

Senior Medical Staff Job Planning policy			
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AUTHOR'S CHECKLIST

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Completion not required as new policy.

To be completed when reviewing existing published documents

Consideration for all documents		Y/N	Action to be taken	
			'Yes'	'No'
1.	Is the document still required?	Select	Go to question 2.	Arrange document removal with the Executive Lead/Approval Group and inform the Corporate Governance Team (corporateoffice@cpft.nhs.uk)
2.	Has there been any change in guidance or national policy since the previous version?	Select	Go to question 4.	Go to question 3.
3.	Can Executive authorisation (only) be granted if <i>minor</i> changes have been made to the document?	Select	Executive lead to approve new review date by email. Update dates on the document and send the updated document and Exec email to the Corporate Governance Team (corporateoffice@cpft.nhs.uk)	Go to question 3.
4.	Can formal ratification be granted if <i>major</i> changes have been made to the document?	Select	Agree content at Level 1 Specialty Oversight Group. Seek Approval at Level 2 Exec Led Approval Group. Seek Ratification at NED led Board Sub-Committee (via: corporateoffice@cpft.nhs.uk)	Go to question 3.

VERSION CONTROL SUMMARY

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1. Introduction & Purpose

- 1.1** Job planning for senior doctors is undertaken annually, in line with the relevant contract and Terms and Conditions. Job planning is also undertaken at the start of a new job or when roles and responsibilities substantially change. Job plans ensure that doctors have a clearly documented weekly schedule of duties, responsibilities and objectives which are both compatible with their reimbursement and achievable. A job plan should support the doctor's wellbeing and work-life balance. Job plans enable clinical services to consider their overall senior medical resource to ensure that it is adequate to meet the needs of patients; this may be via a Team Job Plan of all the senior doctors within a particular specialty or service.
- 1.2** The workload of a doctor is complex, challenging, rewarding and sometimes overwhelming. Job planning seeks to ensure that the doctor and the Trust have clarity about what is expected, and that resources are available to ensure clinical commitments take place. The process ensures that the doctor's wellbeing is central to negotiations, and that the objectives of the doctor and the Trust are well aligned. The Trust is committed to the provision of supporting resources and reducing or removing potential organisational or systems barriers.
- 1.3** This document provides a framework for doctors and their line managers when undertaking the job planning process that reduces that variation.

It supports local implementation of National Best practice guidance and should be read in conjunction with the appropriate guidance:

Consultants: [Consultant job planning: A best practice guide \(Revised 2017\)](https://www.nhsemployers.org/articles/consultant-contract-2003)
<https://www.nhsemployers.org/articles/consultant-contract-2003>

Specialty and Associate Specialist SAS doctors: [SAS \(2008\) job planning guidance | NHS Employers](#)

- 1.4** Users of this policy should also be aware of the terms contained in Trust policies [HR74: Secondary Employment](#) and [HR45: Standards of Business Conduct](#)

2. Scope & Definitions

2.1 In Scope

This policy applies to all non-training-grade doctors including doctors on fixed term contracts. It applies to specialty doctors, associate specialists, staff grade doctors, specialist doctors and Consultants who hold a contract of employment or engagement with the Trust (termed senior doctors for this document).

The policy will be followed when new job plans are being negotiated or on appointment to a new contract of employment. Job planning is a contractual obligation for consultants and employers. The overriding principle of the job planning process is to apply the 2003 consultant contract fairly and consistently. (Any exceptions to the

2003 contract should agree principles of their job planning process with their CD and the CMO).

2.2 Not In Scope

This policy does not apply to doctors in training programmes. Although Trust grade doctors, employed at training grades, will not need to have a job plan, their work schedule should reflect the principles of this document.

2.3 Job Plan Activity Definitions

A consistent approach to job planning is necessary to ensure a fair and transparent approach for all doctors across the organisation and for business continuity. Job plans are considered in the following terms and as defined in the NHSE Best practice guidance (2017):

2.3.1 Programmed Activities (PAs):

PAs can be broadly considered as those supporting Direct Clinical Care (DCC), Supporting Professional Activities (SPAs), Additional Programmed Activities (APAs), Additional Responsibilities (ARs) External Duties (EDAs), Private Professional services (PPS) and On call and emergency work (as further defined in NHSE National Best practice guidance).

PAs represent 4 hours (or half a day) of work during normal hours. A full-time member of staff is calculated at 10 PAs per week which equates for 40 hours. CFPT supports as a WTE a 10 PA post, split into 7.5 Direct Clinical Care (DCC)PAs and 2.5 Supporting Professional Activities (SPAs) (and a commensurate pro rata split for less than WTE posts) for consultants and 8.5 DCC and 1.5 SPA for speciality Drs. This is the default standard unless otherwise specified in the original job description or through the job planning process with the relevant Clinical Director.

2.3.2 Annualised job plans:

These may also be agreed if this can be achieved without impact to the service or patient care. Where job plans are annualised over a year each doctor will deliver an average of 42 weeks, excluding annual and study leave. Where study leave is not requested/authorised the annualised weeks will be increased accordingly. For individual components (e.g. clinics, lists) this is usually expressed as the number normally undertaken in a week multiplied by the number of weeks in the working year.

3. Job Planning Requirements and Process

3.1 All senior doctors should undergo an annual job plan review even if the structure of the job plan is not changing. The annual review date will vary between individual doctors and depend on factors such as the date they started employment with the Trust, linkage with their appraisal cycle, potential pay progression, changes in role, or a need to align the job planning process with those of other doctors in their service. A rolling process spread throughout the year will also reduce the demands on the Directorates. The agreed job plan will set out a schedule of PAs that sets out how, where and when duties and responsibilities will be delivered.

The review for consultants will be undertaken by their Clinical Director (CD), Associate Clinical Director (ACD), or a Clinical Lead (CL) nominated by the Clinical Director. Specialty doctors will usually be reviewed by their Supervising Consultant (SC). CDs who are not medical doctors may undertake job planning for medical colleagues.

3.2 Collaboration in the process with Operational managers is encouraged as per NHSE Guidance. The Chief Medical Officer (or nominated deputy) and the Medical Workforce Team may also be involved. The final sign off of a job plan is agreed between the CD as line manager and the Dr.

3.3 Doctors who work for more than one employer will have a job plan that covers all their employment, with one employer acting as the lead employer.

Doctors who have split their employment with one employer for taxation reasons should undertake job planning as if the two contracts were combined.

3.4 Job planning is an annual requirement. The process is required for all senior Doctors. As an example, the senior Dr in the illustration below has a job plan due for renewal in April the next year.

Annual job planning cycle	
Quarter 2 – July to September	Clinical Director sends out preparation for and invitation to job plan review, including letter and diary card with preparation guidelines, giving six weeks' notice.
Quarter 3 – October to December	Team job planning meeting to discuss and agree objectives, supporting professional activities list and any required rota changes. Draft Job plans entered on electronic job planning system by Doctor. CD/ACD/CL/SC reviews the proposed plan and offers an opportunity to meet for discussion with doctor. (Individual job planning meetings take place). Once agreed, plan is signed off by CD/ACD/CL/SC on electronic job planning system. This allows three months for the mediation/appeals process. MJPCC reviews outstanding issues, and a sample of agreed job plans to ensure consistency across clinical management groups/clinical areas.
Quarter 4 – January to March the following year	Mediation and/or appeals completed as soon as possible, in line with the timeframe agreed under the 2003 consultant contract. Pay progression and clinical excellence awards eligibility taken forward for all who have an approved job plan.
Quarter 1 – April to June the following year	Job plan effective 1 April. Mandatory training to begin for the year.

3.5 Job planning is different from annual appraisal. Appraisal is a supportive developmental process which supports revalidation as defined by the General Medical Council. It is expected that an annually reviewed and agreed job plan is presented at appraisal to support an informed discussion. It is not the role of appraisers to recommend changes to job plans, but they may wish to suggest a separate discussion between appraisee and their line manager. Appraisals might not be signed off without an up-to-date job plan.

3.6 All job plans must be recorded using e-Job plan. There are a number of process steps to be followed to submit a new or updated plan, please see Appendix E for a user guide.

4. Objective Setting

4.1 The Job Plan

4.1.1 The job plan will include appropriate personal objectives that have been agreed between the clinician and his or her clinical manager and will set out the relationship between these personal objectives and local service/Trust objectives. Where a clinician works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.

Objectives should remain focused on key strategic, and service aims. More general contractual requirements, such as the need to retain professional registration, participation in mandatory training or adherence to Trust policies and procedures do not necessarily need to be included as separate objectives as they are the expectations of being an employee.

4.1.2 The consultant and his or her clinical manager will use Job Plan reviews to identify the resources that are likely to be needed and any potential organisational or system barriers to help the consultant carry out his or her Job Plan commitments over the following year and achieve his or her agreed objectives for that year.

4.1.3 The Job Plan will set out;

- agreed supporting resources, which may include facilities, administrative, clerical or secretarial support, office accommodation, IT resources and other forms of support;
- any action that the consultant and/or employing organisation agree to take to reduce or remove potential organisational or systems barriers.

4.2 Direct Clinical Care (DCC) and Service level Planning

4.2.1 Multidisciplinary Team (MDT) meetings and Clinical advice and guidance to other professionals that relate directly to patient care and/or treatment planning for specific patients should also be counted as DCC time.

Where MDT meetings have a mixed agenda (e.g. part clinically care based, part Directorate/team meeting), only the element relating to direct patient care will count towards DCC time with the other element noted as a Supporting Professional Activity.

4.2.2 Any administration that is directly related to the above (including but not limited to referrals and notes) will also be allocated as DCC time. The PA allocation will vary according to the administrative requirements of a particular role but will be broadly similar within a specialty. As a rule, a 10 PA (7.5 DCC: 2.5 SPA) post would be expected to contain 1 PA of clinical admin within the DCC. A work diary exercise may be beneficial in calculating a reasonable allocation.

4.2.3 A joint service level planning meeting is encouraged as standard practice, where needs of the consultants within the service and needs of the service should be shared and a collaborative leadership approach to meeting them adopted by identifying a consensus allocation within the specialty for DCC commitments (e.g., administration, ward rounds, MDT etc.).

Job plans are a contractual document which can only be agreed on an individual basis between the Consultant and the employer. Once signed off by the line manager then the job plan should be routinely shared with the appropriate service manager. Mutual sharing consultant needs.

4.2.4 Where outstanding needs of the individual or the service are identified e.g. when there is a mismatch between service demands and a doctor's capacity based on available PAs within the job plan; this will need resolution. The service may decide that there are other ways to deliver activity (e.g., non-medics), that an activity should be stopped, or an opportunity turned down, or that a business case needs to be developed. This is one reason why it is important to include operational/service management leads in the job planning process. This should also occur though a review of the job plan involving those as above if a prospective change to the plan is proposed.

4.3 On Call

4.3.1 All consultants (where CPFT is the principle employer and as per 2003 contract) should participate in the on-call rota for their specialty or area, with part-time doctors joining on a pro-rata basis. Exceptions are time-limited (up to 6 months), and require Clinical Director approval. Health-based exemptions need Occupational Health support, while other cases are assessed individually. Early reviews may be initiated by the Consultant, Clinical Director, or CMO, and extensions require further review by the Clinical Director, CMO and, if applicable, Occupational Health.

4.3.2 terms and conditions (Appendix B) specify an on-call availability

supplement based on the commitment on the rota. There is no prospective cover allowance here.

- 4.3.3** Terms and conditions specify a PA allocation for predictable emergency work arising from on-call duties (ward rounds, administration etc). Where applicable this should also be prospectively built into timetables as direct clinical care PAs. There is no limit on the amount of predictable on-call work that can be allocated to DCC PAs and prospective cover.
- 4.3.4** If applicable a PA allocation for unpredictable emergency work done whilst on-call may be included in the job plan. The rate is specified in the relevant terms and conditions. (Where on-call work averages less than 30 minutes per week, compensatory time for the equivalent period of disruption will be deducted from normal Programmed Activities and taken as soon as practicably possible after the rest period that has been disturbed). This should be assessed retrospectively (using diary evidence) and included within the first allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Once again, prospective cover should be recognised here.
- 4.3.5.** All doctors on the same rota at the same frequency should have the same availability supplement and the same PA allocations for predictable and unpredictable emergency work done whilst on-call.
- 4.3.6** It is recommended that each specialty agree what they consider as predictable and unpredictable emergency work through the oncall clinical reference group.
- 4.3.7** On-call rotas should be monitored by a diary exercise at least every two years, more often if a change has taken place or if either side requests a review. A diary card exercise is a process to support the working lives of the medical and dental workforce and participation in such exercises would be expected from all medics and dentists.

4.4 Additional Programmed Activities (APAS)

- 4.4.1** APAs are agreed roles that are in addition to the doctor's usual contract. A full-time contract is 10 PAs per week. Part time doctors may agree to a new role that increases their PAs temporarily or permanently. If permanent, this is a change to their contract, but if temporary this session is an APA and will be reviewed at least annually. APAs that take a doctor over ten PAs per week are always temporary.
- 4.4.2** In this context, Additional Programmed Activities must be formally reviewed as part of the annual Job Plan review and may be reduced or increased following the review subject to three months' notice on either side (which can be waived by mutual agreement). APAs may consist of DCC, Additional NHS Responsibilities and/or other External Duties and should be clearly identified as APAs on the job plan. There is no obligation on clinicians to offer or accept the offer of an additional PA except when they wish to perform Private Practice. For

further details on additional programmed activity, please refer to the Consultant contract.

- 4.4.3** Additional Programmed Activities which are regular features (non-ad-hoc) of the job plan, will continue to be paid during absences, including annual and sick leave.

4.5 Travelling Time

- 4.5.1** Where clinicians are required to travel away from their base for any work activity, the time spent travelling will be allocated as PA time within the job plan for that activity, e.g., time spent travelling to DCC activities will be allocated in the job plan as DCC PAs.

4.6 Private Practice

- 4.6.1** Clinicians wishing to undertake private practice should, in addition to following this guidance also refer to policy [HR74: Secondary Employment \(Including Private Practice\)](#)
- 4.6.2** Details of all regular private practice should be included in the job plan and schedule of Programmed Activities, including weekday evenings and weekends.
- 4.6.3** Additionally, all Consultants are required to fill out the Declaration of Interests form annually, which is circulated by the Trust Secretariat to the CMO and CDs.
- 4.6.4** All private practice must be arranged and undertaken within the requirements of the Code of Conduct for Private Practice. In line with the Code of Conduct, the Trust will insist that private practice is not undertaken during scheduled DCC PAs or SPAs without the CD's prior agreement. The Trust will only agree to this where time-shifting arrangements are formally agreed or where the work's income is passed to the Trust. In these circumstances, the clinicians should ensure that any private services are provided with the explicit knowledge and agreement, in writing of the CD. The overriding principle is that by providing private practice there should be no detriment to the quality or timeliness of services for NHS patients.
- 4.6.5** For Consultants: Where an individual clinician wishes to undertake private work and is not already committed to at least a 10 PA job plan the Trust may at its discretion offer an extra DCC PA to the clinician and his or her colleagues (see schedule six of contract). Where the extra PA is declined by all applicable clinicians, and the clinician continues to undertake the proposed private work, the individual will not be entitled to receive pay progression during the year in question.
- 4.6.6** If the Trust requires a clinician to reduce from an 11 PA or greater contract, down to 10 PAs, this should not prejudice the clinician's right to undertake private work or receive pay progression.

4.6.7 Where the Trust decides not to offer extra PAs, it may decide later to do so, and the same requirements will apply providing a reasonable period of notice is given consistent with the Terms and Conditions – Consultants (England) Schedule 6 and the associated Code of Conduct for Private Practice.

4.6.8 When the Trust offers no extra PA, the clinician may undertake the proposed private practice without jeopardising pay progression. Where the Trust wishes to reschedule a clinician's activity to a time when they have private activity scheduled, the Trust will seek to achieve this by discussion and agreement. Where this not possible the Trust will give no less than three months' notice to allow the clinician to decide to reschedule their private practice, starting from the date of resolution of any job planning appeals processes.

4.7 Fee-Paying Services

4.7.1 Fee-Paying Services should be included in the job plan and schedule of Programmed Activities. They should only be undertaken during DCC or SPA time with the prior agreement of the CD and Department/Service Manager and where time-shifting arrangements have been agreed. Where this is the case, the clinician may retain the fees. Where such a time-shifting arrangement is agreed it will be reviewed regularly and either party can end it with reasonable notice, sufficient to allow the other party to make satisfactory alternative arrangements.

4.7.2 Fees for such services may also be retained by the clinician without time-shifting where there is minimal impact on other activities and is explicitly agreed, in writing, by the CD. For this purpose, minimal impact should be defined as not reducing Direct Clinical Care activity levels or the efficient use of Trust resources. Such an arrangement will be reviewed regularly.

4.8 Supporting Professional Activities (SPAs)

4.8.1 As with DCCs, SPA time should always support the role that the doctor is undertaking, and the activities undertaken fit with the objectives set by one or all the employing Trusts. Therefore, the content of supporting professional activity time should be discussed and agreed at the job plan meeting. Individuals need to account for the time they spend on SPA in the same way as they need to account for time spent on DCC. Doctors when reviewing the time spent on these activities should consider the evidence required to support the activity concerned.

4.8.2 Each doctor will be entitled to SPAs.

4.8.2.1 Core SPA includes activities that enable the doctor to demonstrate that they are following *GMC Good Medical Practice* such as keeping up-to-date, collating feedback, quality improvement activity, maintaining a revalidation portfolio, statutory and mandatory training. Other tasks essential to working as a senior doctor, such as Trust communications (e.g., email/other platforms such as Microsoft Teams) and attendance at departmental meetings will also

be undertaken as part of the core 1.5 SPA. All doctors working 5PA and over will have 1.5 core SPA.

4.8.2.2 All doctors working less than 5PA will be entitled to one core SPA, those doctors working less than 3 PA will need to individually agree the appropriate SPA taking into consideration whether core SPA is accessed via a separate employer.

4.8.3 Remaining SPA Activity is used to support the non-DCC needs of the service and must have clearly defined roles, responsibilities, and objectives. These include specific activities related to teaching and training, (educational supervisor, appraiser) governance, and leadership. Appendix C describes SPA roles commonly required within clinical services and the suggested attributed SPA allowance.

4.8.4 Clinical supervision for and by senior doctors is included as part of the doctors' usual clinical practice DCC as per the clinical supervision guidance. Team meetings can be both DCC and SPA where clinical matters and non-clinical matters are discussed in the same forum.

4.8.5 Study leave of up to 10 days per annum will be in addition to this.

4.8.6 A full list of all DCC and SPA activities required to run each clinical service and overall service line should be available to support job planning processes and business continuity.

4.9 Activities Additional to Contract

4.9.1 Senior doctors may wish to voluntarily undertake unreimbursed additional activities for professional reasons which are over and above their PA commitment. This should be discussed and recognised as part of the job planning process. These roles are termed 'additional to contract' in the Trusts electronic job planning software.

4.10 Additional NHS Responsibility Activities

4.10.1 In addition, senior doctors may undertake roles for the wider Trust which have an allocated time commitment for a fixed period. These are termed Additional NHS responsibility Activities. They will have an associated job description, person specification and a formal process of appointment.

They must be agreed by the clinical director with a clear understanding on the impact of these commitments on the wider needs of the service.

4.11 External Duty Activity

4.11.1 Senior doctors may undertake external duty activity (EDA), for example, roles within other NHS Trusts, the deanery or within Royal Colleges. As with APAs these must be undertaken with the agreement of the clinical director with an understanding of the length of the commitment and of impact of the wider clinical

service. CPFT would not usually remunerate activities external to the Trust unless funded by the external organisation or prior approval has been established from the Chief Medical Officer. Time-shifting may be agreed to accommodate such activity. Care should be taken to ensure that external activities do not disproportionately affect one type of activity (for instance always cancelling the same clinic) – time shifting should be used to fulfil the doctor’s obligations.

5 Pay Progression

- 5.1** The terms and conditions for distinct types of contracts make provision for a salary that rises through a series of pay thresholds (see section 9 for contract links). Passing through the thresholds is not automatic and specific criteria have to be met ([Consultant doctors and dentists pay progression system guidance | NHS Employers](#), NHSE October 2024) although it is expected that progression will still be the norm.
- 5.2** Doctors should not be penalised if objectives have not been met for reasons beyond their control. Employers and Consultants will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the job plan review.

6 Job Planning Disputes

- 6.1** Most job plans will be agreed without difficulty. Where it has not been possible to agree a job plan or a doctor disputes a decision that he or she has not met the criteria required for pay progression, the process for dealing with disagreements is found in the terms and conditions in the relevant contract. Advice can be obtained from Human Resources, the Medical Staffing Team, or the relevant job planning guidance documents (see reference list).
- 6.2** Problems should be raised with the Clinical Director of the service line. where things cannot be resolved the issue should be escalated to the Medical Job planning Consistency Committee (MJPCC (See Appendix E)) and the CMO via this forum.
- 6.3** If the dispute remains unresolved, the Doctor may wish to enact the procedure as described in the relevant contract and terms and conditions.
- 6.4** A doctor may ask to discuss their job plan with a peer. This does not form part of the formal process but informs and supports the doctor.
- 6.5** No disputed element of the Job Plan will be implemented until confirmed by the outcome of the appeals process.
- 6.6** Where a clinician is employed by more than one NHS organisation, the main employer will take the lead in resolving any issues.

7 Compliance With Guidance

- 7.1** Doctors struggling to comply with this guidance should discuss the matter with their

line Manager, Clinical Director or a Freedom to Speak Up Guardian who will do their best to solve the issue.

7.2 Potential breaches in compliance with this guidance may be investigated under the terms of policies [HR45 Standards of Business Conduct](#), [HR60 Procedure for Handling Concerns Around Medical and Dental Employees](#), and [CP02 Anti-Fraud and Bribery Policy & Procedures](#)

8 Roles & Responsibilities

8.1 Senior doctors (i.e. all doctors in non-training grades, except Trust Grade doctors in training grade posts) will engage in job planning.

8.2 Clinical directors will direct a job planning process within their service line. They may delegate the job to a colleague (for instance the clinical lead). They, or their delegate, will draft job plans and objectives in conjunction with the doctor. They will report their progress to the chief medical officer. Operational managers will enable the job planning process, joining in with meetings as invited, and providing information to inform joined up service job plans

8.3 People Services will support managers in implementing the process, the electronic Job planning software and in issues requiring resolution.

8.4 Chief medical officer will support CDs in the process. They will receive reports and make themselves or a member of their team available for advice and dispute resolution.

8.5 Medical Workforce Team will enable access to the electronic job planning system for all doctors. They will maintain a record of progress of job plans and report any issues to the CMO team

8.6 Chief executive officer will receive reports on the process. They will be available to hear appeals.

8.7 Trust Board will be responsible for ensuring that all doctors have a job plan, and that the culture and infrastructure of the Trust supports Senior Doctors. They will be involved in the appeal process.

8.8 The Medical Job planning Consistency Committee (MPCC) acts as an advisory group to the Chief Medical Officer, ensuring there is a consistent and quality assured approach to job planning across each Directorate and the Trust as a whole. It will monitor compliance with the Trust Job Planning Policy and produce annual assurance reports on timeliness and quality of job plans across the trust, reporting to the Trust board via the People and Culture committee. It will review the KPI's and metrics recommended by NHSe job planning guidance including the e-job planning level of attainment with the percentage of staff with an active e-job plan reviewed and approved in the past 12 months to be monitored at trust level. It will lead review of the Job Planning Policy and Job Procedure when this is due or before if there are

changes to the Consultant contract which necessitate review of current policy / process. (See Appendix E).

- 8.9** The on call clinical reference group acts as an advisory group to the MJPC and the MAG ensuring there is a consistent and quality assured approach to consultant on call rotas and provision across the Trust as per Trust job [planning policy. It consists of the Deputy CMO, medical workforce, consultant representation on behalf of the Medical Advisory Group (MAG) from relevant rotas and LNC representation.

9 Training

- 9.1** CDs ACDs, CLs, and Doctors will be trained to use the electronic job planning software in respect of their respective roles to meet the principles outlined in this document.

10 Equality Impact Assessment

- 10.1** No adverse impact was found on any group of doctors in the implementation of this guidance.

11 Success Criteria / Monitoring Effectiveness

- 11.1** Implementation will be monitored by the Clinical Directorates (PRE) and the CMO via the MJPC and at Trust board level through the People and Culture committee.
- 11.2** The numbers of successful job plans, any disputes and their resolution will be recorded. The reasons for disputes, mediation and appeals will be examined, lessons learnt and necessary changes to guidance and practise made.

12 Review

- 12.1** This document may be reviewed at any time at the request of either staff side/LNC or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

13 References, Links to Other Documents

- 13.1** Related Trust policies

[CP02 Anti-Fraud and Bribery Policy & Procedures](#)

[HR45 Standards of Business Conduct](#)

[HR60 Procedure for Handling Concerns Around Medical and Dental Employees,](#)

[HR74: Secondary Employment](#)

- 13.2** References

General Medical Council: Good Medical Practice

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

NHS Employers: Consultant's Terms and Conditions
[Consultant contract \(2003\) | NHS Employers](#)

NHS Employers: Terms and conditions of service for specialist grade (England) 2021:
SAS contract 2021
[Terms and conditions of service for specialist grade \(England\) 2021 | NHS Employers](#)

NHS Employers: Old terms and conditions of service for medical and dental staff
(2008)
[Old terms and conditions of service for medical and dental staff | NHS Employers](#)

BMA: SAS contracts
[Staff, associate specialist and specialty doctor contract \(bma.org.uk\)](#)

BMA: Job planning
[Job planning \(bma.org.uk\)](#)

NHS Employers: A guide to Consultant job planning
<https://www.england.nhs.uk/wp-content/uploads/2022/05/consultant-job-planning-best-practice-guidance.pdf>

NHS Employers: Consultant contract appeals
[Consultant contract appeals | NHS Employers](#)

NHS Employers: A Code of Conduct for Private Practice. Recommended Standards of
Practice for NHS Consultants
[78153-DoH-Code of Conduct Cov \(nhsemployers.org\)](#)

BMA: Compensatory rest Guidance [bma-compensatory-rest-guidance-september-2024.pdf](#)

NHSE Consultant pay progression guidance [consultant-doctors-and-dentists-pay-progression-system-guidance-2700.pdf](#)

14 Definition of terms

ACD	Associate Clinical Director
Annual Appraisal	a contractual requirement for non-training Doctors (Consultants, Specialty, Specialist and Associate Specialist Doctors (SAS), General Practitioners, Trust Doctors and Doctors on honorary contracts).
Clinical Services	The way the Trust organises itself to provide services to patients
CD	Clinical Director
CMO	Chief Medical Officer
CL	Clinical Lead: Delegated Clinical Manager, a person deputised by the Clinical Director or Associate Clinical Director to undertake job planning reviews.

Lead Employer	where a doctor is employed by more than one organisation, one of the employers will act as lead employer for job planning (usually the employer for whom the doctor provides the greatest percentage of their working hours)
MJPCC	Medical Job Planning Consistency Committee
PRE	Performance Review Executive
Revalidation	is the process by which Doctors will have to demonstrate to the General Medical Council that they are up to date and fit to Practice and that they are complying with the relevant professional standards
SC	Supervising Consultant
Senior Doctors	All non-training-grade doctors including doctors on fixed term contracts. This term includes specialty doctors, associate specialists, staff grade doctors, specialist doctors and Consultants who hold a contract of employment or engagement with the Trust
SPA	Supporting professional Activity
PA	Programmed activity
APA	Additional Programmed activity
DCC	Direct Clinical Care
AR	Additional responsibility
ED	External duty
PPS	Private professional services

Appendix A: Equality Impact Assessment (EIA)

Equality Impact Assessment Form

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help CPFT staff members to comply with the general duty.

Equality Analysis Form

Name of Proposal - policy, strategy, function, service being assessed:	Medical Staff Job Plans
Is this a new or existing policy, practice or change to a service?	Clarification of existing guidance and practice
Directorate, Department / Service:	All Clinical Directorates Medical Staffing Service
Details of the person completing this impact assessment form. Name, Job Title, Telephone / Extension:	Ian Morris, Project Manager IPDT MS Teams: 01223 219837
Those involved in the assessment:	Dr Catherine Maxey
Date:	02/08/2024

Name of Proposal - policy, strategy, function, service being assessed:	Senior Medical Staff Job Planning
What are the intended outcomes of this work)? (Include outline of objectives and function aims)	Introduce electronic management of medical staff job plans using RLAllocate job planning software
Who will be affected? (e.g. staff, patients, service users etc.)	Senior Doctors i.e. All non-training-grade doctors including doctors on fixed term contracts. This term includes specialty doctors, associate specialists, staff grade doctors, specialist doctors and consultants who hold a contract of employment or engagement with the trust.
What are the desired outcomes?	An uptake of 95% of relevant Doctors will have job plans recorded on RLAllocate which will be reviewed at least yearly

What does this policy, function, process link to in terms of wider Business plans and objectives?	Aligns practice with Trust Strategy <ul style="list-style-type: none"> • People at the heart of everything we do: have regular career and development opportunities to achieve their potential • Making best use of resources: Be involved and empowered to design and deliver programmes that provide best value <p>Supports NHS England Initiative Advancing levels of attainment for e-rostering and e-job planning</p>
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Evidence considered

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Consider how your assessment has been able to demonstrate Positive Impact, Negative / Adverse Impact or Neutral Impact?

<p>What evidence have you considered? <i>List the main sources of data, research and other sources of evidence This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.</i></p>
<p>Disability Consider and detail on attitudinal, physical and social barriers. Neutral Impact</p>
<p>Sex Consider and detail on gender (potential to link to carers below). Neutral Impact</p>
<p>Race Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers. Neutral Impact</p>
<p>Age Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare. Neutral Impact</p>
<p>Gender reassignment (including transgender) Consider and detail on transgender and transsexual people. This can include issues such as privacy of data and harassment. Neutral Impact</p>
<p>Sexual orientation Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people. Neutral Impact</p>
<p>Religion or belief Consider and detail on people with different religions, beliefs or no belief. Neutral Impact</p>
<p>Pregnancy and maternity Consider and detail on working arrangements, part-time working, infant caring responsibilities. Neutral Impact</p>
<p>Carers Consider and detail on part-time working, shift-patterns, general caring responsibilities, protected characteristics of the carer themselves and if this makes seeking help from services more challenging. Neutral Impact</p>
<p>Patient and Carer Race Equality Framework (PCREF) <i>The Patient and Carer Race Equality Framework (PCREF) is an important part of the NHS's efforts to address racial disparities in mental health. It's a national plan that aims to help NHS organisations, like Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), improve how they serve people from communities facing racial inequalities. We know, for instance, that Black people experience higher rates of mental health conditions – but are less likely to get the help they need. This framework, recommended by the Mental Health Act review, will be mandatory for all NHS Trusts that provide mental health services and will form part of assessments by the Care Quality Commission (CQC).</i></p> <p>A key method through which the PCREF will be implemented is through the completion of equality impact assessments to identify and mitigate inequalities in access, experience and outcomes of care faced by different ethnic minority groups. See Trust website for the Patient and Carer Race Equality Framework for more information on how to identify potential impacts for racialised communities. Patient and Carer Race Equality Framework CPFT NHS Trust</p>

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Engagement and involvement

Have you consulted on the proposal?: Yes

If so with whom?: Job Planning Consistency Committee.

If not why not?

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Not Applicable

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Action planning for improvement:

Outline key actions based on any gaps, challenges, and opportunities you have identified and will be addressed through consultation or further research.

Category	Actions required to address gaps and issue/s	Target date	Person responsible and their division
Gaps and Challenges	None Identified		
Monitoring, evaluating & reviewing	EIA to be reviewed as part of cyclical guidance review	08/2025	

Signed off by EDI Team	Name: Approved by: Sue Rampal, Equality and Diversity Lead.	Date: 7/8/2024
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Completed form should be sent to:

EDI@cpft.nhs.uk

Sue Rampal - Equality and Diversity Lead

Sharon Gilfoyle - Associate Director of Inclusion

Appendix B: Availability Supplements

These supplements were accurate at the time of publishing (June 2022). Care should be taken to look up the current figures.

1. Availability supplements for Consultants

Availability Supplements for Consultants		
Frequency of rota commitment	Value of availability supplement as a percentage of full time basic salary	
	Category A	Category B
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%

2. Availability supplements for SAS Doctors

Availability Supplements for Specialist, Associate Specialist and Specialty Doctors		
2008 Contract Supplements		
Frequency of rota commitment	Value of availability supplement as a percentage of full time basic salary	
	All Categories	
More frequent than or equal to 1 in 4	6.0%	
Less frequent than 1 in 4 or equal to 1 in 8	4.0%	
Less frequent than 1 in 8	2.0%	
2021 Contract Supplements		
Frequency of rota commitment	Value of availability supplement as a percentage of full time basic salary	
	Category A	Category B
More frequent than or equal to 1 in 4	8.0%	3.0%
Less frequent than 1 in 4 or equal to 1 in 8	5.0%	2.0%
Less frequent than 1 in 8	3.0%	1.0%

Appendix C SPA Roles

SPA - Most doctors will have some SPA in addition to their core 1.5 SPA needed to meet CPD needs, combining usually to 2.5 SPAs for full time colleagues. With agreement, doctors may have more than a total of 2.5 SPAs, to meet the needs of the Trust or service line.

Some roles are needed in all service lines. Many of the roles can be multi-disciplinary and may be carried out by other colleagues. In some service lines, the management team will make a decision that some of these roles should be filled by a doctor. The roles outlined below will vary in time allocated, and the suggestions are simply there as a guide.

In large departments some roles will be distinct, whereas in smaller service lines they will be operated as combined roles. For instance, a large service line may have a doctor with a clinical governance role, who has 0.5 PA to oversee the clinical governance activity of the service line. In a smaller service line, this is likely to be in the role of the clinical leads or clinical director.

Title	Description	Time Allowance
Trust Appraiser	Annual appraisal is mandatory for all staff and should be performed by colleagues with expertise and training in the appraisal process	0.25 PA Appraisals are undertaken April to September. Local agreement should be reached as to how the appraisal time is freed up, as a regular time (1-2 on a Thursday for instance) will not work. This may necessitate the displacement of DCC.
Clinical Director - management/ development	To act as the lead for the clinical workforce	0.5 - 5 PA's depending on size of service or team managed
Clinical Lead	To act as the lead for services supporting a particular group of patients	0.5 - 2 PA's depending on size of patient group
Postgraduate Education Lead	To oversee the Continued Professional Development programme for junior doctors, middle grade doctors and consultants within service/service line	0 - 2 PA's
Undergraduate Education Lead	To coordinate all undergraduate medical educational activity within Service/Service line	0.1 - 0.5 PAs per week

Title	Description	Time Allowance
Undergraduate supervisors	Activities relating to medical students	0 - 0.5 PAs per week
Research	To complete research projects as appropriate to role and service needs and or aligning with Trust strategy and vision as agreed with CD.	Usually up to 1 PA of SPA time. (Prospectively funded projects will specify amount of time and be job planned)
Medicines Management Rep	Provide clinical voice for service line at Trust Meds Management Group and disseminate information to service line	0.1 PA
Mortality and Morbidity lead	Oversight, reporting, scrutiny and learning from M&M	Up to 1 PA per week
Clinical Supervisor	Named individual who is responsible for supporting, guiding, and monitoring the progress of a named trainee for a specified period of time. This is a GMC recognised role. Should not be confused with clinical supervision, which occurs during usual clinical work and is recognised in DCC.	0.25 PA per trainee Clinical supervisors may have more than one trainee, and therefore proportionally more SPA time.
Educational Supervisor	Named individual who is responsible for supporting, guiding, and monitoring the progress of a named trainee for a specified period of time.	0.25 PA per trainee Educational supervisors may have more than one trainee, and therefore proportionally more SPA time.
Supervisor	Agreed time to supervise another member of staff (e.g. to complete non-medical prescriber qualification). Supervision of staff in a clinic may be agreed as DCC.	as agreed
Travel	Travel related to SPA activity	as agreed
Unspecified/other		as agreed

Appendix D: Allocate System User Guide

CPFT Senior Medical Staff User Guide: e- Job Plan

Version

Version Number	Date	Summary	Author
1.0	10/07/2024	First Version	Ian Morris, Louise Thomas

Authorisation

Version Number	Date	Summary	Approved By
1.0	10/07/2024	First Version	Medical Staffing Team

Acknowledgements: Cardiff and Vale University Health Board



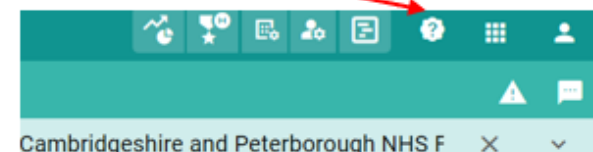
e-Job Plan - Quick Start Guide (e-Job Plan 11 mode)

Allocate e-Job Planning is a web-based system that can be accessed from any Browser. Please go to <http://www.healthmedics.allocatehealthsuite.com> to access the Login Page.



Tip: You CAN also type 'My Job Plan' into the most search engines and it will take you to the

This This is only a quick overview of the job plan process. A more comprehensive guide can be found by clicking on the help icon and choosing the Policies and Guidelines section within e-Job Plan.



Enter your **Username** and **Password** (as provided in the welcome email). If you have forgotten any of these details please use the **Forgotten Username/Password option**.

You will be greeted with the screen below where you will see your current job plan summary, status of the job plan and your sign off managers.

Note: If your job plan has been issued blank it will show as below, however, your Clinical Director/Service Manager may have completed all or part of it for you.

Click on **Edit job plan**.

This will take you through the various stages of creating your Job Plan. Any changes you make to a published job plan will be recorded so that they can be discussed with your sign-off manager.

Save and Continue

1. General Information – Overview of your basic information

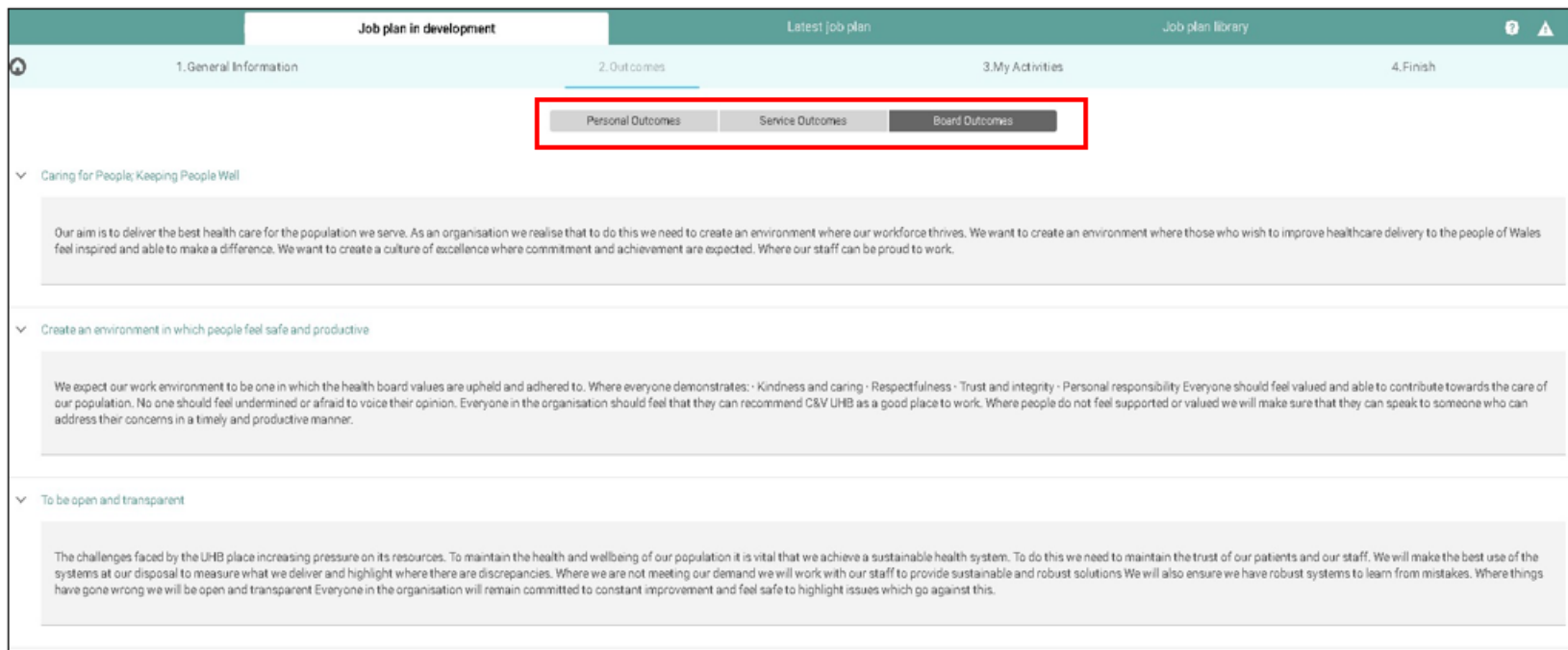


Tip: Choosing the correct place of work at this stage will mean that it defaults to that location on each activity (you can still change it if needed).
 If you work in 2 departments, you can use the 'Alternative Employer' option so that you can select that department when adding activities for that role.

Employment	Availability	
<p>Contract version *</p> <p><input type="radio"/> Pre 2003 <input checked="" type="radio"/> 2003</p> <p>Select the clinician's employment contract.</p> <p>Employment type *</p> <p><input checked="" type="radio"/> Full time <input type="radio"/> Part time</p> <p>Enter whether the clinician works full time or part time in this organisation.</p> <p>Usual place of work *</p> <p>*Fulbourn Hospital</p> <p>Choose the location that the clinician will spend most of their time working at.</p> <p>Alternative employer *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Select Yes if the clinician works for multiple employers.</p> <p>Ministry of Justice : First-Tier Tribunal (Men</p> <p>Enter the name of the alternative employer.</p> <p>Medical title</p> <p><input type="checkbox"/> Clinical Academic</p> <p><input type="checkbox"/> Honorary Doctor</p> <p><input type="checkbox"/> Locum Doctor</p> <p>Select an additional title if appropriate. If you select Clinical Academic or Honorary Doctor, enter the university name in the field below.</p>	<p>Number of weeks available for work *</p> <p>42 Weeks 0 Days</p> <p>The number of weeks and days available to work excluding known leave entitlements. This value is used to calculate the occurrence of activities in the job plan.</p>	
	<th style="background-color: #cccccc;">Other</th>	Other
	<p>No uploaded files. Upload files</p> <p>Attach any relevant external documentation that supports the job plan in any common file format. Attached documents will be visible to the Sign-Off manager(s) and will be listed on the printable job plan. Documents do not automatically copy from one job plan to the next. You should not upload documents that contain any patient sensitive information or identifiers.</p>	

Save and Continue

2. **Outcomes:** Here you can create your own personal outcomes, see the Board Outcomes and/or any outcomes set by your department.



Save and Continue

3. My Activities: This is broken into 3 sections, Timetabled, Flexible, and On-Call



Tip: if your plan covers a calendar month, please choose 4 weeks and tick the box for an additional week each quarter. You will also need to add the relevant week that the job plan starts

As you save each Activity it will build your job plan. Continue to add all your activities including any private work, university sessions and non-working sessions until you have completed the job plan.

Week: 1 - 5 of 5
Num/Yr: 42.00
Sessions: 1,267
Hrs/Wk: 4:45
Hrs/Yr: 199:30

This activity is *
 Routine Hot

Activity details

Select a category *
Direct Clinical Care

Select an activity *
CW - Ward Round

Activity type *
 Planned TCA

Can hot activity reduce the occurrence of this activity? *
 Yes No

Activity occurrence

Day *
Monday

Start time *
08:00

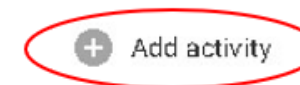
Finish time *
12:45

Premium time = 0:00

Entry method *
 Weekly timetabled Annualised

Worked in weeks *
All 1 2 3 4 5

Select **Add Activity**



Then choose whether it's a **Routine** Activity or a **Hot** Activity

Add activity

This activity is *
 Routine Hot

Build the activity by completing the required fields

Save

- Flexible

Num/Yr: **12.00**

Sessions: **0.286**

Hrs/Wk: **1:04**

Hrs/Yr: **45:00**

This activity is *

Routine Hot

Activity details

Select a category * Select an activity *

Direct Clinical Care MDT - Royal Gwent

Activity type *

Planned TCA

Activity occurrence

Total duration *

03:45

Number of delivered activities *

12

Flexible activity properties

This activity *

Is additional to work already timetabled in Job plan

Runs concurrently with work already timetabled in job plan

Replaces work already timetabled in job plan


Use this section for activities that are often not on a specific day
 You will need to enter the duration of each individual session
 and the number of times you will deliver that annually.

You can then select whether it will be in addition to timetabled,
 activities, in place of, or run concurrently

Save

- **On Call** (Note if your rota is not shown please contact the Medical Staffing Team who can add it for you)

Add On-call

 Sessions: **2,000**

Select On-call *

Cardiothoracic On Call 1:5

(Weekend is classed as Saturday to Sunday for this rota)

Entry method *

Rota by hours Rota by sessions

On-call location *

Intensity band *

Band 0 Band 1 Band 2 Band 3

Weekday work

Weekday frequency *

1 in 5

Predictable weekday sessions	Unpredictable weekday sessions
1.000	0.000

Weekend work

Weekend frequency

1 in 5

Predictable weekend sessions	Unpredictable weekend sessions
1.000	0.000

There are two ways to enter the On Call details – Hours or Sessions.

- The hour's entry method enables you to enter your on-call rotas using the known time spent performing predictable and unpredictable emergency work; from this, the system calculates the number of sessions.
- The session's entry method enables you to record your on-call rotas by entering a pre-defined session value.

Save

As you save each Activity it will build your job plan. Continue to add all your activities including any private work, university sessions and non-working sessions until you have completed the job plan.

Timetabled Summary

1. General Information			2. Outcomes			3. My Activities						
10,000	0,000	10,000				Timetabled	Flexible	On-call				
Planned Sessions	TCA Sessions	Total Sessions										
Week 1	▼		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00
Monday				Num/Yr: 22.67 PA: 9.538	OPD - GUICH 09:00 - 12:45				Num/Yr: 22.67 PA: 9.538	CW - Imaging 13:30 - 17:15		
Tuesday				Num/Yr: 11.99 PA: 1.900	Theatre - Cardiac Surgery 09:00 - 12:45				Num/Yr: 12.00 PA: 1.000	Theatre - Cardiac Surgery 13:30 - 17:15		
Wednesday				Num/Yr: 12.00 PA: 1.000	Advisory Committee Chair/Co-chair (HB Approved) 09:00 - 12:45				Num/Yr: 12.00 PA: 1.000	CW - Imaging 13:30 - 17:15		
Thursday				Num/Yr: 12.00 PA: 1.000	OPD - Thoracic Surgery 09:00 - 12:45				Num/Yr: 12.00 PA: 1.000	Advisory Committee Chair/Co-chair (HB Approved) 13:30 - 17:15		
Friday				Num/Yr: 12.00 PA: 1.000	CW - Imaging 09:00 - 12:45				Num/Yr: 12.00 PA: 1.000	CW - Imaging 13:30 - 17:15		

On-Call Summary

1. General Information			2. Outcomes		3. My Activities			4. Finish
10,000	0,000	10,000			Timetabled	Flexible	On-call	+ Add On-call
Planned Sessions	TCA Sessions	Total Sessions						
The total Sessions arising from your on-call work: 0.000			The total hours arising from your on-call work: 0.00			Highest on-call Band: 1		
Rota Name	Location	Weekday frequency	Weekend frequency	Band	Sessions	Hours		
Acute Medicine Rota	*University Hospital Llandough	10	5	1	0,000	0:00	>	
You can enter more than 1 session's worth of unpredictable on-call against each rota, but only 1 session of unpredictable on-call will be added and displayed against the job plan.								

4. Finish - When you have completed your job plan you can either Request sign off or Leave it in discussion mode. Once you request sign off, the Job Plan will be directed to your Manager and you will be notified of its progress.




1. General Information 2. Outcomes 3. My Activities 4. Finish

If you have finished working on the job plan, please click on Request sign off. Clicking request sign off will alert the clinical user and gives them the opportunity to agree with this or not.

Request sign off Leave in discussion

Appendix E: Job Planning Consistency Committee Terms of Reference

CPFT TOR Medical Job planning consistency committee	
COMMITTEE DETAILS	
Committee name/ Title *	Medical Job planning consistency committee
Type *	Standing Governance meeting
Purpose *	To ensure job planning is consistent between specialties and Directorates, and to provide assurance that job planning is in line with trust guidance,
Scope *	The senior medical workforce.
Authority *	Oversight of Clinical Directorates work and Reporting to the CMO
Reporting/ accountability *	Reporting to the CMO and the people and Culture board
Responsibilities as stipulated by external guidance/ regulations	<p>Details of regulatory frameworks by which the committee should work.</p> <p>NHS E</p>  <p>consultant-job-planning-best-practice</p>
Frequency and duration and location	<p>monthly 1 hr or stood down to bimonthly if all in agreement that can be deferred.</p> <p>TEAMS or ftf</p>
OBJECTIVES AND RESOURCE	
Deliverables or Objectives and or outputs	<ul style="list-style-type: none"> • Create local job guidance to include Agreed Trust standards around usual SPA: DCC splits, oncall expectations. <ul style="list-style-type: none"> ○ Develop standardised jd template for consultant posts ○ Develop menu of SPA and DCC activities + add to job planning software • Review individual and exceptional requests for changes in job plans/ new proposed posts where Directorate leads need wider consultation on the change (i.e. outside of NHSE and developed Trust guidance) • To act as an advisory group to the Chief Medical Officer, ensuring there is a consistent and quality assured approach to job planning (including on call) across each Directorate and the Trust as a whole.

	<ul style="list-style-type: none"> • To monitor compliance with the Trust Job Planning Policy and produce annual assurance reports on timeliness and quality of job plans across the trust, reporting to the Trust board via the People and Culture committee. • To review the KPI's and metrics recommended by NHSe job planning guidance including the e-job planning level of attainment with the percentage of staff with an active e-job plan reviewed and approved in the past 12 months to be monitored at trust level. • To lead review of the Job Planning Policy and Job Procedure when this is due or before if there are changes to the Consultant contract which necessitate review of current policy / process.
Resources and budget	<p>There is no specific funding for this group</p> <p>A Microsoft Teams channel will be used to share and store information</p>
ADMINISTRATION & MEMBERSHIP	
Review *	<p>The Terms or reference will be reviewed annually.</p> <p>This is a standing meeting with no set end date, although sub groups and focus of the group may adapt to meet requirements and some sub groups will end when workstream completed.</p>
Governance *	<ul style="list-style-type: none"> • Agenda • Minutes of the meeting • Action Log • Reports from sub group • Production of Trust guidance • Monitoring of completed job plans per Directorate
Administration *	<ul style="list-style-type: none"> • The administration of the group is the responsibility of Medical Workforce team • Meeting will be arranged at least 1 calendar month in advance • Members will respond to the calendar invitation to confirm whether they are able to attend. • The agenda and accompanying papers will be circulated at least two working days prior to the meeting taking place and ideally 5 working days in advance. • The notes/actions will be circulated within five working days of the meeting taking place and ideally within 2 working days <p>In the event of an urgent decision being required outside of the usual meeting cycle, an extraordinary meeting may be called, or a decision may be required via</p>

	<p>email. Members will be required to respond to all extraordinary requests in a timely manner.</p> <ul style="list-style-type: none"> • Coordination support will be provided by medical staffing .
Membership *	<ul style="list-style-type: none"> • Deputy Chief Medical Officer (Chair) • Chief Medical Officer • Clinical Director for ASMH CMS or AP • Clinical Director for OPAC AF • Clinical director for C&YP VR or ED • Associate clinical Directors • Nominated medical leads for Directorates • Medical Workforce lead and senior HR business partner • DME Thirza Pieters or nominated deputy • CPFT Appraisal lead • LNC representatives x2 • Optional: <ul style="list-style-type: none"> • Senior operational representation - Director of Operational Performance and Delivery
Quorum *	<p>For formal meeting and decision making there must be a minimum of 5 members which must include the following</p> <ul style="list-style-type: none"> - at least one Directorate lead from each of the 3 Directorates, (3) - DCMO or CMO - Medical workforce representative
COMMUNICATION & BEHAVIOURS	
Behaviours & Etiquette	<p>Agree the conduct of members. This may include but would not be exclusive to the following:</p> <ul style="list-style-type: none"> • Where possible and appropriate use IT Teleconferencing to reduce travel time. • Ensure attendance or attendance of deputy (where appropriate) including the preparation of deputies. • Respect to attendees. • Respect to administrators. • Etiquette. <ul style="list-style-type: none"> • Appropriate inclusion of others • Setting a good example in terms of meeting behaviour • Appropriate body language including showing interest, respect and control. • Encouraging engagement. • To make the environment open to questions, even ‘wrong’ questions. • To create a welcoming atmosphere

	<ul style="list-style-type: none"> • Thoughtful and appropriate questioning • Not to make assumptions or expectations of others beyond what was reasonable, whilst being clear in what the expectations were. • Being ‘in the room’ in order to contribute effectively.
Role & function of the Chair	<p>The ability of the Chair to manage the meeting process effectively is key to its success. There is a need to balance governance requirements with the discussion of the Committee. The following should be considered:</p> <ul style="list-style-type: none"> • Effective use of authority and management of potential conflict • Keeping the meeting focused and on track (getting through the business: <ul style="list-style-type: none"> • time management • preparation and management of the agenda • meeting preparation • A clear understanding and communication of the purpose of the meeting and agenda items. • Proving appropriate levels of challenge and setting clear expectations including clarity around actions and agreed risks. • Good meeting management in enabling members to contribute, clear about decisions/next steps, stopping ‘grandstanding’. • A full understanding of the context of discussions (public or private). • An understanding of which agenda items require fuller discussion and dissemination, and which are for information only. • Having good working relationship and understanding with note taker and or meeting administrator • Attentive to the welfare of attendees, both prior to the meeting (realistic preparation time), and during the meeting (e.g. ‘checking in with attendees at the beginning to promote people being able to be ‘in the room’).
Definition of terms	<p>Provide definitions/glossary of any key terms or acronyms.</p> <p>Especially important when inviting external stakeholder including service users and Carers.</p>

APPENDIX F : Monitoring compliance

MONITORING COMPLIANCE

Document Section		Control	Check to be carried out	How often will the check be carried out	Responsible for carrying out the check	Results of check reported to	Frequency of reporting
Page	Section	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
8	3	Annual job review held for all senior medical staff (NHSE attainment level 1&2)	CDS and medical staff annual job plan review documented on e software at 95%	Annually	Consultants and SAS Drs CDs, Medical staffing MJPC	Clinical Directorates - PRE MJPC P&C committee NHS E reporting	Monthly Bimonthly Quarterly Annually
10	4.2	From 26/27 Annual job review held for all senior medical staff (NHSE attainment level 3&4))	Annual service level planning meetings as part of annual job plan review at 95%	Annually	Consultants and SAS Drs, CDs and service managers CDs, Medical staffing MJPC	Clinical Directorates - PRE MJPC P&C committee NHS E reporting	Monthly Bimonthly Quarterly Annually

APPENDIX G: QUALITY ASSURANCE CHECKLIST

TO BE COMPLETED BY THE CORPORATE GOVERNANCE TEAM

		Y/N	Comments
1.	Title of document		
	Is the title clear and unambiguous	Y	
2.	Type of document (e.g. policy, guideline etc)		
	Is it clear whether the document is a policy, guideline or procedure?	Y	
3.	Introduction		
	Is the introduction clear?	Y	
	Are reasons for the development of the document clearly stated?	Y	
4.	Content		
	Is the correct corporate template used?	Y	
	Is the document in the correct format?	Y	
	- Paragraphs numbered consecutively?	Y	
	- Headers: logo on front page only?	Y	
	- Footers: on every page except front page?	Y	
	Are the version control numbers correct on the front page and in footer?	Y	
	Are objectives/aims clearly stated?	Y	
	Are duties, roles and responsibilities clearly explained? (Policies only)		
	Are definitions of terms clearly explained?	Y	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has there been engagement with the Information Governance Team?	N/A	
5.	Evidence Base		
	Is the type of evidence to support the document explicitly identified?	Y	
	Are associated documents referenced?	Y	
6.	Approval		
	Does the document identify which Oversight Working Group is responsible for reviewing the content?	Y	
	Does the document identify which Exec Led Approval Group is responsible for approval?	Y	
	Does the document identify which NED led Ratification Group is responsible for ratifying?	Y	
7.	Review Date		
	Is the review date identified and 3 years (max) following initial development (sign off by Oversight Working Group)?	Y	
8.	Equality and Diversity		
	Is a completed Equality Impact Assessment attached?	Y	
9.	Monitoring Compliance		
	Has section 'Monitoring Compliance' been completed?	Y	

If answers to any of the above questions is 'no', then this document is not ready for approval and needs further review.