The Royal College of Ophthalmologists
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CONSULTANT OPHTHALMOLOGIST GUIDANCE JOB PLAN

Introduction

Ophthalmic services should be provided by a suitably trained workforce which can be drawn from various professions. The service should be consultant led. The minimum number of ophthalmic consultants required for a consultant led service should be calculated on the basis of one full time equivalent consultant per 55,000 population provided that there is adequate support from other professionals which will include: ophthalmologists in training, specialty doctors, ophthalmic nurse practitioners, orthoptists, optometrists and other ophthalmic assistants.

In hospitals where there are specialist registrars and undergraduate medical students, consultant sessions are needed both to supervise training and to provide teaching. As the service commitments of trainees are reduced either for education reasons, or because of manpower planning requirements, or because of statutory restrictions on their hours or work, increasing use may be made of consultant or non-consultant career ophthalmologists or other professionals. It is recommended that in undergraduate teaching hospitals/District General Hospitals there should be a minimum of on full time equivalent consultant per 55,000 population.

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 efficient use of resources.

Academic honorary consultant appointments will have a tailored job plan but the core principals should remain.

Job description

The job description should include the following details:

THE TRUST

- Management structure
- Hospitals
- Key services
- Catchment area and population
- Regional and national services
- University links
- Arrangements for CPD
- Development plans

THE HOSPITAL OR UNIT

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
- Numbers and composition of medical staff:
  - (consultants, trainees, specialty doctors.)
- 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

THE JOB PLAN

All consultants should have job plans agreed with the Trust. Such job plans, which should be reviewed annually, should contain the following elements:

- 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 2).

- 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.

CONTINUING EDUCATION/Continuing Professional Development

- Facilities for study leave
- Libraries and courses available locally
- Arrangements for obtaining advice on CPD
- Procedure for annual appraisal and revalidation with review of an educational plan
- Opportunities for work to the benefit of the wider NHS e.g. National Institute for Health and Care Excellence (NICE), Department of Health, The Royal College of Ophthalmologists.

APPOINTMENT PROCEDURES

- Requirements as to experience (Person Specification - see appendix 1)
- Arrangements for visits to the unit and meetings with the staff
- Date when appointment is to be taken up.

Appendix 1

CONSULTANT OPHTHALMOLOGIST PERSON SPECIFICATION

	ESSENTIAL	DESIRABLE
Registration	Full GMC Registration	
Qualifications	FRCOphth or equivalent	Higher degree MRCP desirable for those with a medical retina interest/ applying for a medical ophthalmologist post.
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	
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	

Appendix 2

Suggested weekly timetable:

- Assuming a standard 10 Programmed Activity (PA) contract, a maximum of 7 patient facing 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 e.g. medical retina.

- Appropriate DCC PAs to reflect travel time should be stated in the job plan e.g. offsite clinics

- A minimum of 1 session for patient clinical administration (Direct Clinical Care session).

- 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. College recommends 0.25 PAs for being an educational supervisor (per trainee) and newly named clinical supervisors should also be allocated additional PAs for this role. 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.

- On call may be remunerated as a percentage uplift in salary and/or additional paid DCC SPA's depending on the level of on call intensity. (The on call supplement is dependent upon whether the consultant is required to attend urgently and this is likely to depend on the level of junior support. The likely time commitment would be reflected in the DCC PA allocation).

In a typical 10 PA job plan with 8 DCCs and 2 SPAs, it would be expected that 1 of the 8 DCCs is for patient administration. Being able to triage referrals, dictate letters, look up results of investigations ordered, answering GP and patient enquiries etc. is crucial to patient care and this should be recognised in the job plan. In addition, provision of secretarial support should also be clearly defined in the job plan. If there is lack of support then additional PAs will be required for patient administration.

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. This will preferably be one block session of one PA. Unless agreed by all parties, multiple short periods of DCC Admin should not be added on to the end of patient facing clinical sessions as we believe it is highly unlikely that such administrative time will be able to be properly ring fenced from over-running of the clinic.

For any job with over 10 PAs, there should be a proportionate amount of patient admin time. There are no specific rules or guidance on the appropriate amount but as a rough suggestion, 1/8 th (30 minutes) of each additional clinical session should be for this duty. However, due to higher volumes of patients seen by ophthalmologists, it would not be acceptable that additional PAs above 10 PAs do not have any patient administration time built in.

Keeping a diary of weekly activities would be the only way of actually measuring how many DCCs, patient admin time and SPA is being performed. The College strongly recommends that consultants keep a diary of their activities in order to provide robust evidence which can be used during job planning with their management team.

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

The BMA promotes the value of 2.5 SPAs as does the Academy of Medical Royal Colleges; this College agrees with those bodies. Accordingly, the College will still not approve posts with less than 2 SPAs although 2.5 SPAs are preferred.

The Professional Standards Committee has agreed that although the College will not approve such posts a College assessor should still be sent to the Advisory Appointments Committee. The assessor can help to ensure a fair interview process. We advise that the assessor highlights the College's concerns in relation to the SPAs (and any other matters) to the AAC and recommends the Trust reconsiders or at least reviews the job plan fairly early on in the post.

The College believes there will be insufficient time available to a Consultant on such a contract to fulfil individual needs and those of the Trust with regard to teaching, training and personal CPD. Time must also be allowed for appraisal and revalidation, completion of Workplace Based Assessments for trainees and for audit and research.

Further information:

1. Ophthalmic Services Guidance
2. The National Health Service (Appointment of Consultants) Regulations 2005 – Good Practice Guidance

April 2014

2014/PROF/282