

## **Model job description for a medical consultant clinical biochemist/ chemical pathologist with/without metabolic medicine**

### **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 whether suitably qualified candidates may be eligible for an honorary academic appointment, stating name of University.

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.

### **General information**

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

### **The employing body**

Give a 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 (ideally specifically mentioning, where appropriate diabetes, endocrinology, cardiovascular risk/lipids and bone/rheumatology), paediatric and inborn errors of metabolism, obstetrics and gynaecology, oncology units, etc. and any planned developments.

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. mass spectrometry specialist protein, and immunochemistry techniques.



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.

### **Academic facilities**

Give details of undergraduate and postgraduate medical schools and/or links with local universities.

List relevant academic staff members and key research interests.

### **The library and postgraduate facilities**

Give details of the library facilities and postgraduate education facilities, including facilities for computer gateways to medical databases and details of video conferencing.

### **Pathology – Directorate structure**

Give details of the Pathology Directorate structure, including the name and specialty of the Clinical Director.

Provide an outline description of the individual departments within the Directorate, including the consultant complement. If the laboratory is part of a network this should be stated and details of the network and its relationships provided.

Associations with universities/research units should be detailed.

Give details of how the individual departments are housed and whether they are in new or refurbished laboratories.

List hospitals and Trusts served by the laboratory, including any regional services offered.

### **Medicine – Directorate structure**

Give outline details of the Medicine Directorate, including the specialties, numbers of consultants and names of lead consultants.

For posts with a metabolic medicine component, state the relationship of the post to the Medicine Directorate, give details of the availability and numbers of beds and describe the clinical and managerial lines of accountability for any junior medical staff.

### **Laboratory accommodation and equipment**

Give details of:

- the size and nature of accommodation provided for clinical biochemistry
- major departmental equipment
- the laboratory computer and interfaces interfaces with other systems; describe how users routinely obtain laboratory results (e.g. from lab computer directly or from patient management system).
- day-to-day working arrangements, including the provision of the out-of-hours service.
- point of care testing, to include a description of the role of laboratory staff in the management of these facilities, the services provided, the choice and maintenance of equipment, quality assurance and training of users.

## Tabulate workload (indicate proportion from general practitioners)

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

State the workload of the department including the proportion emanating from general practitioners and other external sources. The repertoire of assays should be outlined.

Type of activity	Requests in year (state year)

## Staffing

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

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

- medical clinical biochemists/chemical pathologists (including this post, whole-time equivalent [wte])
- all medical trainees with grades and rotational arrangements if relevant
- clinical scientist grade (state number per grade and grade designation)
- trainee clinical scientists

List all other staff :

- biomedical scientist
- medical laboratory assistant (wte)
- trainees (wte)
- clerical and ancillary staff (wte)
- nursing staff (wte).

If relevant, state the arrangements for leading and managing specialist laboratory services.

## 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/leadship 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.

## **Working relationships**

Give details of working relationships within the Directorate, for example:

The responsibilities of the Head of Department of Clinical Biochemistry will be agreed with the Director of Pathology. The Director of Pathology is appointed by the Chief Executive and the Medical Director of the Trust. All consultants are eligible to be Director of Pathology and they will be appointed by the following process

## **Clinical services**

Detail outpatient clinics and outreach clinics supported by the department (e.g. diabetes, endocrine, nutrition, lipid, paediatric, metabolic), stating the sessional commitment and governance arrangements.

For posts with a metabolic medicine component, describe the access to beds, junior staff support and nursing and other supporting staff (e.g. pharmacy), including the responsibilities for their management. If no inpatient beds are associated with the post, explain the collaborative arrangements for the admission of patients with metabolic disorders requiring inpatient care.

Describe the role(s) of departmental staff within local nutrition team(s).

## **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**

Give details of the duties of the post. For example:

The holder of this post is expected to provide a comprehensive clinical biochemistry service for all users of the laboratory. The consultant will provide expert support for the diagnosis and management of biochemical clinical problems, advise on appropriate investigations on an individual patient basis and determine the repertoire provided by the Clinical Biochemistry Department within the resources made available to the Directorate.

The consultant will take a lead role in clinical liaison and clinical audit.

The areas in which the consultant will have direct clinical responsibility for patients are:

The number and details of the outpatient clinics run by the department (including collaborating clinicians) are:

(Where appropriate) The post-holder will contribute to the nutrition advisory team.

(Where appropriate) There is an inpatient investigation unit, staffed by nurses (give numbers of whole-time equivalents), which will be available for dynamic function tests performed/supervised by the consultant appointed.

## **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, and laboratory SOPs. 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 with specialty trainees, indicate that the department has been approved for this purpose.

## **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 Trust/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.

## **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.

## **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 and patient information management systems (state which package are used) and access to current books and journals.

## **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>

## **Children's rights**

The post holder will endeavour at all times to uphold the rights of children and young people in accordance with the UN Convention Rights of the Child.

## **Safeguarding children and vulnerable adults**

The Trust is committed to safeguarding children and vulnerable adults throughout the organisation. As a member of the trust there is a duty to assist in protecting patients and their families from any form of harm when they are vulnerable.



## **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/](http://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/](http://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 for 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
<b>Qualification and training</b>	<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>MB ChB or evidence of equivalent qualification</p> <p>FRCPPath or evidence of equivalent qualification</p>	<p>M/FRCP or evidence of equivalent qualification</p> <p>Other relevant higher qualification</p>
<b>Experience</b>	<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>	<p>Evidence of a special interest that complements those of other consultants in the department</p>

<b>Knowledge and skills</b>	<p>Knowledge and experience of relevant specialty</p> <p>Broad range of IT skills</p> <p>Knowledge of evidence-based practice</p>	
<b>Communication and language skills</b>	<p>Ability to communicate effectively with clinical colleagues, colleagues in laboratory and support staff</p> <p>Good knowledge of, and ability to use, spoken and written English</p> <p>Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries</p>	

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 FRCPPath 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 FRCPPath Part 2 examination.