence that annual appraisal is in date as additional supporting evidence.

3.1.4 Each doctor must then enter their own proposed job plan on the Allocate e-job planning system. Sample job plans for assistance are available via the 'Documents for Doctors' information page on Connect. Additionally user guides and system demonstrations are available via logging into Allocate Healthcare and accessing the support tab within the job planning home page.

3.1.5 Activities undertaken on an infrequent basis must be indicated on the timetable as an annualised activity as required. All activities must state the start and finish times, the place where undertaken and the activity to be delivered.

3.1.6 Annualising an e-job plan involves an employee agreeing with their employer to undertake a set number of working sessions annually rather than weekly. This usually incorporates allowances for contractual obligations such as annual leave and study leave. All or part of an e-job plan may be annualised. Annualisation brings many benefits: scheduling, monitoring and tracking activity across the year ensures the agreed number of sessions is delivered and enables more accurate capacity and demand management.

3.1.7 The decision to annualise should only be taken if it meets service needs and is agreed with the individual employee.

3.1.8 Doctors may propose their personal objectives at this stage which must be linked to Trust and local service objectives.

3.1.9 Job Plans for newly appointed substantive posts should reflect the job plan agreed in the job description. A job plan review should then occur within 6 months of taking up the post and annually thereafter

3.1.10 For Locum posts the job plan must reflect the job agreed in the job description.

3.1.11 The Trust endeavors to support its practitioners' changing career needs when wishing to develop external roles. To aid transparency and consistency any practitioner who is asked to or has a wish to undertake additional NHS responsibilities and external duties outside the Trust must obtain approval from their respective Clinical or Medical Director as appropriate before agreeing to apply/accept to do this work. A review against the practitioner's agreed annual amount of activity will take place to seek to ensure that this activity can still be undertaken either by the practitioner (by being flexible in delivering this work) or backfill of this work through team based job planning or expansion in resource (where the external work comes with external PA funding). This will ensure that any impact to service delivery is understood before any approval is given.

3.2 Programmed Activities

3.2.1 Direct Clinical Care Activities (DCC): For work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services being provided.

- Emergency duties (including emergency work carried out during or arising from on-call)
- Ward rounds
- Outpatient activities
- Clinical diagnostic work
- Other patient treatment
- Public health duties
- Multi-disciplinary meetings about direct patient care
- Administration directly related to the above (including but not limited to referrals and notes).

This list is not exhaustive and will be developed within each specialty

3.2.2 Supporting Professional Activities (SPA): Activities that underpin Direct Clinical Care. This may include participation in training, medical education, CPD, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities. They should usually align with business plans

3.2.3 The consultant contract currently provides for a typical weekly split of 7.5 Programmed Activities to 2.5 SPAs; however this is not a universal allowance and the job planning process will develop a range of SPA activities for individuals which are linked to personal continuing professional development (CPD) requirements and the agreed needs of the service; therefore, there may be variation in the number of SPAs, and the range of activity between individual job plans.

3.2.4 The Academy of Medical Royal Colleges estimates that 1 to 1.5 SPAs per week is the minimum time required for a consultant to meet the needs for CPD for revalidation purposes. Additional SPA time must be linked to organisational objectives, such as research, clinical management, medical education and training roles.

3.2.5 National guidance recommends a typical Consultant will require a split of 7.5 DCC to 2.5 SPA, with proportionally adjusted time for SPA for less than full time contracts. This may mean that for consultants working less than full time the minimum number of SPA's as recommended by the Academy of Medical Royal Colleges may not always be observed.

3.2.6 Specialty Doctors are entitled to a minimum of 1.5 SPA per week for CPD, but this should increase with seniority and will be reviewed at least annually in addition to entitled study.

3.2.7 The Individuals SPA time (and the outputs expected from it) will be discussed and agreed through the job planning process. This may be more or less than the typical PA level outlined above. If so, there must be a clear rationale as to why it differs from the norm.

3.2.8 Additional NHS Responsibilities (AR): Work undertaken by individuals in important defined areas of responsibility which cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. These include being a Medical Director, Director of Public Health, Clinical Director, lead clinician, or acting as a Caldicott Guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list.

3.2.9 External Duties: Duties not included in any of the three definitions above and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the agreed job plan. These might include trade union duties, undertaking inspections for the Care Quality Commission (CQC) acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive.

3.2.10 Practitioners must demonstrate that they are acting in accordance with the Trust's Pay and Declaration of Interests policy.

3.2.11 All regular private practice and fee paying activity **must** be recorded in the job plan, whether conducted externally or internally.

3.2.12 Contracts for APAs may be offered either for a 12 month period or shorter term when appropriate. Where an additional activity is agreed an addendum contract will be issued, agreed and signed. A new contract would only be issued if there is a fundamental change in duties. It is essential that any Additional Programmed Activities (APAs) are clearly identified on the agreed job plan.

3.2.13 The review of PA allocations above 10 per week is a key part of the job planning process and in all cases, medical staff should not be paid more than 13.5 PA's as agreed by the Trust Remuneration Committee. In exceptional circumstances where there is a requirement to undertake more than 13.5 Programmed Activities this will need to be considered and approved by the Executive Director of Operations and the Executive Medical Director and comply with the requirements of the European Working Time Directive in relation to completion of an opt out form and relevant risk assessment that needs to be undertaken in line with the Trust Working Time Regulations Guidelines.

3.2.14 Where job plans exceed 13.5PAs, Clinical Directors will be required to produce evidence in the form of a written communication from both the Executive Director of Operations and Executive Medical Director at the appropriate Job Planning Consistency Review Panel meeting confirming approval of the arrangement.

3.2.15 Sign off managers are required to make themselves aware of agreed/paid PAs for all doctors for whom they are sign off manager. This information should be requested from Workforce Information team in advance of any job plan meeting taking place.

3.2.16 A degree of flexibility in the time and place for programmed activities is an essential part of a professional contract. It is expected that the majority of the agreed amount of Direct Clinical Care/Supporting professional activities would be delivered at the time and place as indicated in the working week timetable. By agreement some of the agreed amount of DCC and SPA activity may have to be delivered at times and locations other than routinely indicated in the weekly timetable. This can be achieved by providing greater flexibility to move activities in time and place. Refer to JLNC agreement regarding offsite working for further information.

3.2.17 If requested and agreed in advance between the doctor and their clinical managers, SPA time that is appropriate to move may be undertaken outside of the agreed time set in the weekly timetable as long as the output of such work is evidenced, and it does not impact on attendance at mandatory SPA activities (such as clinical audit meetings).

3.2.18 The agreed amount of DCC activity must equally meet the needs of the patients, the practitioner and the performance of the Trust.

3.2.19 The Trust accepts the principle of time shifting and supports this concept. The manner in which time shifting will be applied is listed in the Trusts time shifting guidance

3.3 At the Job Planning Meeting

3.3.1 At annual job planning meetings, the doctor should present their job plan with proposed changes for discussion, including job plan objectives and supporting evidence. Further diary records can be useful if there are significant changes to discuss. Any outputs from Regular Management Supervision should also inform the process.

3.3.2 The clinical managers will review the above information together with service priorities, diary exercise and electronic job plan.

The clinical managers will consider the overall resources available and the doctor’s aspirations.

- Review any programmed activities.
- Discuss the proportions of Direct Clinical Care, Supporting Professional Activities, Additional NHS Responsibilities, external Duties and out of hours and provisionally agree a plan with the doctor for the forthcoming year.
- Discuss agreed service objectives.
- Discuss supporting resources.
- Agree objectives.

3.4 After the Job Planning Meeting

3.4.1 Before formal agreement and sign off can take place, clinical managers must consider the proposed job plan, any available information from other doctors within the clinical area and the Trust’s business plans. Clear measurable objectives linked to the business plan will be defined in the agreed job plan.

3.4.2 Once agreed, it will often be appropriate for the job plan to be shared with other professionals in order to enhance MDT working and planning.

3.5 Mediation and Appeals

3.5.1 In the first instance, any concerns regarding the process must be directed to the immediate clinical manager, or if there is a conflict of interest their line manager. Managers must then seek the appropriate support from Human Resources.

3.5.2. If it has not been possible to agree a Job Plan, a mediation procedure and an appeal process are available. Refer to Consultant Contract 2003 or Terms & Conditions of Service for Associate Specialists (2008) and Specialty Doctors (2008).

4. ROLES AND RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Executive Medical Director	<ul style="list-style-type: none"> • Overall responsibility to ensure that job planning is undertaken for all eligible doctors within the Trust 	
Executive Director of Operations	<ul style="list-style-type: none"> • Board member access with overview of job plans recorded within the electronic system 	
Deputy Medical Director, Professional Practice, Legal and Transformation	<ul style="list-style-type: none"> • Medical Lead for Medical Job Planning, Sign off manager for direct reports. • Responsibility for ensuring that job plans align with contracted PA’s, align with Trust policy and service needs and that there is consistency across their area of remit 	

Post(s)	• Responsibilities	Ref
Deputy Medical Director, Quality and Safety	<ul style="list-style-type: none"> • Sign off manager for Clinical Directors. • Responsibility for ensuring that job plans align with contracted PA's, align with Trust policy and service needs and that there is consistency across their area of remit. 	
Clinical Leads or Consultant line manager in the absence of a Clinical Lead	<ul style="list-style-type: none"> • Sign off manager for all job plans within remit • Responsibility for ensuring that job plans align with contracted PA's, align with Trust policy and service needs and that there is consistency across their area of remit 	
Clinical Directors	<ul style="list-style-type: none"> • Sign off manager for all job plans within remit • Responsibility for ensuring that job plans align with contracted PA's, align with Trust policy and service needs and that there is consistency across their area of remit 	
Doctors	<ul style="list-style-type: none"> • In preparation for the job plan review meeting each doctor will be expected to contribute to the discussions and to complete their proposed job plan on the Allocate electronic system e-job plan • Prior to completing their job plan, doctors must consider the following: <ul style="list-style-type: none"> - Individual objectives. - Trust/Directorate/service developments to which they contribute. - Identification of all external commitments (including private practice). - Any amendments to the previous job plan. - Any additional resources required to fulfil NHS commitments. 	
Job Planning Consistency Review Panel	<ul style="list-style-type: none"> • To undertake third and final sign off of all job plans. • Ensure that job plans are consistent between specialties, management groups and to provide assurance that job planning is in line with Trust guidance. 	
Medical Directorate Manager	<ul style="list-style-type: none"> • Act as Project manager for the medical job planning process • Responsibility for the day to day system management of the Allocate e-JobPlan job planning system • Publish job plan templates as and when required 	
Workforce Information Teams	<ul style="list-style-type: none"> • The forwarding of doctor starters, leavers and internal movement reports to the Medical Directorate Manager 	

	<ul style="list-style-type: none">• Production of adhoc reports to support the Medical Directorate, Clinical Leads and Clinical Directors as and when required.	
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5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation		
Date policy issued for consultation	January 2021	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Medical Workforce and Education Committee	16 th December 2020	
JLNC	28 th January 2021	
MAC	9 th February 2021	
PDMG	1 st March 2021	
JLNC	25 th March 2021	
Where received	Summary of feedback	Actions / Response
Feedback via email	<p>Clarification of the role and responsibilities of the Executive Director of Operations within the job planning</p> <p>Requirement for the inclusion of a DBS check to have been undertaken within the last 3 years</p> <p>There should be inherent flexibility for consultants</p>	<p>Policy amended to reflect feedback</p> <p>DBS check added to appendix checklist</p> <p>No amendment made as the policy already recognises time shifting, annualising job plans and the need for flexible working by the medical workforce</p>
MAC Committee	<p>The requirement for regular job plan check ins</p> <p>Reiteration that the job planning policy is a supportive measure for doctors</p> <p>Doctor should have the authority to amend a job plan</p>	<p>Policy amended to reflect this, including discussion at RMS</p> <p>Policy wording amended to reflect</p> <p>No amendment made as the policy already states that a doctor or manager can request an interim review if the agreed job plan no longer reflects the true working arrangements if there are concerns about whether objectives can be met or if the clinical manager needs to discuss proposals to introduce significant changes to duties.</p>

6. REFERENCE DOCUMENTS

Consultant Contract 2003 and the Terms & Conditions of Service for Associate Specialists (2008) and Specialty Doctors (2008).

British Medical Association – an overview of job planning (November 2020)

NHSI e-job planning the clinical workforce: levels of attainment and meaningful use standards (June 2019)

7. BIBLIOGRAPHY

As above

8. GLOSSARY

Direct Clinical Care (DCC)

Supporting Professional Activities (SPA)

External Duties (ED)

Continuing Professional Development (CPD)

Additional NHS Responsibilities (AR)

Programmed activities (PAs)

9. MONITORING

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
All doctors covered by policy have undergone the e-JobPlan process (1.2.1)	Medical Directorate Manager	Report	Quarterly	People Committee
			Annual	Trust Board Committee

10. APPENDICIES

Appendix 1 – Equality Analysis Screening Form

Appendix 2 – Supporting resources

Appendix 3 – Sign-off check list

Appendix 1: Equality Analysis Screening Form

Equality Analysis Screening Form

Title of Proposal	e-job planning for doctors		
Person Completing this proposal	Kerry Rowley	Role or title	Medical Directorate Non Clinical Manager
Division	Medical Directorate	Service Area	Corporate
Date Started	January 2021	Date	January 2021
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
e-job planning was first introduced into the Trust in November 2015. At that time a new policy was written to support the implementation process.			
Who will benefit from the proposal?			
Doctors and the Trust have benefited from introduction of the policy.			
Impacts on different Personal Protected Characteristics – Helpful Questions:			
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>	
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>	
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people? Promote involvement and consultation?</i>	
<i>Eliminate victimisation?</i>		<i>Protect and promote human rights?</i>	

Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Characteristic	No / Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age		x		Medical Workforce staff retiring at age 55 instead of state retirement age could have a negative impact on recruitment and retention of medical staff. Succession planning is undertaken locally by service areas
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			Consideration has been given to individuals with either
				dyslexia or visual impairment. Reasonable adjustments will be made to accommodate individual needs on a case by case basis.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				

Gender	x			<p>The Job Planning process detailed in the policy, and subsequent issues such as Clinical Excellence Awards, have no adverse impact for gender. For example part time workers will have pro rata application of SPAs. Colleagues will be briefed on the issues of gender neutrality in the application of this Policy. However, the application of this policy will be annually reviewed for any trends that adversely impact either gender</p> <p>Part time workers will have pro rata allocation of SPAs</p>
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This can include male and female or someone who has completed the gender reassignment process from one sex to another
Do you have flexible working arrangements for either sex?
Is it easier for either men or women to access your proposal?

Marriage or Civil Partnerships	x			
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People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters
Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?

Pregnancy or Maternity	x			<p>Risk assessments will be undertaken locally by service areas to assess clinical work undertaken by pregnant workers</p>
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This includes women having a baby and women just after they have had a baby
Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users?

Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?

Race or Ethnicity	x			
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Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees
What training does staff have to respond to the cultural needs of different ethnic groups?
What arrangements are in place to communicate with people who do not have English as a first language?

Religion or Belief	x			Service areas will locally assess facilities available for doctors e.g prayer rooms
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			

Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment			x	The Trust is implementing a trans equality policy. The policy will be embedded and all staff will be treated with dignity and respect
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				

Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
By providing reasonable adjustments as required on an individual basis
How will any impact or planned actions be monitored and reviewed?
Any impact or planned actions will be monitored and assessed locally by the appropriate manager. This is a working document and will be reviewed as and when issues arise
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Equality analysis has been conducted on this policy; however if any disproportionate impact is identified on implementation this should be reported to the policy owner at the earliest opportunity so that any reasonable adjustment or policy modifications can be made
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2

Additional Supporting Guidance – Medical Job Planning

Personal Objectives:

Objectives must be SMART and be agreed between you and your manager. It is essential that you are confident that any personal objectives you agree are achievable.

Things to consider when setting objectives:

- The outcome of the objective should be within your individual control.
- They should be at a level which you are confident you will be able to deliver.
- You should be able to provide evidence where necessary that the objective has been delivered.
- Ensure your objectives are realistic, appropriate to your role and consistent with your professional obligations in terms of quality of care.
- Discussion of objectives provides you with an opportunity to raise the issue of supporting resources. You can only achieve your objectives if your employer provides the necessary support and resources. It is essential such resources are recognised and reflected in your job plan.

Supporting Resources:

The job plan review should identify and agree the resources that are necessary. Resources should be free text typed into the resources section within the electronic job plan.

Examples of Supporting Resources:

- Workspace
- PC/laptop
- Mobile Phone
- Secretarial support
- MDT support
- Remote access to specific databases/servers
- Adequate SPA time to support mandatory training

Regular Private Work:

Job plans are part of your contract of employment. They are an annual agreement that set out your duties, responsibilities and objectives for the coming year.

You and your employer should reach an agreement about how you will use your time and resources to deliver personal and service objectives.

Details of regular private work should be considered and included when agreeing your job plan.

On Call Duties:

A job plan should clearly set out on-call commitments if this work is undertaken:

- On call rotas are now linked to the area that the doctor works. If on call work is undertaken then the dropdown option should be selected and the active rota which is displayed selected.
- Rotas have been prepopulated with category information. The availability supplement of 3% (Consultants) or value of supplement as a percentage of full time basic salary is paid based on the commitment to the rota and is included within the rota description title alongside the frequency of the rota.

On-call categories availability supplement:

Consultants:

- Category A:
 - This applies where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.
- Category B:
 - This applies where the consultant can typically respond by giving telephone advice and/or by returning to work later.

Frequency of Rota Commitment	Value of Supplement as a Percentage of Full Time Basic Salary	
	Category A	Category B
High Frequency (1 in 1 to 1 in 4.9)	8%	3%
Medium Frequency (1 in 5 to 1 in 8.9)	5%	2%
Low Frequency (1 in 9 or Less Frequent)	3%	1%

SAS Doctors:

The following table illustrates the availability supplements for SAS doctors, awarded based on frequency:

Frequency of Rota Commitment	Value of Supplement as a Percentage of Full Time Basic Salary
High Frequency (1 in 1 to 1 in 4)	6%
Medium Frequency (1 in 4.1 to 1 in 8)	4%
Low Frequency (1 in 8.1 or less frequent)	2%

PLEASE NOTE THAT THE MAJORITY OF BSMHFT SAS DOCTORS DO NOT COMPLETE ON CALLS ON THIS BASIS, THEREFORE THIS WILL NOT BE APPLICABLE TO ALL SAS DOCTORS. IF ONCALL IS REMUNERATED AS A LOCUM SHIFT THEN PLEASE DO NOT COMPLETE THE ON CALL SECTION WITHIN THE JOB PLAN. INSTEAD PLEASE ENSURE TO CAPTURE THESE SHIFTS AS ADDITIONAL ANNUALISED ACTIVITY WITHIN YOUR JOB PLAN AND ENSURE THAT THE RELEVANT EWTD DOCUMENTATION IS COMPLETED WHERE REQUIRED

Full information on definitions and calculations can be found at:

Support tab via <https://www.healthmedics.allocatehealthsuite.com/core>

Additionally medic eJobPlan system eLearning is available via the Trusts Learning Zone and can be accessed as many times as required:

[Connect - Search results \(sharepoint.com\)](#)

Appendix 3: Sign off checklist

All areas below to have been fully reviewed prior to job plan sign off:

1. The proposed job plan is available and uploaded in electronic format onto the Allocate electronic system
2. All relevant clinical managers are cognisant of service plans and the views of service managers.
3. Activity accurately reflects what will be delivered during the effective period
4. Activities have start and end times detailed
5. Core supporting activities (SPAs) meet the requirements of the job planning framework and site described
6. SPA activity with objectives and outcomes are detailed
7. Objectives are agreed in SMART form (specific, measurable, achievable, realistic and timed)
8. Diary cards support on call activity, correct on call rota has been entered and programmed activity (PA) allocation (including 3% supplement for consultants and correct pay scheme highlighted for other grades)
9. A private practice declaration form is complete; all external activity is identified on the timetable
10. A conflict of interest declaration form has been completed
11. Evidence of indemnity insurance provided
12. Confirmation that a DBS check has been completed within the last three years
13. Supporting evidence of an in date appraisal has been provided
14. Job plan does not exceed 13.5 programmed activities. Job plans exceeding this total must be considered and approved by the Executive Director of Operations and the Executive Medical Director prior to sign off taking place.

