

BRITISH MEDICAL ASSOCIATION LIAISON

CONSULTANT IN REHABILITATION MEDICINE

MODEL JOB SPECIFICATION

Consultants in Rehabilitation Medicine have an array of roles, which depends on their local facilities and their field of clinical work. Consultants concentrate on five main areas of work and may have a clinical responsibility for one of a combination of more than one. Each probably requires separate style of job plans. The five areas are:

- General Rehabilitation Medicine
 - Neurological Rehabilitation
 - Musculoskeletal Rehabilitation
- Amputee Rehabilitation
- Spinal Cord Injuries
- Community Rehabilitation
- Academic Rehabilitation Medicine

Most consultants will work within one or two areas, but some will work in more. Nearly all will be responsible for both inpatients and outpatients, some within specialist units and the majority of others in district general hospitals. Some of the latter will be managed by PCTs, but the nature of their work will not change because of this. Those with academic components to the job plan can negotiate on the amount of clinical, administrative and additional programmed activities (PAs) on the historical basis of their academic and NHS proportions from the old contract.

Access to specialist rehabilitation facilities is patchy and consultants in the field work long hours already under difficult circumstances. As the number of consultants falls far short of the national target and even much shorter of direct comparisons in Europe and elsewhere, consultants frequently have to see patients from far and wide. This is reflected in their workload and extra time is taken to visit and liaise with distant patients and health and social care facilities respectively.

Role of a Consultant in Rehabilitation Medicine

Reference is made to 1999 Royal College of Physicians report “Consultant Physicians Working for Patients”, which outlines consultant responsibilities. Within this framework, consultants in Rehabilitation Medicine have the following roles. The great majority will have a commitment to:

- address issues in an acute setting, as advice for medical colleagues/other professions
- provide care for their own patients in inpatient and outpatient settings
- undertake community and domiciliary services for patient assessment and treatment
- follow up patient in other settings in hospital and in the community/including residential care
- undertake activities in common with consultants in other specialties, e.g. teaching, CPD, etc

Clinical

- Address the medical needs of patients with disabling disease, who may or may not be undergoing a programme of medical rehabilitation
 - provide medical expertise in the assessment of disability
 - carry out medical rehabilitation interventions and prescribe treatment as appropriate
 - promote health and well being
- Prevent complications of the underlying condition and its treatment
- Provide treatment other concomitant co-morbidities
- Provide complex medical reports on patients
- Provide clinical/medical leadership to the multi-professional specialist rehabilitation team
- Work with clinical teams from other medical disciplines
- Work with members of local authorities

Planning & Development

- Develop a central role in the planning and development of specialist and other rehabilitation services
- Address clinical governance issues, including clinical audit, on a multidisciplinary basis
- Encourage research in Rehabilitation Medicine
- Ensure that own continuing professional development needs are addressed.

Training & Teaching

- Play a central role in the training and education of junior medical personnel in Rehabilitation Medicine and other related medical disciplines, the Therapy Professions and Nursing Profession, along with other workers, as appropriate.
- Have a crucial role in educating colleagues in other specialties, managers of health service and social care and those in positions of health policy influence.

Job Plans

Job plans for a consultant post in Rehabilitation Medicine should therefore reflect the nature of work and should follow the advice of the 1999 Royal College of Physicians report "Consultant Physicians Working for Patients". Firstly, consultants should be given a realistic job plan and there should be adequate funded study leave and access to continuing professional development. The recommended level of clinical programmed activities is 7.5 with 2.5 for other activities. This is negotiable at Trust level, but the programmes below fulfil the 10 programmed activity requirement. This has not been itemised by half-hour slots, as suggested by the BMA, but by four-hour sessions, as is probably appropriate for the specialty. Additional PAs are at the discretion of the individual and are a negotiable part of the contract. It is likely that full-time consultants in Rehabilitation Medicine will require payment for more than 10 PAs.

The timetable describes activities in sessions, which will contribute to a programmed activity. Some Trusts will want to present the timetable on an hourly basis and the above can be adapted for that. It is recognised also that activities, such as CPD and teaching, etc are not undertaken as a sessional block, but the sessions can be divided. This timetable describes eight clinical programmed activities and may be too many for doctors with more than the recommended number of inpatients under their care. This job plan should probably also be appropriate for a consultant in Spinal Injuries. As it is often difficult to meet with patients and their relatives

during the latter's working day, an evening is often required for this. This has been reflected in the timetable.

Job Plan - Consultant in Rehabilitation Medicine With Inpatient Responsibilities

	AM Activity	Code	PM Activity	Code	Evening Activity	Code
Monday	Case Conference	C7	Additional Programmed Activity	A or P	Training 2 Hrs	S1
Tuesday	OP Clinic	C2	Team Management, Audit & Teaching	S5 S4 S3	Patient/ Relative Consultation	C5
Wednesday	Clinical Management	C11	Ward Work/ Patient/ Rel. Consultation	C5	On Call	PA2
Thursday	Ward Round Inpatient Assessments	C4 C4	OP Clinic/ Procedures	C2 C5	Inpatient Assessments 2 Hrs	
Friday	CPD	S2	Domiciliary/ Community Work	C5		

Job Plan - Consultant in Rehabilitation Medicine (E.g. Half-time Amputee Rehabilitation Responsibilities)

	AM Activity	Code	PM Activity	Code	Evening Activity	Code
Monday	Case Conference	C7	Ward Round/ Patient/Rels. Consultation	C5		
Tuesday	OP Clinic	C2	Audit & Teaching	S4 S3	Training 2Hrs	S1
Wednesday	Clinical Management Inpatient Assessments	S7 C5	Additional Programmed Activity	A or P	On Call	PA2
Thursday	OP Clinic	C4	OP Clinic/ Procedures	C2 C4	Inpatient Assessments 2 Hrs	C5
Friday	CPD	S2	Domiciliary/ Community Work	C5		

Job Plan –Consultant in Rehabilitation Medicine with 3 Academic Sessions

	AM Activity	Code	PM Activity	Code	Evening Activity	Code
Monday	Case Conference	C7	Ward Round/ Patient/Rel. Consultation	C5		
Tuesday	Academic Session		Academic Session Teaching		Inpatient Assessments 2 Hrs	C5
Wednesday	Clinical Management	S7	Additional Programmed Activity	A or P	On Call	PA2
Thursday	OP Clinic	C4	OP Clinic/ Procedures	C2	Inpatient Assessments 2 Hrs	C5
Friday	Audit & CPD	S2 & S4	Domiciliary/ Community Work	C5		

These job plan examples do not take into account travelling time between sites. If this is a feature of the working week, then suitable time should be included in the timetable.

In-patient Facilities

To be effective within the limitations of the 40-hour working week, consultants should not be responsible for more than 10 inpatients within a given service at any one time. They should be supported by a full multi-professional team and Trusts must understand that consultation within the team takes time. Finally, the consultant is required to meet with patients and their relatives together and dedicated time is required for this. This has to take place after normal working hours to accommodate the needs of working family members and should be reflected in the job plan. Team-building activities are also required and this is part of the supporting Case conferences will take one PA and a separate ward round is necessary. Assessing patients for inpatients treatment is a regular activity and takes at least a programmed activity.

Outpatient Facilities

New patients presenting to a Rehabilitation Medicine clinic are by definition complex and take a minimum of 60 minutes to assess and devise a treatment plan for. Follow up is essential to clinical standards in the specialty and patients will take at least 40 minutes to see. Rehabilitation Medicine clinics regularly last for four hours and consultants should agree patient booking rules accordingly. The need to train junior staff in this activity is recognised by the patient consultation times. Patient-related administration is not only lengthy in reflecting the complexity of the impairments and functional loss addressed, but consultants also frequently have to communicate to a number of different people in different organisations to address patients participation issues. It takes considerably more time to do this than for many other specialties and should be included as some or all of an additional programmed activity in the job plan.

Community Work

This is a feature peculiar to a few specialties, including Rehabilitation Medicine. One programmed activity is allocated for this, as it is time consuming in terms of gaining access to the patient and carrying out medical assessments in often very difficult and demanding situations. Consultants also have to work with professionals working in the community.

Management/Lead Consultant Work

As specialist rehabilitation and spinal injuries units have individual needs, a higher proportion of consultants in the specialty will have a lead consultant/clinical director role compared to others in larger specialties, as described and this should be reflected in job plans. Lists 2A and 2B of the RCP Report support this activity and the work done. Consultants in Rehabilitation Medicine have a considerably greater service development and coordination role than consultant in other specialties and this should be reflected in individuals' job plans. This is characterised by time required to travel to and attend planning meetings in health and other agencies for the development of patient services and for related health and social care initiatives. At least 1 PA should be devoted to this weekly.

Academic Work

Most consultants will have a role in teaching and training; those with formal academic sessions will have clinical work time defined by their employing University. Separate negotiation is required, but the minimum pro rata basis is required for the NHS component. Consultants must have regular exposure to the 'normal' patient care for their service, in order to maintain their effectiveness, efficiency and credibility. A separate document will be produced for academics in the specialty. The above proposed job plan will have further work undertaken, but has been left in the document until it is superseded.

Consultants Working in More Than One Trust

Some consultants work for more than one Trust and on multiple sites. Their contract is usually managed by the Trust to whom they have the greater commitment and negotiations will be with their main employer. Care should be taken that each Trust recognises that commitment to the other organisations and that the consultant has a manageable and realistic working week. In particular, the time to travel from one site to another must be accounted (see below) and fixed commitments (ward rounds, clinics, etc) are timetabled appropriately. The two organisations should communicate to each other through the individual consultant and the consultant should only sign the contract when he or she is happy that both organisations are 'signed up' to the level of commitment from the individual.

On Call Work

While on-call commitments are not onerous for some consultants, others, such as those in Spinal Injuries will find it represents quite a workload. The amount of time spent in hospital should currently be reflected by the banding system and agreement on the level to be accounted for should be reached between all the consultants in the on-call rotation before the individual consultants discuss the contract with the Clinical/Medical Director.

Refreshment & Breaks

The BMA examples of timetabling break the working day into three to four PA blocks, as follows:

9am – 1pm

1pm – 5pm

5pm – 9pm

No time is allowed for breaks and meals/refreshments in this and it is assumed that staff will take their breaks within this time. It is essential for consultants to include time for lunch and breaks within the working day, when they will stop work and move away from the work environment to take them.