

**DOSSIER OF ACTIVITIES UNDERTAKEN IN SUPPORTING PROFESSIONAL ACTIVITY TIME:
COMPILED FROM INFORMATION PROVIDED BY MEMBERS OF THE BMA SCOTTISH
CONSULTANTS COMMITTEE**

GENERAL HEADING IN TCS	SPECIFIC ACTIVITIES UNDERTAKEN
Continuing professional development	<ol style="list-style-type: none"> 1. Educational meetings (lunch-time and evening) and associated paperwork e.g. applying for CPD certificates with records of educational meetings attended and CPD points 2. Reading and other self study, On-Line Learning/CPD Modules,, Postgraduate Meetings, Peer Meetings (Specialty and Locality), External Training Events (lectures, courses, conferences, case presentations, journal clubs) 3. Meeting requirements as set by the appropriate Royal College 4. Meetings with representatives from pharmaceutical companies and keeping up to date with medicine developments 5. Review of papers for journals
Teaching and training	<ol style="list-style-type: none"> 1. General teaching, lectures and tutorials for medical students and junior doctors 2. Journal clubs 3. Phases III and IV of the Aberdeen Medical Course 4. Tutorials, Problem Based Learning, In and Out-patient learning sessions 5. OSCE examiner for Phases II, III and IV 6. Case summary guidance 7. Occasional project supervision 8. Post graduate supervision of junior medical staff on the consultant's team – formal timetabled sessions and daily support and advice 9. Staff Grade supervision 10. Writing references 11. Regent for students on the medical course – scheduled meetings twice a year and as necessary 12. Organising and delivering teaching for nursing staff, to allow them to achieve nationally necessary competencies 13. Reading and commenting on updated teaching materials prepared by colleagues 14. Marking medical student essays 15. Teaching and examining for postgraduate exams and diplomas 16. Grade feedback meetings with medical students 17. Writing presentations for unit teaching and other meetings 18. Undergraduate teaching and examinations –PBL, contribution to Special Study Modules, regular tutorials to 4th and 5th year MBChB students, examiner in MBChB3 OSCE and final examinations 19. Adviser of Studies to approximately 40 MBChB students 20. FY2 teaching 21. Biochemistry trainee supervision – medical, clinical scientist and biomedical scientist 22. Contribution to clinical handbooks 23. Voluntary Organisation and Carers & Users' Groups Teaching 24. GP and Psychological Services Teaching 25. ECT Teaching and Training 26. Teaching non medical staff e.g. AHPs, Pharmacists and Nursing Staff
Management of doctors in training	<ol style="list-style-type: none"> 1. Educational supervision-ST1-3 trainees 2. Educational supervision-ST4-6 trainees 3. Assessment and appraisal of trainees

	<ol style="list-style-type: none"> 4. Revising/rewriting junior doctors' induction pack 5. Departmental teaching meetings and preparation 6. Membership of Medical Education Committee
Audit	<ol style="list-style-type: none"> 1. 1 hour a week memory clinic 2. Directing and supporting trainees' audit projects 3. Planning individual/department audit projects 4. Quality of psychiatric assessment by non-psychiatrists in A&E in patients presenting with self harm 5. Completion of Scottish Audit of Surgical Mortality paperwork 6. On-line assessment of audit mortality notes 7. Scrutinising internal audit data 8. ECT audit
Job planning	<ol style="list-style-type: none"> 1. Job planning preparation including diary keeping and completing job planning paperwork. 2. Annual job plan review with manager. 3. Job planning reviews for consultant colleagues if a clinical manager
Appraisal	<ol style="list-style-type: none"> 1. Individual as appraisee: collation of information for appraisal folder and preparation of the paperwork 2. Annual appraisal meeting 3. Appraiser of consultant colleagues and SAS doctors e.g. doing appraisals and associated paperwork
Revalidation	<ol style="list-style-type: none"> 1. Meeting requirements as set by the GMC
Research	<ol style="list-style-type: none"> 1. Patterns of Self Harm in Glasgow
Contribution to service management and planning	<ol style="list-style-type: none"> 1. Divisional meetings and associated work 2. Reading and disseminating management guidelines and policies 3. HEAT Targets in the Acute Division North Glasgow, Presentation on Liaison Psychiatry Services to Clinical Directors' Meeting, Liaison Senior Staff Meetings, Psychiatric Advisory Committee, Psychiatry Services to Emergency Departments in North Glasgow (4 hour wait issues), East Glasgow Division of Psychiatry, Scoping exercise on Liaison Psychiatry Services in Glasgow and Clyde. 4. Local specialty advisory committee membership 5. Chair of the NHS Grampian Knowledge Services Committee 6. Staff interviews, including short-listing 7. Developing a policy on intrathecal medicines for the health board, delegated by the medical director 8. Area medical committee and hospital subcommittee duties, including meetings and preparation 9. Medical staff committee/association duties, including meetings and preparation. 10. Rota design, planning and management, including for August 2009 EWTD compliance 11. Management meetings about EWTD 12. Directorate meetings 13. Meetings on MMC Communications Strategy 14. Organising locum cover for "missing" junior doctors 15. Reading and replying to emails about department and health board related "management" matters

	<p>16. Hospital at Night and junior doctors' support group meetings 17. Membership of Departmental Management Teams 18. Lead Clinician roles 19. Updating unit documentation and patient information 20. Dealing with complaints, clinical incident investigations and critical incident reviews</p>
Clinical governance activities	<p>1. Managed Clinical Network in Brain Injury Steering Group 2. National Panellist for consultant appointments 3. Secretary of local specialist society involving organisation of educational meetings, plus minutes, CPD certification, paperwork etc. 4. Managed clinical network meetings (regional) 5. Participation in local clinical governance committees 6. Membership of Scottish Home Parenteral Nutrition Managed Clinical Network 7. Membership of Glasgow Cholesterol Guideline Group 8. Chair of Southern General Hospital Nutrition Team 9. Participation in local and national guideline groups</p>
Any other supporting professional activities	<p>1. BMA (including LNC) work involving local and national meetings, regular e-mail correspondence, reading of related documentation in preparation for meetings, etc. * 2. Participation in discretionary points committees as BMA representative or external member 3. Article 14 evaluator for a Royal College 4. Unpaid Director of a voluntary sector service providing accommodation and support to people with chronic mental illness problems – committee meetings and visits to the accommodation 5. NHS Education for Scotland committees, including specialty boards for training 6. UK National External Quality Assurance Steering Group for CSF Biochemistry 7. UK National Quality Assurance Advisory Panel 8. Officer role in national specialist societies 9. Membership of Area Partnership Forum</p> <p>*The normal and preferred position should be to use Trade Union paid leave for Trade Union activities.</p>

Narrative points from members:

1. There is practically never an SPA session that is not affected by direct clinical care activities whether an emergency domiciliary visit, urgent liaison, urgent outpatient, patients needing to be seen urgently on wards, relatives wanting to be seen, senior duty doctor calls ,calls from other medical, nursing or paramedical colleagues about patients, etc.

2. Total SPA hours for a four week period - CPD 17 hours, teaching and associated activities 17 hours, all other SPA activity 17.5 hours: 12.8 hours per week. This is a snapshot, with some months having more or less of the above, and plus or minus other activities.

3. My SPA activity, although programmed into my job plan, never really happens. The time is invariably filled with patient correspondence, note dictation, emergency theatre, discussing management matters with colleagues, chasing reports and answering e-mails to managers who want evermore information. SPA work is therefore often done at home.

4. As a matter of principle, I have divided activities into SPA, additional responsibilities and external duties. However in practice, they are all fitted mainly into SPA time since I have no protected time for any of these activities in my 2.5 SPA / 9.5 DCC job plan, and I receive no additional remuneration/additional responsibility payment. That said, I usually manage to take leave (professional or trade union) to attend most of the meetings relating to my external duties and to find cover for or cancel commitments to allow me to attend some management meetings in DCC time.

5. It should be pointed out that medical input to service management and service development will be severely compromised if 1.5 SPAs becomes the norm. Consultants may be less inclined to take on Lead Clinician roles (even if protected time is identified in the job plan) and much of the truly useful activity in terms of service planning and development (which occurs at Lead Clinician level and below) would be lost. Although management's traditional view is that only "senior" consultants engage in such activity, in practice it is often newly appointed consultants with different experiences and new ideas who promote and institute service improvements.

Scottish Consultants Committee
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