

Guidance for Developing Job Descriptions for New Consultant Surgeon Posts

Discussion document developed jointly by NCPS and NCPTO

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Recruitment and retention of high quality consultant surgeons is essential to the safe delivery of surgical care. Expansion of the consultant workforce to meet the needs of our population is both welcome and necessary.

New consultant surgical colleagues are valued members of the consultant workforce who, like all consultant surgeons, should be enabled to practice at a level that is consistent with their specialist and sub-specialist training and expertise while also contributing to the delivery of the surgical care required by the community that they serve.

It goes without saying that new colleagues should experience parity of esteem with existing consultants and should participate fully in all existing departmental, directorate, educational, training and research activities. In addition to clinical activities that are personally delivered, consultant surgeons may also provide clinical governance and other support for services that are more appropriately delivered by other members of the multidisciplinary team, such as allied health professionals, nurses and physician associates, or by new developments in the community.

This guidance has been developed to provide support to clinical directors and the employer in developing consultant surgeon posts that include the components of activity considered necessary to recruit high quality consultant surgeons and to enable the individuals appointed to maintain their competence over the course of their career. Depending on the specialty, sub-specialty, emergency on call rota, and factors specific to each hospital group, some variations may be necessary. References to time allocations are indicative only; depending on the local context session length may vary to include multiple shorter sessions, multiple sites of practice or to encompass patterns of practice, such as “consultant of the week” or other variations.

The typical working week of a consultant should include:

- a. 2 operating or procedure days per week, at least one of which is devoted to scheduled care (2 days)
- b. 1 out-patients clinic (0.5 day)
- c. 1 ambulatory service or clinic that will vary depending on specialty. This might include an OPD; a TAC clinic; a virtual clinic; an endoscopy list; a see and treat clinic; a rapid access clinic; a consult and treat service or other similar activities depending on specialty. (0.5 day)
- d. 1 day to support a new service or new way of working. This will vary by hospital and by specialties. Examples include specialist ambulatory care services, see and treat clinics, an acute surgical assessment unit, trauma assessment clinics, rapid access haematuria service, development of a community service and its related governance (e.g. audiology), development of specialist survivorship services or governance of new services developed by members of the multidisciplinary team, among numerous other possibilities (1 day)
- e. Remainder to include appropriate time allocations to enable participation in MDT / audit / administrative activities / teaching and training / etc. (1 day)

General Principles:

- Separation of scheduled and unscheduled work (i.e. no elective activities should be scheduled for periods when rostered for emergency (on call) duties- will vary with rota intensity)
- Access to an emergency theatre is essential while on call in this setting.