

Model job description for a consultant cytopathologist

Title of employing body

Title of post

Appointment

State whether the post is whole-time/part-time and state the number of programmed activities.

State whether the post is a new or a replacement post.

State whether the appointee is expected to have a special interest or is expected to develop such an interest to complement the other consultants.

State that any applicant who is unable for personal reasons, to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with consultant colleagues.

The content of this Job Description represents an outline of the post only and is therefore not a precise indication of duties and responsibilities. The Job Description is therefore intended to be flexible and will be subject to review and amendment in the light of changing circumstances, following consultation with the post holder.

General information

Describe the location: city/town and surrounding area, size of population, etc.

The employing body

Give a detailed description of the hospital(s) served and its/their work, including details of the clinical specialties, whether or not there is an accident and emergency service, details of surgical, medical, paediatric, obstetrics and gynaecology, oncology units, etc. and any planned developments.

Describe hospital location, number of beds, range of clinical services, any planned changes or major developments, special features, management arrangements, etc.

Give an outline description of the pathology departments and their relationship with each other and with the rest of the hospital. If relevant, describe the relationship with university/medical school departments or research units. This should include any planned or proposed changes in the provision of the pathology services.

Detail satellite hospitals served by the laboratory.



The department

Describe the laboratory, giving a detailed description of the individual department including its facilities and major equipment. There should be information on access to special services, e.g. molecular pathology, immunohistochemistry, neuropathology and paediatric pathology.

State CPA (UKAS) Ltd accreditation status (month/year) and any ongoing work to address the issues raised if accreditation is conditional, as well as participation in external quality assurance (EQA) schemes if applicable to specialty.

Laboratory accommodation and equipment

Where is it, how much space, specialised equipment, laboratory computer system and links with internet.

Links for reporting laboratory data to regional and national public health surveillance systems.

Tabulate workload (indicate proportion from general practitioners)

These figures should be as up-to-date as possible

Type of activity	Requests in year – (state year)
Histology	
Cervical screening cytology	
Diagnostic cytology	
Adult autopsies: <ul style="list-style-type: none">• medicolegal• consent	
Perinatal/paediatric autopsies	

Describe the facilities for multidisciplinary team (MDTs) meetings, including facilities for video link-up if the MDT is coordinated off-site.

Specify the number of MDTs held each week and describe how the MDTs will be shared between the consultants.

Staffing

List the consultant staff – full first names and titles, their sessional commitment (whole-time/part-time) and any/all subspecialty responsibility. Show this in a table format.

Title first name/surname	Whole time/part time	Subspecialty interest/s

State the number and status of trainees and rotational arrangements.

State the number and ranking of biomedical scientists (BMSs), medical laboratory assistants (MLAs), cytology screeners, mortuary and clerical staff.

If relevant, state the arrangements for leading and managing specialist services such as breast and cervical screening, pathological support for cancer reporting, etc.

Management arrangements and administrative duties

The pathology service is managed in accordance with the *Strategic Review of Pathology Services*.

Name the current Head of Service/Clinical Lead for the specialty.

Summarise the process by which head/leadership is determined, for example:

Since one of the functions of the Head of Service post is regarded as being to facilitate the development of management skills, it is anticipated that this role will rotate, with annual review, between colleagues with an interest in and aptitude for management.

Budgetary arrangements

Give details of budgetary matters, for example:

The Directorate of Pathology has a budget of £ per annum and state the budget holder is.

The Head of Department of Clinical Biochemistry has a devolved budget of £ per annum.

The Directorate has a General Manager who assists with the day-to-day implementation of budgetary decisions.

Duties of the post

State that the appointee, together with consultant colleagues, will be responsible for the provision of cytopathology.

State whether or not the appointee will be expected to participate in the management of the service.

State that the configuration of responsibilities will be reviewed from time to time and the appointee will be expected to work with consultant colleagues to provide a reliable and expeditious service.

List the major clinical specialties covered.

State that compliance with the requirements of good clinical governance and any new national arrangements for medical recertification/revalidation will be expected.

The hospital based screening coordinator should be identified. If this is a cytopathologist, an appropriate number of PAs should be allocated for this purpose.

The named medical consultant responsible for reports emanating from the department not seen by a pathologist and failsafe activities should be identified.

If the vacancy is for the lead cytopathologist for diagnostic cytology, describe what duties will be included in the role and the DCCs and SPAs allocated to the role.

State that, for a role including cervical cytology, the candidate will be expected to have experience of the NHS Cervical Screening Programme.

Describe the relationship between the consultant (if doing cervical cytology) and the local hospital-based screening programme coordinator of the NHS Cervical Screening Programme.

Describe the local arrangements for HPV testing in the NHS Cervical Screening programme.

State whether there are any advanced BMS practitioners or consultant healthcare scientists in cervical cytology in post.

State whether there is a consultant healthcare scientist in cervical cytology and that the managerial relationship with consultant cytopathologist(s) is clearly defined.

State that the time devoted to cytopathology is separate from time spent in other areas of work (e.g. surgical pathology and autopsies) and takes into account seeing around 10% of screening requests. State that time will be given for histological/cytological correlation and feedback of results to BMSs and screeners.

State whether any diagnostic cytology specimens are reported by biomedical scientists.

Include details of the workload and managerial arrangements relating to the provision of a fine-needle aspiration (FNA) service. Indicate that time spent taking FNAs, attending 'one stop' outpatient clinics and attending radiologically guided FNA clinics (including time to off-site locations) should be identified as fixed DCC PAs in the job plan.

Include details of the attendance required at MDT meetings and indicate that time spent attending and travelling to these meetings will be identified as fixed DCC PAs in the job plan.

Identify which liquid-based cytology (LBC) system is in use in the laboratory.

State that candidates must provide evidence of system specific NHS Cervical Screening Programme-accredited training in LBC.

Describe the local arrangements for HPV testing in the NHS Cervical Screening programme.

Identify arrangements for providing training in LBC, if required by the applicant.

Continuing professional development (CPD)

State that the appointee will be expected to participate in clinical audit and CPD, and in relevant quality assurance schemes and proficiency testing.

State that the Trust supports the concepts of CPD, clinical audit and EQA, and encourages all consultants to participate in these activities by providing time and resources.

State the Trust's policy on the provision of study leave and funding (number of days and amount of funding).

Clinical effectiveness (clinical governance/audit)

The arrangements for clinical governance and the appointee's participation should be outlined.

The appointee will be expected to participate in multidisciplinary clinical audit, and in the implementation of an ongoing clinical audit programme within the department. (Note any established audit cycles.)

The appointee will also be expected to provide advice in development of clinical guidelines, investigation protocols, laboratory SOPs and guidance on the appropriate use of antimicrobials to the clinical units supported. There should also be a statement that time and facilities will be made available for clinical governance and audit.

Annual appraisal

State the policy for annual appraisal and review of the job plan. Give the name and position of the intended appraiser, if known.

Describe the policy for relaying key issues arising from the appraisal process to the Clinical Director and Medical Director.

Describe the local procedures to be followed if it is not possible to agree a job plan, either following appointment or at annual review.

Revalidation

There should be a clear statement concerning the Trust's approach to the General Medical Council revalidation process (relicensing and recertification), indicating that there will be provision of time and support to enable revalidation and recertification.

Research and development (R&D)

If relevant, describe the relationship with any local university, particularly with respect to teaching and research, and whether an honorary academic title applies and which body it will be with.

Indicate the opportunities for R&D and how much time will be available for these activities. This should include reference to the existing R&D portfolio or task-led funding of the institution.

Teaching

State whether there are any commitments to undergraduate teaching and/or postgraduate training. In departments where specialist registrars are trained, indicate that the department has been approved for this purpose.

Division of work and job plan

Describe the proposed rota arrangements and the division of work between the consultants in the department for each area of activity (post mortems, cytology including one-stop clinics and diagnostic surgical pathology).

State that the rota will be subject to negotiation between colleagues and clarify the arrangements for mediation should a dispute arise.

Give a proposed job plan that outlines how the consultant's time will be allocated between various duties. This should make clear the number of programmed activities (PAs) to be allocated to direct clinical care and to supporting professional activities.

Job plan

Include a provisional job plan and give details for review. For example:

- direct clinical care (includes clinical activity and clinically related activity): 7.5 PAs on average per week.
- supporting professional activities (includes CPD, audit, teaching and research and public engagement): 2.5 PAs on average per week.

Colleague cross cover for annual, professional and study leave is expected.

The job plan will be reviewed and a performance review carried out by the Clinical Director of Pathology and, through them, the Medical Director of the employing body/hospital.

State the local procedures to be followed if it is not possible to agree a job plan, either following appointment or at annual review.

State the arrangements for review of the job plans, if and when necessary.

This recognises that all consultants require time to maintain and develop professional expertise but that additional supporting activities such as educational supervision, teaching and management may not be evenly distributed within a department.

State the Trust's policy on the provision of professional leave and for incorporating into the job plan external duties for the good of the wider NHS (such as giving external lectures, acting as an examiner or CPA/UKAS inspector, and working for the Department of Health or the relevant Medical Royal College in various capacities/roles).

Out of hours

The job plan should state whether there is any commitment to provide an out-of-hours service. If such a service is required, show the frequency of the on-call rota and the agreed on-call category.

If the on-call commitment is significant, an appropriate number of direct clinical care (DCC) PAs should be allocated.

State the duties expected while on call, e.g. availability for clinical advice, provision of frozen sections and other histology as appropriate.

Leave

Describe the arrangements for cover of annual and study leave, including whether locum cover is usually provided.

Facilities for appointee

Describe the office, location of office and whether it is shared or for the sole use of the appointee.

Describe the secretarial support and equipment provided for appointee. The recommended minimum is an office, secretarial support, PC with appropriate software, internet and email access, access to necessary laboratory information management systems (state which package is used) and access to current books and journals. State the facilities used for report generation (e.g. audiotapes, digital dictation, voice recognition).

State that a modern microscope (if relevant to the post) is available for the appointee, and that it is suitable for the work that they will be required to perform.

A microscope with wide field optics is desirable for cytopathology, and a double-headed microscope for teaching. Describe the equipment available for photomicrography, electron microscopy, immunofluorescence or other techniques.

Main conditions of service

Insert the standard wording for all consultant posts in the Trust.

Terms and conditions of service

The appointee will be required to maintain General Medical Council (GMC) full and specialist registration with a licence to practise and revalidation, and should follow the GMC's *Code of Good Medical Practice*.

The appointment will be covered by the National Health Services Terms and Conditions of Service for Hospital, Medical and Dental Staff (England and Wales) and the General Whitley Council Conditions of Service.

Include the standard terms and conditions of service provided by the Trust/hospital.

Administration

The appointee will share the responsibility with the other consultants in contributing to the management within the employing organisation's structure. Act as custodian of data under the Data Protection Act and custodian of stored samples. Service and administrative duties on various committees, which may include the following:

Communication

Ensure all communication, which may be complex, contentious or sensitive, is undertaken in a responsive and inclusive manner, focusing on improvement and ways to move forward.

Ensure all communication is presented appropriately to the different recipients, according to levels of understanding, type of communication being imparted and possible barriers such as language, culture, understanding or physical or mental health conditions.

Confidentiality

Information relating to patients, employees and business of the employing body must be treated in the strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Whistleblowing Policy (Freedom of Speech policy).

Codes of professional conduct

Staff are required to abide by the professional code of conduct relevant to their governing body

Policies

It is the responsibility of staff to be familiar with the employing body's policies that affect them, and work within the scope set out in them. These can be found on the employing body's Intranet site, any queries should be raised via the line manager. Managers are responsible for ensuring staff know of, and work within the employing body's policies, procedures and protocols.

Controls assurance

Controls Assurance is an `over-arching` policy providing a framework of control covering a whole range of other NHS policies enshrined in the 18 Controls Assurance standards. Through self -assessment and external and internal audit, Trusts are expected to monitor their progress against these Standards. Risk management is the core standard. Staff responsibilities will be outlined in the Risk Management Strategy. <http://www.publications.parliament.uk/pa/cm199900/cmselect/cmpubacc/173/0011702.htm>

IT skills

Members of staff should be skilled in IT to the required level for the job. The employing body reserves the right for these skills to be developed appropriately.

Health clearance

A full medical examination will/will not normally be required however the successful candidate will be required to complete a health questionnaire and will also be required to produce evidence of a satisfactory chest x-ray within the last year. Posts are offered on the understanding that the applicant will comply with requirements regarding immunisations.

Applicants for posts which include surgical/invasive work will be asked to supply written evidence to the Occupational Health Department of degree of immunity to Hepatitis B.

If not immunised, the result of a test which indicates freedom from carrier state will be required and immunisation should then be commenced. Applicants should be aware of the guidance to HIV infected health care workers from the Department of Health and the GMC/GDC.

Health and safety

Employees are required to ensure they are aware of, and comply with, policies and procedures relating to health and safety (whether statutory or employing body), and assist in ensuring the compliance of other staff.

Infection prevention and control

The employing body considers compliance with the Infection Prevention and Control Policy and Procedures, including hand hygiene, is the responsibility of all employees who work in clinical areas. Failure to do so may result in formal action being taken against an employee.

Training in radiation protection

It is a legal requirement for any clinician who personally directs or performs radiological investigations (other than radiologists) to have attended a recognised course in radiation protection and possess a Core of Knowledge Certificate. This includes medical staff who undertake x-ray films in theatre. For radiopharmaceutical exposures, this includes medical staff who administer radiopharmaceuticals for diagnostic or therapeutic purposes or who clinically direct.

Indemnity

The employing body will cover all medical staff for NHS work under NHS Indemnity. X NHS employing body is required to encourage medical and dental staff to ensure that they have adequate defence cover for any work which does not fall within the scope of the Indemnity Scheme. Any private practice undertaken on NHS premises must be covered by subscription to a medical defence organisation.

Disclosure and Barring Service checks

To include statement on application or otherwise of DBS (Disclosure and Barring Service, formally CRB) checks. <https://www.gov.uk/disclosure-barring-service-check/overview>
<https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>

For Northern Ireland - AccessNI criminal disclosure check <https://www.dojni.gov.uk/articles/about-accessni>

Privacy and dignity, respect and equality of opportunity

The Trust is committed to ensuring that all current and potential staff, patients and visitors are treated with dignity, fairness and respect regardless of gender, race, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status. Staff will be supported to challenge discriminatory behaviour.

UK visas and immigration

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be assessed during the selection process.

www.ukba.homeoffice.gov.uk/visas-immigration/working/

Applications from job seekers who require Tier 2 sponsorship to work in the UK are welcome and will be considered alongside all other applications.

www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/

Condition of appointment

The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations

Canvassing of any member of the Advisory Appointments Committee disqualify the applicant.

Induction and development reviews

All medical staff are required to undertake the employing body's Induction as soon as possible after commencing work. They are also expected to have a local induction to their place of work which will be undertaken by their line manager or nominated person and sent to Learning & Development for record keeping.

Major incident or civil unrest

In the event of a major incident or civil unrest all trust employees will be expected to report for duty on notification. All Trust employees are also expected to play an active part in training for and preparation or a major incident or civil unrest.

Working Time Regulations

The employing body is committed to the principle that no member of staff should work, on average, more than 48 hours per week. Staff who do exceed this limit need to complete an opt-out form. Any member of staff who undertakes work outside the employing body, regardless of whether they exceed 48 hours or not, must inform their manager of this in writing.

Place of work

Whilst the duties of the appointment will be primarily at the hospital(s) stated, the appointment will be made to the X employing body and there will be a commitment to attend occasionally at any other hospital or clinic in the employing body, as may be necessary from time to time, e.g. in emergencies.

Place of residence

The successful candidate will be required to reside within a reasonable distance of the employing body. This will normally be within ten miles, but subject to the discretion of the employing body.

Removal expenses

Reasonable removal expenses will be paid if agreed with the department prior to appointment, subject to a maximum, currently £X

Visiting arrangements

Give the arrangements for visiting the Trust, either prior to shortlisting or prior to interview.

List the personnel who may be contacted by candidates. This should include the chief executive, medical director, laboratory medicine director and/or head of service. Contact details such as telephone number and/or email address. Name of PA/sec if applicable.

Person specification

Category	Essential	Desirable
Qualification and training	<p>Full and specialist registration (and with a licence to practise) with the General Medical Council (GMC) (or be eligible for registration within six months of interview)</p> <p>If an applicant is UK trained, they must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview</p> <p>If an applicant is non-UK trained, they will be required to show evidence of equivalence to the UK CCT.</p> <p>FRCPPath or evidence of equivalent qualification</p>	Other relevant higher qualification
Experience	<p>Evidence of thorough and broad training and experience in the relevant specialty</p> <p>Able to take responsibility for delivering service without direct supervision</p>	Evidence of a special interest that complements those of other consultants in the department
Knowledge and skills	<p>Knowledge and experience of relevant specialty</p> <p>Broad range of IT skills</p> <p>Knowledge of evidence-based practice</p>	
Communication and language skills	<p>Ability to communicate effectively with clinical colleagues, colleagues in pathology and support staff</p> <p>Good knowledge of, and ability to use, spoken and written English</p>	

	Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries	
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The Royal College of Pathologists advises that applicants who are specialist registrars not yet on the General Medical Council (GMC) Specialist Register must have obtained the FRCPath by examination in order to be able to be shortlisted for a consultant grade post. It also advises that suitable signed documentary evidence must be provided by such applicants to confirm that they are within six months (i.e. six months beforehand) of being included on the GMC Specialist Register at the date of the interview. The documentary evidence should be:

- either an ARCP outcome 6 (Recommendation for completion of training) or a letter from the postgraduate dean specifying the date for completion of training
- AND
- a letter from The Royal College of Pathologists confirming that the applicant has fully passed the FRCPath Part 2 examination.