

Job Planning Policy for Consultants and General Practitioners

Document Control Summary

Ratified By and Date	JLNC, 6 th March 2017
Date of Publication:	8 th March 2017
Authors:	Dr Pierre Taub, Medical Appraisal Lead Frank Ball, Medical Workforce Manager
Accountable Director:	Medical Director
Date issued:	8 th March 2017
Review date:	7 th March 2020
Target audience:	Consultants within the Trust

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	

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 or General Practitioner (GP) and his or her employing Trust. Job Planning allows a consultant or GP and the Trust to schedule and plan activities for each forthcoming year to accord with changing service needs. All consultants 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 or GP and the support and resources provided by the employer for the coming year.

This policy is designed to contribute towards maximising the contribution of all consultants 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' 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

<i>Subject</i>	<i>Page</i>	<i>Subject</i>	<i>Page</i>
Contents	2	Job Planning meeting Format	7
Executive Summary	2	Job Planning meeting Checklist	7
Introduction	3	Mediation and Appeals	7
Purpose	3	Ratification Process	8
Definition of the job plan	3	Consultation Process	8
Programmed Activities	3	Implementation Plan and Training Needs	8
Direct Clinical Care	3	Monitoring Compliance with the Policy	8
Supporting Professional Activities	4	Associated Documents	9
Additional Responsibilities	4	References	9
External Duties	4	Appendix 1 – Job Plan Form for Consultants	10
Split of PA between DCC and SPA – full-time staff	5	Appendix 2 – Consultant T&C – Schedule 4 – Mediation and Appeals	14
Split of PA between DCC and SPA – part-time staff	5	Appendix 3 – Job Plan Meeting Checklist	16
Additional Programmed Activities	5	Appendix 4 – Consultants – Pre 2003 Contract	17
Responsibility Payments	6	Appendix 5 – Equality Impact Assessment Tool	18
Fee Paying Work	6	Appendix 6 – Checklist for the Review and Approval of Procedural Document	19
Job Plan reviews	6		
Job Planning Processes	6		

Introduction

1. Job Planning for Consultants and GPs forms a key part of the Consultant Contract (2003) 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 thresholds.
2. This policy defines the process of job planning for Consultants and GPs employed by the Trust and is to be read in conjunction with the Terms and Conditions – Consultants (2003), 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). Job Planning is also required for Consultants on the old contract; the details are set out in Appendix 4.
4. An annual Job Plan is required for all Consultants and GPs directly employed by the Trust. This includes Consultants 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 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 consultant elsewhere.
6. Where a consultant 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 or GPs work plan for the coming year. The Job Plan will set out all of a consultant's and GPs duties and responsibilities and the service to be provided for which the consultant and GP is accountable.

Programmed Activities

8. A standard full-time Job Plan will contain ten Programmed Activities. Subject to the provisions of Schedule 7 (of the terms and conditions) for recognising work done in premium Time, a Programmed Activity will have a timetable value of four hours.¹ Programmed Activities may be programmed as blocks of four hours or in half-units of two hours each. GPs should just enter start and finish times.
9. Additional activities over ten PAs are not pensionable and are in addition to the basic full time contract. Such additional activities are planned on a temporary basis and should be reviewed and confirmed at least annually through job planning.
10. Programmed Activities are as defined in the terms and conditions of the contract and 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

¹ Any programmed activity undertaken outside of the hours 7am to 7pm, Monday to Friday, is regarded as taking place in 'premium time'. This means that a programmed activity at these times lasts only 3 hours instead of 4 hours.

consultants. SPAs must include clearly defined objectives which will allow both the consultant 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 a consultant 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 consultants 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 in the Trust. They are to be agreed between a consultant 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 consultant 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 paragraphs 13 – 15) .

- 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 consultant 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 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

11. 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.
12. 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.

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

13. The division of programmed activities between direct clinical care and other activities for part-time consultants will be seen broadly as pro-rata of those for full time consultants. 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 consultant must be able to undertake all teaching, audit, and clinical governance activities required by the employer within the time allowed for supporting activities.
14. Accordingly the Trust would expect a job plan to include a minimum of 1 SPA for a part-time consultant.

Additional programmed activities

15. The Trust is committed to working towards all full time consultants working to a job plan of 10 PAs, a 40 hour working week. Where the job planning discussions and diary card indicate that the workload cannot be accommodated within 10 PAs, the consultant and Associate Medical Director will need to consider the activities undertaken and explore alternative ways of working to reduce the workload.
16. 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 consultant.
17. 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

18. 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

19. Consultants 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. Consultants are required to observe the Trust's Private Practice Code of Conduct, and Schedule 9 of the Terms and Conditions of Service.

Job Plan Reviews

20. 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
21. 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

22. Clinical Directors (CDs) should plan the cycle of job plan reviews in their areas.
23. 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
24. Consultants and GPs should make sure that they have available and have reviewed (where available):
 - a. Trust and Service plans and objectives
 - b. Last year's job plan
 - c. Relevant individual performance data
 - d. Notes of issues that have arisen for them in the last year that affect objectives and performance

- e. Details of forthcoming internal and external commitments
- f. Their own PDP and appraisal documentation including training needs
- g. Clinical and governance issues
- h. Ideas for service improvements, contributions to Service objectives, and changes to their job plan.

Job planning meeting format

- 25. Job Plan review meetings should be set up in diaries in advance to allow sufficient time for preparation.
- 26. 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.
- 27. The CD, and, if appropriate, the Service Director or an appropriate nominee, should carry out do the job planning together with the consultant.
- 28. 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.
- 29. 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 consultant's job plan. Any changes to the timetable should be discussed and agreed. The consultant should discuss any elements of the PDP that need to be built into the job plan timetable.
- 30. Objectives should be agreed.
- 31. If appropriate, APAs should be reviewed and agreed and built into the timetable.
- 32. Plan meetings to take place in the forthcoming year to review progress on objectives and discuss issues that arise.
- 33. The job plan should be written up on the **Model job plan for Consultants - 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

- 34. Following agreement, copies of the job plan should be retained by the consultant or GP, the CD and the Service Director. 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

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

Mediation and appeals

- 36. 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

37. 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

38. 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

39. 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

40. The job planning process for CDs will include providing adequate time to carry out job planning for the consultants within their areas.
41. Arrangements will be put in place to help the CDs plan and carry out job planning.

42. Records will be maintained of consultant job planning activity and the DMD will keep compliance with the policy under review.
43. The DMD will receive reports on a 3 monthly basis of compliance with this policy.

Associated Documents

44. Appraisal and Revalidation Policy
45. Job Planning Form – available on Trust Intranet
46. Job Planning Checklist – available on Trust Intranet

References

47. Academy of Medical Royal Colleges (2012a) *The Benefits of Consultant-delivered Care*.
48. Academy of Medical Royal Colleges (2012b) *Advice on Supporting Professional Activities in Consultant Job Planning*
49. British Medical Association & NHS Employers (2011) *A Guide to Consultant Job Planning*.
50. 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
51. 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 and General Practitioners - ELFT

Consultant/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 on-call work					
Unpredictable emergency on-call 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

Extract from the Terms and Conditions – Consultants (England) 2003 - Schedule 4 Mediation and Appeals

1. Where it has not been possible to agree a Job Plan, or a consultant disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

Mediation

2. The consultant, or (in the case of a disputed Job Plan) the clinical manager, may refer the matter to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision. Where a consultant is employed by more than one NHS organisation, a designated employer will take the lead (in the case of a disputed Job Plan, a lead employer should have already been identified). The purposes of the referral will be to reach agreement if at all possible. The process will be that:
 - the consultant or clinical manager makes the referral in writing within two weeks of the disagreement arising;
 - the party making the referral will set out the nature of the disagreement and his or her position or view on the matter;
 - where the referral is made by the consultant, the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the employing organisation's position or view on the matter;
 - where the referral is made by the clinical manager, the consultant will be invited to set out his or her position on the view or matter;
 - the Medical Director or appropriate other person will convene a meeting, normally within four weeks of receipt of the referral, with the consultant and the responsible clinical manager to discuss the disagreement and to hear their views;
 - if agreement is not reached at this meeting, then the Medical Director will decide the matter (in the case of a decision on the Job Plan) or make a recommendation to the Chief Executive (in the case of a decision on whether the criteria for a pay threshold have been met) and inform the consultant and the responsible clinical manager of that decision or recommendation in writing;
 - in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive will inform the consultant, the Medical Director and the responsible clinical manager of his or her decision in writing;
 - if the consultant is not satisfied with the outcome, he or she may lodge a formal appeal.

Formal appeal

3. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
4. An appeal shall be lodged in writing to the Chief Executive as soon as possible, and in any event within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.
5. The membership of the panel will be:
 - a chair nominated by the appellants' employing organisation;

- a second panel member nominated by the appellant consultant;
- a third member chosen from a list of individuals approved by the Strategic Health Authority and the BMA and BDA. The Strategic Health Authority will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. If there is an objection raised by either the consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated. The list of individuals will be regularly reviewed.⁵

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

6. 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. Management will present its 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.
7. The consultant may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
8. Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.
9. It is expected that the appeal hearing will last no more than one day.
10. The appeal panel will make a recommendation on the matter in dispute in writing to the Board of the employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The consultant 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.
11. 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 consultant will have effect from the date on which the consultant referred the matter to mediation or from the time he or she would otherwise have received a change in salary, if earlier.
12. In the case of a job planning appeal from a Medical Director or Director of Public Health, mediation would take place via a suitable individual, for example, a Non-Executive Director.

Job Plan Meeting Checklist

Meeting participants

	Name
Consultant	
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

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.

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