

JOB PLANNING AND THE NEW CONSULTANT CONTRACT January 2004

The purpose of this advice is to guide clinical geneticists in negotiating job plans with clinical directors. This advice is aimed at clinical geneticists in England who take up the new contract and should be read in conjunction with other guidance already released including Job Planning for the 2003 Consultant Contract from the BMA and locally agreed departmental working practices.

- Geneticists should not work in isolation and should work within the framework of a regional genetics service, based at one hospital with a single contract of employment.
- Peripheral clinics are part of the job description and travelling to clinic is a necessary part of the clinical care and part of the clinical PAs. It may be appropriate to hold all day clinics where longer distances are involved to minimise travelling time.

PROGRAMMED ACTIVITIES

The new consultant contract is based on 10 programmed activities lasting 4 hours (3 in premium time outside 7am to 7pm Monday – Friday) and the guidelines suggest that a full time consultant will be expected to have 7.5 direct clinical care and 2.5 supporting professional activities in a working week of up to 40 hours. For most consultant geneticists job plans this may not be appropriate as supporting activities will require 3.5 PAs. These will be made up of

- Direct clinical care and travelling time
- Supporting Professional Activities
- Additional NHS responsibilities
- External Duties

DIRECT CLINICAL CARE:

Work directly relating to the prevention, diagnosis or treatment of illness, ward referrals, urgent referrals, advice by letter, email and telephone, multidisciplinary meetings about patient care and administration related to all of the above. Time spent supervising specialist registrars, genetic counsellors and non-consultant career grade staff e.g. clinical assistants and GPs with Special Interest should also be included where appropriate.

Out patient clinical activity:

The number of outpatient clinics will depend on other duties. The CGS recommends that a job plan should contain a minimum of two and not more than three clinics in a week including sub-speciality clinics.

The CGS endorses RCP recommendations of best clinical practice where an additional PA per clinic as a minimum is timetabled as part of direct clinical care

- Responses to referrals including triage and responding by telephone, email or other means.
- Time taken in administration relating to patients attending clinics including pre clinic preparation, dealing with the extended family members, arranging and reviewing

investigations, getting further expert opinions, database searching and arranging for copy and other letters to be sent to the patient.

It is expected that the number of clinic sessions per year would take account of other clinical duties including ward work, teaching, holidays and study leave and lie between 38 and 42 clinics per year for a job plan involving one clinic a week.

Recommendation for appointment times for new and follow up patients can be found within the RCP guidelines and the CGS website. Patient numbers booked should be reduced by 25% if trainees or students are to be supervised. The suggested time per outpatient is

- New patient/family 45-60 minutes
- Follow up patient/family 30 minutes.

A typical clinic may include 3 new and 2 follow up patients but this would depend on the complexity of the cases and the pre-clinic work up.

In patient clinical activity:

Although genetics is essentially an out-patient based speciality, part of the consultant role involves attending ward referrals as in-patients for the purpose of making a diagnosis or giving advice or giving telephone advice to other clinicians about an in-patient. The job plan should include provision for this work and this will vary according to the area of sub-speciality practice for each consultant and could include

- Liaison with multidisciplinary teams in other specialities
- Ward rounds and ward liaison sessions with accompanying administrative tasks.
- Calls to see individuals on the wards for advice and diagnosis

Emergency and on call activities

During working hours, urgent referrals include pregnant women, neonates and patients presenting acutely, depending on work load within the team should be counted as part of routine clinical programmed activity.

Most genetics consultants will be available out of hours for advice either on a formal or informal rota. This is category B availability under the terms of the new consultant contract.

SUPPORTING PROFESSIONAL ACTIVITIES

These are activities that underpin Direct Clinical Care including:-

Continuing Professional Development:

Continuing medical education must be included in the job plan. We recommend as a minimum of one PA per week averaged over the year for attending post-graduate educational meetings and for personal study. Often, attendance at such meetings will involve the geneticist in teaching consultant colleagues and trainees in other specialities. The provision and funding of a minimum of 10 days per annum study leave for consultant clinical geneticists is mandatory.

Clinical Governance, Audit and Appraisal:

Provision must be made in the job plan for clinical governance, audit and other meetings to support patient care and preparation for appraisal and job planning for consultants. A minimum of 1 PA per week should be allowed for these 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.

Education of clinical genetics other health professionals trainees and students:

Allowance must be made for educational supervision and training needs for genetic and other trainees. The extent of this allowance will vary considerably depending on the role and seniority of a participating trainee and whether other clinical observers or students are present. This is likely to be a minimum of 0.5PA for training for most consultants. Undergraduate and postgraduate education commitments will vary but should be an additional identified component of the job plan if required by the Trust.

Research and Development:

Clinical research is an integral part of the consultant geneticists' work load ("Consultant Physicians working for patients" 2nd edition 2000, RCP) and in general an average minimum 1 PA per week would be required to fulfil this.

External Duties:

Clinical genetics is a speciality with relatively small consultant numbers so recognition must be made of the work on national committees for setting policies and in regional and national SpR training advisory committees which will involve proportionately more of the consultants in this speciality than others. External duties might include acting as an external member of an appointments advisory committee, work for the Royal Colleges in the interests of the wider NHS e.g. examining or the SAC, work for a Government Dept, trade union work and specific work for national bodies such as the BSHG, CGS, CGG or GMC.

Additional NHS responsibilities:

These responsibilities which are not usually undertaken by all consultants, should be agreed between a consultant and the employing organisation and include

- Medical director
- Clinical Director or Lead Clinician
- Caldicott Guardian
- Clinical Audit or Governance Lead
- Undergraduate or Postgraduate Dean
- Service development or commissioning
- Clinical tutor or regional education advisor.
- Research Ethics Committees and Scientific Advisory Boards

The Council of the Clinical Genetics Society

January 2004

www.clingensoc.org

Clinical Genetics Society, Clinical Genetics Unit, Birmingham Women's Hospital, Edgbaston, Birmingham. B15 2TG

Registered Charity No: 274959

Last reviewed 28.01.04