**RCOG 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.

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:

* [The new specialist grade for SAS 2021 - NHS Employers](https://www.nhsemployers.org/articles/new-specialist-grade-sas-2021)
* [Sample weekly timetable for an O and/or G Specialist](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.**Clinical 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)** |  |
| **\* No. PAs Admin time (must be at least 10% of DCC)** |  |
| **\* 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 |  |  |  |  |
| If total job plan is 7 or more PAs then a minimum of 1.5 SPAs should be allocated |  |  |  |  |
| If total job plan is less than 7 PAs there should be a minimum of 1 SPA |  |  |  |  |
| **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 comply with [national T&Cs](https://www.nhsemployers.org/system/files/2022-06/Specialist-terms-and-conditions-June-2022.pdf) in terms of not exceeding maximum number of weekends worked per year (13, in whole or part), percentage of work done OOH (40%) and limits on consecutive shifts if on a full shift rota |  |  |  |  |
| All OOH (non-resident) on-call work should be Category A |  |  |  |  |
| **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 Specialist is not on duty for the labour ward whilst covering services on another site or doing private practice |  |  |  |  |
| Specialists should not be on duty for the labour ward whilst being timetabled for other clinical duties, such as antenatal or gynaecology clinics |  |  |  |  |
| For obstetric-only jobs, employers should include a clear explanation as to how the doctor appointed will be [supported for any emergency gynae operating out of hours](https://www.rcog.org.uk/media/0vjlr2xj/ensuring-safe-ooh-emergency-surgery-in-og-rcog-position-statement-july-2022.pdf) including caesarean hysterectomy. For example, is there 24/7 senior gynae on call available to be called on if necessary? |  |  |  |  |
| **Gynaecology on Call** |
| If doing OOH gynaecology on call without consultant cover, 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, unless this work is also covered by a consultant on the rota. |  |  |  |  |
| 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. |  |  |  |  |
| **Person Specification** |
| The person specification is in line with national guidance regarding essential and desired post-graduate qualifications for Specialist posts. |  |  |  |  |

For RCOG reviewer’s use:

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