



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

RCS England guidance and checklist on NHS Surgical Consultant Job Descriptions

OCTOBER 2024

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Ref: XXXX

INTRODUCTION

The Royal College of Surgeons of England (RCS England) sees the appointment of every new Consultant in surgery as key to delivering the highest possible standards of surgical practiceⁱ. The Consultant Job Plan needs to allow enough time, support and recognition for these well-trained individuals to develop their clinical, teaching and leadershipⁱⁱⁱ skills and deliver excellent care.

A good Job Plan benefits the Consultant, the employing organisation and ultimately the patients. The employing trusts/health boards benefit from supporting the leaders of their surgical teams^{iv} and those with the potential to help adapt to a changing environment.

ROLE AND REMIT

The aim of this guidance is to assist in the creation of new or replacement consultant job descriptions, providing a suggested structure and set of standards that RCS England believes will best ensure that the appointee to the post can deliver a safe and effective service to patients.

In accordance with the *National Health Service (Appointment of Consultants) Regulations Good Practice Guidance 2005*^v, RCS England seeks to inform the trust/health board process to enable the creation of a high-quality job description, providing constructive comments to ensure issues are addressed before the document is finalised and the post is advertised.

The Royal College of Surgeons of England aims to provide this support to all trusts in England and Northern Ireland, and the Welsh health boards. It acknowledges that Foundation trusts are not bound by the *National Health Service (Appointment of Consultants) Regulations*^v, but RCS England fully endorses the *Concordat* between the Medical Royal Colleges and the Foundation Trust Network^{vi} on the appointment of consultant medical staff.

This role is undertaken by the Regional Specialty Professional Advisors (RSPA) and Surgical Specialty Associations (SSAs) who can use their knowledge of the specialty and other consultant posts to review the suggested responsibilities and balance of activities of the post.

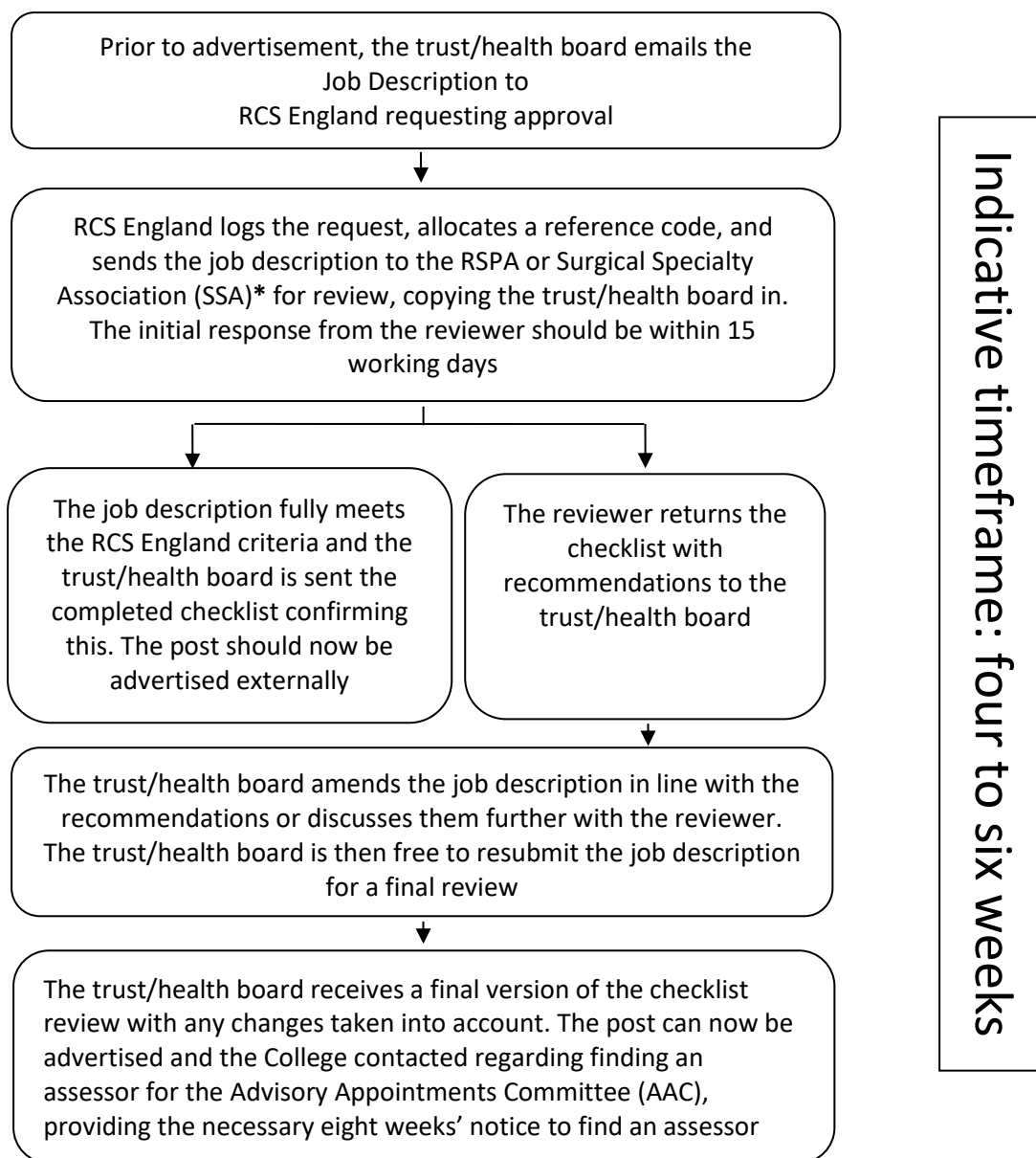
To help achieve this key aim, we have broken down the areas of the job description into three sections, setting out the suggested standards that should be considered for each.

Posts which fully meet the RCS England criteria can use the 'approved post' logo. This will demonstrate that the trust/health board have engaged with the College to create a high-quality job description and provide reassurance to potential applicants.

We hope you find this guidance useful.

PROCESS

The following is the process for how the review should work:



*In Cardiothoracic Surgery, Neurosurgery, Vascular Surgery and Breast Surgery the reviews are centralised through the Surgical Specialty Association (SSA)

STATUS OF ADVICE

Job descriptions will be reviewed against the standards outlined in this document, which reflect *Good Surgical Practice*ⁱ. Once the RSPA/SSA has completed a first review of the job description on behalf of RCS England, the trust/health board will receive a completed RCS England checklist.

There are two potential outcomes in the first review:

- A) The Job Description fully meets the RCS England criteria, or;
- B) The Job Description does not meet the RCS England criteria, and recommendations are outlined

If the recommendations are incorporated into a revised job description, it can then be resubmitted for a further review.

Every effort will be made by RCS England to resolve issues with the trust/health board satisfactorily. The RSPA/SSA will be supported in the review process by the Regional Director, who may negotiate directly with senior personnel from the trust/health board over any areas of the job description that are not resolved ahead of the final review.

If a trust/health board proceeds to appointment without making all the suggested amendments, the job description will be classed as not fully meeting the RCS England criteria, with the outstanding recommendations listed.

The final status of the job description does not prevent RCS England providing an assessor for the interviews; however, any prospective applicant who enquires with RCS England as to the status of the job description will be advised whether it fully meets the RCS England criteria.

If it does not fully meet the criteria, the applicant will be advised which criteria were not met – e.g. the on-call commitment was not considered appropriate, or there is insufficient SPA time.

The approved status of the job description is valid for 12 months.

If a trust/health board wishes to make changes to a job description after receiving approval, the College should be informed, as they may affect the status of the job description. The College reserves the right to rescind approval if the proposed changes are not consistent with the RCS England criteria.

Once the consultant has taken up post, any adjustments to the job description or job plan should be negotiated between the trust/health board and post holder.

RCS ENGLAND APPROVAL BADGE

When a job description fully meets the RCS England criteria, the trust/health board will be provided with an RCS England 'stamp', which we would encourage to be used on the job description itself and also on the job advertisement.



This will highlight to applicants that the trusts/health boards have engaged with the College and that the post has been through the process successfully.

GUIDANCE FOR DRAFTING JOB DESCRIPTIONS AND CHECKLIST

The following sets out the RCS England requirements for a high quality consultant post. This guide is designed to assist drafting job descriptions and understanding criteria against which the RSPAs/SSAs review job descriptions and feedback to the trusts/health boards.

RSPAs and SSAs will use the accompanying checklist ([page 16](#)) to consider whether each of the following points have been addressed:

1. JOB DESCRIPTION

1.1 General description of the post

The introductory paragraph should set out the terms of the post stating whether the post is:

- full-time or part-time (and how many PAs)
- the specialty
- the hospitals or locations where duties are to be carried out
- special interest if appropriate

There should also be profiles of:

- the hospital
- the volume and type of work it undertakes
- the relevant department and its team
- colleagues (consultant and SAS) should be listed by title and named
- Facilities, e.g. specialist theatres and dedicated wards

1.2 Continuing Professional Development (CPD)

Continuing Professional Development (CPD) is the engagement in a continuing learning process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour.

All surgeons in non-training grades (consultants and SAS doctors) who have a licence to practise and wish to remain on the GMC register must participate in CPD activities to meet the requirements of revalidation. The GMC will require documented proof of CPD as an essential part of successful appraisal and revalidation.

A Suitable form of wording: 'The trust/health board supports the requirements for continuing professional development (CPD) as laid down by the GMC and surgical colleges and is committed to providing time and financial support for these activities.'

1.3 Revalidation

Revalidation is the process by which all licensed doctors have to demonstrate to the GMC that they are up to date and fit to practise. Time must be scheduled in the job plan for engaging in this process, equivalent to at least 1.5 SPAs.

A Suitable form of wording: ‘The trust/health board has the required arrangements in place to ensure that all surgeons have an annual appraisal with a trained appraiser and supports surgeons going through the revalidation process.’

1.4 Support and office facilities

The job description should describe the level of clinical, administrative, and secretarial support to be provided to the appointee.

It should be noted that Consultants need support in their work from medical, clinical, and administrative staff.

It is important that the support offered by non-medical personnel (e.g. Surgical Care Practitioners, Pharmacy Technicians, administrative staff, specialist nurses, etc.) is shared between all Consultants in the department. It is also important that new Consultants are valued in their role as trainers, and that trainees are allocated to them if they have appropriate teaching qualifications.

There should be direct secretarial support to enable the consultant to send out letters and clinical information in a timely manner, as per national standards. There should also be secondary administrative support to facilitate the consultant’s participation in national and local audits and registries.

Consultants should have access to an adequate office space with relevant IT infrastructure, e.g. with a computer and telephone, to enable them to undertake relevant confidential patient administration and confidential meetings.

1.5 Mentoring

The job description should include reference to arrangements for mentoring. The College recommends that trusts/health boards should offer a mentorship scheme to all new consultants to help them settle into work as easily as possible.

If the trust/health board does not have in-house mentorship, it should ensure that the appointee has access to a network where arrangements can be made.

1.6 Part-time/flexible working

Where a post is advertised as part-time there should be an appropriate reduction in all aspects of clinical activity. The British Medical Association recommends “that the division of programmed activities between direct clinical care and other activities for part-time consultants will be seen broadly as pro-rata of those for full time consultants. However, it is recognised that consultants on part-time contracts need to devote proportionately more of

their time to supporting professional activities, for example due to the need to participate to the same extent as those on full-time contracts in continuing professional development.”^{vii}

The College recognises, however, that there might be a need for flexibility for new Consultants and the Academy of Medical Royal Colleges (AoMRC) suggests that the minimum time required solely for a consultant to keep up to date for revalidation is 1.5 SPAs^{vii}.

Those wishing to work part-time must be able to apply for whole-time-equivalent posts and all posts must be open to job sharers. Other flexible working opportunities include working compressed hours, term time working or variable start and finish times.

1.7 Children’s Surgical Services

Trusts/health boards are encouraged to advertise posts for adult surgeons with experience and training in the surgical management of common, non-specialised conditions in children.

Therefore, the RSPA/SSA will routinely ask if these skills are available in the unit. If not, the employer will be asked to consider including them as a requirement in the person specification.

The expectation and provision of management and services is to be documented within the job description.

1.8 Inclusive language

Inclusive language creates an environment that embraces diverse people, perspectives and ideas. We recognise that language is constantly evolving, and the aim is to actively reduce preconceptions in the language used.

It is important to adapt job descriptions thoughtfully and appropriately, respecting how language can address individuals, including using gender-neutral terminology, referencing experience expectations, and flexible working options.

2. JOB PLAN

2.1 Balance of the post (programmed activities)

The job description must clearly set out the purpose of the post and the balance of the work to be carried out. There must be an appropriate balance of clinical, teaching, academic, educational, research and managerial activities.

This should be set out in the form of a job plan that details duties and responsibilities, as well as the supporting resources available to them. There should be a sample weekly timetable taking account of the above programmed activities (PAs) and broken down into AM and PM sessions with timings. This should include both an indicative timetable for the elective week and the on-call week.

A full-time post will comprise a weekly average of 10 programmed activities (PAs). A trust/health board can advertise at up to 12PAs, however neither a trust/health board nor consultant can demand more than 10 PA.

The job plan should include:

A timetable of Activities:

- Direct Clinical Care (DCC)
- Supporting Professional Activities (SPA)
- Additional Professional Responsibilities
- Other Duties
- A summary of the total number of PAs of each type
- On-call arrangements
- Any arrangement for extra PAs
- A list of agreed objectives
- A list of supporting resources necessary to achieve objectives

In reviewing the job plan, the RSPA/SSA will assess whether it provides an adequate balance of activities, and make a judgement as to whether there is enough time for SPA activities.

In line with the Academy of Medical Royal Colleges, 1.5 SPAs is viewed as a minimum requirement for personal revalidation development of safe practice. We expect a job plan to allow for sufficient time for non-clinical duties and activities – therefore any job plan with only 1.5 SPAs leaves no time for teaching, undergraduate examination, research, trainee supervision, managerial input, mentoring or clinical governance work outside of audit of personal practice, and will therefore not fully meet the RCS England criteria.

The College considers that a typical job description for an established surgical Consultant would need 2.5 SPAs to fulfil these commitments as a 7.5 : 2.5 split or be offered a contract with Additional Programmed Activities (APAs) beyond 10 PAs. The College recognises, however, that there might be a need for flexibility for new Consultants whose duties may not initially necessitate that split.

The College recommends that there should be a job plan review for every appointee within 6-12 months of starting their post, so that additional SPA time can be allocated should any additional activities have been undertaken by the appointee. Any job plan with less than 2.5

SPAs but without a commitment to review the job plan within 6-12 months will not meet the RCS England guidance.

All Consultants are encouraged to keep a list and a diary of their activities to assist this process.

The trust/health board should aim to list specific commitments they envisage the appointee assuming. This should be monitored against the one-year review and their Job Plan amended to increase paid SPA activity if there is evidence of engagement.

Essential activities to be recognised in SPA time:

- Appraisal, revalidation and time to prepare the appraisal portfolio
- Attendance at the departmental clinical governance and morbidity/mortality meetings and taking forward actions arising from them, e.g. mortality reviews and audits
- Undertaking at least the minimum requirements for revalidation in respect of quality improvement activity, and patient and colleague 360° feedback
- Statutory and Mandatory Training
- Continuing Professional Development
- Teaching and Training
- Personal audit
- Clinical Governance
- Job planning
- Personal research
- Clinical Management

More SPA time should be allocated in addition for specific roles, for example:

- Clinical supervisor
- Assigned Educational Supervisor (AES) – allocated as per local policy
- Audit lead
- Governance lead
- Appraising other staff
- Other valuable SPA activities likely to be more individualistic in nature and a time allocation for such activity will be subject to agreement between the individual consultant and the trust/health board or department

N.B.: This list is not exhaustive

These activities underpin direct clinical care and are essential in providing a safe clinical service for our patients. It is to the benefit of trusts/health boards, patients, and the healthcare system as a whole to allocate sufficient time for these activities.

Theatre lists should include pre-operative and post-operative ward round. Outpatient clinics should specify patient-facing time and time allocated for clinical administration, either within the session or as a separate session.

The supervision and training of Allied Healthcare Professionals (AHPs) will require adequate time and resources, which needs to be clearly specified in the Job Description and Job Plan.

There is not an expectation for the RSPA to confirm the PA calculations, as there is an expectation for the applicant to consult with their trade unions or equivalent that the PA calculation has been undertaken correctly.

2.2 On-call commitment

The frequency and structure of on-call commitments must be clearly stated, as must the requirements placed on the specialist during the on-call period (e.g. acceptable distance between residence and base hospital, requirement to be on-call from home and available within a certain timescale, etc.). It should be explicit if elective activity is cancelled or continued during on-call periods.

On-call commitments must be accurately calculated and may include components such as direct time spent providing inpatient on-call care, advice provided remotely (e.g. by telephone), predictable and unpredictable on-call, post-take ward rounds, weekend ward rounds and travel to and from the hospital site when on call.

The frequency of on-call should be recognised within the Job Plan. The College acknowledges that there are big differences between specialties in intensity of work, numbers of colleagues and availability of other medical staff. Where workload is intense, especially during the out-of-hours times, less frequent on-call is expected. There is some specialty-specific guidance available on the frequency and intensity of on-call work at Consultant level.

For those departments running a “Consultant of the week” pattern, the Job Plan should include sufficient time in subsequent weeks to cope with extra administration (e.g. coroners’ reports) and extra clinical work (e.g. ward rounds and follow-up clinics).

Furthermore, it should be noted that the time taken to assess and manage patients is greatly increased if there is insufficient junior medical or clinical support, especially at weekends^{viii}.

2.3 Equity within department

Surgical working requires good team working. The role of each Consultant is intended to be as an equal senior to other Consultants in the department and in the trust/health board. RCS England supports measures to ensure that a new appointee should be appointed on a similar footing to other Consultants within the department.

Many senior Consultants will have Job Plans reflecting modification over many years. The College understands that there cannot be true equity, but urges trusts/health boards not to use new appointments to ‘fill gaps’ without ensuring that the new Consultant has their needs for support met, and that the Job Plan created should be sustainable in the long term.

Flexible job plans generally do not meet the College requirements for approval – however, if this is the method for all consultants in the department, this can be approved on an individual basis.

2.4 Weekend working

At present, a trust/health board can only request non-emergency Saturday working by mutual agreement, and no trust/health board can require it. The College cannot prevent a

trust/health board from requesting a new consultant to regularly elective work on Saturdays, and if a job description contains regular Saturday work and an individual applies on this basis, this would demonstrate their consent to the arrangements.

Any job plan with weekend working should:

- Have assurance that the same level of support and mentoring would be available for the new consultant when working on Saturdays as would be available to them and the other consultants in the department during Monday to Friday.
- This would include the availability of other consultants to advise on clinical problems should they arise on a Saturday, such as another consultant working in a different theatre but in the same theatre suite.
- The College would also expect assurance that all supporting services for patient care were available on Saturdays and Sundays (for post-operative care) as would be available on Monday to Friday. These supporting services include administrative support, Intensive Care, therapy support, nursing input, radiology, pathology testing and support of medical doctors.

It should be noted that a newly appointed Consultant would find it difficult to meet the obligations in *Good Surgical Practice*ⁱ without careful attention to the detail of level of support required.

2.5 Travel between sites

Increasingly, surgical specialties are required to network services across more than one site. This can cause difficulties, particularly when more than one employer is involved.

The job description should ensure that travelling time between sites is accounted for in the job plan and that adequate provision is made on both sites for the surgeon to undertake the work described in the job plan. The BMA and NHS Employers state in *A guide to consultant job planning July 2011*^{ix} that “where sites are spread out and there is regular travel between them employers should consider agreeing standard travel times applicable to all staff”.

Responsibility for the care of post-operative patients when the surgeon is off site must also be described. Suitable cover for emergencies on both sites must be available.

3. PERSON SPECIFICATION

3.1 Appropriate wording

The person specification for the post should specify the selection criteria, and list both the essential and desirable skills and the experience needed to perform the job, including any sub-specialty interest.

It is the responsibility of the employing authority to ensure that the job description and person specification fully adhere to equal opportunities legislation and that the wording used throughout does not discriminate in any way against surgeons who are appropriately qualified and eligible for appointment. We recommend using gender-neutral terms, pronouns, and expressions, actively avoiding any language that implies the job holder should be of a specific gender

Care should be taken to ensure that the documentation does not discriminate against a particular group – for example, part-time workers or surgeons who have not followed a UK training route, such as Certificate of Eligibility for Specialist Registration (CESR), or alternative routes to specialist registration.

As a matter of best practice we would recommend that the essential criteria in person specifications should read:

- Full GMC Registration
- Entry on the GMC Specialist Register via
 - Certificate of Completion of Training (CCT) or CESR (CP) – proposed CCT/CESR (CP) date must be within 6 months of interview
 - CESR/Portfolio pathway, or alternative routes to specialist registration, or;
- An appropriate higher – [specialty e.g. 'ENT'] surgical qualification.

The following examples are potentially misleading and should be avoided:

- *The essential criteria in the person specification asks for 'FRCS' – this implies that doctors who trained outside the UK and entered the specialist register via an alternative route may not apply. It would be better to request entry on the specialist register as an essential requirement.*
- *The desirable criteria includes wording such as 'CCT holder' – this reinforces a perception that UK trained and CCT qualified surgeons are preferred over those who achieved specialist registration with the GMC Specialist Register via an alternative route, such as the CESR, or alternative routes to specialist registration. It would be better to state 'The candidate should be on the GMC Specialist Register, or within 6 months of obtaining this'.*

Specialty-specific elements should also be included within the person specification.

4. EXAMPLE JOB PLAN

Example Timetable: 10 PAs

Day	Time	Work	Categorisation	PAs
Monday	0800-0900	Ward round	DCC	0.25
	0900-1100	M.D.T. meeting	DCC	0.5
	1100-1300	Admin	DCC	0.5
	1300-1700	Clinic	DCC	1
Tuesday	0800-1800	All day list	DCC	2.5
Wednesday	09:00-13:00	SPA	SPA	1
	13:00-17:00	Clinic	DCC	1
Thursday (non-hospital day)				
Friday	0800-0900	Ward Round	DCC	0.25
	0900-1300	Endoscopy / Specialist Clinic		1
At a variable time			SPA	1
Out of hours	On-call	Variable frequency	DCC	Ave 1
Total				10

Variable job plans - Please note that this type of job plan (e.g. 'surgeon of the week' or 'variable weekend working' etc.) can be difficult to evaluate if the plan is incomplete or incorrectly calculated. Please ensure that the balance of the post is clear in the information provided.

Annualised job plans - If you are intending to use this type of job plan (e.g. calculating work required on an annual basis with agreed variation from week to week) then typically it is best to use a multiplier of the average work per week by the number of weeks worked. This should exclude annual, professional and study leave allowances. For example, with a ten week overall 'leave' allowance:

$$10\text{PAs per week} \times (52-10) = 420\text{PAs per annum}$$

Where there is a 'surgeon of the week' emergency work pattern, this needs to be adequately reflected in the number of PAs. In particular, the number of PAs required to cover ward work, patient review, and supervision of other staff.

Time for supporting professional activities (SPAs) can often be lost in emergency work patterns which tend to comprise entirely direct clinical activity. The balance between SPA and DCC should be restored in the non-emergency weeks in the job plan.

For further information on Consultant contracts, Terms & Conditions and Working Time Regulations we recommend consulting the British Medical Association and NHS Employers guidance^{xxi}.

- i. Royal College of Surgeons of England (2014) Good Surgical Practice
[Good Surgical Practice — Royal College of Surgeons \(rcseng.ac.uk\)](http://www.rcseng.ac.uk/good-surgical-practice)
- ii. Academy of Medical Royal Colleges (2012) Benefits of Consultant Delivered Care
<http://www.aomrc.org.uk/general-news/benefits-of-consultant-delivered-care.html>
- iii. Royal College of Surgeons of England (2014) Surgical Leadership – a guide to best practice
<http://www.rcseng.ac.uk/publications/docs/surgical-leadership-a-guide-to-best-practice>
- iv. Royal College of Surgeons of England (2014) The high performing surgical team – a guide to best practice
<http://www.rcseng.ac.uk/publications/docs/the-high-performing-surgical-team-a-guide-to-best-practice>
- v. [Advisory Appointment Committees \(AACs\) — Royal College of Surgeons \(rcseng.ac.uk\)](http://www.rcseng.ac.uk/advisory-appointment-committees)
- vi. [Advisory Appointment Committees \(AACs\) — Royal College of Surgeons \(rcseng.ac.uk\)](http://www.rcseng.ac.uk/advisory-appointment-committees)
- vii. Academy of Medical Royal Colleges (2010) Advice on Supporting Professional Activities in consultant job planning
http://www.aomrc.org.uk/doc_download/79-advice-on-spa-s-in-consultant-job-planning
- viii. Academy of Medical Royal Colleges (2013) Seven day Consultant Delivered Care: Implementation considerations
http://www.aomrc.org.uk/doc_view/9728-seven-day-consultant-present-care-implementation-considerations
- ix. [national-job-planning-guide-consultants.pdf \(ed.ac.uk\)](http://www.ed.ac.uk/national-job-planning-guide-consultants.pdf)
- x. [Consultant contract \(2003\) | NHS Employers](http://www.nhs.uk/consultant-contract-2003)
- xi. [consultant-job-planning-best-practice-guidance.pdf \(england.nhs.uk\)](http://www.england.nhs.uk/consultant-job-planning-best-practice-guidance.pdf)
- xii. [https://vascularsociety.org.uk/_userfiles/pages/files/povs/povs-2021.pdf](https://vascularsociety.org.uk/userfiles/pages/files/povs/povs-2021.pdf)
- xiii. https://www.bapras.org.uk/docs/default-source/default-document-library/bapras-job-planning-for-plastic-surgery-consultants-agreed-by-council-281123.pdf?sfvrsn=4ddf26c3_2

RCS England Review of Consultant Job Description – Checklist

This form is to be completed by the Regional Professional Specialty Advisor (RSPA) or relevant Surgical Specialty Association (SSA) when reviewing a job description.

The following sections and numbering directly correspond to the guidance above, which the checklist should be cross-referenced against when completing the review. Once completed, this form should be saved and emailed to the trust/health board with the College copied in on collegereps@rcseng.ac.uk

The trust/health board may then negotiate directly with the RSPA/SSA over the recommendations and resubmit the job description. The RSPA/SSA should then use the final review section on the original checklist to sign-off whether the job description is approved by RCS England.

Certain elements of this checklist will be specialty-specific – please refer to the relevant appendix for the specialty.

College Reference Code (if known):	
Trust/Health Board:	
Post (including any special interests):	
Initial job description review due:	
Reviewed by:	

1. JOB DESCRIPTION

	Delete as appropriate	RSPA/SSA comment (if necessary):
1.1 General description of the post		
Is this clearly set out and includes all the recommended information – sub-specialty interest, full or part-time, hospital locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a list of named consultant colleagues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a list of named SAS colleagues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the allocation of resident doctors outlined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1.2 Continuing Professional Development (CPD) Is there a statement in the job description that reflects an appropriate commitment from the trust/health board towards the appointee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3 Revalidation Is there a statement in the job description that reflects an appropriate commitment from the trust/health board towards the appointee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.4 Secretarial support and office facilities Is there a statement in job description that reflects adequate support and facilities for the appointee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.5 Mentoring Is there a statement in the job description that reflects an appropriate commitment from the trust/health board towards the appointee, e.g. a formal trust mentorship scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6 Part-time/flexible working If the post is part-time, does this meet the RCS England recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1.7 Children's surgical services Has the trust/health board considered the provision of emergency children's surgery, paediatric support, etc., and have acted accordingly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1.8 Inclusive language Have gender-neutral expressions and terms been adopted in the job and person specification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. JOB PLAN

2.1 Balance of the post (programmed activities)			
Number of PAs in the post:			
PAs for Direct Clinical Care (DCC):		PAs for Supporting Professional Activities (SPA):	
Does the job plan:			RSPA/SSA comment (if necessary):
2.1.1	Contain proportional and sufficient admin time with the DCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1.2	Contain the minimum 1.5 SPAs for revalidation and safe practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1.3	Contain any activities additional to the above? If yes, please list the activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.1.4	Are these activities accounted for with time in the job plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1.5	Is there a commitment to reviewing the job plan within 6-12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.1.6	Does the job plan specify the PA or hours allocation and type of work for each section?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.1.7	Has pre-operative and post-operative ward round been specified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.1.8	Is the consultant required to supervise Allied Healthcare Professionals (AHPs)? If so, is this specified and is adequate time provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.2. On-call commitment			
2.2.1	Is the on-call commitment clearly stated along with the requirements placed on the consultant during the on-call period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2.2	Does the job plan meet the intensity recommendations of the surgical specialty association with respect to frequency of on-call and cancelling elective work during periods of emergency cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
RSPA/SSA comment (if necessary):			
2.3. Equity within department			
Does the statement in the job description reflect a commitment from the trust/health board to the appointee that they will have equitable working conditions to their colleagues?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
RSPA/SSA comment (if necessary):			
2.4. Elective weekend working			
Is there regular weekend work in the job plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.4.1	If yes, is there a commitment to the same level of support and mentoring available as would be if working Monday to Friday?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
RSPA/SSA comment (if necessary):			
2.5. Travel between sites			
Will the appointee need to travel between more than one site?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

		<input type="checkbox"/> Not specified
2.5.1	If yes, there is adequate provision for travel time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.5.2	Is responsibility for post-operative patients when the surgeon is off site described and is there suitable cover for emergency for all sites is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
RSPA/SSA comment (if necessary):		

3. PERSON SPECIFICATION

3.1. Appropriate wording		
	Is the job description in line with the wording recommended by RCS England?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the required specialty-specific elements included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
RSPA/SSA comment (if necessary):		
	Does the person specification discriminate against any appropriate applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RSPA/SSA comment (if necessary):		

4. OTHER ISSUES

4.1. Issues not covered above
RSPA/SSA comment (if necessary):

OUTCOME OF JOB REVIEW PROCESS

The Job Description has now been reviewed against the standards outlined in the accompanying RCS guidance on NHS Surgical Consultant Job Descriptions, which reflects the standards within *Good Surgical Practice*¹.

There are potentially two stages to the process with two possible outcomes to the first review:

- A) The Job Description fully meets the RCS criteria, or;
- B) The Job Description does not meet the RCS criteria, recommendations are listed below

If all the recommendations are then implemented into the job description, this can be resubmitted to the RSPA/SSA and it will be classed as fully meeting the RCS criteria in a final review.

Every effort will be made to resolve issues relating to the content of the job description. However, if a trust/health board proceeds to appointment without making all the suggested amendments, the job description will be classed as not fully meeting RCS criteria, with the outstanding recommendations listed.

Any prospective applicant who enquires with the RCS as to the status of the job description will be advised whether it fully meets the RCS criteria. If it does not fully meet the criteria, the applicant will be advised which criteria were not met e.g. the on-call commitment was not considered appropriate, or there is insufficient SPA time.

FIRST REVIEW outcome sent from RSPA/SSA to the trust/health board on (insert date here)

A. The Job Description fully meets the RCS criteria	<input type="checkbox"/> Yes
B. The Job Description does not fully meet the RCS criteria – recommendations are listed below	<input type="checkbox"/> Yes

Recommendations:

SECOND REVIEW outcome sent from RSPA/SSA to the trust/health board on (insert date here)

A. The Job Description fully meets the RCS criteria	<input type="checkbox"/> Yes
B. The Job Description does not meet the RCS criteria	<input type="checkbox"/> Yes

Recommendations:

APPENDIX 1: EMERGENCY GENERAL SURGERY

Emergency General Surgeon Job Descriptions

The job description should meet all the elements contained within the guidance for new consultant posts.

In addition, to ensure a balance between emergency work and scheduled care, it is essential that the job plan includes the opportunity for elective work in one of the sub-specialties of general surgery to prevent de-skilling and to allow career progression in those that wish to become sub-specialists in later years. It is also essential that the job plan allows the opportunity for the consultant to perform emergency major surgery and to review those patients that have been treated under their care as emergencies both as in-patients and as out-patients following their discharge from hospital.

It is expected that the out-of-hours emergency surgery will be intense and therefore it should be listed as PA for the hours worked or if it is listed as on-call then it is recommended that the frequency of on-call should be no greater than 1:8.

Emergency General Surgeon Job Plans

Should include: per week

It is anticipated that in most cases the job plan will have to be assessed as an average over a cycle of different weeks of programmed activities. Most emergency surgery job plans will include an excess of emergency duties and the standards set out below do not total the 10 session job plan, but allow variable weighting between emergency and elective sub-specialty work depending upon service needs within the department.

Essential

The job plan should contain a minimum per week on average:

1PA: Main theatre session for emergency major cases to be undertaken immediately following resuscitation (e.g. laparotomy, cholecystectomy, appendectomy)

1PA: Elective theatre session

1 PA: Follow-up out-patient clinic for emergency cases.

1 PA: Sub-speciality out-patient clinic for both new and follow-up patients

1PA: Ward round to review in-patients for both emergency admissions and sub-specialty scheduled admissions

1 PA: Admin

1.5 PA for essential activities required for revalidation – SPA

This leaves flexibility for the remaining 2.5 PA to be used according to local needs.

APPENDIX 2: VASCULAR SURGERY

Vascular Surgeon Job Descriptions

The job description should meet all the elements contained within the guidance for new consultant posts.

The post should also be compliant with the recommendations set out in the latest version of the Vascular Society's Provision of Vascular Services (POVS)^{xii}.

It is expected that the on-call will be intense and therefore it should be listed as PA for the hours worked or if it is listed as on-call then it is recommended that the frequency of on-call should be no greater than 1:6. Surgeons must be free of elective commitments during their on-call period.

Most vascular services deliver a network model of care. Consideration must be given in planning new posts to travel, administrative support and office space, and equity between consultants for the delivery of network commitments.

Vascular Surgeon Job Plans

Should include: per week

It is anticipated that in most cases the job plan will have to be assessed as an average over a cycle of different weeks of programmed activities. Most vascular surgery job plans will include a significant 'urgent care component' including same day emergency care, on call, ward rounds and urgent/emergent operating.

Essential

The job plan should contain a minimum per week on average:

2PA: Inpatient theatre sessions – delivered as all day theatre lists with equitable access to hybrid operating theatre (when available).

1PA: Day case theatre session

1-2 PA: Outpatient activity

1-2PA: Ward round to review in-patients, typically as 'surgeon of the week' at arterial centre and review of patient before or after another clinical commitment at network hospitals.

1 PA: Patient admin

1 PA: Network MDT meeting

1-2 PAs: On call commitments including predictable weekend working when on call

1.5 PA for essential activities required for revalidation – SPA

Research

Vascular surgery job descriptions should include details of research delivery within their vascular network and the role of the post holder as part of this.

The job description must include a research statement with available sessional time for the appointee to participate in research.

We also encourage trusts to consider a higher degree (MD or PhD) as desirable in the person description.

Checklist for research:

1. **Organisational research strategy described.**
2. **List of past, current or future vascular NIHR trials recruited to.**
3. **Description of track record in research and academic partnerships.**
4. **Research infra-structure (research nurses etc).**
5. **Name of research lead for department.**
6. **Mentorship to include research mentorship.**

APPENDIX 3: PLASTIC SURGERY

Plastic Surgery job descriptions

Further information on the guidance for new Plastic Surgery consultant posts is contained within BAPRAS *A Guide to Job Planning for Plastic Surgeons March 2023*^{xiii}, to be used in conjunction with the guidance above.