**RCOG Consultant Job Planning Checklist**

**\* Please note the RCOG kite mark should not be used in advertisements for unapproved job plans.**

**Job descriptions should not be advertised using terms such as ‘pending RCOG approval’ or ‘awaiting College approval’ and approval should be secured before roles go live.**

The RCOG encourages a transparent approach to job planning linked to developmental objectives of the new appointee and the department.

An average weekly timetable should be included in any job plan submitted to the College for approval to enable the Consultant to maintain continuity of patient care with their caseload. In accordance with the [RCOG criteria](https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/job-plan-approval-process-for-new-consultants/), job plans must include the following:

1. Information about the Trust
2. Person specification, and
3. Weekly timetable displaying the PA activities with a clear breakdown of DCC and SPA

Further guidance can be found in the links below:

* [Template person specification for an O&G consultant](https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/job-plan-approval-process-for-new-consultants/template-person-specification-for-an-og-consultant-post/)
* [Sample weekly timetable for an O&G consultant](https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/job-plan-approval-process-for-new-consultants/sample-weekly-timetable-for-an-og-consultant/)

**Employer:** Please ensure this document is completed and sent in alongside your job plan, once agreed by the Clinical Director.

Please ensure that each criterion in the **Job Plan Checklist** is cross-referenced to the relevant page in the job plan. If a criterion is not fulfilled, provide an explanation in the corresponding section. Send all documents to jobplans@rcog.org.uk.

Trust/Health Board and role information

For a whole time equivalent role the **total number of PAs should not exceed 10** on appointment. Any potential additional PAs should be reviewed as part of subsequent annual job plan review discussions.**OOH should not be more than 3PA. Admin time should be no less than 10% of total DCC.**

\* These fields must be completed by the trust, along with the job plan checklist (on pages 2-11 of this form) before the job plan can be reviewed.

|  |  |
| --- | --- |
| **\* Trust/Employer Name** |  |
| **\* Region** | Choose an item. |
| **\* Post Title** |  |
| **\* Grade** |  |
| **\* Specialty** | Choose an item. |
| **Special Interest(s) (if applicable)** |  |
| **\* Contract Type** |  |
| **\* Number of posts advertised** |  |
| **\* Reason for post** | Choose an item. |
| **\* No. PAs Direct Clinical Care (DCC) including admin time** |  |
| **\* No. PA’s admin time (at least 10% DCC time)** |  |
| **\* No. PAs Supporting Professional Activities (SPA)** |  |
| **\* Total PAs (should not exceed 10)** |  |

| **Criteria** | **Version 1 (trust to fill)** | **Version 1 (RCOG use)** | **Version 2 (trust to fill)** | **Version 2 (RCOG use)** |
| --- | --- | --- | --- | --- |
| *Criteria satisfied?**Include page number* | *Criteria met?**Reviewer comments* | *Criteria satisfied?**Include page number* | *Approved?**Reviewer comments* |
| The total number of PAs/week must be clearly stated in a regular timetable, showing clinical duties and allocated DCCs, SPAs and time off (which may be used for private practice) |  |  |  |  |
| Start and finish times should be given for each clinical session |  |  |  |  |
| If annualised, this needs to be shown as the average per week |  |  |  |  |
| **(England and Northern Ireland)** If total job plan is 7 or more PAs then a minimum of 1.5 SPAs should be allocated |  |  |  |  |
| **(England and Northern Ireland)** If total job plan is less than 7 PAs there should be a minimum of 1 SPA |  |  |  |  |
| **(Welsh Health Boards)** The DCC: SPA split should be 7:3 for job plans with 10 PAs. Please see the following document for information on LTFT jobs: [Amendment to the National Consultant Contract in Wales](https://bipcaf.gig.cymru/files/terms-and-conditions/nat-consultant-contract-pdf/)  |  |  |  |  |
| **DCC Time** |
| Job plans will have a maximum of 85% DCC, of which at least 10% will be clinical administration |  |  |  |  |
| DCC time must be allocated for appropriate ward rounds (e.g. pre- and post-operative, and obstetric inpatients) |  |  |  |  |
| MDTs and ward rounds should be included in DCCs and activity captured in job plans |  |  |  |  |
| **SPA Time** |
| SPAs must be min. 15% of total PAs, including at least 1 SPA for mandatory training, appraisal, audit and CPD |  |  |  |  |
| Trusts may wish to allocate further SPAs for research, education or specific activities |  |  |  |  |
| **Out of Hours (OOH) Work** |
| Job plans should include a maximum of 3 PAs per week OOH, i.e. 5pm-9am and weekends, either predictable/unpredictable on call, or resident shifts (job plans may be approved with up to 4 OOH PAs in those trusts that are actively planning to reduce this number) |  |  |  |  |
| All OOH (non-resident) on-call work should be Category A in [England](https://www.nhsemployers.org/system/files/2024-08/Terms-and-Conditions%E2%80%93Consultants-Eng-2003-Version-15-Aug.pdf) and [Northern Ireland](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/scu-consultantcontract.pdf) |  |  |  |  |
| **(Welsh Health Boards)** All OOH (non-resident) on-call work should be according to on-call intensity scoring. [Annex C - Amendment to the National Consultant Contract in Wales](https://bipcaf.gig.cymru/files/terms-and-conditions/nat-consultant-contract-pdf/)  |  |  |  |  |
| **Obstetrics on call** |
| Posts which cover obstetrics OOH, should have at least 0.5 PA per week (or equivalent in annualised job plans) on labour ward during normal daytime working hours (8am-5pm) |  |  |  |  |
| It should be made clear within the job plan that the Consultant is not on duty for the labour ward whilst covering services on another site or doing private practice |  |  |  |  |
| Consultants should not be on duty for the labour ward whilst being timetabled for other clinical duties, such as antenatal or gynaecology clinics |  |  |  |  |
| Job description should explain local OOH support for complex emergency obstetric surgery[Ensuring safe out of hours support for complex emergency obstetric and gynaecology surgery](https://www.rcog.org.uk/media/0vjlr2xj/ensuring-safe-ooh-emergency-surgery-in-og-rcog-position-statement-july-2022.pdf)  |  |  |  |  |
| **Gynaecology on Call** |
| The recommended number of gynaecology theatre lists is at least alternate weekly, but on call gynaecology capabilities should be competency based |  |  |  |  |
| Competency should be maintained in laparotomy, diagnostic laparoscopy, management of miscarriage and ectopic for OOH work |  |  |  |  |
| The job plan should specify how competency will be maintained in emergency gynaecology, or include a description of how patient safety will be assured. For example, individualising their gynaecology emergency cover or having a ‘second on’ rota for gynaecology |  |  |  |  |
| Job description should explain local OOH support for complex emergency gynaecology surgery[Ensuring safe out of hours support for complex emergency obstetric and gynaecology surgery](https://www.rcog.org.uk/media/0vjlr2xj/ensuring-safe-ooh-emergency-surgery-in-og-rcog-position-statement-july-2022.pdf)  |  |  |  |  |

For RCOG reviewer’s use:

|  |  |
| --- | --- |
| **Decision** | **Tick as appropriate** |
| Approved (no revision required) |  |
| Requires revision of job plan as per feedback above |  |