

Advice on Applying for a Consultant Post

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1 Foreword

Trainees nearing the end of training will have no experience in the next big step – choosing and being a successful applicant for a consultant post. Some may have had very few interviews in their career and the choice of training scheme was between relatively uniform training programmes where location was probably the prime deciding factor. Deciding where you will spend the next significant period of your career – maybe all of it – and making the transition to consultant is a very different proposition. This is intended to give some guidance for that transition.

Preparing and applying for a consultant job is like sitting your FRCR exam again – good preparation is essential ...

2 Choosing Your Post

Hopefully by the beginning of your final year of training you will have decided what sort of job you want – teaching hospital/DGH etc. and what your specialty interest will be. Statistics tell us that many trainees get consultant posts in or near the region in which they did at least some of their training. If this is the case for you, you will have some knowledge of the potential working environment, the personalities and the strengths and weaknesses. However, even if you are applying within the region of your training, there are some important factors to consider.

2.1 *Ensuring you see the job you want*

Nearly all consultant posts are now advertised on the NHS jobs website. You can register on the website on www.jobs.nhs.uk. When you register you can type in keywords and job title for any jobs across the country you may be interested in and you will be sent regular emails with jobs matching this description. This means you do not miss the opportunity to apply for the job of your dreams and it does reassure you that no matter what people say about the current job climate there are plenty of jobs out there!!

2.2 *The Job Description and personal specification*

Your starter for 10 is the job description and person specification, which usually contains information on some or all of the following:

- The appointment
- The location of services
- Existing clinical services and plans for development
- Equipment
- Support staff and facilities
- Departmental workload
- Provisional job plan, subject to agreement. Which should also cover:
 - Direct Clinical Care Programmed Activities (DCCs)
 - Clinical commitments, including MDT meetings, specialties to be covered, location of clinical sessions, clinical administration
 - On-call commitment
 - Supporting Programmed Activities (SPAs):
 - Continuous professional development
 - Academic commitment (teaching, training, research)
 - Management responsibilities

The person specification is a checklist of essential and preferred attributes that the applicant should have and should form the basis of your application form.

In addition to the job description, you should also receive the terms and conditions of service, including pay and any local terms.

A draft of the job description should have been sent to the RCR Regional Advisor for comment and approval on behalf of the College. The College may not be in agreement with the proposed job plan and, if this is the case, will identify their concerns through contact with the Trust and instructions to the College representative on the Appointments Committee. It is therefore worth asking if the job description has been approved by the regional specialty adviser. **Once the job description has been agreed it should not be altered unless with the agreement of the appointee.**

Before you apply you should try to collect as much information about the post.

2.3 The Visit

Before you visit it is essential you have researched the post, understand the job description and have relevant questions regarding the post for the people you meet. Remember they have taken time out to meet you and although not formally part of the interview they will be assessing you from the start. Canvassing for support is prohibited and can lead to exclusion from shortlisting/interview.

2.3.1 Where

You will obviously visit all the departments where you might work and you should plan on several visits. You will not sort it all out in a single visit. Make appointments in advance to see as many people as possible, particularly other consultants in the area where you would work. Dress appropriately and remember you will also be assessed during these visits.

The single most important feature of any job is your potential colleagues. You need to ask yourself if you could work with the existing consultants in that department for the next 20 or 30 years.

- **Visit all sites** that you may be required to work on. Consider staffing, workload, travel.
- Assess the facilities and equipment. How modern are they? Try to distinguish between the promise of new development and a hard and fast business case with agreed funding. Does the equipment have the functionality you would expect to do the job that you want to do? Is there a rolling replacement programme?

2.3.2 Who

Try to meet those who can give you the most information on the post, many of whom will also be on the interview panel. Before your visit look on the Trust website at the management structure of who is who to ensure you know the role of each person you are speaking to.

Generally the main people you should try to speak to include:

- Direct consultant colleagues. Often details of who these are is given on the application form
- Other colleagues (radiographers, physicists, nurses, secretaries etc....) as they will be a mine of information about any potential supportive issues for the post
- Clinical and Medical directors
- Trust departmental manager
- Matron
- Radiographer manager

2.3.3 **What:**

During your visit information that you need to obtain includes:

- What exactly **IS** the job? You'd be surprised how many people don't examine this in enough detail. You must discuss in detail with those responsible – Clinical Director and Medical Director – exactly what they are expecting. Does it match with what you want to do? If not, explore the opportunities (or lack of them) to do what you wish. Try to reach a solid agreement that will form part of a firm offer if the post is offered to you.
- Find out how the post became available:
 - Retirement is the usual reason, but try and find out the reasons and the implications
 - New post. Consider how you will fit into the team – it is essential to meet the people that you will be working with. What are the existing team members expecting of their new colleague?
 - Previous consultant moved to another post – try and find out why. Make sure there are no adverse underlying reasons such as unsustainable workloads, poor relationships in the department, etc. This may tax your tact!
- Look at the proposed job-plan in detail with those in charge. Do not be satisfied with a “we'll sort it out with the successful applicant” response. It frequently isn't. Be politely insistent. If you approach this professionally, your views should be respected. If they are not, it tells you something about the department or the trust.
- Find out about private practice arrangements and what opportunities exist for new consultants. You may not be particularly concerned about this at this stage, but circumstances change and this may be important to you in the future. Dissatisfaction over private practice is a potent cause of discontent in some departments.
- Ask about the secretarial/Personal Assistant support for the post. Ask if there is any ancillary support e.g. to support research.
- Ask if you will have a mentor. The RCR recommends that all new consultants should have a mentor for the initial years of their post.
- After the visit look at your strategy and assess the post. There is no such thing as the perfect job, but make sure that you do not compromise on criteria that are important to you.

2.4 ***Other Sources of Information***

- Word of mouth is a good way to find out about future jobs before they are advertised. If you are keen to work in a particular region, we would recommend that prior to your eligibility to apply that you arrange to meet with the relevant Clinical Directors of those departments to find out what potential prospects there are. This has the potential to open doors to posts that were not due to be advertised until a suitable candidate became available. This is particularly relevant in smaller departments. This strategy will allow you to plan your approach to the market and to potentially create opportunities.
- Medicine is a small world. Talk to consultants/peers in your department who may have worked in the department(s) you are interested in. If they have no prior knowledge of a particular department they may know someone who does. Try and talk to other clinicians in the hospital(s) you are interested in. They are often a good guide to the quality of a department. When you have identified a suitable job, you should arrange an informal visit.

- If you are not familiar with the region, ask about the locality, residential areas, schools, recreational opportunities. Go and have a good look for yourself and if applicable take your family/friends.

2.5 Also Note....

- The sessional programme in your job plan is reviewed every year with the Clinical Director and may change significantly over the years.
- The RCR believes that 1.5 SPA will be required for CPD and revalidation. If there is any teaching, research or management in the role, there should be additional SPA time allocated in the job plan to allow for this. Find out what is expected during SPAs and how the existing consultants use this time. This is very important to your early years as a consultant. If there is only a 1.5 SPA allocation, explore how this could be expanded if you develop interests in training, research or management. There should be a robust method of increasing SPA time and balancing service work. If not, it probably won't happen. It is worth checking with existing consultants if they have managed to negotiate changes in their SPA time to allow for teaching, research, etc. Many trusts are now offering contracts with less SPA time, some as low as 9:1 DCC:SPA. Discuss this in detail with the clinical/medical director and other consultants in the department. It is also worthwhile seeking advice from your educational supervisor or mentor.
- If you wish to work part time, it is essential to look at the practicalities of this. It is important that you have sufficient SPA time in your job plan to maintain your CPD. Check what cover arrangements will be in place for the days that you do not work and what your on call commitment will be. If possible talk to other consultants who are already working in the department part time.

2.6 Locum Consultant Posts

Locum consultants can be employed to provide cover for temporary vacancies prior to substantive appointment of a new consultant. This can be a very good way of assessing a potential job and deciding whether you could work in a department long term. The converse applies in that you are also being assessed by your potential colleagues. The downside of locum appointments is that there is no guarantee that you will get the job, as there is no automatic entitlement to be appointed to the substantive post. Locum contracts tend to have a period of tenure of six months and may be renewable for a further period. If you do take up a locum appointment, make sure that you have a written contract. As a locum you are entitled to annual leave on a pro rata basis and are covered by the NHS Indemnity Scheme. It is possible to spend up to 3 months of your final year of training in a locum consultant post.

3 Applying for the job

This may seem obvious but before you can take up an honorary or substantive NHS Consultant post it is a legal requirement for all doctors to be on the General Medical Council's Specialist Register. This became law as of 1 January 1997. Six months before the date of your completion of training, the Royal College of Radiologists will send you application forms to apply for recommendation from the College for a Certificate of Completion of Training (CCT) from the General Medical Council. The GMC will, in tandem, send you an application invitation to apply for registration via their online system. *Until this application and the RCR recommendation has been received by the GMC your name will not appear on the Specialist Register and you will not be eligible to take up a substantive Consultant post.*

You can however apply for a substantive consultant post at any time in the 6 months prior to your CCT. There is a well-charted process for applying for a job involving filling in the application form on the NHS jobs website and often sending a CV alongside.

3.1 *The application form*

The application form is split into several sections. Each section has a word count limit and the program will not let you input over this. The easiest way to fill this in is to create a word document first of each section and then cut and paste the final version in at the end. It is helpful to use the person specification in the job description and try to make sure at some point in the application form you have included each attribute. Be honest. Back everything you say up with some evidence and try to avoid general statements.

- Personal information
- Monitoring information (equality and diversity)
- Qualifications, courses and membership
- Employment history – the first part is a brief (400 words) account of your current job description. Try to show you have experience that will be valuable in the post you are applying for and show in the language you use that you have a good understanding of what your future job will involve. Don't just describe your current job, try to show you are already competent at the job you are applying for. Also include non-clinical roles to show you are rounded in your practice.
- There is a section to explain any gaps in your employment history. If you do have any gaps be honest and stress what you learned/any positives you can take from that time.
- Additional information – this section is really your time to shine and is essentially everything you would put in your CV. Again make sure you tick off each attribute in the personal specification during this section. Make sure you have something to put in each section. If there are any gaps you need to ensure you have a project you are currently working on that you can talk about. The sections are quite small (150 words) so bullet points are the best way of presenting the information.
 - Audit – List audit projects and what your role was in each, also make sure you mention whether any projects lead to changes in practice or presentations at meetings.
 - Teaching – Leading up to the job advertisement when teaching try to get written feedback (create a feedback form) from the students so you can use as evidence that you are involved in teaching and how well you performed. Include any teaching courses you may have been on or lectures you have given in this section.
 - Research – Outline your involvement with any research and how this has given you experience mentioned in the personal specification.
 - List the most important publications in chronological order starting with the most recent and details of any meetings they may have been presented at.
 - Team working – don't just say "I am a good team player", include evidence of this, for example having done a 360 degree appraisal where people commented on your team player skills or having led a team in a research project.
 - Clinical skills – Obviously you will have reached all the Royal College competencies when you get to the point of applying for a consultant post but stress the clinical skills you have obtained that make you a particularly good candidate for this job, and which clinical skills make you unique.
 - Supplementary information – this is for any other information to show you fulfil personal specification criteria that you have not managed to include in the other sections. Try not to duplicate information and it is OK to leave this blank if you feel you have covered everything.
- References – have three normally

- Be careful about who you ask to be your referee. Ask your educational supervisor for advice.
- Try to obtain a copy of your reference (if not, why not?). You now have a right to see your references at interview unless the referee specifically denies access
- Remember to ask your referees if they would support you in applying for a particular job; they may take umbrage at receiving requests for references with no prior knowledge of your intentions.
- References are often only looked at for the successful candidate after the interview.

BEFORE SUBMITTING THE APPLICATION MAKE SURE AT LEAST TWO SENIOR COLLEAGUES HAVE REVIEWED IT

3.2 *Curriculum Vitae*

- Your CV must be clear, logical and factual. It may form the basis of questions at interview.
- The information needs to be easily accessible. Be brief about previous experience prior to specialty training, particularly if not relevant to your specialty. On the other hand, highlight experience that might be relevant. Examples of contact with the specialty that first caught your interest or drew you to it are good.
- **DO NOT LIE:** embellishment of your CV or application form discovered at interview is professional suicide. Not only will you not get the post, it will come back to haunt you at subsequent interviews – word gets round! It may also result in you being reported to the GMC.
- Training is competence based. Try to show clearly how and when you acquired your higher/advanced training competencies and how they match the requirements of the post.
- Indicate experience you have had in teaching, research, quality improvement initiatives or leadership.
- By all means adjust your CV to suit the job you are applying for but **do not** claim expertise/experience you do not possess.
- Include a paragraph on career aims, illustrating why this job is suitable for you. This must be substantiated – or at least not undermined – by your documented experience. “I’ve always wanted to be a chest radiologist” may be looked at with suspicion if you’ve spent a lot of time doing neuroradiology, etc.
- Remember to update your CV if you are using it for a second or subsequent time. Your statement of “I’ve always wanted to work here” loses impact when it becomes obvious that this is not your first interview!
- Include a short paragraph on extracurricular interests, particularly if they have led to objective achievements. We live in a society driven by success and if you have demonstrated success and/or leadership in your pursuits it can give a positive impression about your character. It also allows for an easy opening question in the interview.
- Ask your educational supervisor or a consultant(s) in your trust and respect if he or she will provide constructive criticism of your CV prior to application.
- Look at other peoples’ CVs and try and assess them from an interviewer’s perspective. What picture do you get about the author and what questions does it trigger?

4 Before shortlisting

There is a short period of time between applying for a job and short-listing of candidates. Use this time to find out as much as you can about the hospital including colleagues and clinicians. There are several good resources on-line with banks of consultant interview questions for free. Also, you may find that many of your colleagues have course manuals from interview courses containing lists of questions and summaries of the current topics in the NHS. The key is to not be shy! Try to predict potential questions:

- Why should you get this job?
- What qualities would you bring to this job?
- Why this department?
- What will you change in the department?
- Did you find your training satisfactory?
- How would you deal with a difficult colleague?
- How would you deal with an underperforming colleague?
- What would you do if you were sexually harassed?
- How would you manage increasing waiting lists?
- How do you write a business case?
- How do you cope with the increasing workload in the department?
- What are your views on skills mix?
- How would you set up Clinical Governance locally?
- How would you set up an audit or quality improvement programme in the department?
- How will you justify your SPA time?

For all of these questions, we recommend that you have 1-3 personal examples from which to draw when delivering your answer. The boring politically correct, but non-personalised, answer does not come across well and does not show off your skills, experience and/or achievements.

Be prepared for technical questions about the post you are applying for.

Talk to your peers who have recently been interviewed and find out what they were asked.

Check your application form and CV thoroughly and make sure that you can answer questions on papers that you have your name on – you will look stupid if you can't.

Read up on current health trends, recent NHS reforms and some of the more recent hot topics including:

- Efficiency savings
- Skillmix
- Clinical Governance
- Revalidation
- Appraisal and Continuing Professional Development
- Risk Management
- Proposed changes to the Consultant Contract
- Commissioning of services

- Training issues

For radiology:

- Teleradiology and Outsourcing
- Centralisation of services
- On-call provision of specialist services (e.g. vascular, neuroradiology)

For clinical oncology:

- Acute oncology provision
- Implementation of new technology
- Provision of expensive systemic therapy
- The future of Cancer Networks

Some suggested reading: there is a limit to what you can do, but try to pick out anything relevant to the job you are applying for. A Google or Athens search is a good way to start.

- The appropriate Royal College of Radiologist guidance/standards documents (all on the RCR website)
- Recent British Medical Journal leaders
- Recent White Papers
- Hospital Update/Doctor
- Recent reviews in specialist Journals
- Newspapers and online resources
- Responses from groups such as the Kings Fund or the Royal College's (with regard to NHS papers) which provide a good, often balanced critique without having to read the whole of the primary article
- The trust website will have annual reports, newsletters and Board meeting minutes
- Make sure you know the trust structure and who everyone is
- Read the business plan for the trust that/next year what are that trusts priorities/CQUIN targets etc.... they make give a clue as to questions that may be asked
- The CQC (Care Quality Commission) website report on the trust

5 You have been short-listed

Consultant appointments are governed by the Statutory Instrument of 1996 and accompanying guidelines. It is a legal requirement that all Employing Authorities comply with these regulations. When short-listed you will be given a date for interview, place of interview and a list of the members of the Appointments Advisory Committee (AAC), otherwise known as the interview panel. The core members of the AAC are likely to be:

- A lay member (normally a Trust non-executive director, frequently the interview chair)
- The Medical Director or a medically qualified deputy
- A Consultant from the Trust (usually from the relevant speciality) – possibly more
- The Trust CEO or other senior manager
- The clinical director of radiology/non surgical oncology or deputy
- A representative from the Human Resources department
- Medical school representative if a teaching hospital

- The RCR Assessor (from a geographically distant Trust).

The Trust may have other members present at their discretion. Regrettably some AACs, particularly in Foundation trusts are conducted without an RCR external assessor.

Posts with significant teaching and research elements need professional representation from the University.

You should:

- Confirm your attendance at interview.
- Try to find out as much background information on members of the AAC as you can.
- Try and arrange mock interviews in your department (the more unpleasant the better!)
- Confirm what IT equipment is available if you are asked to give a presentation (remember Macs are not always welcomed in the NHS).
- Arrange a final formal visit and use this opportunity to see any key people that you have either not met before or want to ask any further questions. This might include potential consultant colleagues, the CEO, the Medical Director and for example, the head of respiratory medicine if you are applying for a lung post.

Each Trust has a different policy on pre-interview visits so do not be disappointed if you are unable to see everyone, it is the same for all the short-listed candidates. Do not be put off by the presence of the dreaded “internal candidate” on the short-list. Persevere as events do not always run smoothly on the day and the outcome may not be what you expect. If you are applying from far away, even a visit the day before the interview may be helpful. Find out as much as you can about the Trust in order to help with the presentation and interview (see above).

6 The Interview

Obvious, but important points:

- Look professional. Appearances do have an influence, if only subliminally.
- Arrive in plenty of time – being late should be avoided but if there is a problem notify the department immediately
- Check requirements and bring all requested documents (passport, GMC, CCT, university certificate, etc.)
- Switch off your mobile telephone
- If you are pulling out, let the department know as soon as possible. Not attending without notification is extremely bad form, which wastes the time of a large number of busy professionals

You are likely to be asked to make a presentation, often on a managerial aspect of the service. This is standard procedure. Do your homework on the Trust and the department, in particular staffing levels, waiting times, performance/risk registers, budgets, service needs and expansion plans. Illustrate your understanding of how the department works and its strength and weaknesses (A SWOT analysis would be most impressive and is relatively easy to construct and is understood by those interviewing you).

Practice your presentation in your own department prior to the interview and seek advice on its content and delivery. E-mail it to the department and bring at least one form of back-up.

The procedure is usually as follows:

- You are usually interviewed in alphabetical order.
- Each interview lasts approximately half an hour.

- You will be called into the interview room, introduced to each member of the panel, and told their remit.
- You may be told that a decision is likely to be made after the proceedings and you are welcome to stay to hear their decision.
- You may also be asked if you will accept the job on the day of interview if it is offered to you.
- Your presentation, if requested, often precedes the formal questions.
- The order of questioning is not fixed. Speak clearly *and slowly*. If you don't know the answer to a question, admit ignorance rather than spend ten minutes tying yourself up in knots.
- Be honest but do not be self-deprecating or volunteer personal faults.
- Try and present yourself as a calm, confident and committed individual (at least the first two will be difficult).
- Try to answer questions with examples of your own practice/experience.
- Think about what each panel member's priority will be, e.g. the medical school representative will want to know if you are prepared to support ongoing medical education and if you are interested in undergraduate teaching.
- Highlight your strengths and how they fit into the department, but do not be cocky.
- Do not suggest you might want to accept any commitments you are not really prepared to honour. Agreeing to Saturday morning work when you have kids to drop off will come back to haunt you.
- You will be given the opportunity to ask the committee any questions you like. Ideally you will have found out all you need to know at pre-interview visits, saying no (and that you have visited previously and discussed widely) gives the impression you have done your homework.
- The committee will then deliberate. The successful candidate is often the choice of the appointing department, however occasionally local preference is overruled by the committee.
- If you have been told that you can wait to hear the decision, the successful candidate is summoned back into the room and asked if he/she is willing to take up the post. This is a formal offer of contract, but is not substantive. It is dependent on agreeing the formal job plan, passing a medical assessment and having satisfactory references. Occasionally the employers may need additional information, if something else comes to light not previously evident.

The AAC **CANNOT** recommend someone who has not been interviewed and the Trust **CANNOT** appoint someone whom the AAC has not recommended, but the Trust may not automatically appoint the person recommended by the AAC.

If you feel that you have been unfairly treated, you have the right to appeal. You can scrutinise notes made by the AAC and the employing body will retain them in case there is a dispute. Appeals seldom result in an appointment, but it is still your right to appeal. Consider carefully any ramifications of doing so, e.g. a subsequent job within the same trust or region.

7 Unsuccessful candidates

Someone, often the College representative, will talk to the unsuccessful candidate(s) after the interview. The person *may* give advice on shortcomings of interview technique, although he/she may suggest that this is discussed through your mentor/educational supervisor. It is often helpful to have this feedback after an interval, which will allow you to get over your initial disappointment. This will allow you to find out why you didn't get the job. There may

have been an internal candidate who was the favoured candidate whom you could do little about, or a competitor returning from a fellowship from a specialist centre abroad. Check your references and change your referee(s), if they are unsatisfactory. Most important of all try not to be too despondent; you will get a job in the future. If offered feedback, TAKE IT.

8 You are the successful candidate

Congratulations! This is the start of a very significant part of your life.

In this period you should:

- Finalise your job plan and rota with your new colleagues.
- If you are a member of the British Medical Association (BMA) you can send your consultant contract for review. There is a national consultant employment contract, regarded as a model contract, drawn up by the Department of Health and the medical profession in 2003. However, there may be local variations on terms and conditions of service of which you should be aware.
- Finalise your starting salary. You may wish the trust to consider your previous experience, if appropriate, and the trust does have some discretion. The BMA may be able to help in further negotiation.
- If there is sufficient evidence for you having worked a significant period at a consultant level (e.g. fellowship) you may be able to negotiate extra increments. However this is getting ever more difficult and requires support from your referees.
- Make sure your medical indemnity is up to date. It would be very unwise to undertake private practice or Category 2 work without belonging to a medical defence organisation.
- Do not sign a formal contract until you are happy with it *and* the terms and conditions of service. In the event of a dispute if you are a member of the BMA, they can advise and liaise with medical personnel on your behalf. Ultimately you need to discuss any problems with your new colleagues/medical personnel and try to resolve your differences. If you cannot, you need to decide if this is really the job for you.

9 The Consultant Contract

With the introduction of New Contract for consultants in 2003 the working week has been defined into programmed activities (PA), classified as DCC and SPA.

DDC includes everything that is immediately relating to patient management, including procedures, consent and clinical letters, MDT meetings and on call commitments. For radiologists this also includes reporting, preparation for MDT meetings, pre-op/follow-up consultations, etc. For clinical oncologists this includes out patient clinics, ward rounds, radiotherapy planning, travelling time to outside clinics, etc.

SPA includes CPD, management and non-clinical administration (e.g. team leadership duties), society activities, teaching, training and research.

The work commitment of a whole-time consultant is defined as 10PAs. Working less constitutes part-time working, which not only reduces pay pro-rata, but also the pension contributions. Ensure that your job plan does equate to the number of PAs offered.

Individuals wanting to undertake private practice are expected to offer an additional service PA (DCC) to the host trust, which may or may not be accepted.

9.1 *Consultant contracts: local variations*

The following are some of the most common variations:

- Linkage to national terms and conditions of service.
- SPA allocation.

- Changing the rules on private practice.
- Split contracts.
- Confidentiality clauses.
- Conflict of interest cases.
- The effects of changes in contracts.
- Availability of local clinical excellence awards.

The consultants' contract and terms and conditions of service with local variations are explained in full in The Consultants Handbook, published by the BMA. If you are a member of the BMA, ask them to check your contract before you sign it. The job plan is a vital component of your contract and should be supplied with the contract. The Royal College of Radiologists have published guidelines on an appropriate job plan for consultants, it would be wise to read this guidance before accepting a job plan.

The NHS Employers website is a valuable resource and includes a job planning tool kit.

Finally, Good luck!