The ROYAL COLLEGE of OPHTHALMOLOGISTS

Job Description Guidance

Guidance on Consultant Ophthalmologists Job Plans

January 2022

18 Stephenson Way, London, NW1 2HD, T. 02037705322

contact@rcophth.ac.uk @rcophth.ac.uk

Contents

Date of review: October 2023

1. Introduction

This guide explains the RCOphth's guidance and requirements for approving and job plans for NHS Specialist Grade ophthalmologist posts. It does not cover Medical Ophthalmology posts which should be sent to The Royal College of Physicians (RCP).

Council Regional Representatives (RRs) will use this guidance when reviewing job descriptions against national standards and criteria; 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.

RCOphth approval of job descriptions should be obtained *prior* to advertising the post.

Ophthalmic services should be provided by a suitably trained workforce which can be drawn from various professions. The service should be consultant led with adequate support from other professionals which will include ophthalmologists in training, Associate Specialists, Specialty doctors, Specialist doctors, ophthalmic nurse practitioners, orthoptists, optometrists, clinical scientists, imaging specialists and other eye care professionals.

In hospitals where there are fellows, postgraduate students, specialist trainees, speciality doctors, and undergraduate medical students, consultant sessions are needed both to supervise training and to provide teaching.

No ophthalmic unit should be staffed by a single consultant working in isolation. Smaller eye units should have a minimum of two consultants, although experience suggests that the appointment of a third consultant may lead to more sustainably resourced department.

Academic honorary consultant appointments will have an appropriate job plan taking into account their academic appointment but retaining the core requirements and adhere to Follett principles.

The RCOphth supports the UK Government position that clinical research is a core part of effective patient care in the NHS and from 2021[i] will create incentives and levers to achieve this including building research into healthcare regulatory requirements for NHS bodies and revalidation requirements for medical professionals

2. Job description

A job description should include:

Information on the employing organisation

- Key services
- Catchment area and population
- Regional and national services
- University links, support and resources for research
- Development plans
- Management Structure
    - Tertiary centre, teaching hospital or DGH
    - On-site services
    - Relationship with other hospitals
    - Development plan
- The Department
    - Management structure
    - Work of the department
    - Location/s care is delivered in and where the post holder will work
    - Numbers and composition of medical staff: (consultants, trainees, specialty doctors) it should be clear what staff will be available to support the appointee and these should be defined.
    - Support staff: (orthoptists, optometrists, medical photographers, technicians)
    - Relationship with other departments
    - Clinical activity - contracts e.g., outpatient attendance figures
    - Facilities available: inpatient (number of beds), day case, theatres, outpatient (general and special interest), accident and emergency, diagnostic facilities
- Secretarial/IT/office facilities - a commitment to defined secretarial support and an adequately equipped office, which may be shared or involve 'hot desking', including defined availability of information technology (IT) facilities. If there is lack of secretarial support, then additional PAs will be required for patient administration.
- Appropriate facilities and quiet environment for telemedicine and virtual clinic.

The post

- Job title, whether whole or part-time and employing authority.
- The main duties and responsibilities of the post, including information on the clinical, teaching, research and administrative elements.
- Where a sub-specialty is specified the equipment and infrastructure relevant to that specialty should be indicated
- Clinical director/manager to whom responsible; names and grades of other members of staff.
- Details of all likely clinical commitments including fixed sessions, supporting professional activities and duties at other establishments.
- Details of out-of-hours and unsocial hours responsibilities, including rota commitments, where appropriate.

- Timetable: This may be indicative, the actual timetable should be provided to the successful candidate not later than four weeks prior to taking up of the position. This should be done in conjunction and agreed by the consultant.
- Details of any other duties including the supervision and support of other staff, teaching, administrative and research requirements or opportunities. The provision to offer a named mentor to new consultants on appointment.
- Requirements to participate in audit and clinical governance under local arrangements.
- Management responsibilities.

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 Ophthalmologists 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 RCOphth, 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

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.

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 new consultant development for newly appointed consultants.

The RCOphth 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 RCOphth is not prescriptive as to how the hospital or trust does this, as it may vary by trust or specialty. However, the RCOphth would like to see that this opportunity is available to all newly appointed consultants.

The new consultant development arrangements for the person 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.

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.

The weekly timetable in the job description should clearly define whether a session is DCC or SPA and where the DCC administration time is to take place.

The exact number of fixed clinical sessions may also depend upon other commitments such as a particularly onerous workload or significant additional responsibilities.

3. Job plans

Working week

A standard full-time working week 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. Sessions fall into two categories: Direct Clinical Care (DCC) and Supporting Professional Activities (SPAs).

Direct clinical care (DCC)

Assuming a standard 10 Programmed Activity (PA) contract:

- a maximum of 7 patient facing/ engagement Direct Clinical Care (DCC) sessions. This may include 3-4 outpatient sessions (including general and special clinics, laser etc) and 2-3 theatre sessions (or treatment session for medical ophthalmologists) although less than 2 theatre sessions may be appropriate for posts with a subspecialist interest in some areas
- Telemedical consultations, telephone consultations, virtual clinic reviews, advice and guidance and clinical triage should be considered as patient engagement sessions. These sessions may include clinical administration time within the template for that session.
- Appropriate DCC PAs to reflect travel time should be stated in the job plan e.g., offsite clinics/ travel between hospitals etc.

- A minimum of 1 session for patient clinical administration (Direct Clinical Care session). Being able to triage referrals, dictate letters, look up results of investigations ordered, answering GP and patient enquiries etc. is crucial to patient care. If there is lack of secretarial support, additional PAs will be required for patient administration. There are no specific or guidance on the appropriate amount of clinical administration or how to calculate it. However, it is likely that about 60 minutes (0.25 PA) would be reasonable for each four-hour clinic where it is not already built into the template. It is preferably that this time be consolidated rather than divided into small additional amounts following or preceding clinics. Unless agreed by all parties, multiple short periods of DCC clinical administration are unlikely to be effective.

Supporting Professional Activity (SPA)

- A minimum of two Supporting Professional Activity (SPA) sessions, 1.5 of which is to allow for activities such as CPD, audit, research, teaching, appraisal and revalidation. The RCOphth recommends 0.25 PAs for being an educational supervisor (per trainee). Appropriate allocations for other supporting activities should be given.
- All other additional duties e.g., management, appraising, College Tutor and deanery roles should also be recognised in a job plan and appropriate PAs agreed during the job planning process. Duties for external bodies e.g., College work are not always remunerated but it is important for Trusts to recognise the importance of external duties which benefit the NHS and allow doctors leave to professional leave to take on these roles.

The RCOphth along with the Academy of Medical Royal Colleges promoted the value of included 2.5 SPAs within a job plan.

In Wales, the Welsh consultant contract mandates a DCC: SPA split of 7:3 for direct clinical care to supporting professional activities.

Jobs with 1.5 SPAs would be considered clinical only, with no commitment to teaching or research and are not typically appropriate to consultant level appointments.

Development within Supporting Professional Activities and appropriate application will – in the longer term – not only benefit the appointee but also that person's ability to develop clinical services.

Research

Trusts should use job planning to protect time for clinical research within the SPA allocation while maintaining a minimum of 1.5 SPA for appraisal/revalidation. In future trusts should move towards including patient-facing research within the direct clinical care (DCC) allocation.

On-call

It is expected that the frequency and category is stated.

The on call commitment is remunerated as a percentage uplift in salary as category A or B

The employing organisation will determine the category of the consultant's on-call duties for these purposes by making a prospective assessment of the typical nature of the response that the consultant is likely to have to undertake when called during an on-call period. This assessment will consider the nature of the calls that the consultant typically receives whilst on-call. The two categories are:

Category A: this applies where the consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations;

Category B: this applies where the consultant can typically respond by giving telephone advice and/or by returning to work later.

The supplements being

Frequency of rota commitment	**Value of availability supplement as a percentage of full-time basic salary**	
	Category A	**Category B**
High frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low frequency: 1 in 9 or less frequent	3.0%	1.0%

In addition there may be Direct Clinical Care PA allocation calculated by a diary exercise for predictable and unpredictable on call and this must be reflected 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.

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 within the time allocated for supporting activities as follows:

It is unlikely that a less than full time doctor can fulfil revalidation requirements while working less than 1 SPA, and this is considered essential.

For consultants who have a contract for working fewer than 7 PAs, a minimum of 1 SPAs should be within that allocation in the job plan for mandatory training, appraisal, audit and revalidation. It is expected further SPAs will be allocated for educational supervisor, appraiser, research and other activities as required.

A job plan with 7 Pas and above would reasonably be expected that there would be 1.5SPA considered essential for mandatory training, appraisal, audit and CPD/revalidation. Is would be expected that further SPA would be allocated for educational supervisor, appraiser, research and other activities as required.

Revalidation is a requirement and is to include one's whole practice. Therefore, those who have more than one employment may proportionally have the SPA's from different employers such as another NHS Trust, University, Private Practice. Taking this into account the SPA allocation should use the same principles.

On occasion there are job plans of much fewer PA's. This may be as part of multiple employments and should be treated as indicated in the previous paragraph and this should be made clear at the time the job plan is submitted to the college.

Where a post is of few PAs and it is a sole ophthalmology activity then this should be dealt with in the same way at those on less than 7 PAs. These consultant positions need careful consideration on an individual basis,

SPAs for research

Jobs that have a defined academic or university component are usually clear.

Where SPAs are expected to contain a contribution to research that is specified, an appropriate time commitment within SPA should be included in the job plan (or in the future DCC where patient facing) . This allocation will depend on the size of the research study and individual time requirement. There should be local protocols for this to ensure equity and transparency within the trust.

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 are work that 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. They 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.

4. 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.

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.

	ESSENTIAL	**DESIRABLE**
Registration	Full GMC Registration	
Qualifications	FRCOphth or equivalent	Higher degree
General	Must be on the Specialist Registrar, hold a Certificate of Completion of Training (CCT/CCST) or be within 6 months of obtaining the CCT.	
Experience	Clinical training and experience and ability to take full and independent responsibility for clinical care of patients. Experience and training in a speciality area complementary to those in the department.	Post CCST Fellowship Experience of risk management.
Audit	Experience of and participation in departmental audit.	
Clinical skills	Clinical ability and experience to fulfil the clinical role of the post	
Teaching	Ability to teach junior staff and undergraduates where appropriate	
Research	Ability to contribute to clinical research delivery	
Personal	Ability to establish good working relationships with staff and be able to communicate well with patients. Flexibility.	
Management	Good organisational skills and time management	

5. Additional reading

https://www.nhsemployers.org/articles/consultant-contract-2003

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