

Clinical Genetics Society

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Guide to Consultant Job Planning: March 2011

The aim of this guide is to assist consultants in Clinical Genetics in negotiating job plans with clinical directors and management colleagues in their Regional Genetics Centers (RGCs), highlighting some aspects of the way they work, which may differ from other consultant physicians. The CGS document, “Roles of the Clinical Geneticist”, may also be useful.

Clinical Geneticists work as members of clinical teams supported by Genetic Counsellors and are based in (RGCs). These multidisciplinary teams provide a comprehensive genetic service to the population within their region of the UK. Consultants in Clinical Genetics are usually employed by the main hospital with a single contract of employment but provide a network of peripheral clinics at district hospitals in their region. This hub and spoke model has evolved as an efficient way of providing very specialised services locally to patients with genetic disorders who often have complex needs. Peripheral clinics are an integral part of the job description and travel time to clinic should be included in the job plan.

Programmed Activities (PAs)

The full time consultant contract is based on ten 4-hour PAs between 7am and 7pm Monday to Friday (40-hour working week). The original 2004 job planning guidelines suggest that a full time consultant would be expected to have 7.5 PAs for direct clinical care (DCC) and 2.5 for supporting professional activities (SPAs). Since then some clinical specialties in some Trusts have reduced the ratio of SPAs to DCC PAs, but in Clinical Genetics 2.5 SPAs have been preserved in some (but not all) regions because of the nature of the specialty and complexity of the work. This includes the management of *families* as opposed to *individuals*, involvement in, and application of, research in a rapidly evolving field, teaching and resourcing many professional groups, and supporting patient organisations. The CGS Council supports job plans with adequate SPA time to allow for the extended roles of Clinical Geneticists.

Direct Clinical Care

Direct clinical care includes work directly relating to the prevention, diagnosis or treatment of genetic disease and is delivered in Genetic out patient clinics, MDT meetings and clinics, by pre- and post-clinic work-up using literature resources, and administration relating to patient and family contact.

Out-patient clinics:

Out-patient clinics are for children and adults with genetic disorders and encompass investigation, diagnosis, genetic counselling and, increasingly, advice on treatment. Appointments may last from 30 to 60 minutes and often involve several members of the family. A wide variety of genetic clinics is provided, such as cancer, cardiac, paediatric genetics, and many highly specialised clinics such as neuromuscular and genetic eye clinics. The CGS recommends that a full time job plan should contain between two and three clinics per week. For each half-day (one PA) clinic there should be a further 1 PA of DCC in the job plan to allow for the necessary pre- and post clinic work related to the consultations, which is often significant. This includes:

- Research of the clinical and family background
- Reading appropriate up-to-date literature
- Administration of DNA samples
- Identifying and contacting laboratories in UK, Europe, or beyond, and investigating quality and cost of tests
- Providing follow up advice for members of a patient's family, and organising testing or screening for them

In many Trusts job plans are now annualised so that a set number of clinics are expected each year allowing for annual and study leave.

Additional clinical sessions:

Additional DCC activity takes place, and should be reflected in job plans. These activities include:

- *Ward referrals for in-patients* (may be provided on a rota system)

Geneticists frequently review in patients to advise on diagnosis, investigations and formulate follow up plans for patients and their families.

- *Prenatal / Fetal medicine referrals*
Urgent appointments for pregnant mothers with fetal anomaly, unusual chromosome abnormalities, or a family history of a condition or syndrome that may be hereditary. Many of these referrals are very time-consuming.
- *Multidisciplinary meetings and case discussion*
Multidisciplinary meetings, case discussions, laboratory meetings are all important components of clinical care (some may also include some education and CPD).
- *Telephone advice / consultations on all aspects of genetics for professionals and patients*
Increasingly, as genomic medicine is being incorporated in to all fields of medicine, geneticists are approached for information and advice over a broad variety of clinical and ethical issues by many professional groups such as GPs, hospital colleagues, other health professionals and social services. Clinical advice and discussion of results with patients by telephone may be efficient and avoid the need for further out patient appointments.
- *Management of very rare disorders*
Geneticists have an important role in advising on rare conditions especially where there is the opportunity for prevention or reducing morbidity and mortality; frequently this expertise is shared across regional and international boundaries.
- *Clinical supervision of cases seen by Genetic Counsellors and SpRs / StRs*
As a consultant led service it is important that adequate time in the job plan is allocated to clinical supervision of SpRs / StRs and Genetic Counsellors.

Supporting Professional Activities

Clinical management:

Provision must be made in the job plan for local clinical management and other meetings to support patient care and service development. Activities may include:

- Clinical Leadership of Regional Genetics Services, often in rotation with consultant colleagues, including membership of national heads of service group
- Membership of specialist commissioning group for service development
- Budget management with managerial colleagues
- Consultant job planning and appraisal

Research and Development:

Genetics is a rapidly developing research and technology-based field of medicine and clinical research is an integral part of a consultant's work and may involve:

- Collaboration in multi-centre studies
- Publication of research findings and expert referee duties for journals
- Presentations at meetings
- Interface with patient groups and societies
- Expert advice to Research Ethics Committees and Scientific Advisory Boards

Teaching and training:

The education of trainees in genetics, other specialties and other health professional groups and students is an important aspect of the consultant's work. Genetics has been embedded into many medical and allied training curricula. The particular time required will vary considerably for individual consultants, but typical activities may include:

- Undergraduate and postgraduate lectures, seminars and small group teaching
- Provision of training placements of SpRs / StRs from other specialities
- Training programme director, educational supervisor or training consultant roles
- Supervision of higher degrees or projects

Continuing Professional Development and Mandatory Training:

Continuing medical education must be included in the job plan and should include attendance at post-graduate educational meetings and personal study.

Clinical Governance:

Each consultant will have the opportunity to engage in specialty-specific governance issues through their Regional Governance lead, who is linked with the CGS Governance network.

Audit:

Consultants engage in local audit projects in their RGCs, supraregional audit groups and in future with national audits on specific topics co-ordinated by the CGS.

Additional NHS responsibilities and external duties

Clinical genetics is a specialty with small consultant numbers so it is inevitable that a relatively high proportion will contribute to national committees, policy setting and both regional and national training roles. These duties will need to be discussed with individual consultants and their Trusts. Additional trust management or educational roles may include:

- Medical director, Clinical Director or Head of Division
- Caldicott Guardian
- Undergraduate or Postgraduate Deanery posts
- Research and Development Lead

Examples of external roles:

- Work for Royal Colleges such as Regional Specialty Advisor or membership of Specialist Advisory Committee
- Work for Specialist Societies such as the Clinical Genetics Society, British Society of Human Genetics, Cancer Genetics Group
- Work for Department of Health, General Medical Council, Human Genetics Commission, Human Genome Strategy Group, UK Genetic Testing Network, National Screening Committee, Nuffield Council of Bioethics, and others

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