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| CONSULTANT DISCRETIONARY POINTS**2022/23**DISCRETIONARY POINTS QUESTIONNAIRE |
|  |
| **Identification Number****…………………………………………..** **(Payroll Number)** |  |
|  |  |
| **Specialty:** |  |
| **Year of First Consultant Appointment:** |  |
|  |  |
| **Details of Programmed Activities****(from job plan):*** **(A) Direct Clinical Care PAs**
 | **Number** | **Details** |
| **\_\_\_\_\_\_\_** |  |
| * **(B) Management PAs/Other**

 **Duties** | **\_\_\_\_\_\_\_** |  |
| * **(C) Academic PAs**
 | **\_\_\_\_\_\_\_** |  |
| * **(D) SPAs**
 | **\_\_\_\_\_\_\_** |  |
| * **TOTAL REMUNERATED PAs IN JOB PLAN (this must equal A+B+C+D)**
 | **\_\_\_\_\_\_\_** |  |
| **Remuneration outwith sessions, ie responsibility payment** |  |  |
| **Previous Discretionary Point Applications:*** **Date of most recent DP award**
* **Total number of DP’s held**
 |  |  |
|  | **Non Scoring Information** |

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NB: ALL SECTIONS ON THIS FRONT SHEET MUST BE COMPLETED IN FULL. FAILURE TO DO SO COULD INVALIDATE YOUR APPLICATION

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| DISCRETIONARY POINTS QUESTIONNAIRE2022/23 |

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| 1. **Professional Excellence**

Provide evidence of achievements beyond contractual obligations and standard care, focusing on evidence of excellence. Document whether individual, team, or departmental achievement; provide a time frame for the achievement, only include events within the time scale of the discretionary point period (April 2022 to March 2023). **Achievements for activity from the date of your last discretionary point(s) will only be considered (see Point 3 of Guidance Notes).** |
| * **Quality of clinical care of patients**
* **Service development and improvement**
 | * **Professional leadership (Local, regional, national, international)**
* **Improvements in public health (30 points)**
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| 1. **Significant contribution towards the achievement of local NHS service priorities (including any local NHS management, appraisal activity beyond job plan and administration) (20 points)**

Provide evidence of work to reach the current NHS Tayside service priorities: |
| Remobilisation of planned careRedesign of unplanned care | Realistic MedicineImproving and integrating our services |
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| 1. **Undertaking recognised significant heavy workload or responsibilities in pursuit of local NHS service goals (20 points)**

Provide specific details of additional work carried out, including details of local and nationally agreed tariffs, and expectations of workload. Include timeframes, whether any remuneration made for the extra workload. |
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| **4. Contribution to professional and multi-disciplinary team working (10 points)**Describe your specific input to multi-disciplinary working, above that for which you are remunerated. Include any awards, prizes, or recognition for this work. . |
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| 1. **Innovation and Improvement in the service, and Research (10 points)**

Include any quality improvement work you have been part of, with details of your role and input. You must state how much sessional time you have specifically for QIP work, and research. |
|  |
| 1. **Total number of Publications in Peer Reviewed Journals over relevant time period**
 |  |
| 1. **Total number of papers/posters presented to Regional/National/**

 **International meetings over relevant time period**  |  |
| 1. **Details of sessions in job plan for QIP, innovation, and research**
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| **6. Clinical Audit not already included (10 points)**State clearly how you have been involved in audit work, whether this is personal, local, regional, national work.State whether you have implemented change, closed the audit loop, and presented/published the findings. |
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| **7. Teaching and Training:****Training of junior staff; Involvement in undergraduate or Postgraduate teaching; Public educational and health promotion; Contribution to training and mentorship of other staff. (10 points)** State clearly the number of sessions in your job plan for undergraduate and/or postgraduate teaching and training. |
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| **Give details of job planned sessions for teaching/training (state UG/PG)** |  |

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| **8. Wider contribution to the work of the NHS nationally, not already covered (10 points)** |
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# NHS_Tayside_faxlogoCONSULTANTS’ DISCRETIONARY POINTS

**2022/23**

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| Countersign Form | **Identification Number****…………………………………..****(Payroll Number)** |
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| PLEASE NOTE |  |
| **This page must be signed as confirming the accuracy of the contents of the DP Questionnaire. The signed page will be detached and retained on file prior to the submission of the DP Form to the Awards Committee members.** |
|  |  |
|  |  |
| Name of Applicant: (block capitals) | **…………………………………………………………………** |
|  |  |
| Signature of Applicant: | **…………………………………………………………………** |
|  |  |
|  |  |
|  |  |
| Name of Clinical Director / Clinical Leader: (block capitals) | **…………………………………………………………………** |
|  |  |
| Signature of Clinical Director / Clinical Leader: | **…………………………………………………………………** |
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For applications for Clinical Directors, Associate Medical Directors and

Deputy Medical Director, see (10) on the Guidance Notes.



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| CONSULTANTS’ DISCRETIONARY POINTS**2022/23**EXCEPTIONAL CIRCUMSTANCESDISCRETIONARY POINTS QUESTIONNAIRE |
| To be completed **ONLY** by Consultants who were awarded a DP or DPs in the previous award year and wish to be considered in the current award year.**NB: The Policy for awarding DPs is that only in EXCEPTIONAL CIRCUMSTANCES will an** **application be considered in the year following an award. Please note that “exceptional circumstances” does not refer to additional work completed but to specific personal circumstances that, for example, might preclude future applications.** |
| **Identification Number****…………………………………..****(Payroll Number)** |  |
| **STATEMENT OF CASE** |
|  | **Non Scoring Information** |

CONSULTANTS’ DISCRETIONARY POINTS

**2022/23**

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| EQUAL OPPORTUNITIES MONITORING FORM |
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| **I****dentification Number (payroll number):** |  |
|  |  |
| **Name:** |  |
|  |  |
| **Specialty:** |  |
|  |  |
| List of References (Section 5) attached (Please tick) YES**[ ]**  |
| In order to ensure that we comply with the requirements of our Equal Opportunities Policy, and the law in relation to race and sex discrimination, please also complete the following information: |
| **How do you describe your Ethnic Origin? (please tick)****White [ ]  Black Caribbean** **[ ]  Black African** **[ ]  Black Other** **[ ]  Indian** **[ ]  Pakistani** **[ ]  Bangladeshi** **[ ]  Chinese** **[ ]  other** **[ ]**  |
|  |  |
| **Please state your gender:**  | **Do you suffer from any disability?**  |
|  |  |
| **Please state your date of birth:** |  |
|  |  |
| **Thank you for completing this form** |  |
|  |  |
| Please return to:Name - **Mrs Lorraine Smith** Address - **Workforce Directorate** **Level 9** **Ninewells Hospital** **DUNDEE DD1 9SY**  |
| * **If posting, your application will be date stamped on receipt and acknowledged by email.**
* **If delivering by hand, this section will be photocopied and returned as the Acknowledgement Slip.**
 |
| Signature: ……………………………………..Received by: …………………………………. | Date: …………………………………Date: ………………………………… |