



# Job descriptions, job plans and person specifications

Approving NHS consultant posts  
Guidance for reviewers



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(Version 2)

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## Introduction

This guide is designed to help reviewers who are asked to approve job descriptions and job plans for NHS consultant posts. The Royal College of Physicians (RCP) aims to speed up the approval process by asking trusts to submit a job description against criteria in the [job description review form](#) (available to download on the RCP website).

## Roles

Regional advisers (RAs) and regional specialty advisers (RSA) play an important role in reviewing job descriptions against national standards and criteria. Taking account of published RCP guidance, RAs will be asked to provide objective comments on job descriptions for consultant, specialty doctor and honorary consultant posts. The RCP regards such work as providing wider benefits for the NHS, as referred to in national documentation such as the [new consultant contract](#) and [job planning guidance](#) published by NHS Employers and the British Medical Association (BMA).

The RCP is grateful for RAs' help and assistance to achieve our common goal of providing high-quality patient care.

## Regional advisers

The role of the RA is to consider whether the post represents a satisfactory consultant post within the local circumstances of the trust\* and in line with relevant [terms and conditions of service](#). If the RSA's criteria and other relevant criteria are met, then final approval of the job description is given by the main RA on behalf of the RCP.

In considering job descriptions, the central focus should be on the professional content of the post in relation to clinical, teaching and research work. RAs should look at the proposed job description in relation to other posts in the same specialty in the trust, recognising that trusts will often be seeking consultants who have particular interests (for example, in service or teaching) or specialisms that balance their teams. Posts should be considered on their merits, rather than against a standard template for a consultant post in the specialty, with consideration for the professional development needs of the postholder.

## Regional specialty advisers

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

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

## Approval status

### NHS trusts

In accordance with the Department of Health's 2005 good practice guidance *Appointment of Consultants*, trusts should seek to respond positively to comments from RAs, but it is for trusts to decide whether to amend a job description in the light of the RA's comments.

Early discussion with the trust, and particularly with the appropriate clinical director, is likely to be helpful in resolving concerns about a job description. Where an RA is concerned that an employer has chosen not to accept their advice, the RA may wish to raise the issue with the RCP registrar. This will not, however, prevent an employer from advertising the post, although it should be made clear that the RCP has not approved the post.

### NHS foundation trusts

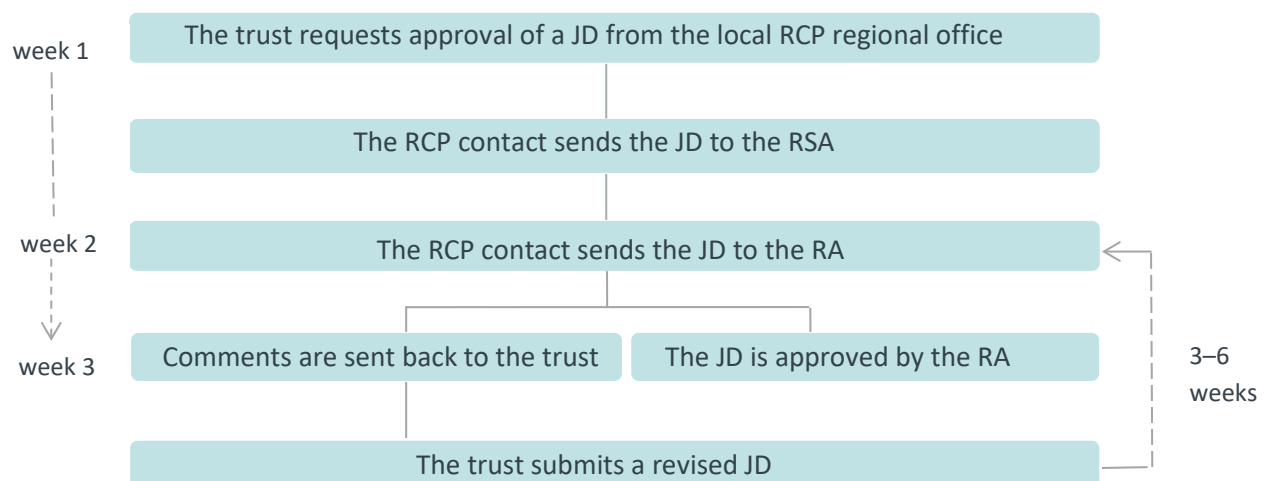
As with non-foundation trusts and in line with the Academy of Medical Royal Colleges' (AoMRC's) [concordat](#) the RCP offers to review job descriptions for foundation trusts. The aim is to have a first-round review completed within a 3-week timescale. Wherever possible, RCP approval of job descriptions should be obtained *prior* to advertising the post.

## The process

Advice must be given within the timescale outlined below. If any requests for approval are made directly to the RSA/RA, they should be redirected to the relevant regional manager or administrator at the RCP.

If a request for a job description review is made from within the RA's own trust, an RA from outside the region will be approached to review the document in order to avoid any potential conflicts of interest.

### Timescale for approval of job descriptions



## Professional standards and requirements

It is important for the RCP's credibility that RSAs and RAs respond to draft job descriptions quickly and positively on issues that are relevant to the RCP's role. Advisers are asked to maintain a professional and constructive approach when forming their comments, as all comments will be relayed directly back to the trust for consideration.

The RCP recognises that there will be regional differences, so it is important to ensure that the process for approval is consistent.

## Job descriptions

A job description should include:

### *Secretarial/IT/office facilities*

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

### *Medical audit and CPD*

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

A suitable form of wording is:

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

## Revalidation

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

## Workload figures

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

## Junior staff

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

## Mentoring

The job description should always include a reference to information about access to mentoring for new consultant development for newly appointed consultants. The RCP is not prescriptive about the form that this must take, as it may vary by trust or specialty, but the RCP wishes to see that this opportunity is available to all newly appointed consultants.

If the job description does not mention mentoring, the RCP requests that the RA writes to the trust stating:

‘The RCP believes that every newly appointed consultant should be offered opportunities for new consultant development to aid transition into their new role. These opportunities should include mentoring (departmental, trust or external), leadership development (through teaching/training supported by practical opportunities), networking, education and personal wellbeing. The RCP is not prescriptive as to how the hospital or trust does this, but the college representative would ask at interviews that the new consultant development arrangements for the person who is recommended for appointment at the committee should be discussed and agreed by the committee as part of its decision-making process.’

If the trust does not agree to put this in the job description, then you should contact the RCP registrar.

### Flexible working

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

## Job plans

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

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

### The recommended allocation of PAs for new consultants

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

When a job plan is over 10 PAs, particularly when including on-call commitments, it should be made clear in the job description that any additional time over 10 PAs is approved *on the condition that the applicant has agreed to the proposed job plan at interview*. In such cases, RCP representatives are asked to follow this up at the Advisory Appointments Committee (AAC).

### Research

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

## Direct Clinical Care (DCC)

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

## Supporting professional activities (SPAs) – the minimum acceptable allocation

### *SPAs for new consultants*

This should be reflecting the requirements of the post and ought to be 2.5 SPAs. For job descriptions that have insufficient SPAs, the RCP's approach is to ask for explanation as to why.

The *minimum required for revalidation only* is 1.5 SPAs for CPD, audit and governance.

Where 1.5 SPAs are offered, the RA should advise the trust that this is the minimum SPA allocation for revalidation only (CPD, audit and governance) and insufficient for additional non-clinical activities including teaching/research/supervision of trainees, fellows and other juniors/department management. Appropriate allocation of CPD will – in the longer term – not only benefit the appointee but also that person's ability to develop clinical services.

Approval can be subject to the following provisos:

- A job plan review should take place after 3 months of the appointment. This should not be seen as an opportunity to reduce SPA time and increase DCC commitment.
- There should be a statement that jobs with 1.5 SPAs are clinical only, with no commitment to teaching or research and are not typically appropriate to 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 trainee/fellow/junior doctor, up to a maximum of 4 trainees).

If the SPA allowance is felt to be inadequate for the job as described, the job description can be referred to the trust's medical director, in consultation with the RCP registrar, with a clear explanation of the perceived deficiencies.

### *SPAs and part-time posts*

The [British Medical Association \(BMA\)](#) and [AoMRC](#) have guidance on how many SPAs should be provided for a consultant who is working less than 10 PAs. LTFT doctors require proportionately more SPA time than full-time posts, for CPD in particular. The principle is that the consultant should be able to undertake all teaching, audit, and clinical governance activities 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.
- For consultants who have a contract for working fewer than 6 PAs, a minimum of 1.5 SPAs should be in the job plan for mandatory training, appraisal, audit and CPD/revalidation.
- A job plan with 6 PAs and above would reasonably be expected to include no fewer than 2 SPAs, to allow for supervision, service development and clinical governance.
- Any additional activities will require the provision of additional SPA time in the job plan.

### *SPAs for research*

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

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

### **On-call commitment**

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

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

The 7.5 PAs that are devoted to patient care should include predictable emergency on-call work, such as post-take ward rounds. If post-take rounds occur during the normal working day then they should not be double-counted, as consultants will normally cancel an activity such as clinics. It is not acceptable to schedule on-call commitments at the same time as other fixed commitments. However, post-take rounds that occur after 7pm, or at weekends, should be counted as predictable emergency on-call work, and at these times 1 PA is equivalent to 3 hours, not 4 hours.



## Person specification

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

### Professional training and qualifications (eligibility criteria)

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

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

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

## Equal opportunities

Although it is an employer's responsibility to ensure that they adhere to equal opportunities legislation, RAs should have an awareness of the legislation. If it appears that an employing authority might be in breach of the legislation, it is perfectly reasonable for the RA to raise this with them. An example might be where a person specification states that a full driving licence is essential. More appropriate wording would be: 'the ability to travel between sites'. Further examples include the exclusion of applicants who have trained overseas (addressed above) and the allowance for flexible or part-time working. All posts should be advertised as eligible to LTFT applicants.

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

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

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

## References

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

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

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

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

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

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

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

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

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

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