#

# Job Plan Template

# Name:

# Department:

Specialty:

# Sub-specialty:

# Current Contract:

# If part time – state current sessions:

**Start Date – University Consultant/Professor:**

**Start Date – NHS or other University CSL/Professor (if different)**:

**Start Date as a Consultant in NHS or Consultant – Point of scale:**

1. If you take the 2003 contract, do you wish to have a start date other than 1st April 2003?

If yes, please state date:

# Notes on how to complete the job plan can also be found in the BMA document “Job Planning for the 2003 Consultant Contract” (The Orange Book) issued in October 2003, but please also see the guide to job planning available on the NHS website [Job Planning](https://improvement.nhs.uk/resources/best-practice-guide-consultant-job-planning/) Job Plan

1. **Job content (Please include your scheduled private commitments and categorise as PP)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | **Time** | **Location** | **Work** | **Categorisation** | **No. of PAs** |
| Monday |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
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|  |  |  |  |  |
| Wednesday |  |  |  |  |  |
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|  |  |  |  |  |
| Thursday |  |  |  |  |  |
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| Friday |  |  |  |  |  |
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| **Saturday** |  |  |  |  |  |
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|  |  |  |  |  |
| Sunday |  |  |  |  |  |
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|  |  |  |  |  |
| **Additional agreed activity to be worked flexibly** |  |  |  |  |  |
| **Predictable emergency on-call work** |  |  |  | Direct clinical care |  |
| **Unpredictable emergency on-call work** | Variable | On-site, at home on the telephone and travelling to and from site |  | Direct clinical care |  |
|  **TOTAL PAs** |  |
| **Programmed activity (these should be allocated 5 Academic/5 service related)** | **Number** |
| **Academic – Teaching:** **Research/Management:** |  |
| **Service Related:** |  |
| **Direct clinical care (including unpredictable on-call)** |  |
| **Supporting professional activities** |  |
| **Other NHS responsibilities** |  |
| **External duties** |  |
| **TOTAL PROGRAMMED ACTIVITIES** |  |

2. **On-call availability supplement**

|  |  |
| --- | --- |
| **Agreed on-call rota e.g. 1 in 5:** |  |

|  |  |
| --- | --- |
| **Agreed category:** |  |

|  |  |
| --- | --- |
| **On-call supplement e.g. 5%:** |  |

3. **Objectives**

|  |
| --- |
| Objectives and how they will be met: |

**4. Issues to be Resolved and Supporting resources** (e.g. Facilities, staffing support, accommodation, equipment)

|  |  |  |
| --- | --- | --- |
| Issue to be Resolved | Timescale | Responsible Person (s) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Additional University responsibilities and/or external duties**

|  |
| --- |
| Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with |

**6. Additional NHS responsibilities and/or external duties**

|  |
| --- |
| Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with |

**7. Other comments or agreements**

|  |
| --- |
| Detail any other specific agreements reached about how the job plan will operate. For example, with regard to category 2 fees, domiciliary consultations and location flexibility. |

**8. Additional programmed activities**

|  |  |
| --- | --- |
| a. Are you undertaking private medical practice as defined in the terms of service? | YES/NO |
| b. If yes, are you already working an additional programmed activity above your main commitment? | YES/NO |
| 1. If no, has the Trust offered an additional programmed activity this year?
 | **YES/NO** |
| 1. If yes, has this been taken?
 | **YES/NO** |
| e. If no, have other acceptable arrangements been made (e.g. taken up by a colleague)? | **YES/NO** |
| If yes to (e) please describe:  |

**Discussion has taken place and it has been agreed between:**

**Consultant name**

and

**Head of Department**

and

**Clinical Director name**

that this document is an accurate record of current activities.

**Date**

Please provide your University of Bristol HR team with a copy of this form.