



The **ROYAL COLLEGE** of
OPHTHALMOLOGISTS

Job Description Guidance

Guidance on Specialty Doctor Job Plans

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1. Introduction

This guide explains the RCOphth's guidance and requirements for approving and job plans for NHS Specialty Doctor 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.

In considering job planning regional representatives should refer to the publication 'A UK guide to job planning for specialty doctors and associate specialists November 2012'. The job plan of a SAS (Specialty and Associate Specialist) doctor employed over threshold 2 should ideally mirror that of a consultant.

The specialty doctor grade (formerly staff grade) is a group of doctors working in partnership with consultants and other healthcare professionals and are part of the permanent medical workforce with nationally defined terms and conditions. The grade was introduced on 1 April 2008. Specialty doctors have at least four years postgraduate experience, two of which are in their chosen specialty. This means that doctors can move into these posts at various levels of experience, as well as gaining experience and promotion within the grade itself.

The grade allows speciality doctors to contribute to service and patient care within a defined speciality as a member of the multidisciplinary team, while ensuring there is access to opportunities for career development and acquisition of new competencies. It also offers the possibility to progress to the specialist register (via a Certificate of Eligibility for Specialist Registration (CESR)).

Over time, it is expected that the speciality doctor will develop speciality-specific and more generic professional skills. Specialty doctors should be enabled to use their full range of knowledge and skills for benefits of patients.

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

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, additional Programmed Activities are 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 (see appendix 1).
- 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.
- Career progression – a suitable form for words is *“The Trust will ensure that the specialty doctors have the support needed to develop skills, experience and responsibilities to enable them to meet the requirements of threshold one and two, so they can progress in their career.”*

Medical audit, teaching, training and CPD (Continuing Professional Development)

- 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.

Supervision

In the interest of patient safety, all NHS staff is subject to some form of supervision, but there is no contractual requirement for specialty doctors to be supervised by consultants. In practice, specialty doctors work alongside consultants and the level of supervision will depend on several factors, including personal competence and agreed accountability arrangements for all aspects of the role. The level and mechanism of supervision should be explicit and involve named consultants. The supervision and professional development should be structured to facilitate the specialty doctor to undertake autonomous practice in at least some aspects of their scope of practice in the long term where possible.

Time off in lieu

There are concerns about doctors not being allowed time off in lieu (such as for unscheduled weekend working, bank holidays), 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 specialty doctor.

The RCOphth believes that every newly appointed specialty doctor should be offered a mentoring opportunity. The RCOphth is not prescriptive about the form this must take, as it may vary by trust or specialty but does expect that the mentoring arrangements for the person who is recommended for appointment at the committee should be discussed and agreed by the committee as part of its decision-making process.

2. Job Plans

Working week

A standard full-time working week will be based on a job plan with 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 7pm, 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 specialty 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 relates to the prevention, diagnosis or treatment of illness.

Supporting professional activities (SPAs): SPAs are activities that underpin DCC. They include but are not limited to:

- continuing professional development
- audit
- local clinical governance activities
- training
- formal teaching
- job planning
- appraisal and research

The terms and conditions for doctors on the specialty doctor contract state there should be a minimum of one SPA for full time doctors (in Wales, good practice guidance produced by the Welsh Assembly Government advocates 20% of time for SPAs for all SAS doctors). However, additional time may be required provided a need is clear in the job plan. **The minimum requirement for revalidation is at least 1.5 SPA and therefore the RCOphth will not approve full time SAS post which has less than 1.5 SPA.**

The specialty doctor after progressing through threshold one, needs to demonstrate evidence for teaching/trainee supervision/research/department management, so will need more than 1.5 SPA. The specialty doctor employed above threshold two should have a minimum of 2 SPAs. This is in line with BMA recommendations. Part-time SAS doctors have a contractual right to a minimum of 1 SPA.

Job Title	SPA requirements
Full time speciality doctor post- threshold one	1.5 SPA minimum is required
Full time speciality doctor post- Above threshold two	2.0 SPA minimum is required
Part-time SAS doctors	1.0 SPA minimum

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

External duties: External duties are work 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 job plan, prospectively agreed between the doctor and the employing organisation without causing undue loss of clinical time. This category is rarely used and only where there is a substantial time commitment. External Duties might include 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. It would be helpful to include information on the number of patients that a specialty 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 specialty doctor to agree to contract for additional PAs for a variety of purposes, although a specialty doctor cannot be compelled to agree to a contract containing more than ten PAs.

The RCOphth supports the UK Government position that clinical research is a core part of effective patient care in the NHS and from 2021 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.

Appropriate time commitment within SPA should be included in the job plan (moving towards DCC for clinical research in the future). This allocation will depend on the scale of

the research study and individual's specific role and therefore time requirement. There should be local protocols for this to ensure equity and transparency within the trust.

Where SPAs are expected to contain a contribution to research, a reasonable *allocation of PA* depending on the size of research study could include:

- 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

3. Person specification

	ESSENTIAL	DESIRABLE
Registration	Full GMC Registration	
Qualifications		DRCOphth, MRCOphth, FRCOphth or equivalent
General	Acceptance that the post requires a strong service commitment	
Experience	A minimum of four years postgraduate experience and two years ophthalmic experience in specialist training or similar (or equivalent if worked part time)	
Audit and Research	Experience of and participation in ophthalmic clinical audit, quality improvement projects and research.	
Clinical skills	Experience working in busy ophthalmic outpatients, accident & emergency and theatre.	Ability to work/operate with remote supervision in some areas Subspecialty interest
Teaching	Ability to teach junior medical staff and non-medical practitioners	
Interpersonal skills	Willingness to seek timely assistance from senior colleagues when appropriate. Ability to establish good working relationships with staff and be able to communicate well with patients. Flexibility.	
Management	Good organisational skills and time management	

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

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					
Total Programmed Activities					