

Success in Job Planning and Appraisal

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What is it ?

“A consultant job plan should be a prospective agreement that sets out a consultant’s duties, responsibilities and objectives for the coming year. In most cases, it will build upon the consultant’s existing NHS commitments.”

(Consultant Job Planning – Standards of Best Practice)

Job planning...

EJOBPLAN | South Tyneside and Sunderland Foundation Trust NHS Foundation Trust, England

My job plan

In Development | Latest job plan | Job plan library

1. General Information | 2. Objectives | **3. Activities** | 4. Finish

All Activities | Timetabled | Flexible | On-call | Cycle: 6 weeks

Total Hrs
Core: 50:56 APA: 0:00 ATC: 2:17 Total: 53:13

Total PAs
Core: 13.043 APA: 0.000 Total: 13.043

Basic Information
Cycle: 6 weeks Weeks in Attendance: 42 Weeks 0 Days
1 PA of Premium Time: 3 Hours

▼ **Timetabled**

▼ **Monday**

Start time	Finish time	Travel time	Category	Activity		Worked in weeks	Location	Num/Yr	PA	Hrs/Wk	Hrs/Yr		
08:00	09:00	0:00	DCC	Ward Round/WHO	Core	6	SRH	7.00	0.042	0:10	7:00	>	
08:00	09:00	0:00	DCC	Clinic Admin	Core	1, 2, 3, 4, 5	SRH	35.00	0.208	0:50	35:00	>	
09:00	13:00	0:00	DCC	Theatre - Trauma	Core	6	SRH	7.00	0.167	0:40	28:00	>	
09:00	13:45	0:45	DCC	Clinic	Core	1, 2, 3, 4, 5	SRH	35.00	0.990	3:58	166:15	>	
13:30	17:30	0:00	DCC	Clinic	Core	6	SRH	7.00	0.167	0:40	28:00	>	
14:15	18:00	0:30	DCC	Clinic	Core	1, 2, 3, 4, 5	Shotley Bridge	35.00	0.781	3:08	131:15	>	
17:30	18:00	0:00	DCC	Ward Round	Core	6	SRH	7.00	0.021	0:05	3:30	>	
									Core	2.375	9:31	399:00	
									APA	0.000	0:00	0:00	

Job Planning

Summary of activities

This overview allows you to check if the balance of activities is consistent with national and local guidelines.

NB: Rounding to 3 decimal places may mean that there are small differences between totals and the detailed breakdown.

	Category	Core PAs	APAs	Total PAs	Core Hrs	APA Hrs	ATC Hrs	Total Hrs	Premium Hrs
>	Direct Clinical Care	11.043	0.000	11.043	43:11	0:00	0:00	43:11	3:00
>	Supporting Professional Activities	2.000	0.000	2.000	7:45	0:00	0:00	7:45	0:45
-	Additional NHS Responsibilities	0.000	0.000	0.000	0:00	0:00	0:00	0:00	0:00
>	External Duties	0.000	0.000	0.000	0:00	0:00	2:17	2:17	0:00
-	Fee Paying Services	0.000	0.000	0.000	0:00	0:00	0:00	0:00	0:00
-	Private Professional Services	0.000	0.000	0.000	0:00	0:00	0:00	0:00	0:00
-	Medical School	0.000	0.000	0.000	0:00	0:00	0:00	0:00	0:00
	Total	13.043	0.000	13.043	50:56	0:00	2:17	53:13	3:45

What's the point ?

- Requirement under national terms and conditions of service for consultants since 1991
- Terms and Conditions – Consultants (England) 2003
- “Consultant job planning – a best practice guide” – July 2017 revision, applies to all medical and dental consultants employed by NHS in England.
- Agreement of what you do at your work
- Makes sure you get paid correctly
- Can give you flexibility

- Sir Winston Churchill said,
- ‘A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.’



How does it happen?

- You may have to initiate the process to be paid correctly
- Should be a non threatening partnership approach, not coercive
- Fully agreed and not imposed
- Focused on enhancing patient outcomes while maintaining service efficiency
- Separate from Appraisal
- Meeting with Clinical Director &/or Service Manager
- Mostly electronic job planning system
- Yearly event

What I need to do...

- Reasonable record of what you do – put it down on paper
- 8am.....each hour is accounted for and added up
- Consists of Programmed Activities, 1 PA = 4hours
- PA outside of Mon to Friday, 7am to 7pm = 3 hours
- Made up of:
 - Direct Clinical Care
 - Supporting Professional Activities
 - External Duties, additional NHS responsibilities

What I need to do...

- Look at your trusts job planning policy
- Eg Trust pays down to 0.1 PA. $0.0625 = 15$ mins, rounded up to 0.1 = 24mins
- 1 PA for Clinic, also gives 0.25 PA for Clinical admin
- Lunch ? 30min unpaid

JOB PLANNING POLICY

CONSULTANT AND SAS DOCTORS AND DENTISTS (REFERRED TO AS DOCTORS AND DENTISTS)

Document Reference	STS-MD16.JP.V1.1
Document Status	Final
Target Audience	All Consultants and SAS Doctors and Dentists employed by South Tyneside and Sunderland NHS Foundation Trust
Date Ratified	14 November 2019
Ratified By	Policy Committee
Release Date	26 November 2019
Review Date	November 2024
Sponsor	Deputy Medical Director

Version Control

Version	Date of Amendments	Author	Update comments
1.0	August 2019	Sean Fenwick, Director of Operations, Paul McAndrew, Deputy Medical Director	Final wording and nomenclature, reference and document check. New combined policy for two merged Trusts
1.1	November 2019		Final amendments following presentation to PC

What it looks like..

- Travel to Another Hospital, 8am to 9am = 0.25 DCC PA
- OPD Clinic – 9am to 1pm = 4 hours = 1 DCC PA
- Lunch – 1pm to 1.30pm = 0 PA
- Ward Round 1.30pm to 2.00pm = 0.125 DCC PA
- Theatre 2pm to 5.30pm = 0.875 DCC PA
- Ward Round 5.30pm to 6 pm = 0.125 DCC PA
- Travel Home, 6pm to 7pm = 0.25 DCC PA
- Total = 2.625 DCC PA

Direct Clinical Care ?

- Work that related directly to the prevention , diagnosis, or treatment of illness
- Clinics, theatre, emergency duties, ward rounds
- MDT's to discuss patient care
- Planning of care eg orthognathic, H&N
- administration directly related to the above (including but not limited to referrals and notes)

Supporting Professional Activities ?

- participation in training, medical education, teaching
- continuing professional development
- Audit, Research
- job planning, appraisal
- clinical management, local clinical governance activities
- ***The consultant contract currently provides for a typical weekly split of 7.5 Programmed Activities to 2.5 SPAs! (BMA 2011)***
- ***We recommend all SPAs are carried out on-site and timetabled, unless agreed in advance. Trusts should provide appropriate facilities for this. (NHS 2017)***

On Call ?

- Availability allowance based on rota, Cat A. 3 to 8%
- Predictable Emergency work eg ward rounds, admin. Prospective to cover leave.
- Unpredictable Emergency work eg emergency theatre. Prospective cover

Eg 1 in 6 – 5%, + 1 PA Emergency work.

Additional NHS responsibilities & External duties

- Additional NHS responsibilities
 - Clinical Director, Lead; Clinical Governance Lead etc etc
 - Responsibility payment rather than time based PA
- External Duties
 - Editor of Journal, Chairman etc
 - External Appraiser
 - CQC
 - GIRFT
 - etc

Other forms

- Annualised Job Plan
- Annualisation is an approach to job planning in which a consultant contracts with their employer to undertake a particular number of PAs or activities on an annual, rather than a weekly, basis.
- Team Based Job Plan
- Agreeing the overall requirements for consultant input to service delivery, and the additional responsibilities of the department eg supervision, teaching and research, can be a useful way to then move on to reflecting this in individual consultant job plans.

Link with Appraisal....

- Although objectives should be discussed and agreed at the job plan meeting, the appraisal process is an important source for agreeing and monitoring personal development objectives
- Making sure that job plans reflect personal development objectives is a good way of making sure that the necessary supporting resources have been allocated.
- For this reason, it is important that the clinical director, or manager, has a discussion with the appraiser prior to the appraisal to embed the link to job planning.

Appraisal & Revalidation.....

The Shipman inquiry 2002
to 2005
Dame Janet Smith



Fifth Report:

Safeguarding Patients:
Lessons from the Past –
Proposals for Future

considered the handling of complaints against GPs, the raising of concerns about GPs, General Medical Council procedures and its proposal for revalidation of doctors. She made recommendations for change based upon her findings.

Whats it about ?

- “to bring about the provision of interlinking systems of monitoring and regulation which will detect not only doctors who deliberately harm their patients but also those who harm them for other reasons such as incompetence, ill health or an unwillingness to keep up to date”
- “First, it is clear beyond argument that Shipman would have done well in appraisal, as it currently operates. He would have produced evidence that many aspects of his clinical care were of a high standard.”
- “He could have produced the results of audits; the topics would have been chosen by himself and he would not have conducted an audit into the mortality rate among his patients.”

What's is all about ?..

- “There is no possibility that he could have ‘failed’ at appraisal. In fact, it is quite likely that he would have volunteered (and been accepted) as an appraiser.”
- “Of course, he would have been detected if there had been a requirement for an analysis of mortality rates, backed by verifiable data”
- “Just because clinical governance would not necessarily ‘catch another Shipman’ does not mean that it is not thoroughly worthwhile”
- “usefulness is....what it discovers about doctors who are not performing badly on purpose and who may be quite unaware that their clinical performance is poor”

What is it ? – a framework

You should use the framework to:

- reflect on your practice and your approach to medicine
- reflect on the supporting information you have gathered and what that information demonstrates about your practice
- identify areas of practice where you could make improvements or undertake further development
- demonstrate that you are up to date and fit to practise.

The Good Medical Practice – a framework
for appraisal and revalidation, GMC 2013

General
Medical
Council



Guidance on supporting information for appraisal and revalidation

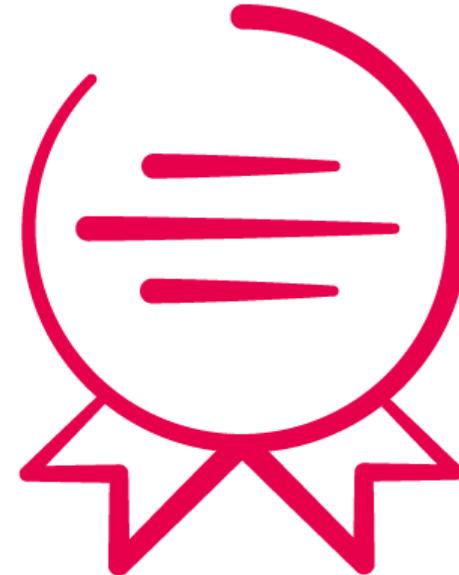
Working with doctors Working for patients

June 2022



Medical Appraisal Guide 2022

A guide to professional
medical appraisal



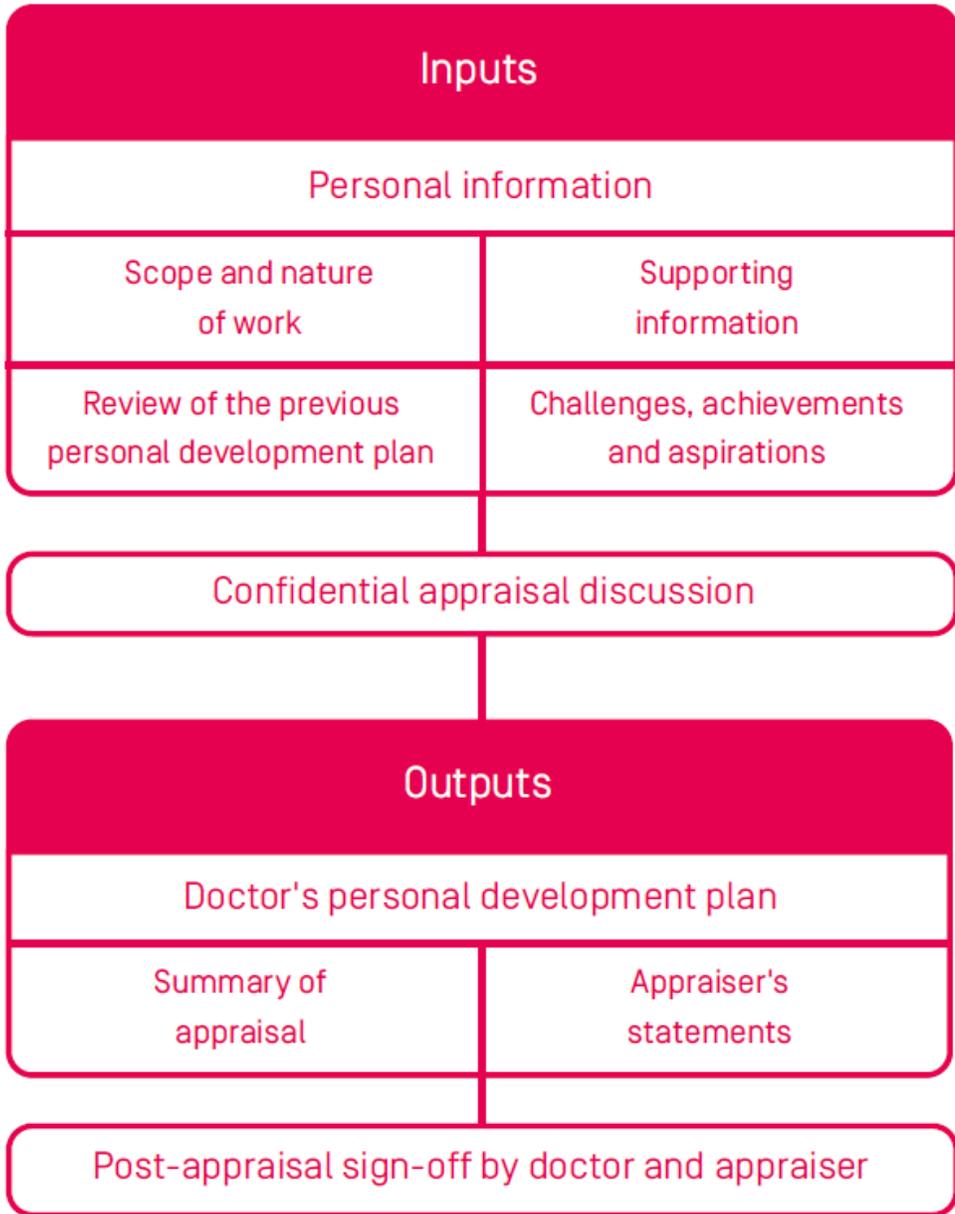
Evaluation of the new 2020 format from two national surveys

LESS...

Preparation time
Onerous
Rigid
Dogmatic
Hoop jumping
Scrutiny
...of a Pass / Fail feel

MORE...

Meaningful
Conversational
Supportive
Trusting
Relevant
Empowering
Reflective
...of an open discussion
...of a valuable experience



we all need to be kind



CIVILITY SAVES LIVES



Supporting information...

There are six types of supporting information you must collect, reflect on and discuss at your appraisal.

They are:

- a Continuing professional development
- b Quality improvement activity
- c Significant events or serious incidents
- d Feedback from patients or those you provide
- e Feedback from colleagues
- f Compliments and complaints

Guidance on Supporting Information for Appraisal and Revalidation. GMC 2020



Supporting
information is
less important
than the
appraisal
discussion

Supporting information should be selective,
giving representative example(s) of best
practice...

...but should (more importantly) inform a
discussion...

... which should be supportive & challenging
& help to identify opportunities for
professional development

...not to submit an exhaustive summary of all professional activities”.

Minimise the burden...

- Appraisers should support doctors to consider what information they need to present for appraisal and help them avoid gathering information that is not necessary.
- Recognising the value of facilitated verbal reflection and recording this effectively in the written summary can significantly reduce pre-appraisal documentation requirements.
- “Employment requirements and performance review should be kept separate from medical appraisal”

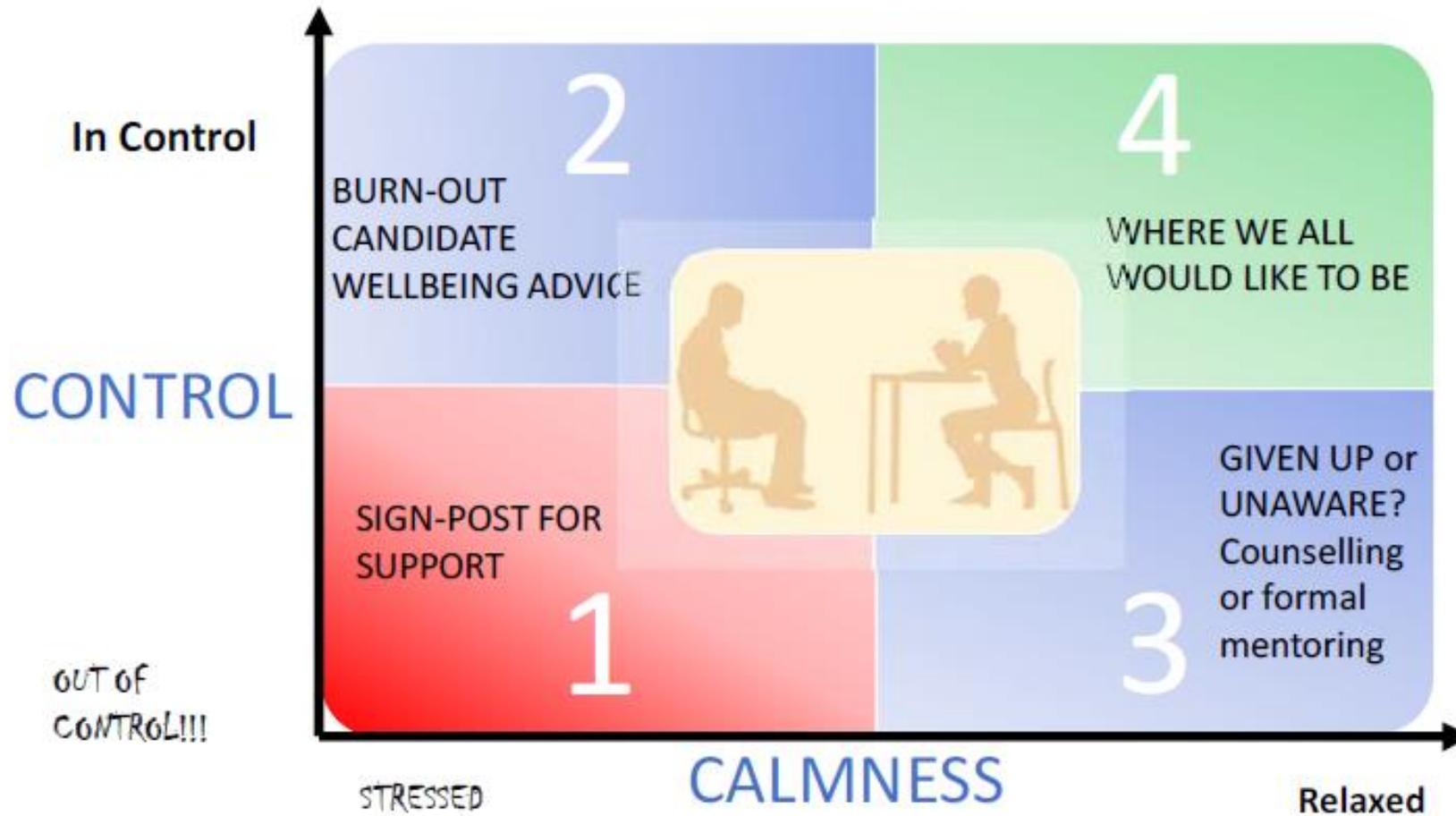
4 S's for appraisers/RO's

Safe Space

Simplify inputs

Supportive as possible

Signpost to resources





Why worry? If you've done the
very best you can, worrying
won't make it any better.

Walt Disney

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