

Medical and Dental Job Planning Policy

Policy Owner	Head of Medical Education and Revalidation, Deputy Medical Director and People Partner
Corporate Lead	Executive Medical Director
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Executive summary

The purpose of this policy is to support job planning for medical and dental staff employed substantively at Leeds Community Healthcare NHS Trust.

This policy supersedes the previous 'Job Planning Policy for Consultants, SAS Doctors, Salaried GPs and Salaried Dentists, Leeds Community Healthcare NHS Trust'; this policy will be underpinned by supporting guidance which will be available on the LCH intranet and on request from the Medical Education and Revalidation Team.

The policy adheres to the principle that all qualified medical and dental staff will undertake annual job planning in keeping with process agreed by the GMC, BMA, GDC, BDA and the Department of Health and will follow appropriate guidance and standards.

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy, and any outcomes have been considered in the development of this policy.

1 Introduction

- 1.1 This policy applies only to doctors and dentists employed by Leeds Community Healthcare NHS Trust. Doctors and dentists who are currently in training are covered by separate guidance and processes in conjunction with HEE and the local deanery.
- 1.2 All medical and dental staff need an annual job plan as per the national terms and conditions of their contract.
- 1.3 The following principles are developed with reference to the Terms and Conditions of the Consultant Contract (2003), Salaried GP Contract (2006), Salaried Dental Contract 2007 and SAS Contract (2008). This guidance will not be prejudicial to, or take precedence over, the agreed national terms and conditions of these contracts.

2 Job Planning Guidance

- 2.1 Job Planning guidance is available from NHS England and the British Medical Association. Links are available in the 'References' section.

3 Policy scope

- 3.1 This policy applies to all consultants, SAS doctors, salaried dentists and academics with honorary contracts employed/contracted by Leeds Community Healthcare NHS Trust (LCH). A locum employed/contracted by Leeds Community Healthcare NHS Trust will require a job plan that sets out the work they undertake.

4 Introduction

- 4.1 A job plan is a prospective agreement on the activities to be undertaken for a maximum of the next 12 months. To align with the business plans for services, the preference is for job plans to be undertaken between September and March in each financial year. If necessary, agreement can be reached on the job plan to begin from April of the next financial year.
- 4.2 The Trust recognises that doctors/dentists will go through different phases during their career in the relative proportions of the activities within their job plan. For example, many new practitioners may require greater time delivering direct clinical care (DCC) activities to develop their skills and experience, whilst the more experienced practitioners may commit more time to non-DCC activities such as education/training and the wider NHS.

Transparency

- 5.1 Job planning is an open process, centered around an annual job plan review meeting. This is a meeting 1:1 unless mutually agreed otherwise, in advance, between the practitioner and their clinical manager. Once agreed, job plans will be available for other members of the clinical team to use to help plan the delivery of services and will be available, if appropriate, to other practitioners within the team. Job plans are public documents therefore if a member of the public requested a copy the Trust would be obliged to provide it. The individual would be consulted and involved in identifying elements considered to be of a sensitive personal nature to be removed before this was released either to other practitioners or in response to the public request. Requests will be addressed to the Business Unit and monitored by the Responsible Officer Support team.

6 Responsibilities

6.1 Within the Job Planning process various roles and responsibilities have been identified.

6.2 **The Trust** has overall responsibility to:

- Ensure effective job planning processes are in place and monitored
- Staff are aware of this Policy and adhere to its requirements
- Provide a mechanism for appeal where a job plan cannot be agreed
- That appropriate staff are involved with the job planning process with the Medical or Dental Lead

6.3 **Medical or Dental Lead for service** has responsibility to agree with management basic issues such as:

- Shape of the current service
- Aspirations of the service (business plan)
- Must do's (e.g. Clinical Governance, Local Delivery Plans, Access, Finance)
- Possible areas of confusion or difficulty
- Conduct effective job planning meetings
- Collate information resulting from job planning meetings and assess gaps between aspirations and commitments
- Infer issues that arise and discuss with management and clinical colleagues
- Agree 'final' job plan with individual practitioners for the year at the job plan meeting.
- Where necessary, take part in appeals process

6.4 **The Medical Lead and the Operational Manager** have responsibility

for ; Before Job Planning Meetings to facilitate effective preparation:

- Ensure that adequate administrative support arrangements are in place
- Meet with the Medical or Dental Lead for the service and agree objectives for meeting
- Provide information on current activity, targets, development needs and business planning
- Prepare and discuss financial issues (e.g. affordability of Job Plans), workforce Issues, known gaps and quality improvement activities

During Job Planning Meetings – if agreed with the practitioner required and by invitation of the medical lead or delegated clinical lead and agreed with the practitioner:

7 Doctor/Dentist

7.1 Doctors or Dentists should take the opportunity of the job planning process to see that they are neither over nor under committed in delivering local or wider objectives of the NHS. To get the best out of the processes Practitioners will wish to:

- Decide beforehand what they want to get out of job planning
- Decide what their objectives for personal service development and Quality Improvement activities will be over the coming year
- Have a view on how changes can reasonably be achieved
- Be ready to share all the facets of their practice within and outside the Trust, so that realistic agreements can be struck
- Be aware of their colleagues' aspirations so that any agreement over the job plan is in a sensible context
- Take broader clinical governance issues into consideration.
- Work collaboratively and innovatively to agree a job plan that meets the needs of the health system, patients and staff
- Consideration of outputs from appraisal ensuring they align with service delivery

8 Types of Job Plan

8.1 Job planning is a professional as well as contractual obligation for clinicians and employers. It allows alignment of service demand and clinician activity and ensures that clinicians have appropriate time to ensure professional development and support to their clinical practice.

Consultant and SAS Job Plans should be:

- Undertaken in a spirit of collaboration and cooperation
- Completed in good time
- Reflective of the professionalism of being a doctor
- Focused on measurable outcomes that benefit patients
- Consistent with the objectives of the NHS, the Trust teams and individuals
- Transparent fair and honest
- Accurately allocate time for job planned work
- Flexible and responsive to changing service needs during each job plan year
- Fully agreed and not imposed
- Focused on enhanced outcomes for patients whilst maintaining service efficiency.

(Ref. [Guide to consultant job planning July2011.pdf](#) BMA and NHS Employers endorsed)

Salaried Dentists Job Plans should be:

- it should be developed in the spirit of partnership
- it is an agreement that sets out objectives (both professional and personal), duties and responsibilities for the coming year
- resources and support should be identified and agreed
- it should cover all aspects of a dentist's professional practice
- it should cover the requirements of the Trust/employer
- it may be built onto the previous year's plan
- the plan may include team activities
- the process is separate from, but linked to, appraisal.
- Mutually agreed and not imposed

(Ref. Job Planning Guidance BDA and NHS Employers [Employment guide for salaried dental staff | NHS Employers](#))

9 Alignment with Trust business plans and objectives

9.1 Job plans must align to the delivery of the Service Business Plan and objectives and must be aligned with any Trust objectives.

9.2 All job plans should include an agreed annual amount of clinical activity and supporting professional activity. This will be calculated against a nominal-working year of 42 weeks. The agreed activity will form part of objective setting within the job planning process.

10 Standard for Job planning

- 10.1 The Medical or Dental lead (will be responsible for annual job planning of all doctors or dentists within their service. Where this is not possible advice can be sought from the Medical Director or their deputy.
- 10.2 The Medical or Dental Lead will, in general, work closely with their General Manager counterpart in delivering the service business plan and, between them; they will have the necessary knowledge of the relevant clinical service to bring clarity, transparency and consistency to the job planning process. Involvement of the General Manager in the job planning process, if agreed with the clinician being job planned, helps the clinical team's understanding of the wider business and organisational context, resulting in the setting of objectives that are more meaningful to patient needs and should be the norm.
- 10.3 Deputy Medical Directors will undertake their job planning with the Executive Medical Director where appropriate.
- 10.4 The default is that all activities should be identified in the 7-day job-plan timetable. Flexibility (time and place shifting) in the delivery of the weekly activities may be mutually agreed to meet the agreed amount of activity in the interests of patients, the individual and the Trust. These changes will be by prospective agreement between the individual and DMD, ML or delegated lead clinician. Activities undertaken on a less than weekly basis are to be indicated on the weekly timetable using the prefix 1 in 3/4/5 weeks/months as required
- 10.5 All activities must state the start and finish times, the place where undertaken and the activity to be delivered.
- 10.6 All job plans must be aligned to the relevant service business plan.
- 10.7 It is expected that the majority of the work in the job plan will be undertaken at the time and place indicated in the weekly timetable.
- 10.8 For individuals who have agreed additional responsibilities/external duties or have purchased additional annual leave, in accordance with the terms contained within the LCH Annual Leave policy, the amount will be based around a lower number of working weeks but will be agreed at the annual job plan review or within the year if appropriate. (ref. Annual Leave Policy)
- 10.9 It is recognised that there can be a level of flexibility for both individuals and the

Trust in the delivery of this however the ability of the supporting service to respond to flexibility and non-organisational commitments of individuals mean that negotiation will be required and that these should always occur with at least 6 weeks' notice.

10.10 Where there is evidence that organisational problems created the inability to deliver the agreed number of activities at less than 6 weeks' notice both parties would negotiate and agree to see if this DCC activity could be re-provided, for example by flexible working

10.11 Where agreement has not been possible, for example with the last-minute cancellation of a clinic, then the agreed activity will count as delivered and appropriate adjustment made to the running amount of annual activity. As far as practicable the practitioner will undertake other NHS work be it DCC or SPA in this time, unless otherwise agreed. Annual and Study/Professional Leave is included in the typical 42 weeks per annum¹. (ref. Annual Leave Policy).

11 Programmed Activities/Hours/Sessions

11.1 The following describe the specific standard for the job plan relating to DCC, SPA, AR and ED activities

11.2 Direct Clinical Care (DCC) Activities - These are activities directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the Trust under section 3(1) or section 5 (1) (b) of the National Health Service Act 1977. This includes emergency duties, (including emergency work carried out during or arising from on call), operating sessions including pre- operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes)

11.3 As a minimum level, where applicable, the annual number of the following DCC activities to be delivered by the practitioner (or group of practitioners as part of an agreed "team job plan") will be set in the Job plan(s).

- Outpatient clinics
- Surgeries
- MDT assessments
- Ward rounds
- Acute service days/weeks
- Telephone advice
- Clinical administration

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The typical 42 week working year is based on 6 weeks annual leave, 10 days bank-holidays and average 10 days Study/professional leave. For consultants in post for over 7 years and long service to the NHS, additional days of leave will apply and therefore the annual amount adjusted accordingly. Individual consultant's working year will be agreed as part of the job plan process and the amount of agreed annual activity determined with reference to the individuals leave entitlement.

(This list is not exhaustive and will be developed within each specialty)

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- 11.4 **Non-DCC Activities (SPA, AR, ED) - Supporting Professional activities (SPA):**
These are activities that underpin DCC. This includes, participation in training, medical education, continuing CPD, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.
- 11.5 The Trust is committed to paying for reasonable amounts of SPA activities which are as defined in the contracts. It is not expected that all practitioners will undertake all of the SPA activities defined in the contracts. It is likely, therefore, that the SPA time within practitioner job plans will vary across the medical and dental staff body. It is also likely that SPA time will change as the activities change throughout the course of a practitioner's career.
- 11.6 Within the contracts SPA is defined as including CPD. The majority of practitioners will fulfil all their CPD, deliver their general SPA to the level defined.

12 On-call duties

- 12.1 A Consultant's and SAS doctors' job plan should clearly set out their on-call commitments. Under the respective 2003, 2008 and 2021 contracts it is recognised in three ways:
- an availability supplement based on the commitment to the rota. There is no prospective cover allowance here
- Category A: Availability for immediate recall to work shall normally mean the clinician should be contactable via a telephone for complex consultations and, if determining that personal attendance is appropriate, the clinician shall be present on site within thirty minutes of that determination.
- Category B: Availability supplements are appropriate where the clinicians' level of availability is lower than immediate. Details of on-call availability arrangements will be determined and agreed for each specialty grouping an on-call rota. This applies when the clinician can typically respond by giving telephone advice and/or returning to site later
- Part time Consultant and SAS doctors, whose contribution when on call is the same as that of full-time consultants on the same rota will receive the appropriate percentage of the equivalent full-time salary
- PA allocation for predictable emergency work arising from on-call duties (ward rounds, administration etc) should also be prospectively built into timetables as direct clinical care PAs. There is no limit on the amount of predictable on-call work that can be allocated to DCC PAs and prospective cover. When a consultant or SAS doctor covers colleagues' on-call duties when they are away on annual or study leave, this should be factored into the calculation
 - PA allocation for unpredictable emergency work done whilst on-call. This should usually be assessed prospectively (using a diary) and included within the first allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Prospective cover should be recognised here.

- Regular monitoring of on-call commitments should occur to ensure that the work is appropriately recognised, and any changes accounted for. In this exercise time should be recorded in blocks in 30 minutes.

13 Programmed Activities (PAs) Consultants/SAS doctors

13.1 All Programmed Activities* (PA's) must be included in a job plan. This is to ensure that the process is transparent, with an appropriate audit trail.

(* Detailed Definitions of Direct Clinical Care (DCC), Supporting Professional Activities (SPA), Additional NHS Responsibilities (AR), External Duties (ED) and Emergency work can be found at <https://www.bma.org.uk/advice/employment/contracts/consultant-contracts/consultants-england>).

13.2 The Trust, in line with EWTD 2009 regulations, has set an upper limit for worked PAs of 12 for all consultants/SAS doctors. In addition, the following will apply:

- Full-time substantive contracts will be advertised and paid at a maximum of 10 PAs.
- Part-time substantive contracts will be advertised and paid at a; Maximum of 9 PAs for those not undertaking private practice
Maximum 8 PAs for those undertaking private practice

13.3 Additional Programme Activities (APAs) up to a maximum of 2 (and maximum total of 12 PAs) can be offered. Importantly.

- Any doctor wishing to undertake private practice must offer to undertake up to 1 additional programmed activity as set out in schedule 6 paragraph 3 of the contract. The service will decide if it wishes to take up this time.
- They are an effective mechanism for increasing DCC activity
- They can be agreed and paid for a time-limited period (to meet demand pressures) rather than part of the annual contract agreement
- Where an additional PA is agreed an addendum job plan would be issued, agreed and signed. A contract for additional PAs should be issued which should clearly set out the additional activity. (applied as defined within National Terms and Conditions of Service for Consultants and SAS contracts)
- If any additional PAs are to be withdrawn, 3 months' notice will be given (this would not be below the substantive number of PAs) by either party.

13.4 Any programmed activity undertaken outside of the hours 7am to 7pm, Monday to Friday, is regarded as taking place in 'premium time'. This means that a programmed activity at these times lasts only 3 hours instead of 4 hours. Alternatively, an agreement for an enhanced rate of pay may be reached.

13.5 Travelling time to and from the usual place of work is not included. However, travel between sites and for on-call duties is included within the PA for which the travel is necessary. Travelling time for emergencies is also included. In allowing for travel time employers and consultants should clarify and agree

what constitutes the normal place of work. This could include any location within the trust rather than a specific location. Where sites are spread out and there is regular travel between them, employers should consider agreeing standard travel times applicable to all staff.

14 Consultant and SAS doctors

- 14.1 The proportions of DCC, SPA, AR and ED will be determined by the activities agreed at the job plan. These proportions can be supported by a job plan diary completed by the clinician in preparation for the job planning meeting.
- 14.2 Supporting professional activities (SPA) are an essential part of the work of a doctor and the Trust is fully committed to supporting and paying for this work. Effective Job planning will define the details of what activities are to be delivered and how much time is to be given to undertake these activities²
- 14.3 A typical consultant/associate specialist is likely to require a minimum of 1.5 PAs for SPA, unless otherwise agreed.
- 14.4 This will include Continuing Professional Development (CPD), General SPA, appraisal preparation. For specialty doctors the nationally agreed minimum standard is 1.0 PA. Evidence of activities beyond the minimum must be included within the Job Plan The minimum of one SPA designated in both of the SAS contracts is for job planning and the completion of CPD for appraisal and revalidation. Any additional activity will require additional SPA time in the job plan
- 14.5 For work undertaken by individuals in important defined areas of responsibility such as clinical governance, appraiser, service development, additional Education & Training and Research further SPA time would be allocated after agreement that the activity is supported by the Trust and that appropriate funding is available.
- 14.6 If a doctor or dentist stops participating in on-call or providing additional responsibility they will revert to their standard contract before the activity was taken on. This may result in the provision of additional DCC or the provision of other activities mutually agreed. This would require re-job planning.
- 14.7 For individuals receiving additional programmed activities, the Trust will continue to apply the 3-month notice rules, for either party, as defined under the national terms and conditions of the consultant/SAS contract.
- 14.8 The Trust will provide the appropriate resources to allow delivery of the agreed programmed activities.

15. Salaried Dentists

15.1 The hours of work for a full-time employee are 37.5 hours per week and will be set out in a weekly job schedule.

15.2 All hours must be evidenced. This is to ensure that the process is transparent, with an appropriate audit trail.

15.3 Full-time substantive contracts will be advertised and paid at a maximum of 37.5 hours.

15.4 The proportion of clinical activity (DCC), supporting professional activity (SPA), or additional responsibility activity will be determined by the activities agreed at the job plan to be undertaken.

15.5 Supporting Professional Activities (SPA) to include CPD, audit, teaching/training, service meetings, quality framework activity, are an essential part of the work of a dentist and the Trust is fully committed to supporting and paying for this work. Effective Job planning will define the details of what activities are to be delivered and how much time is to be given to undertake these activities. The general principles of governance activities and the time to be allocated are;

- A typical Senior Dental Officer (SDO) is likely to require a minimum of 5.6 hours for SPA, unless otherwise agreed, and for Dental Officers (DOs) 3.75 hours
- The actual hours (and the expected output) will be discussed and agreed through the job planning process. The hours agreed for individuals may be more or less than the minimum level outlined above.
- For work undertaken by individuals in important defined areas of responsibility such as clinical governance, service development, additional Education & Training and Research further hours would be allocated.

16 Flexibility to meet patient demand

16.1 A degree of flexibility in the time and place for programmed activities is an essential part of a professional contract. Therefore to meet the patient demand and capacity of services the following will apply:

16.2 If requested, SPA time that is appropriate to move may be undertaken outside of the agreed time set in the weekly timetable as long as the output of such work is evidenced, and it does not impact on attendance at mandatory SPA activities (such as clinical governance meetings) and it is agreed in advance with the HOS/ML/DMD/GM.

16.3 It would be expected that the majority of the agreed amount of DCC/SPA would be delivered at the time and place as indicated in the working week timetable. By agreement some of the agreed annual amount of DCC activity may have to be delivered at times other than routinely indicated in the weekly timetable. This can be achieved by providing greater flexibility to move activities in time and place.

16.4 The agreed amount of activity is dependent on the Trust providing the appropriate resource to deliver this agreed amount.

16.5 The agreed amount of DCC activity must equally meet the needs of the patients, the practitioner and the performance of the Trust.

17 Continuing Professional Development (CPD)

17.1 As defined by the Relevant Royal College, includes:

- Clinical CPD
- Professional CPD
- Academic CPD
- In addition different colleges recognise personal/self-accredited

18 General SPA

- Formal teaching activities outside clinical (generally defined as DCC) and education supervisory roles (**Appendix B**)
- Attendance at operational/staff meetings
- Annual Appraisal and Job planning leading to revalidation.
- Dealing with non-patient administration, for example organisational communications
- Clinical Governance activities including Quality Improvement.
- Practitioners working part-time may require proportionally more SPA (with respect to DCC) than full time practitioners.

19 SPA time for activity in defined areas of responsibility

SPA time over the agreed core will be given for those practitioners who are undertaking work in specific areas of responsibility directly linked with the business of the Trust, examples include:

o Lead roles in Clinical Governance activities:

- Audit/Guideline
- Service development (in addition to Lead Clinician/CD)
- Risk Management
- Research

o Education and Training Roles:

- Post-Graduate Educational Supervisor
- Undergraduate Educational Supervisor

o Appraisal and Governance roles

This list is not exhaustive

20 Additional NHS responsibilities (AR)

20.1 To be granted for clearly defined roles. These include:

- Deputy Medical Director
- Lead clinician
- Executive Medical Director

(This list may not be exhaustive)

21 External Duties (ED) - External Roles

21.1 These are duties not included in any of the three foregoing definition and not included within the definition of fee-paying services or private professional services, but undertaken as part of the job plan by agreement between the practitioner and the Trust.

21.2 The Trust endeavours to support its practitioners' changing career needs when wishing to develop external roles. To aid transparency and consistency any practitioner who is asked to or wishes to undertake additional roles outside of the Trust must obtain agreement from the General Manager and Medical or Dental Lead before agreeing to undertake this work, this should be authorised by the Medical Director or nominated deputy.

21.3 A review against the individual's agreed annual amount of activity will take place to seek to ensure that this activity can still be undertaken either by the individual (by being flexible in delivering this work).

Colleagues may voluntarily agree to undertake additional work for agreed time/payment. This will ensure that any impact to service delivery is understood before any approval is given.

21.4 The Job Plan must be agreed in accordance with the Terms and Conditions of the Medical/Dental contracts and adhere to all relevant Trust Policies and Procedures. Practitioners must demonstrate that they are acting in accordance with the code on private practice.

21.5 There must be clear agreement on arrangements regarding how and when extracontractual duties (where agreed to) will be recognised, or when additional payments are to be made. There should be clear agreement if Time in Lieu is to be granted before the activity is undertaken

21.6 This can include:

- Trade union duties
- Undertaking inspections for the CQC
- External member of the AAC

- Undertaking assessment for NCAS
- Work for royal colleges in the interest of the wider NHS
- Work for a government department
- Specified work for the GMC.

21.7 If role(s) cease(s), the Trust cannot guarantee to return the individual to the activities given up, although it will maintain the agreed substantive contract level (i.e. excluding Additional Responsibilities PA's) prior to the role being undertaken.

21.8 For any external role if the role ceases the Trust cannot guarantee to return the individual to the activities given up, although it will maintain the agreed substantive contract level (i.e. excluding Additional Responsibilities PA's) prior to the role being undertaken.

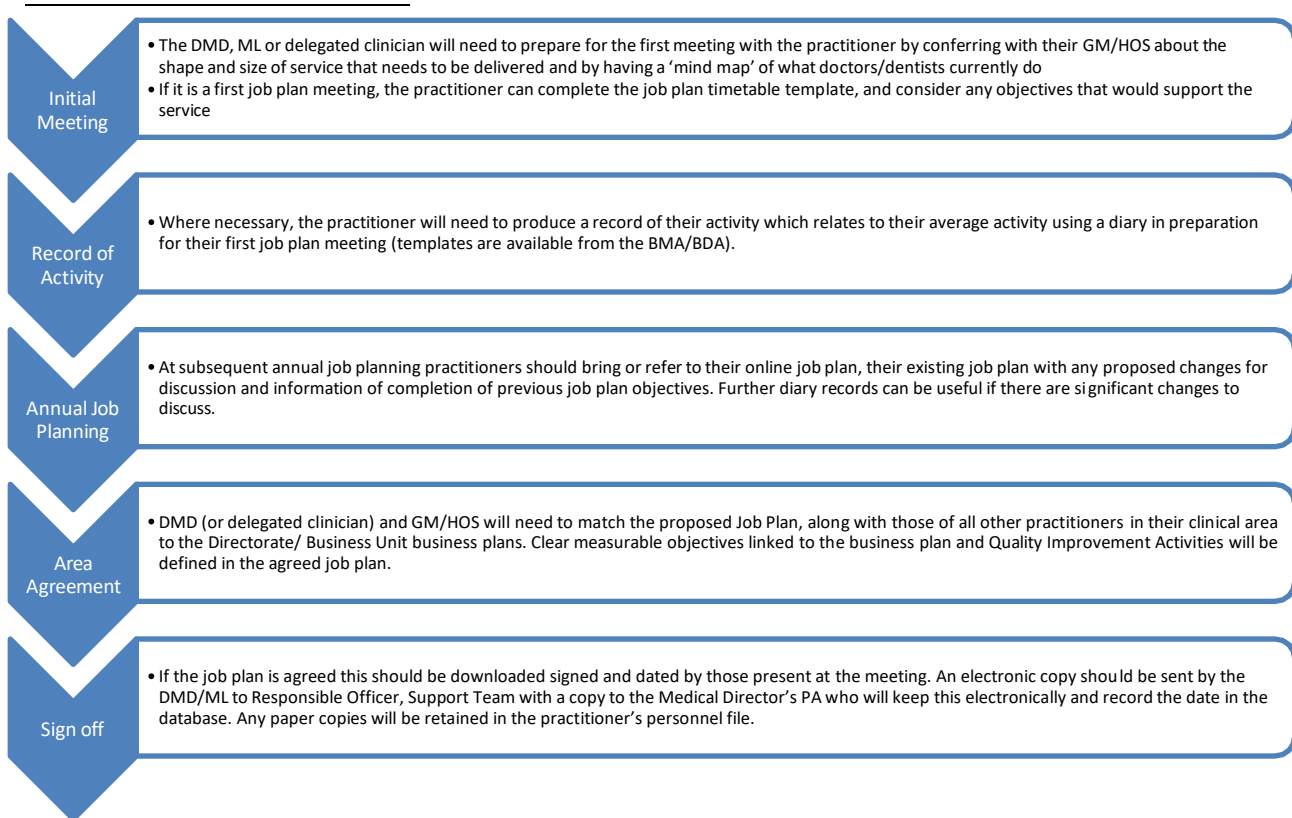
22 Methods to assist effective job planning

22.1 Team service discussion

- Where appropriate the development of team job planning² within services can be developed.
- Aims to deliver the activity across a team of practitioners over 52 weeks per year.
- If circumstances within a team change in-year, for example one of the practitioners leaving and delay in replacement, then the job service level planning process team will be undertaken at the point of change. Medical staff may agree to provide additional work on a temporary basis with reference to the Absent Colleague Guidance. Additional work is via agreement and on a voluntary basis.
- Service level planning does not replace individual job plan meetings.
- The Trust will endeavor to cover gaps on a rota as soon as possible

23 Job Planning process outline

¹ Team job planning is defined as agreements between the consultants in that specialty to deliver the clinical activity. This would normally be over 52 weeks per annum.



23.1 Job Plans for newly appointed substantive posts should reflect the Job Plan agreed in the job description. A job plan review needs to occur within 6 months of taking up the post and annually thereafter.

23.2 For Locum posts the job plan should reflect the job plan agreed in the job description. A job plan review is required for any locum post longer than 6 months.

23.3 If either party is unable to agree to the job plan within a reasonable time-frame (defined as 3 months from initial job plan meeting), then the job planning process must be referred for mediation Schedule 6 paragraph 2 of the terms and conditions refers to this process.

23 Pay Progression

24.1 The 2024 amendments to the 2003 consultant contract introduced provisions to move to a new pay structure supported by a new pay progression system

24.2 Further details on progression can be found in Schedule 15 of the Terms and Conditions of the Consultant Contract <https://www.nhsemployers.org/articles/consultant-contract-2003>

24 Mediation and Appeals

25.1 This should follow the guidance in the national terms and conditions <https://www.nhsemployers.org/articles/consultant-contract-2003>

28 Policy approval and Ratification Process

28.1 This Policy will be ratified by the Nominations and Remuneration Committee on behalf of the LCH Board

29 Dissemination and Implementation

29.1 Dissemination of this policy will be via the LCH website Medical and Dental Leadership intranet page.

30 Review arrangements

30.1 This policy will be reviewed in three years by the author or sooner if there is a local or national requirement.

31 Associated Policies

[Disciplinary Policy and Procedure \(Nov 2016\)](#)

[Grievance Policy and Procedure \(Dec 2016\)](#)

[Freedom to speak up Policy \(Jul 2018\)](#)

[Maintaining High Professional Standards in the Modern NHS \(April 2015\)](#)

[Managing Concerns with Performance Policy \(Dec 2016\)](#)

[Managing Personal Relationships in the Workplace \(Dec 2016, under review July 2019\)](#)

[Personal and Professional Development Policy \(under review Jun 2019\)](#)

[Professional Registration Policy \(Oct 2014, under review Sept 2019\)](#)

[Managing Attendance Policy \(Apr 2017\)](#)

[Information Governance Policy \(Nov 2018\)](#)

32 References

[Trust Assurance and Safety: The regulation of health Professionals 2007](#)

[BMA Guidance on Job Planning](#)

[NHS Employers Consultant Job Planning Guidance](#)

[NHS Employers SAS Job Planning Guidance](#)

[NHS Employers Salaried Dentist Job Planning Guidance](#)