Job Planning Policy for Consultants, SAS doctors and General Practitioners

Document Control Summary

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Version Control Summary

Version	Date	Status	Comment/Changes
1	**30.4.2015**	**Draft**	
1.1	**08.09.2016**	**Draft**	**General update**
1.2	**17.10.2016**	**Draft**	**Wording amended to include Salaried General Practitioners in the Trust**
1.2	**6.3.2017**	**Approved**	
1.3	**14.09.2021**	**Review and update**	**General update to include reference to SAS contracts and new terms introduced in 2021.**

Executive Summary

The introduction of Revalidation has led to substantial changes in appraisal for medical staff. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and are able to provide a good level of care. And appraisal is the mechanism through which a doctor's fitness for revalidation is assessed.

On the other hand, job planning focusses on the relationship between a consultant, SAS doctor or General Practitioner (GP), and his or her employing Trust. Job Planning allows a consultant, SAS doctor or GP and the Trust to schedule and plan activities for each forthcoming year to accord with changing service and personal development needs. All consultants, SAS doctors and GPs, whether employed on a permanent, temporary or locum basis, are required to operate within a job plan agreed with the Trust. A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the consultant, SAS doctor or GP and the support and resources provided by the employer to enable the responsibilities and objectives to be achieved, for the coming year.

This policy is designed to contribute towards maximising the contribution of all consultants, SAS doctors and GPs in the Trust to the improvement of patient care. It brings together arrangements for setting objectives and linking working practices and timetables to service needs. It also ensures that due account is taken of the need to plan for consultants', SAS doctors' and GPs' personal development.

The policy describes the format of the job plan, including the balance between direct clinical care and other activities, and sets out processes for coming to an agreement on the work to be carried out. It also describes arrangements for mediation and appeals where agreement has not been achieved.

Contents

Introduction

1. Job Planning for Consultants, SAS doctors and GPs forms a key part of the Consultant Contract (2003), national contracts for SAS doctors (2008 and 2021) and the National Contract for GPs, and is also a component of the East London Foundation Trust (ELFT) service delivery plan. This process allows a clinician and the Trust to schedule and plan activities for each forthcoming year to accord with changing service needs. Satisfactory participation in Job Planning is required to allow progression through pay scale thresholds.
2. This policy defines the process of job planning for Consultants SAS doctors and GPs employed by the Trust and is to be read in conjunction with the Terms and Conditions – Consultants (2003), Terms and Conditions for SAS doctors, the nationally agreed terms and conditions for Salaried General Practitioners, guidance produced by NHS Employers, and the ELFT Medical Appraisal Policy. The policy requires GPs to be compliant with the Job Planning process in the Trust.

Purpose

3. This policy applies to all medical practitioners at the Consultant grade employed by ELFT on the Consultant Contract (2003), and all SAS doctors employed by the Trust on the 2008 Contracts (Specialty Doctor and Associate Specialist) and 2021 Contracts (Specialty Doctor and Specialist Grade). Job Planning is also required for Consultants and SAS doctors on legacy contracts (pre-2003 and pre-2008 respectively). Further information on the details of the pre-2003 consultant contract is set out in Appendix 4.
4. An annual Job Plan is required for all Consultants, SAS doctors and GPs directly employed by the Trust. This includes Consultants, SAS doctors and GPs directly employed on a permanent, temporary or locum basis. A prospective job plan should be in place at the start of all new (including temporary) appointments.
5. A Consultant, SAS doctor or GP employed by more than one employer shall agree a job plan covering the roles and duties undertaken at this Trust, and it shall be prepared taking into account the commitments of the clinician elsewhere.
6. Where a consultant, SAS doctorr or GP has a joint appointment with Queen Mary's, University of London, job planning meetings shall be held jointly on an agreed basis.

Definition of the Job Plan

7. The Job Plan is the document which sets out a Consultant's, SAS doctor's or GP's work plan for the coming year. The Job Plan will set out all of a clinician's duties and responsibilities and the service to be provided for which they are accountable.

8. Job plans at ELFT are recorded and maintained within the SARD system. This is the same system also used for Appraisal.

9. Job planning, although considered in annual appraisal, is a separate process and should be reviewed and agreed in a meeting separate from and prior to the annual appraisal.

Programmed Activities

10. A standard full-time Job Plan for a Consultant or SAS doctor will contain ten Programmed Activities.

11. Each 4 hours of work has a value of one PA, unless it has been mutually agreed between the Consultant/SAS doctor and the Trust to undertake the work in premium time, in which case one PA is 3 hours. Premium time is classified as any time that falls outside of the hours 07:00 to 19:00 Monday to Friday (2003 Consultant and 2008 SAS contracts) or 07:00 to 21:00 Monday to Friday (2021 SAS contracts). Public Holidays are also premium time. Programmed Activities may be programmed as blocks of four hours or in half-units of two hours each.

12. In setting out the full-time hours of work, the model Salaried GP Contract states that this is calculated to be nine nominal sessions, with each session being 4 hours and 10 minutes. As many GPs opt for flexible working patterns, actual working hours should be determined by just entering start and finish times (rather than nominal sessions).

13. Additional activities over ten PAs are not pensionable and should be contracted separately in addition to the basic fulltime contract. Such additional activities are planned on a temporary fixed term basis, should be precise and clearly delineated from other activities, and should be reviewed and confirmed at least annually through job planning.

14. Programmed Activities are categorised under 4 main areas;

    a. **Direct Clinical Care:** (DCC) work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the Trust. This includes:

        - Emergency duties (including emergency work carried out during or arising from on-call)
        - Operating sessions including pre-operative and post-operative care
        - ward rounds
        - Outpatient activities
        - Clinical diagnostic work
        - Other patient treatment
        - Public health duties
        - Multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes
        - Teaching which takes place during Direct Clinical Care (e.g. at a ward round)
        - Statutory work (Mental Health Act and related activity related to a named patient)

    b. **Supporting Professional Activities:** (SPA) are those activities which underpin Direct Clinical Care and form an essential element of the contract of all

        Consultants, SAS doctors and GPs. SPAs must include clearly defined objectives which will allow the clinician and the clinical manager to show their contribution to the delivery of the clinical service. Work which forms SPAs includes;

        - Continuing Professional Development (CPD)

- Educational Supervision
- Formal teaching and training of other staff
- Clinical audit
- Job planning
- Appraisal
- Research
- Clinical management
- Service development
- Clinical Governance activities

The PAs for SPA must be identified and planned and objectives must be set as for DCC. The annual job planning process provides an opportunity for the clinician to demonstrate his or her involvement in SPAs and to discuss and agree with the Trust the balance of programmed activities accordingly. The precise balance will vary according to local circumstances. Individual clinicians should be prepared to justify, through the job planning process, that their allocated SPA time is appropriate.

c. **Additional Responsibilities:** These are special responsibilities not undertaken by the generality of consultants, SAS doctors and GPs in the Trust. They are to be agreed between a clinician and the Trust and are duties which cannot be absorbed within the time that would normally be set aside for DCC or SPA. These include duties associated with being a Medical Director or Associate Medical Director/ Clinical Director and medical educational roles

A schedule of the Programmed Activities (PA) associated with particular roles will be discussed and agreed with the clinician on an individual basis.

Where possible, the intention is that the PAs form part of the 10 PAs (or equivalent for part time consultants). Where this is not possible, Additional Programmed Activities (APA) are allocated, which are to be reviewed annually as part of the Job Planning cycle (see paragraph13).

d. **External Duties:** These are duties not included in any of the three foregoing definitions and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the Job Plan by agreement between the clinician and the Trust. These might include:

- Trade union duties,
- Undertaking inspections for the Care Quality Commission,
- 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,
- Reasonable quantities of work for a Government Department,
- Specified work for the General Medical Council.

This list of activities is not exhaustive.

Such activities should be annualised within the job planning process to reflect the agreed time commitment to such additional activities. Consultants, SAS doctors and GPs must agree such involvement with the Medical Director and the Deputy Medical Director (DMD) before confirming that they will take it on. Such arrangements, if on-going, are subject to annual review.

Split of PAs between DCC and SPA – full-time staff

15. A standard 10 PAs consultant's job plan will typically include an average of 7.5 PAs for DCC and 2.5 PAs for SPA. The Trust's normal expectation is that all consultants will commit at least 1.5 SPA's per week to participating in appraisal, audit, continuing professional development, teaching and local governance. Consultants involved in further supporting activities (e.g. other teaching roles, training, audit, research, governance etc) will have these clearly documented in the job plan with the time commitment and agreed activity. The combination of supporting activities will typically average 2.5 PAs.

16. A job plan for a full-time general practitioner will cover a general practitioner's normal working week of 37½ hours, such hours being divided into nine nominal sessions. The sessions should account for the daily clinical duties, administrative work to be undertaken (usually in the region 3:1 ratio of clinical to administrative work), specialist roles, practice team meetings, protected time for appraisal/CPD/revalidation and statutory requirements for rest breaks.

17. A standard job plan for a SAS Doctor will typically include an average of 8.5 PAs for DCC and 1.5 PAs for SPA . The Trusts normal expectation is that all SAS doctors will commit at least 1.5 SPA's per week to participating in appraisal, audit, continuing professional development, teaching and local governance. SAS doctors involved in further supporting activities (e.g. other teaching roles, training, audit, research, governance etc) will have these clearly documented in the job plan with the time commitment and agreed activity.

Split of PAs between DCC and SPA – part-time staff

18. The division of programmed activities between direct clinical care and other activities for part-time consultants, SAS doctors and GPs will be seen broadly as pro-rata of those for full time . However, it is recognised that part-timers need to devote proportionately more of their time to supporting professional activities, for example due to the need to participate to the same extent as full timers in continuing professional development. The principle is that the clinician must be able to undertake all teaching, audit, and clinical governance activities required by the employer within the time allowed for supporting activities.

19. Accordingly, the Trust would expect a job plan to include a minimum of 1 SPA for a part-time consultant, SAS doctor or GP.

Additional programmed activities

20. The Trust is committed to working towards all fulltime consultants and SAS doctors working to a job plan of 10 PAs, a 40-hour working week. Where the job planning discussions and diary card evidence indicate that the workload cannot be accommodated within 10 PAs, the consultant or SAS doctor and Associate Medical Director will need to consider the activities undertaken and explore alternative ways of working to reduce the workload.

21. In certain circumstances, up to 11 PAs will be considered and 12 PAs in exceptional circumstances. However, the Trust will usually not pay more than 12 PAs to any clinician. In order to work more than 10 PAs the doctor must agree to opt-out of the Working Time Regulations, allowing up to a maximum of 56 hours per week or 12 PAs to be worked.

22. Additional PAs are reviewable annually as part of the job planning process; there is a 3 months' notice period for any withdrawal on either side. This, however, does not apply to special temporary arrangements to provide cover for short term needs, which will be reviewed on a monthly basis.

Responsibility Payments

23. Some roles will merit payments for additional responsibilities which fall outside the job planning process; these will be dealt with separately by the Trust.

Fee Paying Work

24. Consultants, SAS doctors and GPs are required to tell the Trust about any regular private practice they undertake during programmed activities, and this should be scheduled into the job plan timetable. Clinicians are required to observe the Trust's Private Practice Code of Conduct, and relevant sections of their Terms and Conditions of Service.

Job Plan Reviews

25. Job Planning within the Trust shall be undertaken in a spirit of partnership and in accordance with the appropriate terms and conditions of service and guidance on best practice

26. The purpose of the annual job planning meeting is to:

a. Consider progress against agreed objectives
b. Consider how new or changing Trust and Directorate objectives and restructuring affect job plans
c. Agree any changes to duties and responsibilities
d. Agree new objectives and a plan for achieving them
e. Review the need for additional programmed activities
f. Review the relationship with other paid work
g. Agree the support needed from the Trust
h. Set meetings to review objectives in the forthcoming year

Job planning processes

27. Clinical Directors (CDs) should plan the cycle of job plan reviews in their areas.

28. Each CD and Service Director should meet before starting the job planning process to agree the approach to each job planning meeting. The overall goals for any changes should be agreed and plans for negotiation made. They should also review and have available the following:

a. The annual Plan and objectives
b. Service plans and quality targets
c. Changes in services that have been agreed
d. New national guidance or strategy
e. Any available performance data
f. Last year's job plans
g. Details of recent or planned changes in staffing resources and skill mix
h. Recent consultant PDPs
i. Clinical governance and audit issues that have arisen
j. Details of resources available to consultants

29. Consultants, SAS doctors and GPs should make sure that they have available and have reviewed (where available):

k. Trust and Service plans and objectives

l. Last year's job plan

m. Relevant individual performance data

n. Notes of issues that have arisen for them in the last year that affect objectives and performance

o. Details of forthcoming internal and external commitments

p. Their own PDP and appraisal documentation including training needs

q. Clinical and governance issues

r. Ideas for service improvements, contributions to Service objectives, and changes to their job plan.

Job planning meeting format

30. Job Plan review meetings should be set up in diaries in advance to allow sufficient time for preparation.

31. A room should be booked, and the time should be uninterrupted. At least an hour should be set aside, and longer if there are significant service changes to be discussed.

32. The CD, and, if appropriate and mutually agreed with the clinician, the Service Director or an appropriate nominee, should carry out do the job planning together with the consultant, SAS doctor or GP.

33. At the start of the meeting the participants should agree who will keep notes of the discussion and write them into the job plan and the timescale for completing these processes.

34. The CD and, where present, the Service Director (or nominee) should clarify the service strategy for the forthcoming year, the key objectives to be met and any effect on the Clinician's job plan. Any changes to the timetable should be discussed and agreed. The clinician should discuss any elements of the PDP that need to be built into the job plan timetable.

35. Objectives should be agreed.

36. If appropriate, APAs should be reviewed and agreed and built into the timetable.

37. Plan meetings to take place in the forthcoming year to review progress on objectives and discuss issues that arise.

38. The job plan should be written up on the **Model job plan template at ELFT**, which is set out in Appendix 1 and signed by all those present at the meeting. It is also available electronically on the Trust Intranet.

Job Plan circulation

39. Following agreement, copies of the job plan should be retained by the consultant, SAS doctor or GP and the CD and the Service Director – in addition to being recorded on SARD. A copy should be sent to the Medical Director. A copy should be uploaded onto SARD and given an expiry date. A copy should also be sent to the CD for Revalidation and Clinical Governance who should ensure that records of job planning activity are maintained. This copy should then be forwarded to Medical Staffing HR for filing.

Job planning meeting checklist

40. A Job Plan meeting checklist is set out in Appendix 3 which may help in planning and completing Job Plan reviews.

Mediation and appeals

41. Mediation and appeal arrangements are set out in the terms and conditions of service to resolve situations where it has not been possible to agree a Job Plan. The arrangements are set out in Appendix 2.

Ratification process

42. This policy will be subject to ratification as set out in the table below.

Key Area	Lead Director	Consultation with:	Ratification Body
Job Planning Policy	Medical Director	MSC LNC	JSC

Consultation Process

43. The Trust will consult with the following groups and committees over the details of this policy:

a. Clinical Directors (CDs)

b. Medical Staff Committee (MSC),

c. British Medical Association (BMA) through the Joint Local Negotiation Committee (LNC).

d. Joint Staff Committee (JSC)

Implementation Plan and Training Needs

44. The implementation plan to ensure the effective implementation of this policy is set out below.

Key Area	Lead Director	Working Group (where appropriate)	Ratification Body

Communication of new policy to consultants **Organise training for consultants** **Organise job planning training for CDs and Services Directors** **Set up job planning record system with Revalidation Support Officer**	Medical Director	BMA Guide to Job Planning Lead Appraiser Revalidation Administrator	

Monitoring Compliance with the Policy

45. The job planning process for CDs will include providing adequate time to carry out job planning for the clinicians within their areas.

46. Arrangements will be put in place to help the CDs plan and carry out job planning.

47. Records will be maintained of consultant job planning activity and the DMD will keep compliance with the policy under review.

48. The DMD will receive reports on a 3-monthly basis of compliance with this policy.

Associated Documents

49. Appraisal and Revalidation Policy

50. Job Planning Form – available on Trust Intranet

51. Job Planning Checklist – available on Trust Intranet

References

52. Academy of Medical Royal Colleges (2012*a*) *The Benefits of Consultant delivered Care*.

53. Academy of Medical Royal Colleges (2012*b*) *Advice on Supporting Professional Activities in Consultant Job Planning*

54. British Medical Association & NHS Employers (2011) *A Guide to Consultant Job Planning*.

55. A UK Guide to Job Planning for Specialty Doctors and Associate Specialists (BMA, NHSE 2012)

56. Safe patients and high-quality services: a guide to job descriptions and job plans for consultant psychiatrists Laurence Mynors-Wallis Registrar Royal College of Psychiatrists College Report CR174 November 2012

57. In relation to the Equality Impact Assessment
    a. Health and Social Care Act 2001
    b. The Human Rights Act 1998
    c. The Equal Pay Act (as amended) 1970

d. Promoting Equality and Human Rights in the NHS - A Guide for Non-Executive Directors of NHS Boards (2005) Department of Health
e. NHS Act 2006
f. The Equality Act 2010

Appendix 1

Model job plan for Consultants, SAS Drs and General Practitioners - ELFT

This is also contained in electronic format within the SARD online portfolio.

Consultant/SAS doctor/ GP	CD	Service Director/ nominee	Date of last Job Plan

Job Content

Day	Time	Location	Work	Categorisation	No. of PAs
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Additional agreed activity to be worked flexibly					

Predictable emergency oncall work					
Unpredictable emergency oncall work					
TOTAL PAs					

Programmed Activities

Programmed Activity	**Number**
Direct Clinical Care (including unpredictable on-call)	
Supporting professional activities	
Other NHS responsibilities	
External duties	
Total Programmed Activities	

On-call Availability Supplement

Agreed on-call rota eg. 1 in 5	
Agreed category	
On-call supplement eg. 5%	

Objectives

Objectives and how they will be met

Supporting Resources

Facilities and resources required for delivery of duties and objectives	
Staffing support	
Accommodation	
Equipment	
Any other required resources	

Record of Leave

Annual	**Study**	**Sick**	**Other (please specify)**
Days:	Days:	Days:	Days:

SIRs and Complaints

List of involvement in serious incidents and complaints with comment from Clinical Director

Mandatory Training

Confirmation of completion of training and any obstacles in achieving this

Review of Progress

Summary of the year's performance including highlighting good practice, completion of objectives, and any areas of concern (please state if no concerns).

Additional NHS Responsibilities and/or External Duties

Other Comments or Agreements

Detail any other specific agreements reached about how the job plan will operate. For example, with regard to category 2 fees, domiciliary consultations and location flexibility

Additional Programmed Activities

Are you undertaking private medical practice as defined in the terms of service?	
If yes, are you already working an additional programmed activity above your main commitment?	
If no, has the Trust offered an additional programmed activity this year?	
If yes, has this been taken up?	
If no, have other acceptable arrangements been made (eg. taken up by a Colleague)?	

Signed Off and Agreed

Doctor Name .....

Signature .....

Date .....

Clinical Director/Clinical Lead .....

Signature .....

Date .....

Appendix 2
Mediation and Appeals

If there is disagreement about a job plan that cannot be resolved between the clinician and their clinical line manager, the clinician should request mediation by writing to the Medical Director within two weeks of the failure to agree.

Mediation is an informal process led by the Medical Director, or another senior doctor at associate, deputy or divisional director level as nominated by the Medical Director. The person who leads the medication process will not have had any previous involvement in the disputed job plan. The mediator will first meet with the clinician and the clinical line manager separately; and all three will subsequently meet together. This will normally be within two weeks of the referral for mediation being made.

In preparation for mediation, the following should be considered by both sides:

- The nature of the disagreement
- The reasons for their position
- The evidence for their point of view
- The consequence of alternative job plans
- Their ideas for reducing hours worked, if the number of PAs is the cause of the disagreement.

Evidence brought to the mediation will depend on the nature of the disagreement, but may include:

- Work diaries
- Workload or activity reports and/or metrics
- Corroborating guidance or letters from external organisations or professional bodies
- Comparison with agreed job plans of other clinicians in the same or different organisations, with comparable duties
- Specialty / College ‘best practice’ advice
- Care Quality Commission (CQC) visit information
- NICE guidelines

Mediation meetings consist of only the mediator, the clinician and the clinical line manager.

If agreement is reached, the job plan should be signed off and recorded within five working days. If mediation does not resolve the difference, an appeal must be lodged within 2 weeks of the mediation outcome. If an appeal is not lodged within this timeframe, it could be assumed that the clinician has accepted the outcome, therefore it is important that the clinician lodge their appeal within the 2-week timeframe. The mediator or clinical line manager must advise the doctor of this timeframe.

An appeal panel will be convened where it is not possible to resolve the disagreement through mediation. A formal appeal will be heard by a panel under the procedure set out below:

- The clinician will lodge an appeal in writing to the Chief Executive as soon as possible, and no later than two weeks, after they receive the mediation outcome.

- The Chief Executive will, upon receipt of the appeal, convene an appeal panel within four weeks (under the 2003 consultant, 2008 SAS and national Salaried GP contracts) or six calendar weeks (2021 SAS contracts).

The membership of a Consultant appeal panel will comprise of:

- The Chief Medical Officer, Hospital Medical Director, an Associate Medical Director or a Divisional Medical Director authorised to act on behalf of the Chief Medical Officer;
- A relevant second panel member nominated by the consultant;
- Someone chosen from the list of individuals approved by NHS Employers and the BMA. If it is not possible to get someone from the list within a reasonable timeframe, the third panel member can be any relevant person from another organisation as long as they are acceptable to both the consultant and the clinical manager.

The membership of a SAS doctor appeal panel will comprise of:

- A Chair, being a non-executive director of the appellant doctor's employing organisation or other independent member;
- A second panel member nominated by the appellant doctor (preferably from within the same grade or a more senior level);
- An executive director from the appellant doctors' employing organisation.

The membership of a GP appeal panel will comprise of:

- The Chair of the Local Medical Committee to which the practice belongs to;
- A lay member of the employing organisation;
- A third party advisor as agreed by each party.

No member of the appeals panel should have previously been involved with the dispute.

The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing.

The clinician can come to the meeting accompanied by a work colleague, trade union professional or professional organisation representative. Such representatives will not act in legal representative capacity.

The manager will present his or her case first explaining the position on the job plan, or the reasons for deciding that the criteria for a pay threshold have not been met.

The clinician or their representative will then present his or her case. Where the clinician, the manager or the panel requires it, the panel may hear expert advice of matters specific to a specialty.

The appeal panel will make a recommendation on the matter in dispute in writing to the Trust Board, normally within two weeks of the appeal meeting and this will normally be accepted. The clinician should see a copy of the recommendation when it is sent to the Board. The Board will make the final decision and inform the parties in writing.

No disputed element of the job plan will be implemented until confirmed by the outcome of the appeals process. Any decision that affects the salary or pay of the clinician will have

effect from the date on which the clinician referred the matter to mediation or the date that they would have otherwise received a change in salary, if earlier.

If the Chief Medical Director appeals his or her job plan, a non-executive Director will oversee mediation.

Appendix 3
Job Plan Meeting Checklist

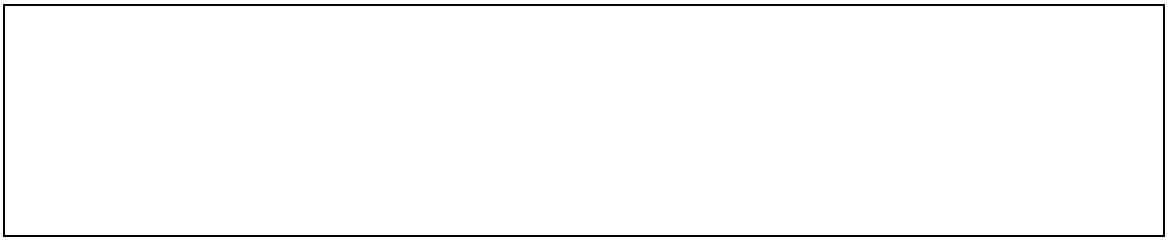
Meeting participants

	Name
Consultant, SAS doctor, GP	
CD	
Service Director (or nominee)	

Date of meeting	**Time of meeting**	**Location**

Tick if achieved

Agree note taker and timescale for completion of job plan documentation	☐
Discussion of Directorate Strategy	☐
Discussion of consultant's PDP in the context of the job plan	☐
Set objectives	☐
Agree Job Plan timetable	☐
If appropriate, agree APAs	☐
Mid-year meetings planned – date and time:	
Notes	



Appendix 4

Consultants – Pre 2003 Contract

Health Circular HC(90)16 remains the key document for job planning for consultants on the old contract. It outlines the requirements and processes for an annual job plan review. Contractual duties of consultants on the old contract are outlined in paragraph 30c of the Hospital Medical and Dental staff Doctors in Public Health Medicine and the Community Health Service Terms and Conditions of Service (September 2002)

However job planning on the old and new contract do have similar goals and aims. Both types of job plan should include:

- The consultant's main duties and responsibilities
- Scheduling of commitments
- Personal objectives
- Support needed in fulfilling the job plan

On this basis, the Trust expects consultants on the old contract to conform to the same job planning process as other consultants.

Appendix 5
Equality Impact Assessment Tool

To be completed and attached to any procedural document as an appendix when submitted to the appropriate committee/group for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this procedural document, please refer it to [*insert name of appropriate person*], together with any suggestions as to the action required to avoid/reduce this impact.
For advice in respect of answering the above questions, please contact [*insert name of appropriate person and contact details*].

Appendix 6
Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
1.1	Is the title clear and unambiguous?	Y	
1.2	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
2.1	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
3.1	Is the method described in brief?	Y	
3.2	Are people involved in the development identified?	Y	
3.3	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
3.4	Is there evidence of consultation with stakeholders and users?		
4.	**Content**		
4.1	Is the objective of the document clear?		
4.2	Is the target population clear and unambiguous?		
4.3	Are the intended outcomes described?		
4.4	Are the statements clear and unambiguous?		
4.5	Are definitions included for terms requiring clarity?		
4.5	Does the document meet the Trust template for procedural documents?		
5.	**Evidence Base**		
5.1	Is the type of evidence to support the document identified explicitly?		
5.2	Are key references cited?		

5.3	Are the references cited in full?		
5.4	Are supporting (associated) documents referenced?		
6.	**Approval**		
6.1	Does the document identify which committee/group will		

	Title of document being reviewed:	**Yes/No/ Unsure**	**Comments**
	approve it?		
6.2	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
7.	**Dissemination and Implementation**		
7.1	Is there an outline/plan to identify how this will be done?		
7.2	Does the plan include the necessary training/support to ensure compliance?		
8.	**Document Control**		
8.1	Does the document identify where it will be held?		
8.2	Have archiving arrangements for superseded documents been addressed?		
9.	**Process to Monitor Compliance and Effectiveness**		
9.1	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
9.2	Is there a plan to review or audit compliance with the document?		
10.	**Review Date**		
10.1	Is the review date identified?		
10.2	Is the frequency of review identified? If so is it acceptable?		
11.	**Overall Responsibility for the Document**		
11.1	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust