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Pay Modernisation: NHS Consultant Contract

Betsi Cadwaladr University Health Board

An inconsistent and often underdeveloped approach to job planning means that neither the Health Board nor its consultants are realising all the intended benefits from the consultant contract.

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Summary

1. The NHS consultant contract is the national framework that governs the working conditions and salary grades of consultants. The Amendment to the National Consultant Contract in Wales came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948. The contract brought in a number of benefits for consultants: a new salary scale; improved arrangements for on-call remuneration; new arrangements for clinical commitment and clinical excellence awards; and a commitment to improve flexible working.
2. The amended contract was introduced explicitly to help deliver the following benefits:
   - to improve the consultant working environment;
   - to improve consultant recruitment and retention; and
   - to facilitate health managers and consultants to work together to provide a better service for patients in Wales.
3. Effective job planning underpins the implementation of the amended contract and is mandatory for all consultants. The job planning process is designed to ensure the individual consultant and their employer agree on the content and scheduling of activities that comprise the working week. The contract is based upon a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours each, bringing them in line with other NHS staff. The working week should typically comprise a mixture of Direct Clinical Care (DCC) sessions, such as clinics and ward rounds, and Supporting Professional Activities (SPAs), such as research, clinical audit and teaching. The amended contract stated that the working week would typically comprise seven DCC sessions and three SPAs. However, the actual DCC:SPA split should be informed by the specific requirements of each consultant's job and should be reviewed as part of the annual job plan reviews that are expected to be carried out as part of the contract.
4. In 2004, the Audit Commission in Wales was commissioned by the Assembly Government to review the implementation of the consultant contract, with a focus on the job planning process. Since then, the Assembly Government has monitored implementation of the contract through an annual reporting process which ended in 2009.
5. Significant sums of money have been involved in implementing the contract in Wales through set up costs, additional session payments to consultants and funding a Consultant Outcome Indicators project (COMPASS) which has now been discontinued. However, no independent external audit work has been done to examine whether the intended benefits from the amended contract are being achieved, and in particular whether job planning is now fully embedded as an organisational tool in NHS bodies to help define and review consultants' contribution to service delivery.

6. The Wales Audit Office has therefore undertaken work at each Health Board and NHS Trust that employs significant numbers of consultants. The audit work sought to answer the question: 'Are the intended benefits of the new consultant contract being delivered?' The audit has had a particular focus on the extent to which the Health Board has embedded job planning as an annual process, and how effective job planning is in facilitating service modernisation and improvement. We also considered the working environment of consultants which was part of the contract's wider aim for the NHS to provide ongoing improvements to the quality of consultants' working lives.

7. Betsi Cadwaladr University Health Board (the Health Board) was created in October 2009. It encompasses:

   - Two former NHS Trusts, North West Wales NHS Trust and North Wales NHS Trust. The latter was the result of a previous merger in April 2009 of Conwy and Denbighshire NHS Trust and North East Wales NHS Trust.
   - Six former Local Health Boards (LHBs): Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham.

8. In April 2010, the Assembly Government figures show that the Health Board employed around 418 consultants. Since then, the Health Board has recruited additional consultants taking the total to around 440, with more being recruited. Consultants are now around three per cent of the Health Board's workforce and are play an important role in delivering services, influencing the safety, quality, efficiency and delivery of services, and their strategic direction.

9. Consultants work within nine of the 11 Clinical Programme Groups (CPGs) providing clinical services primarily within the three main hospital sites: Ysbyty Gwynedd (West), Ysbyty Glan Clwyd (Central) and Wrexham Maelor Hospital (East). Consultants also provide services to patients in the smaller acute and community hospitals, clinics and mental health units across North Wales and parts of Powys.

10. Our fieldwork at the Health Board took place during November 2010. Appendix 1 provides further details of our audit methodology. This included an online survey sent to all consultants at the Health Board. We received responses from 125 consultants, a response rate of around 30 per cent.

11. Our overall conclusion is that an inconsistent and underdeveloped approach to job planning means that neither the Health Board nor its consultants are realising all the intended benefits from the consultant contract.

12. We came to this conclusion because:

    - considerable improvement is needed in the way job planning is managed and used; and
    - a number of factors are currently preventing job planning from supporting service modernisation.

Recommendations

13. The recommendations arising from our audit work are listed below.

R1	The Health Board must ensure that job planning becomes effectively embedded within the new CPG structure as a means of harmonising the job plans inherited from predecessor bodies, and ensure that all consultants receive an annual job plan review.
R2	The CPGs should use consultant job planning as a vehicle for helping to secure the service modernisations that are identified in their plans to support the Health Board's five-year plan.
R3	The Health Board must ensure all job plans contain the necessary details about consultants' activities and responsibilities, and the location where the work will be undertaken. Agreed records of discussions held during the job plan review meetings should also be kept.
R4	The Health Board should revisit its document setting out the principles of consultant job planning in light of the comments we have made in this report. A revised set of principles and guidance notes should be issued to all staff involved in job planning to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing measurable outcomes from consultant activities.
R5	The issuing of guidance on job planning arrangements should be accompanied by supporting training programmes for the different staff groups involved in job planning.
R6	The Health Board needs to ensure that its guidance material on job planning clearly defines what constitutes SPA activity and the importance of agreeing the outcomes from different SPA activities.
R7	The Health Board should strengthen its job planning arrangements to ensure all available information is used to inform discussions and where information is not available that a range of outcome indicators are developed and introduced.
R8	The Health Board will need to establish effective quality assurance and monitoring arrangements to ensure job plan guidelines are being applied consistently and appropriately.
R9	The Health Board must develop and implement a plan to reduce consultants' workloads where these are excessive.

There is considerable scope to improve the way job planning is managed and used

Existing job plans lack clarity and detail

15. The Health Board has no central repository for job plans and it proved difficult to obtain job planning documents for this audit. Our review of consultants' job plans that were provided found the following generic weaknesses:
    - there is no standard template, with many different formats of job plans in use;
    - most job plans lacked clarity and detail about the individual consultant's duties, responsibilities, activities and locations;
    - there are varying interpretations of what activities are regarded as a DCC, an SPA, management or 'other' session; and
    - details of expected outcomes from consultant job plan activities were typically not recorded.

For many consultants, a review of their job plan is overdue

16. When the amended contract was introduced, there was an expectation that each consultant would have an annual job plan review. However, for many consultants currently working in the Health Board there has been no annual job planning and for some no meaningful job planning has taken place since 2004.
17. In our consultant survey only 43 per cent of consultants said that they had an annual job plan review. The survey also showed that:
    - just a third of consultants (36 per cent) have had a job plan review in the previous 12 months;
    - over half (55 per cent) had had a job plan review but more than 12 months ago; and
    - nine per cent had never had a job plan review.
18. The job plans we reviewed mostly reflected current and historic service patterns rather than future service objectives and priorities. There was little evidence of any change to job plans since the Health Board's creation, although service delivery models are changing.

Within the variation in job planning that was observed across the Health Board, some discrete areas of good practice were identified. For example, the Central Child and Adolescent Mental Health Service (CAMHS) undertakes a rigorous job planning process on an annual basis. In this service, consultants come to the meeting well prepared and discussions are based upon departmental activity and performance statistics, such as waiting times. The CAMHS service reported that they use job planning to address issues such as the excessive workload of some consultants.

The current job planning arrangements are inherited from predecessor NHS Trusts, and a consistent Health Board approach is needed to affect improvement

19. The three predecessor NHS Trusts set up their own job planning arrangements following the introduction of the amendment to the consultant contract in 2003. The differences in approaches to job planning in the predecessor bodies has led to a wide variation within job plans for consultants doing similar jobs in the new Health Board.

20. The different job planning arrangements inherited by the Health Board have resulted in consultants in Central and East having on average, more SPAs than their counterparts in West (Exhibit 1). Different use of 'other' and 'management' sessions is also evident. These differences are more marked at a specialty level (Exhibit 2). A full specialty analysis is provided in Appendix 1.

Exhibit 1: Change in average sessions 2007-08 to 2009-10 for Betsi Cadwaladr University Health Board

	DCC	SPA	Other	Management	Total
2009-10					
BCU Central and East	8.48	2.72	0.08	0.16	11.44
BCU West	8.65	2.28	0.37	0.09	11.38
Wales average	*8.34*	*2.60*	*0.14*	*0.13*	*11.21*
2008-09					
North Wales Trust (Central and East)	8.50	2.71	0.09	0.15	11.46
North West Wales Trust (West)	8.79	2.24	0.31	0.07	11.41
Wales average	*8.36*	*2.57*	*0.22*	*0.14*	*11.29*

	DCC	SPA	Other	Management	Total
2007-08					
Conwy and Denbighshire Trust (Central)	8.84	2.77	0.08	0.02	11.71
North East Wales Trust (East)	8.19	2.61	0.14	0.23	11.16
North West Wales Trust (West)	8.90	2.20	0.32	0.06	11.48
Wales average	*8.45*	*2.61*	*0.26*	*0.14*	*11.46*

Source: Betsi Cadwaladr University Health Board and Welsh Government

Exhibit 2: Job plan variation within specialties

	DCC	SPA	Other	Management	Total
West Accident and Emergency	7.94	2.53	0.27	0.00	10.74
Central and East Accident and Emergency	8.00	3.03	0.00	0.38	11.41
West Anaesthetics	8.78	2.95	0.10	0.11	11.93
Central and East Anaesthetics	8.39	2.53	0.00	0.18	11.10
West Cardiology	10.00	1.33	0.49	0.00	11.82
Central and East Cardiology	8.50	3.00	0.00	0.00	11.50
West Dermatology	9.57	1.14	0.40	0.50	11.61
Central and East Dermatology	7.90	2.69	0.00	0.00	10.59
West ENT	8.67	2.15	0.25	0.00	11.07
Central and East ENT	9.06	2.57	0.14	0.00	11.77
West General Medicine	8.40	2.73	0.00	0.00	11.13
Central and East General Medicine	7.67	3.00	0.00	0.22	10.89
West General Surgery	10.16	1.99	0.24	0.01	12.40
Central and East General Surgery	9.55	2.36	0.12	0.41	12.43
West Gynaecology	7.75	2.17	0.61	0.00	10.53
Central and East Gynaecology	8.52	2.96	0.00	0.24	11.72
West Ophthalmology	8.47	1.71	0.51	0.00	10.68
Central and East Ophthalmology	9.00	2.40	0.00	0.00	11.40

	DCC	SPA	Other	Management	Total
West Radiology	7.06	2.42	0.82	0.16	10.45
Central and East Radiology	10.03	2.67	0.06	0.17	12.92
West Trauma and Orthopaedic	9.83	1.69	0.23	0.00	11.76
Central and East Trauma and Orthopaedic	9.55	2.39	0.00	0.07	12.00

Source: Betsi Cadwaladr University Health Board and Welsh Government

21. Some high level observations can be drawn from the information presented in Exhibits 1 and 2:
    - job plans for consultants in the West of BCU typically contain more sessions classified as 'other', although it is not clear what activities go to make up these sessions; and
    - job plans for consultants in the Central and East of the Health Board tend to have a higher number of management sessions.
22. Auditors also noted that the way sessions are calculated varies between the two areas; the West job plans are calculated to two decimal places whereas the ones for Central and East are a mix of both whole sessions and part sessions. In our interviews, consultants were very aware of the different job planning practices inherited from predecessor bodies, and were concerned that inequities may exist whilst these arrangements persisted.
23. Exhibit 3 shows how the average job plan sessions across the Health Board compare to other NHS organisations in Wales. Other than the relatively high number of 'other' sessions in BCU West, the issue, which stands out, is the fact that compared to other Health Boards and Trusts, the BCU has the lowest proportion of consultants working part-time (fewer than 10 sessions per week) at just five per cent across the Health Board. Auditors were not provided with information that would explain this difference. Although Health Board managers have suggested some of the differences may be due to the low number of consultants with academic contracts. Other non-university heath boards also have higher numbers of part time consultants and understanding the reasons is important.

Exhibit 3: Health Board/Trust average sessions and levels of part-time consultants 2009-10

Health Board/Trust	DCC	SPA	Other	Management	Total	Percentage of consultants who are part-time
ABM	8.49	2.41	0.26	0.04	11.20	9.3%
Aneurin Bevan	8.20	2.83	0.01	0.22	11.26	10.1%
BCU West	**8.65**	**2.28**	**0.37**	**0.09**	**11.38**	**5.0%**
BCU Central and East	**8.48**	**2.72**	**0.08**	**0.16**	**11.44**	
Cardiff and Vale	8.23	2.84	0.15	0.13	11.34	21.2%
Cwm Taf	8.26	2.32	0.15	0.14	10.87	13.6%
Hywel Dda	8.49	2.37	0.01	0.00	10.87	8.9%
Powys	7.87	1.67	1.26	0.36	11.16	20.0%
Public Health Wales	7.65	2.86	0.03	0.00	10.55	27.6%
Velindre	7.87	2.74	0.00	1.03	11.64	11.8%
Wales Average	**8.34**	**2.60**	**0.14**	**0.13**	**11.21**	**13.0%**

Source: Betsi Cadwaladr University Health Board and Welsh Government

24. Consultants working for the NHS on less than full-time contracts often hold academic positions where they also work part-time for the local university. Consultants who have academic contracts can face competing demands on their time from both employers. For this reason, university representatives should participate in the job planning process to ensure there is a clear understanding of the university's and Health Board's requirements. In our survey, eight respondents held an academic contract but just one of them had had any university input to their last job plan review. This is the majority of consultants with academic contracts and there is an opportunity to improve the existing arrangements through strengthening university involvement. This will grow in importance as the Health Board expands its links with the university and the numbers of academic contracts increases.

Generally, the job planning process does not draw on robust information

25. The contract states that both consultant appraisals and job plan reviews should be informed by information on the quality and quantity of the consultant's work over the previous year. Both processes should involve discussion of service outcomes, and linked personal development plans, including how far these have been met.

26. We found that the content and focus of the job plan meeting varied across the Health Board. The consultants we spoke to reported the main focus of the job plan meeting was on their timetable and clinical duties, with lesser emphasis on performance data. Most said the job plan review and performance management were disconnected. Some consultants reported that a discussion of performance data took place at appraisal meetings rather than job plan reviews.

27. Most of the clinical directors we spoke to reported that specialty team meetings were the accepted forum for discussing activity and performance data. Very little information was then used for the job plan review meeting. While it is important that performance is discussed throughout the year, the job plan review does provide the opportunity to focus on the issues facing an individual consultant. Good information is necessary to support performance discussions, identify areas for improvements, and the constraints an individual consultant may be experiencing in delivering the service.

28. Whilst generally job planning is not underpinned by robust information, the use of data at the job plan meeting differs across the Health Board. In the best examples, consultants bring their current job plan, completed diaries and possibly some activity data. Our survey found that:

- most consultants (82 per cent) used their own information to prepare for their job plan review; and
- a much smaller proportion, (32 per cent) of consultants used Health Board information as a basis for job plan reviews.

29. Some specialties are making improvements to their information systems, which in turn will provide better information to support job planning. For example, we found that Pathology and Radiology are aligning their current hospital specific reporting systems to produce more Health Board based data. Other examples include:

- some limited benchmarking of individual consultants' productivity in the Surgery CPG;
- plans to introduce clinic performance standards in the Medical CPG; and
- introducing individual performance criteria based on corporate targets in Medical CPG (West).

The Health Board cannot evidence that it gets value for money from SPA sessions and there are wide disparities in allocation of SPAs across the Health Board

30. The SPAs cover a number of activities which underpin DCC, including teaching, continuing professional development, clinical audit and appraisal. These sessions should be mutually agreed at the job planning review and may be scheduled across the week.

31. The consultant contract states that while the locations of some SPA activities (such as teaching) are likely to be predetermined, other activities (such as preparing presentations) might be undertaken in any one of a number of settings. Consultants can normally carry out one SPA session per week at home or away from their normal place of work. Current job plans do not specify where SPA activity is taking place, so the Health Board is unable to monitor how much SPA activity is being carried out away from the Health Board.

32. The SPA sessions are a significant investment by the Health Board that helps consultants to improve their skills, undertake research, develop new techniques and build new services. While the consultant has some freedom to decide what SPA activities they want to pursue, the Health Board has not taken the opportunity provided by the contract, to direct the choice of SPA topics to further its priorities or objectives.

33. The job planning review and appraisal should include some assessment of what the consultant has achieved in their SPA sessions. We found some examples of scrutiny in areas where job planning has recently taken place, but this is not the case for most consultants. The Health Board has not issued any standard requirement for consultants to provide evidence of their SPA activities or to define expected outcomes for future activity. Consequently, when a discussion about SPA does take place, it tends to be general and covers issues such as teaching and audit responsibilities. Our survey highlights that only 22 per cent of consultants stated that their job plan clearly identified the expected outcomes from their SPA.

34. Further analysis of data on SPA sessions (Exhibit 4) shows that there are significant differences in the allocation of SPA sessions to consultants from the three former Trust areas. Far fewer consultants in the West had more than two SPA sessions compared to those in the other areas. Managing these inconsistencies and ensuring SPA delivers value for money both at the individual consultant level, and at the Health Board level, should become a priority.

Exhibit 4: Number of consultants with more than two SPA sessions in 2007-08 and 2009-10

	Number of consultants with >2.00 SPAs	Number of consultants	Percentage of consultants with >2.00 SPAs
2009-10			
BCU Central and East	203	284	71%
BCU West	70	134	52%

	Number of consultants with >2.00 SPAs	Number of consultants	Percentage of consultants with >2.00 SPAs
2007-08			
Conwy and Denbighshire Trust (Central)	113	138	82%
North East Wales Trust (East)	83	141	59%
North West Wales Trust (West)	60	126	48%

Source: Betsi Cadwaladr University Health Board and Welsh Government

The Health Board is taking action to reduce the excessive workload of some consultants

35. One aim of the consultant contract was to improve the working conditions of consultants by reducing the working week to 10 sessions over 37.5 hours and to promote flexible working. For this reason, most Health Boards and Trusts are working with consultants who have excessive workloads to reduce the number of sessions that they work. Working excessive hours presents risks around clinical governance and working time legislation as well as limiting a consultant's ability to fulfil their professional commitments such as Continuing Professional Development (CPD).

36. In the Health Board, there are 82 consultants with contracts of more than 12.5 sessions. Exhibit 5 shows that the proportion of consultants with 12.5 or more sessions in the West are close to the Wales average, while in Central and East they are among the highest in Wales.

Exhibit 5: Health Board/Trust proportions of full-time consultants working more than 12.5 sessions a week

Health Board/Trust	Percentage of full-time consultants with more than 12.5 sessions a week
Abertawe Bro Morgannwg University	15.2%
Aneurin Bevan	13.4%
Betsi Cadwaladr Central and East	**22.2%**
Betsi Cadwaladr West	**14.2%**
Cardiff and Vale University	21.0%
Cwm Taf	8.3%

Health Board/Trust	Percentage of full-time consultants with more than 12.5 sessions a week
Hywel Dda	12.3%
Public Health Wales	nil
Velindre	22.7%
All Wales	**13.9%**

Source: Betsi Cadwaladr University Health Board and Welsh Government

37. In addition, our survey showed that only 33 per cent of all consultants think their job plan accurately reflects their working hours and commitments. This means that the number of consultants working excessive hours may be understated. The Health Board did identify consultants with high sessions last year, analysed the data and carried out some actions to reduce excessive working.

38. Team job plans can be a mechanism for directorates to manage work across the consultant team more equitably. We found that team working is improving and team job planning is increasing in some areas. Our survey found that 23 per cent of consultants had a team based job plan review. We found some localised examples of consultants who were job planning as a team. For example:

- Anaesthetics (Central) carried out a job plan review based on a six-week diary exercise linked to their six-week rota which the team is pleased with.
- Obstetrics and Gynaecology (West) recently carried out team job planning, and consultants agreed to reduce their own sessions from 12 to 10 so that a new consultant could be appointed using the surplus sessions.
- Pathology had analysed its workload, devised a simple classification of its complexity and then divided it equitably among consultants. These figures then formed the basis of activity planning in job plans. A refinement of this system is planned that will introduce a weighted workload.
- Women's Services (West) have based job planning on a consideration of activity and productivity, with job planning being done in the round with performance management and appraisal.

Appropriate linkages between consultant appraisals and job planning are not being made

39. The contract states that job planning should be linked closely with the agreed appraisal scheme for consultants. Appraisal is a process to review a consultant's work and performance, to consolidate and improve on good performance and identify development needs. The appraisal discussion should cover working practices, clinical governance responsibilities and CPD as set out in the consultant's agreed personal development plan. The job plan should take account of the outcomes of the appraisal discussion. It is important for consultants to undertake and document annual appraisals because of revalidation[1] in coming years.

40. In general, the audit found few examples of direct links between job planning, appraisal, and performance management. However, some good practice examples did exist in areas such as Obstetrics and Gynaecology (West), Radiology, and Cancer. In particular, the clinical director in CAMHS regarded job planning, appraisal and performance as constituent parts of an integrated whole for helping to operate the department. We were also informed of plans to improve the links between appraisal and job planning in Pathology.

41. Typically, appraisals have had a higher priority than job planning with many of the consultants we interviewed reporting that they had received appraisals annually since 2004. However, appraisal uptake varies across the former Trusts with different systems running in each area. There are some examples of good practice. In Anaesthetics and Surgery (Central), consultants received robust training in appraisal and they carried out appraisals with consultants from other specialties. Appraisals took place before job planning so that the consultant's job plan could be changed, if necessary, as a result of the appraisal. In the West, Ysbyty Gwynedd has an appraisal manager who organised appraisals with the use of the NHS Toolkit although they are now moving to the Wales Deanery developed system.

[1] Since 16 November 2009, only doctors who are registered with a licence to practise can work as a doctor in the NHS. Licences will require periodic renewal by revalidation. While the exact process for revalidation has yet to be finalised it is likely to require evidence of annual appraisals.

A number of factors are currently preventing job planning from supporting service modernisation

Job planning is not yet effectively embedded into the new CPG model

42. Within the Health Board's organisational structure, the CPGs have formal responsibility for job planning, with Chiefs of Staff and their clinical directors expected to take a lead role. At the time of the audit not all tier four posts in the CPGs had been permanently filled which meant that interim management arrangements were in place below the level of Associate Chief of Staff.

43. This may in part explain the fact that some CPGs have made very little progress with the job planning agenda. However, other CPGs such as Cancer and Surgery have made progress, and have been doing so since the inception of the Health Board.

44. As with most new leadership models, further work is going to be needed to ensure clinicians understand how the new lines of accountability will work. Some consultants told us that they remain unclear about how the new structures and networks will operate, and that the reorganisation has left some consultants feeling disconnected from senior management. A small number of managers also expressed concerns that they did not have the necessary authority to undertake job planning.

The new CPG arrangements provide an opportunity to use job planning more constructively as a vehicle to deliver change

45. The audit found that there was little evidence of a relationship between a consultant's job plan and the Health Board's strategic objectives. One contributory reason for this is that many CPGs do not yet have definitive plans for delivering the Health Board's wider strategic objectives set out in its five-year plan. We found the underpinning plans at the CPG to be at various stages of development. Most of the expected service development, following the Health Board's formation, is awaiting the outcome of the service review process. Most clinicians we spoke to were supportive of the service review process, although frustrated by the time it was taking.

46. The Health Board will need to ensure the service review process is completed and then underpinned by formalised service financial and workforce plans at the CPG level, otherwise it is difficult to use consultant job planning as a tool to determine how an individual consultant's work supports delivery of the Health Board's objectives. Some clinical directors expressed frustration at the current stasis and also cited missed opportunities to engage with consultants.

47. Once the necessary plans for service development and improvement are in place, there will be a need to ensure that job plan reviews are used effectively as a mechanism for ensuring consultant activity supports wider organisational objectives. As reported earlier, there is much scope to improve job planning and its outputs. This is confirmed by responses to our consultant survey, which showed that the link between job planning and service modernisation and improvement can be strengthened (Exhibit 6).

Exhibit 6: Using job planning as a tool to support service improvement

Survey question	Percentage of consultants answering 'yes'	
	BCU Health Board	All Wales
Do you feel your job plan review provided an opportunity to discuss modernising services and introducing innovation and new ways of working?	40.7	47.1
Do you feel your job plan review provided a stimulus to discuss steps that could be taken to improve clinical practice?	36.4	46.3

Source: Wales Audit Office consultant survey

48. Objective setting can be a key mechanism for aligning a consultant's activity to the Health Board's priorities. The job plan should include expected outcomes that set out a mutual understanding of what the consultant and Health Board want to achieve over the following 12 months. Expected outcomes need to be robust, SMART[2] and explicitly linked to the Health Board's strategy. However, there has been little history of methodical links between organisational service development and job planning, appraisal, and CPD. Only 25 per cent of those who responded to the survey agreed that they now have clear personal objectives linked to service improvement.

The job planning principles will need to be revisited to ensure they adequately address current weaknesses in job planning arrangements

49. It is important that there is clear guidance on job planning so that consultants and managers understand the principles governing, and range of objectives for, the job planning and consultant contract management processes. These objectives should include how consultants can support the meeting of annual operating framework targets, service development and modernisation, and improved patient outcomes and value for money from the use of health service resources. The guidance does not have to state a rigid process for job planning, but it should allow flexibility for local interpretation and use within the overall guidance criteria.

[2] SMART – objectives, outcomes and performance targets should be Specific, Measurable, Achievable, Realistic and Timely.

50. Comprehensive training for all those undertaking and undergoing job planning should support this guidance.

51. The assistant medical directors have been instrumental in helping the Health Board to draft a job planning principles document, developed in consultation with the Local Negotiating Committee (LNC). At the time of our review, job planning was scheduled for wider discussion at a workshop with the LNC.

52. The job planning principles document make a number of good practice statements:

- it recognises the importance of the annual job plan review as a unique opportunity for both employer and the consultant to meet;
- SPA time should be used to benefit patients, the service and the individual clinician; and
- outcomes should be agreed on an annual basis.

53. However, the principles document as currently drafted will not resolve the issues that have been set out in this report. We have three main concerns.

54. Our first concern is that the principles document suggests that job plan review meetings do not have to take place annually. It states that a 'job plan offer process' is adequate 'if both parties agree that they are happy with the job plan, remuneration and outcomes'. This job plan offer process is a letter that should be signed by both the consultant and clinical director or general manager. It states that face to face meetings only need to take place under particular circumstances, such as where changes need to be made to the job plan or outcomes, although a meeting does have to take place at least once every five years. Annual job plan reviews are a requirement of the contract. Although annual job plan meetings can be resource intensive, they are an important forum to support the individual consultant to prioritise work and reduce excessive workloads as well as to facilitate service modernisation.

55. Our second concern is the statement that all whole time equivalent consultants should have a 'fixed core of 2 SPA' in order to ensure the consultant 'can provide evidence sufficient to merit relicensing and revalidation'. Also, a third SPA would then be used for other activities such as teaching. The contract does not specify what proportion of SPA should be used for CPD. All SPA time should be allocated according to the individual consultant's need to carry out particular activities that underpin DCC, and this time should be agreed through negotiation.

56. Our third concern is around outcomes. Principle 4 rightly points to four categories of outcome, namely corporate, CPG, service level and individual. However, the principles document provides no detail on how these will be set or monitored in the absence of an annual job plan meeting.

Appendix 1

Methodology

We interviewed over 30 staff from across all nine CPGs that employ consultants and the three major hospitals in the Health Board in November 2010. Those interviewed included all three assistant medical directors, and a sample of clinical directors, chiefs of staff, assistant chiefs of staff, and management staff. We also interviewed a sample of consultants selected by the Health Board and the LNC.

We reviewed a sample of job plans from these directorates and reviewed relevant documentation provided by the Health Board.

During October and November 2010, we asked consultants in the Health Board to complete an electronic survey. We designed this primarily to establish their views of the consultant contract. We had responses from 125 consultants which is a response rate of 30 per cent.

Session benchmarking

Health Board specialty analysis 2009-10

	DCC	SPA	Other	Management	Total
BCU West					
Accident and Emergency	7.94	2.53	0.27	0.00	10.74
Anaesthetics	8.78	2.95	0.10	0.11	11.93
Cardiology	10.00	1.33	0.49	0.00	11.82
Child and Adolescent Psychiatry	7.98	2.17	0.17	0.00	10.31
Dermatology	9.57	1.14	0.40	0.50	11.61
Endocrinology	7.97	2.57	0.27	0.00	10.80
ENT	8.67	2.15	0.25	0.00	11.07
Forensic Psychiatry	8.47	1.93	0.93	0.00	11.33
Gastroenterology	10.71	1.53	0.27	0.00	12.51
General Medicine	8.40	2.73	0.00	0.00	11.13
General Surgery	10.16	1.99	0.24	0.01	12.40
Genito Urinary Medicine	7.84	2.93	0.63	0.00	11.41
Geriatric Medicine	8.71	2.12	0.67	0.29	11.79
Gynaecology	7.75	2.17	0.61	0.00	10.53
Haematology (Clinical)	9.72	1.59	0.25	0.00	11.56
Histopathology	11.27	1.38	0.22	0.00	12.87
Learning Disabilities	8.97	1.47	0.13	0.50	11.07
Medical Oncology	7.47	3.00	0.20	0.53	11.20
Mental Illness	7.81	2.89	0.46	0.16	11.33
Nephrology	9.73	2.40	0.23	0.00	12.37
Occupational Medicine	8.60	1.27	0.47	0.00	10.33
Ophthalmology	8.47	1.71	0.51	0.00	10.68
Orthodontics	9.13	3.53	0.00	0.00	12.67
Paediatrics	8.31	1.49	0.43	0.00	10.23
Palliative Medicine	9.53	2.00	0.00	0.00	11.53
Radiology	7.06	2.42	0.82	0.16	10.45
Rheumatology	6.04	4.13	0.44	0.00	10.62
Thoracic Medicine	8.52	2.87	0.27	0.50	12.16
Trauma and Orthopaedic	9.83	1.69	0.23	0.00	11.76
Urology	9.98	2.24	0.22	0.00	12.44

	DCC	SPA	Other	Management	Total
BCU Central and East					
Accident and Emergency	8.00	3.03	0.00	0.38	11.41
Anaesthetics	8.39	2.53	0.00	0.18	11.10
Audiological Medicine	8.00	3.00	0.00	0.00	11.00
Cardiology	8.50	3.00	0.00	0.00	11.50
Chemical Pathology	7.49	2.62	0.00	0.00	10.11
Child and Adolescent Psychiatry	8.32	2.61	0.67	0.00	11.60
Community Medicine	7.00	3.00	0.00	0.00	10.00
Dental Medicine Specialties	7.97	3.05	0.00	0.00	11.03
Dermatology	7.90	2.69	0.00	0.00	10.59
Endocrinology	7.51	3.00	0.00	0.33	10.84
ENT	9.06	2.57	0.14	0.00	11.77
Gastroenterology	8.01	3.02	0.17	0.00	11.19
General Medicine	7.67	3.00	0.00	0.22	10.89
General Surgery	9.55	2.36	0.12	0.41	12.43
Genito Urinary Medicine	8.00	4.00	0.00	0.00	12.00
Geriatric Medicine	8.74	2.83	0.09	0.00	11.66
Gynaecology	8.52	2.96	0.00	0.24	11.72
Haematology (Clinical)	8.26	2.11	0.00	0.00	10.37
Haematology (non-clinical)	8.50	2.50	0.00	0.50	11.50
Histopathology	9.48	2.80	0.01	0.03	12.32
Learning Disabilities	7.22	2.78	0.00	0.00	10.00
Medical Microbiology	7.00	3.00	2.00	0.00	12.00
Medical Oncology	8.37	2.73	0.00	0.00	11.10
Mental Illness	7.22	2.86	0.22	0.44	10.74
Nephrology	7.54	2.96	0.29	0.00	10.78
Occupational Medicine	7.14	2.86	0.00	0.00	10.00
Old Age Psychiatry	7.22	2.78	0.00	0.28	10.28
Ophthalmology	9.00	2.40	0.00	0.00	11.40
Oral Surgery	8.88	2.87	0.00	0.00	11.75
Paediatrics	7.69	2.98	0.17	0.11	10.95
Palliative Medicine	8.18	2.73	0.00	0.91	11.82
Psychotherapy	7.00	3.00	0.00	0.00	10.00
Radiology	10.03	2.67	0.06	0.17	12.92

	DCC	SPA	Other	Management	Total
BCU Central and East					
Restorative Dentistry	10.00	2.00	0.00	0.00	12.00
Rheumatology	7.75	3.00	0.00	0.25	11.00
Trauma and Orthopaedic	9.55	2.39	0.00	0.07	12.00
Urology	9.90	2.40	0.00	0.20	12.50
LHB average	**8.53**	**2.58**	**0.17**	**0.14**	**11.42**

All Wales specialty analysis 2009-10

	DCC	SPA	Other	Management	Total
Accident and Emergency	8.07	2.58	0.18	0.12	**10.95**
Anaesthetics	8.27	2.64	0.04	0.08	**11.03**
Audiological Medicine	7.62	2.69	0.00	0.00	**10.31**
Cardiology	8.79	2.58	0.06	0.15	**11.58**
Cardiothoracic Surgery	9.76	2.70	0.00	0.00	**12.46**
Cellular Pathology	8.86	2.86	0.00	0.00	**11.71**
Chemical Pathology	7.91	2.89	0.02	0.27	**11.08**
Child and Adolescent Psychiatry	7.94	2.47	0.24	0.14	**10.80**
Clinical Biochemist	9.00	3.00	0.00	0.00	**12.00**
Clinical Genetics	7.75	3.33	0.31	0.10	**11.48**
Clinical Immunology and Allergy	9.00	3.00	0.00	0.00	**12.00**
Clinical Neuro-physiology	7.00	3.00	0.00	0.00	**10.00**
Clinical Oncology	8.16	2.61	0.13	0.90	**11.81**
Clinical Pharmacology and therapeutics	9.33	3.33	0.69	0.38	**13.74**
Community Medicine	7.08	2.69	0.00	0.38	**10.15**
Dental Medicine Specialties	7.82	2.97	0.00	0.18	**10.96**
Dermatology	7.62	2.66	0.09	0.13	**10.49**
Endocrinology	7.50	2.62	0.39	0.12	**10.63**
ENT	8.78	2.55	0.17	0.05	**11.55**
Forensic Psychiatry	7.95	2.75	0.24	0.55	**11.49**
Gastroenterology	8.10	2.57	0.16	0.05	**10.87**
General Medicine	8.35	2.61	0.05	0.11	**11.12**
General Surgery	9.38	2.29	0.19	0.14	**12.00**
Genito Urinary Medicine	7.70	2.69	0.27	0.00	**10.66**
Geriatric Medicine	8.48	2.72	0.19	0.09	**11.47**
GP Other	7.00	3.00	0.00	0.00	**10.00**
Gynaecology	8.47	2.56	0.13	0.10	**11.27**

	DCC	SPA	Other	Management	Total
Haematology (Clinical)	8.61	2.45	0.31	0.11	**11.48**
Haematology (non-clinical)	8.50	2.50	0.00	0.50	**11.50**
Histopathology	9.03	2.60	0.32	0.04	**11.98**
Infectious Diseases	10.17	3.63	1.00	1.33	**16.13**
Learning Disabilities	7.87	3.41	0.07	0.06	**11.41**
Medical Microbiology	7.93	2.82	0.07	0.01	**10.84**
Medical Oncology	7.92	2.60	0.17	0.15	**10.84**
Mental Illness	7.58	2.66	0.21	0.22	**10.66**
Nephrology	8.72	2.94	0.32	0.05	**12.03**
Neurology	8.06	2.75	0.19	0.00	**11.01**
Neurosurgery	9.35	2.28	0.20	0.00	**11.83**
Occupational Medicine	7.71	2.59	0.07	0.00	**10.37**
Old Age Psychiatry	7.19	2.90	0.39	0.05	**10.53**
Ophthalmology	8.13	2.56	0.08	0.13	**10.90**
Oral Surgery	8.86	2.84	0.02	0.05	**11.76**
Orthodontics	8.19	2.74	0.02	0.19	**11.14**
Paediatric Dentistry	7.82	2.18	0.00	0.00	**10.00**
Paediatric Neurology	9.29	2.38	1.13	0.00	**12.80**
Paediatric Surgery	10.54	2.00	0.12	0.00	**12.66**
Paediatrics	7.90	2.68	0.19	0.23	**11.01**
Palliative Medicine	7.14	2.76	0.41	0.48	**10.79**
Plastic Surgery	8.75	2.04	0.56	0.00	**11.34**
Psychotherapy	8.08	2.31	0.00	0.00	**10.38**
Public Health Medicine	7.54	2.88	0.06	0.00	**10.48**
Radiology	8.47	2.54	0.13	0.15	**11.29**
Rehabilitation	8.00	2.40	0.40	0.43	**11.23**
Restorative Dentistry	7.81	2.72	0.01	0.00	**10.54**
Rheumatology	7.58	2.82	0.07	0.16	**10.63**
Thoracic Medicine	7.48	2.98	0.33	0.07	**10.86**
Trauma and Orthopaedic	9.03	2.27	0.06	0.05	**11.41**
Urology	9.57	2.28	0.06	0.08	**11.99**
All Specialties average	**8.34**	**2.60**	**0.14**	**0.13**	**11.21**

Consultant survey

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
1	Total number of responses.		125		580
4	Percentage of consultants received adequate notice of the date of their last job plan review meeting.	Yes	87	80.6%	87.8%
5	Percentage of consultants that had access to information from local clinical/management information systems to support discussions about their existing work.	Yes	69	62.2%	53.4%
6	Percentage of consultants that use each of the following categories of information to help prepare for their job plan review meetings:	Health Board or Trust information	40	32.0%	26.2%
		Your own information	102	81.6%	67.2%
		None	13	10.4%	5.7%
		Other *	13	10.4%	8.4%
7a	Percentage of consultants that prior to the job planning meeting were able to consider last year's work.	Yes	89	81.7%	89.6%
7b	Percentage of consultants that prior to the job planning meeting were able to consider their current pattern of work and activities.	Yes	106	93.0%	95.9%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
7c	Percentage of consultants that prior to the job planning meeting were able to consider pressures and constraints that were causing them difficulties.	Yes	96	85.7%	88.2%
7d	Percentage of consultants that prior to the job planning meeting were able to consider any clinical governance and clinical audit issues that have arisen.	Yes	86	79.6%	85.1%
7e	Percentage of consultants that prior to the job planning meeting were able to consider the impact of internal and external initiatives (eg, NHS reform, changes in health needs of the community and junior doctor training requirements).	Yes	69	66.3%	68.7%
7f	Percentage of consultants that prior to the job planning meeting were able to consider any ideas they had for improving the service.	Yes	86	79.6%	80.1%
7g	Percentage of consultants that prior to the job planning meeting were able to consider their own personal development plan from their appraisal.	Yes	85	82.5%	81.7%
8	Percentage of consultants that had a chance to see and comment on the information that was used by the managers involved in their review.	Yes (either all or some of the information)	49	41.5%	44.1%
9	Percentage of consultants where the NHS is their primary employer.	Yes	121	96.8%	93.6%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
10	Percentage of consultants that hold an academic contract.	Yes	8	6.5%	11.3%
11	Percentage of consultants holding an academic contract, where the University was involved in the process to agree a single overall job plan.	Yes	1	11.1%	21.6%
12	Percentage of consultants that have their job plan reviewed annually.	Yes	52	42.6%	61.5%
13	Percentage of consultants whose last job plan review was:	Within the last three months	7	5.6%	14.4%
		Between three months and six months ago	14	11.2%	14.7%
		Between six months and 12 months ago	24	19.2%	26.3%
		Between 12 months and 18 months ago	28	22.4%	17.2%
		More than 18 months ago	41	32.8%	19.1%
		I've never had a job plan review	11	8.8%	8.3%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
14	Percentage of consultants whose last job plan review lasted:	Less than one hour	74	64.9%	60.7%
		One to two hours	34	29.8%	35.7%
		More than two hours	6	5.3%	3.6%
15	Percentage of consultants that said that their last job plan review was:	About right?	83	74.8%	78.6%
16	Percentage of consultants that said that the right managers were involved in the job plan review.	Yes	97	87.4%	87.3%
17	Percentage of consultants whose last job plan review was undertaken as part of a team.	Yes	25	22.5%	17.4%
18	Percentage of consultants whose last job plan review was undertaken as part of a team that were given the opportunity to agree individual commitments at a subsequent meeting.	Yes	14	51.9%	52.8%
19a	Percentage of consultants that felt their job plan review was conducted in a constructive and positive tone.	Yes	96	88.1%	85.4%
19b	Percentage of consultants that felt their job plan review was held in an appropriate location.	Yes	104	95.4%	93.9%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
19c	Percentage of consultants that felt their job plan review was conducted helped to prioritise work better and reduce an excessive workload.	Yes	32	29.9%	36.1%
19d	Percentage of consultants that felt their job plan review provided a stimulus to discuss steps that could be taken to improve clinical practice.	Yes	39	36.4%	46.3%
19e	Percentage of consultants that felt their job plan review provided an opportunity to discuss modernising services and introducing innovation and new ways of working.	Yes	44	40.7%	47.1%
19f	Percentage of consultants that felt their job plan review allowed discussion of the constraints and pressures they face and agree the actions to address them.	Yes	60	55.6%	61.9%
19g	Percentage of consultants that felt their job plan review identified issues relevant to other staff groups, clinical teams or service providers.	Yes	47	43.9%	53.0%
19h	Percentage of consultants that felt their job plan review helped in delivering their personal development plan from their appraisal.	Yes	50	48.1%	54.6%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
20	Percentage of consultants that said a set of outcome indicators been agreed for their job plan.	Yes	32	28.8%	34.3%
21	Percentage of consultants that felt they have confidence with the accuracy of the outcome indicator information.	Yes	15	20.3%	26.8%
22	Percentage of consultants that felt that the outcomes indicators used are appropriate and provide a true reflection of the work.	Yes	14	19.7%	23.4%
23	Percentage of consultants that were involved in any discussion about the type and relevance of the indicators.	Yes	24	34.3%	31.8%
24	Percentage that take part in the CHKS Compass Clinical Outcomes Indicator (COI) programme?	Yes	106	93.0%	77.0%
25	Percentage that have confidence in the accuracy of the CHKS Compass COI reports?	Yes	18	16.8%	8.5%
26	Percentage of consultants that felt their job plan:		**Answered yes**	**Answered yes**	**Answered yes**
		Clarifies the commitments expected of them	71	56.8%	65.0%
		Clearly schedules their commitments	68	54.4%	60.2%
		Helps to tackle excessive workloads	21	16.8%	18.6%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
26	Percentage of consultants that felt their job plan:		**Answered yes**	**Answered yes**	**Answered yes**
		Identifies the resources and support needed to deliver their job plan	24	19.2%	19.7%
		Provides an appropriate balance between the sessions DCC and Supporting Professional Activity (SPA) commitments	69	55.2%	54.7%
		Clearly identifies the outcomes from their SPAs	28	22.4%	27.1%
		Allows them to work more flexibly, for example, by varying the clinical commitment, allowing for part-time, term-time working, and 'chunking' time	26	20.8%	24.7%
27	Percentage of consultants that in overall terms have found job planning to be:	Either useful or very useful	32	27.8%	37.2%
28a	In relation to the consultant contract and job planning, percentage that agreed: The time I spend on clinical care has increased.	Either strongly agree or agree	61	52.1%	53.7%
28b	In relation to the consultant contract and job planning, percentage that agreed: Patient care has improved.	Either strongly agree or agree	41	35.7%	28.1%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
28c	In relation to the consultant contract and job planning, percentage that agreed: I now have clear personal objectives linked to service improvements.	Either strongly agree or agree	29	25.2%	26.2%
28d	In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is better able to plan clinical activity.	Either strongly agree or agree	24	20.5%	23.8%
28e	In relation to the consultant contract and job planning, percentage that agreed: My work is better planned.	Either strongly agree or agree	35	30.2%	32.4%
28f	In relation to the consultant contract and job planning, percentage that agreed: My working week is more transparent.	Either strongly agree or agree	59	50.0%	55.0%
28g	In relation to the consultant contract and job planning, percentage that agreed: I am able to work more flexibly.	Either strongly agree or agree	36	31.3%	27.1%
28h	In relation to the consultant contract and job planning, percentage that agreed: Team working has improved in my speciality.	Either strongly agree or agree	38	33.6%	30.0%
28i	In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is able to measure my performance and contribution to service delivery.	Either strongly agree or agree	25	21.4%	25.0%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
28j	In relation to the consultant contract and job planning, percentage that agreed: My job plan now reflects the specific demands of my specialty.	Either strongly agree or agree	44	37.9%	41.5%
28k	In relation to the consultant contract and job planning, percentage that agreed: My job plan accurately reflects my working hours and commitments.	Either strongly agree or agree	38	32.5%	40.4%
28l	In relation to the consultant contract and job planning, percentage that agreed: The support and resources identified in my job plan to help deliver my objectives have been provided.	Either strongly agree or agree	15	13.5%	15.0%
28m	In relation to the consultant contract and job planning, percentage that agreed: My emergency workload is more fairly recognised.	Either strongly agree or agree	35	34.3%	32.7%
28n	In relation to the consultant contract and job planning, percentage that agreed: I have been able to reduce my working hours.	Either strongly agree or agree	12	10.6%	13.6%
28o	In relation to the consultant contract and job planning, percentage that agreed: I am able to take most or all of my annual leave.	Either strongly agree or agree	93	78.2%	75.9%
28p	In relation to the consultant contract and job planning, percentage that agreed: My SPA commitments are fairly recognised.	Either strongly agree or agree	64	54.2%	26.9%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
28q	In relation to the consultant contract and job planning, percentage that agreed: My SPA outcomes are clearly identified.	Either strongly agree or agree	24	20.3%	26.9%
28r	In relation to the consultant contract and job planning, percentage that agreed: The relationship between clinicians and managers has improved.	Either strongly agree or agree	25	21.4%	18.3%
28s	In relation to the consultant contract and job planning, percentage that agreed: I have a positive relationship with management.	Either strongly agree or agree	65	54.6%	55.3%
28t	In relation to the consultant contract and job planning, percentage that agreed: The working environment has improved for the better.	Either strongly agree or agree	29	24.8%	17.2%
28u	In relation to the consultant contract and job planning, percentage that agreed: Medical workforce planning has improved.	Either strongly agree or agree	17	14.8%	13.3%
28v	In relation to the consultant contract and job planning, percentage that agreed: Some of the work I do now can be done by other staff groups or more junior doctors.	Either strongly agree or agree	38	32.5%	32.1%
28w	In relation to the consultant contract and job planning, percentage that agreed: My salary better reflects my workload.	Either strongly agree or agree	46	39.7%	31.7%

No.	Question	Answer	BCU number giving Answer	BCU percentage giving Answer	All Wales percentage giving Answer
28x	In relation to the consultant contract and job planning, percentage that agreed: The balance between my NHS commitments and other commitments is clear.	Either strongly agree or agree	37	36.6%	44.0%
28y	In relation to the consultant contract and job planning, percentage that agreed: The Contract has changed the way I work for the better.	Either strongly agree or agree	29	27.1%	20.4%

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