



The **ROYAL COLLEGE** of  
**OPHTHALMOLOGISTS**

## Job Description Guidance

# Guidance on Specialist Grade Ophthalmologists Job Plans

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## 1. Introduction

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This guide explains the RCOphth 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.**

The new Specialist Grade was introduced from 1<sup>st</sup> April 2021.

The term 'SAS doctor' includes specialty doctors and specialist grade doctors with at least four years of postgraduate training, two of which are in a relevant specialty.

SAS doctors are a diverse group with a wide range of skills, experience and specialties. They are an essential part of the medical workforce. The Specialist Grade sits between the Specialty Doctor and Consultant grades.

The main difference between the Specialty Doctor and Specialist Grade is that the new role will provide a greater amount of expertise, responsibility, decision-making and competence. A Specialist Grade doctor will be responsible for the patients under their care and have greater opportunity to undertake wider professional activities and additional NHS responsibilities such as management roles.

The three key differences between the Specialist Grade role and Consultant roles are:

- A Specialist Grade will be an expert in a narrower field and will work independently in their defined area of practice (as agreed locally) whereas a consultant has more breadth of expertise in their entire specialty and is independent within that broader role and;
- Consultants are expected to carry out a variety of wider responsibilities including managerial and leadership roles that incorporate teaching, training, audit, research, for example. A Specialist Grade doctor will have the opportunity to carry out wider roles and will be encouraged to do so, however there will be no expectation of this.
- Consultants are required to be on the specialist register (possess CCT or CESR)

The introduction of this role will follow one of three scenarios:

1. Doctor is already on national Associate Specialist terms and conditions of service and is eligible for assessment to transfer to the new role with back pay to 1<sup>st</sup> April 2021, if successful.
2. Appointment to a Specialist grade post through competitive recruitment to a new post.

3. Appointment to a Specialist grade post through internal recruitment to a new post where external recruitment would place a Trust employed doctor “at risk”.

## Background

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 RCOphth’s regional representative 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 RCOphth 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 RCOphth.
- An RCOphth representative will be invited to attend the interview.

**The RCOphth’s role is limited by concordat to giving advice on the person specification and providing a representative for interview. However, the RCOphth can only give advice on the person specification if the role (job plan) and supporting environment (job description) are made available. The RCOphth’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.**

## 2. Job description

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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 and research portfolio of the department
- 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, including defined availability of information technology (IT) facilities. If there is lack of support, then additional PAs will be required for patient administration.

### **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 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.
- 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 research, audit and clinical governance under local arrangements.
- Management responsibilities.

### **Medical audit, teaching, training and CPD**

- a statement on expectations regarding medical audit, teaching and training
- 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, bank holidays, ad hoc working), and the Trust should address rest requirements.

## Mentoring

The job description should always include a reference to information about access to mentoring for newly appointed specialist doctor. The RCOphth 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 RCOphth is not prescriptive as to how the hospital or trust does this, as it may vary by trust or specialty. 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.

## 3. Job plans

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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 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. ([Appendix 1: example presentation provided](#)).

## **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.

## **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 RCOphth 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, quality improvement projects 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.
- 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 local principal investigator 0.25–0.5 SPAs, acting as chief investigator 0.5–1.0 SPAs, research and good clinical practice (GCP) training 0.25 SPAs

### **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.

The RCOphth supports the UK Government position that clinical research is a core part of effective patient care in the NHS and from 2021<sup>1</sup> will create incentives and levers to achieve this including building research into healthcare regulatory requirements for NHS bodies and revalidation requirements for medical professionals. This should be reflected in the job plans of all doctors, with dedicated time to engage with research in *some way*, be that supporting/contributing to research led by others (e.g. recruiting patients into studies, supporting data collection, supervising/supporting trainees undertaking research) or leading a research study.

### **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.

### **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 they should expect to be in the hospital.

### **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.



## 4. Person specification

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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.

### Professional values and behaviours, skills and knowledge

- 1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework [or equivalent for dentists].
- 1.2 Demonstrates the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope.
- 1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.
- 1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner. [All senior doctors/dentists [including consultants and GPs] work independently/ autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.]
- 1.5 Critically reflects on own competence, understands own limits, and seeks help when required.
- 1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management.
- 1.7 Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making adjustments for patients with communication difficulties.
- 1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.
- 1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.
- 1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.
- 1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.

## **Leadership and teamworking**

- 2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others.
- 2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes - appreciates own leadership style and its impact on others.
- 2.3 Develops effective relationships across teams and contributes to work and success of these teams - promotes and participates in both multidisciplinary and interprofessional team working.
- 2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.
- 2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development.
- 2.6 Demonstrates ability to challenge others, escalating concerns when necessary.
- 2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments.

## **Patient safety and quality improvement**

- 3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.
- 3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.
- 3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.
- 3.4 Advocates for, and contributes to, organisational learning.
- 3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.
- 3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.
- 3.7 Evaluates and audits own and others' clinical practice and acts on the findings.
- 3.8 Reflects on personal behaviour and practice, responding to learning opportunities.
- 3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.
- 3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.
- 3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.

## **Safeguarding and vulnerable groups**

- 4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.
- 4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.

## Education and training

- 5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.
- 5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.
- 5.3 Identifies and creates safe and supportive working and learning environments.
- 5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-- medical practitioners.
- 5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors in training, as required by the role.
- 5.6 Plans and provides effective teaching and training activities as required by the role.
- 5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision [leadership].
- 5.8 Takes part in patient education.

## Research and scholarship

- 6.1 Engages with, support and participates in research and keeps up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.
- 6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.
- 6.3 Locates and uses clinical guidelines appropriately.
- 6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.
- 6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.

## 5. Specialist grade - template person specification

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### Capabilities

As all the capabilities are taken from the GMC's Generic Professional Capabilities (GPCs), they are required of all doctors. We expect the majority of capabilities listed to be key for all roles. Some may be less relevant for a particular role because it does not entail active or formal involvement in that aspect.

Employers should therefore indicate whether each capability listed is:

- **Key for this post:** Greater depth or level of expertise is required.
- **Required but not key:** The same depth or level of expertise may not be needed for this particular post.

## **Evidence**

Some capabilities will be fully required at the time of appointment, while others may be developed by the postholder while in the role.

Those capabilities pre-populated with an x in the final column are those that need to be evidenced at interview for the recruitment panel. They require a higher level of evidence or documentation because they relate to increased clinical responsibility and autonomy.

For those capabilities not checked, evidence of current safe practice should suffice for those already working at the required level, but they may be explored during the interview process. Other capabilities will be key but need not be addressed in the interview itself. Where capabilities are to be developed prospectively, they should be assessed at future appraisals.

## **Specialty-specific content**

In addition to consulting the relevant College/Faculty curriculum, employers drawing up the person specification should refer to the 'Notes on person specification template - Examples of specialty-specific criteria and guidance for reference'. This supporting document provides illustrative examples indicating where specific capabilities may need to be amended or strengthened for particular specialties.

# Appendix 1: Job plan presentation example

Day	Time	Location	Work	Category of PA	Number of PAs
Monday	09:00 – 13:00	Site A			
	13.30 - 17.30	Site A			
Tuesday	09:00 – 13:00	Site B			
	13:30 – 17:00	Site B			
Wednesday	09:00 – 13:00	Site A			
	13:30 – 17:30	Site A			
Thursday	09:00 – 13:00				
	13.30 - 17.30	Site B			
Friday	09:00 – 13:00	Site A			
	13:30 – 17:30	Site A			
Saturday					
Sunday					
Total Direct Clinical Care					
Total Supporting Professional Activities					
Total Other NHS Responsibilities					
Total External Activities					
Total Travelling Time					
On call Category or PA					
<b>Total Programmed Activities</b>					

## Appendix 2: Generic Capabilities Framework

Domain	Capabilities	Key for this post	Required but not key	Examples of appropriate evidence	To be evidenced at interview
<b>Professional Values and Behaviours, Skills and Knowledge</b>	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework [or equivalent for dentists].			Participation in annual appraisal Multi-source feedback Patient feedback Mandatory training as set out in UK Core Skills Training Framework Interview	X
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope.			Work-based evidence using appropriate existing tools e.g., scope of practice & workload as evidenced in job plan, log books, audit of personal practice, references from colleagues, evidence collected for annual appraisal and job planning Knowledge-based evidence e.g., accredited courses, CPD diary, professional or higher qualifications	X

	1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.			Multi-source feedback Patient feedback Reflective pieces References from colleagues Personal clinical audit Evidence collected for annual appraisal and job planning	X
	1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner. <i>[All senior doctors/dentists [including consultants and GPs) work independently /autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.]</i>			See 1.3 for examples	X
	1.5 Critically reflects on own competence, understands own limits, and seeks help when required.			See 1.3 for examples	X
	1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management.			See 1.3 for examples	X
	1.7 Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making			<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> <li>• EDI training</li> <li>• Unconscious bias training</li> </ul>	X

	adjustments for patients with communication difficulties.			<ul style="list-style-type: none"> <li>• Interview</li> </ul>	
	1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.			<ul style="list-style-type: none"> <li>• Evidence of appraisal and addressing objectives</li> </ul>	X
	1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.			<ul style="list-style-type: none"> <li>• Evidence of appraisal and addressing objectives</li> </ul>	X
	1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.			<ul style="list-style-type: none"> <li>• Interview</li> <li>• Evidence of learning/courses/ qualifications in specific specialties</li> </ul>	X
	1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.			<ul style="list-style-type: none"> <li>• Job plan</li> <li>• Interview</li> </ul>	
<b>Leadership and Team working</b>	2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others.			<ul style="list-style-type: none"> <li>• Examples of initiatives taken that have effected change</li> <li>• Examples of involvement in collaborative leadership work</li> <li>• Interview</li> </ul>	X



	2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes - appreciates own leadership style and its impact on others.			<ul style="list-style-type: none"> <li>• Leadership courses</li> <li>• Evidence of effective leadership</li> </ul>	
	2.3 Develops effective relationships across teams and contributes to work and success of these teams - promotes and participates in both multidisciplinary and interprofessional team working.			<ul style="list-style-type: none"> <li>• Evidence of participation in or leading MDT</li> <li>• Evidence of teamwork</li> <li>• Interview</li> </ul>	X
	2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.			<ul style="list-style-type: none"> <li>• Evidence of reflective practice</li> <li>• Interview</li> </ul>	
	2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development.			<ul style="list-style-type: none"> <li>• Examples of successful situations</li> </ul>	
	2.6 Demonstrates ability to challenge others, escalating concerns when necessary.			<ul style="list-style-type: none"> <li>• Interview</li> </ul>	
	2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments.			<ul style="list-style-type: none"> <li>• Log book</li> <li>• Outcome data/audit</li> <li>• Interview</li> </ul>	

<b>Patient Safety and Quality Improvement</b>	3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.			<ul style="list-style-type: none"> <li>• Reflective practice with examples</li> <li>• Interview</li> </ul>	X
	3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.			<ul style="list-style-type: none"> <li>• Multi-source feedback</li> <li>• Interview</li> <li>• Evidence of attendance at Human Factors course</li> </ul>	
	3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.			<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Multi-source feedback</li> <li>• Interview</li> </ul>	X
	3.4 Advocates for, and contributes to, organisational learning.			<ul style="list-style-type: none"> <li>• Interview</li> </ul>	
	3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.			<ul style="list-style-type: none"> <li>• Multi-source feedback</li> <li>• Patient feedback</li> </ul>	
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.			<ul style="list-style-type: none"> <li>• Examples of success</li> </ul>	

	3.7 Evaluates and audits own and others' clinical practice and acts on the findings.			<ul style="list-style-type: none"> <li>• Examples of successful change</li> <li>• Interview</li> </ul>	X
	3.8 Reflects on personal behaviour and practice, responding to learning opportunities.			<ul style="list-style-type: none"> <li>• Examples of reflective practice</li> <li>• Interview</li> </ul>	
	3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.			<ul style="list-style-type: none"> <li>• Audits</li> <li>• QI projects</li> <li>• Attendance at QI training</li> </ul>	
	3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.			<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Interview</li> </ul>	
	3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.			<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Multi-source feedback</li> </ul>	
<b>Safeguarding Vulnerable Groups</b>	4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.			<ul style="list-style-type: none"> <li>• Safeguarding courses</li> <li>• Interview</li> </ul>	
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.			<ul style="list-style-type: none"> <li>• EDI training</li> <li>• Interview</li> </ul>	

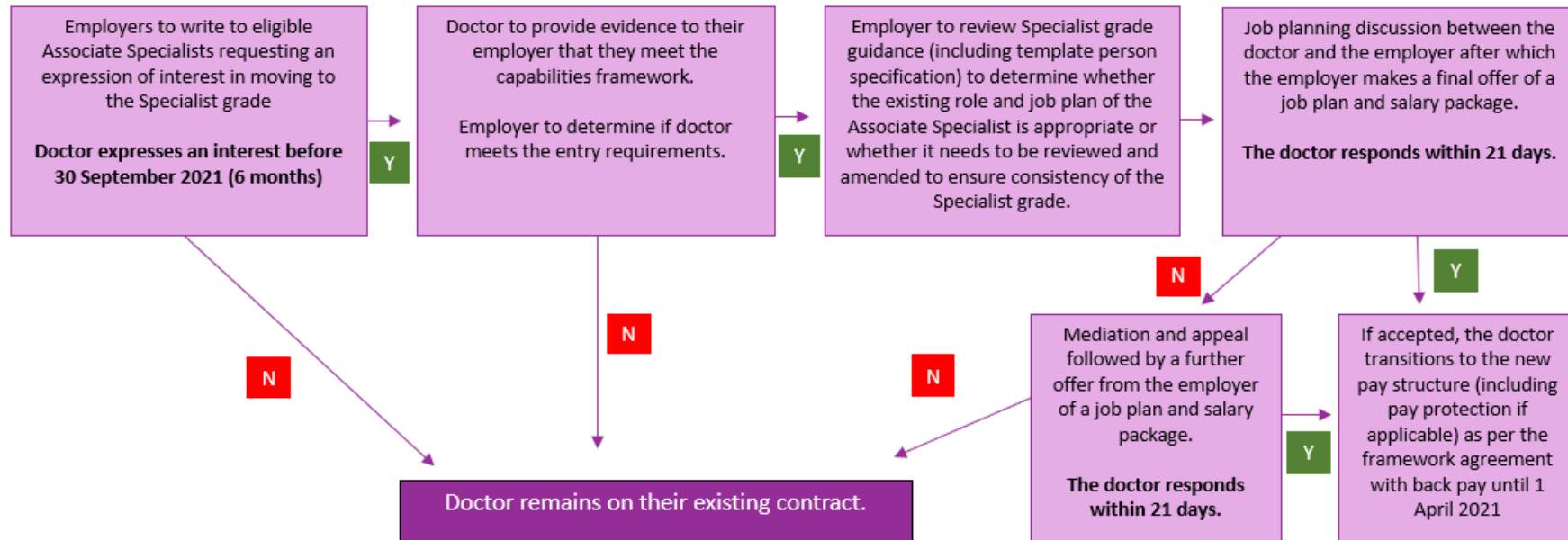
<b>Education and Training</b>	5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.			<ul style="list-style-type: none"> <li>• Examples of success</li> <li>• Interview</li> </ul>	X
	5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.			<ul style="list-style-type: none"> <li>• Evidence of teaching and training of medical/dental students or trainees or allied health professionals.</li> <li>• Examples of</li> <li>• Involvement Outcomes / audit</li> </ul>	
	5.3 Identifies and creates safe and supportive working and learning environments.			<ul style="list-style-type: none"> <li>• Guideline awareness</li> <li>• and successful examples</li> </ul>	
	5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners.			<ul style="list-style-type: none"> <li>• Examples of role</li> </ul>	
	5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors/dentists in training, as required by the role.			<ul style="list-style-type: none"> <li>• Examples of teaching successes</li> <li>• Interview</li> </ul>	
	5.6 Plans and provides effective teaching and training activities as required by the role.			<ul style="list-style-type: none"> <li>• Teaching experience examples</li> </ul>	

	5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision [leadership].			<ul style="list-style-type: none"> <li>• Examples of successful interventions</li> <li>• Interview</li> </ul>	
	5.8 Takes part in patient education.			<ul style="list-style-type: none"> <li>• Examples</li> <li>• Patient feedback</li> </ul>	
<b>Research and Scholarship</b>	6.1 Keeps up-to-date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.			<ul style="list-style-type: none"> <li>• Examples of CPD - diary with reflection</li> </ul>	
	6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.			<ul style="list-style-type: none"> <li>• training courses or recruitment for NIHR research studies</li> <li>• Presentation/publication of conference abstract</li> <li>• Reviewer of papers/ conference abstracts</li> <li>• Publications, including guideline development</li> <li>• Interview</li> </ul>	
	6.3 Locates and uses clinical guidelines appropriately.			<ul style="list-style-type: none"> <li>• Examples in clinical practice</li> <li>• Interview knowledge of relevant guidelines</li> </ul>	
	6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.			<ul style="list-style-type: none"> <li>• Examples of implementation of evidence-based change</li> </ul>	

	6.5 Engages with , supports and participates in research including working towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.			<ul style="list-style-type: none"><li>• Evidence of research activities and knowledge of current limitations in evidence</li><li>• Interview</li></ul>	
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## Appendix 3: Process for Associate Specialists transferring to Specialist contract

(From National Framework Document)



### Employer responsibilities:

- Write letters to seek expressions of interest.
- Support doctors collecting necessary evidence that the trust may hold.
- Review doctors' evidence against entry criteria.
- Ensure the roles and responsibilities of post are consistent with Specialist grade guidance.
- Undertake Job Plan review with doctor.
- Make offer to doctor in writing.

### SAS doctors' responsibilities:

- Confirm expression of interest.
- Provide evidence of meeting the entry criteria.
- Engage in Job Plan review.
- Respond to offer in writing.



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