

**Royal College of Paediatrics and Child Health**

**College Specialist Advisory Committee in  
Community Child Health**

**Guidance on completing a  
job description for  
Specialty Doctor in Community Child Health**

**Endorsed by BACCH  
Reviewed by BMA SAS Committee**

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## **Important information about the Specialty Doctor grade**

Recruitment to the specialty doctor grade replaced recruitment to Staff and Associate Specialist career grades in 2008. Whilst the mainstay of the post is to meet service requirements and many doctors who enter the grade will remain in it, these doctors need to be given the opportunity for ongoing training and support for career progression.

A specialty doctor will have completed the equivalent of at least 4 years of postgraduate training and *will be able to work in a specialty area with specific skills for the role to which they are appointed*<sup>1</sup>. The level of clinical responsibility and delegated duties given to the specialty doctor will therefore depend on previous experience and training and this will be in agreement with the supervising consultant who retains 24-hour responsibility for their patients. A specialty doctor *should not be expected to have the same range of skills as a doctor who has undergone specialty training*<sup>1</sup> however they should be given the opportunity to develop new skills and undertake further training as part of career progression both within the grade and beyond. This should be through annual appraisal, job planning, continuing professional development and the opportunity for top up training.

Career progression through the grade is enabled through the 11 point pay scale<sup>2</sup>. This has two thresholds which mark experience acquired and speciality doctors should be supported to move through these thresholds. There is a suggested list of criteria given<sup>2</sup> to progress through the thresholds and it is highly recommended that these criteria are linked to the curriculum in CCH (Community Child Health)

<http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/sub-specialty-training/community>.

Further information on supporting the specialty doctor with training and development can be found on the BACCH website and BACCH Newsletter March '13<sup>3</sup>.

## **Preparing the specialty doctor job plan and appointing to post**

Whilst it is not a contractual requirement for specialty doctor posts to be reviewed by a college regional advisor, the expectation that they are is to be encouraged.

Contact list here: <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/deanery-and-regional-college-co>

Also, whilst a Foundation Trust can appoint to a specialty doctor post without college advisors being involved it is good practice that they do so.

The requirement for an AAC (Advisory Appointments Committee) to be convened with college representation should be encouraged. *This should not be confused with consultant AACs the set up of which will probably be different. Again, It is good practice that college advisors are involved in the appointment of specialty doctors.*

Please also note that, when there is more than 40% CCH, then the BACCH RC (Regional Coordinator) should be consulted.

Guidance on recruiting to specialty doctor posts, including statutory requirements, can be found in the document:

NHS recruitment of paediatricians in the UK – Guidance for participants at

<http://www.rcpch.ac.uk/what-we-do/advisory-appointments-committee/aac-information-and-guidance/aac-information-and-guidance>.

## **Introduction and job summary**

This should include in one sentence “what this job is about” including the main duties/responsibilities and how the post has arisen (new investment, service reconfiguration, replacement or retirement). The job holder will be responsible to Dr ..... and based at .....

## **THE TRUST**

### **A Geographical Overview of Trust area**

A description of which area the Paediatric/Child Health department provides services to, other Health Trusts and Services (including CAMHS and CCG services) it relates to, which Local Authorities it relates to and where Health Services are commissioned.

This may also include information for those moving to the area including schools, leisure amenities etc

### **Trust Profile**

A brief description of the employing Trust including size, Directorate structure and services provided. It should include information on bases, offices, facilities including IT, any other unique features e.g. academic facilities. CPD and study leave entitlements and arrangements should be included. Information on nursing staff, professionals allied to medicine and other allied professional e.g. teachers, social workers could also be included.

### **Community Child Health Department**

Initial introduction should include a brief population overview – numbers of children, schools, unique features of the clinical area – ethnic mix, socio-economic status etc. How the department works should be described including where doctors and other staff are based, what is done and who does what.

The structure could follow the headings in Community Paediatric Workforce

Requirements to Meet the Needs of Children in the 21<sup>st</sup> Century

([www.bacch.org.uk/publications/workforce.php](http://www.bacch.org.uk/publications/workforce.php)) and could usefully appear in a table

indicating each person's commitments and special interests and including career grade and training posts.

Disability & Special Needs	Neonatal follow up, CDC, outpatients, statutory assessment and review incl transition, respite care for medically dependent children, disability register.
Clinical Specialisms	Hearing Impairment, Visual impairment, Behavioural paediatrics, Sudden Unexpected Deaths
Children in Need	Child Protection including Adoption and Children Looked After.
Public Health	Child health promotion, screening and immunisation School health and health promotion including accidents.
General Paediatrics	Outpatients, chronic illness in the community and inpatient work.
Service management	HR, financial management, research and development, clinical governance and quality assurance.
Teaching	Undergraduate, postgraduate.

### **Continuing Professional Development**

Information should be provided about:

The Trust arrangements for CPD including internal meetings, study leave budget and application systems (maintaining skills).

[http://www.bacch.org.uk/training/ssasg\\_doctors.php](http://www.bacch.org.uk/training/ssasg_doctors.php)

Information on support, training and career progression including the SSASG lead / tutor / Deanery and LETB (Local Education and Training Board) contacts.

Advice on acquisition of skills and developing a portfolio of evidence in order to progress through the grade

Acquisition of skills, top up training and further career progression (including re-entering a training post/CESR).

The SSASG development fund, which is over and above any study leave budget, is available to assist the above.

### **The Paediatric/Hospital Department**

Similar information should be provided on staffing, structure and workload in the acute service.

### **Future plans for the department**

Comments should be made on future planned developments in child health in the Trust and in other related agencies.

### **THE POST ITSELF**

The specialty community paediatrician will provide, with Dr. ...., Consultant Community Paediatrician, and other medical colleagues, community paediatric services within the .....Trust, for the prevention, diagnosis and management of illness and the proper functioning of the department.

A brief summary of the post should include comments on the type of post (full time or part-time), what PAs are offered and what part time arrangements can be accommodated. It is recommended that posts are at least 6PAs in order to allow for CPD and becoming familiar with the specialty.

### **Responsibilities of the post**

- a) The clinical responsibilities of the post, both general and any specialist interests
- b) Education and training, and trainee supervision and teaching (where applicable)
- c) Audit/clinical governance
- d) Research opportunities/expectations
- e) Management responsibilities (where applicable)
- f) Other duties including interagency working
- g) Lines of accountability and review
  - i) professional (clinical supervision from...)
  - ii) management (responsible to...)
  - iii) other e.g. academic
- h) On call commitments - community and hospital – and cover for colleagues. *Whilst there is no obligation to do prospective cover for colleagues, in the new contract, if this is undertaken there needs to be PA allowance for it.*
- i) General comment applicable to all specialty doctor posts e.g. expected to show clinical leadership, set standards, supervision of trainees, participate in management within the Trust by committee work.

### **Job Plan**

The NHS Employers and BMA job planning guidance<sup>4</sup> should be referred to.

A full-time specialty doctor's working week should have 10 programmed activities (PAs) each counting for 4 hours (full-time = 40hours). These PAs are separated into: Direct clinical care (DCC), supporting professional activities (SPA) with most PAs devoted to DCC. PAs can also reflect additional NHS responsibilities and external duties undertaken.

The job plan should show all fixed clinical sessions with a list of other duties to be fitted into flexible sessions. The distribution of sessions between different activities e.g. preschool, school health, special interest, audit, CPD, teaching, administration etc should be clear. For community posts it is recognised that the concept of clinical sessions may be different to hospital posts and it will include multidisciplinary and multiagency meetings, report writing and other indirect activities.

It is important to note that the AoMRC (Academy of Medical Royal Colleges) has recommended that at least 1.5 SPA is required for revalidation. *This may be reviewed in the future, once a revalidation cycle has been completed.* Any other supporting activities e.g. teaching, training, supervision should be in addition to this.

The plan should also show any out of hours commitments including weekend or evening fixed sessions, on call arrangements and whether this is resident or from home.

It may be easier to show a monthly plan than the weekly one usually used for hospital-based staff.

#### References:

1. Employing and supporting specialty doctors. A guide to good practice. NHS Employers. April 2008.
2. Your contract – your decision. Summary of the proposed new contracts for SAS group doctors. BMA January 2007. [www.bma.org.uk/sascontract](http://www.bma.org.uk/sascontract)
3. Developing your career as an SSASG paediatrician. Report from the Chair of the College Specialty Advisory Committee. BACCH News March 2013.
4. A UK guide to job planning for specialty doctors and associate specialists. November 2012. BMA and NHS Employers. [www.bma.org/jobplanning](http://www.bma.org/jobplanning) and [www.nhsemployers.org/publications](http://www.nhsemployers.org/publications).



### **Support arrangements for the post**

The administrative and secretarial support available for the post should be described. All staff paediatricians should have an office with access to IT, including the internet on their desk.

Availability of mentoring and career development including development funding and career progression (in addition to clinical supervision), and arrangements for appraisal, should be outlined. CPD and study leave entitlements and arrangements should be included.

### **Trust Terms and Conditions of Service**

This should state the Terms and Conditions of Service that apply. It should give details about flexible working opportunities, salary, residence requirements, removal expenses, annual leave, study leave and any special leave entitlement and sick pay, travelling expenses and disciplinary procedures.

Arrangements for occupational health screening and a statement on the Rehabilitation of Offenders Act including arrangements for police clearance should be included, together with interview arrangements and the date when the post is available. There is also the need for enhanced CRB checking

Pre-interview visiting arrangements should be included together with contacts who will usually be the Clinical Director or Lead Clinician, Medical Director or Chief Executive.

<b>Person specification *</b>		
	<b>Essential</b>	<b>Desirable</b>
<b>Qualifications</b>	Full GMC registration	A post graduate qualification e.g. MRCPCH by examination, MSc, DCH, DCCH, MBA or other relevant diplomas
<b>Experience</b>	<p>Minimum 4 years (or equivalent) postgraduate training, two of which must have been in a relevant specialty or shall have equivalent experience and competencies</p> <p>Other relevant experience / special interest (according to the needs of the specific post)</p>	<p>Experience in assessing child development</p> <p>Experience in child protection</p> <p>Experience in other areas relevant to child health e.g. general practice, child mental health, sexual health, obstetrics, public health</p>
<b>Knowledge and skills</b>	<p>Ability to assess a normal child and to recognise and appropriately manage abnormality</p> <p>Able to demonstrate an understanding of how working in community settings differs from hospital</p> <p>Willingness to work without immediate supervision, but with an awareness of one's individual limitations</p> <p>Good written and oral communication skills</p> <p>Demonstrated ability to manage time effectively</p> <p>Ability to work with other health professionals</p>	<p>Demonstrated ability to work unsupervised and make decisions</p> <p>Demonstrated ability to work within a multi-disciplinary team</p> <p>Demonstrated ability to communicate effectively e.g. report writing; thesis</p>

	Willingness to work with a multi-disciplinary team	
<b>Academic</b>	<p>Participation in research or clinical audit</p> <p>Willingness to take part in teaching</p> <p>Evidence of continuing professional development</p>	<p>Conducting audit and research</p> <p>Demonstrated ability or experience in teaching e.g. SHO's, medical students</p> <p>Formal training in research or teaching methods</p>
<b>Management</b>	<p>Understanding of management issues including medical discipline; clinical governance, service planning</p> <p>Willingness to participate in service developments</p>	<p>Willingness to manage e.g. project work; mentoring junior staff</p>
<b>Other</b>	e.g. Able to meet the travel or health requirements of the job	