To start the review process this form must be completed by the appointing body (employer).  **A new blank form must be used for each job description – please do not overwrite an existing one.** Once completed, please email this form and the job description to the professional support administrator - ps.administrator@rcophth.ac.uk. **The JD and person spec should be submitted in one document.** The form will be reviewed by professional support department and then passed onto your regional representative for approval. Once your regional representative has reviewed the form and given approval, the form will be returned with the final comments/approval.

**Employer:** Fill in the General Information section and the ‘Employer’ column in the Checklist Criteria section. Make sure each criterion is cross-referenced to the relevant page in the job description. If a criterion is not addressed, leave the check box blank and explain why in the ‘Employer comments’ section below the checklist.

**RCOphth Office:** Check that each criterion is addressed in the job description and tick the corresponding box. If it isn’t, leave the box blank and enter a comment in the comments log.

**Regional Representative:** Confirm that each criterion is addressed in the job description and tick the corresponding box. If it is not addressed leave the box blank and enter a comment in the comments log. After each review round, complete the ‘Outcome of review’ section at the end of the form.

**General Information** to be completed by the employer

**\*These fields must be completed by the employer before the form is submitted**

|  |  |
| --- | --- |
| **\* Post Title** ConsultantJDR | **\* Job description reference number**  |
| **Main hospital base of postholder**[Main location] | **\* Number of posts being advertised for this JD****\* Reason for posts e.g. New post, replacement****\* Contract type****\*Is the post already advertised?** |
| **\*DCC** [DCC Trust]**\*SPA** [SPA Trust] |
| **\*Main specialty****Ophthalmology** | **Date/Time/Location of AAC** |
| **Sub-specialty(s)** |
| **Medical Staffing contact details:** \*Name  Job title  Phone  \*Email   | **Clinical lead/ job description author contacts details:** \*Name  Job title Consultant Ophthalmology Phone  \*Email   |

## **RCOphth information**

**Regional Adviser (RCOphth Admin):**

**Date documents received (RCOphth Admin):**

## **Checklist criteria**

## **All parties should tick the relevant box against each criterion. If the job description does not meet the criterion, leave**

## **the box blank and insert comments in the comments log section.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **\*Employer**  | **\*Page number**  | **RCOphth Office** | **Regional Representative** |
| Inclusion of a job description that includes a job plan and person specification |[ ]  Click or tap here to enter text.  |[ ] [ ]
| **Job description**  |
| 1. A commitment to secretarial support and an adequately equipped office, including information technology (IT) facilities
 | [ ]  | Click or tap here to enter text. |[ ] [ ]
| A statement on expectations regarding medical audit  | [ ]  | Click or tap here to enter text. |[ ] [ ]
| A statement on expectations for continuing professional development (CPD) |[ ]  Click or tap here to enter text. |[ ] [ ]
| A statement on commitment to revalidation |[ ]  Click or tap here to enter text. |[ ] [ ]
| A description of the department/directorate (a list of colleagues’ names and titles) | [ ]  | Click or tap here to enter text. |[ ] [ ]
| Workload figures are included, e.g.: Inpatient and outpatient workload (new and follow-up)Expectations of the personal workload |[ ]  Click or tap here to enter text. |[ ] [ ]
| A statement about staff that will be available to support the appointee |[ ]  Click or tap here to enter text. |[ ] [ ]
| A statement that there will be consideration of time off in lieu (such as for weekend working) |[ ]  Click or tap here to enter text.  |[ ] [ ]
| A reference to information about access to mentoring for newly appointed consultants (job descriptions should always include this) |[ ]  Click or tap here to enter text. |[ ] [ ]
| **Job Plan**  |
| A sample weekly timetable that takes account of the programmed activities (PAs) outlined below and is broken down into AM and PM sessions with timingsCommon issues:Full-time posts should have a 10 PA frameworkInclude time for lunch and travel | [ ]  | Click or tap here to enter text. |[ ] [ ]
| Honorary consultant posts only:NHS academics will usually have a ratio of direct clinical care to supporting professional activities of 3:1 (e.g. a 5 clinical PAs should be split into 3.75 DCC and 1.25 SPAs). |  |  |  |  |
| a) 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: • acting as principal investigator 0.1–0.5 SPAs• acting as chief investigator 0.1–1 SPAs• Research and good clinical practice (GCP) training0.125 SPA’s |  |  |  |  |
| Direct clinical care (DCC)Maximum 8.0 PAs per week can be dedicated to patient facing direct clinical care (7 in Wales) in full time posts | [ ]  | Click or tap here to enter text. |[ ] [ ]
| 1. Every 1PA DCC clinic generally requires 0.25PA of patient-related administration as part of the DCC, although complex clinics may require more. (usually a minimum of 1 session for 10 PA post)
 | [ ]  | Click or tap here to enter text. |[ ] [ ]
| Supporting professional activities (SPAs)1. A minimum of two support professional activity sessions, 1.5.SPA for e.g. revalidation, audit, CPD, appraisal research and teaching.

(It is expected that in accordance with the Wales Good Practice Guide (2006), c. two sessions for Supporting Professional Activities (or 20% of working time) will be provided, subject to the minimum of one session designated for Job Planning and meeting requirements for appraisal and revalidation) |[ ]  Click or tap here to enter text. |[ ] [ ]
| 1. Additional SPAs have been allocated for e.g. assessment of trainees, clinical governance and service development etc. if required of post holder.
 |[ ]  Click or tap here to enter text. |[ ] [ ]
| **Criteria** | **\*Employer**  | **\*Page number**  | **RCOphth Office** | **Regional Representative** |
| On-call commitments should be clearly stated (the overall or weekday and weekend frequency if applicable) | [ ]  | Click or tap here to enter text. |[ ] [ ]
| **Person specification**  |
| The post-holder should hold the relevant post graduate qualification in ophthalmology FRCOphth or equivalent  | [ ]  | Click or tap here to enter text. |[ ] [ ]
| Full registration with the GMCEntry on the General Medical Council (GMC) Specialist Register via one of the following: Certificate of Completion of Training (CCT) (The proposed CCT date must be within 6 months of the interview) Certificate of Eligibility for specialist Registration (CESR) Does the person specification meet the needs of the role e.g. if it mentions the role is going to be in a subspecialty do they ask for subspecialty experience | [ ]  | Click or tap here to enter text. |[ ] [ ]
| **Comments log****Indicate the relevant checklist number above when inserting comments**  |
| **Initial employer comments**  |  |
| **Review round one**  |
| **RCOphth office comments** |  |
| **Regional Representative comments** |  |
| **Employers response**  |  |
| **Review round Two (If needed)** |
| **RCOphth office comments** |  |
| **Regional Representative comments** |  |
| **Employers response** |  |

**Outcome of review**

Final sign-off is by the regional representative *only*

|  |  |
| --- | --- |
|  **Approved** [ ]  |  **Not approved** [ ] (tick this box if the JD requires changes or cannot be approved) |
|  **Approver:** Choose an item. **Regional Representative:** **Choose an item.** |
|  **Date of final review** [Date approved] |
| **The review is valid for 1 year, provided the job description remains completely unchanged. The AAC must be within the review validity date.** |   **! For RCOphth admin use only**  **Review expiry date**  [Approval valid until] **DCC** [DCC admin] **SPA** [SPA admin] |