Model job planning and workload document for consultants in Diagnostic Radiology

Direct Clinical Care (DCC) for consultants in Diagnostic Radiology

Examples of direct clinical care activity for Radiologists (where the support of other staff may be required) and usually timetabled, may include:

- Performing or supervising booked lists of Ultrasound, Bariums/fluoroscopy, IVUs, CT, MRI, etc.
- Performing or supervising interventional lists, vascular/non-vascular/biopsies, etc.
- Plain film reporting 'hot seat' or direct dictation
- Specialist clinics when working with a colleague from another specialty e.g. 'one stop' breast clinic
- Multidisciplinary Team Meetings [MDM/MDT]

Some types of DCC may not need the scheduling of support staff and facilities, and so may be performed in a more flexible time structure within a PA and may not be formally timetabled. These will however need to be identified and a PA value assessed.

[This is not an exhaustive list will depend on subspecialty and type of hospital].

For example,

- Reporting of plain films, cross-sectional imaging performed on generic lists, etc., taped or ad hoc
- Vetting requests to comply with IR(ME)R regulations
- Liaising with requesting colleagues in secondary or primary care
- Dealing with emergency/urgent enquiries from colleagues, patients and/or relatives of patients
- Supporting/supervising radiology trainees and radiographers in the Radiology department
- Pre and Post interventional commitments including obtaining consent and supervising post procedure care
- Preparation time for MDM/MDTs
- Authorising reports
- Travelling between sites
- Dealing with complaints (written or verbal)
- Literature/internet/ searches of radiology educational material or seeking specialised radiology advice before reporting images

On-call work

There are 3 elements of on-call that require consideration and reflected in sessional valuation:

1. *Predictable on-call PA – Out of hours regular sessions for emergency work* – An example would be Saturday/Sunday CT lists performed on an on-call rota.
2. *Unpredictable on-call PA – ad-hoc emergency work* This would include telephone advice, return to hospital if required, and the performance or reporting of radiological procedures such as ultrasound or CT scans or emergency interventions such as nephrostomy insertion. Remember that for your diary entry for unpredictable on-call work the episode should start from the first phone call requesting a scan/exam to the time the report is done authorised and communicated, and the consultant has no other pending work to complete and where that consultant has been called in, has returned home.
3. *On-call Supplements* 3%-8% salary depending on frequency.

Note: 1 In England and Northern Ireland, the hours of 7p.m. to 7a.m., and any time on Saturday, Sunday or public holidays, is "premium time" working and 3 hours of work, whether cumulative or continuous, equates to 1 PA. In Scotland this applies to 8p.m. to 8.am. In Wales, This applies to on-call work outside "normal working hours" which are deemed to be 9a.m. to 5p.m. unless specifically stipulated to be otherwise in the agreed job plan.

This must be kept In mind when calculating on-call PA value, for both predictable and un-predictable on-call.

2 In the 2003 consultant contract in England and Northern Ireland, and the 2004 consultant contract in Scotland (where 9a.m.to 1p.m on Saturday, and public holidays are also excepted) any non-emergency work undertaken in premium time is voluntary though still attracts a higher 3hour PA value.

Teleradiology
The use of Teleradiology while on-call is widespread, chiefly in District General Hospitals where consultants are 'first on'. This is clearly DCC work. We would advise that a record is kept of the time involved in using teleradiology including authorising an investigation to the end of the episode. If reporting of urgent scans by teleradiology occurs regularly during on-call, this may well constitute predictable on-call and at a future job plan review be converted to a 3 hour [premium time} session

Emergency work for consultants in Diagnostic Radiology
Whilst the conventional unpredictable on call arrangement is likely to be the norm for most consultant radiologists, in some busy units it is possible predictable emergency work may constitute one or more sessions. Over time the average unpredictable emergency work may equate to 1 or more sessions but this will vary and may need to be changed at the annual job plan review. It is possible, and indeed preferable, to agree on-call rotas which build in rest periods and support compliance with the Working Time Directive.
Diaries of on-call work will provide evidence for a case for change of on-call arrangements.

If you cover your colleagues' on-call duties when they are away on study leave and annual leave, make sure you bear this prospective cover in mind when assessing your workload for both types of emergency work. With 6 weeks annual leave, on average 2 weeks study leave and statutory days, you are likely to be covering nearly 10 weeks of each colleague's duties. This may mean your average out of hours workload is far greater than that measured when nobody is on leave. In reality, you do 52 weeks of on-call work in around 42 weeks at the hospital. A number of calculators exist for converting the sessional value of on-call from 52 to the more typical 42-44 week working year, which includes the one published by the Consultant Contract Implementation Team.

The most reliable way of calculating prospective cover is to use a diary over a suitable reference period.

Our advice is that the department should agree a portfolio of radiology services offered out of hours and should ensure consultants are competent to deliver on-call work.

Covering for colleagues on sick leave, special leave or maternity leave is usually left out of these calculations, as it is unpredictable and liable to vary from year to year. Where a consultant volunteers to cover for absence of a colleague other than for annual or study leave there should be separate remuneration for these additional duty (locum) hours.

Supporting professional activities for consultants in Diagnostic Radiology
These activities underpin clinical care delivered by consultants and are essential for revalidation. The Academy of Medical Royal Colleges estimates 1.5 SPA is required to fulfil the requirements of revalidation, and that there should be appropriate valuation of other SPA activity including teaching and management activity .A typical job plan would therefore include 2-2.5 SPAs

In addition to SPA activity common to most specialties, SPA activities for Radiologists may include:

- Providing telephone advice, responding to letters and emails but not directly related to individual patients (if directly related to patients would constitute Clinical Admin or DCC). This work might typically have an SPA allocation of around 0.5 per week in addition to the minimum tariff.
- Reading increasing numbers of online College and other body publications, e.g. those on Standards and time for departmental discussion and implementation.
- Work to prepare, submit for or maintain departmental Imaging Services Accreditation Scheme (ISAS) accreditation.

The Welsh contract also permits one session of SPA activity to0 be performed off-site by agreement in the job plan. In addition, additional sessions of DCC carried out and separately remunerated on an ad-hoc basis can displace an on-site SPA session to a further out-of-hours and off-site SPA session.

It is well recognised that in most periods of 3.5-4 hours a radiologist will perform several SPA activities. However, if they retain clinical responsibility for the entire session, whilst undertaking SPA activity, it is more accurate to record this as DCC. It is also recognised that during a session of timetabled on-site SPA a radiologist may well be interrupted with some unscheduled DCC activity.

Examples of 'mixed activity' which could occur in any one PA are given below:

A **'Ultrasound list' at hospital (Monday morning)**

Ultrasound list	2 hours	DCC
Associated admin for ultrasound list	30 minutes	DCC
Preparation for MDT	30 minutes	DCC
Discuss job description for new secretary and formulate job plan with clinical director	1 hour	SPA
Total	4 hours	

B **'Plain film reporting' at hospital (Wednesday afternoon)**

Read and answer emails	1 hour	DCC/SPA
Vet requests with phone calls, etc.	45 minutes	DCC
Plain film reporting	2 hours	DCC
Check trainee examinations and reports	45 minutes	DCC
Total	4½ hours	

C '**General diagnostic department activities**' (**Tuesday morning)**

Trainee tutorial	1 hour	SPA
Preparation time for tutorial	15 minutes	SPA
Plain film reporting plus assorted queries and consultations	2¼ hours	DCC
Plain film reporting including informal teaching of radiographer on reporting course	1½ hours	DCC/SPA
Supervise senior trainee run CT list and discussion of cases and reports	30 minutes	DCC
Total	5¼ hours	

D **'CT list' at secondary place of work (Tuesday afternoon)**

Travel from main place of work	30 minutes	DCC
Supervise scans, protocol investigations, ad hoc queries, biopsies and drainages as appropriate, write reports and check previous reports	2¼ hours	DCC
Total	3 hours	

The above examples illustrate the multitasking nature of most Radiology consultant's work.

Additional NHS responsibilities and external duties for consultants in Diagnostic Radiology

- Additional NHS responsibilities are special responsibilities not undertaken by the generality of consultants in the employing organisation, for example medical management, or clinical tutor / dean activities.
- External duties may include activities such as trade union duties, or work for the Royal College of Radiologists / GMC. These need to be agreed prospectively with your employer (aside from bona fide trade union activity).
- Additional paid duties can be added to the total value of a job plan, or can be undertaken in substitution to other duties by arrangement.

7 Day working

- Many radiology departments have moved to 7 day working, or are considering this change. Consultant sessions timetabled in premium time should be negotiated and agreed (as described above). Please also refer to the BMA's guidance on shift working/resident on-call.
  In the 2003 Consultant Contract in England any non-emergency work undertaken in premium time is voluntary though still attracts a higher PA value. In Scotland, non-emergency work may be scheduld between 9a.m and 1p.m. on Saturdays, or on public holidays, and failure to agree such may proceed to appeal. Non-emergency work at other premium time is voluntary (as in England) and not subject to appeal.

Supporting resources required to carry out the job plan:

- Fully functioning picture archiving and communication system (PACS)
- Fully functioning radiology information system (RIS)
- Named IT support, available at all times
- Defined response time for PACS helpdesk
- Full time secretarial support or fully functioning voice recognition (VR) technology
- Access to a networked PC with internet access, printer and document scanner for SPA (for online CPD< online appraisal, research, etc)

Reasonable adjustments in supporting resources and workload etc should be agreed with colleagues.

Frequently Asked Questions on radiology job planning

"Can the BMA please issue guidance about how many plain films / scans / interventions I should do in a session?"

Any measure of a radiologist's productivity must take into account case complexity, reporting accuracy and patient safety. Patients would expect that radiologists report at rates that are safe. Consultants may wish to agree a "reasonable workload" per PA with their Clinical Director (or in England the equivalent clinical manager). A departmental job plan could specify the productivity metrics of the radiology team If during the year it becomes clear that the agreed workload outcome is not being delivered, then this may be an indicator for an interim job plan review, to agree the reasons for this. It may be that the job plan needs adjustment, or that the agree workload outcome was inappropriate.

"My clinical director expects me to report plain films/do interventional procedures and I don't do these. What can I do?"

Negotiate with your manager so that your individual objectives and the service objectives align as closely as possible. Patient safety needs to be a prime consideration. If a consultant is not performing a procedure, e.g. interventional radiology, as part of their regular work, then it is a patient safety issue if an employing Trust is insisting on them doing this on an occasional basis and they should only agree to perform procedures within their personal competence and can be performed within existing resources.

"I have been criticised for having low reporting statistics but a lot of my workload is interventional radiology, clinical consultation and MDT work. My reporting numbers do not reflect the time I spend on these activities. How can I address this?"

The consultant contract is time based and not based on numbers. However make sure your workload figures are based on your annual output. Also good IT systems are crucial to capture all your work. The IT system should allow for 2nd opinions or clinical consultations to be documented with your name and a date/time stamp. It should also be possible to document 2nd opinions or reviews made at MDTM. All RIS's should allow for timed, dated addendums or supplementary reports and it is medico-legal best practice to record your opinions if you give one. It is however accepted that most RIS systems do not easily permit this.

"My department is looking at 7 day working and needs consultants to work at weekends and o public holidays. I am reluctant to agree to this, what can I do?"

Any move to 7 day Working must be handled carefully and with respect for the wishes of all staff groups. Elective activity PAs in premium time are optional under the consultant contract. They may be timetabled in the job plan only with individual agreement (cannot be enforced by majority voting by colleagues).

- *The BMA issued advice to consultants on shift and resident working in 2011.*
- *See also Implementing 7 Day working in Imaging Departments: Good Practice Guidance A Report from the National Imaging Clinical Advisory Group January 2012.*

"My clinical director says I do not report as much as my colleagues. I am finding this very stressful. What should I do?"

Ask your manager to produce robust workload figures--with like for like comparison with colleagues in the department for similar number of sessions worked and similar activity.Most Clinical Directors would expect a range of activity for a given session; it does not follow that a slow reporter should work faster as a "slow" reporter may produce reports of better quality. Worklopad figures do not always reflect total clinical workload; and may be heavily influenced by interruptions and unexpected unscheduled activity. Genuine underperformance must be addressed through proper processes, job plan review, mediation (facilitation in Northern Ireland) & appeal. Employers should have a defined process to deal with underperformance that is consistent for all consultants.

- *Please contact the BMA for advice.*

Useful weblinks

- BMA and NHS Employers, A Guide to Consultant Job Planning, July 2011
- Terms and Conditions of Service – Consultants (England) 2003.
- the Scottish contract http://bma.org.uk/practical-support-at-work/contracts/consultant-contracts/consultants-scotland
- Terms and Conditions of Service – Consultants (Northern Ireland) 2004
- Academy of Medical Royal Colleges' statement on SPA allocations
- BMA advice on shift and resident working
- Department of Health The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 (together with notes on good practice)
- On-call calculator and advice
- National Imaging Clinical Advisory Group Good Practice Guidance on Implementing 7 Day working in Imaging Departments, January 2012.