Trust-wide Document

Great Western Hospitals NHS Foundation Trust

Consultant, Speciality Doctor, Associate Specialists, Staff Grade Job Planning Policy

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Approved by	Policy Governance Group	**Date Approved**	14/01/2020
Ratified by	Medical Staffing Group & Joint Local Negotiation Committee	**Date Ratified**	29/11/2019
Date implemented (made live for use)	15/01/2020	**Next Review Date**	29/11/2022
Status	LIVE		
Target Audience-	All Consultant and Specialty Doctors and Associate Specialists (SAS) Doctors and individuals who manage job plans for this group of individuals		
Special Cases	There are no special cases		
Accountable Director	Medical Director		
Author/originator – Any Comments on this document should be addressed to the author	Head of Medical Workforce		
Division and Department	Corporate – Human Resources (HR)		
Implementation Lead	Head of Medical Workforce		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Regulatory Position	Working Time Directive (Ref 3).		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

1 Document Details

1.1 Introduction & Purpose of the Document

A doctor's job plan is a prospective agreement that sets out the duties, responsibilities and objectives for the coming year. A job plan is directed by The Great Western Hospitals NHS Foundation Trust (the Trust) requirements of the doctor in order to deliver the service, and to manage demand and capacity effectively. The process is interactive; it therefore enables the doctor to contribute in partnership, and to discuss any personal objective that they might wish to factor into their timetable. The aim of the process is to enable the Trust and doctors to review jobs plans annually on a partnership basis and agree jobs plans that meet these core values:

Patients first – job plans which are designed and delivered around the needs of the Trust patients to deliver high quality care 24 hours a day, seven days per week (24/7).
Personal responsibility – jobs plans which take into consideration doctors working lives and fulfil their professional responsibilities to provide high quality, 24/7 care to their patients.
Passion for excellence - job plans which underpin the Trust's aim of being one of the best performing healthcare Trusts in the country through promoting better services for patients and introducing more efficient and productive work practices.
Pride in the team – job plans which value the role and contribution of the multi-disciplinary team within and across Divisions.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

24/7	24 hours seven days a week
AMD	Associate Medical Director
CL	Clinical Lead
CPD	Continuous Professional Development
CRMS	Clinical Resource Management Systems
DCC	Direct Clinical Care
DD	Divisional Directors
EPF	Employee Partnership Forum
HR	Human Resources
LNC	Local Negotiation Committee
MSG	Medical Staffing Group
MW	Medical Workforce
NHDs	Notional Half Days
NHS	National Health Service
PAs	Programmed Activities
SAS	Staff and Associate Specialist
SPAs	Supporting Professional Activities
WLI	Waiting List Initiative
WTD	Working Time Directive

2 Document Details

2.1 Introduction and Purpose of the Document

The policy defines the responsibilities of key employees involved in job planning including medical employees, managers and Medical Workforce (MW).

The aim of this policy is to ensure that a doctor's job plan is a prospective agreement that sets out the duties, responsibilities, and objectives for the coming year, which is directed by the Trusts requirements of the doctor in order to deliver the service.

2.1.1 Background

This guidance has been developed to support effective job planning at the Trust. It must be read in conjunction with the terms and conditions of the 2003 consultant contract (Ref 7), the 2008 Specialty Doctor Terms & Conditions or 2008 Associate Specialists Terms & Conditions (Ref 8). The Code of Conduct for Private Practice (2003) (Ref 3) and the 2011 NHS Employers Guide to Job Planning (Ref 10) also apply. For doctors who have not transferred to the new contracts, the previous terms and conditions apply. A job plan must be agreed for all doctors regardless of which contract they are on.

Job planning is a transparent activity designed to produce clarity of expectation for the Trust and for doctors about the use of their time and resources to meet individual, service and Trust objectives. One of the intentions of the job planning process is to link activity explicitly to a specialty's capacity and business plans, and beyond that, to the levels of contracted activity agreed with commissioners. The wider organisation must make available all necessary resources to enable doctors to carry out the activity levels agreed within job plans.

The following comprise principles to inform the process of job planning within the Trust. In the interests of consistency and equity, it is expected that these principles must be followed when job plans are agreed, with clarity and transparency as to the circumstances that could lead to a departure from these principles.

2.2 Approach

All doctors employed by the Trust need to annually review and agree their job plan in line with this guidance.

Job planning must commence with the agreement of team or departmental job plans, which will compromise the generic core Direct Clinical Care (DCC's) and Supporting Professional Activities (SPAs) which must apply to the department or specialty, with specific additions to this core being agreed with consultants on an individual basis. Exceptions to this principle may include very small teams in specialist or sub-specialist areas. As part of the team/specialty job planning exercise, it is recommended that discrepancies in productivity between colleagues are addressed at this point.

The job planner must involve the relevant member of the divisional management team, to help in the job planning discussions and to ensure that job plans support the objectives and directorate business strategy. Medical Workforce (MW) will be available for advice and support as required.

The discussion and confirmation of a proposed job plan must take place between a doctor and their 'job planner'. For Consultants and SAS (Staff Grades and Associate Specialist) doctors, the job planner is usually the Clinical Lead supported by the Head of Service (or a nominated deputy). The initial job plan will be provisionally agreed jointly by the Clinical Lead and Head of Service with the sign off the Associate Medical Director (AMD) and Divisional Director (DD). A Template job plan is documented as Appendix C.

The drafting and approval of job plans will ideally take place using the current web-based.

Job plans will be based on a seven day week template to ensure that where appropriate weekend clinical activity is captured.

If an appeal is undertaken, the Trust will follow the guidance as outlined in the relevant Terms & Conditions specific to a doctors grade.

For doctors on the new contract, the job plan will detail DCC and SPA; the ratio and distribution of these may vary by grade on an individual basis – see section 2.5.

2.3 Allocation of PAs for Clinical Work

The job planner must agree with the doctor what a typical workload is for their PA. Templates must reflect the time allocated for this clinical activity in full. Ideally the administration associated with clinical work must be incorporated within the DDC PA and reflected in the job plan. Some specialties may require more time for administration work. This must be agreed in advance with the job planner.

If a doctor cancels a DCC activity to undertake SPA activity, the DCC session must be rescheduled to ensure the capacity to care for patients is not compromised, unless agreed otherwise with the Associate Medical Director or Clinical Lead. Likewise if a doctor is asked to do a DCC in SPA time the SPA time must be rescheduled.

Whilst recognising annual and study leave requirements, the Division must be given the minimum notice to allow for clinical scheduling. In addition, it would be expected that leave was distributed appropriately between DCC and SPA and any other duties', thus a specific number of clinical duties would be delivered over the course of a year minus any sickness, in accordance with the agreed job plan.

If ward rounds are part of a doctor's job plan they inevitably vary considerably in duration between specialties. The job planner must take a view on the average duration of any ward round, taking into account the number of patients, number of wards visited, number and level of junior medical employees and complexity of clinical conditions. Again, allowance must be made for any associated administration work.

The new contract recognises that "apprenticeship" teaching may occur in this setting and must be reflected as DCC time allocation for this activity, and not recorded as separate SPA activity. SPA time can be allocated where appropriate for related informal and formal teaching activities, if the teaching is beyond the normal minimal teaching which occurs in DCC time.

Where available, indicators of productivity are a useful information tool during the job planning process. For example this might include actual number of clinics or theatre sessions undertaken in the previous 12 month period, or the new to follow-up ratio. They can be used to show general trends and substantial differences in productivity.

2.4 Additional Clinical Activities

There is no contractual obligation to work more than 40hrs/ 10PAs per week. However doctors may be asked to work and agree to this. The agreement for this follows the normal terms and conditions and are subject to a three month notice period by either party. The additional PAs must be indicated in the job plan unless annualised. Additional PAs may be for a fixed period, or otherwise, are subject to three months' notice of termination. In exceptional circumstances a doctor may wish to sign a Working Time Directive (WTD) opt-out to work more than 48 hours per week on average, and must never exceed 56 hours per week on average. These must not become the standard working hours.

2.5 Allocation of PAs for Supporting Professional Activities for those Doctors on the New Contracts

Job planning provides an opportunity for job planners and doctors to discuss all aspects of a doctor's job, including work undertaken and more importantly the outcomes of the time allocation to supporting professional activities allocation.

There will be occasions when SPA allocation will need to be flexed to accommodate clinical work. If this happens the SPA time must be given back to the doctor, this will be agreed within the department concerned.

2.5.1 Consultants

Consultants who have commenced before 1st June 2006, have the opportunity to request to undertake one SPA at home, on condition that they are contactable and available to return to site must the need arise e.g. for meetings or to support clinical care in times of need. It is also reasonable to be asked in exceptional circumstances to undertake this SPA on site in case their presence on site is needed to support the service. The SPA at home must be specifically referred to in the job plan.

Consultants who have commenced after the 1st June 2006 must currently undertake all SPAs on site. Although at times it is recognised that in order to complete a task they may request to undertake the occasional SPA offsite. This can be negotiated locally with their respective head of service and clinical lead.

Both DCCs and SPAs must be spread throughout the week to ensure that there is appropriate cover in the team. SPAs will not be paid at premium rate. Team job planning must ensure there is maximum coverage at all times.

Some departments have half a day study day per month this must form part of the SPA allocation for individuals which would be 0.25 SPA.

A Trust standard of a minimum 1.5 'core' SPAs will be allocated to all Consultants working six or more PAs in total. For Consultants working 5 or fewer PAs, one 'core' minimum SPA will be allocated. The core 1.5 SPA per week is considered sufficient for Consultants to meet the requirements of revalidation. There will be a number of additional team SPA to deliver defined activity and roles linked to the team's objectives. Additional roles have to be supported by the Clinical Lead, signed off by the AMD as part of the final job planning stage and be made transparent in the job plan.

A list of what the core SPA and additional SPA is documented in Appendix D.

2.5.2 Specialty Doctors and Associate Specialists

Trust standard of a minimum one core SPA will be allocated to all SAS doctors working six or more PAs in total. For SAS doctors working five or fewer PAs the allocation will be pro rata.

All SPAs must be taken on site and will not be paid at premium rate. If a SAS doctor wishes to do SPA from home for a particular piece of work this can be discussed and agreed with the clinical lead on an ad hoc basis'.

It is recognised, that as part of the team job planning process that additional SPA allocation may be available to doctors with a commitment in teaching, quality delivery, research or other specific activity to be mutually agreed.

2.6 Postgraduate Training

Doctors are expected to train their juniors as part of their routine work. Doctors who work with trainees, including Trust doctors (clinical fellows) are expected to provide Clinical Supervision to these trainees. A smaller number will be Educational Supervisors. The Trust will expect consultants to meet the Deanery requirements for the roles they perform. Educational supervisors must have time allocated in their job plans, which may be timetabled or annualised, or a combination of the two. The recommended SPA allocation is documented in Appendix D.

2.7 Teaching

Undergraduate teaching that takes place during routine clinical work may be recognised by a reduction in the number of patients seen. Teaching commitments for the majority of doctors must be allocated within a doctor's SPA time. In addition the Medical School has funded unit tutor and education lead posts these must be recognised and recorded within the job plan as additional responsibilities.

2.8 Additional Responsibilities

Special responsibilities which are agreed between a doctor and the employing organisation and which cannot be absorbed within the time that would normally be set aside for supporting professional activities. These include being a medical director, clinical lead, undergraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list. These roles may require a level of flexibility in timetabling. Rather than additional professional leave being requested this time may be annualised (see below) in conjunction with other clinical commitments and SPAs to provide this flexibility without loss of clinical activity. The PAs must be evenly allocated against the DCC and SPA for the doctors' main role. Any additional responsibilities must be identified in the job plan for transparently.

2.8.1 External Duties

The Trust recognises the important contribution made to the wider NHS and will endeavour to support that contribution where there is no detriment to patient safety or services. Authorisation of external duties is at the discretion of the AMD who assess the appropriateness of the request and the clinical needs of the Trust up to a maximum of four days per year may be authorised by the AMD. Anything more than this must be authorised by the Medical Director. A full list of duties that is covered under professional leave and further guidance is documented in the Medical Annual Leave Policy (Ref 4).

2.9 Objectives

The job plan will include Trust, personal and specialty objectives. These objectives could relate to quality, activity, outcomes, standards, service objectives, resource management, service development or team working. These objectives must be appropriate, identified and agreed with the consultant or SAS doctor and the job planner.

2.10 On- call Commitment

Any on-call PAs are distinct from the on-call availability allowance. The amount of time allocated must reflect actual average work commitment whilst on-call. This is calculated from an annual diary

exercise across the team. All doctors on the same on-call rota must have the same allocation of PAs for their on-call activity.

It should be noted that PA payment for on-call duties relates to the amount of time involved in clinical duties in this period and does not simply reflect the time allocated "on-call", which is considered to be included in the baseline contract as per national agreement.

On call allocation is defined as predictable and unpredictable emergency work. Predictable work takes place at regular and predictable times, e.g. post take ward rounds. Unpredictable work is done whilst on call and associates directly with the doctors on call duties, e.g. recall to hospital to operate on an emergency basis.

On call PAs can be reviewed at any point, the process for doing this will be to inform the AMD in writing and agree a date to start diary monitoring. If the diary monitoring shows an increase or decrease in on call DCC changes to pay will only be made from the date that the issue was brought to the AMDs attention in writing.

2.11 Annualising of Hours

Annualised hours job planning, with minimum numbers of clinics and operating lists agreed can form part of the job planning process.

Many doctors do not have a working pattern that lends itself to preparing a job plan based on weekly activities. These individuals will need to prepare job plans that are solely or partially annualised. These job plans will not have complete weekly timetables, but will include the major responsibilities that individuals will be expected to take on over the coming year and usually the relative amounts of time spent on each. Many other doctors or teams of doctors may wish to have an element of their job plans annualised. However, the principles of job planning remain unchanged. The job plan must be a prospective document that sets out the requirements of the organisation and the priorities for the individual to meet those requirements.

Paragraphs 2.12 and 2.13 apply to Consultants on the pre-2003 Consultant Contract only.

2.12 Weekly Timetable of Fixed Commitments

Fixed commitments are regular scheduled NHS activities that substantially affect the use of other NHS resources, such as other employees or facilities. Examples of fixed commitments are operating lists and outpatient clinics. Fixed commitments are those that the consultant must always fulfil at the set time, except in an emergency. Depending upon the type of contract the number of fixed commitments must be:

- For whole-time and maximum part-time contract holders: normally between five and seven notional half days (NHDs)
- For other part-time and honorary contract holders: This will be pro-rata.

2.13 Average Number of Hours Spent Each Week on NHS Duties

The second part of the job plan must include all the NHS duties undertaken in an average week. In addition to the fixed commitments this must include on-call work, clinical administration, clinical governance activity, teaching, training, research, internal CPD, job planning, mandatory training and appraisal.

Paragraphs 2.14 apply to Consultants on the 2003 Consultants Contract only.

2.14 Additional NHS Responsibilities

This is activity delivered in addition to job planned DCC and SPA and cannot be timetabled within the job plan as demand for such activity is not on a weekly basis. Approval to undertake such activity must be agreed and approved by the relevant Clinical Lead (CL) and AMD, before any agreement with external agencies to undertake these duties is finalised. Outcomes need to be understood and specified within the job plan, and the impact on a specialty's activity must be quantified and plans for re-provision within the wider department agreed.

Doctors undertaking work outside the Trust, and on behalf of the NHS, with support of their AMD include this in their job plans. Such commitments may occur during the working week, and may replace some clinical activity this work may be DCC or SPA and as with all other aspects of job planning, double counting must not occur.

2.15 On-Call Activities

A doctor participating in an on-call rota will be paid a supplement in respect of their availability to work during on-call periods.

The level of supplement depends on the rota frequency and the category of the doctors on-call duties. The frequency is determined by the individual's contribution to the rota, without regard to any arrangements that the doctor may make with colleagues to provide prospective cover.

The on-call categories for a consultant are:

Category A: this applies where the doctor is typically required to return immediately to site when called, or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations

Category B: this applies where the consultant can typically respond by giving telephone advice and/or by returning to work later

Frequency of rota commitment	**Value of supplement as a percentage of full-time basic salary**	
	Category A	Category B
High Frequency: 1 in 1 to 1 in 4	8%	3%
Medium Frequency: 1 in 5 to 1 in 8	5%	2%
Low Frequency: 1 in 9 or less	3%	1%

A speciality doctor also receives an on call supplement for participating in an on call rota but they do not have an on call category, the on call remuneration is illustrated below;

Frequency	**Percentage of basic salary**
More frequent than or equal to 1 in 4	6%
Less frequent than 1 in 4 or equal to 1 in 8	4%
Less frequent thank 1 in 8	2%

2.16 Private Practice

A doctors regular private practice commitments must be included in their job plan timetable. This allows them to protect this session from changes to their job plan subject to six months notice rather than the usual three months. Doctors are expected to comply with the Code of Conduct for private practice. (Reference: A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants 2004.) (Ref 3) and Schedule 6 of the Consultant Terms and Conditions (Ref 7).

There is no obligation for a consultant to undertake PAs in excess of the standard 10 per week. However, one of the criteria for achieving progression through the pay thresholds is that a consultant must accept an extra paid PA in the NHS, if offered, before doing private work. However, if a colleague takes up those sessions there would be no detriment to pay progression for the other consultants.

Private commitments, including private on-call duties, must not be scheduled during times at which they are scheduled to be working for the NHS.

2.17 Waiting List Initiatives

Consultants and SAS doctors are often asked to do additional operating lists, clinics, investigations or reports in order to reduce or maintain patient waiting times. One of the important principles of the 2003 Consultant Contract and SAS contract is that doctors cannot be paid twice for the same period of time. For this reason, doctors must not, under any circumstances, undertake 'waiting list' initiative' lists when they have fixed PAs for SPA, on call or clinical administration within the job plan, unless the time is demonstrability shifted. If doctors who wish to undertake WLI during times when they are on call, the on call must be swapped with a colleague.

If there are any free PAs within the week that would allow WLIs to be worked this must be transparent in the job plan. For those consultants whose timetables are flexible, it must be apparent from the job plan how many hours of the maximum possible 55 standard hours (0800 to 1900 Monday to Friday) remain available for WLI sessions after considering the time spent in core PAs (DCC and SPA) and private practice.

2.18 Rest Breaks

As far as possible, the job plan must be organised so that a doctor is able to take a break of at least 20 minutes during the working day. Individual doctors are responsible for ensuring that they take regular breaks for health and safety purposes as required by the Working Time Directive.

Under the Working Time Directive (Ref 5) employees are required to have 11 hours continuous rest in any 24 hour period. If this is not possible (because of on-call interruption for example), then compensatory rest must be taken as soon as is practically possible. Rest requirements under WTD are Health and Safety & Work Act (1974) (Ref 12) and therefore they have to be achieved. If a doctor is unable to maintain safe practice due to lack of rest they must not work.

2.19 Overall Review Cycle

Job plan reviews must be conducted annually to ensure alignment with the Trust's business planning and appraisal processes.

2.20 Pay Progression

The Consultant and Specialty Doctor Contracts make provision for doctors remuneration to rise through a series of thresholds subject to certain conditions being met. The majority of doctors will

progress through the thresholds; however this is dependent on conditions being met and is not automatic. The criteria to be referred to annually for pay progression purposes are that doctor has;

- Made every reasonable effort to meet the time and service commitments in the job plan
- Participated satisfactorily in the appraisal process
- Participated satisfactorily in reviewing the job plan and setting personal objectives
- Met the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so
- Worked towards any changes identified in the last job plan review as being necessary to support achievement of the Trusts objectives
- Taken up any offer to undertake additional PA's that the Trust has made to the consultant in accordance with Schedule 6 of the Terms and Conditions
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the consultant Terms & Conditions

Where one or more criteria are not achieved, evidence for this decision will be provided to the doctor. Doctors who wish to appeal against the decision must do so in accordance with Schedule 4 of the Consultant, 2003 Terms & Conditions or Schedule 5 of the Specialty Doctor April 2008 and Associate Specialist April 2008 Terms & Conditions.

If the Clinical Lead decides that the doctor has not met the necessary criteria, the Trust will defer the award of the appropriate pay threshold for one year beyond the date on which they would otherwise have received the threshold. Providing that the Clinical Lead agrees that the doctor has met the criteria in the intervening year, he or she will receive the threshold from the start of the following year.

2.21 Appeal Process

The national Terms and Conditions of Service detail the processes concerning mediation and formal appeal.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Job plan status reporting. Identifying out of date job plans or gap in demand and capacity	Quarterly reports.	Head of Medical Workforce	Quarterly	Medical Staff Group	Action plan agreed with AMD's and DD's

4 Duties and Responsibilities of Individuals and Groups

4.1 Job Planner

The job planner will liaise with the Business Manager and/or Divisional Director to ensure that job plans support the objectives and divisional business strategy.

The job planner will be the Clinical Lead supported by the Head of Service (or a nominated deputy). , job plan review meetings will take place annually. At these meetings they must agree with the doctor what a typical workload is for their PA and make recommendations for pay progression as per section 2.18 of this policy.

The job planner will undertake annual reviews of team job plans in line with the Trusts objectives and strategic direction, ensuring that job plans are robust and an efficient use of Trust resources.

4.2 Doctor

Doctors should take the opportunity of the job planning process to see that they are neither over nor under committed in delivering local or wider objectives of the NHS. To get the best of the process doctors will;

- Decide beforehand what they want to get out of job planning
- Decide what their objectives for personal service development will be over the coming year
- Have a view about how changes can reasonably be achieved
- Be ready to share all the facets of their practice within and outside the Trust, so that realistic agreements can be struck
- Make your colleagues and Clinical Lead aware of your aspirations, so that any agreement over the job plan is in a sensible context
- Take broader clinical governance issues into consideration
- Review previous year's objectives to reflect on what went well or not so well.

4.3 Medical Workforce

To support the Clinical Leads, Divisional managers and AMDs with job planning process by monitoring job plans against the Trust guidance and identifying discrepancies.

To support the Clinical Leads, Heads of Divisions and AMDs in any case of dispute, including the internal Trust grievances or appeals processes, and mediation.

To administer the Trusts job planning and incremental progression systems, undertaking audit as required.

Following feedback, to review & update this policy as and when required.

4.4 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.5 Target Audience

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.

Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5 Review Date, Arrangements and Other Document Details

5.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

5.2 Regulatory Position

Working Time Directive (Ref 5).
Health & Safety at Work Act 1974 (Ref 12).

5.3 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Medical Staff Group	29.11.19 via email
Joint Local Negotiation Committee	6.12.19

5.4 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which staff should refer to for further details:

Ref. No.	Document Title	Document Location
1	Private Patients Policy	Trust wide documents

Ref. No.	Document Title	Document Location
2	Medical Appraisal & Revalidation Policy	Trust wide documents
3	Code of Conduct for Private Practice	Trust wide documents
4	Medical Leave Policy	Trust wide documents
5	Working Time Directive	Trust wide documents
6	Consultant Acting Down Policy	Trust wide documents
7	Consultant 2003 Terms & Conditions	http://www.nhsemployers.org
8	Speciality Doctor 2008 Terms & Conditions	http://www.nhsemployers.org/
9	Associate Specialist 2008 Terms & Conditions	http://www.nhsemployers.org/
10	NHS Employers Guide to Consultant Job Planning, July 2011	http://www.nhsemployers.org
11	A Code of Conduct for Private Practice, Department of Health, 2004	http://webarchive.nationalarchives.gov.uk/
12	Health & Safety at Work Act 1974	*http://www.hse.gov.uk/legislation*

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Consultant, Specialty Doctor, Associate Specialists and Staff Grade Job Planning Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy sets out the process and management guidance of job planning for Consultants and SAS Doctors within The Great Western Hospitals NHS Foundation Trust.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Danny Little
Date completed	24th December 2019
Job Title	Head of Medical Workforce

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.