Appendix D

NHS LANARKSHIRE

Procedure for Agreement of non- Direct Clinical Care Activities for trained medical and dental staff

1. Introduction

This paper describes NHS Lanarkshire's (NHSL) approach to non-DCC activity and takes account of the updated guidance issued by the Management Steering Group following agreement with the BMA in March 2010 and DL(2016)14 Consultant Job Planning Guidance. This paper recognises the need both for individual doctors and dentists to achieve a balanced job plan and for the service as a whole to engage in capacity planning processes which consider both direct clinical care and other activities as part of the overall service. It aims to ensure the non direct clinical care aspects of job planning are recognised in a fair and supportive manner with a consistent approach across the organisation.

Medical and dental staff will be expected to be at a specified location, normally within NHS Lanarkshire, for all programmed activities that form part of their agreed working week, except where agreed with the employer and denoted in the job plan. With the employer's agreement, elements of non-DCC activity may be:

- Scheduled flexibly
- Undertaken off site

2. Policy Statement

NHS Lanarkshire recognises that all categories of work have equal value to the service as a whole and defines the various categories of programmed activities as per the Consultant Contract definitions below;

Direct Clinical Care Duties

4.2.3 The direct clinical care duties of the post will include:

- *Emergency duties (including emergency work carried out during or arising from on-call);*
- *Operating sessions;*
- *Pre and post operative care;*
- *Ward rounds*
- *Outpatient clinics*
- *Clinical diagnostic work*
- *Other patient treatment*
- *Public health duties*
- *Multi-disciplinary meetings about direct patient care*
- *Administration directly related to patient care (eg referrals, notes, complaints, correspondence with other practitioners)*
- *On-site medical cover*
- *Any other work linked to the direct clinical care of NHS patients*
- *Travelling time associated with any of these duties.*

Appendix D

Emergency duties (both predictable and unpredictable) will be given first priority when allocating programmed activities for direct clinical care.

Supporting Professional Activities

4.2.4 Supporting professional activities of the post will include:

- *Continuing professional development*
- *Teaching and training*
- *Management of doctors in training*
- *Audit*
- *Job planning*
- *Appraisal*
- *Revalidation*
- *Research*
- *Contribution to service management and planning*
- *Clinical governance activities*
- *Any other supporting professional activities*
- *Travelling time associated with these duties..*

Additional Responsibilities

4.2.5 Additional responsibilities are duties of a professional nature carried out for or on behalf of the employer or the Scottish Government which are beyond the range of the supporting professional activities normally to be expected of an individual. Additional responsibilities may include:

- *Caldicott Guardians*
- *Clinical Audit Leads*
- *Clinical Governance Leads*
- *Undergraduate and Postgraduate Deans*
- *Clinical Tutors*
- *Regional Education Advisers*
- *Formal medical management responsibilities*
- *Other additional responsibilities agreed between an individual and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities*
- *Travelling time associated with these duties.*

Other External Duties

4.2.7 Other external duties comprises work not directly for the NHS employer, but relevant to and in the interests of the NHS. Examples include:

- *Trade Union and professional association duties*
- *Acting as an external member of an advisory appointments committee*
- *Undertaking assessments for NHS Education for Scotland, *NHS Quality Improvement for Scotland or equivalent bodies*
- *Work for the Royal Colleges*
- *Work for the General Medical Council or other national bodies concerned with professional regulation*

Appendix D

- *NHS disciplinary procedures*
- *NHS appeals procedures*
- *Travelling time associated with these duties*
- *Healthcare Improvement Scotland*

DCC activity is generally clear and easy to define in terms of outcome – ie the diagnosis and treatment of patients. All non-DCCs should equally have clear objectives and outcomes mutually agreed at Job Plan Review. Most of these activities will normally require the presence of the doctor or dentist on health service (or other public sector) premises. They may also be scheduled flexibly to meet the needs of the service.

Recognised roles such as Enhanced Appraiser, Educational Supervisor, Undergraduate Sub Dean, Training Quality Lead or Safety Fellow will normally be regarded as Additional Responsibilities within the agreed job plan. Most teaching, tutorials, lectures and meetings are Supporting Professional Activities. Whilst regular commitments to on-site meetings will normally be job planned at a fixed time and location, there may be occasions where individuals will need to attend on-site meetings as and when required to do so by the Clinical Director or other 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.

Medical and dental staff should not normally schedule flexible elements of their working week that conflict with fixed commitments. Occasionally, this will be inevitable, but if the scheduled activity can still take place without the presence of the individual for all or part of the time, and without the need for additional payment to other members of staff, then, the advance agreement of the Clinical Director (CD) to this arrangement should normally be given. If conflict between a DCC and non-DCC activity will result in the cancellation of the DCC activity, the CD will advise the Chief of Medical Services/Associate medical Director/ General Manager/Director of Hospital Services as appropriate. This will normally require a minimum of 6 weeks' notice.

3. Scheduling of non-DCC PAs

Non-DCC activities should be agreed through the job planning process, ensuring the individual's commitment to deliver on non-DCC activities is met through scheduling the appropriate time in job plans. The service commitment to non-DCC activities should be considered as a whole and in reference to the wider organisation. Non-DCC activities should be agreed with those individuals that are best placed to deliver the desired outcomes whilst considering succession planning and personal development. Where possible CDs should seek to spread non-DCC commitments equitably across all medical and dental staff and where imbalance occurs there should be clear and supportable reasons for this. This could result in differential non-DCC allocations within a department, according to the activities agreed with each individual. Appendix 1 includes guidance on how this can be achieved.

Please note that where there is a request to increase the commitment to non-DCC time for a new / recent appointment or where the total allocation of the department is to increase this must be processed as outlined in Section 5 of this paper.

Appendix D

Individuals will normally have 1 PA for core SPA, which is intended to cover their own CPD requirements including the requirements of appraisal and revalidation. Further non-DCC activity may be required to meet the wider need for teaching, training, management of doctors in training, research, audit, contribution to service management and planning, clinical governance and other SPA activities. If all the medical and dental staff in a department undertake an equivalent amount of non-DCC work, then this should mean that they will each make the same overall contribution to these 'wider needs', with each undertaking different roles in line with their own skills, knowledge, experience and interests.

Where an individual has agreed additional non-DCC activities in their job plan, the time for these, including travelling time will be substituted for other work or remunerated separately.

Medical and dental staff should not automatically expect the content or volume of their non-DCC activities beyond the one PA for CPD mentioned above to be the same from one job planning year to the next. This will be dependent upon overall department needs and the allocation of duties to meet those needs. Any changes that are proposed will require to go through normal job plan review processes before being implemented.

4. New Appointees

When recruiting to Consultant / SAS vacancies the undernoted guidance will be followed:

4.1 Job adverts for posts should not specify the balance between Direct Clinical Care and non-DCC Activities. The totality of the job plan should be the subject of discussion and agreement between NHS Lanarkshire and the successful applicant.

4.2 On appointment, or at any time thereafter non-DCC activity time can be negotiated for specific, clearly identified duties. These activities would have to be agreed with the individual and NHS Lanarkshire.

4.3 NHS Lanarkshire will be clear that any non-DCC activity agreed with new and existing Consultants / SAS doctors or dentists must be capable of being performed within the allocated non-DCC time and resources. Individuals must be able to demonstrate that they are fulfilling their allocated duties.

4.4 New appointments should have a 3 and 6 monthly review to consider if the job plan is appropriate. Medical and dental staff may wish to keep diaries and either NHS Lanarkshire or the individual can of course, seek an interim job plan review at any time.

5. Process to Increase non-DCC commitment of new / existing members of staff

If it is considered that a newly / recently appointed individual or a department's overall non-DCC commitment warrants an increase following local review, a case should be submitted by the Clinical Director to the appropriate Associate Medical Director / Chief of Medical Services who will then bring this forward for consideration at the appropriate Medical Directors' meeting. The case should outline why the increase is required and include a diary undertaken by the individual(s) concerned; appropriate job planning information on how the department currently undertake non-DCC activity and confirmation that finance is or is not available for the increased commitment.

Appendix D

6. Accountability

Medical and dental staff will be required to account for the utilisation of the time allocated to all activities at annual job plan review. Individuals will therefore require to collect evidence for the use of their non-DCC time. Evidence would normally be visible outputs e.g. evidence produced as part of participation in appraisal, completed audit projects, minutes of meetings, attendance certificates, attendance registers, educational programmes etc.

Certain activities will **not** be acceptable to NHSL for non-DCC purposes. These include, but are not limited to:

- General private study of books, journals etc in excess of 42 hours / year
- All approved leave (study, overseas etc)
- Private practice
- Any paid work for any other employer (except as part of agreed External Duties or Additional Responsibilities where payment is made under a service level or other agreement)
- Any fee-paying work for NHSL or other employer
- Any activity already accounted for as Direct Clinical Care, including associated teaching included in a session where the primary purpose is treatment and diagnosis of patients

If a doctor or dentist considers that they should alter the split of their time between Direct Clinical Care and other activities then this should be formally agreed in writing through an interim job plan review with the Clinical Director. It will not be acceptable to delay such a review and therefore not have fulfilled non-DCC requirements at annual job plan review. Further information is available within NHS Lanarkshire's Annual Job Plan Review and Consultant Pay Progression Guidance.

7. Specific Issues

1) Examining in the UK for Universities, Royal Colleges, GMC etc. is normally an acceptable external duty.
2) Non-UK examining for Royal Colleges etc is not normally an acceptable external duty. Medical and dental staff who wish to undertake such work should normally do so within their own time or within other approved leave.
3) Recognition of Trainers role: where the Director of Medical Education has agreed that a member of staff has responsibility for direct supervision of a trainee on a regular basis (ie they would meet with the trainee regularly to discuss progress, complete educational appraisal reports on e-portfolio or educational supervisor reports for ARCP) then this should be recognised as a formal postgraduate educational role. This would normally attract 0.25 PA/trainee (see Appendix 1)
4) Undergraduate teaching and training will similarly be recognised through the office of the Director of Medical Education.
5) Enhanced appraisers: there is an agreed job description for these roles that indicates that to conduct a minimum of 10 appraisals a year an appraiser should have 0.5 non-DCC PA allocated within their job plan.
6) Externally Commissioned non-DCC: any proposal to enter into an agreement to allocate externally funded time in an individual's job plan must be explicitly agreed taking account of the other non-DCC commitments and the capacity of the whole

department to absorb the additional work. It is NHSL policy that the maximum working hours within a job plan (other than in a short term cover for sickness or vacancy) will normally be 48.

7) Non-DCC outwith NHSL should be explicitly agreed in advance.
8) Trade Union Activity: Reasonable time for accredited representatives to fulfil trade union activities and duties will be included within the job plan recognising the requirements of NHSL's Facilities Agreement.

8. Conclusion

Non-DCC activities need to be scheduled carefully and flexibly in order to ensure a balanced job plan and efficient service delivery. Medical and dental staff and management will agree the time, location and expected outcomes for all non-DCC activities and shall account for this in subsequent job plan reviews.

This procedure will be reviewed through the Medical and Dental Staff Negotiating Committee no more than two years after the date of implementation.

Appendix 1 Non-DCC - Feb 2017.docx

Request Proforma For Changes To Non DCC

Updated January 2024