CONTRACTS, JOB PLANNING, PAY & PENSIONS | MODULE 03

Job planning foundations: time, scope, objectives and resources

Turn duties into a prospective, mutually understood plan that protects clinical work, supporting activity and safe delivery.

✓ 18 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

A job plan is a prospective agreement about duties, time, objectives, locations, resources and review. It should describe the work needed to deliver the role—not merely reproduce a template or last year’s rota. The strongest plan links each regular activity to time, category, frequency, supporting resources and an achievable objective.

Three next actions

- List every regular activity, including administration, handover, travel, predictable emergency work, teaching, governance and leadership.
- Record where, when, how often and how long each activity actually takes over a representative period.
- Draft objectives and resource dependencies before the formal review meeting.

Learning objectives

- Distinguish direct clinical care, supporting professional activity and other responsibilities.
- Build an activity-based prospective plan.
- Connect objectives to resources and review points.

What job planning is for

Job planning aligns the doctor's professional work with service objectives and the time and resources needed to deliver it. It is both a management and professional-governance process. A useful plan protects patients by making workload, accountability and supporting activity visible.

The plan should be mutually agreed under the applicable terms. It is not simply an employer instruction or a doctor's personal wish list. Start from evidence, role requirements and safe delivery, then record unresolved issues and use the defined review, mediation or appeal route.

- Plan prospectively.
- Use service evidence and professional standards.
- Record both agreement and unresolved points.

Activity categories

Direct clinical care commonly includes clinics, operating, ward work, investigations, patient-related administration, multidisciplinary work and predictable emergency duties. Supporting professional activity can include appraisal, continuing professional development, audit, governance, teaching preparation and job planning. Additional NHS responsibilities or external duties may need separate identification under the relevant terms.

The label must follow the substance of the work. Patient-related administration is not automatically SPA because it happens at a desk. Leadership may be DCC, SPA or an additional responsibility depending on its purpose. Agree classification, time and expected output rather than arguing from a title alone.

- Classify by purpose and contract definition.
- Include associated administration.
- Name additional responsibilities separately.

PAs, sessions and hours

Many full-time medical job plans are expressed as ten programmed activities or sessions, commonly based on four-hour units, but the applicable contract defines the unit, premium-time treatment and whole-time hours. A ten-unit label does not prove that the actual schedule totals the correct contractual hours.

Convert recurring duties into annual frequency and actual duration, including cancellations, leave and predictable variation. Annualised arrangements can be helpful, but must state the annual total, delivery pattern, notice, reconciliation and what happens when service cancellations are outside the doctor's control.

- Check the contract definition of a unit.
- Reconcile units with actual scheduled hours.
- Document annualised totals and review rules.

Objectives that can be delivered

Objectives should be specific enough to guide work and review, but job planning is not a mechanism to impose outcomes the doctor cannot control. State the intended contribution, measures, dependencies, protected time and review date. Separate service aspiration from an individual contractual objective.

If an objective requires data support, administrative time, training, equipment or another team's action, record that dependency. At review, assess achievement in context. A missed objective caused by unavailable agreed resources should not be rewritten as personal failure.

- Use contribution measures, not impossible guarantees.
- Record dependencies and resources.
- Review changes in service conditions.

Scope, autonomy and escalation

The job plan should describe the agreed scope and where the doctor acts autonomously within competence, governance and local pathways. Autonomy is not isolation: senior SAS practice can include independent decisions with defined access to advice, escalation and peer review.

Where a doctor is developing a new area, state supervision, credentialing, review criteria and progression. Where duties appear beyond competence or unsupported, use patient-safety escalation and seek immediate clinical advice; then address the structural issue through job planning and governance.

- Define scope and decision authority.
- Name escalation and supervision.
- Use phased development for new work.

Prepare for the meeting

Bring the current job plan, proposed changes, activity data, leave-adjusted frequency, objectives, resource requests and a short issues list. Share it in advance. Distinguish matters requiring a decision from matters needing further data.

During the meeting, confirm the agreed wording, owner and deadline for each action. If the plan cannot be finalised, record the points of agreement and disagreement. Do not sign a document that inaccurately states agreement; use the applicable process and obtain advice.

- Submit evidence before the meeting.
- Keep the agenda decision-focused.
- Record actions, owners and deadlines.

Common mistake

Avoid this	Counting visible clinics and theatre lists while omitting administration, handover, travel, governance and predictable emergency work. The resulting plan may look balanced but cannot be delivered safely.

Pause and reflect

Which recurring part of your job currently has no explicit time, category or resource attached to it?

Takeaways

- A job plan links real work to time, objectives and resources.
- Classify activity by substance, not location or label.
- A defined scope includes autonomy, governance and escalation.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What is the best description of a job plan?

A. A prospective agreement linking work, time, objectives and resources

B. A rota copied into a form

C. A retrospective timesheet only

D. An appraisal summary

2. Where should routine letters and results arising from a clinic usually be considered?

A. Treat the administration as unallocated preparation outside the timetable

B. Outside the contract

C. Always as SPA

D. As associated clinical work within the job-plan analysis

3. A timetable lists ten activities but totals 44 scheduled hours under terms based on 40. What next?

A. The number ten ends the enquiry

B. Reconcile the duration, premium rules and total through job planning

C. Count clinical contact time only and defer the transition-time query

D. Deduct annual leave twice

4. A QI objective depends on analyst support. What belongs in the plan?

A. Only the target outcome

B. An outcome target without recording the analyst time needed to deliver it

C. No reference to resources

D. The objective, time, analyst dependency and review date

5. What best demonstrates safe autonomy?

A. Working independently without explicitly defining escalation limits

B. A senior-sounding title

C. Working beyond the agreed scope

D. Defined independent practice within competence with governance and escalation

6. A meeting ends with one disputed activity. What should be recorded?

A. A personal accusation

B. That everything was agreed

C. Nothing until next year

D. The agreed elements, disputed point, evidence needed and next process

Answers and explanations

1. A — A prospective agreement linking work, time, objectives and resources

A prospective agreement linking work, time, objectives and resources This applies the principle in “What job planning is for”.

Re-read “What job planning is for”, then identify the controlling document and the fact you would verify before acting.

2. D — As associated clinical work within the job-plan analysis

As associated clinical work within the job-plan analysis This applies the principle in “Activity categories”.

Re-read “Activity categories”, then identify the controlling document and the fact you would verify before acting.

3. B — Reconcile the duration, premium rules and total through job planning

Reconcile the duration, premium rules and total through job planning This applies the principle in “PAs, sessions and hours”.

Re-read “PAs, sessions and hours”, then identify the controlling document and the fact you would verify before acting.

4. D — The objective, time, analyst dependency and review date

The objective, time, analyst dependency and review date This applies the principle in “Objectives that can be delivered”.

Re-read “Objectives that can be delivered”, then identify the controlling document and the fact you would verify before acting.

5. D — Defined independent practice within competence with governance and escalation

Defined independent practice within competence with governance and escalation This applies the principle in “Scope, autonomy and escalation”.

Re-read “Scope, autonomy and escalation”, then identify the controlling document and the fact you would verify before acting.

6. D — The agreed elements, disputed point, evidence needed and next process

The agreed elements, disputed point, evidence needed and next process This applies the principle in “Prepare for the meeting”.

Re-read “Prepare for the meeting”, then identify the controlling document and the fact you would verify before acting.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

NHS Employers: SAS job planning guide — historical background; current terms take priority
England · https://www.nhsemployers.org/system/files/2021-06/SAS-job-planning-specialists-2012.pdf

BMA: job-planning overview (read with your current national terms)
UK · https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning

NHS Employers: SAS 2021 terms, model contracts and resources
England · https://www.nhsemployers.org/articles/terms-and-conditions-and-resources-sas-contract-2021

NHS Wales Employers: SAS doctors resources
Wales · https://thenhsalliance.org/resources/specialty-specialist-and-associate-specialist-sas-doctors-wales

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