

Workforce information

Consultant and SAS doctors job planning toolkit



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Information in this document is largely drawn from:

- NHS England. Medical job planning improvement guide, 2025⁽¹⁾
- BMA Consultant Charter⁽²⁾
- NHS Employers: A Guide to Consultant Job Planning⁽³⁾
- NHS Improvement Consultant Job Planning: A Best Practice Guide⁽⁴⁾

Introduction

Consultants are responsible for the delivery of expert clinical care throughout the NHS. It is vital that targeted job planning is used efficiently to organise the consultant workload and ensure excellent service levels. Similarly, job plans for SAS doctors should mirror those of consultants. SAS doctors work as part of a team of doctors, whether as emergency cover or as part of a multi-professional doctors' team sharing the day-to-day responsibility for patients with consultants and other colleagues.

The job plan should reflect the professional nature of the 2003 consultant contract ⁽⁵⁻⁸⁾, the Specialty Doctors contract and recent revisions to the Terms and Conditions ⁽⁹⁻¹²⁾ and the continuing responsibility for care as described in the GMC's Good Medical Practice ⁽¹³⁾.

This document has been compiled by the College to provide clear guidance on consultant and SAS doctors job planning using information derived from a number of sources including the BMA, NHSI and NHS Employers. It will take you through the entire process from preparation for the first job planning meeting, through to objective setting and review. It also includes information regarding other factors for consideration eg annual leave and alternative working patterns, such as less than full time working.

This guidance sits alongside the RCPCH Thrive Paediatrics Roadmap for Transforming Working Lives of Paediatricians.⁽¹⁴⁾ The Thrive Paediatrics Roadmap consolidates "what good looks like" in terms of working practices for paediatric clinicians to ensure sustainable staffing for a sustainable and high-quality paediatric service. Job and rota planning are key components of Thrive's objectives and in conjunction with this consultant and and SAS job planning guidance, we aim to support both consultant and SAS working plus wellbeing.

Consultant and SAS doctors job planning



“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 consultant and the support and resources provided by the employer for the coming year. However, in order to drive measurable and sustainable improvements in quality, an effective job plan needs to be more than a high level timetable, which sets out in general terms the range of a consultant’s activity. It is vital that it articulates the relationship between the organisation and the consultant and the desired impact on patient care.”

Guide to Consultant Job Planning, BMA and NHS Employers

Overview

The new NHS England guidance features a set of key factors that are central to successful job planning (1). These include clear and consistent messaging around the benefits of good job planning, building trust in the process via good practice; a coherent approach to language including clear delineation between Direct Clinical Care (DCC) activities and Supporting Professional Activity (SPA); aligning the job planning approach with leave; and finally developing service level (or team) activity planning (see later section). This framework should be underpinned by a board approved job planning policy, budgetary approval and a governance structure.

The consultant and SAS doctors job plan should be compiled in collaboration with their manager or employer, based around a set of objectives that align with those of the NHS, the organisation and the wider team. The goal of good individual and service level/ activity/ team job planning is to deliver safe, efficient, and high-quality care and professional development opportunities.

The plan describes both attendance and activity commitments for the working year including start and end times, and is generally based on a minimum of 42-44 full working weeks including weekends and nights (dependent on take up of study/professional leave allocation).

It should include:

- SMART (Specific; Memorable; Achievable and Agreed; Realistic; Timed and Tracked) objectives
- Clear and defined roles and responsibilities, including expected time allocation for each commitment
 - Direct clinical care (DCC)
 - On-call and emergency work (predictable and unpredictable)
 - Supporting professional activities (SPA)
 - Additional NHS responsibilities and duties (ANR)
 - External duties (ED)
- Private professional services and fee paying service
- Travel time away from base hospital
- Annual leave and study leave
- Supporting resources
- Any additional job plan arrangements e.g. annualisation

Job planning should reflect the current NHS movement away from a target-driven approach to one which focusses on improved outcomes and quality of care for patients ⁽¹⁵⁻¹⁸⁾. The NHS Outcomes Framework can provide greater insight into service quality by exploring health, performance, quality and efficiency measures ⁽¹⁹⁾. The College also recommends using the Thrive Paediatrics Roadmap, which incorporates guidelines on workload; staffing and rotas; job planning and review.

The process

Job plan good working practice

- Plan at service level/ team (and organisational) level
- Individual job planning centred on objectives
- Recognise SPA time as both Educational and Clinical Supervisor
- Include SPA time allowing for delivery of QIP, research, training for all specialties
- Consider seniority and value of roles in leadership, mentorship and delivery of training
- Value external professional voluntary roles including recruitment, examinations and the College
- Consider succession planning including training more junior consultants and SAS doctors in a particular clinical area; retire & return
- Focus on wellbeing and ensure inclusivity is central
- Appraisal outcome reviewed as part of job plan
- Annual job plan review

Preparation

Responsibilities should be organised and planned not at the individual level, but collectively across the institution's team of consultants and SAS doctors; factoring in an increasingly hands-on approach. Teams should meet in advance, whether that be consultants, SAS doctors and general managers in the NHS or consultants and fellow academics in the higher education sector, to ensure personal objectives are in line with organisational and team objectives. Areas to explore prior to meeting include expectations for the coming year; priorities and shared objectives; what went well and what went less well over the past year and where/how improvements can be made.

Agreement

The job plan should be agreed by the Consultant or SAS doctor and approved by the Lead Clinician/ Clinical director or manager. The job planning process should be fair and equitable across the employing organisation and this should be audited by the consistency committee. Submitted job plans should be accompanied by completed private practice and conflict of interest declaration forms plus all external activity documentation.

Review

Job plans should be reviewed annually, preferably linking to annual appraisal (see [Thrive Paediatrics Roadmap](#)). Appraisals are essential to ensure that personal objectives are monitored and updated according to any changes in responsibilities/duties; to examine career planning; and ensure that

supporting resources have been allocated. The lead clinician/clinical director, or manager should meet with the appraisee in advance to support the doctor in their annual appraisal (for clinical academics the university appraiser/line manager should also be involved) to provide feedback that then inputs into the appraisal. To ensure effective appraisal, job planning should be part of any ongoing dialogue, with directors keeping a record of progression throughout the job plan year.

An interim meeting can be requested if there is a change in roles or objectives are at risk of not being met. If a job plan cannot be agreed, the consultant/SAS should follow their employer's mediation/appeals process. A written request for mediation should be submitted to the medical director and carried out within four weeks. If the situation is not resolved at mediation it can be forwarded for formal appeal according to Schedule 4 of the terms and conditions⁽²⁰⁾.

Aspects of the consultant and SAS doctors job plan

Objectives

What the terms and conditions of service say about objectives:

- The job plan will include appropriate and identified personal objectives that have been agreed between the consultant or SAS doctor and his or her clinical manager and will set out the relationship between these personal objectives and local service objectives. Where a consultant or SAS doctor works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.
- The nature of personal objectives will depend in part on his or her specialty, but they may include objectives relating to:
 - Quality
 - Activity and efficiency
 - Clinical outcomes
 - Clinical standards
 - Local service options
 - Management of resources, including efficient use of NHS resources
 - Service development
 - Multidisciplinary team working
- Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.
- The objectives will set out a mutual understanding of what the consultant or SAS doctor will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives and employing organisation. They will:
 - Be based on past experience and on reasonable expectations of what might be achievable over the next period
 - Reflect different, developing phases in the consultant's career
 - Be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the consultant's control, which will be considered at the job plan review

Terms and conditions of service – consultants (England) 2003. Schedule 3, paragraphs 3.10: 3.13, taken from *A Guide to Consultant Job Planning*, BMA and NHS Employers; also applicable to SAS doctors

Individual objectives should link to each trust's annual plan and be devised within the context of the wider team of consultants and SAS doctors. The lead clinician/clinical director should have an overview of objectives, seek individual views and achieve a consensus that also incorporates trust objectives.

For the consultant or SAS doctor, agreed objectives will cover what they are hoping to achieve over the annual period and encompass all aspects of their role including direct clinical care and

supporting professional activities. Objectives should be based on past experience, reasonable expectations, career stage and put in place either explicitly or implicitly eg programmed activities. Objectives may be 'hard', relating to quantifiable achievements, or 'soft', where they may be more descriptive about how someone goes about their job.

The BMA Guide to Consultant Job Planning stipulates that consultants should not be penalised for failing to meet objectives due to reasons beyond their control. Regular monitoring by both managers and consultants or SAS doctors should be in place to ensure that this situation does not occur.

Programmed activities

The full-time commitment for a consultant or SAS doctor is 10 PAs of four hours (one PA = three hours in premium time: outside of 07:00 and 21:00 Monday to Friday). Model contracts for England, Northern Ireland and Scottish terms and conditions state that 7.5 PAs should be allocated to DCC and 2.5 PAs to SPAs; the model contract for Wales recommends allocating three SPA sessions. SPAs include CPD activities, organisational objectives and team/service need. The Academy of Medical Royal Colleges estimates that one to 1.5 SPAs per week are the minimum required for appraisal, revalidation and appropriate job planning ⁽²¹⁾.

PAs may be planned in whole or half units (or smaller if agreed) and should include travel between sites or to site in case of emergency attendance. Flexible arrangements where duties are averaged over a period can be agreed, eg annualisation (see below). There are increasing possibilities for flexible cover incorporating different staff groups ⁽²²⁾.

Direct clinical care (DCC)

DCC is at the core of a job plan with type of duties, location and timing documented. DCC activity should be balanced with other aspects of the role including teaching, research, clinical governance, personal development and revalidation.

DCC duties include:

- emergency duties (including emergency work carried out during or arising from on-call)
- operating sessions including pre-operative and post-operative care
- ward rounds
- outpatient activities
- clinical diagnostic work
- other patient treatment
- public health duties
- multi-disciplinary meetings about direct patient care
- non-clinical administration directly related to the above (if in excess of one PA per week this should be reviewed).

On-call duties

On-call is categorised as out of hours (OOH) and OOH PAs are equal to three not four hours; alternatively, payment arrangements (availability supplement) can be made. Consultants and SAS doctors on the same rota/on-call frequency should have the same PA allowance and availability supplement. Arrangements should reflect skills, availability and patient need. Where a consultant participates in on-call rotas for different employers, employers should manage governance, risk and supplement. The ability to work remotely should also be recognised and low frequency participation reviewed for necessity.

On-call planning: predictable and unpredictable working

- PAs allocated to predictable and unpredictable OOH working are based on diaried activities and agreed by the clinical director and managerial team. Diarying ongoing activity can help inform the job planning process.

There are three aspects to remuneration for OOH:

1. Availability supplement based on rota commitment (no prospective cover)
 2. Predictable emergency work: built into timetables as DCC PAs; no time limit in DCC PAs and prospective cover allocation
 3. Unpredictable emergency work: retrospective PA allocation when performed whilst on-call to DCC PAs and prospective cover
- The on-call availability supplement reflects the frequency of OOH work and the need to attend in person to provide emergency care.
 - **Category A:** required to return immediately to site or telephone interventions with a similar level of complexity to that carried out on site
 - **Category B:** can typically respond by giving telephone advice and/or by returning to work later.

	Category A	Category B
High Frequency (1-4)	8%	3%
Medium Frequency (5-8)	5%	2%
Low Frequency (9+)	3%	1%

- Calculating unpredictable working and distinguishing category A and B work can be complex; diarying activity can be a useful tool in such instances.
- If on two rotas of differing frequency, the supplement is calculated according to overall contribution on an annual/equivalent basis.
- Employers should only pay on-call supplement for the period of time that consultants or SAS doctors are contributing to the rota.

Recent questions have arisen in terms of the age at which consultants and SAS doctors are no longer required to perform on-call duties. The Academy of Medical Royal Colleges has called for a review of commitments for all older clinicians particularly for those over 60 to allow increased flexibility⁽²³⁾. The College's Thrive Paediatrics Roadmap suggests that out-of-hours duties should routinely be discussed within annual reviews, while for consultants and SAS doctors who have been in a substantive post for ten years, on-call duties should be subject to a more indepth review.

Supporting professional activities (SPAs)

SPAs are duties that are crucial to the long-term maintenance of high quality service but do not represent direct patient care. It is important to recognise SPA time as an educator for both Educational Supervisor and Clinical Supervisor and to include SPA time that allows delivery of QIP, research, training in all specialities

These include:

- participation in training
- medical education
- continuing professional development
- formal teaching
- audit
- job planning
- appraisal
- research
- clinical management
- local clinical governance activities.

Like DCC, SPAs should be based on SMART objectives and measurable outcomes. Time set aside for SPA activity should only be spent on elements identified within the job plan. Clinical academic activity and NHS research and development activity should be included within the SPA allocation. If workload exceeds 15% over and above the PA allocation, a job planning meeting will automatically follow. Trusts may consider approving more SPA time for additional non-direct clinical care activities, such as teaching, college tutor and clinical governance roles. Time off in lieu (TOIL) should be given for training attendance.

For part-time staff, SPA will be considered in terms of their overall commitments and they may be given proportionally more time. For locums or fixed-term contract for more than six months, contracts with nine DCC PAs and one SPA are recommended.

Additional PAs

These generally refer to time allocated to short term and/or temporary peaks of activity.

- Extra PAs are linked to spare professional capacity with consultants and SAS doctors able to undertake one extra PA per week according to service need. Those undertaking private practice (and wish to remain eligible for pay progression) must offer a portion of any spare professional capacity.
- Additional PAs are not linked to spare professional capacity but reflect regular additional activities that cannot be contained within a standard ten PA contract.

Additional NHS Responsibilities (ANR)

- Additional duties, such as clinical director, should be undertaken with consideration of service, organisational benefits and transparency and cannot be absorbed within SPA allocated time.
- If these are regular duties, they should be scheduled; if irregular, PAs can either be allocated or substituted. Alternatively, they may be recognised through a responsibility allowance.

External Duties

- External duties include trade union duties, CQC inspections, AAC membership, Royal College work; they do not include fee paying or private professional services.

- They are undertaken following agreement with the employing organisation; support and service costs needs should be considered.
- They may be remunerated as a secondment or undertaken on a voluntary basis.

Academic activities

- The employment of clinical academics is determined by the principles of the Follett review.
- Duties should be set out in a single, integrated (clinical and academic) job plan that covers the whole of the clinical academic's professional duties for both the substantive and honorary employer.
- Both university and the NHS should define the allocation of time needed to deliver CPD and revalidation.

Example job plan

	Time	PA		Time	PA		
Day	Morning	Type	No.	Afternoon	Type	No.	Total PAs
Monday	Post-weekend handover; Team Meeting; Ward Round	DCC	1	Outpatient Clinic work	DCC	1	2
Tuesday	Advice, Triage & Guidance	DCC	1	Zero hours/ voluntary role		0	1
Wednesday	Ward Round	DCC	0.5	Travel to Outreach Clinic	DCC	0.25	2.25
	M&M/ Governance	SPA	0.75	Outreach Clinic	DCC	0.75	
Thursday	Acute Assessment Unit	DCC	1	CPD/ Appraisal/ Revalidation	SPA	0.5	1.5
				Zero hours/ voluntary role		0	1
Friday	QI/Audit/ Service Development	SPA	1.25	Clinical Admin	DCC	1	2.25
On-Call 1:9	Predictable	DCC	0.75	Unpredictable	0.25	DCC	10

Additional factors

Private work

- The job plan should include details of any private work carried out ie location, timing and type of work done.
- Other than in an emergency, NHS commitments should take priority over private work. Except where immediate care is clinically-justified, consultants should not provide private services in the course of their NHS responsibilities.
- Potential for conflicts of interest should be minimised.

Sabbaticals

- Sabbaticals are available as part of the employment break scheme for anyone with 12 months' service; full details are available at Section 34 of the Employees Handbook ⁽²⁰⁾.
- Any employment breaks should be agreed locally, documented and carried out in accordance with employment regulations e.g. flexible working.
- Breaks should be no less than three months and no longer than five years and can be taken as single or multiple periods. All breaks will count towards statutory service, and those on a break will not normally be allowed to take up paid employment elsewhere.
- Regular contact is required, with all breaks privy to annual monitoring.
- Professional registration needs to be maintained over the duration of the break.
- On return, the same job (where practicable) must be available within one year (notice of return is two months) and as similar a job as possible when over a year (notice of return is six months).
- Any salary increases awarded over the break will be honoured on return.

Annualisation

- Annualisation allows consultants to organise their work on an annual basis, with an annual total of PAs agreed instead of a weekly allocation.
- PAs are usually expressed as a mean number per week multiplied by number of weeks in the working year and individual components (e.g. clinics, lists) are usually expressed as the number normally undertaken in a week multiplied by number of weeks in the working year.
- The number of weeks in the working year is not a fixed number and will vary for individuals according to commitments.
- Alternatively, annualisation can focus on a specific activity, e.g. outpatient clinics, to be delivered over the year.
- Either arrangement must be compatible with the contracts and job planning best practice.
- Using the previous year as a guide, it should be possible to estimate prospectively the number of weeks leave that will be taken; the annualised total should be reviewed and adjusted as appropriate.

Less than full time working (LTFT)

The BMA has worked with the Department of Health and the NHS Confederation in England to reach agreement on LTFT working under the NHS contract, and has produced detailed guidance ⁽²⁴⁾.

- It is important to develop a culture of flexible working options, including LTFT and compressed hours patterns; job sharing arrangements and flexible retirement.
- LTFT consultants and SAS doctors should not be treated less favourably in terms of accessing professional leadership and development opportunities.
- The same time and resource needs around appraisal and revalidation should be recognised, allocating proportionately greater levels of SPA to accommodate this.
- Those on a flexible training scheme should have their starting consultant appointment salary adjusted to ensure that they are not prevented from reaching the pay threshold.
- Offering a form of Shared Parental Leave (SPL) is an important means of providing greater flexibility. The statutory provisions are currently significantly less than what most doctors would usually expect to earn. SAS doctors, junior doctors and other NHS staff, however, have access to Enhanced Shared Parental Leave (ESPL) which is paid at the same levels as occupational maternity and adoption pay, meaning it reflects the pay doctors actually earn. This can also be offered to all consultants.

Annual leave

- For the purpose of annual leave entitlement, a week constitutes a normal working week of five days.
- Consultants and SAS doctors should aim to take their leave to impact proportionately on their DCC and SPA (and external duties) activities, with employers taking a flexible approach.
- It may be more useful to take an annualised approach and consider time off in PAs rather than days/weeks.

Service Level Activity Planning and Governance

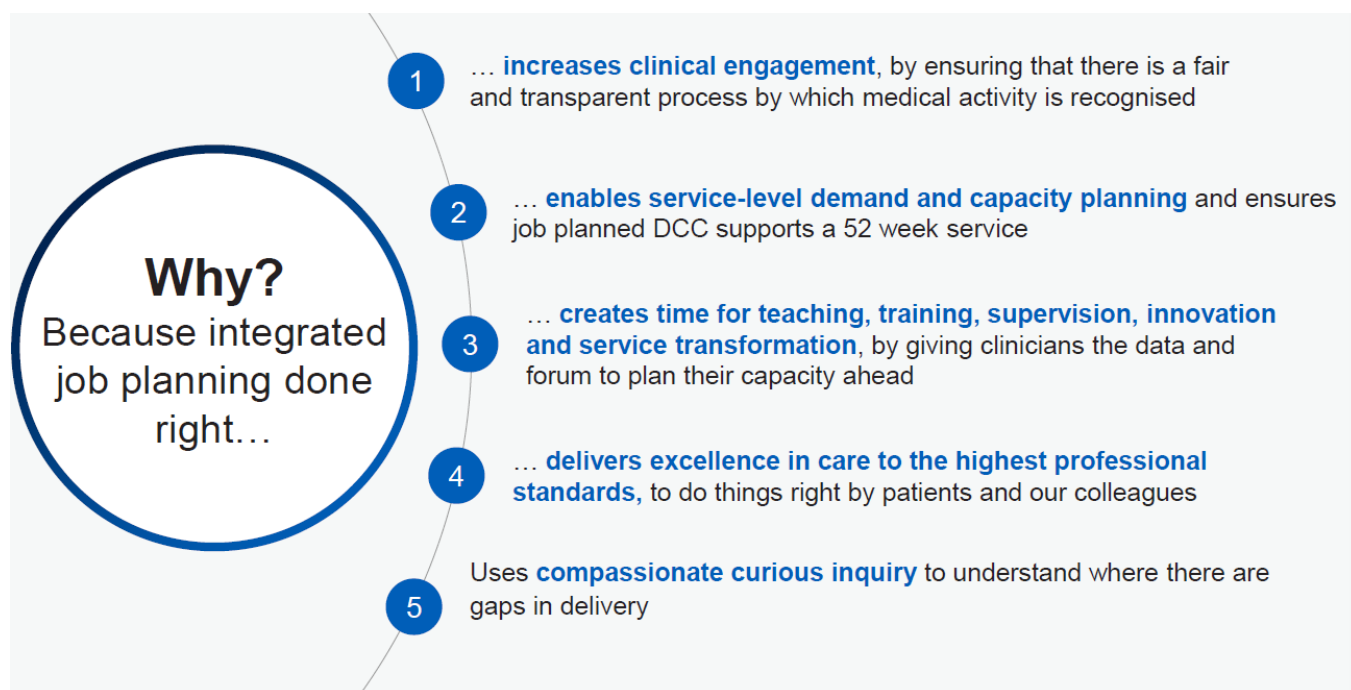


Fig 1. Taken from NHS England Service Level Activity Planning: 90 Day Improvement Challenge Support Pack

Management

To ensure that the job planning process is both fair and transparent while also meeting operational needs, responsibility should sit with each level of the management hierarchy. Starting with the Trust Board, and feeding through to Clinical and/or Divisional Directors, Clinical Leads, General and Service Managers, adequate training should be provided at all levels including HR and finance/budget management to ensure compliance.

Job planning committee

The NHSE guidance recommends establishing a job planning committee to oversee the process and ensure the Trust's commitment (1). The committee will review all aspects of performance, including financial, risks affecting job planning delivery, mitigating actions, job plan sign off rates, and consistency and monitoring issues. It will also be responsible for supporting consultants wishing to work more flexibly, those undertaking 'retire and return' and those in peri-retirement.

Service-Level Activity Planning

Reviewing workload across the entirety of the team helps to ensure that capacity is effectively aligned to service demand. Teams can then work together to monitor their performance collectively identifying any inconsistency or variation and move forward with mitigating actions. Service level

activity planning should be led by service managers factoring in team objectives, departmental budgets and performance indicators such as reduction in waiting lists and/or job-plan related markers, such as planned versus delivered activity.

For Consultant and SAS doctor job planning, individual objectives should link to those of the wider team; best achieved via consultant team discussions early on. This will help enhance the quality and efficiency of patient care, while removing duplication of effort amongst the consultant and wider medical team and allowing for comprehensive coverage of non-clinical work and SPAs. This could include consultants delivering the education and training of resident doctors and other staff.

NHSE highlights several key elements to consider for service level activity planning:

- Current demand and forecast activity alongside resource constraints
- Capacity for DCC matching workforce availability
- Leadership and Educational Portfolio (SPA and ANR),
- Ongoing monitoring with tracked Key Performance Indicators (KPIs) and regular review meetings.
- Annual leave discussed as a team to plan for service variation, proportion of DCC, SPA and other commitments within job plans.



Fig 2. Taken from NHS England 10 Steps to good specialty-based service-level activity planning

E-Job Planning and E-Rostering

The recent introduction (and increasing uptake) of electronic job planning and rostering has proved to be an effective alternative to the longstanding manual approach. The combined use of job planning software to improve understanding of local workforce capacity with electronic rostering can help better match capacity to expected demand. Algorithms incorporate both staff preferences such as annual leave, and service requirements e.g. minimal staffing in addition to mandatory regulations using partially or fully automated processes.

NHSE recommend 'five levels of attainment' for using e-job planning systems, underpinned by meaningful standards:

Level 0: No e-job planning

Level 1: Basic individual e-job planning with software and trained staff

Level 2: Advanced individual e-job planning with allocated time/resources

Level 3: Team e-job planning – meeting to align team objectives to individual plans and service needs, via team capacity and demand analysis.

Level 4: Organisational e-job planning with accountability across all groups, plus audit and review.

Glossary of terms

Term: Meaning (in this document):

AAC	Advisory appointments committee
CPD	Continuing professional development
CQC	Care Quality Commission
DCC	Direct clinical care
ESPL	Enhanced shared parental leave
LTFT	Less than full time
OOH	Out of hours
PA	Programmed activity
QIP	Quality improvement project
SAS	Specialty and specialist doctors
SPA	Supporting professional activity
SPL	Shared parental leave

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