

Job descriptions, job plans and person specifications

Guidance for approving NHS specialist doctor posts



March 2021

Contents

Introduction	1
Regional specialty advisers	1
Regional advisers	1
Concordat	1
Job description	2
Secretarial/IT/office facilities	2
Medical audit and CPD	2
Revalidation	2
Department	2
Work load figures	2
Junior Staff	3
Time off in lieu	3
Mentoring	3
Flexible working	3
Job plans	
Working week	3
Programmed activity	4
Premium time	4
Timetable	4
Direct clinical care	4
Supporting professional activities	5
On-call duties	5
Additional programmed activities	6
Person specification	
Entry criteria	6
RCP criteria for approving job descriptions, job plans and person specifications	7

Introduction

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

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

Regional specialty advisers

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

Regional advisers

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

Concordat

The [concordat](#) between the Academy of Medical Royal Colleges and NHS Employers on the appointment of specialist medical staff states

- Employers will use the [generic capabilities framework](#) and template [person specification](#), which they will develop based on the requirements of the service.
- Where the clinical lead judges that further input is required, the employer will work with the RCP's regional adviser in developing person specifications and reviewing the curricula to clarify any specialty-specific capabilities that may be required and the evidence to help meet these. Where there is an accepted national standard or statutory requirement for a specialty-specific competence illustrative examples will be recognised by the relevant curriculum.
- It will be for employers to determine locally what specific entry criteria they are looking for in the person specification which will be relevant to the individual post.
- The employer will inform RCP of their intention to proceed with recruitment once the person specification for the post has been approved by the employer. The approved person specification will be shared with RCP.
- An RCP representative will be invited to attend the interview.

The RCP's role is limited by concordat to giving advice on the person specification and providing a representative for interview. However, the RCP can only give advice on the person specification if the role (job plan) and supporting environment (job description) are made available. The RCP's role is to provide advice and its views may sometimes differ from those of the employing organisation, but discussion should enable a mutually satisfactory agreement, facilitating the employer to make a good appointment.

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

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

A description of the department/directorate

A list of colleagues' (consultants and SAS doctors) names and titles.

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.

Time off in lieu

There are concerns about doctors not being allowed time off in lieu (such as for weekend working), and the Trust should address rest requirements, particularly for new specialist doctors.

Mentoring

The job description should always include a reference to information about access to mentoring for newly appointed specialist doctor. The RCP believes that every newly appointed specialist doctor should be offered opportunities for development to aid transition into their new role. These opportunities should include mentoring (departmental, trust or external), leadership development (through teaching/training supported by practical opportunities), networking, education and personal wellbeing. The RCP is not prescriptive as to how the hospital or trust does this, as it may vary by trust or specialty, but the RCP wishes to see that this opportunity is available to all newly appointed specialist doctors. The development arrangements for the person who is recommended for appointment at the Advisory Appointments Committee (AAC) should be discussed and agreed by the AAC as part of its decision-making process.

Flexible working

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

Job plans

In considering job planning regional advisers should refer to the publication [Terms and Conditions of Service Specialist April 2021](#). The job plan of a Specialist doctor should ideally mirror that of a consultant.

Working week

A standard full-time working week will be based on a job plan containing ten programmed activities.

Programmed activity

Programmed activity (PA) means a scheduled period, normally equivalent to four hours (which may be equated to three hours in premium time), during which a doctor undertakes contractual and consequential services.

Premium time

Any programmed activity undertaken outside of the hours 7am to 9pm, Monday to Friday, and all of Saturday and Sunday, and any statutory or public holiday, is regarded as taking place in 'premium time'. This means that a programmed activity at these times lasts only three hours instead of four hours.

Timetable

The timetable should provide sufficient breadth and depth of clinical work and relevant professional activities to enable the specialist doctor to achieve and maintain relevant competencies and develop as a clinician.

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

Direct clinical care (DCC)

DCC is work that directly relates to the prevention, diagnosis or treatment of illness.

- PAs dedicated to direct clinical care should be stated.
- PAs dedicated to dictating letters, reviewing results, attending multidisciplinary team meetings and case presentations, and seeing relatives should be stated.
- 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 (e.g., to give results, diagnosis, medication changes, answer patient queries etc) in job plans, rather than under administrative time. Non-face-to-face clinical activity also includes telemedicine clinics, telemedicine triage and electronic Advice and Guidance.
- Where paperless (electronic) systems are introduced, 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.

Supporting professional activities (SPAs)

SPAs are activities that underpin DCC.

- A minimum of 1.5 SPAs is included for revalidation only (a minimum of 1 if the post is less than 10 PAs). This includes audit, CPD, and appraisal. The terms and conditions of the specialist doctor contract state there should be a minimum of 1 SPA for full time doctors. The minimum requirement for revalidation is at least 1.5 SPA and therefore the RCP will not approve full time specialist doctor post which has less than 1.5 SPA. Good practice guidance In Wales advocates 20% of time for SPAs for all SAS doctors.
- Additional SPAs have been allocated such as for teaching, research, assessment of trainees, clinical governance and service development.
- Jobs with 1.5 SPAs are clinical only, with no commitment to teaching, research, assessment of trainees, clinical governance and service development and are not typically appropriate to specialist doctor level appointment.

Additional NHS Responsibilities

Additional NHS Responsibilities are special responsibilities within the employing organisation not undertaken by the generality of doctors, which are agreed between the doctor and the employer and which cannot be absorbed in the time set aside for supporting professional activities. These could include, for example being a clinical manager, clinical governance lead or clinical audit lead.

External duties

External duties is work that is not included in the definitions of 'Direct Clinical Care', 'Supporting Professional Activities' and 'Additional NHS Responsibilities', and not included within the definition of Fee Paying Services or Private Professional Services, but are undertaken as part of the prospectively agreed job plan by agreement between the doctor and the employing organisation without causing undue loss of clinical time. They might include, for example, trade union duties, reasonable amount of work for the Royal Colleges or Government Departments in the interests of the wider NHS.

On-call duties

The frequency of on-call commitments should be clearly stated. Compensatory rest should be accommodated within the job plan.

It would be helpful to include information on the number of patients that a specialist doctor should expect to see and information on the times that he or she should expect to be in the hospital. If acute on-take duties are part of the job description, there must be a specific commitment to post take ward rounds.

Additional programmed activities

The terms and conditions provide flexibility for employers and specialist doctor to agree to contract for additional PAs for a variety of purposes, although a specialist doctor cannot be compelled to agree to a contract containing more than ten PAs.

Person specification

There should be a person specification detailing the essential and desirable qualifications, skills and experience required to perform the job.

Entry criteria to the specialist doctor grade

A doctor appointed to this grade shall have

- Full registration with the General Medical Council and
- Completed a minimum of 12 years medical work (either continuous period or in aggregate) since obtaining a primary medical qualification, of which a minimum of 6 years should have been in a relevant specialty
- Meets the criteria set out in the generic capabilities framework for the specialist grade which has been developed by AoMRC, BMA and NHS Employers.

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

Check	Item
1	Inclusion of a job description that includes a job plan and person specification
Job descriptions	
2	A defined commitment to secretarial support and an adequately equipped office, including defined information technology (IT) facilities.
3	A statement on expectations regarding medical audit
4	A statement on expectations for continuing professional development (CPD).
5	A statement on commitment to revalidation.
6	A description of the department/directorate (a list of colleagues' names and titles).
7	Workload figures are included, for example <ul style="list-style-type: none"> ▪ Inpatient and outpatient workload (new and follow-up) ▪ Expectations of the personal workload.
8	A statement about staff that will be available to support the appointee.
9	A statement about consideration of time off in lieu (such as for weekend working).
10	A reference to information about access to mentoring for newly appointed specialist doctors (job descriptions should always include this).
11	A statement on adaptability to LTFT/flexible working.
Job plans	
12	A sample weekly timetable taking account of the programmed activities (PAs) outlined below and is broken down into AM and PM sessions with timings. Common issues: <ul style="list-style-type: none"> • Full time posts should have a 10 PA framework • Include time for lunch and travel
13	Direct clinical care (DCC) <ul style="list-style-type: none"> a) PAs dedicated to direct clinical care stated b) PAs dedicated to dictating letters, reviewing results, attending multidisciplinary team meetings and case presentations, and seeing relatives stated.
14	Supporting professional activities (SPA) <ul style="list-style-type: none"> a) A minimum of 1.5 SPAs is included for revalidation only (a minimum of 1 for posts with less than 10 PAs). This includes audit, CPD, and appraisal. Good practice guidance In Wales advocates 20% of time for SPAs for all SAS doctors. b) Additional SPAs have been allocated such as for teaching, research, assessment of trainees, clinical governance and service development.
14	The frequency of on-call commitments should be clearly stated and emergency cover policies included.
Person specification	
15	Full registration with the General Medical Council
16	Completed a minimum of 12 years medical work (either continuous period or in aggregate) since obtaining a primary medical qualification, of which a minimum of 6 years should have been in a relevant specialty
17	Meets the criteria set out in the generic capabilities framework for the specialist grade which has been developed by AoMRC, BMA and NHS Employers.

**Advisory Appointments Committees Unit
Membership Support and Global Engagement**

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1477

Email: aac@rcp.ac.uk

www.rcplondon.ac.uk