

**RCS guidance and checklist on NHS Surgical Consultant Job Descriptions**

**June 2016**

**Click** [**here**](#Checklist) **to go straight to checklist**

**Ref: J0xxx**

**INTRODUCTION**

The College sees the appointment of every new Consultant in surgery as key to delivering the highest possible standards of surgical practicei ii. 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 benefit from supporting the leaders of their surgical teamsiv 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 the RCS believes will best ensure that the appointee to the post can deliver a safe and effective service to patients.

In accordance with the 2005 NHS Good Practice Guidance the RCS seeks to inform the trust 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 advertised.

The RCS aims to provide this support to all trusts. It acknowledges that Foundation trusts are not bound by the National Health Service (Appointment of Consultants) Regulations but the RCS fully endorses the concordat between the Medical Royal Colleges and the Foundation Trust Network on the appointment of consultant medical staff.

This role is undertaken by the College Regional Specialty Professional Advisors (RSPA) and Speciality Associations (SA) 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 the three sections, setting out the suggested standards that should be considered for each.

Posts which fully meet the RCS criteria can now use an ‘approved post’ logo. This will demonstrate that the Trust have engaged with the College to create a good 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:

Indicative timeframe: four to six weeks

Trust emails the Job Description to   
RCS requesting approval

The RCS logs the request, allocates a reference code, and sends the job description to the RSPA or Specialty Association (SA) for review, copying the Trust in. The initial response from the reviewer should be within 15 working days

The reviewer returns the checklist with recommendations to the Trust

The job description fully meets the RCS criteria and the Trust is sent completed checklist confirming this

The Trust amends the job description in line with the recommendations or discusses them further with the reviewer. The Trust is then free to resubmit the job description for a final review.

The Trust receives a final version of the checklist review with any changes taken into account. The post should be advertised and the College contacted regarding finding an assessor for the Advisory Appointments Committee (AAC), providing the necessary eight weeks’ notice to find an assessor

**\*In Cardiothoracic Surgery, Neurosurgery and Vascular Surgery the reviews are centralised through the Specialty Association.**

**STATUS OF ADVICE**

Job descriptions will be reviewed against the standards outlined in this document, which reflect Good Surgical Practice. Once the RSPA/SA has completed a first review of the job description on behalf of the RCS, the Trust will receive a completed RCS checklist.

There are two potential outcomes in 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 the recommendations are incorporated into a revised job description it can then be resubmitted for a further review.

Every effort will be made by the RCS to resolve issues with the trust satisfactorily. The RSPA/SA will be supported in the review process by the local Director for Professional Affairs, who may negotiate directly with senior personnel from the Trust over any areas of the job description that are not resolved ahead of the final review.

If a trust 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.

The final status of the job description does not prevent the RCS providing an assessor for the interviews; however 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.

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

If a trust wants 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 RCS criteria.

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

**RCS STAMP**

When a job description fully meets RCS criteria the Trust will be provided with an RCS ‘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 has 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 requirements for a high quality consultant post. This guide is designed to assist drafting job descriptions and understanding criteria against which the RSPAs review job descriptions and feedback to the trusts.

RSPAs and SAs will use the accompanying checklist [(page 15)](#Checklist) 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 hospital 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 should be listed by title and named

**1.2 Continuing Professional Development (CPD)**

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 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 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 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. Traditionally, a Consultant would have a team of doctors in training, SAS doctors and others to support him/her. Many initiatives (e.g. "Broadening the Foundation Programme") have resulted in on-going reductions in the numbers of trainees and other doctors within surgical departmentsv vi vii viii ix.

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 also be direct secretarial support to the consultant as well as secondary admin support to facilitate the consultant’s participation in national and local audits and registries.

**1.5 Mentoring**

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

If the Trust 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 both direct clinical and supporting professional 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 part-timers 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 full timers in continuing professional development.’

The College recognises however that there might be a need for flexibility for new Consultants and the Academy of Medical Royal Colleges suggests that the minimum time required solely for a consultant to keep up to date for revalidation is 1.5 SPAsx.

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.

**1.7 Children’s Surgical Services**

Trusts 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 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.

**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 PAs and broken down into AM and PM sessions with timings.

A full-time post will comprise a weekly average of 10 programme activities (PAs). A Trust can advertise at up to 12PAs however neither a trust nor consultant can demand more than 10.

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 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 or clinical governance work outside of audit of personal practice and will therefore not fully meet RCS 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 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 guidance.

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

The Trust 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
* Audit
* Clinical Governance
* Job planning
* Research
* Clinical Management

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

* Clinical lead
* Clinical Tutor
* Clinical supervisor
* Assigned Educational Supervisor (AES) – at 0.25 SPA per trainee.
* Directorate Audit lead
* Directorate Governance lead
* Clinical Service Unit Governance lead
* Appraising other staff
* Lead for Medical Student Teaching
* Post Graduate Clinical Tutor
* Designated MDT cancer lead
* LNC Chair
* 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 or Department.

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, patients and the healthcare system as a whole to allocate sufficient time for these activities.

**2.2 On-call commitment**

The frequency of on-call commitments must be clearly stated, as must the requirements placed on the consultant during the on-call period (e.g. to be on call from home and available within a certain timescale, etc).

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. coroner’s 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 weekendsxi.

**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. The RCS 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 not to use new appointments to ‘fill gaps’ without ensuring that the new Consultant has his/her needs for support met, and that the Job Plan created should be sustainable in the long term.

**2.4 Weekend working**

At present a Trust can only request non-emergency Saturday working by mutual agreement, no Trust can require it, although this is something that may change as we move towards seven-day working patterns. The College cannot prevent a Trust from requesting a new consultant to regularly 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 him/her 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 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 state in *A guide to consultant job planning July 2011* 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.

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 traditional UK training route, such as CESR.

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
  + CCT or CESR (CP) - proposed CCT/CESR (CP) date must be within 6 months of interview
  + CESR or
  + European Community Rights
* 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 entered the specialist register via a route other than the FRCS may not apply.   It would be better to request entry on the specialist register and, if necessary “FRCS or qualification of an equivalent level”.

*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 (Certificate of Eligibility for Specialist Registration). It would be better to state “The candidate should be on the GMC Specialist Register, or within 6 months of obtaining this”.

**4. EXAMPLE JOB PLAN**

**Example Timetable: 10 PAs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Time | Work | Categorisation | PAs |
| Monday | 0800-0900  0900-1300  1300-1700 | Ward round  Admin + M.D.T. meeting  Clinic | DCC  DCC  DCC | 0.25  1  1 |
| Tuesday | 0800-1800 | All day list | DCC | 2.5 |
| Wednesday | 09:00-13:00  13:00-17:00 | SPA  Half day list | SPA  DCC | 1  1 |
| Thursday  (non-hospital day) |  |  |  |  |
| Friday | 0800-0900  0900-1300 | Ward Round  Endoscopy / Specialist Clinic | DCC | 0.25  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:

10PAs per week x (52-10) = 420PAs per annum

Subject to agreement, this may be worked as 7 weeks at 14 PAs & 17 weeks at 12 PAs and 28 weeks at 8.5 PAs.

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 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.

**Emergency General Surgeon Job Descriptions**

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

In addition in order 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 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, appendicectomy)

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 SPA for essential activities required for revalidation

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

For further information on Consultant contracts, Terms & Conditions and Working Time Regulations we recommend consulting the British Medical Association and NHS Employers guidance at <http://bma.org.uk/practical-support-at-work/contracts/job-planning>

1. Royal College of Surgeons (2014) Good Surgical Practice. <http://www.rcseng.ac.uk/publications/docs/good-surgical-practice>
2. Academy of Medical Royal Colleges (2012) Benefits of Consultant Delivered Care <http://www.aomrc.org.uk/general-news/benefits-of-consultant-delivered-care.html>
3. Royal College of Surgeons (2014) Surgical Leadership – a guide to best practice <http://www.rcseng.ac.uk/publications/docs/surgical-leadership-a-guide-to-best-practice>
4. Royal College of Surgeons (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>
5. Temple J. 2010. Time for Training: A Review of the impact of the European Working Time Directive on the quality of training. <http://hee.nhs.uk/healtheducationengland/files/2012/08/Time-for-training-report.pdf>
6. Health Education England (2014) Broadening the Foundation Programme <http://hee.nhs.uk/work-programmes/btbc/broadening-the-foundation-programme/>
7. Tooke review (2008) Aspiring to excellence <http://www.medschools.ac.uk/AboutUs/Projects/Documents/Final%20MMC%20Inquiry%20Jan2008.pdf>
8. Collins, J. 2010. Foundation for Excellence: An Evaluation of the Foundation Programme. <http://hee.nhs.uk/wp-content/uploads/sites/321/2012/08/Foundation-for-excellence-report.pdf>
9. Greenaway D. (2014) Shape of training <http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf>
10. 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>
11. 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>



**RCS Review of Consultant Job Description –****Checklist**

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

The following sections and numbering directly correspond to the *RCS guidance on NHS Surgical Consultant Job Descriptions* which it should be cross-referenced against when completing the review. Once complete this form should be saved and emailed to the Trust with the College copied in on [collegereps@rcseng.ac.uk](mailto:collegereps@rcseng.ac.uk)

The Trust may then negiotiate directly with the RSPA/SA over the recommendations and resubmit the job description. The RSPA/SA should then use the final review section on the original checklist to sign-off whether the job description is endorsed by the RCS.

|  |  |
| --- | --- |
| **College Reference Code (if known):** | **J0XXX** |
| **Trust:** |  |
| **Post (including any special interests):** |  |
| **Initial job description review by:** |  |
| **Reviewed by:** |  |

**1. JOB DESCRIPTION**

|  |  |  |
| --- | --- | --- |
|  |  | **RSPA/SA comment (if necessary):** |
| **1.1 General description of the post**  Is this clearly set out and includes all the recommended information? | **Yes**  **No** |  |
| **1.2 Continuing Professional Development (CPD)**  Is there a statement in the job description that reflects an appropriate commitment from the Trust towards the appointee? | **Yes**  **No** |  |
| **1.3 Revalidation**  Is there a statement in the job description that reflects an appropriate commitment from the Trust towards the appointee? | **Yes**  **No** |  |
| **1.4 Secretarial support and office facilities**  Is there a statement in job description that reflects adequate support and facilities for the appointee? | **Yes**  **No** |  |
| **1.5 Mentoring**  Is there a statement in the job description that reflects an appropriate commitment from the Trust towards the appointee? | **Yes**  **No** |  |
| **1.6 Part-time/flexible working**  If the post is part-time, does this meet the RCS recommendations? | **Yes**  **No**  **N/A** |  |
| **1.7 Children’s surgical services**  Has the Trust considered this and have acted accordingly? | **Yes**  **No**  **N/A** |  |

**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/SA comment (if necessary):** | |
| 2.1.1 | Contain proportional and sufficient admin time with the DCC? | | **Yes**  **No** |  | |
| 2.1.2 | Contain the minimum 1.5 SPAs for revalidation and safe practice? | | **Yes**  **No** |  | |
| 2.1.3 | Contain any activities additional to the above? If yes, please list the activities: | | **Yes**  **No** |  | |
| 2.1.4 | Are these activities accounted for with time in the job plan? | | **Yes**  **No**  **N/A** |  | |
| 2.1.5 | If no, has this been discussed with the Trust’s Medical Director? If it has been discussed, please state the reasons given: | | **Yes**  **No N/A** |  | |
| 2.1.6 | If the job plan has less than 2.5 SPAS, is there a commitment to reviewing the job plan within 6-12 months? | | **Yes**  **No 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? | | | | **Yes**  **No** |
| 2.2.2 | Does the job plan meet the intensity recommendations of the specialty association with respect to frequency of on-call and cancelling elective work during periods of emergency cover? | | | | **Yes**  **No** |
| RSPA comment (if necessary): | | | | | |
| **2.3. Equity within department** | | | | | |
| Does the statement in the job description reflect a commitment from the Trust to the appointee that they will have equitable working conditions to their colleagues? | | | | | **Yes**  **No** |
| RSPA/SA comment (if necessary): | | | | | |
| **2.4. Weekend working** | | | | |  |
| Is there regular weekend work in the job plan? | | | | | **Yes**  **No** |
| 2.4.1 | If yes, is there a commitment to the to the same level of support and mentoring available as would be if working Monday to Friday? | | | | **Yes**  **No**  **N/A** |
| RSPA/SA comment (if necessary): | | | | | |
| **2.5. Travel between sites** | | | | | |
| Will the appointee need to travel between more than one site? | | | | | **Yes**  **No**  **Not specified** |
| 2.5.1 | If yes, there is adequate provision for travel time? | | | | **Yes**  **No**  **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? | | | | **Yes**  **No**  **N/A** |
| RSPA/SA comment (if necessary): | | | | | |

**3. PERSON SPECIFICATION**

|  |  |
| --- | --- |
| **3.1. Appropriate wording** | |
| Is the person specification in line with the wording recommended by the RCS? | **Yes**  **No** |
| RSPA/SA comment (if necessary): | |
| Does the person specification discriminate against any appropriate applicants? | **Yes**  **No** |
| RSPA/SA comment (if necessary): | |

**4. OTHER ISSUES**

|  |
| --- |
| **4.1. Issues not covered in above** |
| RSPA/SA 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.

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 can be resubmitted to the RSPA 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 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/SA to the Trust on (insert date here)**

|  |  |
| --- | --- |
| 1. The Job Description fully meets the RCS criteria |  |
| 1. The Job Description does not fully meet the RCS criteria, recommendations are listed below |  |

|  |
| --- |
| Recommendations: |

**SECOND REVIEW outcome sent from RSPA/SA to the Trust on (insert date here)**

|  |  |
| --- | --- |
| A. The Job Description fully meets the RCS criteria |  |
| B. The Job Description does not meet the RCS criteria |  |

|  |
| --- |
| Recommendations: |