



DAVID ROY

College activities: Commentary on . . . How to make job planning work[†]

Dr Jan Wise is right to raise the question of College activities as a key issue for job planning, and to test the commitment of members and employers in this regard. College members employed within the National Health Service in England should look at the comprehensive *Job Planning Handbook* (<http://www.wise.nhs.uk/cjpt/job.htm>) as a very useful and up-to-date guide to the process.

It is important for members to recognise, however, that the consultant contract and the impact on job planning is different in Scotland, Wales and Northern Ireland. The differences in job planning between England, Scotland, Wales are outlined in a 2003 British Medical Association guide.

The College relies on its membership to take on a range of honorary roles. These roles are wide ranging but variable in time commitment. As Dr Wise correctly points out, many of the activities are suitable for annualisation and well contained within the 2.5 supporting activities outlined within the individual job plan. However, I would suggest that most employers *do* see the benefit for consultant personal development of contributing to professional roles within the College, and should be happy to see this activity annualised within the job plan. These activities often bring added value to the employing organisation. Problems might arise when the consultant is spending time on College activities over and above the 2.5 (or 3 in Wales) programmed activities (PAs) of supporting activity, having an impact on patient care and other important areas of personal development, teaching, training, audit and governance. This will be compounded where individual consultants claim added PAs for remuneration from their trust because of time

spent on bona fide College activity. Employers may look favourably on consultants taking on roles to enhance their personal development, but perhaps less favourably when added costs are incurred locally or when, in a post hoc way, direct care PAs are reduced by default. It will surely be necessary therefore for individual consultants to formally negotiate any potential changes to their job plans before undertaking significant College activities, especially those activities that take consultants out of the workplace for any extended periods. This process will be facilitated by the College clearly laying out anticipated time commitments and for the individual College member to discuss any proposed changes that may be required to their job plan. Members should be encouraged to discuss potential appointments with their employers before applying, helped by an explicit outline of anticipated commitment, so that there are no unexpected longer-term negative effects on patient care. Where the consultant believes the employer is unreasonably blocking their taking on such activity, however, then the mediation and appeals process, as outlined within the paper, will of course come into play.

Reference

BRITISH MEDICAL ASSOCIATION (2003) *offered in England, Wales and Scotland A Comparison between the Current (http://www.bma.org.uk/ap.nsf/National Contract and the Proposed content/ccscontractcomparison). New Contractual Agreements to be*

David Roy Chair, Special Committee Clinical Governance, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG, e-mail: David.Roy@slam.nhs.uk

[†]See pp. 385–386, this issue.