

Draft specialty guidance on job planning for chemical pathology

Chemical pathology has special characteristics that must be taken into account in job planning. These include:

- A high proportion of the clinical work is in the form of telephone requests for advice from other consultants and general practitioners. Therefore it is unpredictable and does not occur in discrete time periods.
- Whilst chemical pathologists undertake some fixed outpatient clinics and ward rounds, the core clinical duties include managing the laboratory, introducing new tests, validating tests, trouble-shooting etc. These duties do not normally occur at fixed times.
- There is considerable variability in support staff available to chemical pathologists (for example, clinical scientists and top grade biochemists).
- There is considerable variability in the duties undertaken by chemical pathologists in different settings

This guidance is intended to facilitate job planning for chemical pathologists.

The **overall approach** to job planning should conform to the Guidance from the CCSC (*Job Planning for the 2003 Consultant Contract, October 2003*) 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 chemical pathologists are likely to need adjustment or explanation.

Direct clinical care should include:

- Ward rounds
- Out-patient clinics
- TPN round
- Laboratory diagnostic work
- Preparation or review of protocols; policy development
- Validating and trouble shooting investigations
- Interpreting results
- Supervision of dynamic function tests
- Advising clinical colleagues about clinical matters (individual patients, incidents or policy)

Supporting professional activities should be as for other specialties: CPD, teaching, training, audit, job planning, appraisal, research, local clinical governance activities.

The proportion of direct clinical care and supporting professional activities should include at least 2.5 P.A. of supporting activities. Extra time for supporting activities may be necessary, for example in cases where the consultant chemical pathologist is required to assist other clinical departments with audit. Additional NHS responsibilities may also be necessary e.g. to reflect the management duties of Heads of Department.

Reconfiguration of hospital and laboratory services is resulting in increasing amounts of consultant time spent travelling between sites. **Travel time between sites** should

be counted in the category of PA that necessitates the travelling. For example the direct care PAs should be allocated for time spent travelling to another site to do diagnostic work.

The job plan should include **on-call work**. Where this follows a regular pattern each week, consultants should identify within the weekly schedule when and where this takes place. Where such work is unpredictable, consultants should assess the average amount of time per week and enter it in a separate row on the time table.

The job plan should also show the **frequency of the on-call rota** and the agreed **category**. Category A typically requires either an immediate return to site when called or a complex intervention such as telemedicine or a complex telephone consultation. Category B applies where the consultant can typically delay response. For example, if you can take the calls on an answer-phone while you are unavailable for a few hours, and respond on return, then this would indicate that immediate return was not required. Complex telephone consultations, even if delayed, are category A.

Sample Job Plan

The following is an example of how a job plan covering 11 PAs might look. Because the work of chemical pathologists varies from post to post, this is an illustrative guide only.

Account must be taken in the job plan of Additional NHS Responsibilities (such as Audit Lead, Clinical Tutor, Head of Department etc.) and Other Duties (for example, work for professional associations, Royal Colleges, Government Departments, etc.)

Day	Time	Location	Work	Categorisation	No. of PAs
Monday	9am-1pm	St. Giles	ITU Ward Round	Direct care	1.0
	1pm-5pm	St. Giles	Laboratory based	Direct care	1.0
Tuesday	9am-1pm	St. Giles	Clinic correspondence reports/calls to GPs	Direct care	1.0
	1pm-5pm	St. Giles	Audit/Governance	Supporting	1.0
Wednesday	9am-1pm		Nutrition round	Direct care	1.0
	1pm-3pm	St. Giles	Laboratory based	Direct care	0.5
Thursday	9am-1pm	St. Giles	CPA duties/teaching	Supporting	1.0
	1pm-5pm	St. Giles	QA/correspondence	Direct care	1.0
Friday	9am-1pm		Outpatient Clinic	Direct care	1.0
	1pm-3pm	St. Giles	ITU Ward Round	Direct care	0.5
	3-5pm	St Elsewhere	CPD	Supporting	0.5
Flexible	2hrs	Home	H.O.D correspondence and paperwork	Additional NHS resp.	0.5
	2 hrs	Home	Examiner, marking, committee preparation etc.	External	0.5
Predictable emergency on-call	Variable	Variable			

Unpredictable emergency on-call	Variable	Variable		Direct care	0.5
					11 PA

Comments

Many of the direct clinical care sessions in the schedule above do not specify the precise work to be undertaken during these commitments. This is to allow flexibility in the type of work undertaken at these times, according to the exigencies of the service. Some duties may be undertaken at the specified times on a shared rota basis with colleagues.