



RCP guidance for completing a job description review form

Job descriptions and JD review form – common errors

The RCP receives hundreds of job description reviews each year. Over the years, with the aid of our physician reviewers, we have identified the common pitfalls encountered by employers across the UK submitting JDs for review, which results in the same errors being repeated while writing a job description, or indeed even while completing our review form.

This document is intended to provide guidance and information to those using the RCP’s JD review service, with the aim to gain approval with the fewest possible rounds of review. For further information or clarification on any of the points in this document, please contact AAC@rcp.ac.uk.

Job description review form errors

Basic information section

Error	Solution
Post title not provided, default ‘ConsultantJDR’ field not amended to match post title from JD.	Include the ‘Post title’ and ensure the field contains the same title as the JD. Please do not leave it as ‘ConsultantJDR’, which is the default placeholder.
‘Subspecialty’ / ‘Other subspecialty’ fields used incorrectly, often duplicating the main specialty.	Only populate these fields if there is an additional specialty, different to the main specialty. Avoid including GIM or acute medicine requirements in subspecialty section. There is a separate ‘drop down’ field for acute/AIM/GIM requirements.
The post includes GIM, however the JD review form states ‘No GIM component’ on the first page.	JDR form must accurately reflect GIM/AIM expectations from this post in the appropriate field.

Error	Solution
Inclusion of an AAC date without an appropriate notice period.	<p>Ensure there is sufficient time for the JD to go through the approval process prior to the AAC.</p> <p>RCP requests 8+ weeks' notice to send a list of potential representatives for an AAC.</p> <p>Best practice is for JD review to be completed first. However, the review can run concurrently with the search for a representative.</p>

Job planning section

Error	Solution
<p>DCC and SPA values entered in JDR form 'total' more than 10 PA.</p> <p>SPA for consultant JDs in JDR form is <1.5 (which is the minimum expected for FT roles for revalidation only)</p>	<p>DCC and SPA values listed in the JDR form are expected to total no more than 10 PAs. The detailed weekly job plan in the JD should illustrate the core PAs available for post, not necessarily including on-calls.</p> <p>If the inclusion of the on-calls means the total PAs will exceed 10, then the on-call PAs must be shown separately to the core PAs in the JD and on the form.</p> <p>In such cases the on-call PAs should not be included in the initial DCC:SPA values on the JDR form (as the total of these values should not exceed 10). If applicable, additional on-call PAs should be detailed in the employer's initial comment section of the JDR form.</p> <p>If the core PAs do not total 10, but the on-calls bring the total PAs up to or over 10, the job plan may include them and the role still be advertised as full time.</p> <p>The RCP is committed to ensuring that an appropriate balance of SPA to DCC is maintained. Physicians must have sufficient SPA time for revalidation (CPD, audit and appraisal) and no fewer than 1.5 SPAs must be earmarked for this purpose in the job plan.</p> <p><i>(Amendments to the RCP's JDR form are planned to address inclusion of on-call PAs in job plans.)</i></p>

Please note, on-call elements (predictable daytime on-calls including post take ward rounds etc) can and should be included within a 10 PA job plan, they don't have to be separate or in addition. Evening and weekend on-call requirements can be shown separately with specifically allocated PAs, especially if they are likely to push the total weekly PAs to over 10 (as a result of annualisation).

The RCP advocates for adherence to the 10 PA framework to comply with criteria of the consultant contract. There is a recognition that some roles with on-call elements may exceed this 10 PA framework.

When a job plan is over 10 PAs, particularly when including on-call commitments, it should be made clear in the job description that any additional time over 10 PAs is approved on the condition that the applicant has agreed to the proposed job plan at interview.

Contact details section

Error	Solution
Missing contact information for resourcing/recruitment administrator	This is the point of contact to whom JD review updates and the review outcome are sent. It's essential that these details are completed and valid.

JD page numbers

Error	Solution
Pages are incorrectly referenced in the JD review form relative to the JD.	Check JDR form against JD before submission to ensure the page numbers correlate. Giving the reviewers a straightforward way to check for evidence of each of the criteria gives the greatest chance of the JD being approved.

Review checklist section – by criterion (please refer to [JDR form](#))

Criterion	Error	Solution
1	JD document without either job plan or person specification included, or JD sent separately from PS.	Make sure the JD and PS are both in one document. The JD <u>must</u> contain a job plan clearly laying out weekly DCC and SPA.
2–5	<ul style="list-style-type: none"> > Lack of or missing information regarding provision of IT and secretarial support. > Lack of or missing information regarding medical audit requirements. > Lack of or missing information in statement on expectations for continuing professional development (CPD). > No statement regarding commitment to revalidation. 	Ensure that this information is included in the JD. The RCP states that the minimum requirement for revalidation alone is 1.5 SPAs for full time roles, to be earmarked for CPD, audit and governance only. Other activities classified as SPA should attract further PAs.

Criterion	Error	Solution
6	<p>No information on the staffing within the department, including the number of resident doctors in the team.</p> <p>JD mentions a post of 'associate specialist' or 'middle grade' or 'trust grade', and this term has been replaced by 'specialist grade' doctors with specified requirements.</p> <p>Use of outdated terms: 'junior doctor' or 'middle grade' rather than 'resident doctor' for example.</p>	<p>Ensure this information is included in the JD. One of the most common reasons for adviser comments and additional review rounds is a lack of relevant detail regarding size of department/team.</p> <p>Make sure to use updated language/terminology throughout the JD. Refer to GMC/AoMRC.</p>
7	<p>Insufficient detail on workload:</p> <ul style="list-style-type: none"> > No details on the number of beds or inpatient ward work. > Outpatient intensity not described. > No numbers for follow-up patients. > Clinic template not detailed. 	<p>Ensure this information is included in the JD. One of the most common reasons for adviser comments and JD being returned for additional review rounds is a lack of relevant detail surrounding the anticipated workload for someone coming into the role.</p>
9	<p>On-call elements or weekend working included in job plan with no compensatory rest or statement about TOIL.</p>	<p>Details on weekend working, timings, anticipated workload and responsibilities are needed.</p> <p>Consideration of TOIL should be explicitly stated.</p> <p>Provide as much detail as possible. One of the most common reasons for adviser comments and additional review rounds is a lack of relevant detail.</p>
10	<p>Adherence to mentoring is not clear – need to be specific on what is available for the successful candidate.</p>	<p>Ensure information regarding any available mentoring is included in the JD.</p>
11	<p>Lunch breaks not indicated or scheduled within job plan.</p> <p>Travel required by role, but travel time not included in job plan.</p> <p>Lack of clarity on PA allocation:</p> <ul style="list-style-type: none"> > The PAs don't add up. 	<p>NHS Terms and Conditions includes provision for lunch breaks so ensure time is available for these (unpaid) or state that job plans can be amended to accommodate lunch breaks.</p> <p>Any travel between sites should be accounted for and time allocated within the job plan.</p>

Criterion	Error	Solution
	<ul style="list-style-type: none"> > PA allocation is confusing. > The timetable is unclear on how DCC/SPA split has been achieved. > DCC/SPA split on job description does not agree with the DCC/SPA split on the JDR form. > DCC activities such as patient admin. included in same timetable slot as SPA activities without clear distinction. <p>In Wales the DCC:SPA split recommended is 7:3 but more recently health boards have been moving to 8:2. However, discussions continue with the AoMRC and the RCP RAs in Wales on how best to deal with this move by Welsh HBs. Currently, we have told the RAs to return the JD once to ask the HB to confirm if 7:3 is an option if the consultant takes on additional roles once in post and to ensure that the DCC:SPA figures are otherwise not onerous (no JDs from Wales come with anything < 2 SPA.)</p>	<p>Ensure the PAs on the JD match what is listed on the JDR form (except for on-call elements meaning the job plan exceeds 10 PAs) and ensure PA allocation is clearly explained.</p> <p>Admin time needs to be separated from SPA with defined sessions for each. Admin is a DCC activity and must be considered as such for the purpose of job planning.</p>
13	<ul style="list-style-type: none"> > Insufficient admin time. > No time allocated for admin. > Admin needs to be separated from SPA with defined sessions for each. 	<p>With 1.5 SPA in the job plan, any references to teaching and research should be removed or, if included, an additional line inserted to say that any formal contribution to such activities will be agreed at job planning and appropriate SPA time allowed.</p> <p>1PA DCC clinic generally requires 0.25 PA of patient-related administration as part of the DCC, although complex clinics may require more.</p>
14	Insufficient time allocated to SPA within job plan.	Acknowledge that SPA for revalidation is necessary and requires 1.5 PAs. Both FT and LTFT roles would require 1.5 PAs earmarked as SPA for revalidation.

Criterion	Error	Solution
	Inclusion of research, education and governance activities in job plan with only 1.5 SPAs.	Additional SPA activities such as teaching, research, assessment of trainees, clinical governance and service development all require allocation of additional PAs.
15	<ul style="list-style-type: none"> > On-call frequency or intensity not described. > It is unclear how the on-call frequency has been calculated. > No information regarding on-call commitments. > Missing statement about conditional approval requiring applicant agreement at interview when job plan exceeds 10 PAs. 	<p>On-call commitments need to be clearly stated or explicitly confirmed as none.</p> <p>When a job plan is over 10 PAs, particularly when including on-call commitments, it should be made clear in the job description that any additional time over 10 PAs is approved on the condition that the applicant has agreed to the proposed job plan at interview.</p>
17–19	<p>Overly prescriptive qualification requirements or lack of appropriate qualification requirements.</p> <p>Specifying the requirement of MRCP(UK) or entry to GMC’s Specialist Register via the CCT route (as opposed to other possible routes).</p>	<p>Applicants to substantive consultant posts who are UK-trained must be holders of a Certificate of Completion of Training (CCT) or be within 6 months of being awarded their CCT on the date of their interview (including via Portfolio Pathway).</p> <p>Non-UK-trained applicants are required to show evidence of equivalence to the UK CCT.</p> <p>Suggested wording:</p> <p>‘Holding the MRCP(UK) or an equivalent qualification.’</p> <p>‘Inclusion on the specialist register or eligible for inclusion within 6 months of interview date’</p> <p>‘(Desirable) – An appropriate higher degree (eg an MD, PhD or equivalent).’</p>

Statement on flexible working (not currently a part of the JDR form, but to be in updated version coming soon)

<p>A statement on flexible working is recommended and should be included, where possible.</p>	<p>Kindly ensure that information about flexible/LTFT working is included in the JD.</p> <p>It is desirable to have a statement in the job description and advert that says how that trust/department embraces flexible working. The job should be advertised as available to FT/LTFT applicants. In the construction of the job description, consideration should be made as to the key core elements of the job, and therefore how the job could be adapted for someone who wishes to work LTFT or flexibly. All job adverts should then state that applications are welcome from individuals who wish to work LTFT/flexibly.</p>
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Common issues with SAS (specialist grade and specialty doctor) JDs

PA allocation/job planning

Error	Solution
Patient admin time not allocated.	Ensure that patient admin time is included in the job plan.
Responsibilities as a named educational and clinical supervisor alongside a commitment to undergraduate education without allocated PAs.	Ensure these responsibilities have allocated PAs in the job plan. They cannot be absorbed in the time set aside for supporting professional activities.
Ambiguity in DCC: SPA allocation or inconsistency between JD and JDR form.	Ensure that the PAs on the JD match the JDR form and PA allocation is clearly explained.
Frequency of on-call and time commitment need detailing.	On-call commitments need to be clearly stated or explicitly confirmed as none.

Workload

Error	Solution
<p>Insufficient detail on workload:</p> <ul style="list-style-type: none"> > Outpatient activities not clear. > Extent of inpatient responsibility (eg number of inpatients requiring cover) is vague. 	<p>Ensure this information is included in the JD. One of the most common reasons for adviser comments and additional review rounds is a lack of relevant detail. Where possible, provide numbers.</p>

Incorrect terminology or requirements

Error	Solution
<p>JD mentions a post of 'associate specialist' or 'middle grade' or 'trust grade'.</p>	<p>These terms have been replaced by 'specialist grade' or 'specialty doctor' (both coming under the umbrella term 'SAS physicians').</p>
<p>Use of outdated terms: 'junior doctor' or 'middle grade' rather than 'resident doctor' for example.</p>	<p>Make sure to use updated language/terminology throughout the JD. Refer to the GMC website/AoMRC circulars about the same.</p>
<p>CCT is listed as an essential criterion for a post of associate specialist/staff grade (older terms now retired) or SAS doctors.</p>	<p>SAS physicians are a distinct grade from that of consultant and MRCP is not an essential criterion for employment to this grade and neither is inclusion on the specialist register. Therefore, neither should form part of the person specification in a SAS JD, nor should it be expected of shortlisted candidates at AAC.</p>

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