

Job Planning and Pay Guidance For Consultant and SAS Doctors Including Locums

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Statement of Intent

Job planning is a contractual requirement for all Consultants and SAS Doctors including Locums. Where we refer to these staff throughout the document Locums must also be included.

Within NHS Lanarkshire, the annual job planning cycle will take place between November to March each year. The first step of the annual process is team service planning to identify the needs of the Speciality, Appendix A 'Job Planning Guidance Annex A: Engaging the Team – Creating the Right Connections between Job Planning and Team Service Planning' provides information on how this process should be conducted. This will inform individual job plan breakdowns.

Consultants or SAS Doctors have the right to ask for an interim job plan at any time throughout the year where any changes are required. Furthermore, where service requirements may change a Clinical Director may request an interim job plan review with a Consultant/SAS Doctor.

All Job Plans (annual and interim) need to be undertaken on the Allocate eJob Planning system. The User Guide for the system is available at Appendix B.

Any changes to pay as a result of a change to a Consultant or SAS Doctors job plan will only be enacted once full sign off of the job plan has taken place. Please see section 8 for more details regarding changes to pay.

Various job plan changes such as an increase to Non-DCC time must be actioned via the Acute Medical Application Review Panel or the HSCP Oversight Group to ensure appropriate governance arrangements are in place. No job plan should be amended or signed off until the appropriate approval has been given. Please see attached Appendix C and D for more details.

1. Background

- 1.1 This guidance has been created to aid Consultants, SAS Doctors and Medical Managers to contribute to and fulfil their contractual obligation to undertake job planning on a minimum of an annual basis.

This guidance should be read in conjunction with the relevant Terms and Conditions of Service, namely:

- Terms and Conditions of Service for Hospital Medical, Dental and Public Health Medicine Consultants – The Consultant Contract 2004.
- Terms and Conditions of Service Specialist Doctor in Scotland October 2022.
- Terms and Conditions of Service Specialty Doctor in Scotland October 2022.

- Terms and Conditions of Service – Speciality Doctor (Scotland) 2008.
- Terms and Conditions of Service – Associate Specialists (Scotland) 2008.
- Pre-2008 associate specialist, staff grade, senior clinical medical officer, clinical medical officer, hospital practitioner)
- These documents can be accessed via:
<http://www.msg.scot.nhs.uk/pay/medical>

1.2 The national guidance for Consultants and SAS Doctors defines job planning as “A prospective agreement that sets out a Consultant / SAS Doctor’s duties, responsibilities and objectives for the coming year. It should cover all aspects of a Consultant / SAS Doctor’s professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include personal objectives, including details of their link to wider service objectives, as well as detailed of the support required by the Consultant / SAS Doctor to fulfil the job plan”. The full document is available as Appendix A.

1.3 Whilst a Consultant/SAS Doctor’s job plan will be unique to the Individual, the job plan will be informed by team Service Planning and the Board and Service objectives.

1.4 Where a Consultant/SAS Doctor holds joint appointments in more than one Health Board, the job planning process should be linked where possible with the Lead employer undertaking the job plan. Where there is a joint job plan a copy of it should be shared with each employer.

Unfortunately, job plans for separate Boards cannot be shared in the Allocate Job Plan system. If a Consultant/SAS Doctor has completed their job plan at another Board, they should send a PDF copy via HR Service Now to ensure the job plan is confirmed and filed in the individual’s personnel file and appropriate details are noted for establishment control purposes.

1.5 The Terms and Conditions for the 2004 Consultant Contract and the 2022 SAS contract stipulate that job planning is one of the key requirements for pay progression to be applied.

It should be noted that SAS Doctors who have chosen not to transfer to the New Conditions of Service (2008 or 2022) are still expected to participate in a job plan review and the principles outlined in this document should be applied.

1.6 This document has been developed in partnership with the BMA Local Negotiating Committee.

2.0 Job Plan Process Requirements

All Job Plans should be completed on the Allocate e-Job Plan system.

2.1 New Recruits

- 2.1.1 Newly appointed Consultants/SAS Doctors will agree an initial Job Plan prior to appointment. Job Adverts will detail the potential DCC/SPA split with any final negotiated between the applicant and Clinical Director and ratified via the proved via the Acute Medical Application Review Panel or the HSCP Oversight Group.
- 2.1.2 The Recruiting Manager (Clinical Director) should submit a Non-DCC application via their Chief of Medical Services / Associate Medical Director for consideration at the appropriate Meeting.
- 2.1.3 If the job plan is agreed, it should be entered on to the Allocate eJob Plan system. Individual's do not have access to their own account until after joining NHS Lanarkshire. However, the Recruiting Manager can contact HR via HR Service Now and ask for an account to be created for the New Start. The Manager can then populate the job plan and send a copy to HR and to the new start. HR will ensure the appropriate breakdown is detailed within the Contract of Employment (See Appendix C).
- 2.1.4 If the job plan breakdown is not agreed, the Clinical Director will be responsible for liaising with the new Recruit to consider the job plan further.
- 2.1.5 When the new Consultant/SAS Doctor commences employment, they will receive access to their Allocate eJob Plan account. The agreed job plan should be transferred to the Individual and it should be signed-off within 4 weeks of the new Consultant / SAS Doctor's appointment. Following which, a review should take place at 3 and 6 monthly intervals. Thereafter, the Individual is required to partake in the annual and interim processes as appropriate.

2.2 Annual Process

- 2.2.1 The Annual Job Plan Review process will normally take place between November and February each year and job plans must be fully agreed by 31 March to ensure that the Payroll department can be updated on pay progression decisions for those Doctors pay progression applies to by April/May.
- 2.2.2 The job plan should be completed on the Allocate e-Job Planning system and signed off by the Clinical Director and Chief of Medical Services (CMS) or Associate Medical Director (AMD) prior to 31 March. The Deputy CMS/AMD may deputise when appropriate.
- 2.2.3 The CMS/AMD will also require confirmation that you have engaged appropriately with Appraisal requirements as they will not be able to recommend pay progressions without confirmation. Please complete the comments box in the Allocate e-Jobplan System advising on your position which should include when your last Appraisal was undertaken or whether you have mitigating circumstances and have been deferred to a future date. The Allocate eJob Plan User Guide details the process for doing so.

- 2.2.4 Job plans that are approved after 31 March but before the absolute deadline of 30 April will be processed but may result in late implementation of any changes in pay.
- 2.2.5 Failure to complete the job plan by 30 April may result in no new EPA/APA contracts being issued for the year ahead (if applicable) and a recommendation may go forward that no pay progression is awarded. Please see Section 7.4 for exceptions under mitigating circumstances.

2.3 Interim Process

- 2.3.1 An interim Job Plan Review can be requested at any time by the Consultant/SAS Doctor or management if circumstances require it, i.e. where duties, responsibilities or objectives have changed or need to change significantly within the year either for service or personal/health or domestic reasons. This will include processes such as additional Non DCC/SPA, flexible working, partial retirement, or retire and return which are subject to a separate approval process.
- 2.3.2 The separate approval process referred to in para 2.3.1 will require advanced approval and job plans should not be changed until approval is granted. The Consultant/SAS Doctor should complete a non-DCC application and submit it to their Clinical Director. The Clinical Director will review and if they approve the recommendation, the application should be submitted via the Chief of Medical Services / Associate Medical Director for consideration/approval via the Acute Medical Application Review Panel or the HSCP Oversight Group. Following receipt of the approval, the Consultant/SAS Doctor will receive a letter from HR on behalf of the Chair of the appropriate meeting advising that the change has been approved.
- 2.3.3 Thereafter, the Consultant/SAS Doctor must complete an interim job plan on the Allocate eJob Plan system. The Job Plan start date must be from the date that the job plan will change to ensure that pay is progressed appropriately (see section 8).
- 2.3.4 There is a contractual notice period to stop any EPA's (up to 3 months' notice), for any change being made. Separate agreement can be reached to reduce this where there is a business need. Where there is an agreement via the Acute Medical Application Review Panel to move a Consultant/SAS Doctor to part-time, there is no guarantee of a return to full-time hours at a later date.
- 2.3.5 The interim job plan process does not require all of the elements of the annual job plan process to be completed. However, all interim job plans must be agreed, ensuring budget is available, prior to the Job Plan being added to and approved on the Allocate eJob plan system.
- 2.3.6 The job plan requires full sign off prior to HRMDS being able to update the eESS system for payroll purposes (section 8).
- 2.3.7 If the proposed changes are not approved, then the Consultant/SAS Doctor may wish to consider mediation (section 5).

2.4 Job Plan Exemptions and Mitigations

If a Consultant/SAS Doctor is on period of approved leave such as maternity leave, secondment, career break or long term sickness absence, the individual's job plan will be 'locked down' on Allocate eJob Plan. The individual is not required to complete their job plan until they return to work, however, it must be completed on return. They will still receive pay progression.

Where a Consultant/SAS Doctor and their Clinical Director engage in the job planning process but are unable to agree the content of the job plan prior to the job plan deadline, the Consultant/SAS Doctor will receive pay progression whilst other processes such as a diary exercise, or the mediation and appeals process takes place (see Section 5).

3.0 Roles and Responsibilities

3.1 Job Plan Approval Scheme of Delegation

- 3.1.1 In view of the workload that Job Plan Reviews impose on Medical Managers and in particular Clinical Directors, job plan reviews can be delegated to Deputy Clinical Directors/Clinical Leads to assist with the process. The sign off process for all job plans is in line with the Scheme of Delegation which is agreed with each Specialty/Directorate on a regular basis.
- 3.1.2 It is the responsibility of all Consultants and SAS Doctors to participate in the Job Plan Review process and they share responsibility with their reviewer or Clinical Director to ensure that this is undertaken and approved in the appropriate timescales. Section 5 has information on how to proceed if there is failure to agree a forthcoming job plan.
- 3.1.3 Where requested, the Clinical Lead or Deputy Clinical Director is the first sign off. The Deputy Clinical Director or Clinical Director is the second sign off and the Associate Medical Director of Chief of Medical Services is the third and final sign off. The Associate Medical Director of Chief of Medical Services may delegate final job plan sign off to Deputies where appropriate.
- 3.1.4 If the Clinical Director is the first stage sign off, then the job plan will only require to have a 2 stage sign off with the Associate Medical Director of Chief of Medical Services as the final sign off.
- 3.1.5 Consultants/SAS Doctors should approach the appropriate manager and make arrangements to meet with them at a mutually acceptable time to undertake the job plan review.
- 3.1.6 Clinical Directors should make arrangements with the Chief of Medical Services/Associate Medical Director to undertake their job plan review. Likewise the CMS/AMDs and Divisional Medical Directors should make appropriate arrangements.
- 3.1.7 It is recognised that Consultants in Public Health Medicine will not be able to follow the same approval process as Consultants within other specialties. Job

Plan reviews will be undertaken by the Director of Public Health who will also decide whether pay progression criteria has been met or not.

3.2 Clinical Director Responsibilities

- 3.2.1 If a job plan review may result in a change to the number of sessions the Consultant/SAS Doctor is undertaking or to the breakdown of DCC/Non-DCC time, the Clinical Director must ensure that they have the correct level of authority for making the change (See Appendix C).
- 3.2.2 If agreeing any additional sessions, the Clinical Director must ensure that the service have sufficient budget for the change by confirming this with the Service Manager and/or Management Accounts prior to any changes to the job plan being made or signed off.
- 3.2.3 Where a Consultant/SAS Doctor wishes to undertake any additional Non-DCC roles/sessions, the Clinical Director is required to facilitate the appropriate approval process as detailed in Section 3.4 (and Appendix C) and in line with the Non-DCC guidance (Appendix D).
- 3.2.4 The Clinical Director must only sign off the job plan once the required approval has been sought.
- 3.2.5 The Clinical Director should facilitate and encourage Team and Service Job Planning influenced by full engagement and participation of medical staff and Service Management.
- 3.2.6 The Clinical Director must ensure that local records are updated and clinical arrangements made in line with any changes made to a Consultant/SAS job plan.

3.3 Chief of Medical Services (CMS) / Associate Medical Director (AMD)

- 3.3.1 The CMS/AMD is responsible for ensuring that all job plans (annual and interim) are complete and signed off by the required deadline for all of the Consultants/SAS Doctors within their remit and for annual job plan reviews by the required deadline or for delegating responsibility to an appropriate Deputy CMS/AMD to do so. If this is the case the Deputy will also have responsibility for point 3.3.2 below.
- 3.3.2 In addition, they are responsible for reviewing the activity noted within Job Plans and reviewing/ensuring that work delivered is as required per the site requirements.
- 3.3.3 The CMS/AMD is responsible for ensuring that all changes to job plan breakdowns have followed the appropriate approval process. Where a Non-DCC application is being made for a Consultant/SAS Doctor, the CMS/AMD require to review it and if supportive, to take the request to the appropriate meeting for approval.

- 3.3.4 The CMS/AMD is responsible for undertaking Stage 1 of the Mediation/Appeals process for Consultants/SAS Doctors within their remit providing they have not been involved in the discussions regarding the job plan. If so, the CMS/AMD will be responsible for delegating appropriately in line with Appendix A: Job Planning Guidance Annex B: Job Plan Review: Resolving Disagreements).
- 3.3.5 The CMS/AMD is responsible for reviewing and determining whether pay progression is applicable to those Consultants/SAS Doctors within their remit.
- 3.3.6 The CMS/AMD is responsible for undertaking a full overview of job plans and services within their remit and for reporting changes to job plan and or services to their Management Team as appropriate.

3.4 Acute Medical Application Review Panel/HSCP Oversight Group

- 3.4.1 Within NHS Lanarkshire, the Acute Division has an Acute Medical Application Review Panel and the North HSCP have an Oversight Group that meet on a minimum of a monthly basis. Their purpose is to ensure an appropriate governance structure is in place for contractual amendments.

Requests for Consultants/SAS Doctors within the South HSCP should be submitted to the Medical Director. Requests for Consultants/SAS Doctors within Public Health should be submitted via the Director of Public Health.

- 3.4.2 The following requests require approval from the appropriate group prior to a change in job plan being agreed:

- **Non-DCC/SPA Requests**

Where a Consultant/SAS Doctor requests to increase their Non-DCC time, the NHSL Non-DCC procedure should be followed.

For instance, applications to increase Non-DCC time for roles such as undergraduate/postgraduate training coordinator or appraisal sessions must be submitted by the Clinical Director to the Chief of Medical Services/Associate Medical Director for consideration at the appropriate meeting for approval prior to being incorporated into a Consultant/SAS job plan.

- **Work/Life Balance including Retire and Return, Career Break, flexible working, partial Retirement**

Where a Consultant/SAS Doctor requests to change their working hours or take a career break, the appropriate NHS Scotland policy should be followed. A link to the policies is available here: <https://workforce.nhs.scot/policies/>

The appropriate Clinical Director should ensure the relevant application form is obtained from the Employee Portal and completed. They should then refer the application to the Chief of Medical Services/Associate Medical Director for consideration at the appropriate approval meeting prior to being incorporated into a Consultant/SAS job plan. Similarly CDs, AMDs, CMS

and Medical Directors should following the same process and seek approval as outlined in the scheme of delegation.

3.5 HR Medical and Dental Services (HR)

- 3.5.1 HR are responsible for facilitating the annual and interim job planning processes.
- 3.5.2 HR will ensure that the Allocate eJob Plan system is kept up-to-date at all times.
- 3.5.3 HR will provide weekly reports from Allocate eJob Plan system to ensure that any newly signed off job plans are reviewed and updated on the establishment.
- 3.5.4 HR will ensure that any appropriate amendment to a Consultant/SAS Doctor contract is made in line with the processes noted within this guidance.
- 3.5.5 HR will also make the change through eESS (where assigned as the supervisor) where the employee can see any changes made.
- 3.5.6 HR will provide regular awareness and training sessions to medical managers to support them in understanding their responsibilities and use of the Allocate eJob Plan system.

4. Elements of the Annual Job Planning Process

The steps required to fulfil the contractual requirements of job planning and to ensure changes to pay are implemented appropriately are detailed below.

4.1 Team Service Planning

- 4.1.1 The first step in the job planning process is likely to be that individuals will be invited to participate in team based service planning. This can take place at any point throughout the year and should be reviewed regularly to inform the individual's job plan. This will enable services to be responsive to change impacting the service and the medical staff within the team. The team service plan or the individual clinician's job plan should be drawn up in isolation as each informs the other.
- 4.1.2 The Clinical Director or deputy should make arrangements for this to take place in advance of individual job plan reviews.
- 4.1.3 The Scottish Government Guidance on Job Planning (Appendix A) details the principles for Consultant and SAS Doctor job plans.

4.2 Individual Job Plan Preparations

4.2.1 Appraisal

Whilst appraisal is separate to Job Planning, both are mandatory in meeting the requirements for pay progression.

This is an absolute criterion for the job planning review and failure to have satisfactorily participated in Annual Appraisal within the preceding 12 months

would (subject to mitigating circumstances) automatically result in pay progression being withheld.

Any Consultant who fails to undertake a Job Plan review and Appraisal relevant to these periods of time and without substantial reason will not be recommended for pay progression on their incremental date or be eligible to apply for the Award of Discretionary Points (if applicable) for the relevant year.

4.2.2 Reflection and Objectives

Consultants and SAS Doctors have NHSL medical and dental generic and specialty-specific objectives to meet. The number and scope of objectives varies somewhat from Doctor to Doctor. However, objectives should be appropriate, identified, agreed and may include numerical outcomes and outputs.

As part of the annual Job Planning process, a review should be undertaken to identify whether the Consultant/SAS Doctor has met the time, service and individual objectives that were set in the previous year and if all of the elements of the job plan in terms of DCC and Non-DCC activity have being met.

It is important that the Consultant / SAS Doctor prepares evidence for the job plan discussion of how they have met their obligations over the previous year in terms of fulfilling their DCC, SPA time and objectives. Evidence can be uploaded onto the Allocate eJob plan system under 'other'.

The significance of failing to meet individual objectives or sessional requirement also varies. Where there is failure to meet a proportion of objectives, consideration will be given to whether pay progression should be withheld. This may also require further investigation.

4.2.3 Review of Standards of Conduct

The Job Plan review also requires a review of whether the Consultant has complied with NHS Lanarkshire's Standard of Conduct and Private Practice (Terms and Conditions) and NHS Scotland's Employment Checks policy. Failure to comply may result in pay progression being withheld.

If the objectives from the previous job plan, appraisal or review of the Standards of Conduct have not been met, the Reviewer/Clinical Director must raise to the Chief of Medical Services (CMS) or Associate Medical Director (AMD) immediately.

4.2.4 Working Time Directive

The Working Time Regulations Policy sets out NHS Lanarkshire's position regarding working hours and the legal requirements. The policy is available here: <https://www.nhslanarkshire.scot.nhs.uk/download/working-time-regulations-policy/>

A maximum of 12 PA's should be in place for a Consultant/SAS Doctor within the job plan. If, to meet service requirements, a job plan should exceed 12 PA's,

it must only be for a temporary period and for a maximum of 6 months. It must be reviewed regularly.

Should an extension beyond 6 months be required this must be raised through the appropriate Acute Medical Application Review Panel/HSCP Oversight Group.

Where a Consultant/SAS Doctor is undertaking 12 or more sessions, including ad-hoc, a Working Time Directive Opt Out agreement should be completed.

Where a Consultant / SAS Doctor is undertaking additional sessions, it is important that the Clinical Director/Service Manager consider the impact of any additional sessions worked such as Waiting Time Initiative sessions on the Individual's working time. It is important that undertaking any such work will not impact on the Individual's health, safety or well-being or that of patients.

4.3 Agreement of the Prospective Job Plan

4.3.1 Objectives

Agreed personal, corporate and service objectives will set out a mutual understanding of what the Consultant/SAS Doctor will seek 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. Objectives must also be achievable within the available resources.

Achieving a balance between the needs and objectives of individual clinicians and the service will necessitate some specific consideration during individual job planning discussions to the level of work that can be carried out by medical staff.

A copy of the corporate objectives are available here: <https://www.nhslanarkshire.scot.nhs.uk/download/corporate-objectives/>. There should be a clear alignment to the corporate objectives in each job plan.

4.3.2 Prospective Job Plan

The Job plan review must detail the breakdown of the job plan in terms of:

- Direct clinical care duties (DCC)
- Non-Direct clinical care duties (Non-DCC)
 - Supporting professional activities (SPA)
 - Agreed additional responsibilities (AR)
 - Agreed external duties (ED)
- Any agreed extra programmed activities/additional programmed activities (EPA/APA)
- Private Practice
- Secondary Employment
- Fee Paying Work

4.4 Direct Clinical Care Activities

The Consultant/SAS Doctor and the Reviewer/Clinical Director need to agree an appropriate balance between the actual clinical delivery and the related

activities (e.g. ward rounds, theatre sessions, outpatient clinics, patient related administration). This will vary from specialty to specialty and from individual to individual.

There will be explicit agreement on the expected/average duration of each Clinical Activity, and this will take into account the availability of other staff to support the activity. Where fractions of PAs are agreed this should be rounded up to the nearest half or whole PA however additional work must be undertaken and agreed as part of the job plan to recognise the rounding up of the PA.

Predictable and Unpredictable emergency work is the first call on time in job plans and must be included in the core job plan.

4.4.1 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 telephone calls associated, etc with this when undertaken out with normal scheduled hours.

4.4.2 Unpredictable emergency work is work that is done whilst on-call and associated directly with the Consultant/SAS Doctor's on-call duties, but which is not scheduled at a particular time or location e.g. recall to hospital on an emergency basis.

Time given for unpredictable emergency work will be based on a diary exercise which will be undertaken over a representative period of time when the intensity of work changes significantly from the previous year. This will normally be assessed on a whole rota basis rather than individually and will involve recording the actual hours each individual spends undertaking telephone calls and in the hospital unpredictably during on call periods. The average of these hours is 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.

4.4.3 An oncall availability supplement is also payable to those undertaking oncall duties. The supplement payable is dependant on the frequency of the oncall work and is payable in line with the appropriate TCS.

Oncall supplements are calculated on the basis that prospective cover is included. The availability supplement recognises work undertaken for on-call and not for predictable emergency or shift work as detailed in para 4.4.1

4.5 Non-DCC Activities

Please refer to Appendix C: Routes to Additional Sessions and Appendix D: Non-DCC Guidance for details and the Application Process for approval of any additional Non-DCC commitments.

4.5.1 Supporting Professional Activities (SPA)

Core SPA

Consultants/SAS Doctors will receive 1 PA to allow them to fulfil their CPD, Appraisal and Revalidation, statutory and mandatory training, continuous professional development, team meetings and job planning requirements as a minimum. This is referred to as Core SPA and is detailed as such within the Allocate eJob Plan system.

Additional SPA time

As part of team service planning, the team will consider the outputs required from the department/directorate in terms of Non DCC 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, any audit or research being undertaken or any specific roles such as Clinical Lead roles.

This will allow an assessment to be made of the number of non DCC PAs 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.

It is imperative that the Consultant/SAS Doctor brings evidence of their SPA activity to the Job Planning meeting for discussion/review.

4.5.2 Additional Roles

Additional roles may include posts offered by Medical Education such as Sub Dean, Wellbeing Champion, Block Lead, etc; from the Research and Development Directorate for specific research programmes or for enhanced appraiser duties. It will also include management roles such as Clinical Director posts or other Lead posts such as Clinical Governance, Audit Lead or via e-Health.

Where possible, these roles should be incorporated into the Job Plan as an additional EPA(s) to ensure that there is no loss of Direct Clinical Care time. Where it is not possible to do so and the Consultant/SAS Doctor wishes to undertake the role within their core hours, agreement must be provided via the appropriate channel (See Appendix C) prior to the role being approved and the Job Plan being updated.

4.5.3 External Duties

External duties may include posts offered by NES such as Training Programme Director or Foundation Programme Director roles or roles with the Scottish Government, Royal College or external Providers such as ScotStar. Where possible, these roles should be incorporated into the Job Plan as an additional EPA(s) to ensure that there is no loss of Direct Clinical Care time. Where it is not possible to do so and the Consultant/SAS Doctor wishes to undertake the role within their core hours, agreement must be provided via their Clinical Director and CMS/AMD via the appropriate Acute Medical Application Review Panel/HSCP Oversight Group prior to the role being approved and the Job Plan being updated (See Appendix C).

In addition, prior to the role being included within the Job Plan, an SLA or cross-charging agreement must be in place to ensure funding is provided appropriately. This should be agreed via the appropriate Service Manager and a copy shared with HR for the Consultant/SAS Doctor's personnel file.

4.5.4 Extra Programmed Activities (EPA's)

As noted above, where possible all additional roles or external duties should be entered into the Job Plan as an EPA to ensure there is no reduction in direct clinical care activity.

Furthermore, any additional sessions offered for more than a 3 month period (such as winter planning/covering for a vacancy) must be included in an interim Job Plan as an EPA.

Job Plans should clearly indicate what is core activity and what are extra programmed activities. It is important that any PA's (in addition to the core 10, pro rata) are entered as EPA's. EPA's are sessions that can be terminated with 3 months notice by either party and therefore it is important that the details of the session(s) are clearly documented for contractual purposes.

4.5.5 Private Practice

If a Consultant/SAS Doctor wishes to undertake any Private Practice, they are obliged to inform their Clinical Director at the time of appointment (or subsequently) of their intentions to do so in line with their TCS (Section 4.4 Consultant TCS and Schedule 7 SAS TCS).

Consultants/SAS Doctors will also be asked to confirm if they intend undertaking regular private practice as part of the annual job plan review and the times of regular private practice should be entered into the Job Plan.

If the private practice may impact upon their Job Plan, it will be rejected until alternative arrangements can be made. However, even if the work does not impact on the Job Plan, Consultants/SAS Doctors are required to inform their manager of the secondary employment and may be asked to submit information relating to hours worked for WTD purposes.

It is imperative that private practice must not interfere with NHS emergency activities.

In line with the TCS, where a Consultant/SAS Doctor declines an offer of EPA activity to undertake private practice, progression through the seniority points may be deferred for that year.

4.5.6 Secondary Employment

If a Consultant/SAS Doctor wishes to undertake Secondary Employment they must obtain approval from their Clinical Director at the time of appointment (or subsequently) in line with the NHS Scotland Employment Checks policy and the NHS Lanarkshire Standards of Business Conduct Policy.

The request should be submitted in writing to the Clinical Director. If the additional work will impact upon their Job Plan, then they require approval, from

the Acute Medical Application Review Panel/HSCP Oversight Group. However, even if the work does not impact on the Job Plan, Consultants/SAS Doctors are required to inform their manager of the secondary employment and may be asked to submit information relating to hours worked for WTD purposes.

Approval will be given in writing and will be recorded in the Consultant/SAS Doctor's file. Consultants/SAS Doctors must also ensure that unless they are representing NHS Lanarkshire or the wider NHS in an official capacity they cannot make reference to their NHS employment or give the impression in anyway, whilst undertaking secondary employment that they are representing the views of, or acting with the authority, approval or sanction of the NHS.

Where secondary employment is being undertaken, dates/times of this should be included within the Job Plan.

It is imperative that secondary employment must not interfere with NHS oncall activities.

4.5.7 Fee Paying Work

Fee paying work which is not part of the contractual job plan must be considered in line with the relevant TCS and must not impact on Job Planned Activities and in line with the Non-DCC Guidance.

5.0 Job plan Mediation & Appeal Process where there is Failure to Agree Forthcoming Job Plan

Where there is failure to agree a forthcoming Job Plan for a Consultant or a SAS Doctor, the following process will be applied in line with TCS section 3.4 (consultants), TCS Schedule 5 for SAS Doctors on the 2008 or 2022 contract and Appendix A Annex B: Job Plan Review, Resolving Disagreements'.

- 5.1 The disagreement is referred to the Chief of Medical Services / Associate Medical Director. Public Health Consultants should refer the matter to the Medical Director who will convene a panel at the appropriate level. A panel will be arranged in line with Appendix A Annex B: Job Plan Review, Resolving Disagreements'.
- 5.2 If there is still a failure to agree a forthcoming Job Plan then the disagreement should be referred to the appropriate Divisional Medical Director/Medical Director for Public Health Consultants for consideration (Stage 2). An appropriate panel will be arranged in line with Appendix A Annex B: Job Plan Review, Resolving Disagreements'.
- 5.3 Where there remains a failure to agree, a formal appeal can be invoked. The matter should be referred to the Medical Director and an appropriate panel will be arranged in line Appendix A Annex B: Job Plan Review, Resolving Disagreements'.
- 5.4 Details of panel membership can be obtained from Human Resources or LNC Officers.

6.0 Pay Progression

6.1 Pay progression is relevant to Consultants and SAS grade Doctors.

6.2 Paragraph 5.2.3 of the Consultant Terms and Conditions states that “The employer may decide to delay pay progression through seniority points in any year only where it can be demonstrated that, in the year, the Consultant has not:

- a) met the time and service commitments in his/her job plan (T&Cs **Section 3, paragraphs 3.2.2 to 3.2.6**); and/or
- b) met the personal objectives in his/her job plan or – where this is not achieved for reasons beyond the individual consultant’s control – having made every reasonable effort to do so (T&Cs **paragraph 3.2.16 to 3.2.21**); and/or
- c) Participated satisfactorily in annual appraisal, job planning and objective setting; Participation in annual appraisal is defined as “having completed appraisal or, where mitigating circumstances apply, have an exemption certificate”. Participation in job plan review is defined as “having completed the employee’s section on the electronic job plan review system and requested a meeting with the appropriate Reviewer” and/or
- d) worked towards any changes agreed as being necessary to support achievement of the organisation’s service objectives in the last job plan review; and/or
- e) allowed the NHS (in preference to any other organisation) to utilise the first portion of any additional capacity they have (T&Cs **paragraph 4.4.6 to 4.4.12**); and/or
- f) met required standards of conduct governing the relationship between private practice and NHS commitments (T&Cs **Section 6**).

The Terms and Conditions also state (Paragraph 5.2.4) that “Progression through seniority points will not be deferred in circumstances where the inability to meet the requirements set out in Paragraph 5.2.3 (T&Cs) is occasioned by factors outwith the control of the Consultant”. The Terms and Conditions are clear as Paragraph 5.2.5 indicates that progression through seniority points must not be related to or affected by the outcome of the Appraisal process. A recommendation to withhold pay progression entitles a Consultant to invoke the Mediation and Appeal process at stage 2 mediation. It is therefore necessary that NHSL has robust and demonstrable criteria for withholding pay progression.

6.3 Schedule 11 of the 2022 SAS Contract state that for pay progression to be applied, the Doctor must have participated satisfactorily in the job planning process on a yearly basis:

- a) made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
- b) met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctor’s control, made every reasonable effort to do so;

c) worked towards any changes identified in the last Job Plan review as being necessary to support achievement of joint objectives; and

- participated satisfactorily in the medical appraisal process on a yearly basis in accordance with the GMC's requirements set out in 'Good Medical Practice' where the outcomes are in line with organisational standards and objectives;

- Demonstrated yearly completion of the employer's mandatory training.

Schedule 15 of the 2008 SAS Contract also stipulates the requirements for pay progression for those Doctors remaining on the Terms and Conditions.

6.4 Where there is a failure to agree in the job planning process, but there is active participation in mediation or appeals ongoing, both the existing job planning and pay arrangements will remain in place until such time as agreement is reached, whereupon the provisions of the new job plan will be applied and pay changes (if appropriate) backdated to the date of the original job plan review request.

6.5 Pay progression will be actioned even if the mediation/appeals process has been invoked and providing annual appraisal has been undertaken within the relevant timescale.

7.0 Criteria for Withholding Pay Progression

7.1 Time & Service Commitments

7.1.1 It should be possible to determine whether a Consultant/SAS Doctor has undertaken those activities which have a specific location and time with a high degree of accuracy within the core and EPA contracts. As these are the activities which generally have the greatest impact on waiting lists and waiting times, it is intended that any shortfall in the total number of expected activities delivered – for which there is not a wholly satisfactory explanation acceptable to management – would be adequate grounds for withholding pay progression. Activities not undertaken at specific locations or times are usually less easily quantified and pay progression would only be withheld on these issues where specific concerns had been identified and the individual Consultant, having been made aware of these concerns, had failed to address them satisfactorily.

7.1.2 Time spent on supporting professional activities may be more difficult to assess. The NHSL Non DCC guidance specifically requires Consultants/SAS Doctors to collect evidence for the use of their SPA time and indicated that such evidence would normally be visible outputs eg: completed audit projects, minutes of meetings, attendance certificates, attendance registers, educational programmes etc which either demonstrate that something specific has been achieved or which confirmed the presence of the Consultant/SAS Doctor at the activity.

7.1.3 It will normally be the case that failure to provide sufficient evidence would warrant either a) withholding pay progression or b) a proportionate reduction in the number of paid programmed activities in the Consultant/SAS Doctor's job

plan for the following year or, if necessary and justifiable, c) an increase in the number of DCC activities in the job plan for the following year. The selection of an option from these would be discussed by the Reviewer and the Consultant/SAS Doctor at the job-plan review meeting, and appropriate recommendation made to the CMS/AMD/Director of Public Health (for Public Health Consultants/SAS Doctors). Pay progression for the Director of Public Health will be considered by the Medical Director.

7.2 Pay progression not recommended

Where Consultants/SAS Doctors have not been recommended for pay progression, the individual should be advised immediately. The job plan review should also be shared with the Associate Medical Director/Chief of Medical Services who will make the decision taking into consideration all criteria on whether pay progression should be awarded. If pay progression has not been awarded, the Doctor should be advised that an appeal can be lodged as per Section 7.3 of this Guidance.

7.3 Appeals Process for Pay Progression

- 7.3.1 Where the decision is taken not to award pay progression, a Consultant or SAS Doctor will have the right to invoke Stage 2 of the Mediation and Appeals Process as described in paragraphs 3.4.1 and 5.2.8 of the Terms and Conditions of Service for Consultants or Schedule 5 para 6 for SAS Doctors.
- 7.3.2 Following receipt of the decision not to award pay progression, where exceptionally a Consultant/SAS remains dissatisfied with the decision, he/she may refer the point of disagreement to the Divisional Medical Director or in the case of Consultants/SAS Doctors in Public Health to the Medical Director. This referral should be made, in writing, within two weeks of receipt of the decision.
- 7.3.3 The Divisional Medical Director or Medical Director (in the case of Public Health) may convene or delegate authority to instruct a panel to be convened who will meet with the Consultant, their Trade Union or other representative, should they choose to have one, and the Associate Medical Director/Chief of Medical Services/Director of Public Health who has made the decision not to allow pay progression. The meeting will consider the point of disagreement and to hear the parties' consideration of the issues. The panel may or may not include HR representation.
- 7.3.4 All parties will use their best endeavours to ensure that agreement is reached at this stage. The Divisional Medical Director/Medical Director, or delegated panel Chair will, normally within two weeks of meeting, advise the Consultant/SAS Doctor and the Associate Medical Director/Chief of Medical Services/Director of Public Health in writing of his/her decision concerning the point of disagreement, giving reasons to explain their decision.
- 7.3.5 When an individual does not receive pay progression, it should be noted that completion of the following year's paperwork will not retrospectively count for pay progression for the previous financial year.

7.4 Pay Progression Mitigating Circumstances

- 7.4.1 If a Consultant/SAS Doctor has failed to satisfy the criteria for pay progression in any given year, it is possible that there may be mitigating circumstances pertaining to that individual which may still allow pay progression to be confirmed. Each case will be considered on its merits. Where either party believes that the criteria for pay progression may not be met, these need to be highlighted in advance of the Job Plan Review to allow for an interim Job Plan Review to be undertaken (in line with the relevant TCS).
- 7.4.2 If a Consultant/SAS Doctor encounters any difficulties in completing the job plan electronically on the Allocate eJob Play system, contact should be made directly at the earliest possible opportunity to HR via HR Service Now.

8. Changes to Contractual Sessions / Pay Amendments

Changes to pay for a Consultant/SAS Doctor will only be instigated on the completion of an annual or interim Job Plan review that has been fully signed off by all authorised signatories (i.e. Reviewer, Clinical Director and CMS/AMD/Director of Public Health).

By completing/signing the job plan review the Medical Manager is verifying that:

- Funding is confirmed as available through the Service Manager.
- Funding is confirmed as available through Management Accounts.
- If a reduction is backdated, the employee is aware of the overpayment. The Payroll department will confirm this with the employee.
- Where required approval is given through the Acute Medical Managers Forum or the HSCP Oversight Group.

8.1 Processing Pay – Changes that are for more than 3 months

Changes will not be made on eESS until either the annual or interim job plan on Allocate has been fully signed off or in the case of retrospective changes, a Retrospective Contract Change Form has been completed.

8.1.1 Annual Job Plan Review Pay Process.

Annual Job Plans should commence from the 1st April of the appropriate year, unless a different date has been agreed between the parties.

On completion of a final approval of an annual job plan review on Allocate eJob Plan an alert will be sent to HR.

The Annual Job Plan review will be checked by HR.

Where the breakdown noted on the job plan differs from the details held on the Establishment, e.g. additional Non-DCC time that has not been agreed via the appropriate channel or differences in the availability supplement, HR will make contact with the Clinical Director to query the amendment.

Once approved, the change will be processed through the eESS system from the start date noted on the Annual Job Plan Review for Payroll colleagues to make the changes to pay.

A copy of the eESS transaction will be emailed to the Consultant/SAS Doctor for their records. If the Consultant/SAS Doctor has EPA's within their job plan, they will also receive a contract for this work. The HR team will also update the Department's Establishment.

8.1.2 Interim Job Plan Review Pay Process

On completion of the final approval of an interim job plan review an alert will be sent to HR.

At this point the Interim Job Plan will be reviewed and the change will be processed through eESS for Payroll colleagues to make the changes to pay.

A copy of the eESS transaction will be emailed to the Consultant/SAS Doctor for their records. If the interim job plan includes any EPA's the Consultant/SAS doctor will also receive a contract for this work. The HR team will also update the Department's Establishment.

This change will be made from the start date listed on the interim Job Plan. This date will normally be different to the 1st April of each year and should be the start date of when the changes commenced.

Details for re-publishing a job plan from a specific date can be found in the Allocate eUser guide (See Appendix B).

8.2 Making Retrospective Changes when a subsequent Job Plan has been signed off

It is essential that a job plan review is completed and signed off correctly including ensuring that the start date is correct. If this information is incorrect it may lead to over or underpayments to the Consultant/SAS doctor. Completing work retrospectively can cause confusion where information in eESS needs to be cancelled and resubmitted.

The Retrospective Contract Change Form will only be used for specific circumstances where a retrospective change is required i.e. when a job plan has been signed off on Allocate and the Consultant/SAS doctor's sessions need to change for an earlier period.

Examples where a retrospective change is required:

- An Interim Job Plan has been signed off from 1st January. It is later confirmed that the change took place earlier on 1st December. Allocate can therefore not be updated. The change must be made and approved on a Retrospective Contract Change Form and sent through HR Service Now for processing.

- Where an Annual Job Plan Review has been completed and signed off starting on 1 April, a retrospective change cannot be made on Allocate if for instance the Consultant/SAS Doctor worked additional sessions between December to March. To process the change retrospectively a 'Retrospective Contract Change Form' is required and must be submitted through HR Service Now.

Contractual changes should be made through current process i.e. Annual Job Plan Reviews, Interim Job Plan Review, Non-DCC Procedure, Work/Life Balance Policy, and well planned to avoid a retrospective change.

Please ensure all information is completed on the form, including the correct total or PA's, or this will be returned for completion.

With the correct planning and discussions in place, retrospective changes should be minimal.

All Retrospective Contract Change Forms must be added to [HR ServiceNow](#) for processing.

8.3 Making Changes to a Contract Affecting Pay – LESS than 3 months (For example – additional session or oncall shift)

Where ad-hoc changes to a contract are made for a period of less than 3 months, e.g. additional hours or an on-call shift, hours should be claimed in line with the appropriate Career Grade Additional Sessions Guidance and On-Call Guidance available on [Home - HR Medical and Dental Services](#)

All oncall payment requests should be submitted by the Service via the Oncall payment spreadsheet. The spreadsheet will be reviewed by HR and payments will be input onto SSTS for payroll purposes.

If, there is a requirement for a Consultant/SAS Doctor to undertake a regular session e.g. covering 1 session on a Tuesday for an absent colleague for 8-12 weeks, the change should be made via an Interim Job Plan and the change will be processed via the eESS system.

8.4 Processing of Pay

HR will make changes to eESS on behalf of the manager (known as the 'supervisor' on eESS) for processing purposes only. eESS changes will only be made on full authority from the approved manager.

Changes to eESS are made on a weekly basis. All changes received by the 1st of the month will be processed for pay in the following month. eESS changes are processed by an HR Advisor and approved through the HR Manager/Head of HR.

Where queries are raised with a manager by HR regarding pay, these must be responded to timeously to ensure there is no delay of payment to the Consultant/SAS Doctor.

All employees can access their eESS self-service account to see the changes that have been made.

Should there be delay in receiving the forms or where a retrospective form will result in an overpayment, these will be prioritised and payroll advised so that changes can be made quickly and the impact of any overpayment reduced.

In all cases the payroll department will follow the NHS Lanarkshire Overpayments Policy.

8.5 Enquiries on eESS Processing

All enquiries regarding eESS transactions should be made through HR Service Now (<https://nhsnss.service-now.com/>).

9. Confidentiality And Use Of Information

For the purpose of providing up-to-date information on engagement with the appraisal process details are recorded electronically in the NHS Lanarkshire's Appraisal/Revalidation database.

Details of job plans will be held in the Allocate electronic job planning system.

A Privacy Impact Assessment Questionnaire (PIAQ) was completed for both systems. NHS Lanarkshire hold the assessment for the Appraisal/Revalidation system, whereas the assessment for the Allocate eJob Plan system is held on a national basis.

A Consultant's Job Plan information is available to them via their own account on Allocate. Those listed within the Scheme of Delegation will also have access to the job plan information.

Job plan information may also be accessed by General Managers/Service Managers or Management Accounts for the purposes of capacity planning.

On some occasions, information will be anonymised and shared with NHS Education for Scotland and collaborating Universities, for research and planning purposes.

If you wish to apply for access to your data, or if you would like more information about your rights under the Act you should, in the first instance, contact the Head of Human Resources, Medical and Dental, in the Human Resources Department.

10. Additional Support

Further information on the Process or Terms and Conditions of Service are available from the HR Medical and Dental Staffing Department via HR Service Now or from BMA Local Negotiating Committee representatives (contact via LNC-NHSLAN@bma.org.uk).