Job Planning Policy
(HR-050)

For All Senior Medical Staff Including Trust Locums - Not Training Grade Doctors

Version Number:	1.3
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Executive Lead (name & job title):	Steve McGowan; Director of Workforce and OD
Name of approving body:	Executive Management Team
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Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	*01.09.23 – Karen Philips, Deputy Director of WOD*
Date EMT as approving body notified for information:	*September 2023*

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. Introduction

A job plan is a prospective, supportive measure and professional agreement outlining each doctors' duties, responsibilities, accountabilities, and objectives. It sets out how doctors working time is spent on specified direct clinical care (DCC), specified supporting professional activities (SPA) and other activities, such as additional NHS responsibilities and external duties.

Job plans should be created and maintained annually to ensure they accurately reflect current service requirements, service user and staff needs. Automatically rolling on a job plan will not achieve this.

Job planning is a mandatory annual process in which the doctor whose job plan is being reviewed has a formal, planned and structured meeting to agree individual programmes of work that contribute to the overall delivery of services. This meeting requires a partnership approach and should take place with all relevant clinical manager(s).

The Job Plan must be completed on the electronic system, L2P, and signed off by all relevant parties, to ensure it is valid and compliant.

2. Scope

This policy is applicable to doctors (Consultants, Specialty Doctors, Specialists and applies to all Trust locum doctors employed on fixed term contract in these grades. It does not apply to honorary doctors, doctors in training, bank staff, contractors and visiting doctors.

This policy adheres to the principle that medical staff will undertake an annual job plan in accordance with the process agreed at the time by the BMA and Department of Health under the Consultant Contract 2003 and the Terms and Conditions or Service for Associate Specialists (2008), Specialist Grade (2021) and Specialty Doctors (2008 and 2021). This policy does not seek to change the agreed national terms and conditions of these contracts.

3. Definitions

DCC	Direct Clinical Care
SPA	Supporting Professional Activities
SAS	Specialist and Associate Specialist doctors
EMD	Executive Medical Director
PAs	Programmed Activities
DDC	Direct Clinical Care Activities
CPD	Continuing Professional Development
AR	Additional NHS Responsibilities
CQC	Care Quality Commission
COO	Chief Operating Officer

4. Duties and Responsibilities

Executive Medical Director
It is the role of the EMD to be overall responsible to ensure that job planning is undertaken for all eligible doctors within the Trust.

Executive Chief Operating Officer
It is the Executive Chief Operating Officer's responsibility to ensure job plans are recorded within the relevant systems.

Clinical Directors, Deputy Medical Directors, Medical Leads, Consultant Line Managers
It is the above's responsibility to ensure that an indicative job plan is completed and signed off within 3 months of a medic starting in post and reviewed after 6 months. They must also ensure that annual job planning meetings take place and are signed off prior to 31 March each year. They are also responsible for ensuring that job plans align with contracted PA's, align with Trust policies and service needs and to ensure that there is consistency across their area of remit. Please use the job planning template to ensure all requirements are completed. (appendix 3)

Doctors
It is the doctor's responsibility to prepare for the job plan review meeting, ensuring all their personal information is completed on the job plan dashboard. They will be expected to contribute to the discussions and to complete their proposed job plan on the system.

Prior to the doctor completing their job plan, they must consider the individual objectives, Trust/Directorate/service developments to which they contribute, identification of all external commitments (including private practice), previous job plan and any amendments to be made and any additional resources required to fulfil the Trust and NHS commitments.

Medical Workforce Team
The Medical Workforce Team is responsible for the day-to-day management of the job planning system. They are to publish job plan and priority templates as and when required. The Medical Workforce Team is also responsible for the provision of reports showing job planning compliance rates so that it may be reported as part of the Workforce Scorecard.

Workforce Information Teams
It is their role to produce adhoc reports to support the Medical Directorate, Medical Leads and Clinical Directors as and when required. Also, to produce the monthly Workforce Scorecard detailing Job Plan compliance.

5. Principles

All job plans will reflect an agreed, anticipated, prospective plan of clinical activity and supporting professional activity. This will be calculated against the typical working year of 42 weeks after annual leave, bank holidays professional and study leave. Job plans are formulated and agreed as PAs which are blocks of time in which contractual duties are performed.

There are four basic categories of work:

- Direct Clinical Care (DCC)
- Supporting Professional Activities (SPAs)
- Additional Responsibilities
- External duties

A job plan will set out how many PAs are being worked and how many will be used undertaking the different types of work.

An agreed job plan is a prospective agreement on the activities to be undertaken for next 12 months. To align with the business plans for services, job plans should be agreed between September and March in each financial year so that the job plan will begin from April of the next financial year.

An indicative job plan should be agreed with clinical managers prior to starting in role, this must be reviewed, agreed and signed off within the first three months of employment. A further review should take place at 6 months to ensure it is an accurate reflection of the role. This review will change the job plan from indicative to the working job plan.

A significant proportion of time may be spent on DCC. Direct clinical care work is any work that involves the delivery of clinical services and administration directly related to them. However, a job plan will cover other activities that are essential to professional development and to the wider NHS.

The Trust recognises that doctors will work differently in different phases of their career with respect to the relative proportions of activities within their job plan. The usual split would be 7.5 DCC to 2.5 SPA for consultants and 8.5 DCC to 1.5 SPA for SAS doctors. It is recognised that Senior SAS Doctors who undertake leadership roles will require additional SPA time.

The job plan must align with the delivery of the service plan, including any personal and mandatory Trust objectives and adhere to all relevant Trust Policies and Procedures. The agreed activity will form part of objective setting within the job planning process. The following is a list of some of the things to include and consider when agreeing a job plan:

- A timetable of activities.
- A summary of all the PAs (programmed activities) or sessions for all the type of work being undertaken.
- On-call arrangements (i.e., rota frequency and availability supplement category).
- A list of SMART objectives or outcomes.
- A list of supporting resources necessary to achieve objectives.
- A description of additional responsibilities to the wider NHS and profession. For example, being a medical director, clinical director, clinical governance/audit lead, undergraduate/postgraduate dean, etc.
- A description of external duties (e.g., trade union duties, work for a royal college, etc).
- Any arrangements for additional PAs or sessions, over and above the doctor's standard contract.
- Any details of regular private work.
- Any agreed arrangements for carrying out regular fee-paying services.
- Any special agreements or arrangements regarding the operation or interpretation of the job plan.
- Accountability arrangements.
- Any agreed flexible working arrangements.

The Trust recognises and supports the need for medical staff to participate actively in research and teaching at a local, national and international level. The national rules for funding for these major elements of our role as a Trust means that job plans must identify and measure the output from these activities.

Programmed activities (PAs) must be evidenced where possible to ensure transparency and provide an audit trail. Evidence can consist of activity which relates to entries from RiO diaries, My Clinical Dashboard, Blackberry, or other written documentation.

The overriding principle for the governing of private practice activity alongside the NHS

commitment is that no individual should be paid twice for the same period of time.

Doctors are contractually expected to participate in the job planning process unless there are circumstances beyond the doctor's control. Lack of participation could impact annual pay progression, applications for new/or renewal Clinical Excellence Awards (Consultants) and appraisal.

6. Policy

The purpose of job planning is to recognise value and reward the full range of work that doctors do for the NHS. It is an annual process to successfully marry the aspirations of the organisation with those of the doctor.

The aim of this document is to:

- Provide guidance to support to help facilitate the process of job planning as set out by national contracts.
- Standardise practice to bring greater clarity, focus and consistency to the process.
- Ensure work patterns are fully aligned with the organisation's priorities and specifically the business plans of the relevant services.
- Support doctors in the delivery of high-quality patient care.
- Improve work life balance to support doctor's health and wellbeing.

Due to fluctuations in contract demand and capacity, the Trust needs a workforce that is able to work with a degree of flexibility to meet patient needs and thereby deliver high quality care. Both the Trust and doctor can seek an interim job plan review during the year if the agreed job plan no longer reflects the true working arrangements if there are concerns about whether objectives can be met or if the clinical manager needs to discuss proposals to introduce significant changes to duties.

Job plan 'check ins' should also occur at Regular Management Supervision to ensure that content still accurately reflects working arrangements.

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

7. Appraisal and GMC Revalidation

Annual appraisals remain a contractual obligation for doctors. Chief Executives are accountable for ensuring the Trust's compliance with the delivery of the annual appraisal. The Medical Director is responsible for the delivery of medical workforce appraisals.

Job planning does not form part of the appraisal process; these activities should be considered as two distinct entities. Whilst the job planning process may facilitate the delivery of any objectives agreed during the appraisal process, it should not be used as a 'performance management tool' as job planning is intended to complement existing workforce planning tools.

Doctors will be required to produce portfolio evidence of their professional practice for GMC revalidation purposes. Documentary evidence of annual job planning, and appraisal will be of assistance in this process.

8. Procedure

Prior to the job planning stage, the following must happen:

The relevant clinic managers must be cognisant of service plans and the views of service managers.

The doctor should prepare a record of their activity which relates to their average activity using entries from their RiO diary, My Clinical Dashboard, Blackberry, or other written documentation in preparation for their job plan meeting.

All activities must be identified in the timetable. Flexibility, including time and place shifting, in the delivery of activities may be required to meet the agreed amount of activity in the interest of patients, the doctor, and the Trust. These changes will be by prospective agreement between the doctor and their clinical manager(s).

Doctors will be required to produce copies of their most recent declaration of interest submission, private practice declaration form, indemnity insurance and evidence that their annual appraisal is in date as additional supporting evidence.

Each doctor must enter their own proposed job plan on the e-job planning system, L2P. User guides and system demonstrations are available to support this.

Infrequent activities that are unpredictable when they occur can be expressed on the e-job planning system as an amount of time. Predictable but infrequent activities can be added as an activity that reflects its activity e.g. RO attending the RO network quarterly on a Friday afternoon 12 to 4pm

Annualising an e-job plan involves an employee agreeing with their employer to undertake a set number of working sessions annually rather than weekly. This usually incorporates allowances for contractual obligations such as annual leave and study leave. All or part of an e-job plan may be annualised. Annualising brings many benefits; scheduling, monitoring, and tracking activity across the year ensures the agreed number of sessions are delivered and enables more accurate capacity and demand management.

The decision to annualise should only be taken if it meets service needs and is agreed with the individual employee.

Doctors may propose their personal objectives at this stage, which must be linked to Trust and local service objectives.

Job plans for newly appointed substantive posts should reflect the job plan agreed in the job description. A job plan review should then occur within 6 months of undertaking the post and annually thereafter. For Locum posts, the job plan must reflect the job agreed in the job description.

The Trust endeavors to support its practitioners changing career needs when wishing to develop external roles. To aid transparency and consistency any practitioner who is asked to or has a wish to undertake additional NHS responsibilities and external duties outside the Trust must obtain approval from their respective Clinical or Medical Director before agreeing to apply/accept to do this work. A review against the practitioners agreed annual amount of activity will take place to seek to ensure that this activity can still be undertaken either by the practitioner (by being flexible in delivering this work) or backfill of this work through team-based job planning or expansion in resource, where the external work comes with external PA funding. This will ensure that any impact to service delivery is understood before any approval is given.

9. Programmed Activities

Direct Clinical Care Activities DCC are for work directly relating to the prevention, diagnosis or treatment of illness that forms part of the service being provided:

- Emergency duties, including emergency work carried out during or arising from on-call
- Ward rounds
- Outpatient activities
- Clinical diagnostic work
- Other patient treatment
- Public health duties
- Multi-disciplinary meetings about direct patient care
- Administration directly related to the above (including but not limited to referrals notes).

This list is not exhaustive and will be developed within each specialty.

Supporting Professional Activities underpin Direct Clinical Care; this may include participation in training, medical education, CPD, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities. They should usually align with business plans.

The consultant contract currently provides for a typical weekly split of 7.5 Programmed Activities to 2.5 SPAs; however, this is not a universal allowance and the job planning process will develop a range of SPA activities for individuals which are linked to CPD requirements and the agreed needs of service, therefore there may be a variation in the number of SPAs, and the range of activity between individual job plans.

The Academy of Medical Royal Colleges estimates that 1 to 1.5 SPAs per week is the minimum time required for a consultant to meet the needs for CPD for revalidation purposes. Additional SPA time must be linked to organisational objectives such as research, clinical management, medical education, and training roles.

National guidance recommends a typical consultant will require a split of 7.5 DCC to 2.5 SPA, with proportionally adjusted time for SPA for less than full time contracts. This may mean that for consultants working less than full time the minimum number of SPAs are recommended by the Academy of Medical Royal Colleges may not always be observed.

Specialty Doctors are entitled to a minimum of 1.5 SPA per week for CPD for revalidation purposes, but this could increase with extra duties taken on and will be reviewed at least annually in addition to entitled study.

The individual's SPA time and the outputs expected from it will be discussed and agreed through the job planning process. This may be more or less than the typical PA level outlined above. If so, there must be a clear rationale as to why it differs from the norm.

Additional NHS Responsibilities (AR) are work undertaken by individuals in important defined areas of responsibility which cannot be absorbed within the time that would normally be set aside for SPA. These include being a Medical Director, Director of Public Health Clinical Director, lead clinical or acting as a Caldicott Guardian, clinical audit lead, clinical governance lead, undergraduate dean, postgraduate dean, clinical tutor, or regional education advisor. This is not an exhaustive list.

External Duties does not include in any of the three definitions above and not included within the definition of Fee-Paying Services or Private Professional Services but undertaken as part

of the agreed job plan. These might include trade union duties, undertaking inspections for the CQC acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive.

Practitioners must demonstrate that they are acting in accordance with the Trust's Pay and Declaration of Interests policy.

All regular private practice and fee-paying activity must be recorded in the job plan, whether conducted externally or internally.

Contracts for APAs may be offered either for a 12-month period or shorter term when appropriate. Where an additional activity is agreed an addendum contract will be issued, agreed and signed. A new contract would only be issued if there is a fundamental change in duties. It is essential that any APAs are clearly identified on the agreed job plan.

The review of PA allocation above 10 per week is a key part of the job planning process and in all cases, medical staff should not be paid more than 12PA's. In exceptional circumstances where there is a requirement to undertake more than 12 PAs this will need to be considered and approved by the COO and the Executive Medical Director and comply with the requirements of the relevant working time legislation in relation to completion of an opt out form and relevant risk assessments that needs to be undertaken in line with the Trust Working Time Regulations Guidelines.

Sign off managers are required to make themselves aware of agreed/paid PAs for all doctors for whom they are sign off manager. This information should be requested from Workforce Information team in advance of any job plan meeting taking place.

A degree of flexibility in the time and place for programmed activities is an essential part of a professional contract. It is expected that the majority of the agreed amount of Direct Clinical Care/Supporting Professional Activities would be delivered at the time and place as indicated in the working week timetable. By agreement some of the agreed amount of DCC and SPA activity may have to be delivered at times and locations other than routinely indicated in the weekly timetable. This can be achieved by providing greater flexibility to move activities in time and place. If the Trust requires the clinician to perform SPAs outside the core hours of Monday – Friday 7 am – 7 pm, excluding bank holidays, due to reasons such as the clinician's agreement to work additional DCC activities during core hours, SPAs will be 3 hours in duration. The Trust accepts that with a move to 3 session days a clinician will, by necessity have to perform most of their SPAs outside core hours.

If requested and agreed in advance between the doctor and their clinical managers, SPA time that is appropriate to move may be undertaken outside of the agreed time set in the weekly timetable as long as the output of such work is evidenced, and it does not impact on attendance at mandatory SPA activities (such as clinical audit meetings).

The agreed amount of DCC activity must equally meet the needs of the patients, the practitioner, and the performance of the Trust.

It is recognised that a proportion of SPA time may legitimately be undertaken outside of the hospital setting.

The Trust accepts the principle of time shifting and supports this concept.

Where clinicians are required to travel away from their hospital site for any work activity, the

time spent travelling will be allocated as PA time within the job plan for that activity e.g. time spent travelling to DCC activities will be allocated in the job plans as DCC PA's

10. Job Planning Meeting

At the annual job planning meetings the doctor should present their job plan with the proposed changes for discussion, including job plan objectives and supporting evidence. Further diary records can be useful if there are significant changes to discuss. Any outputs from Regular Management Supervision should also inform the process.

The clinical managers will review the above information together with service priorities, diary exercise and job plan.

The clinical managers will consider the overall resources available and the doctor's aspirations:

- Review any programmed activities
- Discuss the proportions of Direct Clinical Care, Supporting Professional Activities, Additional NHS Responsibilities, external Duties and out of hours and provisionally agree a plan with the doctor for the forthcoming year.
- Discuss agreed service objectives, ensuring they follow the SMART formula and have a confirmed timescale.
- Discuss supporting resources
- Agree objectives

Before formal agreement and sign off can take place, clinical managers must consider the proposed job plan, any available information from other doctors within the clinical area and the Trust's business plans. Clear measurable objectives linked to the business plan will be defined in the agreed job plan.

The final job plan must be signed by, the doctor, plus 2 further signatories, i.e. Team Leader/Service Manager/Clinical Lead/General Manager. The final sign off must be the Medical Director.

Once agreed, it will often be appropriate for the job plan to be shared with other professionals in order to enhance MDT working and planning.

11. Mediation and Appeals

In the first instance, any concerns regarding the process must be directed to the medical lead, or if there is a conflict of interest, their line manager. Managers must then seek the appropriate support from Medical Workforce Team.

If it has not been possible to agree a job plan, a mediation procedure and an appeal process are available. Please refer to the relevant terms and conditions for the contract the doctor is employed on.

Mediation
If at all possible, disagreements regarding job planning should be settled informally. Where this is not possible the clinician can request mediation.

In the first instance, the clinician or the Clinical Manager should refer the dispute to the Medical Director (or another designated person if the Medical Director has already been involved in the job planning discussions) in writing within two weeks of the disagreement

arising, setting out the nature of the dispute. The reasons for the dispute will be shared with the other party and they will be required to set out their position on the matter.
There will then be a meeting, usually set up within four weeks of the referral, which will be chaired by the Medical Director. The clinician and the Clinical Manager will be invited to the mediation meeting to present their case. The Medical Director will seek to mediate a resolution to the points in dispute.

If agreement is not reached at the meeting, the Medical Director will take a decision or make a recommendation on the matter. The Medical Director must inform the clinician and Clinical Manager of the decision or recommendation in writing.
If the clinician is not satisfied with the outcome of mediation, a formal appeal can be lodged.

Appeal
Where a clinician remains dissatisfied with the outcome of job plan mediation or they wish to dispute a recommendation regarding their pay progression, they may lodge a formal appeal, in writing, to the Chief Executive within two weeks. The Chief Executive will then convene an appeal panel.

Membership of the Appeal Panel for Consultant Appeals
The membership of the panel is a chairman nominated by the Trust, a panel member nominated by the clinician and a third independent member from a list approved by the BMA/BDA and NHS Employers. The clinician can object on one occasion to the independent member who would then be replaced with an alternative representative.

Membership of the Appeal Panel for SAS Appeals
The membership of the panel is a chairman who is a Non-Executive Director of the Trust, a panel member nominated by the clinician preferably from the same grade and an Executive Director from the Trust.
The parties to the dispute will submit written statements of case to the appeal panel one week before the hearing. The clinician can either present their own case at the hearing or they can be assisted by a representative from the BMA or BDA.
The appeal panel will make a recommendation to the Trust Board, usually within two weeks of the hearing. The recommendation will normally be accepted by the Board.

12. Review and Revision

This policy will be reviewed every three years, however there may be some review and revision as and when needed to accommodate changes to tribunal decisions and legislation. These reviews and revisions will be in consultation with the Trust's recognised trade unions.

13. Dissemination and Implementation

This policy will be disseminated by the method described in the Document Control Policy.

The implementation of this policy requires no additional financial resource.

Appendix 1 - Document Control Sheet

Document Type	Policy		
Document Purpose	To provide clarity on the policy and procedure in agreement job plans for medical staff		
Consultation/Peer Review	Date:	Group/Individual	
List in right hand columns consultation groups and dates - >	December 2021	TCNC Policy Group	
	January 2022	LNC	
Approving Committee:	EMT	Date of Approval:	11 April 2022
Ratified at:	Trust Board	Date of Ratification:	27 April2022
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	Training provided on the e-job planning system as part of implementation during March 2022	Financial Resource Impact:	
Equality Impact Assessment Undertaken?	Yes [x]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [x]	Internet [x]	Staff Email [x]
Master Version held by:	Author [x]	HealthAssure [x]	
Implementation:	Describe implementation plans below – to be delivered by author:		
	• Point 1 • Point 2 • Point 3		
Monitoring and Compliance:			

Document Change History:			
Version Number/Name of procedural document this supersedes	*Type of Change i.e. Review/Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.0	*New policy*	*March-22*	*New Policy* *Approved at EMT 11-Apr-22 and ratified at Trust Board 27-Apr-22*
1.1	*Minor amend*	*Oct 2022*	*Minor change to a sentence in section 5 relating to indicative job plan timeline. Approved by Steve McGowan (04/10/22).*
1.2	*Minor amend*	*Jan 2023*	*Removed the words "agency staff" from Scope section. Approved by Steve McGowan (06/01/23).*
1.3	*Minor amendment*	*Sep-23*	(i) Section 1 Introduction: added wording (ii) Section 4 Responsibilities: added wording to Doctors (iii) Section 4 Responsibilities: updated wording to Clinical Directors (iii) Section 5 Principles: added wording: (iv) Section 8 Procedure: added wording 'L2P' to para 6 (v) Section 10: Job Planning Meeting. Added wording

			'…ensuring they follow the SMART formula and have a confirmed timescale. (vi) Section 10: Job Planning Meeting. Added wording '*The final job plan must be signed by, the doctor, plus 2 further signatories…'* (vii) Added sections Quality Impact Assessment, Review and Revision and Dissemination and Implementation to be consistent with other WOD policies. (viii) Appendix 3: • Bullet point 1: replaced wording • Bullet point 7: added wording '*All objectives have a confirmed timescale'*. • Bullet point 8: replaced wording '3%' with 'the oncall supplement'. • Replaced bullet point 9 wording • Bullet points 10, 11 and 12 removed

Appendix 2 - Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name
   EIA Reviewer (name, job title, base and contact details)
   Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

Main Sims of the Document, Process or Service To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
10. Age 11. Disability 12. Sex 13. Marriage/Civil Partnership 14. Pregnancy/Maternity 15. Race 16. Religion/Belief 17. Sexual Orientation 18. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	f) who have you consulted with g) what have they said h) what information or data haveyou used i) where are the gaps in your analysis j) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	Age is not a factor known to the author of the job plan and any job plan is agreed in conjunction with the clinician
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Medium	There may be a relatively minor risk that the activities within the job plan may impact on individuals with certain disabilities this is mitigated by the inclusive discussion and agreement that occurs in the job planning meetings. Any reasonable adjustments identified will be highlighted and implemented.
Sex	Men/Male, Women/Female	Low	Sex is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician
Marriage/Civil Partnership		Low	Marriage/Civil Partnership is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician
Pregnancy / Maternity		Medium	There may be a relatively minor risk that the activities within the job plan may impact on individuals who are pregnant this is mitigated by the inclusive discussion and agreement that occurs in the job planning meetings. Any reasonable adjustments identified will be highlighted and implemented.
Race	Colour, Nationality, Ethnic/national origins	Low	Race is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Religion or belief is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician

Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	Sexual Orientation is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Gender Re-assignment is not a factor considered in the creation of the job plan and any job plan is agreed in conjunction with the clinician

Summary

Please describe the main points/actions arising from your assessment that supports your decision above The creation of a job plan and the annual review is always carried out in conjunction with the relevant clinician working to it. The discussion is inclusion and mediation/appeal is available should a dispute arise.	
EIA Review	Alison Meads
Date Completed: 22 March 2022	Signature: Alison Meads

Appendix 3 - Sign off Checklist

Job Planning Sign off Checklist All areas below must be fully reviewed prior to plan sign off.		
1.	The proposed job plan has been completed (as much as possible) on L2P prior to the meeting.	
2.	All relevant clinical managers are cognisant of service plans and the views of service managers.	
3.	Activity accurately reflects what will be delivered during the effective period.	
4.	Activities have start and end times detailed.	
5.	SPAs meet the requirements of the job planning framework and site described.	
6.	SPA activity with objectives and outcomes are detailed.	
7.	Objectives are agreed in SMART form (specific, measurable, achievable, realistic, and timed). All objectives have a confirmed timescale.	
8.	Diary cards support on call activity, correct on call rota has been interested and PA allocation (including the on call supplement for consultants and correct pay scheme highlighted for other grades).	
9.	Doctor and participants/signatories to check all personal information has been completed including, base, contract and Working Time Directive prior to sign off	
10.	Supporting evidence of an in-date appraisal has been provided.	
11.	Job plan does not exceed 12 PAs. Job plans exceeding this total must be considered and approved by the COO and the Executive Medical Director prior to sign off taking place.	