

Consultant Job Plan

Name:	Critical Care Consultant
Primary Speciality:	Critical Care
Secondary Speciality:	Adjustments will be made in job plan if applicable

Job Content

The job plan is annualised. Breakdown of activity and PAs per week is as follows. The sample job plan given below is for 8 PA of DCC and 2 PA SPA. Up to 2 PA of DCC can be used for a second speciality (e.g. emergency medicine, anaesthetics, acute medicine) and there will be a proportionate reduction in the number of clinical shifts for critical care.

Departmental job plans are continually reviewed and updated to take into consideration service and personal requirements. Shift numbers below are calculated on the current consultant numbers and may be subject to change after job planning.

CRITICAL CARE

Shifts per annum	Comment	Weekly PA value
8 hot weeks (Monday to Sunday)	Weekday 0800-1800 Weekends 0800-1800 / 0800-2020 2 consultants on per week	4.02
5 non-resident weekends (night) (Sat + Sunday block)	Paid in and working till 0200 On call from home till 0830 (average times taken from diary exercises)	0.83
21 non-resident weekday nights (Monday – Thursday)	Paid in and working till 0200 On call from home till 0830 (average times taken from diary exercises)	2.25
5 non-resident Friday nights	Paid in and working till 0200 On call from home till 0830 (average times taken from diary exercises)	0.54
Administrative DCC		0.25

Secondary Specialty

Where applicable this is for up to 2 PA per week and is worked according to the speciality requirement. For example usually two sessions (0800-1800) for Anaesthesia but it may include some evening work if Emergency Medicine or Acute Medicine is the second speciality. There is no on-call commitment to the secondary speciality

SPA

This post attracts 2 SPA. The list of activities included in SPA is not limited to activities to support continuing professional development (to include mandatory training, appraisal, revalidation, audit, job planning,

departmental and personal administration, governance, education and training etc.) but also the successful applicant will be expected to support departmental essential roles and initiatives. This will be discussed and agreed with the Clinical Director.

All of the SPA activities will be required to support revalidation and professional development. At least 50% of this time will be expected to occur on site.

The nature, timing and site of all duties (Direct Clinical Care and SPA) may change and will be reviewed annually as part of the job planning exercise.

ON-CALL AVAILABILITY SUPPLEMENT

Agreed on-call rota (e.g. 1 in 5):	1 in 6.5 Critical Care weeks and 1:10 on calls nights (including weekend day working)
On-call supplement (%):	3%

1. OBJECTIVES – TRUST, SPECIALTY AND PERSONAL

Objectives (and for Specialty and Personal, how these will be met)

Trust

1. Ensure that, based on the needs of the patients and their families, care is delivered to the highest standard, maintaining the patient's dignity at all times. Wherever possible, the aim is to promote independence and restore healthy living.
2. Assist in establishing and maintaining a high quality environment for patients and staff, which delivers excellent care to patients and supports the achievement of all local and national access targets.
3. Through personal leadership and influence, contribute to maintaining the highest standards of clinical and environmental hygiene, to assure infection control standards and eliminate hospital acquired infections.
4. Assist in promoting and developing the culture of a learning organisation, that is fully committed to providing excellence in both health and customer care, and to providing continuous improvement.
5. Participate in Continuous Professional Development, thus enabling the Trust to enhance its reputation for high quality education, learning and development, and research.
6. Use all resources wisely, and promote a culture of value for money and return on investment.

Specialty

Please see above and 'additional departmental information'. Our departmental vision is as follows:

1. Best possible **CARE & OUTCOME** for our critically ill patients
2. Protect, & preserve **DIGNITY** through critical illness
3. **SAFETY & QUALITY** at the heart of everything we do
4. **SUPPORT** families & loved ones
5. Highest quality **TRAINING & DEVELOPMENT** for our staff

Personal

Please see job description for essential and desirable criteria.

Above all, we want a new colleague to contribute to our outstanding department (as evidenced by CQC report) by maintaining the quality, standards, training and culture of safety and learning. In return the successful candidate will be well supported in their professional development.

2. SUPPORTING RESOURCES

Facilities and Resources required for the delivery of duties and objectives	Description
1. Staffing support	The Critical Care service is well supported with two consultants working together during hot weeks. We have a strong culture of support amongst the consultant group and throughout the department
2. Accommodation	Please see 'additional departmental information'. We have a dedicated consultant on call room with en suite facilities for resident on calls if needed

3. Equipment	Amongst other general ICU equipment, we have access to a variety of our own ECHO and ultrasound machines. Our well embedded IT infrastructure with our 3rd generation clinical information system just launched
4. Any other required resources	We have an induction programme and a mentorship programme for new consultants

3. ADDITIONAL NHS RESPONSIBILITIES AND/OR EXTERNAL DUTIES

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

4. 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):

5. AGREEMENT

Doctor:	
Name	
Signature	
Date of Agreement	
Clinical Director:	
Name	
Signature	
Date of Agreement	