

Guidance for Advisory Appointments Committees (AAC)

Advice for Clinical Leads/Directors in preparing an advertised job description



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This guidance will be reviewed in 2023

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Introduction

The Royal College of Anaesthetists (RCOA), Faculty of Intensive Care Medicine (FICM) and the Faculty of Pain Medicine (FPM) seek to offer advice in the preparation of job descriptions to help employing authorities (through clinical leads/directors) in the appointment of new and replacement anaesthetists, intensivists and pain medicine specialists. The support offered is described in this guidance and should be used by employers when making appointments to consultant and staff grade, associate specialist and specialty doctor (SAS) posts.

The content of job descriptions is a vital source of information for prospective applicants. It helps them understand the department and wider hospital, along with the expectations placed upon any successful candidate by them. Generating a job description and within it, a separate job plan and suitable person specification is the first stage in the advisory appointments committee (AAC) process.¹ Once completed, it should be submitted to the RCoA (aac@rcoa.ac.uk) where it will be sent for approval by the relevant

regional adviser(s), who may be able to offer advice about improvements that could be made to the document prior to the post being advertised. This document outlines what the RCoA will look for in a suitable job description.

What should a job description contain?

A good job description should be made up of four sections; firstly, a description of the hospital, trust or board, secondly, specific information about the post and the department within which it is based, thirdly, the job plan and finally an appropriate person specification. It should be accurate, up to date and well presented in a similar manner to that expected of the curriculum vitae of any potential applicant.

The title of the post should reflect the contents of the job plan. For example, a 10 PA post that is labelled as having a 'special interest in' should normally have a minimum of 2 PAs per week allocated to this area. This should not be taken to suggest that an individual anaesthetist must undertake this number of PAs to be considered a specialist in this area. More importantly, this minimum level of commitment would likely be required to fulfil any expectation of development of the service/specialty in question by the prospective candidate. Any later less-than-full-time negotiation should be reflected in no more than pro rata reduction of special interest time.

The balance of subspecialty commitments should be sustainable and deliverable. Thus, a post advertised as having a special interest in cardiothoracic or neuroanaesthesia might be expected to have critical care commitments in support of their respective subspecialty; but a post with both cardiothoracic and neuro anaesthesia sessions including critical care would probably be unsustainable.

The general job description should include

- A profile of the hospital, trust or board describing the range of clinical services provided by the organisation, a template of which is usually supplied by the HR department. Clinical leads/directors will then produce specific information about the anaesthetic, critical care and/or pain medicine departments. This should include details of available facilities, the range of work covered by the department/unit, clinical and non-clinical staffing and, where relevant, details of multiple site services. For ICM and pain posts, further details of the relevant clinical service and staff should be included.
- Details of resources provided to support the post (eg office, secretarial support etc)
- A description of the requirements of the post (eg special interest, educational, research and management commitments) including proposed on-call or out of hours commitment and the clinical service covered by this (eg obstetric, paediatric or ICM commitment while on-call).
- A description of the educational, audit, clinical governance and research activities of the department/unit.
- Evidence of employer commitment to support continuing professional development including external study leave and funding.
- An indication of any proposed or likely changes to the services provided by the employer through service reconfiguration or amalgamations of service providers.

The job plan

In general, plans that adhere to the national terms and conditions of service and 2003 consultant contract² are less likely to be contentious than those that depart greatly from these. Plans should include:

- An indicative weekly (or longer) programme or timetable showing both clinical (by specialty and type) and non-clinical commitments of (normally) 10 PAs/week. This should include time for pre- and post-operative care, fixed and flexible sessions and on-call or out-of-hours commitment. A summary of the total programmed activities (PAs) per week (averaged if necessary) and a breakdown of direct clinical care (DCC) PAs and supporting programmed activities (SPAs) should be included.

The 2003 consultant contract² stipulates that 2.5 SPA is the typical allocation. The RCoA (backed by the Academy of Medical Royal Colleges and Chief Medical Officers of all four nations) requires a minimum of 1.5 core SPAs per week for consultants and

specialty doctors, to allow maintenance of competence and revalidation.³ For LTFT posts the current recommendation is a minimum of 1 SPA.

- An indication of potential or anticipated changes, normally handled through appraisal and job planning procedures. This should include a statement about the expectation of the availability of further SPAs, typically a total of 2.5.⁴ The RCoA believes that almost all consultants will require more than the bare minimum of 1.5 SPAs.

The content of the proposed job should be deliverable safely and effectively in accordance with best practice guidance. The post holder should be able to comply with the need to maintain and develop clinical and non-clinical knowledge and skills, to maintain a licence to practice and revalidate which is in the best interests of patients, employers and post holder.

There is no specific RCoA guidance about the mix of clinical sessions, but plans should be attractive and varied, avoiding potentially inappropriate allocations. Importantly, job plans should ensure that post-holders are in a position to retain their skills in different sub-specialties over time, so as to justify continued commitment (including on-call) to specific services. For example, having a specialist in cardiothoracic anaesthesia (>3 PAs/week) with no obstetric sessions covering a maternity unit out of hours would seem unusual.

It is appropriate for a job plan to have both fixed and flexible sessions. This should provide a balance between:

- Time to develop specific clinical skills, subspecialty interests and team relationships, which arise from some degree of permanence and familiarity.
- Flexibility, to retain an interest and diverse skill-set for the consultant, and provide cross-cover for a department.

Advertising a completely flexible job plan is unattractive to most candidates. Moreover, it fails to demonstrate the specific skills that a department really wishes from a prospective colleague.

The allocation of increasing out-of-hours-work (on-call or elective) should be equitable, taking into account any personal or individual circumstances. At all times the PA allocation to these duties should reflect the intensity and frequency of work undertaken. Disproportionate allocation of out-of-hours work, without true agreement by all parties, to an identifiable group of consultants (eg gender, age, subspecialty, etc) must be avoided.

Academic posts are often led by universities, rather than hospital trusts/boards, and differ markedly from purely clinical posts. Therefore, particular advice should be sought regarding such job plans.

Combined posts in anaesthesia and pain medicine or ICM

Posts in these areas should always offer a sufficient anaesthetic component in the job plan (a minimum of 2 PAs per week) to maintain clinical skills for both in and any out of hours commitment in anaesthesia (if required).

For posts with any aspect of Pain Medicine, advertised job plans should include a recommended minimum of 3 PAs of direct clinical care in pain, with additional supporting clinical administrative time (minimum 0.5 to 1PA).

An advertised consultant post in anaesthesia and acute pain medicine should offer a recommended minimum of 2 PAs for a lead consultant in acute pain medicine and 1 PA for a non-lead role. 0.25 to 0.5 PA supporting clinical administrative time is recommended in addition as per FPM guidelines.

The person specification

Guidance for the construction of a suitable person specification for consultant posts is sparse. However, the quality of a person specification (PS) is vital in ensuring only suitable candidates are shortlisted and appointed to posts, avoiding excessively long interview sessions. It should help both the candidates and the appointments panel:

- A candidate reading the PS should be clear to what extent their skills match the post that the trust/board wishes to fill. It will also help tailor their application appropriately, emphasising certain skills or experience over others.

- For the appointments panel, a clear PS will help ensure all panellists are clear as regards how a candidate will fulfil departmental requirements. A vague or poorly defined PS runs the risk of panellists interpreting skill-match variably.

A good PS will make it easier and clearer to justify a non-recommendation for appointment (where appropriate). Clearly, the principles of Good Medical Practice, as defined by the GMC, are core to a person specification; but of themselves, are unlikely to differentiate between candidates.

The person specification should have the following general headings. These may be further subdivided depending upon the emphasis of the post:

- 1 qualifications
- 2 training (abilities/skills) and experience
- 3 teaching/educational experience
- 4 clinical governance
- 5 management and leadership
- 6 professional development
- 7 personal attributes
- 8 other.

The requirements in each area should be SMART (specific, measurable, attainable, realistic, time-bounded). Moreover, person specifications should also document how each criterion will be assessed. This might include: the application form, interview panel or other part of the selection process.

Qualifications

The qualifications section should have some of the following details:

Registration with the GMC with a licence to practise is always an essential requirement.

The requirement for entry onto the Specialist Register for Anaesthetics is essential for all consultant posts via one of the following routes:

- Certificate of Completion of Training (CCT) (the proposed CCT date must be within 6 months of the interview date)
- Certificate of Eligibility for Specialist Registration (CESR) – this should already be achieved
- European Community Rights⁵ ■

FRCA or equivalent Diploma

- Any specialist requirements, including, joint/dual CCT, specific qualifications (e.g. EDIC/FFICM/ FFPMRCA) or equivalent.

This section should include:

- Curriculum references to level and breadth of expected competence.
- For consultant posts, essential competence should be in terms of the required higher level of training to cover all areas of expected practice including out of hours commitments.
- For SAS posts, the expected competence may be at core or intermediate level.
- Statements specifying 'wide experience' or 'expertise' or 'high standard of clinical skill' lack definition without the stated standard by which they can be judged and should be avoided.
- Any specific skill sets which are essential or desirable to carry out the job plan should be stated, which for consultant posts should be in terms of advanced training.
- Requirements for duration of clinical experience and career progression may be specified.

Teaching/educational experience

Evidence of achieving GMC standards to be recognised as a Clinical Supervisor is now an essential requirement for all consultants and SAS doctors supervising trainees at any time.⁶

Evidence of achieving GMC standards to be recognised as an Educational Supervisor may be seen as desirable.

Other evidence may include:

- participation and organisation in local or regional teaching
- training of medical and para-medical colleagues
- formal experience (Life support instructor)
- qualifications (e.g. Post-graduate Certificate / Diploma / Masters in Medical Education).

Clinical governance

This section should document the essential and desirable involvement in audit, quality improvement, (professional development) and research.

Essential requirements might include 'a consistent engagement with' audit and quality improvement. Describing the degree of this (eg annual local involvement) may help with short-listing.

Management and/or leadership

Ideally, this section should be separated from the Clinical Governance section. As well as knowledge of the general NHS management structure being essential, more specific desirable requirements may be stipulated. This might include evidence of previous leadership or management roles or qualifications. Leadership generating a transformation in patient care is a very desirable aspect of this section.

Professional development

This should include evidence of continuing professional development and reflection with its impact on clinical practice. This is important for a clinician's practice to grow in an evidence-based way.

Any aspect of involvement in research may be specified.

Personal attributes

These aspects may be the most difficult to measure in a candidate but are often the most important. If there are particular features that the department wishes in a colleague, these should be stated openly in this section.

Evidence of individual personal and professional qualities may include interpersonal, organisational and leadership skills, decisiveness, commitment to team working, excellent written and spoken English, energy, enthusiasm and resilience.

Values based attributes aligned with Good Medical Practice, trust/board or wider NHS values.⁷

Others

Other areas that may be required to cover for some posts might include an academic or research aspect.

When specialist posts are being appointed (eg for cardiothoracic, neuro or paediatric posts), it would be wise if possible to discuss criteria with a local representative of any national group to ensure that the post fulfils all current guidelines.

For ICM posts, there is additional advice available from FICM.⁸

For posts in Pain Medicine, additional criteria are required by FPM which include:⁹

- ‘Advanced training in pain medicine or equivalent’ should be in the essential criteria for all chronic pain medicine posts.
- ‘Higher pain training or equivalent’ as a minimum should be in the essential criteria for all posts that have an acute pain medicine component.
- ‘Advanced pain training or equivalent’ is recommended as an essential criterion for all lead consultant posts in Acute Pain medicine. This recommendation is particularly important if the appointee is not supported by an in-house chronic pain medicine service.
- ‘Advanced pain training or equivalent’ should be in the desirable criteria for all posts that have a non-lead acute pain medicine component.
- ‘D/FFPMRCA or equivalent’ should be in the desirable section of all posts advertised with acute or chronic pain medicine sessions.

Contact details of the relevant clinical director or service manager, should be included in case clarifications are required.

Additional information

It may be helpful when reviewing the post details to consider the following questions:

Is it legal? Employers should scrutinise recruitment documents carefully to ensure that they comply with current legislation in the relevant jurisdiction. It is possible that a stated requirement of a post might result in a complaint of indirect discrimination unless worded carefully, eg requirements for specific previous experience or qualifications. This is the responsibility of employers and it is not the role of the RCoA or Faculties to approve the legality of the post details.

Is the balance of sessions in the job plan consistent with the job description? Frequently, documentation relating to new posts is either adapted from that of previous posts or simply copied without being updated and discrepancies often occur. Errors can commonly arise in a wide variety of areas. These include: differences in what the job description describes and the allocation of clinical activities (PAs) and SPAs in the job plan, failure to update personnel details and their departmental roles or changes in hospital services.

In summary

For departments to appoint the most suitable candidate from a pool of applicants, job descriptions must be attractive, detailed and precise. This also helps candidates tailor their applications, setting the 'ground rules' for the appointments process. If the person specification is vague, there will inevitably be a greater chance of confusion; different applicants and panellists will have varying beliefs of what the job is about. To minimise this risk, all aspects of the person specification should be SMART: specific, measurable, attainable, realistic and time-bounded (by date admitted to the specialist register). The candidate is then clear about the post for which they are applying, and the department of the calibre of colleague that they expect to appoint.

References

- 1 Guidance for Advisory Appointments Committees (AAC): Guidance for Regional and Deputy Regional. Advisors for the Approval of Job Descriptions, Job Plans and Person Specifications 2018.
- 2 Terms and Conditions - Consultants (England) 2003 (Version 10, April 2018). NHS Employers. Accessed February 2020 (bit.ly/37u40jf).
- 3 Advice on Supporting Professional Activities in consultant job planning. Academy of Medical Royal Colleges. 2010 (bit.ly/39xgRCc).
- 4 Consultants: Guidance on supporting professional activities. NHS Employers, 2007 (bit.ly/2Hjpmou).
- 5 Applying for registration with enforceable community rights. General Medical Council. Accessed February 2020 (bit.ly/38LtUPO).
- 6 Recognising and approving trainers: the implementation plan. General Medical Council, 2012. (bit.ly/2whIXDD) .
- 7 Behaviour framework. NHS Employers, 2014 (bit.ly/38r80lw).
- 8 Suggested Criteria to Include in a Person Specification for a post with ICM. Faculty of Intensive Care Medicine, Accessed February 2020 (bit.ly/2SK0M5t).
- 9 Faculty of Pain Medicine Core Standards for Pain Management Services in the UK. London, 2015 (bit.ly/2V8PU3z)

Examples of job plans with appropriate person specifications

Requirements	Essential	Desirable	Method of assessment
Qualifications	<p>Full registration with the GMC with licence to practise</p> <p>FRCA or equivalent Diploma</p> <p>CCT (or equivalent) with entry on Specialist Register for Anaesthesia or within six months of anticipated CCT/CESR(CP)* date on the date of interview</p>	<p>Additional degree or post-graduate qualification (MRCP, MD etc)</p> <p>Post-graduate prizes</p>	<p>Application form</p>

Clinical skills and training	Evidence of: <ul style="list-style-type: none"> ■ completion (or equivalent) of appropriate higher units of training to fulfil all requirements of job description ■ ability to take full and independent responsibility for patient care in wider scope of anaesthetic practice 	Evidence of completion (or equivalent) of: <ul style="list-style-type: none"> ■ advanced training in Vascular Anaesthesia ■ advanced training general, urological and gynaecological surgery ■ ATLS/APLS ■ relevant medical experience outside anaesthesia 	Application Form and Interview
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These are two illustrations of job plans with suggested person specifications. They do not necessarily represent the only way of writing a person specification. The first person specification is more concise than the second example, which has been expanded.

Consultant anaesthetist with an interest in vascular anaesthesia

		Morning	Afternoon
Monday		Interventional Radiology (1.25)	
Tuesday		Emergency Theatre (1.25)	Emergency Theatre (1.25)
Wednesday		SPA	
Thursday		Vascular (1.25)	Vascular (1.25)
Friday		Flexible (1.25)	
DCC PAs	In-hours	7.5	
	On-call	1.0	
SPA Core		1.5	
Total		10 PAs	

Requirements	Essential	Desirable	Method of assessment
Teaching experience	Evidence of: <ul style="list-style-type: none"> ■ achieving GMC standards to be recognised as a clinical supervisor ■ active regular participation in teaching and training of medical and para-medical colleagues 	Evidence of: <ul style="list-style-type: none"> ■ achieving GMC standards to be recognised as a educational supervisor ■ extensive / formal experience in medical education including regional teaching. ■ formal Educational Qualification ■ life support course instructor 	Application form and interview
Clinical governance	Evidence of: <ul style="list-style-type: none"> ■ active consistent engagement with clinical audit ■ regular commitment to continuing and relevant medical education ■ evidence of reflective practice ■ clear understanding of NHS management structures 	Evidence of: <ul style="list-style-type: none"> ■ implementing evidencebased change to improve patient care ■ evidence of leadership in anaesthesia/critical care ■ significant involvement in clinical research ■ presentations at regional and national meetings ■ publications in peer reviewed journal 	Application form and interview

Personal / professional attributes	Evidence of: <ul style="list-style-type: none"> ■ Honesty and integrity ■ High professional standards ■ Excellent professional judgement ■ Good organisational skills ■ Commitment to team working ■ Leadership qualities ■ Good interpersonal skills ■ Excellent written and spoken English ■ Diligence, enthusiasm and resilience ■ Flexibility in a changing work environment ■ Caring and responsible attitude to patients and colleagues 	Evidence of: <ul style="list-style-type: none"> ■ Potential for wider hospital leadership roles 	Application form and interview
Other requirements	To live within 10 miles of the Trust (unless negotiated otherwise)	Member of a medical indemnity organisation	Application form and interview

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- A Certificate of Completion of Training (CCT) confirms that a doctor has completed an approved training programme in the UK and is eligible for entry onto the Specialist Register on a predicted date formally issued by the RCoA.
- The Certificate of Eligibility for Specialist Registration (Combined Programme) (CESR (CP)) is a simplified application process for doctors appointed to a training programme intended to lead to a CESR for specialist registration on a predicted date formally issued by the RCoA.
- The Certificate of Eligibility for Specialist Registration (CESR) route is for those doctors who leave GMC approved training without completing the full programme (including the required assessments/examinations) and who are not eligible for the CESR(CP) or for those who have never been in a GMC approved training programme. No formal predicted date of admission to the Specialist Register is issued by the RCoA.

Consultant anaesthetist with an interest in obstetric anaesthesia

	Morning	Afternoon
Monday	General surgery (1.25)	Flexible (1.25)
Tuesday	Orthopaedics (1.25)	Orthopaedics (1.25)
Wednesday		
Thursday	Obstetrics (1.25)	Obstetrics (1.25)
Friday		

DCC PAs	In-hours	7.5
	On-call	1.0
SPA Core		1.5
Total		10 PAs

Requirements	Essential	Desirable	Method of assessment
Qualifications	<ul style="list-style-type: none"> ■ Full registration with the GMC with licence to practise ■ FRCA or equivalent Diploma ■ CCT (or equivalent) with entry on Specialist Register for Anaesthesia or within six months of anticipated CCT date on the date of interview 	<p>Additional degree or postgraduate qualification (MRCP, MD etc)</p> <p>Post-graduate prizes</p>	Application form

Clinical skills and training	Evidence of completion (or equivalent) of: <ul style="list-style-type: none"> ■ higher training general, urological and gynaecological surgery ■ higher training in obstetric anaesthesia ■ higher training in anaesthesia for day case and head, neck, and maxillofacial surgery. ■ higher training in sedation and non-theatre ■ higher training in anaesthesia for orthopaedic surgery and regional anaesthesia ■ higher training in paediatric anaesthesia. 	Evidence of completion (or equivalent) of: <ul style="list-style-type: none"> ■ advanced training in obstetric anaesthesia ■ advanced training in orthopaedics and/or regional anaesthesia ■ advanced training general, urological and gynaecological surgery ■ ATLS/ APLS ■ relevant medical experience outside anaesthesia. 	Application form and interview
Requirements	Essential	Desirable	Method of assessment
Teaching experience	Evidence of: <ul style="list-style-type: none"> ■ achieving GMC standards to be recognised as a clinical supervisor ■ active regular participation in teaching and training of medical and para-medical colleagues. 	Evidence of: <ul style="list-style-type: none"> ■ achieving GMC standards to be recognised as an educational supervisor ■ extensive / formal experience in medical education including regional teaching. ■ formal educational qualification ■ life support course instructor 	Application form and interview
Clinical governance	Evidence of: <ul style="list-style-type: none"> ■ active consistent engagement with clinical audit and quality improvement ■ compliance with trust values / behavioural standards 	Evidence of: <ul style="list-style-type: none"> ■ presentations at regional and national meetings ■ publications in peer reviewed journal. 	Application form and interview
Management / leadership	Clear understanding of local/wider NHS management structures	Evidence of: <ul style="list-style-type: none"> ■ management/leadership roles in training or previous posts ■ leadership in evidencebased transformation of patient care ■ management/leadership qualification 	

Professional development	Evidence of: <ul style="list-style-type: none"> ■ regular commitment to continuing and relevant medical education ■ evidence of insightful reflective practice 	Evidence of: <ul style="list-style-type: none"> ■ significant involvement in clinical research ■ strategy for future academic development 	
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Advice for clinical leads/directors in preparing an advertised job description

Requirements	Essential	Desirable	Method of assessment
Personal / professional attributes	Evidence of: <ul style="list-style-type: none"> ■ honesty and integrity ■ high professional standards ■ excellent professional judgement ■ good organisational skills ■ commitment to team working ■ wider leadership qualities ■ good interpersonal skills ■ excellent written and spoken English ■ diligence, enthusiasm, composure and resilience ■ flexibility in a changing work environment ■ caring and responsible attitude to patients and colleagues 	Evidence of: <ul style="list-style-type: none"> ■ potential for wider hospital leadership roles 	Application Form and Interview
Other requirements	To live within 10 miles of the trust (unless negotiated otherwise)	Member of a medical indemnity organisation	

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