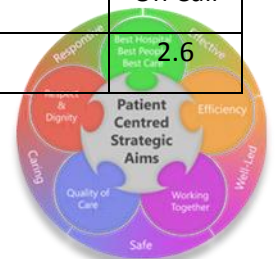


## Consultant Job Plan

Name:	Emergency Consultant
Primary Speciality:	Emergency Department
Secondary Speciality:	

## Job Content

Day	Time	Location	Categorisation	Work	Hours
Monday	13:00 – 22:00	ED	DCC	Clinical (3 in 6)	10
	16:00 – 24:00	ED	DCC	Clinical (3 in 6)	10
Tuesday	24:00 – 08:00	From Home	DCC	On Call (1 in 6)	On Call
Wednesday	13:00 – 14:00	ED	SPA	Clinical Management	1
	14:00 – 15:00	ED	SPA	Clinical Management	1
	15:00 – 16:00	ED	SPA	Professional Development	1
	16:00 – 17:00	ED	SPA	Teaching Formal/Informal Teaching	1
Thursday	06:00 – 08:00	From Home	DCC	On Call	On Call
	08:00 – 10:00	ED	DCC	Ward Round	2
	10:00 – 13:00	Ed	DCC	Emergency Attendance	3
	13:00 – 14:00	Floating	SPA	Audit – personal	1
	14:00 – 16:00	Floating	SPA	Clinical Management	2
	16:00 – 17:00	Floating	SPA	Teaching	1
Friday	08:00 – 13:00	ED	DCC	Emergency Attendance	5
	13:00 – 17:00	ED	DCC	Emergency Attendance	4
Saturday	06:00 – 08:00	From Home	DCC	On Call (1 in 12)	On Call
	08:00 – 10:00	ED	DCC	Ward Round (1 in 12)	2.6
	10:00 – 17:00	ED	DCC	Emergency Attendance (1 in 12)	9.4
	13:00 – 22:00	ED	DCC	Emergency Attendance (1 in 12)	12
	22:00 – 08:00	From Home	DCC	On Call (1 in 12)	On Call
Sunday	06:00 – 08:00	From Home	DCC	On Call (1 in 12)	On Call
	08:00 – 10:00	ED	DCC	Ward Round (1 in 12)	



	10:00 – 17:00	ED	DCC	Emergency Attendance (1 in 12)	9.4
	13:00 – 22:00	ED	DCC	Emergency Attendance (1 in 12)	12
	22:00 – 08:00	From Home	DCC	On Call (1 in 12)	On Call
<b>Additional agreed activity to be worked flexibly</b>					-
<b>Predictable emergency on-call work</b>					-
<b>Unpredictable emergency on-call work</b>	Out of Hours	ED	DCC	Unpredictable On-Call Work	1
<b>Total Hours</b>					40
<b>Total PAs</b>					10

SUMMARY OF PROGRAMMED ACTIVITY	Number
Supporting Professional Activities	2
Direct Clinical Care (including unpredictable on-call)	8
Other NHS Responsibilities	
External Duties	
<b>TOTAL PROGRAMMED ACTIVITIES</b>	<b>10</b>

## 1. ON-CALL AVAILABILITY SUPPLEMENT

Agreed on-call rota (e.g. 1 in 5):	1 in 6
On-call supplement (%):	5%

## 2. OBJECTIVES – TRUST, SPECIALTY AND PERSONAL

Objectives (and for Specialty and Personal, how these will be met)
<p><b>Trust</b></p> <ul style="list-style-type: none"> <li>Improve the working lives of Consultants and ensure compliance with the European Working Time Directive.</li> <li>Agree how individual consultants and consultant teams can most effectively meet the continuing needs of patients and support the wider objectives of the service.</li> <li>Enable consultants to deliver their responsibilities under ‘Duties of a Doctor’ and meet the requirements for re-validation and personal development planning.</li> <li>Deliver high quality training and education activity.</li> </ul>



## Specialty

Paediatric Emergency medicine clinical duties at Queen Alexandra Hospital will include all duties normally expected of them in any paediatric emergency department in the United Kingdom. The appointee to this post will contribute to the enhancement of paediatric emergency care within the emergency department by offering clinical expertise, clinical leadership and education to the patients and their families as well as the staff involved in the delivery of care.

Although duties will be primarily centred in the A&E department at Queen Alexandra Hospital the appointee will be expected to liaise and collaborate closely with the consultant paediatricians in the paediatric department.

The department has a commitment to achieving the "4 hour target" set out by the Government. The new consultant will be expected to contribute to achieving that goal.

The generic job plan template lists duties, which are average in terms of time spent. Some patient administration such as dealing with complaints may vary between individuals. It is recognised that much work such as discussion with clinical colleagues and providing advice on patient management is unpredictable and often occurs in SPA time.

Each consultant will be expected to undergo annual appraisal where their personal development needs will be addressed in conjunction with the service needs of the department and hence the hospital. It is expected that each consultant will complete at least one audit related to clinical practice per year.

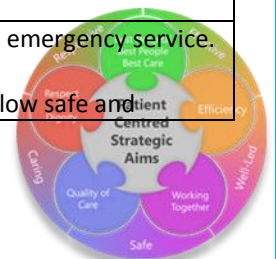
The department is an accredited training department forming part of the Wessex rotation for A&E Medicine. All consultants are expected to be involved with the training of specialist registrars, SHOs and other staff groups. Each consultant is expected to maintain their skills by continual professional development and participation in Royal College accredited courses is encouraged. Individual consultants are expected to reach the number of CPD points designated by the Faculty of Emergency Medicine for reaccreditation.

## Personal

To be agreed with the Clinical Director on appointment, and to be reviewed annually as part of the appraisal/revalidation process.

### 3. SUPPORTING RESOURCES

Facilities and Resources required for the delivery of duties and objectives	Description
1. Staffing support	<p>Operational manager shared with the department of Critical Care.</p> <p>Sufficient secretarial staff to support workload and general admin duties across all areas.</p> <p>Medical and nursing resources are detailed in the job description.</p>
2. Accommodation	<p>Consultants must be provided with adequate personal office space (for admin, audit and research), a computer linked to the hospital network and internet, telephone with outside line, chairs and desk, shelving and storage within the A&amp;E Department.</p> <p>Access to a seminar room with appropriate office furniture and full teaching facilities for MDT and other departmental meetings.</p> <p>A separate non-clinical meeting room will be available once the new paediatric A&amp;E department is complete.</p>
3. Equipment	<p>Access to all necessary equipment required to run a modern emergency service.</p> <p>Appropriate equipment for MDT staff in above services to allow safe and</p>



	<p>effective performance of their duties.</p> <p>Sufficient computer workstations with access to all hospital networks including email and internet.</p> <p>Access to scanner, printer, CD ROM burner, digital camera/photographic services, fax.</p> <p>Access to PACS workstation.</p>
<p><b>4. Any other required resources</b></p>	<p>Access to drinking water and beverage facilities.</p> <p>Access to laboratory services, diagnostics, imaging services.</p> <p>Access to appropriate drugs / other treatments relevant to specialty needs.</p> <p>Access for patients to appropriate transport to attend relevant services.</p> <p>Appropriate budget to allow discharge of clinical responsibilities.</p> <p>Any special interest resources should be discussed prior to appointment, and negotiated with the Clinical Director.</p>

#### 4. ADDITIONAL NHS RESPONSIBILITIES AND/OR EXTERNAL DUTIES

##### Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with:

Is it anticipated that the new consultant, in the first instance, will be offered an additional weekly-programmed activity and remunerated accordingly. (As indicated in the Job Plan hours above \*.) This will be reviewed annually as part of the yearly appraisal process.

Additional responsibilities and external duties are defined as those duties requiring leave or time away from direct clinical care. These duties would not normally qualify for CPD accreditation points. It is recognised that although they require time away from DCC, participation in such activity raises the profile of both the department and the Trust and contributes to improved working lives and recruitment and retention of consultants in this shortage specialty. Participation in such activity is to be agreed with the clinical director and a non-comprehensive list is detailed below.

- Wessex region Specialist Training Committee
- Interviewing (SpR, Consultant and other MDT panels)
- Regional education meetings
- Teaching by invitation
- FEAM Regional Representative
- Educational supervisor for SpR / SHO training
- Other corporate roles as requested e.g. Lead for PFI, Information Strategy & Development Board.
- Departmental/Divisional Clinical Governance lead.

Time for any additional / external duties will need to be negotiated with the Clinical Director of the Emergency Department, and agreed with the divisional team.



## 5. OTHER COMMENTS AND/OR AGREEMENTS

**Detail any other specific agreements reached about how the job plan will operate (for example, with regard to Category 2 fees, domiciliary consultations and location flexibility):**

Completion of police statements etc on cases treated within the Emergency Department will be considered part of patient administration and fees retained by the consultant. Independently generated Insurance Category 2 work should be done outside normal contracted hours.

With regard to travel time, the preferred arrangement in the department is to take the time within the working day (with consequent reduction in clinical activity) rather than to annualise the travel time and take extra leave.

With regard to lunch and other refreshment breaks the expected arrangement in the department is to take time within the working day flexibly when clinical demands allows, and relies on the individuals' professionalism and discretion.

## 6. AGREEMENT

<b>Doctor:</b>	
<b>Name</b>	
<b>Signature</b>	
<b>Date of Agreement</b>	
<b>Clinical Director:</b>	
<b>Name</b>	
<b>Signature</b>	
<b>Date of Agreement</b>	

