



# Guidelines for job planning

## Introduction and purpose

This document is for the use, in addition to the model descriptions and supplementary information, when preparing a consultant's job plan which should include a proposed job plan, which outlines how a consultant's time would be allocated between various duties.

The 2003 Consultant contract is made up of programmed activities (PAs), each of which is four hours' long between Monday and Friday, 7am to 7pm, and three hours' long outside these times. The 2003 Consultant contract should be fairly and consistently applied. The job plan of a full-time consultant may have between ten and twelve PAs, distributed between the following categories.

### Direct clinical care (DCC)

This is work directly related to the prevention, diagnosis or treatment of illness, including emergency work carried out during or arising from on-call work. DCC activities include ward rounds, clinics and clinical advice on the telephone or in person, outpatient activities, clinical diagnostic work, public health duties, infection control work, autopsies and multidisciplinary team (MDT) meetings.

Administrative work relating to these activities, such as reviewing and approving reports, reviewing slides, preparing for MDTM, writing and answering clinically related emails and letters, and following-up problems arising from MDTM are included in this category

Also included here is travelling time related to direct care, such as travelling between sites or travelling to MDT meetings.

In the case of clinical academics, this would include all the work they do for a university.

### Supporting professional activities (SPA)

These are activities that reinforce direct clinical care and include participation in training, undergraduate medical education, continuing professional development (CPD; including time to read appropriate journals), continuous quality improvement (CQI), clinical audit, annual appraisal, research projects, clinical management, clinical governance and other activities relating to revalidation.

### Additional responsibilities

These are special responsibilities (not undertaken by most consultants) that are agreed between the consultant and the employing organisation. These activities cannot be absorbed into the time normally given to supporting professional activities.



Such activities may include being a medical director, director of public health, clinical director or lead clinician, laboratory director, clinical lead, clinical audit lead, clinical governance lead, undergraduate or postgraduate dean, clinical tutor, chair of a Specialty Training Committee, training programme director or Human Tissue Authority (HTA) Designated Individual and Person Designate.

## External duties

These are duties undertaken with the agreement of the employing organisation for outside bodies and exclude private practice or fee-paying consultancies. Such activities include working for the Royal College of Pathologists, including acting as a College representative on advisory appointments committees (interview panels), working for the General Medical Council or specialist membership societies, external examining and acting as an inspector for [UKAS](#) Ltd.

## Distribution of PAs

The job plan of a new full-time consultant should ideally on average devote 7.5 PAs to DCC and 2.5 PAs to SPA. It is important that the time for SPA is protected, as this emphasises maintenance of professional expertise and ultimately a consultant's standards of care and practice. In some instances, the number of PAs devoted to SPA may have to be greater than 2.5; for example, if a consultant has a particularly large commitment to undergraduate teaching. The average number of SPAs in a department should be at least 2. If one consultant has fewer than 2 SPAs in their job plan, it is expected that another consultant will have more than 2.

Where a job plan indicates less than 2.5 SPAs, it should be stated that the consultant will have the opportunity to negotiate (after a satisfactorily appropriate probationary period) a further 0.5–1 SPA if their responsibilities indicate that they need this.

Additional NHS responsibilities and external duties are not usually included in a new consultant's job plan; however, they may be incorporated at a later date as part of job plan review at annual appraisal. There is considerable variation in how employing bodies approach external duties, particularly in the number of PAs allowed for such work. The College recognises the vital importance of this work, however cannot be prescriptive about the number of PAs that should be devoted to it.

In some departments, many of the DCC activities differ from one week to the next, or do not occur at fixed times. It is important that the job plan recognises that such activities may be worked flexibly. In addition, some duties can be undertaken on a shared rota basis with colleagues and may therefore be partly or wholly 'team based'.

If leadership roles are expected of a new consultant (for example, being a clinical director or lead pathologist, or leading the infection control team), the PAs in the job plan should reflect this.

This College has contributed to the advice from the Academy of Medical Royal Colleges regarding supporting professional activities and revalidation.

## On-call and emergency work

The job plan should clearly specify any commitment to on-call work. In the new contract, the time actually worked while on call (as opposed to that spent not working while being on call) is counted towards the number of DCC PAs.



On-call work is categorised as either 'predictable work', which takes place at regular and predictable times (often as a consequence of being on call; for example, post-take ward rounds) or 'unpredictable work' (for example, doing an out-of-hours frozen section or dealing with a meningitis outbreak).

Predictable work is fairly easy to quantify and assign PAs to, while unpredictable work is by its nature more difficult to assess. Most on-call work in the pathology specialties will be unpredictable work. For new posts, the number of PAs assigned to unpredictable work should be based on what the current members of the department are doing, though it may need retrospective amendment at job plan review.

The job plan should show the frequency of the on-call rota and the agreed category: A or B. Category A typically requires either an immediate return to site when called or a complex intervention similar to one that might be carried out on site, such as telemedicine or a complex telephone consultation. Category B applies when the consultant can typically give straightforward advice on the telephone.

## Contracts other than full-time

Consultants who are to be employed on part-time contracts *may* require proportionately more time for supporting professional activities. Typically, the ratio of DCC/SPA will be pro-rata of the full-time post.

Honorary NHS consultants with full-time academic contracts will typically have PAs/SPAs split between academic work and NHS work.

## Further information on job planning

[NHS Improvement. \*A best practice guide for consultant job planning\*. 2017.](#)

[NHS Employers: \*Job Planning for Consultant Clinical Academics\*. 2006.](#)

[Department of Health. \*A Code of Conduct for Private Practice\*. January 2004.](#)

[Academy of Medical Royal Colleges. \*Advice on Supporting Professional Activities in consultant job planning\*. 2010.](#)

