Appendix 2. Gishen’s Ready Reckoner Is your work output sufficient?

<table>
<thead>
<tr>
<th>Average no. of cases for the year</th>
<th>Checking SpR report</th>
<th>CT/MR</th>
<th>Cardiac MR</th>
<th>US</th>
<th>Reporting</th>
<th>Intervention</th>
<th>Complex</th>
<th>Super complex</th>
<th>Neuro Coil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per hour</td>
<td>100</td>
<td>100</td>
<td>40</td>
<td>100</td>
<td>600</td>
<td>40</td>
<td>20</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

**Key**

* Assume you work 40 weeks in the year (leaving 12 weeks for leave, study leave, illness, meetings, machine breakdown or non-function)
* You are contracted to work 30 clinically related hours (+3 hours [10%] for private work)
* Use your work output and calculate ‘value for money’; ie, does 33 hours of timetabling per week, match your yearly statistics?
* Example - you are expected to do an average of 2.5 CT or MR reports per hour
  
  Therefore: 1 hour x 40 weeks is 2.5 x 40 = 100 reports
  
  So, if you report 500 CT and 400 MR scans (900), this is equivalent to an average of 9 hours of work per week during your year’s work.
  
  Average salary per consultant including on costs to trust: £120,000 per year

**3000 CT reports = 30 hours of timetable per year**

Average salary of consultant and all the added–costs = £120,000 pa

.: Divide 3000 into £120,000 = £40 per scan

**Now add in the total time spent on MDTs for each of the medical staff to get your grand total of clinical hours worked.**

A maximum of ¼ of your weekly hours for MDT activity