CONTRACTS, JOB PLANNING, PAY & PENSIONS | MODULE 04

Workload evidence, annualisation, travel and hidden work

Use proportionate evidence to make administration, interruptions, cross-site travel and recurring excess work visible.

✓ 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

Author: Dr N Aziz

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

Job-plan discussions become clearer when recurring work is measured rather than described as ‘busy’. A representative diary should capture activity, duration, location, interruptions and purpose. Use it to identify patterns and design a prospective solution—not to turn professional work into minute-by-minute surveillance.

Three next actions

- Keep a representative four-to-six-week activity diary that includes associated administration and interruptions.
- Calculate annual frequency, cross-site travel and predictable peaks.
- Translate the evidence into two or three workable job-plan options.

Learning objectives

- Create a proportionate activity diary.
- Analyse annualised and cross-site work.
- Separate capacity, efficiency and safety issues.

A useful activity diary

Choose weeks representative of the normal service and note exceptional events. Record scheduled activity, actual start and finish, associated administration, urgent interruptions, handover, travel between sites and work completed outside planned hours. Add a short purpose label rather than patient details.

A diary is evidence for discussion, not a permanent requirement to account for every minute. Avoid names, identifiers and confidential clinical narratives. Aggregate results into recurring patterns: average clinic administration, frequency of overrun, unplanned cover and tasks displaced into evenings.

- Use representative weeks.
- Record purpose and duration, not patient identity.
- Summarise patterns rather than submitting raw confidential notes.

Hidden clinical work

Clinical work includes more than face-to-face contact. Reviewing results, prescribing, correspondence, referrals, multidisciplinary coordination, advice to colleagues, discharge work and complaint responses may be patient-related DCC. If the plan funds only the visible encounter, the associated workload moves into unpaid or displaced time.

Measure representative associated work and consider whether administrative support, pathway redesign, clinic template change or explicit job-plan time is needed. Avoid double counting where administration is already built into an activity.

- Map the full clinical pathway.
- Check what the existing allocation already includes.
- Consider redesign as well as more time.

Travel and multiple sites

Travel from home to the normal place of work is usually different from travel between work sites during the working day. Contractual treatment and expenses depend on the terms, base and local policy. Cross-site travel also consumes job-planned time even where mileage reimbursement is separate.

Record the agreed base, required sites, travel frequency, realistic journey time, parking or transfer constraints and what work is displaced. Remote work may reduce travel but requires agreed confidentiality, equipment, connectivity and availability.

- Identify the contractual base.
- Separate time from expenses.
- Include practical transition time.

Annualised job plans

Annualisation expresses activity as an annual total rather than an identical weekly pattern. It can accommodate seasonal services, theatre cycles or portfolio roles, but must be transparent. State how annual activity is calculated after leave, how notice is given, how delivery is recorded and how employer cancellations are treated.

Annualisation should not make the doctor permanently available or conceal peaks that breach safe limits. The plan should show predictable busy periods, rest, recovery and how excess or shortfall is reconciled.

- State the annual total and calculation.

- Define notice and cancellation rules.
- Protect rest and maximum workload.

Capacity, efficiency and demand

Recurring excess work may reflect insufficient capacity, inefficient process, inappropriate demand or a combination. More time is not the only answer; fewer bookings, better triage, administrative support, digital improvement or clarified scope may be safer. However, ‘efficiency’ should not be used to deny demonstrable necessary work.

Frame the problem with data: demand, activity, acuity, non-attendance, overrun, outstanding work and risk. Offer options with consequences. A job plan cannot solve a service deficit on paper; it must describe achievable work.

- Separate demand from funded capacity.
- Test process improvements.
- State the consequence of each option.

When work repeatedly exceeds the plan

Raise recurring overrun early using the applicable process. Record dates, causes, patient-safety implications and steps already taken. Seek an interim risk-control plan while formal job-plan review occurs. If immediate safety is threatened, use clinical escalation and organisational speaking-up routes.

Do not rely on months of unrecorded unpaid work to prove commitment. It can normalise unsafe capacity and obscure the service requirement. Equally, do not abandon patients because a contractual discussion is unresolved; separate immediate safe care from the subsequent employment remedy.

- Escalate patterns, not isolated frustration.
- Request an interim safety arrangement.
- Keep clinical duty and contractual remedy distinct.

Common mistake

Avoid this	Using an activity diary only to demand more units. The better use is to identify the cause and compare safe options involving time, scope, template, support or process.

Pause and reflect

Which part of your workload is least visible to the person approving your job plan?

Takeaways

- Measure recurring work without patient-identifiable detail.
- Annualised and cross-site plans need explicit operating rules.
- Evidence should lead to safe options, not only one demanded solution.

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 should an activity diary contain?

A. Only the official timetable

B. Patient names and diagnoses

C. Emotional conclusions about colleagues

D. Time, activity type, location and recurring interruption pattern without patient details

2. Clinic letters regularly take two hours after a four-hour clinic. What is the appropriate analysis?

A. Assume it is voluntary

B. Classify every letter as SPA

C. Measure the recurring associated work and review template, support and allocated time

D. Stop writing clinical letters

3. A doctor must move between hospitals during the day. What should be considered?

A. Only fuel cost

B. Only the distance from home

C. Job-planned travel time, base, expenses policy and transition risk

D. Nothing because both sites share an employer

4. What makes annualisation safe?

A. A clear annual total, delivery pattern, notice, cancellation and reconciliation rules

B. No record until year end

C. An annual total without an agreed distribution, rest assumptions or review mechanism

D. Counting annual leave as delivered activity

5. Demand exceeds capacity despite a reasonable process. What is the safest proposal?

A. Hide the backlog

B. Present data and options on volume, resources, scope or time

C. Promise to absorb all work

D. Remove all breaks

6. A recurring overrun is affecting safety. What comes first?

A. Withholding urgent care

B. Waiting for annual appraisal

C. Immediate clinical risk control, followed by documented workload and job-plan escalation

D. Deleting workload records

Answers and explanations

1. D — Time, activity type, location and recurring interruption pattern without patient details

Time, activity type, location and recurring interruption pattern without patient details This applies the principle in “A useful activity diary”.

Re-read “A useful activity diary”, then identify the controlling document and the fact you would verify before acting.

2. C — Measure the recurring associated work and review template, support and allocated time

Measure the recurring associated work and review template, support and allocated time This applies the principle in “Hidden clinical work”.

Re-read “Hidden clinical work”, then identify the controlling document and the fact you would verify before acting.

3. C — Job-planned travel time, base, expenses policy and transition risk

Job-planned travel time, base, expenses policy and transition risk This applies the principle in “Travel and multiple sites”.

Re-read “Travel and multiple sites”, then identify the controlling document and the fact you would verify before acting.

4. A — A clear annual total, delivery pattern, notice, cancellation and reconciliation rules

A clear annual total, delivery pattern, notice, cancellation and reconciliation rules This applies the principle in “Annualised job plans”.

Re-read “Annualised job plans”, then identify the controlling document and the fact you would verify before acting.

5. B — Present data and options on volume, resources, scope or time

Present data and options on volume, resources, scope or time This applies the principle in “Capacity, efficiency and demand”.

Re-read “Capacity, efficiency and demand”, then identify the controlling document and the fact you would verify before acting.

6. C — Immediate clinical risk control, followed by documented workload and job-plan escalation

Immediate clinical risk control, followed by documented workload and job-plan escalation This applies the principle in “When work repeatedly exceeds the plan”.

Re-read “When work repeatedly exceeds the plan”, 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

Legislation.gov.uk: Working Time Regulations 1998
Great Britain · https://www.legislation.gov.uk/uksi/1998/1833/contents

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