

Guidance on recognition in job planning for work undertaken, through the Royal College of Anaesthetists, for the wider benefit of the public and health services across England and the devolved administrations

Introduction

In May 2025 the Chief Medical Officers of England, Wales, Scotland and Northern Ireland along with the Chairs of the Academy of Medical Royal Colleges (AoMRC) and the General Medical Council (GMC) issued guidance for Chief Executives and their Boards¹. This guidance requested their ongoing support for the vital work doctors undertake in national and regional roles when working for the wider benefit of the public and of health services across England and the devolved administrations.

Employers are being asked to support work which includes that undertaken on behalf of regulators, colleges and other professional bodies. Such work supports the quality and safety of patient care, improves the delivery of medical education and training (through devising curriculum, national training recruitment and the smooth running of examinations), and helps ensure the planning, delivery and independent assurance of both local and national health services.

The Chief Medical Officers first wrote in 2022 and then again in May 2025 to reiterate that supporting these roles should be regarded by employers as a necessity to support training and improve patient care. It is their view that it remains critical for doctors to receive employer support for this work, both for their own development and for contributing to health system improvement and better care for patients.

Potential benefits to the employer of supporting their clinicians in undertaking these roles for the benefit of the wider NHS include:

- increased skills and experience, including clinical and strategic leadership, gained by individuals
- added value through having employees of their trust participate in key discussions influencing training and patient care at a national level
- improved retention of individuals who are able to pursue their development and to demonstrate their personal pursuit of innovation and higher professional standards
- improved recruitment, with many doctors likely to be more attracted to employers who will support career development through flexibility within their job plans.

¹ Appropriate release of medical colleagues for the purposes for carrying out work for the wider health system - <https://www.england.nhs.uk/publication/appropriate-release-of-medical-colleagues-for-the-purposes-for-carrying-out-work-for-the-wider-health-system/>



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Recommendations

The following are recommendations in relation to job planning for roles and activities undertaken on behalf of the Royal College of Anaesthetists (RCoA) to support the wider NHS:

1. Before undertaking an external volunteer role, individuals should discuss the implications with, and have the support of, their clinical director and/or medical director. This must be taken in context with the delivery of service and duties to the employing trust/healthcare board.
2. The allowance of time to undertake such duties should be agreed in advance and confirmed at annual job planning to support the notice period required (typically six weeks) to allow for alternative arrangements to cover clinical service.
3. Where possible, changes to job plans should aim to ensure minimum impact on the clinical service (for example considering annualisation or part-annualisation of clinical activity).
4. An assessment should be made to consider if the role being proposed/undertaken can be accommodated using a combination of Supporting Professional Activity (SPA), Study Leave (SL) and Professional Leave (PL).
5. Typically, consultants are allowed up to ten days study/professional leave per year or 30 days over three years. By prior agreement with their clinical director, a further discretionary five - ten days professional leave for other health service-related activities may be granted.
6. Any additional leave (SL/PL) would usually require the agreement of the medical director. Individuals should always follow their own trust/healthcare board policy and seek agreement for the leave well in advance, conscious of service commitments to their employer.
7. An alternative way to support clinicians in undertaking these roles would be through a regular allocation of Programmed Activities (PA). Along with any leave allocated, these PAs can be annualised to best support the role and to minimise disruption to the department.
8. The RCoA would not support the expectation that clinicians should use annual leave to fulfil roles/activities on behalf of regulators, colleges and other professional bodies which support the wider NHS. To do so would have a significant impact on their wellbeing and would not be sustainable.

Example roles and predicted time allocation

The following provides guidance on the total time allocation required for a clinician to fulfil the role as outlined in the respective job description:



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RCoA Examiner (30 – 33 SPA/PAs per year)

- Ten days of examining per year
- Three days to support the development and quality assurance of exams
- Consideration should be given as to how many examiners one department can support, prior to applying for the role

Regional Adviser in Anaesthesia

- 1 SPA/PA per week recommended

Deputy Regional Adviser in Anaesthesia

- 0.5 SPA/PA per week recommended

College Tutor

- 1 SPA/PA per week recommended (per 20 anaesthetists in training)

Portfolio Assessment Group (CESR) Member (16 – 20 SPA/PAs per year)

- Assessment of four portfolios per year (4 x 8 hours)
- Attendance at PAG review meetings (8 - 12 x 4 hours)

RCoA roles such as Council members/Committee Chairs and members

- Attendance at Council and committee meetings should count as number of hours committed
- Per Council/ Committee meeting - four hours plus work associated with Council/Committee. Frequency and time required will vary depending on type of work
- 0.5 to 2 SPA/PAs recommended depending on role and time committed.

While the RCoA recognises that it is not possible to mandate the allocation of SPA time by individual hospitals, the departmental roles listed below are formally recognised by the college. This recognition is intended to guide and support local job planning processes and the allocation of SPA time for this work. The amount of SPA will be influenced by what can reasonably be delivered and should be proportional to the size of the department. However, a minimum allocation of 0.25 SPA/PAs is suggested for the following, which is not an exhaustive list:

- [Airway Lead](#)
- ACSA Lead
- [Wellbeing Lead](#)
- Allergy Lead
- Equipment/Procurement Lead
- [Quality Improvement Lead](#)

If possible, time for the roles listed within this guidance can be taken as part of supporting activities (2.5 per week being the benchmark for a 10 PA job plan) and changes to job plans implemented to ensure minimum impact on clinical PAs. However, unless the amount of additional time commitment this takes is recognised clearly



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through the job planning process, this is likely to lead to less trust delivered SPA activity and challenges with maintaining CPD requirements for revalidation.

Conclusion

We ask Clinical Leaders in Anaesthesia, Medical Directors and the employing trusts/healthcare boards to formally recognise and support the allocation of the time required in job plans for this work. Working in these roles alongside the RCoA enables clinicians to develop and share their expertise to support the development of the wider NHS and improve care for patients. These vital national and departmental roles cannot function without the support of employers through the job planning process and comes at the request of National Medical Directors, the AoMRC and the GMC.

Appendix

The following is a list of lead roles recommended for support by anaesthetic departments, as outlined in the ACSA accreditation process:

- preoperative assessment
- perioperative medicine
- emergency anaesthesia
- remote sites
- paediatrics
- obstetrics
- day surgery
- acute pain management
- resuscitation
- airway management
- regional
- SAS
- locally employed doctors'
- equipment
- governance roles including safety, complaints, audit and quality improvement
- multidisciplinary team training and simulation
- research
- wellbeing
- environmental and sustainability