Job Planning Policy

Department / Service:	Medical Divisions
Originator:	Elizabeth Faulkner, Assistant Director HR Corporate Services Dr Jules Walton, Deputy Chief Medical Officer Dr Julian Berlet, Deputy Chief Medical Officer
Accountable Director:	Dr Christine Blanshard, Chief Medical Officer
Approved by:	Trust Management Board (Ratified by Joint Local Negotiating Committee)
Date of approval:	20th December 2023
First Revision Due: **This is the most current document and should be used until a revised version is in place**	20th December 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust Divisions
Target staff categories	Medical & Dental – Consultants and SAS Doctors

Policy Overview:

This Policy:

1. Explains in simple terms the Job Planning Process
2. Sets out key requirements of the process
3. Details key responsibilities
4. Promotes equity and transparency in approach

Provides consistency for Consultants and SAS Doctors on all sites within the Trust

Key amendments to this document

Date	Amendment	Approved by:
11/3/15	Additional responsibilities for Consultants whilst participating in on-call duties.	Mark Wake, Chief Medical Officer
13/1/16	Additional clarity and allocation of PA and SPA categorisation and entitlements.	Andrew Short, Acting Chief Medical Officer
13/1/16	Additional verification and approval processes for PA and SPA duties and responsibilities	Andrew Short, Acting Chief Medical Officer
13/1/16	Updated job plan documentation	Andrew Short, Acting Chief Medical Officer
13/1/16	Provision of Trust Strategic Goals	Andrew Short, Acting Chief Medical Officer
30/8/16	Amendments in accordance with NHS Improvement Medical Job Planning – Best Practice Guide	Andrew Short, Acting Chief Medical Officer
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	
Feb 2021	Document extended as per Trust agreement 11.02.2021.	
August 2021	Document extended until 1st September 2022	TME and JNCC
20/12/2023	Approved at Trust Management Board	TMB
31/01/2024	Ratified by Medical Management Committee	MMC

Contents page:

1. Introduction

This policy sets out the principles for implementing Job Planning for Consultants, Staff and Associate Specialist Doctors (SAS grades) and Dentists and outlines the principles to be applied for such staff and medical managers to discharge their responsibilities around job planning.

For the purpose of this policy, the term 'clinician' will apply to both doctor and dentists at the appropriate grade.

2. Scope of this document

This document outlines the Trust's annual job planning policy to guide Divisional Directors, Clinical Directors/Leads, Divisional Directors of Operations, Directorate Managers, Consultants and SAS Doctors ('clinician') in its effective delivery.

3. Definitions

Job Plan: A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the clinician and the support and resources provided by the Trust for the coming year. An effective job plan articulates the relationship between the organisation and the clinician and the desired impact on patient care. The job planning process must be seen as an opportunity to ensure the clinician's work is aligned to Trust services objectives, longer-term strategic aims and local and national priorities. It is also an opportunity for the clinician to actively contribute to shaping services.

Programmed Activities (PAs) are blocks of time, usually equivalent to four hours, in which contractual duties are performed. There are four basic categories of contractual work:

- Direct clinical care (DCC)
- Supporting professional activities (SPAs)
- Additional responsibilities
- External duties

Direct Clinical Care (DCC): Any work that involves the delivery of clinical services and administration directly related to them.

Supporting Professional Activity (SPA): SPAs underpin clinical care and contribute to ongoing professional development as a clinician. This includes activities including: teaching and training; medical education; continuing professional development; clinical governance; appraisal and revalidation.

Core SPA

Core SPAs are self-directed activities associated with one's own practice. These activities include those required for:
1. CPD
2. Job planning

3. Online Mandatory training
4. Participation in audit
5. Departmental Morbidity and Mortality review meetings
6. Appraisal preparation and appraisal meetings to support revalidation
7. Responding to complaints, incidents and general queries
8. Attendance at departmental and directorate meetings , including Education , Audit and departmental Clinical Governance meetings

Performance Objective: The clinician's objectives will set out a mutual understanding of what the clinician will be seeking to achieve over the annual period and how this will contribute to the Trust's objectives. Objectives should be SMART (specific, measurable, achievable and agreed, realistic, timed and tracked)

Predictable emergency work: emergency work that takes place at regular and predictable times, often as a consequence of a period of on-call work

Unpredictable emergency work arising from on call duties: work done while on-call and associated directly with consultant on-call duties.

Annualisation: flexible working arrangement whereby a consultant agrees to work a fixed number of DDC activities on an annual basis.

4. Responsibility and Duties

Chief Medical Officer

The Chief Medical Officer has a statutory duty as Responsible Officer to ensure that the Trust has robust clinical governance systems to support doctors with their revalidation including assurance that all doctors have current and up to date job plans in place. Using reports provided through centralised reporting, the Chief Medical Officer will ensure job plans are:

- Completed in good time
- Reflective of the professionalism of being a doctor
- Consistent with the objectives of the Trust and strategy of local/national initiatives
- Focused on measurable outcomes that benefit patients
- Transparent, fair and honest
- Undertaken in the spirit of collaboration and co-operation
- Supporting doctors with their revalidation

Divisional Directors and Divisional Directors of Operations

- To agree annual Division/Specialty objectives ensuring alignment with Trust objectives, service plans and strategic aims.
- To provide support, advice and guidance to Clinical Leads/Directors, Directorate Managers and/or clinicians on the completion of the annual job plan review cycle.
- To approve the allocation of lead roles and values to be offered during the current job plan cycle.
- To ensure job plans are completed in good time

Clinical Leads/ Directors & Directorate Managers

- To work in partnership with clinicians to ensure completion of annual job planning.
- To develop annual team Division/Speciality objectives, ensuring alignment with Trust objectives, service plans and strategic aims.
- To ensure individual clinicians objectives are aligned to Division/Speciality objectives, service plans, Trust objectives and strategic aims.
- To ensure job plans are focused on measurable outcomes that benefit patients and are consistent with Trust objectives and service plans.
- To work in partnership with clinicians to ensure job plans accurately reflect work to be undertaken during the current job plan cycle.
- To ensure detailed job planning documentation for each individual clinician is input, maintained and stored in the electronic job planning system following completion of each job plan review meeting.

- To ensure job planning outcomes are reported to the Chief Medical Officer in a robust and timely manner utilising the Trust's electronic job planning system.
- To ensure that the Approval to Recruit (ATR) is processed and change forms are raised to reflect any prospective increase/ decrease in payment required following completion of job plan review.

Consultants and SAS Doctors

- To work in partnership with Clinical Lead/Directors and Directorate Managers to ensure job plans accurately reflect work to be undertaken.
- To ensure individual objectives are aligned to team objectives, Specialty/Division objectives and Trust objectives and strategic aims.
- To ensure job plans are focused on measurable outcomes that benefit patients, consistent with Trust objectives and service plans.
- To work towards completion of objectives during the current job plan cycle in order to ensure delivery of highest possible patient care at all times.

5. Job Planning

What a job plan should include

In line with BMA guidance a job plan should include the following:

- a timetable of activities
- a summary of all the PAs or sessions for all types of work being undertaken
- on-call arrangements (i.e. rota frequency and availability supplement category)
- a list of SMART objectives or outcomes
- a list of supporting resources necessary to achieve objectives
- a description of additional responsibilities to the wider NHS and profession. For example, being a medical director, clinical director, clinical governance/audit lead, undergraduate/postgraduate dean, etc.
- a description of external duties (e.g. trade union duties, work for a royal college).

- any arrangements for additional PAs or sessions, over and above the doctors standard contract
- any details of regular private work
- any agreed arrangements for carrying out regular fee-paying services
- any special agreements or arrangements regarding the operation or interpretation of the job plan
- accountability arrangements
- any agreed flexible working arrangements.

Principles of the job planning process

The process should be collaborative and cooperative, and the job plan must be agreed, and not imposed. It should focus on enhancing outcomes for patients while maintaining service efficiency.

Job planning is an ongoing process; clinicians do not need to wait for an annual review to address any concerns with their job plan. The clinician or their manager can request an interim review if:

- duties or needs have changed
- clinicians are concerned about whether their objectives can be met.

The essence of the clinician's contract is to remunerate individuals based on the activities undertaken. The Trust's intentions are neither to under nor over reward any individual, but to pay them fairly for the work they actually do.

It is crucial that a consistent and fair approach is adopted between individuals and specialties. This will be based on logical and transparent guidelines that will apply equally to everyone.

Programmed Activities

A job plan will set out how many PAs a clinician will be working and how many will be used undertaking different types of work.

Each 4 hours of work has a value of one PA unless it has been agreed between the Trust and consultant or SAS doctor to undertake the work in premium time, in which case it has a value of 3 hours. Premium time is classified as any time that falls outside of the hours of 7am – 7pm Monday to Friday and anytime on a Saturday, Sunday or Public Holiday.

The Trust applies a working contract of 8.5 DCC and 1.5 SPA (pro-rata for part-time staff) for SAS doctors employed as Staff Grades, Specialty Doctors (2008 contract) below threshold 2, Specialty Doctors (2021 contract) below the threshold.

The Trust applies a working contract of 8 DCC and 2 SPA (pro-rata for part-time staff) for SAS doctors employed as Specialty Doctors (2008 contract) above threshold 2, Specialty Doctors (2021 contract) above the pay threshold, Associate Specialists and Specialist Doctors.

The 2003 Consultant contract states for full time consultants the 10 PA Job Plan will typically include an average of 7.5 DCC duties and 2.5 SPA. The Trust will pay a minimum of 2.0 ”core” SPA.

Doctors should discuss and agree the balance between SPA, DCC and additional responsibilities time and other work as part of the job planning process with their Clinical Director.

Where consultants or SAS doctors are expected to travel during the course of the day to other Trust sites, the time spent between sites will be included in job planning activity. All travel associated with DCC activity should be recorded as such, and likewise with SPA activity.

Consultants /SAS doctors recognise the need for teaching during DCC on ward rounds, theatre lists and clinics . Medical students (or other medical and non-medical staff) may often attend DCC sessions, and in order to accommodate this teaching within DCC time, patient activity /numbers within clinics, procedure lists etc may need to be reduced to accommodate the teaching within the PA time resource available . However, dedicated teaching clinics established for educational purposes will be supported as additional SPA activity. SPA time connected to any other regular teaching /training activities or roles will be recognised separately.

A doctor working full time will work 10 PAs or sessions per week. Clinicians are not obliged to agree to a contract containing a greater number of PAs or sessions.

The Trust may offer a clinician additional or extra PAs in addition to their contracted number of PAs or sessions. This is to reflect spare professional capacity, agreed, regular additional duties or activities not contained within the clinician’s standard contract. They can be used, for example, to recognise an unusually high routine workload, or to recognise additional responsibilities.

If a clinician agrees to additional PAs over and above their standard contract this would be confirmed in writing setting out the purpose and duration of these activities. It should also set out the specific pay arrangements for undertaking this extra work.

The job planning process should be able to accommodate these separate arrangements, or the doctors’ additional work may simply be rolled up into their standard contract and job plan.

There are benefits to keeping standard workload and additional activity separate, so that if it is later decided to cease this extra activity it will be clear what work the clinician will no longer be doing.

Additional responsibilities are duties carried out on behalf of the Trust or another relevant body and which are beyond the normal range of SPAs.

External duties are not done directly for the Trust.

The following tables detail job planning programmed activity categorisation and allocations.

Direct Clinical Care Activities

In addition to the BMA guidance referred to section 5 above, best practice DCC allocation is underpinned by reference to national Job planning guidance e.g. from the relevant specialty colleges (e.g. Royal college of Physicians), specialty societies, and the Academy of Royal Colleges guidance on Consultant Job planning.

Role	Summary	Allocation	Verification	Approval
Pre & Post Operative Ward Rounds	To review patients prior to and following an operating session	0.125 PAs (30 minutes) per 4h hour session	Clinical activity to be agreed at job plan review. Some specialties may require up to 0.25PA/4 hr session.	Clinical Director and Directorate Manager
On-call	On-call rota commitments include dedicated predictable and unpredictable on-call determined equitably across the rota.	As per rota allocation, to include prospective cover	Determined and reviewed through diary exercise of all rota contributors. Where contribution made at less than full-time, on-call supplement and predictable and unpredictable provisions will be adjusted accordingly.	Clinical Director and Directorate Manager
Patient Administration	Activity for example ICE filing, dictation of clinical letters attributable to clinical activity, e.g., clinics, operating session, MDT, Advice & Guidance. Note: DCC activity in the job plan for patient administration should be identified and recorded separately to the actual clinical activity that attracts the admin time.	Standard 20% of total attributable clinical activity and/or additional recognition of the appropriate College guidelines for the specialty. A typical allocation may be 1.5 PAs in a 7.5DCC job plan	Clinical activity to be agreed at job plan review. Additional time allocated at minimum rate of 20% to be agreed if doing >7.5DCC. Recognition of the appropriate College guidelines for the specialty.	Clinical Director and Directorate Manager
Travel time	Time spent travelling to and from a hospital site other than the base hospital (except when commuting to/from private practice).	0.0625 for up to 5 miles with a 0.125 PAs typical per real-time journey between trust sites	To be verified by HR through job plan processing.	Clinical Director and Directorate Manager

Supporting Professional Activities

Role	Summary	Allocation	Verification	Approval
Core SPA- Consultants and Specialist Doctors/ Specialty Doctors above threshold (2021) or above threshold 2 (2008). (see text)	Core SPA	2 SPA	Annual appraisal record Doctors supported to attend key sessions (such as audit meetings, or clinical governance activities) and achieve an attendance of at least 75%. Attendance may be achieved through SPA flexibility within agreed job plan.	Clinical Director and Directorate Manager

Core SPA- SAS doctors- Specialty Doctors below pay threshold (2021) or below threshold 2 (2008) (see text)	Core SPA	1.5 SPA	Annual appraisal record Doctors supported to attend key sessions (such as audit meetings, or clinical governance activities) and achieve an attendance of at least 75%. Attendance may be achieved through SPA flexibility within agreed job plan.	Clinical Director and Directorate Manager
Additional Responsibilities				
Clinical Director/ Clinical Lead	Managerial responsibility for the medical & dental workforce within the directorate/specialty	CD =2.5 PAs Clinical Lead = 1 or 2 PAs dependent upon size of specialty.	Management structure agreed by Chief Operating officer and Chief Medical Officer in 2019.	Chief Medical Officer
Additional Clinical Lead roles	Identified lead roles such as Audit (including national audit/database), Governance (including complaints)	0.5 – 1 SPA as per agreed roles	Fair and equitable provision across Division agreed prior to annual job planning process. Supported by measurable objectives agreed by Clinical Director and Directorate Manager.	Divisional Director and Divisional Director of Operations
Director of Medical Education (DME)	Managerial responsibility for the workforce within medical education and responsibility for the provision of Medical Education within the Trust	In line with Management structure	Management structure agreed by Chief Medical Officer in 2019.	Chief Medical Officer
Head of Academy	Management and training of undergraduate medical education, review progress regularly. Provide formal progress reports and assessments. Attend Education Committee(s).	In Line with HEE guidance	Management structure agreed by Chief Medical Officer in 2019.	Chief Medical Officer
Educational Supervisor	Supervisors will be responsible for junior doctor e-portfolio oversight and work as part of the MCR group. The service will ensure that the provision aligns with the recommendation in the Gold Guide	0.25 SPA per trainee, inclusive of CF/MTI, GMC recognised ES, named CS for HEE allocated ST level trainees, to a maximum of 1 SPA. Standard Clinical Supervision included in the core 2 SPA allocation.	Departments to review actual time spent and may consider a maximum allocation. Consultants/SAS doctors will hold recognised Clinical/ Educational Supervisor status in accordance with GMC and Academy of Medical Educators Framework.	Clinical Director and DME
Senior Academy Tutor	Support and contribute to the management and training of undergraduate	0.5 SPA	Appointment process by Undergraduate Academy Lead and DME. Consultant	DME and Undergraduate Academy Lead

	medical education, review progress regularly through tutorials. Provide formal progress reports and assessments. Attend Education Committee(s).		to seek support of Clinical Director and Directorate Manager to ensure time commitment can be provided within job plan/additional time identified.	
College Tutor	Support and contribute to the management and training of postgraduate medical education. Review progress regularly through tutorials. Provide formal progress reports and assessments. Attend Education Committee(s).	1 PA for 1-20 trainees 1.5 PAs for 20–40 trainees 2 PAs for more than 40 trainees	Subject to interview process by Clinical Director, DME and Health Education West Midlands. Consultant to seek support of Clinical Director and Directorate Manager to ensure time commitment can be provided within job plan/additional time identified.	Clinical Director, DME and Health Education West Midlands
Medical Appraisal and Revalidation Lead	Managerial responsibility for the workforce within medical appraisal and revalidation. Responsibility for the provision of Appraisals and Revalidation within the Trust	In line with Management structure	Management structure agreed by Chief Medical Officer in 2019.	Chief Medical Officer
Appraiser	All medical appraisers should have knowledge of the context in which the doctor works, taking into account their full scope of work, understand the professional obligations placed on doctor by the GMC	0.25 SPAs for up to a maximum of 8 appraisees	Appraisers will be trained in line with NHS England's guidance on Quality Assurance of Medical Appraisers. Appraisers should complete no less than 5 and no more than 10 appraisals per year.	Divisional Director, Medical Appraisal and Revalidation Lead and Chief Medical Officer
Research	Recognised roles include Research Principal Investigator or lead for externally funded research	Up to 0.25 SPA (per trial) in consideration of trial size and duration, or time accorded by external funding	Support of Clinical Director and Directorate Manager to ensure time commitment can be provided within job plan/additional time identified. Annual review of research activities by Trust Research and Development Committee.	Clinical Director and Director of Research

External Duties & Professional Activities

Role	Summary	Allocation	Verification	Approval
E.g., Royal College, University Duties	Defined External Duties such as Examiner, National Committee membership	Professional Leave (in addition to the standard study leave allocation) to be determined in advance for the following year at job	Support of Clinical Director and Directorate Manager to ensure time commitment can be provided within job plan/additional time identified. Additional Professional Leave is not provided where roles are identified in job plan. Professional Leave oversight across the Trust to be managed through the	CMO and Divisional Director

		planning meeting and authorised with Divisional Director	Doctors and Associates Workforce Group.	
Local Negotiating Committee (LNC)	Trade Union duties – LNC Chair, Vice Chair and Elected Representatives	LNC Chair: 1.0 PA Vice Chair: 0.5 PA with additional time in lieu for all LNC members e.g. to prepare for and attend meetings	Director of People & Culture / BMA/ HCSA	Director of People & Culture

Professional Leave

Professional Leave for additional duties/external duties should be determined in advance, either at the job planning meeting or in agreement with the Clinical/Divisional Director. *To specify additional days beyond study leave entitlement*
Approved Study leave taken on non-contractual days can be claimed back as time in lieu.

Preparation for Job Planning meeting

In advance of the meeting clinicians may choose to keep a diary to track their time accurately and evidence workload.

Setting objectives

Objectives must be agreed by the clinician and the Clinical Lead/Director. Where agreement cannot be reached, this may be subject to mediation or appeal.

It is essential that both parties agree that any objectives are achievable. The following things should be considered when setting objectives:

- the outcome of the objective should be within the clinician's individual control
- they should be at a level which the clinician is confident they will be able to deliver
- the clinician should be able to provide evidence where necessary, that the objective has been delivered
- ensure that objectives are realistic, appropriate to the clinician's role and consistent with their professional obligations in terms of quality of care.

Discussion of objectives provides the clinician with an opportunity to raise the issue of supporting resources. It's essential that such resources are recognised and reflected in the job plan.

Team-based job planning

A team-based job plan is a job plan which is agreed collectively across teams of doctors; however, job plans are a contractual document which can only be agreed on an individual basis between the clinician and the Trust. Where 'team job plans' are undertaken this needs to be done in a way which is compatible with the Trusts obligations for individualised job planning under the terms and conditions of services for consultants and SAS doctors.

Potential outcomes from a team-based job plan include:

- Management may adopt a broadly similar approach to consultants across a team.
- Job planning meetings could be easier if a broad measure of consensus has already been achieved in advance by collective discussions.

Supporting Professional Activities – Pro-rata allowances

These identify the starting allocations for team members. The allocation of the Trust related activity will be subject to the job planning process at the end of the first year and subsequently annually.

Consultants, Specialist Doctors, Specialty Doctors above pay threshold

Total Number of Programmed Activities	Total SPA
10 PAs	2 SPA
9 PAs	1.95 SPA
8 PAs	1.9 SPA
7 PAs	1.85 SPA
6 PAs or less	1.8 SPA

SAS Doctors- Specialty Doctors below pay threshold

Total Number of Programmed Activities	Total SPA
10 PAs	1.5 SPA
9 PAs	1.45 SPA
8 PAs	1.4 SPA
7 PAs	1.35 SPA
6 PAs or less	1.3 SPA

E-Job Plan system

The below flow chart illustrates a high-level summary of the job planning sign off process.

The agreed job plan is to be uploaded to e-Job Planning system for review and monitoring by the Clinical Director and/or Medical Director.

Appeals / Disputes

Where it has not been possible to agree a Job Plan or a Consultant disputes a decision that they have not met the criteria required for pay progression in a given year, a mediation process and appeal procedure is available. Full details of the mediation process and appeal procedure is outlined in Schedule 4 of the Terms and Conditions which can be found on the NHS Employers website:

https://www.nhsemployers.org/articles/consultant-contract-2003

The process includes mediation and a formal appeal process as per national guidance.

6. Implementation

6.1 Plan for implementation

The implementation of this policy/guidance will be overseen by the Chief Medical Officer and Divisional Directors and operationally by the Divisional Directors of Operations.

6.2 Dissemination

Ratification of the Policy will be via the Local Negotiating Committee (LNC) and Medical Management Committee (MMC) and dissemination by Divisional Directors, Clinical Leads/Directors and Human Resources.

6.3 Training and awareness

Training will be provided on the documentation and outline Job Planning Process via Human Resources to support to Divisional Directors, Clinical Directors/Leads, Consultants and SAS doctors.

7. Monitoring and compliance

This Policy will be monitored via the LNC and MMC. A series of Key Performance Indicators are in place to monitor the effectiveness of the Job Planning process. These include monthly reports on the completion of the annual clinician Job Plan review cycle and the review on achievement of personal and Trust objectives contained within the Job Plan at the consultants and SAS doctor's annual appraisal. Findings of the Job Planning Committee, mediation and appeals process will also be considered in the review of this policy and associated documentation and processes.

8. Policy Review

Unless there are significant national or local issues/changes that will affect the validity of the Policy, it will be reviewed every 2 years.

9. References

This policy is written in accordance with:

- Consultants (England) 2003 Terms and Conditions of Service
- Specialty Doctor (England) 2008 Terms and Conditions of Service
- Associate Specialist (England) 2008 Terms and Conditions of Service
- A Guide to Consultant Job Planning- NHS Employers and BMA (July 2011)
- Consultant Job Planning Handbook (Jan 2005) NHS Employers
- BMA Job Planning Guidance (available from BMA website)
- WAHT Medical Staff Appraisal and Revalidation Policy
- WAHT Working Times Regulations Policy
- WHAT Study and Professional (External Duties) Leave Policy for Senior Medical Staff

NHS England Medical Appraisal Policy (NHS England 2015) http://www.england.nhs.uk/revalidation
A Guide to Consultant Job Planning – NHS Employers/BMA July 2011 http://www.nhsemployers.org/case-studies-and-resources/2011/07/a-guide-to-consultant-job-planning
A UK Guide to Job Planning for Specialty Doctors and Associate Specialists – NHS Employers/BMA November 2012 http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/job-planning-specialists.pdf
Consultants Guidance on SPA Activities November 2007 http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Guidance_on_supporting_prof_activities_190208_aw.pdf
Quality Time – The Value of Consultants' SPAs to the NHS – BMA https://www.bma.org.uk/advice/employment/job-planning/job-plan-overview
Job Planning for Emergency Medicine Consultants - BMA September 2009 https://www.bma.org.uk/advice/employment/job-planning/job-plans-by-specialty
National Association of Clinical Tutors guidance (available from NCAT website)
The British Medical Association https://www.bma.org.uk/advice/employment/job-planning/job-plan-overview
Trust Development Authority: Medical Job Planning – Best Practice Guide Issued to NHS Trust Chief Medical Officers August 2016
Terms and Conditions Consultants (England) v9 March 2013 http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Consultant_Contract_V9_Revised_Terms_and_Conditions_300813_bt.pdf
Terms and Conditions Specialty Doctors (England) 2008 http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/specialty-and-associate-specialist-doctors/key-documents
Terms and Conditions Associate Specialists (England) 2008 http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/specialty-and-associate-specialist-doctors/old-terms-and-conditions
Department of Health – Health Ciarcular HC(90)16 Consultants' Contracts and Job Plans May 1990 http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthcirculars/DH_4017827?PageOperation=email

10. Background

10.1 Equality requirements

No potential discriminatory impact was identified following the Equality Impact Assessment (Supporting Document 1).

10.2 Financial risk assessment

See Supporting Document 2.

10.3 Consultation

Consultation has been undertaken with a range of stakeholders including the LNC, MMC, Divisional Directors, Clinical Leads/Directors and Operational Managers.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

10.4 Approval Process

This policy is approved and ratification by the Medical Management Committee.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:**			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	❑ Service User ❑ Patient ❑ Carers ❑ Visitors		❑ Staff ❑ Communities ❑ Other _____	
Is this:	❑ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse

needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval