

Appointment Process Guidelines FSRH Perspective 2016

APPOINTMENT PROCESS

With the cessation of new appointments into the SAS grade in April 2008 (with the exception of regrading existing Staff Grade posts to Associate Specialist if expression of interest was lodged by 31st March 2009), the FSRH has reviewed the recommendations relating to appointments in sexual and reproductive health services (SRH).

All substantive consultant and specialty doctor posts should have a job description, person specification and job plan. In the case of consultants **and** posts which involve leadership or specific management skills these should be submitted and approved by the FSRH prior to being advertised.

There is an agreement with the Royal College of Obstetricians and Gynaecologists (RCOG) that jobs with any surgical component should also be approved by the College and in this instance, employers should submit to both bodies.

The FSRH requests that all job descriptions/plans/person specifications are emailed to commissioningofficer@fsrh.org. The FSRH officer responsible for approving jobs is Dr Jane Dickson, Vice President Strategy.

To request a representative for the AAC a minimum of six weeks notification is required.

The HR department of Employing bodies should send all applications (even if just one applicant) to the AAC member prior to the interview date so they can feed into the short listing process. The AAC member needs to ensure that candidates are short listed in keeping with the approved person specification.

Consultant and Leadership/Management Posts

The responsible FSRH Officer must approve the job description together with the job plan and person specification. The FSRH recommends that all SRH consultant/manager job descriptions specify MFSRH* as an essential criterion under the person specification. It would also be expected that the applicant should hold a letter of competence in sub dermal implants (LoC SDI)*, intrauterine techniques (LoC IUT)* and the PGEA Med or equivalent. The only exception to this would be if a person was being recruited to carry out a specific specialised area of work, e.g. psychosexual medicine or menopause.

FSRH representation at the AAC interview is required. It is recommended that, if in future, a non-consultant doctor acting as a lead clinician for a service is allowed entry on to the specialist register they should be regraded to consultant status through a formal appointments process involving the FSRH.

- The job description, including job plan and person specification should be sent to the FSRH office for approval.
- The employing trust should notify the FSRH office of the interview date as least 6 weeks in advance to allow it to identify a suitable AAC representative.
- All full time job plans now consist of 10 programmed activities (PAs) of 4 hours duration.
- One protected PA each for teaching or research and another PA for personal development should be advised for full time posts. Part time should be allocated pro rata, i.e. 10% of a total job time should be allocated to personal development and a further 10% for teaching or audit.
- The number of administrative PAs should take into account the level of management/administrative responsibility for the post. There should be sufficient time in clinical sessions to complete administration relating to patients.
- Consultants/Lead Clinicians appointed as a single-handed clinician in a service should be allocated more administrative time than in a standard contract, depending upon the management workload.
- Posts with gynaecological operating sessions, e.g. abortion should also be sent to the RCOG for approval. The College and the FSRH will seek to find joint AAC representation.

Specialty Doctor

- It is not necessary to submit job descriptions for specialty doctors to the FSRH although we would be happy to advise but they could also pass through their regional Faculty Registered Training Advisor (FRTA).
- There is no need for FSRH representation at interview except in cases where it is a clinical lead or there are specific leadership requirements.
- An external representative should be present at interview (a senior doctor from the specialty).

FRTAs approving specialty posts should address the following issues:

- Specialty doctors are appointed to work under consultants/lead clinicians in the relevant specialty. It must be noted that many community SRH doctors do not have a consultant lead.
- Hence it is important to identify appropriate leads to support specialty doctors in terms of clinical practice, personal development and appraisal.
- The job plan should consist of 10 PAs of 4 hours for a full time contract. 10% of this time should be allocated to personal development, ideally independent of clinic sessions or alternatively as a minimum 2 hours within a 4 hour session which also has a clinical component. A further 10% of time is recommended for either teaching or clinical audit but this not absolutely necessary.
- For very part time appointments, generally, a minimum of 5 protected PAs per annum per one

PA worked per week is recommended. This may include statutory study leave but not mandatory training days.

- The number of clinical PAs should take into account administrative/teaching or other responsibilities.
- An allowance for evening and Saturday clinics/on call (i.e. outside 7pm – 7am weekdays and any time at weekend) is made and that PA would be 3 hours.

Note: If the job description has a gynaecological surgical component this should also be submitted to the College Deanery Advisor.

Pre-Interview Process

- Shortly after the closing date, copies of all applications received together with the job description and selection criteria should be sent to each member of the AAC for consideration.
- Each member of the committee, including lay members must have the opportunity to contribute to the selection of candidates to be interviewed, and for this purpose must receive a copy of each application and the selection criteria to carry out the short listing.

Consultant Contract

- Consultants are advised to negotiate appropriate PAs for non-clinical duties. This may be different for community consultants from the typical job plans suggested by the DH/BMA, which are based on hospital consultants working in a larger team.
- The contract recommends a split of 7.5 / 2.5 PAs for clinical/non clinical duties for a full time post. It should be noted that within 7.5 PAs for direct clinical care includes time spent in clinical management duties such a clinic letters, multidisciplinary team meetings, communication with other professionals, reviewing results and public health duties which should result in a maximum of 5 to 6 face to face clinic sessions for any consultant. A single handed lead consultant or lead clinician who carried additional responsibilities (including finance, human resource management, strategic development etc.) within their service should have a maximum of 4 face to face clinic PAs.
- In the specialty of SRH, it is not possible to envisage all important supporting professional activities (audit, teaching, research, appraisal, continuing professional development, clinical governance and service development) be contained within 2.5 PAs as frequently it will take more. The FSRH recommends that for a consultant, usually working within a small team, there should be a minimum of 1 PA for personal development, personal education and audit and 1 PA for training/ research. (This includes supervision and appraisal of medical trainees, nurses and doctors, as well as external education of GPs, pharmacists etc.). This should be explicitly in additional to PAs identified for general non-clinical administrative/managerial work. Roles such as clinical governance lead, audit lead, training lead (for organisation of DFSRH practical training), management lead of specialised services should qualify for recognition of appropriate PAs, depending upon the amount of work involved and accountability for aspects of the work/service delivered.

- On call responsibilities (including telephone support to other doctors and nurses) should be entitled to additional payment depending on the intensity and frequency (See BMA Guidance).
- Trust related work: roles such as medical director, PEC and other trust related work usually should count for additional PAs, depending upon the size and level of work.
- Work outside the Trust e.g. Regional, DH, College/FSRH. The contract makes particular reference to College work, thus refreshing previous guidance published some years ago. Terms and Conditions- Consultant (England) 2003 includes specific definitions of types of work. College work is detailed under external duties, “duties not included in any of the three foregoing definitions and not included within the definition of fee paying services or private professional services, but undertaken as part of the job plan by agreement between the consultant and employing organisation. These might include.... Reasonable quantities of work for the Royal Colleges in the interests of the wider NHS...” The definition of reasonable is not developed and should therefore be a matter of local negotiation. Consultant Job Planning – Standards of Best Practice (2003) states in its key points that “effective job planning is based on a partnership approach”, thereby emphasising that there should not be unilateral coercion.

In view of the small number of consultants currently in the specialty of SRH who are frequently called upon to contribute to external work (including the FSRH), it is necessary for many to have a least 1 PA allocated for external duties. Senior statutory responsibilities such as FSRH President/Officer will require greater time recognition. Time required for such activity should be negotiated with the Trust depending on the level of work involved. The FSRH will offer support and advice to consultants and others who find that their work for the wider NHS, carried out through the FSRH, is not being recognised by their Trust.

*or equivalent

Annex A: Grades of Staff working in Sexual and Reproductive Healthcare – Minimum experience / Qualifications for appointment

Grades of Staff working in Sexual and Reproductive Healthcare –
Minimum experience/Qualifications for appointment

Grade	1 WTE	Experience required on appointment	Essential qualifications on appointment (or equivalent)	Desirable qualifications	Responsibilities / Management	Notes
Lead Consultant	10 PAs (10x4 hours)	On GMC Specialist Register or within 6 months of CCT	MFSRH LoC IUT LoC SDI LoC MEd	Special interest such as Psychosexual medicine, colposcopy, vasectomy, TOP surgery, menopause, ultrasound, forensic gynaecology	Responsible for all clinical & managerial aspects of service	If more than 1 consultant, – only one may be Lead Consultant. JD requires FSRH approval.
Consultant (not leading service)	10 PAs (10x4 hours)	On GMC Specialist Register or within 6 months of CCT	DFSRH LoC IUT LoC SDI LoC MEd	MFSRH Special interest such as Psychosexual medicine, colposcopy, vasectomy, TOP surgery, menopause, ultrasound, forensic gynaecology	Responsible for some clinical & managerial aspects of service	JD requires FSRH approval.

Annex A

Specialty doctor (service lead)	10 PAs (10x4 hours)	Minimum 4 years as Registrar / Staff Grade, at least 2 in chosen specialty. 10 years since full registration	MFSRH (unless taking lead for a specialist area, with appropriate qualification) LOC MEd LOC IUT LOC SDI	Cert. Completion CaGr training Other qualifications / specialist skills e.g.: psychosexual medicine, colposcopy, vasectomy, TOP surgery	May act as a lead clinician.	FSRH approval recommended
Specialty Doctor (not leading service)	10 PAs (10x4hours)	4 years post graduate training, 2 of which should be in SRH.	DFSRH and willingness to train for LOC IUT & SDI	LOC IUT LOC SDI LOC MEd or Faculty Registered Trainer		
Sessional Doctor	Not applicable. 2.5hr per session	F2 and experience of providing SRH for 1 year.	DFSRH and willingness to train for LOC IUT & SDI	LOC IUT LOC SDI LOC MEd or Faculty Registered Trainer.		These doctors have an interest in SRH, but this is not their main post. Terms of service and employment conditions are very variable – usually negotiated at Trust level.
Vasectomy Surgeon	Negotiable frequency & duration of sessions	Variable experience, no set criteria	Evidence of training and competence in performing the procedure	Certificate of Completion of Special Study module: Local Anaesthetic Vasectomy.	Routine administration linked to patients and any paperwork involved in training and audit	

Annex A

<p>Psychosexual doctor</p>	<p>Negotiable frequency & duration of sessions</p>	<p>Variable experience, no set criteria</p>	<p>Recognised qualification e.g. Member of Institute of Psychosexual Medicine or BASRT</p>	<p>Certificate of Completion of Special Study module: Foundation Sexual Problems</p>	<p>Routine administration linked to patients and any paper work involved in training and audit</p>	
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