

Writing consultant job descriptions

Guidance for employers to create high-quality JDs compliant
with the terms and conditions of the consultant contract

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Royal College
of Physicians

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1 Introduction

This guidance is designed to support employers to write high-quality job descriptions and job plans for substantive medical consultant posts in the NHS and other relevant organisations.

The RCP no longer reviews job descriptions submitted by employers for approval, as this service has been discontinued. This document is designed to replace the JD review service as we hope to provide clear standards, guidance, advice, and information so employers are empowered to create JDs which are fair and attractive.

Education and training offered through our website and events will also be available to those involved in the consultant recruitment process, to enable employers to evaluate their own job descriptions and ensure that they meet the criteria of the terms and conditions of service (consultant contract) in England, Wales and Northern Ireland.

This guidance will support NHS employers to include all the essential elements of a high-quality job description prior to advertising the role.

Those preparing job descriptions should also consult the RCP guidance *[Empowering physicians: effective job planning for better patient care](#)*, which outlines the core principles for effective job planning.

1.1 Advisory Appointments Committees (AACs)

Advisory Appointments Committees (AACs) are interview panels established by an employing body for appointing senior NHS doctors (mainly consultants and SAS doctors). They are designed to ensure a fair selection process.

For NHS trusts, health boards in Wales, and health and social care trusts in Northern Ireland, it is a *legal requirement* to have an external RCP representative on AAC panels for consultant roles. For NHS foundation trusts and certain other employers, this is not a statutory requirement but is recommended. Having an external RCP representative present provides safeguarding benefits, therefore the RCP encourages and facilitates it.

The RCP can provide lists of external representatives (nominated fellows) and help employers to find a suitable representative. We request 8+ weeks' notice for AAC external representative list requests. We do not send lists with less than 5 weeks' notice. This is because external representatives are busy clinicians who step into the role when requested and cannot pre-commit to certain dates. They require a minimum of 6 weeks' notice to reschedule clinical commitments before they may accept a place on an AAC panel.

When requesting a representative list, you must provide the job description to share with the AAC representative. If the JD does not meet the following criteria, then the RCP's AAC representative will bring this to the attention of shortlisted candidates while also raising it with the senior management of the trust or health board holding the AAC.

To learn more about the changes to the AAC process following the recent discontinuation of the job description review service, please visit the [AACs page](#) on the RCP website.

2 Essential criteria for a consultant job description

2.1 IT, admin and office facilities

The RCP recommends that medical consultants should, where possible, be provided with private office space equipped with the information technology (IT) and communication equipment required to carry out their duties.

An adequately equipped office should be provided. The JD should define availability of IT facilities such as laptops, phones, headsets, digital voice recorders, printers, scanners, shredders, and any other equipment commonly issued by the trust and used across the NHS.

The JD should also signpost to the trusts' accessibility policy so that candidates are able to access or request any necessary adjustments or equipment.

Ideally, a consultant should be the sole occupier of their office, for the entirety of their working hours. However, where this is not practicable, the RCP recommends space sharing to be negotiated and agreed well in advance, starting with a clear mention in the job description of the available set up for the post being advertised.

Such space sharing should only be with other consultants and, where possible, in the same specialty.

Regardless of whether a private office can be made available, consultants should be provided with a dedicated space, which is private and will allow them to discharge the full scope of their consultant duties, including education supervision, mentorship etc.

These spaces should be readily available for confidential discussions and where urgent and important phone calls may take place as required. These arrangements should be discussed with the consultant and regularly reviewed depending on their job plans.

Consultants may also need administrative and IT support for mobile and home working, given the move to more managed care systems of service delivery, digital working and the increasing use of databases to support clinical work. The provision of such support should be stated in the job description.

2.2 Secretarial support

A commitment to defined secretarial support, i.e. a suitably qualified, named secretary/secretaries, who are available when the consultant needs them and have sufficient time to carry out their duties.

They will provide support for non-clinical activities and ensure high-quality communication between the doctor, their patients and colleagues.

2.3 Revalidation

The job description should state the arrangements for appraisal as specified by the Academy of Medical Royal Colleges (AoMRC), ensuring that all doctors have an annual appraisal with a choice of trained appraiser and appropriate support throughout the revalidation process.

2.4 Medical audit and continuing professional development (CPD)

JDs must contain:

- a statement on the expectations regarding medical audit
- a statement on the expectations for continuing professional development (CPD). An example of suitable wording in a job description regarding CPD 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.'

As part of the appraisal process a personal development plan (PDP) should be agreed and CPD should be aligned with this.

Physicians must have adequate SPA time in order to revalidate. More details on this are available in section 3.4.

2.5 Workload

Workload figures are frequently omitted from job descriptions. Candidates will be keen to understand 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 also be included.

JDs should indicate annual leave and study leave available for the grade of the post. This allowance should be informed by Schedule 18 of the terms and conditions of service (consultant contract) for consultant posts.

2.6 Department staff

Other staff on the rota in the department are usually listed in the job description, but it is not always clear who will be available to support the appointee in their role. These members of staff should be defined where possible and could include other consultants, resident doctors, SAS physicians, specialist nurses and key members of the MDT in the department.

2.7 Mentoring

The job description should include information about access to mentoring for development for newly appointed consultants. The form that this takes may vary by trust or specialty, but it is important that mentoring is available to all newly appointed consultants.

2.8 Flexible working

Less than full time (LTFT) working

Job descriptions and adverts should include a statement on how the trust or department supports flexible working. Employers should clearly demonstrate their commitment to fostering a workplace culture that supports LTFT working, ensuring that consultants on such contracts are treated on an equal footing with their full-time colleagues

The position should be open to both full-time (FT) and less-than-fulltime (LTFT) applicants.

In creating the job description, consideration should be given to the core elements of the job, and how it could be adapted for someone who wishes to work LTFT or flexibly. All job adverts should state that applications are welcome from individuals who wish to work LTFT/ flexibly. LTFT consultants must have their [core revalidation SPA](#) ring-fenced so as to not be disadvantaged by not working full time.

Wellbeing, parental leave, carer's leave

Employers must make mention of their own policies on carer's leave, maternity and paternity leave, and other mental health and wellbeing measures. If not included in job descriptions, applicants should be signposted to sections of the employer's website where this information is available.

3 Job planning

Recent [RCP guidance](#) advocates for a balanced, flexible and realistic approach to job planning that will protect patient safety and improve workforce retention.

In considering job planning for trusts in England, Wales and Northern Ireland, employers are advised to refer to the terms and conditions of the respective consultant contracts ratified by the UK departments of health, the BMA and the NHS Confederation.

- For trusts in England, see Schedule 3 of the [Terms and conditions - consultants \(England\) 2003 \(version 15, August 2024\)](#).
- For health boards in Wales, refer to the [National Health Service Medical and Dental Staff \(Wales\) Handbook](#).
- For Northern Ireland, refer to the [Consultant terms and conditions of service \(Northern Ireland\) 2004 \(updated 2013\)](#).

It is essential to provide a sample weekly timetable that incorporates the programmed activities (PAs) outlined below, clearly divided into AM and PM sessions with specified timings.

See Appendix 2 for an illustration of a weekly job plan.

3.1 The recommended allocation of PAs

To comply with the NHS [consultant terms and conditions of service](#) there should be a framework of no more than 10 PAs/week for all full-time posts, excluding [premium time](#) on-call PAs.

The detailed weekly job plan in the JD should illustrate the core PAs available, not necessarily including 'premium time' (7pm–7am on weekdays, and at weekends) on-calls.

Non-premium daytime on-calls, including post-take ward rounds etc, should be programmed into the working week as scheduled PA activity, counting towards the up to 10 PAs that make up a full-time role. Each PA should be accurately described.

When a job plan totals over 10 PAs, the PAs over 10 shown in the JD:

- should be due to annualised premium time on-call commitments; for example, weekend on-call
- must still include a minimum of 1.5 PAs as 'core SPA' for revalidation (see section 3.4).

In such cases, RCP representatives will be notified of this prior to the AAC as a copy of the JD, including the job plan, should be submitted when representatives are requested.

Representatives will raise it at the AAC so that shortlisted candidates are made aware, if they were not at the time of application, that the annualised weekly job plan may ultimately be over 10 PAs, including on calls.

The RCP recommends adhering to the 10 PA framework to comply with the criteria of the consultant contract. However, there is a recognition that some roles involving on-call elements may exceed the 10 PA framework.

3.2 Research

The RCP is committed to improving access to clinical research and supporting the integration of research into everyday care, alongside supporting clinical academic careers.

Trusts should use job planning to protect time for clinical research within the SPA allocation, while maintaining 1.5 SPAs solely for appraisal/revalidation.

In future, trusts should move towards including patient-facing research within the direct clinical care (DCC) allocation.

3.3 Direct clinical care (DCC)

- In total, 7.5–8.5 PAs per week should typically be dedicated to DCC. Of these, 1.5–2.5 PAs should be assigned to clinical administration. Examples of clinical administration include dictating letters, clinic administration, attending multidisciplinary team meetings, seeing relatives, reviewing results and attending X-ray meetings and case presentations.
- Every 1 PA DCC clinic generally requires 0.25 PAs of patient-related administration as part of the DCC, although complex clinics may require more.
- 1 PA of advice and guidance or triage should also attract 0.25 PAs of admin.
- 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 (e.g. 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, such systems often increase the time taken to undertake the task and increased time should be agreed within the job plan in order to safely adopt these.
- The remaining 1.5–2.5 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 recommends a DCC:SPA split of 7:3 for direct clinical care to supporting professional activities).
- The JD must clearly state whether inter-site working is expected. If the consultant is expected to travel between sites, the policy for travel, parking arrangements etc should also be clarified.

3.3.1 On-call commitment

- The frequency of on-call commitments should be clearly stated. The critical consideration is how often the consultant on call 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 they 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 ward 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.
- 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. Please see the sections on job planning and SPAs in this guidance.

3.4 Supporting professional activities (SPAs)

The minimum number of SPAs required for **revalidation only** is 1.5 SPAs for continuing professional development, clinical governance, non-clinical administrative demands, appraisal and revalidation activities.

3.4.1 Suggested SPAs for new consultants*

- This should reflect the requirements of the post and should equate to 2.5 SPAs for a full-time post. When job descriptions lack sufficient SPAs, the RCP will notify the AAC representative, who will raise this with the shortlisted candidates.
- Where only 1.5 SPAs are offered, the AAC representative will advise the trust that this is the minimum SPA allocation for revalidation only (CPD, audit and governance) and is insufficient for additional non-clinical activities, including teaching, research and supervision. Appropriate allocation of CPD will – in the longer term – not only benefit the appointee but also their ability to develop clinical services.

**New consultants are defined as those who have been in their first consultant-grade post in the NHS for 3 years or less.*

3.4.2 RCP recommendations

- A job plan review should take place 3 months after an appointee has started in their role. This should not be seen as an opportunity to reduce SPA time and increase DCC commitment.
- A statement should clarify that jobs with 1.5 SPAs are clinical only, with no commitment to teaching or research. These roles are generally not suitable as consultant-level appointments.
- 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 resident doctor/fellow, the RCP recommends a maximum of four resident doctors per supervisor).

3.4.3 SPAs and part-time posts

- [The British Medical Association \(BMA\)](#) and [AoMRC](#) provide 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 required by the employer 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 (DCC). Regardless of how many PAs of DCC the role entails, 1.5 PAs must be ring-fenced for revalidation as core SPA.
 - For consultants who have a contract for working fewer than 6 PAs in total, a minimum of 1.5 of those should be SPA and 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 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 agreed between the successful applicant and their employer.

3.4.4 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 to include the following commitment, depending on the size of the research study:
 - Acting as principal investigator: 0.1 SPAs onwards
 - Acting as chief investigator: 0.1 SPAs onwards
 - Research and good clinical practice (GCP) training: 0.125 SPAs onwards

The number of PAs allocated to any of the duties above should increase in proportion to the size of the study and the time commitment expected of the consultant with academic or research responsibilities.

3.5 Time off in lieu

The BMA recognises that it is not possible to schedule PAs/sessions for unexpected absences into prospective job plans. By mutual agreement, a consultant and their employer may agree that when a consultant provides additional cover for an absent colleague, they can take time off in lieu (TOIL)

later, or if that is not feasible, then they can be paid at consultant locum sessional rates for the additional time worked. The JD should make mention of the employer's TOIL policy.

3.6 Acting 'down' policy

The recruiting body should have an acting down policy and the RCP recommends signposting to it in the JD. If one does not exist then applicants should be encouraged to contact the trust to learn more about what is likely to be expected of them, and what compensatory rest is on offer when they are asked to 'act down'.

3.7 Acute take

Where possible and applicable, the expectations regarding the clinical responsibilities of an acute take to be assumed by the consultant, should be clearly specified.

4 Person specification

The person specification should detail the **essential** and **desirable** qualifications, skills and experience that are required to perform the job.

4.1 Professional training and qualifications (eligibility criteria)

- Holding the MRCP(UK) or an equivalent qualification (only for consultant posts, as MRCP is not mandatory for applicants to SAS roles).
- 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 who are UK-trained must hold 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.
- The RCP suggests the following text be used for professional qualifications in the person specification:
Entry on the [General Medical Council \(GMC\) Specialist Register](#) via one of the following:
 - a. Certificate of completion of training (CCT) (the proposed CCT date must be within 6 months of the interview)
 - b. Portfolio pathway or certificate of eligibility for specialist registration (CESR)
 - c. [Relevant European specialist qualification \(REQ\)](#) OR [Recognised Specialist Qualification \(RSQ\)](#)
- Where necessary, an appropriate higher degree (eg an MD, PhD or equivalent).

4.2 Equal opportunities

Employers have a duty to comply with equal opportunities legislation. If it appears that an employing authority might be in breach of the legislation, it is perfectly reasonable for the RCP representative to raise this with them.

For instance, instead of making 'a full driving licence' an essential criterion in the person specification section, it could simply state: 'the ability to travel between sites.' Further examples include the exclusion of applicants who have trained overseas (addressed above) and provision for flexible or part-time working.

All posts should be advertised as eligible to LTFT applicants.

References and further reading

Royal College of Physicians. *Empowering physicians: effective job planning for better patient care*. RCP, 2025.

NHS Employers. *Consultant contracts and terms of conditions for service for England*. NHS Employers, 2003.

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Department of Health, Social Services and Public Safety. *Consultant terms and conditions of service (Northern Ireland)*. 2004

Academy of Medical Royal Colleges. *Medical appraisal guide 2022*, AoMRC, 2022.

UK government. *Part-time workers' rights*. www.gov.uk

British Medical Association. *Consultant part-time and flexible working*. BMA (updated November 2024).

Consultant Job Planning: a best practice guide, NHS Improvement, July 2017

British Medical Association. *An overview of job planning*. BMA (Accessed 4 March 2025).

Concordat between the medical royal colleges and the foundation trust network on the appointment of consultant medical staff. March 2010

British Medical Association. *Compensatory rest guidance*. BMA, 2022.

Royal College of Physicians. *A manifesto for medicine*. RCP, 2024.

Academy of Medical Royal Colleges. *Advice on supporting professional activities in consultant job planning*. AoMRC, 8 February 2010.

General Medical Council. *Specialty specific guidance for CESR and CEGPR applications*. GMC.

General Medical Council. *Specialist or GP registration only for doctors who hold a Recognised Specialist Qualification under three years old - GMC*. GMC

General Medical Council. *Specialist or GP registration for doctors who hold a relevant European Specialist or GP qualification - GMC*. GMC

Appendix 1

RCP criteria for guidance-compliant job descriptions, job plans and person specifications

Checklist for self-evaluation by employers		Tick
Job descriptions should contain:		
1	A defined commitment to secretarial support and an adequately equipped office, including defined information technology (IT) facilities.	
2	A statement on expectations regarding medical audit.	
3	A statement on expectations for continuing professional development (CPD).	
4	A statement on commitment to revalidation.	
5	A description of the department/directorate (a list of colleagues' names and titles).	
6	Workload figures, for example: <ul style="list-style-type: none"> inpatient and outpatient workload (new and follow-up) expectations of the personal workload. 	
7	A statement about the staff who will be available to support the appointee.	
8	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.	
9	Information about access to mentoring for development of newly appointed consultants.	
10	A statement on adaptability to LTFT/flexible working.	
11	A sample weekly timetable that takes account of the programmed activities (PAs) outlined below and broken down into AM and PM sessions with timings. Full-time posts should have a 10 PA framework and include time for lunch* and travel between sites.	
12	Direct clinical care (DCC) <ol style="list-style-type: none"> Ideally 7.5 but no more than 8.5 PAs per week should be dedicated to direct clinical care (7 in Wales) Of the 7.5 DCC PAs, 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 	
13	Supporting professional activities (SPAs) <ol style="list-style-type: none"> A minimum of 1.5 SPAs is included for revalidation only (also applicable to LTFT posts totalling 6 PAs. Our recommendation for 10 PA FT roles is 2 PAs of SPA). This includes audit, CPD, and appraisal. Additional SPAs have been allocated such as for teaching, research, assessment of trainees, clinical governance and service development. Honorary consultant posts only: Where SPAs are expected to contain a contribution to research that is specified, it is reasonable that the following commitment might be required, depending on the size of the research study and time per week to be assigned: <ul style="list-style-type: none"> acting as principal investigator 0.1 PA onwards acting as chief investigator 0.1 PA onwards research and good clinical practice (GCP) training 0.125 PA onwards 	

14	On-call commitments should be clearly stated (the overall or weekday and weekend frequency if applicable)	
15	If acute on-take duties are part of the job description, there must be a specific commitment to post-take ward rounds.	
16	The post-holder should hold the MRCP(UK) or an equivalent qualification (only relevant for substantive consultant posts, this should not be expected of applicants for SAS physician posts).	
17	Entry on the General Medical Council (GMC) Specialist Register via one of the following: a. Certificate of completion of training (CCT) (the proposed CCT date must be within 6 months of the interview) b. Portfolio pathway (formerly known as Certificate of eligibility for specialist registration (CESR)) c. Relevant European specialist qualification (REQ) OR Recognised Specialist Qualification (RSQ)	
18	Desirable – an appropriate higher degree, e.g. an MD, PhD or equivalent	

*Across the NHS, regardless of role or grade, lunch is unpaid (unless stated otherwise). The JD should clarify whether the weekly contracted hours are inclusive of an unpaid lunch break.

Appendix 2

Sample job plan for a 10 PA full-time medical consultant post in the NHS (non-annualised)

Superscript numbers relate to the best practice recommendations on the following page.

Day	Start time	Location		Frequency	PA
Monday¹	08.30–10.30 ¹	Home/Office ²	Referral triage	Weekly	0.5
	10.30–12.30	Home/Office	SPA	Weekly	0.5
	13.00–17.00	Home/Office	SPA	Weekly	1.0
Tuesday	08.30–12.30	Hospital B	Clinic	3 weeks per month ³	0.75
	08.30–12.30	Home/Office	MDT	1 week per month	0.25
	13.00–17.00	Home/Office	MDT	1 week per month	0.25
	13.00–17.00	OFF		3 weeks per month	
Wednesday	08.30–12.30	Home/Office	Clinic-associated admin	Weekly	1.0 ⁴
	13.00–17.00	Hospital A	Clinic	Weekly	1.0
Thursday	08.30–12.30	Home/Office	General admin, including that associated with GIM duties	Every 2 weeks	0.5 ⁵
	08.30–12.30	OFF			
	13.00–17.00	OFF			
Friday	08.30–12.30	Hospital A	Clinic	Weekly	1.0
	13.00–14.00	Travel A to B	Travel DCC	Weekly	0.25 ⁶
	14.00–17.00	Hospital B	Clinic	Weekly	0.75
Additional agreed activity to be worked flexibly			GIM on call ⁷		1.5
			GIM ward ⁸		1.0
Total				Clinic DCC	4
				Clinic admin	1
				General/GIM admin	0.5
				MDT	0.5
				On call	1.5
				GIM ward	1.0
				SPA	1.5
			Grand total¹⁰	10	

Best practice recommendations

1. Start and finish times for sessions should be stated clearly. If an activity is less than one PA, state this, and also specify other activities or 'off duty' to ensure that the whole PA is described.
2. State the location where the activity is to be carried out, including the option to work from home where possible.
3. Activities may take place at different frequencies. This can be stated in the job plan simply 'as once per month', or 'weekly' etc but it is good practice to ensure that months that extend over 5 weeks are accounted for and expectations are clear. Annualisation may help here, so that the number of clinics per year that are expected to be delivered are clearly stated – accounting for leave, on calls etc.

Job planning software is often used to calculate the PA equivalent and can be stated in the job plan if this is practised by the department/trust. We recommend PAs are specified in multiples of 0.125. While job planning software can break this down into even smaller instalments of time, limiting to 0.125 PA allows applicants to consider their time in segments no shorter than 30 minutes.

4. Administration for clinics is recommended as 0.25 PA for every 1.0 PA of clinic pro rata.
5. Administration for GIM activity is recommended as 0.5 PA per week – this would include administration associated from on call and ward duties.
6. Travel between sites should be accounted for in a job plan.
7. On-call duties should be calculated and appropriate DCC be included in the job plan. Any on-call PAs that increase a consultant's total expected PAs beyond 10 should be shown separately, so that applicants are aware of the workload at the outset.
8. Where on-site and off-site duties are expected these should be clearly stated in the job description. Any other duties that may be cancelled to allow for on-call work should also be accurately described. The intensity of the on-call work and return to site expectations should also be described.
9. Ward duties should be calculated and appropriate DCC included in the job plan. If any other duties are cancelled to allow ward duties to be delivered, these should be clearly stated in the job description.
10. The totals should be clearly stated so it is easy to see the number of PAs for each type of activity.

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