

Ten common mistakes in writing job descriptions and how to avoid them

Most job descriptions submitted to the college run into problems for the same few reasons. By popular request, here they are.

1. Leaving it too late

Start the process of writing a JD as soon as you know there is going to be a vacancy. Don't wait until the first bill from the locum agency arrives. Our process of approval can't be sped up to compensate for your late submission.

This is also important to remember because ST6s can't act up into jobs that don't have college approval.

2. Not reading 'Safe Patients and High Quality Services'

Jobs are assessed against the standards in this document, which is available [here](#). Please read it before you put pen to paper: it isn't long, it is helpful and it will save you time. A useful supplementary document is 'When patients should be seen by a psychiatrist', available [here](#).

3. Cutting and pasting but not proof reading

For sure, save time by re-using old JDs. But please proofread them: an old age job that specifies competencies in eating disorders will get sent back.

4. MRCPsych

MRCPsych can't be an essential criterion. There are two routes to becoming a consultant, getting a CCT or applying for Article 14 (4) of the GMC's specialist register with evidence of relevant training and experience. This second route is used by international graduates and SAS doctors, many of whom don't have MRCPsych, and you discriminate against them at your own risk.

Put MRCPsych in the desirable column of your person spec. Don't add 'or equivalent' because you may be opening a big can of worms for your trust when a candidate claims an obscure mental health qualification from a country you've never heard of is the equivalent of MRCPsych. It might be, but you probably don't have the expertise in your trust to make that call. For the same reason, don't put 'or equivalent' anywhere else in the JD.

5. On the specialist register

Consultants are required to be on the specialist register. That's it. No requirement for a particular speciality or endorsement, no requirement for a CCT. Use the phrase 'Eligible for inclusion in the Specialist Register or within 6 months of gaining CCT'. Requirements for a particular CCT or endorsement again discriminate against international candidates who haven't had a particular specialist training (they may be perfectly good candidates and have perfectly appropriate training, experience and skills – they just don't have training that exactly corresponds to the college nomenclature and regulations).

If the job is a specialist job, put the CCT type and endorsement in the desirable part of the person spec. This can be important for developing the job: only someone with the correct endorsement can train higher trainees. So a candidate for a rehab job may be perfectly appointable, but if they don't have a rehab endorsement, they won't automatically be able to have a higher trainee.

6. No data

If there isn't any data about the job to enable us to judge how busy it is, it will come straight back (see point 2 above). The checklist we use lists 'referral rates / referral protocols / caseload numbers / other team members responsibilities to manage referrals / caseload'. It is helpful to have information both for the team as a whole and for the post holder on the number of new referrals a month and the total caseload. For the post holder it's useful to know the average number of new referrals and follow up cases seen a week. The equivalent for inpatient posts is number of new admissions per week, average length of stay and average number of current inpatients. For more detail, see [Safe Patients and High Quality Services](#).

We know that it's difficult to estimate activity levels sometimes for a new job – that's ok. Make an estimate, say it's an estimate, say how you will deal with issues arising from the estimate being proved wrong (job planning).

If you're interested in seeing the checklist we use, please contact the Division office.

7. Inadequate description of competencies in person spec

In the person spec, because you can't use a CCT or MRCPsych as proxies for the knowledge and skills you want, you must accurately describe the competencies for the job.

Try to think like a shortlister. The essential criteria should help you decide quickly and easily whether candidates should be called to interview (i.e. these are your minimum standards for appointment). If you have many good candidates, the desirable criteria should help you cull the list down to a manageable number to interview (i.e. the desirable criteria describe your ideal candidate). Try to be really focussed about what you need, what you'd accept and what your dream candidate looks like, and then make

these qualities into the person specification. *This means the standards in the desirable column should be higher than those in the essential column.* A good person specification is harder to write but will save your appointment panel time and grief.

Keep the competencies behavioural. All candidates will claim 'an interest in' or 'enthusiasm for' if they want the job. For a shortlister, these phrases are about as useful as specifying 'must be capable of independent respiration'. Specify 'experience in', 'evidence of' or 'qualification in'.

The commonest missed competencies are clinical ('knowledge and skills appropriate to the job' really doesn't cut it) and educational. If the post attracts a trainee, the person specification should mention education. For bonus points, include the competencies required of trainers locally.

8. DCC/SPA split

The College supports a 7.5/2.5 split for full time consultant jobs. 1.5 SPA is the GMC minimum for revalidation (covering CPD, audit/quality improvement activity, appraisal, revalidation, PDP groups). The SPA that takes it to 2.5 is for supervision of trainees and for management activity. Involvement of consultants in management is a characteristic of safer, higher performing organisations and is something the College strongly advocates.

Check the sessions add up in the timetable. Consider that consecutive SPA time may be more beneficial to the consultant.

9. Francis bait

Good governance requires line management to be clear and unambiguous. 'Professionally accountable to Dr W, operationally accountable to Dr X, accountable for day to day operational matters to Dr Y'; 'medical manager Dr Z' would be acceptable. The [exemplar Job Description](#) makes this clear.

10. Unclear description of services

Since the 'big bang' of New Ways of Working there are almost as many models of service delivery as there are services in the county. Although the functioning of your service may be crystal clear to you, the way it works may well be both unique and totally opaque to outsiders. Describe your service as if you were talking to an orthopaedic surgeon and don't use any acronyms.

Updated July 2021 with permission of the author : Dr Guy Undrill, former Regional Advisor, Severn.