

GPC

General Practitioners
Committee

Job Planning

Guidance for GPs

July 2014

BMA 

Job plan

MONDAY	
Start time	
Finish time (and time of last appointment)	
Hours worked this day	
Am surgery: number of patient, first and last appts	
Pm surgery number of patients, first and last appts	
Visits (number)	
Time for admin	
Meetings start and finish time	
Comments: e.g. adjustments to workload to allow attendance at monthly meetings	
Mentoring time	

TUESDAY	
Start time	
Finish time (and time of last appointment)	
Hours worked this day	
Am surgery: number of patient, first and last appts	
Pm surgery number of patients, first and last appts	
Visits	
Time for admin	
Meetings start and finish time	
Comments: e.g. adjustments to workload to allow attendance at monthly meetings	
Mentoring time	

WEDNESDAY	
Start time	
Finish time (and time of last appointment)	
Hours worked this day	
Am surgery: number of patient, first and last appts	
Pm surgery number of patients, first and last appts	
Visits	
Time for admin	
Meetings start and finish time	
Comments: e.g. adjustments to workload to allow attendance at monthly meetings	
Mentoring time	

THURSDAY	
Start time	
Finish time (and time of last appointment)	
Hours worked this day	
Am surgery: number of patient, first and last appts	
Pm surgery number of patients, first and last appts	
Visits	
Time for admin	
Meetings start and finish time	
Comments: e.g. adjustments to workload to allow attendance at monthly meetings	
Mentoring time	

FRIDAY)	
Start time	
Finish time (and time of last appointment)	
Hours worked this day	
Am surgery: number of patient, first and last appts	
Pm surgery number of patients, first and last appts	
Visits	
Time for admin	
Meetings start and finish time	
Comments: e.g. adjustments to workload to allow attendance at monthly meetings	
Mentoring time	

On call duties

Start time	
Finish time	
Frequency	
How many on calls in a year?	
Does this extend the normal day? If so by how many hours	
Arrangement to take time back in lieu e.g. one session in lieu per month on last Thursday pm of month in lieu of extended day by 1hour4 on calls/month	

**Continuing Professional Development (CPD) provision within this post:
CPD Entitlement in sessions**

Number of contracted session per week	9	8	7	6	5	4	3	2	1
CPD sessions per annum	44	39	34	29	24	19	15	10	5(*8)

CPD entitlement per annum in sessions	
CPD entitlement per annum in hours of weekly contracted hours X 4.86. <i>e.g. if contracted to work 18 hours/week the annual CPD entitlement is 87.5 hours/annum or 21 sessions of 4 hours and 10 minutes.</i>	
Time to be spent in practice educational meetings (on working days): <i>e.g. weekly educational meeting lasting one hour is 44 hours a year or 10.5 sessions</i>	
Time to spent on CPD activities away from the practice: <i>e.g. example for a 5 session GP: total annual entitlement is 24 sessions a year (101hours) of which 44 are used attending weekly practice educational meetings, this leaves 57 hours (13.6 sessions) to be taken at a frequency of one day off for CPD out of practice every 7 weeks.</i>	

NB periods of duty do not need to be exact multiples of sessions e.g. short days are permissible as long as the hours are all counted e.g. 2 days 9am to 3pm and one day 9am to 1340pm = 4 sessions.

MEETINGS			
Day of week	Time	Frequency (wkly/ mthly)	Topic content: e.g. clinical team mtgs, educational, business

Specialist roles within a practice

(Please complete one sheet per role)

Definition of role e.g. practice lead in diabetes
What skills and knowledge base will be required to carry this out?:
What support will the individual receive from within the practice? Key admin support (name) and their role Key managerial support (name and their role)
What support will the GP receive from outside the practice? e.g. local groups of experts
Other comments

Job plan diary

The aim of the diary is to:

1. inform the annual job plan review
2. help prevent and resolve disputes about whether job plans are being followed and contracts honoured.

General points

1. Coding can be done at a simplistic level (just ABCD,) or include more detailed codes e.g. I1, I2, I3 etc where specific questions are posed.
2. There is an additional column for recording location of duties and also for separating duties for the practice from duties carried out for external organisations and possibly remunerated separately. This may not be required every time, but may be useful where time is used flexibly between internal and external duties and all parties want to be satisfied that separate roles are being honoured.

3. The list is not exhaustive and additional codes may be added, especially to the external activities.
4. A balance needs to be struck between details and practicality. Making the recording too onerous may jeopardise its accuracy. The level of detail in the diary should be agreed by employer and employee before the diary is carried out, and agreement should be sought regarding a suitable 4 weeks period which is felt to be truly representative of the workload.
5. It may be useful to record the location of duties including those done at home, but it is not essential.
6. It may be useful to code duties according to who the employer or contractor is, especially when these activities are fitted in to practice time.

Questions arising from the diary will usually fall into two categories:

1. Is the contract being honoured? That the hours are not excessive, CPD entitlement is correct etc.
2. Is the balance of activities appropriate? For example, is there adequate time for administrative work, meetings, mentoring, CPD etc.

Coding activities for diary

Direct clinical care		
Surgery appointments	Separate codes can be assigned to distinguish specialised clinics e.g. baby clinic, ANC, diabetes, minor ops. (e.g. A1, A2, A3, A4)	A
Home visits	Includes travelling time and recording in notes	B
Telephone	Telephone appointments and triage	C
On call time-	when has to be available for emergencies	D
Indirect clinical care		
Referrals	Written or by telephone To external services or to other Health care professionals within the practice	I1
Incoming Correspondence	Reading, actioning	I2
Results	Reading and actioning	I3
Prescriptions	Repeats and queries	I4
Team discussion of cases	Case conference or other PHCT meetings where patients are discussed, or telephone discussion	I5
Supporting clinical activities		
Business or partnership meetings	Business, management, employment issues, premises, tax, accounts, partnership agreement, etc	N
Clinical team meetings	Clinical matters- practice development, protocols, audit, practice guidelines, clinical governance	O
Practice meetings educational		P
Personal CPD	Private study, online modules, attending outpatient clinics, courses lectures, audit etc	Q
Appraisal	Preparation, meeting and follow up	R
External activities	Can also code X for covered by contract, Y if work for another employer e.g. PCT)	
Training registrar	And related activities e.g. trainers meetings	V1
Teaching students	And related activities e.g. preparation and training for this role	V2
PCT work		V3
Private work done during surgery time	Specially if remunerated separately e.g. appraisals for external GPs, drug trial work	V4

Diary of activities

Name:

Date:

	Activity code ¹	Location ²	Employer/ contractor ³
7am 730am			
730 am 8am			
8-830			
830-9			
9-930			
930-1000			
1000-1030			
1030-1100			
1130-1200			
1200-1230			
1230-1300			
1300-1330			
1330-1400			
1400-1430			
1430-1500			
1500-1530			
1530-1600			
1600-1630			
1630-1700			
1700-1730			
1730-1800			
1800-1830			
1900-1930			
1930-2000			

Additional codes to ones in guidance:

¹ See Activity codes- table which is included in this document

² This column will only be required occasionally where this is of special interest. Please indicate the codes you have decided to use (none suggested) and which locations they refer to in the documentation accompanying the diary.

³ This column will only be required occasionally, where relevant. Please indicate the codes you have decided to use (none suggested) and which employers or contractors they refer to e.g. PCT, university etc. in the documentation accompanying the diary.

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Job plan diary – analysis and review

Average time spent on:

		Daily :	Weekly (total divided by 4)
Direct clinical care		<i>(sum of below)</i>	<i>(sum of below)</i>
Surgery appointments	A		
Home visits	B		
Telephone	C		
On call time-	D		
Indirect clinical care		<i>(sum of below)</i>	<i>(sum of below)</i>
Referrals	I1		
Incoming correspondence	I2		
Results	I3		
Prescriptions	I4		
Team discussion of cases	I5		
Supporting clinical activities		<i>(sum of below)</i>	<i>(sum of below)</i>
Practice meetings	N		
Practice meetings	O		
Practice meetings educational	P		
Personal CPD	Q		
Appraisal	R		
External activities			
Training registrar	V1		
Teaching students	V2		
PCT work	V3		
Private work done during surgery time	V4		

Total weekly hours worked (on activities for the practice as required by contract excluding work for external organisations)	
Percentage of this time spent on direct clinical care (DCC)	
Percentage of this time spent on indirect clinical care (IDC)	
Percentage of this time spent on supporting clinical activities (SPA)	
Additional time spent on external activities (EA)	

Job plan review of diary

Name of employee

Employer's representative: Name

Date

	Comments and suggestions for review of Job Plan.
Is the number of hours worked consistent with the contract of employment?	
Is the practitioner able to attend practice meetings ? If not why and what can be done to promote inclusion ?	
Admin Does the doctor have sufficient time for admin ? Has delegation of task been discussed ? (e.g. coding, summarising , production of medical insurance reports, notes retrieval, etc)	
Problem areas identified:	

Practice developments, proposal for change in job plan by employer	