

## Guidance on SPA Time and Postgraduate Education

### Introduction

The provision of training and education is a fundamental activity within the NHS. All doctors have a responsibility for teaching and training (*Good Medical Practice; GMC 2006.*) The value and requirement for consultant input into training is embedded as a core value in the current consultant contract (1994) and is recognised as such by employers (refs). In order to train in a way that maintains and improves standards of patient care and safety this function must be preserved. The Royal College of Radiologists (RCR) is committed to supporting consultants in delivering this and other activities in the wider NHS. The future of the NHS depends upon appropriately trained and validated practitioners. This can only be achieved with the required consultant input.

Consultant contracts have been under threat over the last few years with many employers seeking to change the balance of Direct Clinical Care Programmed Activities (DCC PAs) versus Supporting Professional Activities (SPAs). The current contract for consultants, when introduced, indicated a required split of 7.5 PAs to 2.5 SPAs.

The Academy of Medical Royal Colleges (AoMRC) further supports this 7.5 PA : 2.5 SPA ratio (*Advice on SPAs in Consultant Job Planning February 2010*). The RCR is aligned with this generic statement. Furthermore, the AoMRC specifically recommends 0.25 SPAs per trainee for Educational Supervisors and Clinical Supervisors in “Improving Assessment”, (<http://aomrc.org.uk/publications/reports-guidance.html>)

It is accepted that the amount of time taken to fulfil each of the roles in training varies enormously with the individual requirements of the trainee and of the training programme. Any time allocation is therefore a baseline allocation for each role. There is a good argument for establishing a departmental local educational provider template for time required for training in each radiology department and this time can be allocated appropriately through the clinical director after appraisal and job plan review.

The RCR Annual Specialty Reports, available on the College website, provide evidence of a high overall satisfaction level with training in the UK reported in the trainee survey. This reflects the huge efforts that are being made by its Fellows to deliver training in the UK. There is a real need to quantify these efforts to support Clinical Radiologists and Clinical Oncologists in their Supporting Professional Activity allocation for post graduate training. The following recommendations are made:-

#### **A. Within the training department**

1. Clinical Supervisor 0.25 SPAs per week per trainee. This assumes that workload is of an appropriate size to allow training to take place and if this is not the case then a further allocation agreed with the Clinical Director should also be made.
2. Educational Supervisor 0.25 SPAs per week per trainee.
3. College Tutor (Specialty Tutor) 0.25 SPAs per week per 5 trainees for which the Tutor has responsibility. Trusts that extend the role of the College Tutor should provide further appropriate PA allocation.

## **B. Within the management structure of training in radiology**

4.	Training Programme Director	Up to 30 trainees 1SPA; 30 to 50 trainees 2SPAs
5.	Head of School	Up to 30 trainees 1SPA; 30 to 50 trainees 2SPAs
6.	CR* Regional Educational Advisor	1 SPA for an average scheme size of 50 trainees
7.	CO** Regional Specialty Advisor	0.5 SPA per 25 trainees

(\* Clinical radiology, \*\*Clinical oncology)

It is important that the time allocation (and funding) for training should follow those delivering the training and a department may decide how much formal time is required for it to train its own group of trainees and to allocate that time appropriately to those consultants delivering the training.

In addition, certain roles require a certain number of days of professional leave per annum for the individual to be able to discharge the duties of the post adequately.

Regional Advisors provide externality to the ARCP process in neighbouring regions to fulfil the requirements of the GMC and also to participate in local training scheme QA and ARCP. In order to perform these duties, up to 10 days per annum may be required.

### **Assessment**

Assessment is an important component of the Clinical Radiology and Clinical Oncology curricula. It is required by the GMC and expected by patients.

Assessment in the workplace (WPBAs etc.) and in the overarching ARCP process should form part of the SPA allocation of Clinical and Educational Supervisors.

### **Examinations**

The FRCR examinations form a vital, formal assessment process that requires dedicated input from a group of examiners. The examiners, in recent years, have made great progress in ensuring that the FRCR examination is robust, valid, contemporary and relevant. The work is arduous, often occupying many hours of private time, but also requiring periods of professional leave, of up to 15 days per annum. Individually, this may seem a lot, but averaged over the consultant body within the NHS is a small fraction of total and a small price to pay for the excellent assessment process they develop and support.

### **Conclusion**

The above are the RCR recommendations for SPA allocation in teaching, training and assessment. This is additional to SPA time required for CPD and revalidation and research. It might be worth considering that this time allocation is the quid pro quo for having a training department with all the advantages this brings. Not least the service contribution of trainees, salaries externally funded via MADEL, needs to be seen as a balancing benefit.