



Job descriptions, job plans and person specifications

Approving NHS consultant posts
Guidance for employers



December 2019
(Version 2)

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Introduction

This guide is designed to help approve job descriptions and job plans for NHS consultant posts. The Royal College of Physicians (RCP) aims to speed up the approval process by asking you to submit a job description against criteria in the [job description review form](#) (available to download on the RCP website) to ensure that you have included all the essential elements prior to sending the job description to your regional office for approval.

Regional advisers (RAs) and regional specialty advisers (RSA) play an important role in reviewing job descriptions against national standards and criteria; to consider whether the post represents a satisfactory consultant post within the local circumstances of the trust* and in line with relevant [terms and conditions of service](#).

Regional specialty advisers

RSAs have a major role in advising the RCP's RAs on service matters that are relevant to the specialty to which the job description relates; for example, in terms of the proportion of sessional commitments, especially where the RA's background is in a different specialty.

Regional advisers

If the RSA's criteria and other relevant criteria are met, then final approval of the job description is given by the RA on behalf of the RCP.

RCP approval of job descriptions should be obtained *prior* to advertising the post.

Job descriptions

A job description should include:

Secretarial/IT/office facilities

- a commitment to defined secretarial support and an adequately equipped office, including defined availability of information technology (IT) facilities.

Medical audit and CPD

- a statement on expectations regarding medical audit
- a statement on expectations for continuing professional development (CPD).

A suitable form of wording is:

'The trust supports the requirements for continuing professional development (CPD) as laid down by the Royal College of Physicians and is committed to providing time and financial support for these activities.'

* References to 'trusts' throughout this guidance include NHS authorities such as health boards (Wales) and social care trusts (Northern Ireland).

Revalidation

The trust should ensure it has the required arrangements in place for appraisal as laid down by the RCP, to ensure that all doctors have an annual appraisal with a choice of trained appraiser and are supported when going through the revalidation process.

Workload figures

Workload figures are frequently omitted from job descriptions. Potential appointees like to have some idea of the inpatient and outpatient workload (new and follow-up) of the department that they will be joining, and the expectations of the personal workload for the job. Emergency cover arrangements/policies should be included.

Junior staff

The junior staff in the department are usually listed in the job description, but it is not always clear what staff will be available to support the appointee and these should be defined.

Mentoring

The job description should always include a reference to information about access to mentoring for new consultant development for newly appointed consultants.

The RCP believes that every newly appointed consultant should be offered opportunities for new consultant development to aid transition into their new role. These opportunities should include mentoring (departmental, trust or external), leadership development (through teaching/training supported by practical opportunities), networking, education and personal wellbeing. The RCP is not prescriptive as to how the hospital or trust does this, as it may vary by trust or specialty, but the RCP wishes to see that this opportunity is available to all newly appointed consultants.

The new consultant development arrangements for the person who is recommended for appointment at the Advisory Appointments Committee (AAC) should be discussed and agreed by the AAC as part of its decision-making process.

Flexible working

It is desirable to have a statement in the job description and advert that says how that trust/department embraces flexible working. The job should be advertised as available to fulltime (FT)/less than fulltime (LTFT) applicants. In the construction of the job description, consideration should be made as to the key core elements of the job, and therefore how the job could be adapted for someone who wishes to work LTFT or flexibly. All job adverts should then state that applications are welcome from individuals who wish to work LTFT/flexibly.

Job plans

In considering job planning, RAs should refer to the RCP publication [Medical Care](#).

There should be a sample weekly timetable that takes account of the programmed activities (PAs) outlined below and is broken down into AM and PM sessions with timings.

The recommended allocation of PAs for new consultants

To comply with the new consultant contract there should be a framework of 10 PAs for a full-time post.

When a job plan is over 10 PAs, particularly when including on-call commitments, it should be made clear in the job description that any additional time over 10 PAs is approved on the condition that the applicant has agreed to the proposed job plan at interview.

Research

The RCP published [Delivering research for all](#), calling for more research to be conducted in NHS trusts to support high-quality patient care. Trusts should use job planning to protect time for clinical research within the SPA allocation while maintaining 1.5 SPA for appraisal/revalidation. In future trusts should move towards including patient-facing research within the direct clinical care (DCC) allocation.

Direct Clinical Care (DCC)

- In total, 7.5–8.5 PAs per week should typically be dedicated to direct clinical care.
 - Of these, 1.5–2.5 PAs should be assigned to dictating letters, clinic administration, attending multidisciplinary team meetings, seeing relatives, reviewing results and attending X-ray meetings and case presentations.
 - Every 1PA DCC clinic generally requires 0.25PA of patient-related administration as part of the DCC, although complex clinics may require more.
 - All non-face-to-face patient care may be included under virtual clinical activity (where a face-to-face consultation is replaced with communication via letter or telephone (eg to give results, diagnosis, medication changes, answer patient queries etc) in job plans, rather than under administrative time. Non-face-to-face clinical activity also includes telemedicine clinics, telemedicine triage and electronic Advice and Guidance.
 - Where paperless (electronic) systems are introduced, the RCP recognises that such systems often increase the time taken to undertake the task and increased time should typically be agreed within the job plan in order to safely adopt these.
- The remaining 2.5 PAs should be devoted to supporting professional activities (SPAs) such as audit, teaching, CPD, research, appraisal, educational supervision, clinical governance and service development. (In Wales, the Welsh consultant contract mandates a DCC: SPA split of 7:3 for direct clinical care to supporting professional activities).

Supporting professional activities (SPAs) – the minimum acceptable allocation

SPAs for new consultants

This should be reflecting the requirements of the post and ought to be 2.5 SPAs.

The *minimum required for revalidation only* is 1.5 SPAs for CPD, audit and governance. Jobs with 1.5 SPAs are clinical only, with no commitment to teaching or research and are not typically appropriate to consultant level appointments. Appropriate allocation of CPD will – in the longer term – not only benefit the appointee but also that person's ability to develop clinical services.

Approval can be subject to the following provisos:

- A job plan review should take place after 3 months of the appointment. This should not be seen as an opportunity to reduce SPA time and increase DCC commitment.
- There should be a statement that jobs with 1.5 SPAs are clinical only, with no commitment to teaching or research. Additional SPA time is allocated for other activities, such as educational supervision, teaching, research, service development and/or leadership roles (educational supervision is allocated at 0.25 SPA per trainee/fellow/junior doctor, up to a maximum of 4 trainees).

SPAs and part-time posts

The [British Medical Association \(BMA\)](#) and [AoMRC](#) have guidance on how many SPAs should be provided for a consultant who is working less than 10 PAs. LTFT doctors require proportionately more SPA time than full-time posts, for CPD in particular. The principle is that the consultant should be able to undertake all teaching, audit, and clinical governance activities within the time allocated for supporting activities as follows:

- It is unlikely that any doctor can fulfil CPD and revalidation requirements while working less than 1 PA.
- For consultants who have a contract for working fewer than 6 PAs, a minimum of 1.5 SPAs should be in the job plan for mandatory training, appraisal, audit and CPD/revalidation.
- A job plan with 6 PAs and above would reasonably be expected to include no fewer than 2 SPAs, to allow for supervision, service development and clinical governance.
- Any additional activities will require the provision of additional SPA time in the job plan.

SPAs for research

Jobs that have a defined academic component are usually clear cut. Where SPAs are expected to contain a contribution to research that is specified, it is reasonable that the following commitment is required, depending on the size of research study:

- acting as principal investigator: 0.1–0.5 SPAs
- acting as chief investigator: 0.1–1 SPAs
- research and good clinical practice (GCP) training: 0.125 SPAs.

On-call commitment

The frequency of on-call commitments should be clearly stated. The critical consideration is how often the on-call person will be contacted. If it is at least once a night, then a frequency of 1:7 is the most that the RCP would deem to be acceptable. If it is once every 4 nights, 1:5 is possible with clinician agreement. [Compensatory rest](#) should be accommodated within the job plan.

It would be helpful to include information on the number of patients that a consultant should expect to see, and on the times that he or she should expect to be in the hospital.

The 7.5 PAs that are devoted to patient care should include predictable emergency on-call work, such as post-take ward rounds. If post-take rounds occur during the normal working day then they should not be double-counted, as consultants will normally cancel an activity such as clinics. It is not acceptable to schedule on-call commitments at the same time as other fixed commitments.

However, post-take rounds that occur after 7pm, or at weekends, should be counted as predictable emergency on-call work, and at these times 1 PA is equivalent to 3 hours, not 4 hours.

Person specification

There should be a person specification that details the *essential* and *desirable* qualifications, skills and experience that are required to perform the job.

Professional training and qualifications (eligibility criteria)

- Holding the MRCP(UK) or an equivalent qualification.

Reference to professional qualifications should be worded to recognise the different pathways for entry onto the Specialist Register, so it is inclusive of those applicants who have gained training or qualifications outside the UK. Applicants that are UK-trained must be a holder of a Certificate of Completion of Training (CCT) or be within 6 months of award of CCT by date of interview. Non-UK-trained applicants are required to show evidence of equivalence to the UK CCT. Suggested wording includes the following:

- Inclusion on the Specialist Register or eligible for inclusion within 6 months of interview date
- An appropriate higher degree (eg an MD, PhD or equivalent).

RCP criteria for approving job descriptions, job plans and person specifications

Check	Item
1.	Inclusion of a job description that includes a job plan and person specification.
Job descriptions	
2.	A defined commitment to secretarial support and an adequately equipped office, including defined information technology (IT) facilities.
3.	A statement on expectations regarding medical audit.
4.	A statement on expectations for continuing professional development (CPD).
5.	A statement on commitment to revalidation.
6.	A description of the department/directorate (a list of colleagues' names and titles).
7.	Workload figures are included, for example: <ul style="list-style-type: none"> • inpatient and outpatient workload (new and follow-up) • expectations of the personal workload.
8.	A statement about staff that will be available to support the appointee.
9.	A statement that there will be consideration of time off in lieu (such as for weekend working) and that national terms and conditions of service will be upheld.
10.	Include a reference to information about access to mentoring for new consultant development for newly appointed consultants.
11.	A statement on adaptability to LTFT/flexible working.
Job plans	
12.	A sample weekly timetable that takes account of the programmed activities (PAs) outlined below and is broken down into AM and PM sessions with timings. Common issues: <ul style="list-style-type: none"> • full-time posts should have a 10 PA framework • include time for lunch and travel.
13.	<i>Honorary consultant posts only</i> NHS academics will usually have a ratio of direct clinical care to supporting professional activities of 3:1 (for example for a 5 clinical PAs should be split into 3.75 DCC and 1.25 SPAs).
14.	Direct clinical care (DCC) <ul style="list-style-type: none"> a) 7.5–8.5 PAs per week should be dedicated to direct clinical care (7 in Wales)

	b) Of the 7.5–8.5 DCC, 1.5–2.5 should be assigned to dictating letters, attending multidisciplinary team meetings, seeing relatives, reviewing results and attending X-ray meetings and case presentations.
15.	Supporting professional activities (SPAs) a) A minimum of 1.5 SPA is included for revalidation only recognising that revalidation requirements are identical for FT and LTFT posts.
	b) Additional PAs have been allocated to any other SPAs such as audit, teaching, CPD, research, appraisal, assessment of trainees, clinical governance and service development (recommended 2.5 total SPAs and 3 SPAs in Wales).
	c) Honorary consultant posts only Where SPAs are expected to contain a contribution to research that is specified, it is reasonable that the following commitment is required, depending on the size of research study: <ul style="list-style-type: none"> • acting as principal investigator 0.1–0.5 SPAs • acting as chief investigator 0.1–1 SPAs • research and good clinical practice (GCP) training 0.125 SPAs.
16.	The frequency of on-call commitments should be clearly stated and emergency cover policies included.
Person specification	
17.	The postholder should hold the MRCP(UK) or an equivalent qualification.
18.	Inclusion on the Specialist Register or eligible for inclusion within 6 months of interview date.
19.	An appropriate higher degree (eg an MD, PhD or equivalent).

References

[RCP Job description review form](#) available to download on the RCP website

[Consultant contracts and terms of conditions for service](#) for England (2003), Wales (2003) and Northern Ireland (2013), BMA

[A guide to consultant job planning](#), BMA and NHS Employers, July 2011 Version 1

[Concordat](#) between the medical royal colleges and the foundation trust network on the appointment of consultant medical staff, March 2010

[Compensatory Rest Guidance](#), BMA, September 2019

[Medical Care](#) is the online evolution of the well-known RCP publication *Consultant physicians working with patients* and offers a practical guide to the planning and provision of medical services, February 2017

[Delivering research for all](#), expectations and aspirations for the NHS in England, RCP publication, April 2019

[BMA part-time and flexible working](#), last updated 25 April 2019

[Advice on Supporting Professional Activities in consultant job planning](#), Academy of Medical Royal Colleges (AoMRC), 8 February 2010

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