

The Royal College of Ophthalmologists

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College advice on job descriptions for consultant and specialty doctor posts

Principles

Part of the traditional remit of College Regional Advisers (RAs) is to see and approve job descriptions and person specifications for new or replacement posts at specialty doctor and consultant level. In general, most posts being advertised have fairly conventional job descriptions and RAs are able to resolve most queries locally. However, RAs and the staff of the College Education and Training Department sometimes refer queries to the College Officers – usually the Chairman of Professional Standards.

The College is not a statutory authority and has few sanctions it can bring to bear if a foundation trust, NHS trust or health board is determined to plough on regardless of contrary advice from the College, but in practice it is rare for its advice to go unheeded, probably because the process of advertising and appointing to a post is expensive and the consequences of making an unwise appointment can be severe and long-lasting. College approval of posts and participation in the appointments system is generally valued.

Most consultant posts (and even some specialty doctor posts) now ask for a sub-specialty interest and therefore there may be considerable variability in the balance of sessions on offer. Some posts build into the job description a specific managerial or teaching brief (for instance clinical lead for diabetic retinopathy screening), or a service development role. Occasionally posts will be advertised as a part time post or job share.

It may be helpful when reviewing a job description (JD) and person specification (PS) to consider the following questions:

1. Is it legal? Human resources departments usually scrutinise advertisements, JD and PS carefully for anything which might discriminate unlawfully, but it is still possible that a detailed requirement in a PS might result in a complaint of indirect discrimination unless worded carefully (for instance requirements for previous experience or possession of specific qualifications).
2. Is the balance of sessions in the job plan consistent with the job description? A single surgical session in a paediatric ophthalmology job plan might be appropriate, but not if the appointee is also expected to service an adult cataract waiting list. In sub-specialties such as oculoplastics and vitreoretinal surgery, the

ratio of operating lists to clinics may need to be as much as 1:1.

3. Is realistic provision made for travel between premises and para-clinical responsibilities of the post? It is not uncommon for the newest appointee to a unit to be given a list or a clinic which clashes with the local or regional teaching programme, and yet for the JD to state that the appointee will have a responsibility for teaching. It may be unrealistic for the College to insist that all consultants in a unit are free to attend a regional teaching programme in the same session, as there may be insufficient theatre or clinic capacity for this to be possible, although it is highly desirable as the effectiveness of postgraduate teaching programmes is very dependent on the level of consultant attendance. In circumstances where there is no practical alternative for a consultant to have a fixed clinical session during protected teaching time, it is reasonable to ask the employer what alternative provision it intends to make for the appointee to fulfil his / her CPD requirements and any teaching responsibilities set out in the JD. It may for instance be possible to rotate that session between more than one consultant or to consider alternative work patterns such as three-session days.
4. It is common for trusts to offer job descriptions which have more than 7.5 clinical programmed activities (PAs) and fewer than 2.5 PAs for supporting professional activities (SPAs). It is outside the College's remit to specify a standard balance between clinical and SPA PAs, and the appropriateness of the balance should in any case be reviewed annually in the job planning process. However, it may be possible to comment on this issue indirectly via 2 and 3 above, and the College expects that College Tutors will receive a specific allowance of SPA time for the post depending on the number of trainees and specialty doctors in the unit. The College could refuse to ratify the appointment of a College Tutor where adequate SPA time for the post was not forthcoming. Consultants who undertake day to day clinical supervision of trainees, including the completion of workplace-based assessments should also have this responsibility recognised in their allocation of SPA time.
5. Is there a large discrepancy between the JD for the post being advertised and the other posts at the same grade in the unit? For instance, a new post with 8 clinical sessions in a unit where all the other consultants have 6 clinical sessions is likely to prove problematic. In an "applicant's market", the post may simply fail to attract applicants. In an "employer's" market, it may attract applicants who are desperate for a job, but become a source of resentment and discord in the unit later. It is not necessarily a reason to throw out a JD, but it is appropriate to sound a note of caution.
6. Does the JD create a risk of de-skilling? Although there is limited evidence to specify a minimum amount and frequency of surgical experience in non-training posts, there is an inverse relationship between volume of cataract surgery and

Occasional lists in otherwise non-surgical job plans are not unknown as “sweeteners” in specialty doctor job plans but it is questionable as to whether they offer adequate experience to develop or maintain skills.

7. Beware of “aspirational” job descriptions. These are JDs which depend on the opening of a new building or purchase of new equipment or approval of another appointment to be achievable. Although it is entirely understandable for a unit to jump at the chance of appointing to a much-needed new post, it should be wary of making itself a hostage to fortune when agreement has not yet been secured on other elements of the package. If the promises have not materialised a year or two later, the appointee may not stay long and the post itself may then be in jeopardy.

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¹ Bell CM, Hatch WV, Cernat G, Urbach DR. Surgeon volume and selected outcomes in cataract surgery, a population based analysis. *Ophthalmology* 2007; 114(3):405-410