British Association for Community Child Health

BACCH job planning guidance for consultant community paediatricians

BACCH has developed this guidance to help its members in the job planning process. Whilst it is recognised that these standards may not be achievable everywhere in the immediate future it is important that the different needs of community paediatricians be recognised and supported. The Central Consultant and Specialist Committee of the BMA has approved these recommendations. There is separate guidance, agreed with the British Association for General Paediatrics, for those in posts combining work within and outside hospital.

Community paediatric practice differs from general paediatrics in a number of key areas. These include:

- Complex cases that require longer to assess and treat
- An absence of many standard activities such as ward rounds and operating sessions
- A greater commitment to multidisciplinary and multiagency work
- Greater travelling time and a variety of work bases
- A greater proportion of consultants working less that full time

This guidance is intended to facilitate job planning for community paediatricians.

The **overall approach** to job planning should conform to the guidance for other consultant groups.

When **agreeing duties and responsibilities**, the consultant's duties should cover the standard categories set out in the guidance. However, the expectations, definitions and norms for community paediatricians are likely to need adjustment.

Direct clinical care should include all multi agency work, not just that which is related to individual named patients. This will recognise and protect the clinical management aspects of community paediatrics such as Named and Designated Doctors for Child Protection and Looked After Children, Adoption Advisor, Immunisation and Health Promotion Coordinator and Designated Medical Officer for Special Educational Needs that are essential for 'joined up working', although some Trusts prefer to categorise these roles as 'additional NHS responsibilities'. Time requirements for these roles can be found in the relevant model job description and in 'Covering All Bases' Ch 5.

Community paediatricians would expect to spend 0.5-1.5 hours with a new patient depending on the type of case and 30-45 minutes for review. This will vary between departments and will depend on the type of work undertaken and the length of the clinic session. We would expect the clinic workload to be in the order of 2-3 new patients per new patient clinic or 5 -7 patients per follow up clinic. Time for patient administration should be allocated hour for hour[1]. A 3-hour clinic will therefore need a further 3 hours of administration time allocated to it. Work in the Child Development Centre will demand similar time commitments. Child protection examinations may require up to 2 hours, with further time for report writing and attending child protection conferences (2 hours).

Community paediatricians work in a variety of bases including school, nurseries and social services premises. It may therefore be difficult to define exactly where work will be done except in generic terms e.g. 'in school'.

[1] This is based on several studies in the early 1990s that concluded this was required. The Covering All Bases survey (2016) showed that those departments who had less than a 1:1 ratio found their admin time insufficient

The proportion of direct care and supporting activities should reflect the norm of 75% clinical care, with the 'clinical management' roles included. This leaves 25% for the supporting activities e.g. CPD, teaching and training, job planning and appraisal etc. 'Service management' and other duties e.g. lead clinician, clinical governance, clinical tutor, College roles should be included in the same way as other consultants. Particular difficulties relating to work outside hospital e.g. the extra time and effort needed to supervise staff based at different locations, who often work without direct supervision, should be recognised (this contrasts with a hospital setting where the consultant is likely to see juniors and work directly with them from day to day).

The following sample job plans may be helpful:

Full time post with special interest in disability		
Direct clinical care (All include administration time and travel)	Outpatient clinic (weekly)	6 hours
	CDC assessments / Care planning	6 hours
	Special school (weekly)	6 hours
	CDC lead/training	4 hours
	Designated Medical Officer for Special Educational Needs	8 hours
Supporting activities	CPD	2 hours
	Clinical governance/audit	2 hours
	Dept information lead	3 hours
	Dept meetings	2 hours
Total		**40 hours**

8-session post with special interest in child protection		
Direct clinical care (All include administration time and travel)	Outpatient clinic (fortnightly)	3 hours
	CDC assessments / Care planning	4 hours
	Child protection rota and follow up	4 hours
	Child protection conferences	3 hours
	Designated Doctor for Child Protection	8 hours
Supporting activities	CPD	2 hours
	Clinical governance/audit	2 hours
	Dept training lead	3 hours
	Dept meetings	3 hours
Total		**32 hours**

- Designated support from colleagues would be needed to cover all the duties of the Designated Doctor role.

6-session post with special interest in public health		
Direct clinical care (All include administration time and travel)	Outpatient clinic (fortnightly)	3 hours
	Special school (fortnightly)	3 hours
	Child protection rota and follow up (weekly)	4 hours
	Immunisation & Healthy Child Programme	6 hours
Supporting activities	CPD	2 hours
	Clinical governance/audit	2 hours
	Junior appraisal (assists CD)	1 hour
	Dept meetings	3 hours
Total		**24 hours**

Approved by BACCH Exec: 13 October 2020
Endorsed by BMA (Specialty Lead for Paediatrics): April 2021
Agreed to update at December 2022 BACCH Exec *(changes to paragraph 2 of 'Direct clinical care' section, to better clarify clinical workload wordin*g)