



JOB PLANNING POLICY

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1. INTRODUCTION

Job Planning is a contractual obligation for all Career Grade Medical Staff, i.e. Consultants, Associate Specialists and Specialty Doctors/Dentists.

1.1 This Policy is an update taking account of the previous NHS Greater Glasgow guidance, guidance from the Scottish Association of Medical Directors and recent guidance from the Scottish Government and should be read in conjunction with:

- Hospital Medical and Dental Staff and Doctors in Public Health and Community Medicine (Scotland) Consultant Grade Terms & Conditions of Service.
- Hospital Medical and Dental Terms and Conditions – Associate Specialist (Scotland) 2008
- Hospital Medical and Dental Terms and Conditions – Specialty Doctor (Scotland) 2008

These documents can be accessed via:

<http://www.msg.scot.nhs.uk/pay/medical>

1.2 Job Planning is required to be undertaken annually, is a **prospective** process and should determine new ways of working rather than reinforcing existing working practices. The Job Plan should set out the doctor's duties, responsibilities and objectives for the coming year.

While a job plan and the annual job planning meeting are specific to individual doctors these should be informed by departmental and service plans, objectives and responsive to the needs of individual doctors. The development of the service plans and objectives should in turn have been informed and influenced by full engagement and participation of medical staff, creating a flow between these processes which have the potential to affect improvement at all levels.

1.3 Job Planning is a joint responsibility between practitioners and the relevant Medical Manager (Medical Director, Chief of Medicine, Clinical Director or Lead Clinician). Responsibility for ensuring that the annual review is initiated lies with the medical manager.

2. TIMING OF JOB PLANNING

2.1 The Annual Job Plan Review should take place between February and May and all plans which have been reviewed using the electronic Job Planning system (EJP) should be signed off by 31 July. This allows the Corporate Objectives to feed into the service objective-setting process.

2.2 An interim Job Plan Review will be conducted where duties, responsibilities or objectives have changed or need to change significantly within the year, or where the manager believes that progression through seniority points criteria are unlikely to be met by the time of the next annual job plan review. Any agreed changes to the Job Plan in terms of appropriate remuneration should be backdated in accordance with Section 4.6.3 of Cons TCS/Schedule 4 of the SAS TCS to the date of the Job Plan Review request.

2.3 It is recognised that in some parts of the organisation there may be challenge in collating the data to use in the Job Planning process but all attempts should be made to collect as much data from the preceding year as possible. Sectors/Directorates should undertake work to identify what would be a minimum data set for doctors in particular specialties.

2.4 Newly appointed doctors have incremental dates on the anniversary of their appointments. They will negotiate an initial Job Plan on appointment however this will normally require to be reviewed before the next annual Job Planning cycle depending on their date of appointment. It is proposed that on the first anniversary of their appointment, there will be an automatic recommendation for pay progression. Then in the following February to May, the first Annual Job Review will occur. This proposal is made because:

- It is unlikely that there will be sufficient evidence to withhold pay progression in the first 12 months of a new appointment.
- It allows for the synchronisation of all Job Plan Reviews with the setting of Corporate Objectives.
- There may, however, be extenuating circumstances which arise where the withholding of pay progression requires consideration. In such cases the Medical Staffing Team should be approached for guidance.

3. ELEMENTS OF THE JOB PLAN

The agreed job plan will include all of the doctor's professional duties and commitments, including:

- a) Agreed direct clinical care duties (DCC)
- b) Agreed supporting professional activities (SPA)
- c) Agreed additional NHS responsibilities (ANR) (Section 4.2.5 of Cons TCS/Schedule 4 of SAS TCS)
- d) Agreed external duties (ED) (Section 4.2.7 of Cons TCS/Schedule 4 of SAS TCS)
- e) Any agreed extra programmed activities/additional programmed activities (EPA/APA) (Section 4.4 of Cons TCS/Schedule 7 of SAS TCS)

3.1 Direct Clinical Care Duties

These duties are defined in Section 4.2.3 of the Consultant TCS

3.1.1 Medical Managers and doctors need to agree an appropriate balance between the actual clinical delivery and the related activities of pre-op/post-op assessments, administration, communication, and travelling times. This ratio will vary from specialty to specialty and from individual to individual. There should be explicit agreement on the duration of each Clinical Activity and this should take into account the availability of other staff to support the activity.

3.1.2 Norms

Where workload is predictable in nature, it may be possible to establish some locally agreed norms, thus introducing an element of standardisation within and between doctors' job plans.

- Where norms are agreed with the relevant doctors, this should be based on evidence and done by collaborative discussion with the doctors providing the service.
- If moving outside the agreed norm, there should be a discussion and exploration of the reason behind this, conducted with the degree of transparency appropriate in each circumstance.
- While providing a solid base for delivery of services, any standardisation in job planning should not be conducted in a manner which leads to inflexibility or fails to take into account the complexity of both the doctors work and the environment in which that work is carried out.

- Any standardisation of job plans within or across Departments should take account of potential variations related to factors such as Departmental size and workload, and should be based on a sophisticated understanding of the nature of the actual workload being discussed.
- In any discussion of standardisation within and between job plans, fairness, both for individual doctors and the teams within which they operate, quality of service, and patient safety will be the paramount considerations.

3.1.3 Predictable and Unpredictable Emergency work

Direct Clinical Care includes all emergency work. This is the first call on time in job plans. Emergency work falls into two categories, predictable and unpredictable. This should be programmed into the working week, where possible.

Predictable emergency work is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds) and includes all travel and telephone calls associated with this when undertaken out with normal scheduled hours.

Unpredictable emergency work is that which arises from on-call duties: that is work done whilst on-call and associated directly with the Consultant or SAS doctor's on-call duties e.g. recall to hospital to operate on an emergency basis. It should be based on a diary exercise which should be undertaken over a representative period of time annually or bi-annually, if the intensity of work has not changed significantly from the previous year. This should involve recording the average hours an individual spends undertaking telephone calls, travelling and in the hospital unpredictably during a week on call. These hours are then divided by the frequency of the rota (to include prospective cover) and annualised – e.g. 12 hours including travel during an average on-call week, during premium time out of hours, on a 1 in 4 rota when a PA measures 3 hours in length would produce 1 PA weekly on an annualised basis.

3.1.4 Payment of an on-call availability supplement

For Consultants, the on call availability supplement payable is based on a percentage. This ranges from 1% to 8% of the full-time basic salary, and is determined by the frequency of the rota commitment. In addition, there are two levels which can be applied, Level 1 or Level 2, depending on the likelihood and rapidity of having to return to the hospital. Part-time doctors qualifying for an availability supplement will receive the appropriate percentage of the equivalent full-time salary (Section 4.10 Consultant TCS)

When deciding on the level of the on call availability supplement prospective cover and nature of the request must be taken into account. To determine what supplement banding applies see the table below:-

Frequency of rota commitment (including prospective cover)	Level 1 Need to return to site immediately or complex telephone advice required	Level 2 Call can be dealt with by a delayed return to work or simple telephone advice
High Frequency: 1:1 to 1:4	8.0%	3.0%
Medium Frequency 1:5 to 1:8	5.0%	2.0%
Low Frequency 1:9 or less frequent	3.0%	1.0%

For SAS doctors the percentage ranges from 2% to 6% of the full-time basic salary, and is determined by the frequency of the rota commitment. This shall be calculated as a percentage of full-time Basic Salary (excluding any Additional Programmed Activities, and any other fees, allowances or supplements). The percentage rates are set out below.

Frequency	Percentage of Basic Salary
more frequent than or equal to 1 in 4	6%
less frequent than 1 in 4 or equal to 1 in 8	4%
less frequent than 1 in 8	2%

Appendix B gives some examples of how the frequency of the Out of Hours On-call Availability Supplement is calculated

3.2 Supporting Professional Activities

These duties are defined in Section 4.2.4 of the Consultant TCS and the Definitions Section of the SAS TCS.

3.2.1 Doctors will normally be expected to be at the location agreed in the Job Plan for all programmed activities that form part of their agreed working week, except where agreed with the employer and specified in the Job Plan. With agreement, elements of supporting professional activity may be:-

- scheduled flexibly
- undertaken off site

It is acceptable for SPA to be scheduled flexibly within the agreed Job Plan. Flexibility should be a two way process. SPA activity can only be scheduled within Premium-time if agreed within the Job Plan.

3.2.2 The other main requirement is to schedule flexibly to meet the needs of the service and avoid conflict with Direct Clinical Care [DCC] commitments. Most teaching, tutorials, lectures and meetings will fall into this category. Doctors will need to attend on-site meetings as and when required to do so by the appropriate Manager. Such on-site meetings will include, but are not limited to, Directorate; Departmental and Hospital CME/CPD Meetings; Audit/Guideline Meetings; Risk Management; other “governance” meetings; Consultants’ Meetings; Business Meetings; etc. Doctors should not schedule SPAs (including meetings) that conflict with DCC commitments. Occasionally this will be inevitable but, in that case, time shifting should be considered and if DCC is to be cancelled then advance agreement of the relevant Manager should be obtained.

3.2.3 Time shifting should be employed wherever possible when SPA activity encroaches on DCC or vice versa. Where activity is displaced on account of dedicated weeks or part weeks of trauma/hot week agreement will be reached at job planning as to how this will be re-scheduled and accommodated. This may impact on available capacity.

3.2.4 Both parties should be satisfied that sufficient time is allocated to SPA for the individual to fulfil their CPD, Appraisal, Revalidation, statutory and mandatory training and Job Planning requirements as a minimum. This will normally be 1.0 PA per week and is referred to in the Electronic Job Planning system as Core SPA.

3.2.5 As part of team service planning, a clinical team may consider the outputs required from the department/directorate in terms of non-DCC/SPA work. This should be undertaken with the agreement of the full team and will consider factors such as the number of trainees assigned to them and their levels of training, whether the department/directorate has responsibilities to deliver enhanced appraisal, what level of research or audit is being undertaken, etc. This will allow an assessment to be made of the number of SPA's required to deliver those outputs and may also include discussion of who is best placed to deliver in each area in order to inform individual job planning. The Clinical Director must be satisfied that there is sufficient SPA time available to meet both the required outputs for the department/directorate and for the team's individual requirements for SPA to meet their CPD and other individual requirements.

A table showing a range of activities and how they should be allocated in relation to DCC/SPA/Study Leave is attached at Appendix C.

3.2.6 Required Outcomes from SPAs

The output of SPA activity should be discussed at the doctors' annual appraisal. Whilst successful completion of appraisal is, in itself, evidence for a significant proportion of SPA time, doctors are also required to account for the utilisation of the time allocated to SPA over and above these activities at their Annual Job Plan Review. Therefore, they will be required to collect evidence for the use of their SPA time.

Examples of evidence which may be sought are highlighted below. The Board is currently developing similar guidance for appraisers as part of its quality assurance programme for medical appraisal:

a) Good Medical Care

Research

- Evidence of outputs e.g. interim reports to funders, papers delivered at scientific meetings, papers published, chapters and book published.
- Evidence from R&D office including grant income, peer reviewed and externally funded projects, contribution to RAE and other input from university head

Clinical Governance

- Evidence of participation in audit of an area of clinical practice against local or national standards with demonstrated reflection and change in practice where appropriate
- Evidence of involvement in a recognised national audit e.g. Scottish Audit of Surgical Mortality
- Report of critical incidents/significant event reviews with demonstrated reflection and change in practice where appropriate
- Notification of any complaints and where upheld demonstrated evidence of learning and change in practice where appropriate
- Involvement in random case analysis with a peer

b) Maintaining Good Medical Practice

- Evidence of an annual PDP and of meeting PDP objectives
- Evidence of satisfying minimum CPD requirements for Royal College (CPD record) including time spent
- Evidence of educational meetings attended including mortality/morbidity meetings including time spent

- Evidence of participation in agreed training programmes such as:
 - Resuscitation training annually
 - Better Blood Initiative 2 yearly
 - Child protection 3 yearly
 - Hand washing 5 yearly
- Evidence of participation in Committee work

c) Teaching and training

If a doctor is involved in teaching and training the following should be presented and discussed:

- Evidence of a departmental timetable for doctor's involvement in teaching as part of the team
- Log of teaching at clinics, ward rounds and ops/ procedures
- Any feedback from students/ trainees/ NES/conference organisers
- Evidence of having satisfied college/ deanery requirements for teaching trainees
- Evidence of ARCPs/ FY and ST assessments undertaken
- Log of time spent as college examiner

3.3 Other Activities

All other activities that are to be included in the job plan should be agreed with the Medical Manager.

- 3.3.1 Travelling and subsistence expenses are **not** regarded as "pay". Any other allowance or honorarium claimed or received **is** regarded as "pay" and as such will revert to the employing authority for external activities during SPA or Study Leave. If the fee or honorarium is retained by the doctor then the external activity should be taken as either Annual Leave or agreed Unpaid Leave.
- 3.3.2 The time spent on these will be evidenced as previously described. Any such duties that a doctor considers cannot be accommodated within the SPA allowance, or which will affect the performance of any "Direct Clinical Care" duties, will require the "explicit advance agreement" as noted in Section 4.2.8 of the Consultant TCS. If approved, this time will be regarded as Discretionary Leave. The option of time shifting (3.2.3) should always be considered in these circumstances.
- 3.3.3 Certain activities will **not** be acceptable for SPA purposes. These include, but are not limited to:-
- Private study of books, journals etc in excess of 42 hours/year;
 - Any off-site leave for which formal Study Leave should have been sought;
 - Overseas Leave (outside the European Union);
 - Private Practice;
 - Any paid work for any other employer;
 - Any activity already accounted for as "Direct Clinical Care";
 - Teaching which is part of Direct Clinical Care.
- 3.3.4 Appendix D sets out NHS Greater Glasgow & Clyde's guidance relating to Fee Paying Work.

3.4 Travel Time

Time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan will be counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between other sites, travel when recalled from home during on-call periods (but not normal daily journeys between home and base), and 'excess travelling time'. Excess Travel-time is defined as time spent travelling between home and a working site away from base, less the amount of time normally spent travelling between home and base. A table giving approximate travel time by car to and from the main sites within NHS GGC is attached at Appendix E, using approximate travel times in optimal conditions. It should inform discussions when building travel time into the Job Plan where an individual doctor has regular work on sites other than their normal base.

3.5 European Working Time Regulations

The Annual Job Plan Review should consider an assessment of compliance with the European Working Time Regulations. If the doctor's Job Plan is not compliant then either:-

- a) The work should be reduced; or
- b) The work should be divided with other colleagues (provided that their Job Plans remain compliant); or
- c) If the doctor is willing they should sign a waiver (see Appendix A, Section 4).

3.5.1 Compensatory Rest

This is not part of the job planning Terms and Conditions of Service (TCS); this is entirely a European Working time regulation (EWTR) which applies when the minimum rest requirements under EWTR are not achieved.

This can be taken in 2 ways:

1. The amount of time (minute for minute) which prevents the minimum rest requirement being achieved is taken back the next day. This being unpredictable may impact on service requirements or;
2. By building time off into the local rota by way of compensation where there is evidence of an average breach of the minimum rest requirements, i.e. time off post on-call.

Compensatory rest is not work and unpaid therefore should not be included in the PA calculation but where compensatory is being required on a regular basis, this will trigger a job plan review and in particular a review of the level of PA's allocated to on-call work.

Compensatory Rest should not be confused with Time off in Lieu (TOIL). TOIL is an alternative way of compensating for additional work undertaken and should only be used as an alternative to payment if the work is not already factored within the Job Plan.

3.6 Private Practice

If a doctor wishes to undertake any Private Practice they are obliged to inform their Employer at the time of appointment (or subsequently) of their intentions to do so. This should be submitted in writing to the Medical Manager (Section 4.4.8 Consultant TCS and Schedule 7 SAS TCS).

3.6.1 Doctors will also be asked to confirm if they intend undertaking regular private practice as part of the annual job plan review by signing the private practice declaration. See Appendix A(1) and A(2)

3.6.2 Doctors will be free to undertake Private Practice without approval provided such work is undertaken outside the time agreed in the Job Plan for programmed activities.

Appendix F sets out NHS Greater Glasgow & Clyde's Code of Conduct for Private Practice

4. KEY OUTPUTS OF THE ANNUAL JOB PLAN REVIEW

4.1 New Job Plan

The format of the Consultant Job Plan is specified within Appendix 4 of the TCS and we have now introduced EJP (see below) which is regarded as meeting those requirements and it is expected that most consultants will wish to use this.

4.1.2 E-Job Plan

Doctors within NHS Greater Glasgow and Clyde have access to E-Job Plan (EJP) – an electronic Job Planning system which records all types of activity along with the frequency the activity is undertaken and calculates the number of PAs within the weekly plan.

The system is web-based and doctors are provided with a log-in which gives them access to a Job Plan "Wizard". The Wizard consists of 8 pages similar to the paper Job Plan documentation, and once completed, the Job Plan can be printed or exported to "Word" to allow upload to SOAR. The system also allows the Job Plan to be signed-off electronically by both the doctor and the Medical Manager.

An example of the Printable Job Plan exported from E-Job Plan is attached at Appendix G

4.2 Objectives

Agreed objectives will set out a mutual understanding of what the doctors and employer will be seeking to achieve over the next 12 months or other agreed period - informed by past experience, based on reasonable expectations of what might be achievable in future and reflecting different and developing phases of a doctor's career. Objectives must also be achievable within the available resources.

4.2.1 Objectives may be:-

- a) Personal development objectives from appraisal;
- b) Service objectives – these are important and not optional;
- c) Team objectives.

4.2.2 Objectives should be:-

Specific
Measurable
Achievable
Relevant
Timed and tracked

4.2.3 The agreement of objectives requires:-

- that there is agreement on the local priorities;
- definition of the objective for each priority;
- agree the measures that will be reviewed;
- determine how progress will be measured;
- agree the support required.

4.2.4 Support and Resources required to Achieve Objectives

Any agreed support that the doctor requires to meet the agreed objectives should be documented in the Job Plan.

Examples of Objectives are attached within Appendix H

4.3 Pay Progression

4.3.1 The Clinical Director/Lead Clinician should consider if the doctor has satisfied the criteria for pay progression. The criteria are:-

- made reasonable effort to meet time and service commitments in the Job Plan;
- participate satisfactorily in Appraisal (see Section 7);
- participate satisfactorily in Job Planning;
- met personal objectives or made every reasonable effort to do so;
- worked on changes identified in the last Job Plan;
- if doing Private Practice, has taken up any offer of an EPA;
- met standards of conduct governing the relationship between Private Practice and NHS commitments.

4.3.2 In accordance with CEL 2007(02) for Consultants/Schedule 15 of the SAS Grade TCS the form included at Appendix A(1) and A(2) is required to be completed to confirm the sign-off of the Job Planning process and pay progression. There are 4 sections to this document:-

- Section 1: Criteria for pay progression;
- Section 2: Private Practice;
- Section 3: Details of failure to meet criteria for pay progression;
- Section 4: European Working Time Directive.

At present there is functionality within EJP to allow Private Practice activity to be added to the Job Plan, however there is not the ability to confirm electronically if the doctor wishes to complete a Waiver Clause or has/has not completed criteria for pay progression. There is however the functionality to upload paper documentation to the EJP system so this form should be completed and uploaded as part of the Job Plan review. **This form will still require to be sent to Payroll if there has been a decision to delay Pay Progression.**

5 KEY INPUTS TO THE ANNUAL JOB PLAN REVIEW

5.1 Doctors Preparation for Job Planning

In preparation for Job Planning a doctor:-

- Should provide an eight week diary in an approved format if they are anticipating a request for a **substantial** change in their job plan. A diary format is provided in the T&C document and an alternative diary format is included in Appendix I. Similarly, if the Medical Manager is seeking to negotiate a substantial change to a doctor's job plan they should ask the doctor to provide an eight week diary in advance of the Job Planning meeting. If a diary is to be considered then it should be submitted to the Medical Manager at least two weeks in advance of the Job Planning meeting to allow for the analysis to be checked;
- Will not be expected to provide a diary where no substantial changes to the Job Plan are sought. However, in order to confirm that over time their activity continues to relate to their Job Plan a diary should be completed once every 5 years;
- should identify if any issues that have impacted on their ability to deliver their current Job Plan;
- should highlight additional responsibilities or responsibilities they no longer hold;
- should provide evidence of SPA activity undertaken including completion of the relevant mandatory training for their Specialty. Each Directorate should draw up a list of these;
- Consider Personal and Career Objectives
- Should provide evidence that progress has been made towards the delivery of their Objectives.
- Consider Board/Directorate/Service developments to which they could contribute
- Identify external commitments (including Private Practice)
- Consider additional resources required to fulfil NHS commitments

Any assessment of "hours of work" should:-

- Avoid double counting – for example where teaching or administration occurs during a clinical activity – the whole session should not be counted as direct clinical care (DCCs) and again as teaching. A portion of the time should be made to DCCs and a portion to teaching.

5.2 Medical Manager's Preparation for Job Planning

To prepare for the Job Planning meeting, the Medical Manager should have as a minimum:-

- An understanding of the Organisational Service Objectives – i.e. the Local Delivery Plan and Clinical Strategy. The Job Planning process should be closely linked to the service planning process. The Medical Manager should work closely with Service Managers to determine the appropriate levels of clinical activity to deliver the service objectives. These should relate to the Board's Corporate Themes for the following year.
- Medical Managers should consider introducing specific team objectives in agreement with colleagues, to promote Team Working and Team/Specialty responsibilities. Each doctor will also require personal objectives. Appendix H gives an example of an objective pro-forma.
- A record of Study Leave taken in the preceding 3 years.

- Collate evidence of the delivery of their Job Plan in terms of time and service commitments e.g.
 - Number of Theatre Sessions delivered and average time of sessions and/or cases performed;
 - Number of Clinic Sessions delivered and average time of attendance at clinics and/or patients seen;
 - CPA Case conferences.

5.2.1 The Medical Manager should proactively negotiate adjustments to the Job Plan to tailor it to the local service objectives.

5.2.2 The agenda for the Job Planning meeting should be agreed in advance where possible. Items to be discussed should include:-

- Any change in activities over the last year;
- Annual Leave taken;
- Study Leave taken;
- Sabbatical Leave taken;
- Discretionary Leave taken;
- Activity figures including service requirements;
- Details of any Private Practice – checking that it is compliant with the Code of Practice;
- Details of EPAs;
- Details of SPAs - including timing, location, activities and outputs;
- Objectives – Evidence that work has been undertaken towards the previous set of objectives and definition of a set of objectives for the next year including details of supporting resources.

The NHSGGC Medical Staff Leave Guidance can be accessed at:-

<http://www.nhsqgc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/>

6. JOINT JOB PLANNING

Some doctors have clinical duties with more than one NHS organisation. They should have a clearly identified “Lead” employer who will be responsible for organising Job Planning. Any alterations in the Job Plans must be agreed with the appropriate Medical Managers of all NHS organisations employing the doctor (Section 3.1.9 Consultant TCS)

Each new Job Plan should be copied to the relevant Medical Managers of all organisations employing the Consultant.

6.1 Clinical Academic Staff

Programmed activities for Clinical Academic Consultants working under their Honorary Contracts will be as for NHS Consultants and separated into:-

- direct clinical care activities;
- supporting professional activities;
- agreed additional responsibilities;
- other agreed external duties (Section 13.1.7 Consultant TCS).

For a full-time Clinical Academic, five weekly programmed activities will be set as the core commitment for the clinical service component of pay, subject to variation by agreement between the NHS employer, the University employer, and the Clinical Academic Consultant through the Job Planning process. The academic component will normally be six weekly programmed activities, including an extra programmed activity (Section 13.1.8/9 Consultant TCS).

- 6.1.2 A Clinical Academic would be required to carry out a proportional amount of Direct Clinical Care depending on the number of clinical PAs in the Job Plan. In accordance with 3.1, 3.2.4 and 3.2.5 above the number of SPA's and where they will be worked will be agreed between the University and the NHS employer.
- 6.1.3 Job Planning is carried out by Clinical Academic and the University Head of Division jointly with the NHS Clinical Director or other Clinical Manager and will review the job content and objectives as well as the delivery of commitments (Section 13.3.3 Consultant TCS).

7 LINKS TO APPRAISAL AND REVALIDATION

- 7.1 Discussions in the Appraisal process may inform the Job Planning process and are useful in forming personal objectives.
- 7.2 The Appraisal process should be completed by 31st March each year.
- 7.3 Satisfactory participation in appraisal is one of the criteria for pay progression. Pay progression forms should be completed annually on or before 31 March for all doctors (see 4.1.3). At the time of sign-off the Medical Manager should confirm that the doctor has completed an appraisal in the year prior to the current year i.e. for sign off in 16/17 appraisal should have been completed during 14/15. This will allow for sufficient time for all Form 4s and PDPs to be returned to AMDs.
- 7.4 Where a doctor has not been appraised in the year in question, pay progression may be withheld providing the doctor has been advised of any issues in advance and given an opportunity to rectify these. The doctor will be informed of this by the appropriate Chief of Medicine.

8 RESOLVING DISAGREEMENT

- 8.1 Most job plan reviews will be straightforward, but occasionally, a doctor and their medical manager will find it difficult to reach agreement. In such circumstances it is unhelpful for this to be left unresolved.
- 8.1.2 The Terms and Conditions set out a clear mechanism for resolving job planning disagreements. The information below is taken from recent joint guidance from BMA Scotland and the NHS Scotland Management Steering Group and does not seek to undermine or replace those TCS provisions in any way. However, the TCS are now over a decade old, and the roles and structures they refer to are not always still appropriate. This guidance is an attempt to ensure that processes relate to the current NHS in Scotland, without undermining the overall approach specified in the TCS. It also suggests a more mediated and less adversarial approach, which should help resolve disagreements at an earlier stage in the process.
- 8.1.3 It is open to either party (or both parties jointly) to seek further advice in order to try to resolve a disagreement in advance of proceeding to mediation. Whilst it is obviously preferable for disagreements to be resolved through such 'informal facilitation' it is equally important to reach genuine agreement and give all parties clarity as to the prospective job plan.

It is accepted that there will be times when despite everybody's best efforts for some reason agreement cannot be reached between the doctor and the medical manager. It is important that such disagreement is recorded and either or both parties refer the matter to mediation in line with the provisions of the TCS. It is counter-productive for both the manager and the doctor to simply ignore the failure to agree. It is good practice that such failures to agree are referred to mediation in line with section 3.4 of the Consultant TCS and Schedule 5 of the SAS Grade TCS.

8.2 Mediation

Section 3.4.1 of the Consultant TCS and Section 2 of schedule 5 of the SAS Grade TCS details the mediation process; the intention of the guidance below is not to create any additional stages, only to complement the existing provisions of the TCS, and to facilitate an approach to resolving disagreements which is representative of a true mediation process.

Stage 1

Once the doctor and medical manager have concluded that they are unable to agree a job plan then the doctor and or medical manager will, normally within 2 working weeks of the exhaustion of the initial discussion, refer the point(s) of disagreement, in writing, to the next level of medical management, provided that the doctor concerned has not had any previous involvement in the job plan review. In the event that the more senior manager has been involved in the discussion to date then the referral will be to another appropriate person nominated by the senior medical manager and agreed with the doctor.

The individuals who undertake the mediation do not necessarily have to be formally trained in mediation but rather should be individuals who are trusted by both parties and who have the interpersonal skills to be able to facilitate a constructive dialogue and enable both parties to put forward their issues and concerns. Ultimately if there is no resolution in the course of the mediation meeting they may be required to make a decision, however their approach should one of trying to reconcile the differences and reach agreement in the meeting.

The mediator should convene the meeting normally within three working weeks of the referral for mediation. There is no obligation on either party to provide information to the mediator in advance of the meeting but it is often helpful for both parties to provide the reasons why they have been unable to agree so that the mediator has some insight into the matters under consideration. Providing a lot of new information on the day is likely to simply delay the process, which is not in the interests of either party.

Following the meeting the mediator will, normally within two working weeks, advise the doctor and manager of the outcome of the mediation and provide in full the reasoning for this.

Experience has shown that most disagreements will be resolved by stage 1 mediation. However if following receipt of the outcome a doctor or medical manager remains dissatisfied with the proposed job plan the point(s) of disagreement may be referred to stage 2 mediation.

Stage 2

A doctor or medical manager who remains dissatisfied with the proposed job plan should refer the matter to the manager set out in the scheme of delegation agreed with the LNC (or chief executive where no scheme of delegation has been agreed) normally within 2 working weeks of receipt of the outcome of the stage one mediation. S/he will then convene a meeting with the doctor and the medical manager (i.e. the one who was involved in the original job planning meeting) to discuss the outstanding point(s) of disagreement and to hear the parties' consideration of the issues. As with Stage 1, with the agreement of the doctor concerned, responsibility for this stage of mediation may be delegated to a colleague of equivalent seniority with appropriate mediation skills who has had no previous involvement in the job planning issue under consideration.

Following this meeting the stage 2 mediator will, normally within two working weeks of the meeting, advise the doctor and manager of the outcome of the mediation and provide in full the reasoning for this.

If following the stage 2 mediation a doctor remains dissatisfied, s/he is entitled to present a formal appeal to the employer, the outcome of which is binding on both parties.

8.3 Formal appeal

Sections 3.4.2 –3.4.3 of the Consultant TCS and Section 4 of Schedule 5 of the SAS Grade TCS detail the formal appeal process.

A doctor has 4 working weeks following receipt of the outcome of stage 2 mediation to submit an appeal, and the relevant panel should be convened within 6 weeks of receipt of the appeal.

Doctors should request an appeal by contacting the senior manager set out in the scheme of delegation agreed with the LNC. Where no scheme of delegation has been agreed, the appeal should be to the board Chief Executive or the board chair for doctors in public health medicine.

The membership of the appeal panel is set out within the terms and conditions in section 3.4.2. of the Consultant TCS

The appeal panel comprises

- one member nominated by the chief executive who chairs the panel
- one member nominated by the doctor
- one member appointed from the agreed appeals panel list

The appeals process will reflect the locally agreed procedure for conduct of appeals with regard to submission of information and the conduct of the appeal hearing itself.

This stage exhausts the process and there is no further right of appeal.

8.4 Conclusion

While in the vast majority of cases job planning results in an agreed plan which both individual doctors and medical management in Boards commit to, there are instances where there is a lack of agreement. While the 2004 terms and conditions of service (TCS) for Consultants and the 2008 for SAS Grade TCS contain provisions for dealing with these circumstances discussions between BMA Scotland and the NHS Scotland Management Steering Group identified potential for guidance which, while not changing or replacing the agreed TCS would be of assistance to both NHSS managers and individual consultants in moving towards agreement, using mediation as a means of doing so.

APPENDIX A (1)

Consultant – Job Plan Review

Job Planning Year _____

Name of Consultant: Directorate/Sector:

Section 1: Progression through Seniority and Pay Points

[For completion by Medical Manager and to be shared with the Consultant]

Paragraph 5.2.3 of the Consultant Grade Terms & Conditions of Service, states that “An Employer may decide to delay progression through seniority points in any year only where it can be demonstrated that, in that year, the Consultant has not met the following criteria”.

		Y	N	N/A
a)	Met the time and service commitments in the job plan (see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. (see T&Cs paragraph 3.2.16 to 3.2.21)			
c)	Participated satisfactorily in annual appraisal last year, job planning and objective setting for the forthcoming year;			
d)	Worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review.			
e)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (see T&Cs paragraph 4.4.6 to 4.4.12); or			
f)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (see Section 6 and Appendix 8 of T&Cs).			

Progress through seniority points will not be deferred in circumstances where the inability to meet the requirements set out in paragraph 5.2.3 above is occasioned by factors out-with the control of the Consultant, for example, absence on leave. In addition progression through seniority points must not be related to or affected by the outcome of the appraisal process.

I can / cannot * confirm that [Name of Consultant] has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed: (Medical Manager) Date:

Name [Print]: Directorate:

(*Section 3 to be completed by Consultant and Medical Manager if any criteria are not met)

Section 2: Private Practice – This section should be completed by the Consultant

Para 4.4.8 states that “A Consultant (whether working full-time or part-time) who wishes to undertake Private Practice must inform NHSGG&C in writing”.

A Consultant undertaking Private Practice must abide by the standards outlined in Section 6 and Appendix 8 of the Consultant Contract.

Please confirm if you plan to undertake Private Practice next year:

Yes

No

Signed: **(Consultant)** **Date:**

Name [Print]: **Directorate:**

Section 3: Job Plan Review - Addendum

A. To be completed by Consultant

What if any factors, out-with your control, have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Medical Manager

In what way has the Consultant failed to meet the criteria listed in Section 1, please include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: **(Consultant)** **Date:**

Name [Print]:

Signed: **(Medical Manager)** **Date:**

Name [Print]:

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the Consultant) disagree with the terms of the report you will be entitled to

invoke the Mediation Process set out in Paragraph 3.4.1 (Stage 1) Consultant Grade Terms & Conditions of Service.

C. To be completed by Chief of Medicine

Do you recommend pay progression for year Yes No

Signed: (Chief of Medicine) **Date:**

The completed form should be passed immediately to the Human Resources Department for processing in accordance with paragraphs 5.2.7 to 5.2.10 of the Terms and Conditions.

Section 4 : - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48 hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME:[Print].....

Job Title:

Contracted Hours:

Period of the Agreement: From:..... **To:**

Reason for the Agreement:

(if applicable)

.....

If the employee is working for another employer the terms on which the employee is to provide their Manager with details of the additional hours they are working within another job, must be stated below:-

.....

.....

.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee): **DATE:**

SIGNED: (Director or Chief of Medicine):.....

DATE:

APPENDIX A (2)

Associate Specialist and Specialty Doctor – Job Plan Review

Job Planning Year _____

Name of Doctor: Directorate/Sector:

Section 1: Progression through Incremental points and Thresholds

[For completion by Medical Manager and to be shared with the Doctor]

Schedule 15 of the SAS Grades Terms & Conditions of Service, states that “All doctors will pass through this threshold unless they have demonstrably failed to comply with any of the following criteria”:

		Y	N	N/A
a)	Met the time and service commitments in the job plan (see T&Cs Section 3, paragraphs 3.2.2 to 3.2.6).			
b)	Met the personal objectives in the Job Plan or – where this has not been achieved for reasons beyond their control – having made every reasonable effort to do so. (see T&Cs paragraph 3.2.16 to 3.2.21)			
c)	Participated satisfactorily in annual appraisal last year, job planning and objective setting for the forthcoming year;			
d)	Worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review.			
e)	Allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (see T&Cs paragraph 4.4.6 to 4.4.12); or			
f)	Met required standards of conduct governing the relationship between private practice and NHS Commitments (see Section 6 and Appendix 8 of T&Cs).			

Progress through incremental points and thresholds will not be deferred in circumstances where the inability to meet the requirements set out is occasioned by factors outwith the control of the doctor, for example, absence on leave. In addition progression through incremental points and thresholds must not be related to or affected by the outcome of the appraisal process.

I can / cannot * confirm that [Name of doctor].....
has met the criteria stated in sections a) to e) (+ section f where appropriate) for the year.

Signed:(Medical Manager) Date:

Name [Print]: Directorate:

(*Section 3 to be completed by doctor and Medical Manager if any criteria are not met)

Section 2: Private Practice – This section should be completed by the Doctor

Schedule 10 states “The doctor will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services.

Please confirm if you plan to undertake Private Practice next year:

Yes

No

Signed: **(Doctor) Date:**

Name [Print]:..... **Directorate:**

Section 3: Job Plan Review - Addendum

A. To be completed by Doctor

What if any factors, out-with your control, have contributed to failing to meet the criteria listed in Section 1?

B. To be completed by Medical Manager

In what way has the doctor failed to meet the criteria listed in Section 1, please
Include details of actions you have taken to resolve the issue e.g. interim job plan review

Signed: **(Consultant) Date:**

Name [Print]:

Signed: **(Medical Manager) Date:**

Name [Print]:

This form will be passed to the Chief of Medicine within two weeks of the date of the Job Plan Review Meeting. Where you (the doctor) disagree with the terms of the report you will be entitled to invoke the Mediation Process set out in Schedule 5 of the SAS Grades Terms & Conditions of Service.

C. To be completed by Chief of Medicine

Do you recommend pay progression for year Yes No

Signed: (Chief of Medicine) **Date:**

The completed form should be passed immediately to the Human Resources Department for processing in accordance with Schedule 150 of the Terms and Conditions.

Section 4 : - European Working Time Directive - 48 Hour Waiver

Employees may choose to work more than the 48 hour average weekly limit provided that they agree this with the Departmental Director in writing.

This form is intended for this purpose and should be completed by both the employee and the Departmental Director and kept with the employee's personal file.

NAME:[Print].....

Job Title:

Contracted Hours:

Period of the Agreement: From:..... **To:**

Reason for the Agreement:

(if applicable)

.....

If the employee is working for another employer the terms on which the employee is to provide their Manager with details of the additional hours they are working within another job, must be stated below:-

.....

.....

.....

Period of notice terminate this agreement by either party - 1 month.

NAME (Employee):..... **DATE:**.....

SIGNED: (Director or Chief of Medicine):.....

DATE:.....

APPENDIX B

EXAMPLES OF HOW THE FREQUENCY OF OUT OF HOURS ON-CALL AVAILABILITY SUPPLEMENT IS CALCULATED

EXAMPLE 1

11 doctors prospectively covering overnight

$365/11 = 33.18$ on-calls per year

$1:11$ with Prospective Cover ($x42/52$) = $1:8.88$ rounded up to $1:9$ =

3% for Consultants
2% for SAS Grades

EXAMPLE 2

19.5 doctors covering 2 weekend nights (Sat and Sun) and 1 week of weeknights in 19.5 weeks

The combined frequency of weekday and weekend rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

$52 \text{ weeks}/19.5 \text{ doctors} = 2.66 \times 5 \text{ nights} = 13.33$ on-calls per year

$52 \text{ weekends}/19.5 = 2.66$ weekends per year

Additional weekend = $52/19.5 = 2.66$ weekend per year

$5.32 \text{ weekends} \times 2 \text{ nights} = 10.64$ weekend nights per year

Total 10.64 on-calls per year
 23.97 on-calls per year

$365/23.97 = 1:15.22$ with P/C ($x42/52$) = $1:12.29$ rounded down to $1:12$ =

3% for Consultants
2% for SAS Grades

EXAMPLE 3

15 Doctors prospectively cover weekdays (Mon-Thurs)

20 Doctors prospectively cover weekends (Fri-Sun)

The combined frequency of weekday and weekend rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

Weekend = 156 nights

Weekday = 209 nights

$156/20 = 7.8$ on-calls

$209/15 = 13.93$ on-calls

Total 21.73 on-calls per year

$365/21.73 = 1:16.79$ with P/C ($x42/52$) = $1:13.56$ rounded up to $1:14$ =

3% for Consultants
2% for SAS Grades

EXAMPLE 4

A consultant works on two different on call rotas:

1:10 and 1:20

The combined frequency of 2 rotas should be calculated by working out the **total number of on-calls** worked across both rotas over a representative period of time.

$365/10 = 36.5$ On-calls per year

$365/20 = 18.25$ On-calls per year

Total 54.75 on-calls per year

$365/54.75 = 1:6.66$ with P/C ($x42/52$) = $1:5.37$ rounded down to $1:5$ =

5% for Consultants
4% for SAS Grades

APPENDIX C - ACTIVITIES AND HOW THEY SHOULD BE ALLOCATED

Theme/ Programme	Activity	Allocation In Contract	Comments/Issues
Personal Development	Induction	Core SPA	
	Mandatory Training	Core SPA or Study Leave	H&S, HAI etc
	Job Planning	Core SPA	
	Appraisal	Core SPA	
	Revalidation	Core SPA	
	CPD Activities	Core SPA or Study Leave	
	Attending Conferences	Study Leave	
	Attending Conferences with commercial Sponsorship	Study Leave	Medical manager to decide whether any expenses are reimbursed and must comply with the 'Employee Conduct Policy'
	Clinical Skill Courses	Study Leave	
Service Maintenance Development and Design	Degree Work e.g. MBA	SPA / Study leave/ Annual Leave/ own time	Prior agreement must be sought and amount of SPA/ Study Leave agreed
	Departmental Meetings	SPA	
	Organisational Events	SPA	
	Appointments Committees	ED	
	Specialty Advisers Activities	ED	Subject to an agreed maximum with medical manager
	NHS HIS activities	SPA/DCC	Prior agreement to role and task with medical manager
	Appraiser	SPA	0.5 PA per week based on 10 Appraisees per annum.
	NES Activities	SPA/DCC	NES funding should be sought for major elements
	GMC work	SPA/DCC	Prior agreement to role and task with medical manager. GMC funding for major elements
	Clinical Audit	SPA	
	MCN Meeting	SPA/DCC	Some of this is already in DCC such as clinical pathway meetings and also

			preparation time for these meetings.
	SIGN Guideline Development	SPA	
Clinical governance and risk activities	Significant clinical incident reviews	DCC	
Trade union & Professional Association Activities	Trade Union Training	ED	
	Trade Union Duties	ED	
	Trade Union Activities	Study, annual or unpaid leave	
Medico-Legal Work	For NHSGG&C or CLO	DCC	By agreement with Med manager
	For outside Agencies	Annual Leave/own time	
	Statutory	DCC/SPA	Time shift if part of expert witness private practice
	Court Appearances	DCC/SPA If called then have to go only an issue if income generating private practice	Time shift if part of expert witness private practice
Postgraduate Training	Examiner Training	ED	
	Examining – UK	ED Time and Study Leave subject to a maximum	Lost DCC to be replaced. Team approach. College Funding needed.
	Examining – Abroad	Annual Leave / Study Leave.	
	Regional Educational Advisers	SPA	Team Approach
	College Tutors	SPA	Team Approach
	Programme Tutors FY1/2	SPA	Team Approach
	College Committees	SPA	Team Approach
	Clinical Course Instructor/Trainer	SPA / Study Leave	Team Approach
	Assessments	SPA	Team Approach
	Assoc PG Dean	SPA / own time	Funded by Dean as responsibility payment.
	Named Educational Supervision	SPA	0.25 PA per trainee per week. Do not have to be Consultant in specialty.
	Mentoring	SPA	

	Named Clinical Supervision	SPA	8 hrs per trainee per year.
Undergraduate Teaching	Clinical Teaching – Formal	SPA	ACT funding mechanism
	Clinical Teaching – “Service Linked”	DCC	By definition happens as part of DCC but slows things down.
	Unpaid external Lecturing	Own time/SPA	
	SSMs	SPA	
	PBL Facilitators	SPA	
	Teacher Training	SPA	
Research	Ethics Committees	SPA	
	Protocol Development	SPA	Support for Science and Priorities and needs Funding.
Non Commercial	Writing Up	SPA	
	Clinical Research Work	SPA/DCC	
	Reporting results of NHS approved research projects	SPA / Study Leave	
	Ethics Application	SPA	
	Reporting Results	SPA	
Commercial	Research	SPA or own time	Annual leave or unpaid Leave

Most of these activities require the presence of the doctor on local NHS premises.

Examples of ‘off site’ locations include University library, Health Board Offices and NES offices.

APPENDIX D

NHS GREATER GLASGOW & CLYDE

FEE PAYING WORK

This paper will set out guidance allowing doctors to retain the fee earned from Fee paying and similar work. The principle does however remain, which states that a doctor cannot be paid twice for work undertaken in programmed activity time unless it causes minimal disruption to work.

Minimal Disruption

Minimal Disruption can be defined as work carried out during the time in which a doctor is normally working which does not disrupt the provision of NHS Services in any material way. This work may be either of an ongoing nature or a sporadic nature and a further definition of minimal disruption would be defined as work which on an ongoing basis amounted to no more than one hour of clinical time in any one week. (this would not be cumulative unless with prior agreement from CD or equivalent Medical Manager). The table on page two outlines some suggested duties which would fall under the minimal disruption definition.

Fee Paying Work

If this type of work is undertaken out-with programmed activities or during a period of leave, then the doctor would retain the fee. Any fee paying work carried out in a doctors own time must not disrupt the provision of NHS services and must not impact on NHS activity of other staff members. Level 1, Level 2, Level 3 details work under this heading.

Audit

An audit process to monitor fee paying work carried out by NHS doctors to ensure that it adheres to the requirements for minimal disruption will be agreed between NHS Greater Glasgow and Clyde and the Local Negotiating Committee (BMA). This would be part of regular job planning.

Receipt of Fees

A doctor who receives and retains a fee as a result of carrying out Fee paying work is liable for the personal tax implications.

Fees for Attendance at Courts

Where a doctor is required to attend court as a consequence of non-NHS work this will be allowable by the employers. Any fees earned as a result of this attendance will only be retained by the individual if such attendance at court can be achieved by time-shifting of NHS work. Where time-shifting is not possible and NHS work will be affected the fee for the court appearance is payable to the employer.

Expenses

Expenses reimbursed for travel and subsistence are not fees and may be wholly retained by the doctor.

FEE PAYING WORK AND OTHER FEE PAYING WORK

Level One	EXAMPLE OF DUTIES
<p>This level details work defined as minimal disruptions. These should be brief reports which can be compiled or completed because of prior knowledge of the patients. Fees at this level may be retained by the doctor.</p> <p>The use of NHS support resources would normally be acceptable e.g. secretarial time etc subject to agreement with the CD and/or GM.</p>	<ul style="list-style-type: none"> • Production of standard report for the Criminal Injuries Compensation Board for a patient under the care of the doctor • Completion of reports for solicitors which can be prepared from records and do not require a specific examination of the patient. • Cremation Reports • Completion of standard report for the DVLA in relation to fitness to drive for a patient under the care of the doctor • Completion of report for Occupational Health Physician in relation to a patient under the care of the doctor • Examinations for and preparation of reports in connection with the procedures of the Adults with Incapacity (Scotland) Act for patients who are referred to the doctor or are under/her care as part of his/her main practice • Fees for lectures to healthcare professionals or university students as part of recognised training
Level Two	
<p>These reports are likely to be longer and will require either prior knowledge and/or a detailed examination of the patients and will cause disruption to programmed activities. Fees for these reports can only be retained by a doctor if they are conducted in their own time and therefore out-with programmed activities. If this type of work constituted a substantial part of an individual's professional job then this work will be included in their programmed activities and all fees and expenses will be retained by NHS Greater Glasgow.</p> <p>Records must be kept of hours worked on NHS contracted activity.</p>	<ul style="list-style-type: none"> • Assessment of Children for Adoption • Reports requested by the procurator fiscal and courts including post mortems
Level Three	EXAMPLE OF DUTIES
<p>These reports may or may not require prior knowledge or detailed examination but should only be conducted out-with programmed activities in the doctors own time. The fee is then an issue between the doctor and the agency requesting the report. Time shifting to allow doctors to conduct such activity will only be permissible with prior agreement with the CD or GM.</p>	<ul style="list-style-type: none"> • Reports for requests of appeals against detentions at request of a solicitor • Clinical examinations for, and preparation of reports for defence lawyers • Requests for examination in respect of civil litigation • Section 98 Mental Health Act work

APPENDIX E

APPROXIMATE TRAVEL TIME WITHIN NHS GREATER GLASGOW AND CLYDE

	GRI - G4 0SF		QEUEH/RHC - G51 4TF		STOB - G21 3UW		WGACH - G3 8SJ		GGH/GRH - G12 0YN/G12 0XH		RAH - PA2 9PN		IRH - PA16 0XN		VOL - G83 0UA		VI ACH - G42 9LF		DYKEBAR - PA2 7DE		LEVERNDALE - G53 7TU		PARKHEAD - G31 5ES		RAVENS CRAIG - PA16 9HA	
	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles	Time (mins)	Miles
GRI			30	6.9	15	2.8	30	3.2	30	3.7	30	12.7	60	28	45	26.2	30	3.3	30	9.4	30	8	15	2.1	45	27.6
QEUEH/RHC	30	6.9			30	8.4	15	3.6	30	3.5	30	7.5	45	22.8	45	18.3	30	5.6	30	6.8	30	3.8	30	8.6	45	22.8
STOB	15	2.8	30	8.4			30	4.9	30	4.8	45	13.6	60	29.6	45	28.6	30	7.2	30	11.1	30	9.7	15	3.5	60	29.3
WGACH	30	3.2	15	3.6	30	4.9			15	2.2	30	10.5	60	25.8	45	18.9	30	4.7	30	8.7	30	6	30	5.2	60	25.5
GRH/GGH	30	3.7	30	3.5	30	4.8	15	2.2			30	10.6	60	23.1	45	16.7	30	7.8	30	10.2	30	6.1	30	5.9	60	22.8
RAH	30	12.7	30	7.5	45	13.6	30	10.5	30	10.6			45	19.4	45	18.2	45	8.9	15	3.3	30	5.4	45	15.1	45	19.6
IRH	60	28	45	22.8	60	29.6	60	25.8	60	23.1	45	19.4			60	26.8	60	27.6	45	23	45	23.5	60	30.4	15	1.2
VOL	45	26.2	45	18.3	60	23.6	45	18.9	45	16.7	45	18.2	60	26.8			45	25.7	45	21.1	45	21.6	60	28.4	60	26.5
VI ACH	30	3.3	30	5.6	30	7.2	30	4.7	30	7.8	45	8.9	60	27.6	45	25.7			30	6.3	30	4.8	30	4.2	60	28
DYKEBAR	30	9.4	30	6.8	30	11.1	30	8.7	30	10.2	15	3.3	45	23	45	21.1	30	6.3			15	2.8	30	11.7	45	22.5
LEVERNDALE	30	8	30	3.8	30	9.7	30	6	30	6.1	30	5.4	45	23.5	45	21.6	30	4.8	15	2.8			30	11.3	45	22.9
PARKHEAD	15	2.1	30	8.6	15	3.5	30	5.2	30	5.9	45	15.1	60	30.4	60	28.4	30	4.2	30	11.7	30	11.3			60	29.9
RAVENS CRAIG	45	27.6	45	22.8	60	29.3	60	25.5	60	22.8	45	19.6	15	1.2	60	26.5	60	28	45	22.5	45	22.9	60	29.9		

Time rounded up to nearest 15 minutes to allow for Parking/walking from/to Car Park

APPENDIX F

NHSGG&C CODE OF CONDUCT FOR PRIVATE PRACTICE

1 General Statement regarding Disclosure

- 1.1 If a doctor wishes to undertake any Private Practice they are obliged to inform their employer at the time of appointment (or subsequently) of their intentions to do so. This should be submitted in writing to the Medical Manager [Cons T&C Section 4 – Para 4.4.8].
- 1.2 Doctors will also be asked to confirm if they intend undertaking private practice as part of the annual job plan review by signing the private practice declaration contained in NHS CEL (2007) 2.
- 1.3 Doctors will be free to undertake Private Practice without approval provided such work is undertaken outside the time agreed in the Job Plan for programmed activities [Cons T&C Section 6 – Para 6.1.1].

2 Part 1: Introduction

Scope of Code

- 2.1 This document sets out recommended standards of best practice for NHS Doctors in Scotland about their conduct in relation to Private Practice. The standards are designed to apply equally to honorary contract holders in respect of their work for the NHS. The Code covers all private work, whether undertaken in non-NHS or NHS facilities.
- 2.2 This Code will be used at the annual job plan review as the basis for reviewing the relationship between NHS duties and any Private Practice.

Key Principles

- 2.3 The Code is based on the following key principles:-

- ❖ Doctors and NHS Greater Glasgow & Clyde will work on a partnership basis to prevent any conflict of interest between Private Practice and NHS work. It is also important that doctors and our organisation minimise the risk of any perceived conflicts of interest; although no doctor will suffer any penalty (under the code) simply because of a perception;
- ❖ The provision of services for private patients should not prejudice the interests of NHS patients or disrupt NHS services;
- ❖ With the exception of the need to provide emergency care, agreed NHS commitments will take precedence over private work; and
- ❖ NHS facilities, staff and services may only be used for Private Practice with the prior agreement of NHS Greater Glasgow & Clyde.

3 Part II: Standards of Best Practice

Disclosure of Information about Private Practice

- 3.1 Doctors will declare any Private Practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the Annual Job Planning process, doctors will disclose details of regular Private Practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out-of-hours cover.

- 3.2 Under the appraisal guidelines agreed in 2001, doctors will be appraised on all aspects of their medical practice, including Private Practice. In line with the requirements of Revalidation, doctors should submit evidence of Private Practice to their Appraiser.

Scheduling of Work and On-Call Duties

- 3.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments will take precedence over private work. Doctors will ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.
- 3.4 Doctors will ensure in particular that:
- ❖ private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 6.3.8 below);
 - ❖ there are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;
 - ❖ private commitments are rearranged where there is regular disruption of this kind to NHS work; and
 - ❖ private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.
- 3.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments must be noted in a Doctors Job Plan, to ensure that planning is as effective as possible.
- 3.6 There will be circumstances in which doctors may reasonably provide emergency treatment for Private Patients during time when they are scheduled to be working or are on call for the NHS. Doctors will make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.
- 3.7 Where there is a proposed change to the scheduling of NHS work, NHS Greater Glasgow & Clyde will allow a reasonable period for doctors to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services alongside NHS Duties

- 3.8 In exceptional circumstances NHS Greater Glasgow & Clyde may at our discretion allow some Private Practice to be undertaken alongside a doctors scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the doctor will ensure that any private services are provided with the explicit knowledge and agreement of NHS Greater Glasgow & Clyde and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

- 3.9 In the course of their NHS duties and responsibilities doctors will not initiate discussions about providing private services for NHS patients, nor will they ask other NHS staff to initiate such discussions on their behalf.
- 3.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, doctors should ensure that any information provided by them, is accurate and up-to-date and conforms to any local guidelines.
- 3.11 Except where immediate care is justified on clinical grounds, doctors will not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor will they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

- 3.12 Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.
- 3.13 Where a patient wishes to change from private to NHS status, doctors will help ensure that the following principles apply:-
 - ❖ a patient cannot be both a private and an NHS patient for the treatment of one condition during a single visit to NHS Greater Glasgow & Clyde;
 - ❖ any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient, if eligible;
 - ❖ any patient changing their status after having been provided with private services, will not be treated on a different basis to other NHS patients as a result of having previously held private status and will not gain any advantage or disadvantage over other NHS patients by doing so and will not be treated on a different basis to other NHS patients;
 - ❖ patients referred for an NHS service following a private consultation or private treatment will join an NHS waiting list at a point determined by their clinical need. Subject to clinical considerations, a previous private consultation will not lead to earlier NHS admission or to earlier access to NHS diagnostic procedures.

Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

- 3.14 Subject to clinical considerations, doctors will be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This will include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.
- 3.15 Doctors will make all reasonable efforts to support initiatives to increase NHS capacity including the appointment of additional medical staff.

4 Part III: Managing Private Patients in NHS Greater Glasgow & Clyde Facilities

- 4.1 Doctors may only see patients privately within NHS Greater Glasgow & Clyde facilities with the explicit agreement. NHS Greater Glasgow & Clyde will decide to what extent, if any, our facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with our organisation's obligations to NHS patients.
- 4.3 Doctors who practise privately within NHS Greater Glasgow & Clyde facilities must comply with our organisation's policies and procedures for Private Practice. NHS Greater Glasgow & Clyde will consult with all doctors or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

- 4.3 NHS doctors may not use NHS facilities for the provision of private services without the agreement of NHS Greater Glasgow & Clyde. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside NHS duties.
- 4.4 Where NHS Greater Glasgow & Clyde has agreed that a doctor may use NHS facilities for the provision of private services:-
- ❖ NHS Greater Glasgow & Clyde will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
 - ❖ any charge will be collected by NHS Greater Glasgow & Clyde, either from the patient or a relevant third party; and
 - ❖ a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.
- 4.5 Except in emergencies, doctors will not initiate private patient services that involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with NHS Greater Glasgow & Clyde's procedures.
- 4.6 In line with the standards in Part II, private patient services will take place at times that do not impact on normal services for NHS patients. Private patients will normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a private patient. In these circumstances the Clinical Director must be informed at the earliest opportunity.

Use of NHS Staff

- 4.7 NHS doctors may not use NHS staff for the provision of private services without our agreement.
- 4.8 The doctor responsible for admitting a private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.

APPENDIX G

SPECIMAN JOB PLAN DOWNLOADED FROM ALLOCATE E-JOB PLAN SYSTEM

NHS Greater Glasgow & Clyde Health Board

This job plan starts 02 April 2018.

Job plan for Dr A, Specialty B

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	Rolling cycle - 2 weeks
Start Week	1
Report date	31 Jan 2017
Expected number of weeks in attendance	42 weeks
Usual place of work	*Beatson West of Scotland Cancer Centre
Alternate employer	University of Glasgow
Contract	New
Doctor classification	Honorary Doctor
University name	Glasgow University
1 PA of premium time equates to	3 hours

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		8 Sep 2016	Mrs Liz Sinclair
In 'Discussion' stage - awaiting doctor agreement		31 Jan 2017	Mrs Liz Sinclair
1st sign-off agreed - awaiting 2nd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
2nd sign-off agreed - awaiting 3rd sign-off agreement		31 Jan 2017	Mrs Liz Sinclair
Signed off		31 Jan 2017	Mrs Liz Sinclair

PA Breakdown

	Main Employer PAs	Core PAs	EPA PAs	Total PAs	Core hours	EPA hours	ATC hours	Total hours
Direct Clinical Care (DCC)	4.238	4.238	0.000	4.238	15:54	0:00	0:00	15:54
Supporting Professional Activities (SPA)	2.233	2.233	0.000	2.233	8:56	0:00	0:00	8:56
Private Professional Services (PPS)	Does not attract a value				8:38	0:00	0:00	8:38
Total	6.471	6.471	0.000	6.471	33:28	0:00	0:00	33:28

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Level	Supplement	PAs
On-call Rota	*GGC On-call	10	10	1	5%	0.119
Type	Normal	Premium	Cat.		PA	
			Total:		0.031	
Predictable	0:00	0:00	DCC		0.000	
Unpredictable	0:30	1:00	DCC		0.031	
The total PAs arising from your on-call work is:	0.119					
Your availability supplement is:	5%	(based on the highest supplement from all your rotas)				

On-call rota details

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	*GGC On-call
What is your on-call classification?	1
Weekday work	
What is the frequency of your weekday on-call work?	1 in 10.00
Do you work your weekday on-call on a specific day?	No fixed day
	Predictable Unpredictable
What are your average hours of emergency work per weekday on-call?	00:00 00:30
How much of this takes place between 20:00 & 08:00? (premium time)	00:00 00:00
How much of your weekday predictable on-call work displaces other activities?	00:00
Weekend work	
(A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 10.00
	Predictable Unpredictable
What are your average hours of emergency work per weekend on-call?	00:00 01:00
Does your weekend predictable work displace other activities?	No
Other information	
Which objective does this on-call work relate to?	
Comments	

Sign off

Role:	Role:	Role:
Name	Name	Name
Signed:	Signed:	Signed:
Date:	Date:	Date:
TIMETABLE		

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)	Patient Treatment - Renal Hot Activity (Hot) 08:00 - 20:00 Week 1 (10 week cycle)

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Out-patient Clinic - Paediatric General Renal 09:00 - 13:00	Core SPA (Max 1PA per week) 09:00 - 13:00	Private Professional Services 09:00 - 12:00				

Activities

- A Additional To Contract
- E Extra Programmed Activities
- H Hot Activity
- U Unaffected by hot activity
- S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core EPA ATC	4.852 0.000	21:02 0:00 0:00
	Mon	09:00 - 13:00	wks 1-2	Out-patient Clinic - Paediatric General Renal Comments: includes travel time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	42	1.000	4:00
	Mon	13:00 - 15:00		Teaching - (Please specify level) Comments: Students during University Term Time	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	30	0.357	1:26
	Mon	13:00 - 15:00		Admin - Patient related (Reports, results, letters, vetting, GP/Patient/Relative communication	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	12	0.143	0:34
H	Tue	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Tue	09:00 - 13:00	wks 1-2	Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	SPA	36.8	0.876	3:30
H	Wed	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
S	Wed	09:00 - 12:00	wks 1-2	Private Professional Services	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	PPS	36.8		2:38
H	Thu	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Fri	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.371	1:29
H	Sat	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29
H	Sun	08:00 - 20:00	wk 1 10 wk cycle	Patient Treatment - Renal Hot Activity (Hot)	NHS Greater Glasgow & Clyde Health ..	*Beatson West of Scotland Cancer Ce..	DCC	5.2	0.495	1:29

No specified day

"()" Refers to an activity that replaces or runs concurrently

- A Additional To Contract
- E Extra Programmed Activities
- H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core EPA Replaced ATC	1.500 0.000 (0.000)	12:07 0:00 (0:00) 0:00
4:00	0:00		Core SPA (Max 1PA per week)	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	SPA	42	1.000	4:00
2:00	0:00		Patient Treatment - DCC - Other (Please specify) Comments: something not specified within the "drop down" menu for DCC Activity.	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	DCC	42	0.500	2:00
6:00	0:00		Private Professional Services	NHS Greater Glasgow & Clyde Health Board.	*Beatson West of Scotland Cancer Centre	PPS	42		6:00

Board Objectives

Objective 1

Comply with Board policies including dress code and Medical Leave policy.

Objective 2

Engage in any Service Change Programme of NHSGGC and participate in any sub-groups, forums as appropriate.

Objective 3

Assist the organisation to monitor and comply with the European Working Time Regulations, Junior Doctors New Deal and manage the impact of Modernising Medical Careers.

Personal Objectives

TEST OBJECTIVE 1

This is a test Objective to show how Objectives can be linked to Activity within the Job Plan

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

Agreed Thursday is a NON working day

APPENDIX H
**NHS GREATER GLASGOW & CLYDE
MODEL CAREER GRADE DOCTOR - OBJECTIVES**
Postholder's Name:
Job Plan Reviewer's Name:
Designation:
Designation:

<u>OBJECTIVE/BEHAVIOUR</u>	<u>TIMESCALE</u>	<u>OUTCOME</u>
CORPORATE		
<p>1. Support the delivery of NHSGG&C Local Delivery Plan and Clinical Strategy.</p> <p>2. Engage in the Service Change Programme of NHSGG&C and participate in any Sub-Group, Forums or feedback as appropriate.</p> <p>3. <u>Clinical Governance</u> – ensure clinical activity is delivered safely and to National Standards. Manage risk effectively in work area.</p> <p>4. <u>Staff Governance</u> – assist the organisation to monitor and comply with the European Work Time Regulations, Junior Doctors New Deal and manage the transition of Modernising Modern Careers.</p> <p>5. <u>Corporate Governance</u> – Manage within available staff and financial allocation available.</p>		

<u>OBJECTIVE/BEHAVIOUR</u>	<u>TIMESCALE</u>	<u>OUTCOME</u>
TEAMS/SPECIALTY/DIRECTORATE		
<p>1. Comply fully with the relevant Directorate Policies and Procedures whilst undertaking any work in areas such as Theatres and Out-Patients, ensuring a maximisation of available resources/theatre utilisation and reduction in clinic cancellations.</p> <p>2. Behave in a manner which will facilitate and support effective team working.</p> <p>3. Satisfy Royal College/Deanery requirements for teaching and training Undergraduate and Post-graduate Trainees.</p> <p>4. Incorporate appropriate flexibility to support the team when colleagues are absent on Annual Leave and Study Leave.</p>		
PERSONAL		
<p>1. Participate in Annual Job Plan Review and Appraisal.</p> <p>2. Agree Job Plan which should take account of the NHSGG&C Capacity Plan to achieve Waiting Time Targets.</p> <p>3. Participate fully in Risk Management and other Clinical Governance activities.</p> <p>4. Undertake at least 42 weeks per year of all Direct Clinical Care Programmed Activities (exclusive of Directorate authorised leave).</p> <p>5. Describe quality outputs from SPA time - e.g. teaching, Research.</p>		

CONFIRMATION OF OBJECTIVES - Year e.g. 2014/15

Doctor's Name:

Signature:

Date:

Job Plan Reviewer:

[Clinical Director/Lead Clinician]

Signature:

Date:

CONFIRMATION OF OUTCOMES - Year e.g. 2015/16

Consultant Name:

Signature:

Date:

Job Plan Reviewer:

[Clinical Director/Lead Clinician]

Signature:

Date:

COMMENTS:

CONSULTANT

I CERTIFY THAT THE ATTACHED INFORMATION IS AN ACCURATE RECORD WHICH FAIRLY REFLECTS MY CURRENT ACTIVITY.

NAME:

SPECIALTY:

HOSPITAL / BASE:

SIGNED:

OFFICIAL USE ONLY

Salary On Transfer To New Contract

.....
.....
.....
.....

CLINICAL DIRECTOR

THE DIARY ATTACHED TAKES ACCOUNT OF THE FOLLOWING SPECIFIC CIRCUMSTANCES (EG UNFILLED VACANCIES ADDITIONAL PAID SESSIONS, ANY OTHER NON-RECURRING SITUATION)

.....
.....
.....
.....
.....
.....
.....

On-Call Level / Frequency:

.....

INITIAL PROGRAMME ACTIVITIES AGREED:

.....
.....
.....

CHIEF OF MEDICINE

I CONFIRM THAT I AM AWARE OF THE INFORMATION ATTACHED

NAME:

SIGNED:

Date:

CONSULTANTS ROUTINE ACTIVITY DIARY

Name: _____ Hospital: _____ Date: _____

EXAMPLE - NOT NECESSARILY TYPICAL

Consultants Routine Activity Diary

Name: Joe Bloggs Hospital: Wishaw Date: 05 Jan 07

Consultants Emergency Workload Diary

NAME:

HOSPITAL:

SHEET

START

DATE:

END DATE:

1

24 Hour Clock