

Consultant Candidate Pack



Exceptional healthcare, personally delivered

About us:



North Bristol NHS Trust is a centre of excellence for healthcare in the South-West in a number of fields and is also one of the largest hospital trusts in the UK. We have links to the University of Bristol, the University of Bath and the University of the West of England. Our annual turnover is £532 million, and we employ over 8,000 staff delivering healthcare across Southmead Hospital Bristol, Cossham Hospital, Bristol Centre for Enablement and within the local community of Bristol and South Gloucestershire. We aim to deliver excellent clinical

outcomes and a great experience for everyone who uses our services: exceptional healthcare, personally delivered. We treat some of the most difficult medical conditions, in an increasingly complex patient population.

Our vision is to realise the great potential of our organisation by empowering our skilled and caring staff to deliver high-quality, financially sustainable services in state of-the-art facilities. Clinical outcomes will be excellent and with a spirit of openness and candour we will ensure an outstanding experience for our patients.

Our hospitals



- Southmead Hospital Bristol
- Cossham Hospital
- Bristol Centre for Enablement
- Frenchay Brain Injury Rehabilitation Unit

Our vision, mission, and values

Our vision is that by enabling our teams to be the best that they can be, we will provide exceptional healthcare, personally delivered.

The best health and care is not the work of an individual, a single team or even one organisation. Partnership and collaboration is fundamental.

"Exceptional healthcare" means our patients will recognise that we are exemplars of safe, harm-free care and that we give them the best possible health improvement. We will do this through outstanding Emergency Care, our centres of excellence for Specialist Services, our great Local Services and as a Powerhouse for Pathology and Imaging.

"Personally delivered" means patients are in charge of their own care and the decisions that need to be made for their health and wellbeing. A genuine partnership with patients and the public is at the heart of any changes we make and will ensure an outstanding patient and carer experience.

Our values:



Our Focus for 2022

Patient first. Recover. Learn. Improve.

| 1. Provider of high quality patient care | 2. Developing healthcare for the future |
|--|---|
| Accelerate restoration of planned care, addressing clinical prioritisation and health inequalities across our system Transform non-elective care through continuous improvement | Create a BNSSG provider collaborative to improve patient experience and pathways Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review Recover and grow our research portfolio |
| Learn from our patients' experience Continuous improvement, Transform services | Adopt digital solutions Use money and resources sustainably |
| 3. Employer of choice | 4. An anchor in our community |
| Support the recovery and wellbeing of our workforce Embed new agile ways of working that allow our staff to thrive Promote a diverse, fair and inclusive culture | Working with partners to: Support population health management Address inequalities |

Where are we now

As evidenced by our response to the Covid-19 pandemic we, as a nation, have never been more-proud of the NHS. This pride is very much felt here at NBT, not only in our services but in the high standards of care provided and the staff who deliver them. We launch this Quality Strategy after a period of sustained and widespread improvement. This was highlighted in 2019 when we achieved an overall 'Good' rating from the Care Quality Commission, we were also rated as 'Outstanding' in the Caring and Well Led domains. All of our clinical core services are rated as 'Good' with End of Life Care rated as 'Outstanding.'

| Ratings for the whole trust | | | | | |
|-----------------------------|-----------|-------------|-------------------------|-------------|-----------|
| Safe | Effective | Caring | Responsive | Well-led | Overall |
| Good | Good | Outstanding | Requires improvement | Outstanding | Good |
| Sept 2019 | Sept 2019 | Sept 2019 | Sept 2019 | Sept 2019 | Sept 2019 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Our culture of continuous improvement has led to many examples of excellent services and teams and recognition of these are given in many ways, the most prominent of which is our annual Exceptional Healthcare Awards. We will continue to build on our philosophy of sustained improvement and continue to demonstrate high quality, safe care with excellent patient outcomes and feedback. Continuous improvement will be underpinned by an open and fair safety culture in which everyone is comfortable with speaking up when things are not right, learns when things do not go to plan and from practice that results in excellence. Our learning will be strengthened by working in partnership with patients, carers and families to reduce any future harm.

Education, training, and development

As a responsible employer we care deeply for the people who work here and are committed to ensuring we have a highly skilled and motivated workforce. Not only is this the right thing to do, it is also fundamental to our success. We will continue to embrace our responsibility for developing the workforce of the future in collaboration with other local care providers, the Universities and Health Education England. We want this to be the start of an ongoing conversation with our workforce and we will:

- Continue our roles in undergraduate and postgraduate training of health care professionals, providing high quality clinical placements and excellent teaching facilities
- Work with others to establish new roles that increase the opportunities people have to join the health workforce and make maximum use of available skills
- Expand our excellent apprenticeship programmes
- Support and promote the continuous development of all of our staff so that each can maximise their potential

Continuous improvement

We cannot predict all of the changes required of our services in the years ahead and so we must continue to invest in the capability of our people to enable them to address new challenges as they arise. We must create an organisation that is agile in responding to new challenges.

We are proud of our culture which encourages our workforce to continually improve and expect to continuously innovate what we do in the years ahead. Effective working in complex teams is a core reason for our recent successes at NBT. We will continue to develop team working capabilities using our award winning Perform methodology.

We intend that this will be embedded in every part of our organisation. We will develop high levels of capability by using data to identify challenges that require action and to support effective change. We will bring together the change management expertise in the Trust to maximise the transformation resource available to our services.

The capability in the Programme Management Office and the Quality Improvement team will be continuously reviewed to ensure that we have the correct mix of skills for delivering the improvements we need.

Research

We are a well-established research centre with a multidisciplinary infrastructure that supports a broad range of clinical research. Delivering excellent clinical research is important for us as it supports improving patient outcomes as well as attracting and retaining talented staff. It is therefore our intention to further develop our strengths in research and maximise opportunities for our patients and staff to be involved. We will:

- Increase our capability to deliver research that is important to, and prioritised by, patients
- Continue to be a key contributing member of Bristol Health Partners and the West of England Clinical

Research Network to enhance our combined research strengths

• Ensure access to cutting-edge treatments with appropriate safeguards that improve patient outcomes

Improve patient safety and care by rapidly adopting evidence-based research outcomes Innovation and technology In the future the adoption of technology and digital solutions will be fundamental to our transformation. We have recognised the opportunities from advances in technology in our Digital Strategy through which we will deliver:

- Digital systems that support safe and effective care
- Patient care information available wherever the patient is located in the health system. This will improve

quality, avoid wasted duplication and ensure access to information is not a cause of delays

- Improved availability of data to help understand and develop our services and support our continuous improvement programmes
- Easily accessible information that will help our teams plan their work, purchase the right equipment and act within available resources
- Information in the hands of patients and carers to enable them to take control of their health and care

Ability to rapidly adopt the opportunities of new technologies as they arise We will also develop our capacity to support the generation of innovations, and accelerate their adoption into our services. In particular, we will:

- Partner with the Academic Health Science Network, universities and industry to collaborate on the development of technologies that address our patient's needs
- Build on technologies such as clinical robotics and 3D printing to improve effectiveness of our services

Make sure we are ready to take advantage of opportunities that present themselves from artificial intelligence and machine learning technologies

Stay at the forefront of the personalised healthcare revolution driven by the development of genomics

Employer of choice



There is no part of society that the NHS does not reach, and we should never underestimate the responsibility we have to the people we serve and care for. At the same time, we are nothing without the people who work for us. Without the vast array of skills and capabilities of our staff we would not be able to provide the very personal care we do or achieve the bold ambitions we have set out in our strategy. We can only be successful by continuing to employ talented people with a commitment to providing excellent care. We need to recognise that working in a busy hospital can be tough and the wellbeing of the people who work here can be challenged. If we want our staff to feel healthy, happy and well then we need to be

totally committed to creating an environment for work that allows our people to thrive and deliver their very best for our patients.

As a large and established employer we seek to provide a great place to work. To achieve that it is important we recognise that people are leading increasingly busy lifestyles with many conflicting demands. People want to work more flexibly and the idea of a set working base with set working patterns is increasingly outdated.

We will continue to work with our staff to ensure an appropriate balance between flexibility in employment options and the need to provide 24/7 services. We strive to support our staff to make working at NBT fit well with their lives, be that by:

- Providing onsite childcare services
- A comprehensive travel to work offer
- Onsite facilities for staff including catering and fitness classes
- Hospital Arts and Sustainability programmes

Our ambition is to become a truly inclusive OneNBT, where people feel a sense of belonging and identity. To achieve this, we have adopted an approach called Valuing You through which we will create equality of opportunity for all. We will provide a broad training and development offer for all our staff so they are supported in their continuous development. Our comprehensive health and wellbeing offer is key by supporting our staff to be fit and healthy themselves, so we can provide better care for our patients. We recognise the pressure inherent in providing health care and we will continue to improve the support we provide for our staff's health and wellbeing, building on the programmes we have already established

As a new consultant within NBT will ensure that you receive a comprehensive induction and onboarding programme which will include access to a mentor, and our New Consultant Programme, where we will give you the opportunity to network with other consultants who are new to the Trust, meet and develop key working relationships with members of the Office of the Medical Director as well as other Executive members.

In addition, we offer all our consultants a generous study leave package comprising of up to 30 days over three years and up to £1000 per year study leave budget.

Job Description

Job Title: Consultant in Acute Medicine (substantive) Pay Scale: Medical and Dental Consultant No of PAs: 10 (LTFT applicants welcome) Responsible to: Louise Powter (Specialty Lead) Professionally accountable to: Ella Chaudhuri and Jarrod Richards (Clinical Directors) Base/Department: Acute Medical Unit, gate 31 Locations: Brunel Building Job Plan: An indicative job plan is contained below.

Summary of the role:

You will join our team of 17 acute medicine consultants specialising in the initial management of adult patients attending with emergent and acute medical conditions, predominantly within the Acute Medical Unit and Same Day Emergency Care Unit.

The AMU at Southmead Hospital, based in the Emergency Zone of the Brunel Building, is a dynamic, progressive and growing unit. We have expanded significantly over the past few years and are currently running an Acute Medical Consultant-led admissions service 7 days a week.

There are approximately 70-100 Acute Medical attendances per day from both Primary Care and the Emergency Department. The ambition is to manage approx. 25-30% of these attendances as Same Day Emergency Care (SDEC) and over 50% with a length of stay less than 48 hours. The SDEC Unit operates from 08:00 until 20:00, five days a week, with an ambition to expand. All acute medical presentations come through AMU or SDEC and are managed by the acute medical team.

Applicants are welcomed from those who wish to work less than full time. If such a person is appointed, modification of the job content will be discussed with the Trust on a personal basis in consultation with consultant colleagues.

Job plans may be negotiated to include sessions in a relevant specialist interest, subject to the needs of other departments and the needs of the acute medicine department. Requests must be discussed with the clinical lead prior to interview.

The Department:

The AMU is co-located with the Emergency Department and has an embedded Enhanced Care Unit (separate respiratory and non-respiratory enhanced care), Short Stay Unit and GP Assessment unit. The AMU is based on gates 31A and 31B of the Brunel building. The Acute Medical Team also run

the medical SDEC service located on gate 36 of the Brunel building, allowing opportunities to work across the breadth of Acute Medicine. The organisation of the unit has changed over the course of the last 2.5 years during the pandemic and we remain a flexible, responsive unit. There are 63 beds across the AMU, 16 of which can be used to deliver ECU-level care with continuous cardiac monitoring, high flow oxygen and non-invasive ventilation.

Since August 2020, there has been a separate Acute Frailty Unit based on gate 32A staffed by the Medicine for the Elderly team, which forms a part of the Emergency Zone.

Team structure:

The Acute Medicine Team

The Acute Physicians provide on-site cover for the acute medical intake between 08:00 and 22:00, seven days per week. At weekends the Acute Medical take is support by a second Consultant Physician. On weekdays there are at least 4 Acute Physicians on the AMU, covering the acute medical intake, short stay unit, SDEC and ECU. The SDEC unit is supported by 3 Associate Specialists. These clinical areas are supported by the core Acute Medicine team (1xF1, 4xF2s, 2xCFs, 2-3 ACCS, 1-2 Acute Medicine registrars, 4 Physician Associates, 4 ACPs).

The unit is staffed by an enthusiastic and dedicated team of nursing staff, including a large team of Band 7 and Band 6 nurses. The successful applicants will be joining a dynamic and enthusiastic team of Acute Physicians, with broad ranging skills, and a highly motivated multidisciplinary team who aspire to deliver high quality acute medical care.

Acute Medicine Consultants:

Dr Rina Adhikary (Currently on maternity leave)

Dr Ella Chaudhuri (Co-clinical director)

Dr Ishita DasGupta (LTFT) (Acute Medicine Undergraduate tutor)

Dr Kiaran Flanagan (special interest Urgent and Emergency Care Strategy and Delivery)

Dr Ben Grimshaw (split post with Stroke Medicine)

Dr John Ho (specialist interest in VTE, rota manager)

Dr Rhiannon Hughes

Dr Sarah Ibitoye (LTFT) (split post with peri-operative medicine, Clinical governance lead)

Dr Zoe Jones (LTFT) (Co-education lead, ACP and PA lead, Mortality and morbidity lead)

Dr Nigel Lane (EZ Clinical Digital Lead)

Dr Lionel Nel (Co-education lead)

Dr Francesca Neuberger (split post with Maternal Medicine, lead Obstetric Physician for the SW) Dr Samir Patel (split post with Rheumatology, Deputy Medical Director)

Dr Louise Powter (LTFT) (Clinical Lead - Acute Medicine)

Dr Natalie Robinson (LTFT)

Dr Christopher Williams (Clinical Lead – Hospital at Night team, split post with Intensive Care Medicine)

Dr Morgan Williams (deputy TPD for AIM, POCUS lead)

SDEC Associate Specialists:

Dr Georgina Conway (LTFT) Dr Rani Robson (LTFT) (SDEC Clinical lead) Dr Daniel Van de Klee (LFTF)

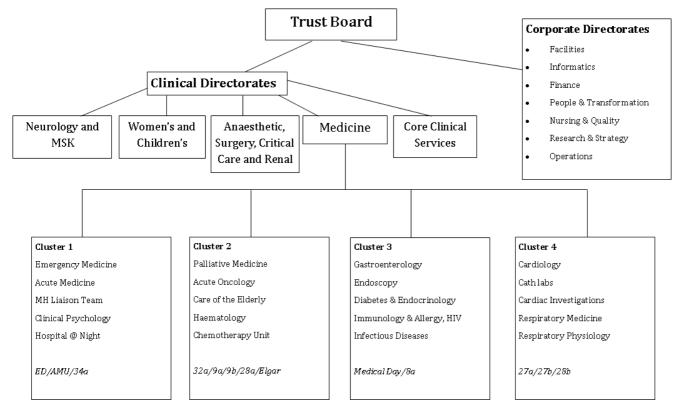
AMU Key Staff:

Matron – Shelley Panayiotou

Band 7 Ward Managers – Adele Sage, Mirko Di Santis, Billie-Mae Padbury General Manger – Danielle Morse Specialty Manager – Jade Venning

Specialist input from Cardiology, Respiratory, Gastroenterology, Frailty team, Acute Oncology, Palliative Care, Alcohol Liaison Team, Liaison Psychiatry, Diabetes and the Integrated Discharge Team is provided.

Organisation structure:



The appointee will be contractually accountable to the North Bristol NHS Trust for the provision of services. The appointee will be managerially responsible to the Chief Executive through the Medical Director. All consultants are required to undergo an annual appraisal carried out in accordance with the Trust policy. Consultants are also required to take an active and co-operative approach to their job planning, which will be reviewed on an annual basis by their Clinical Lead.

The appointee will be expected to be fully involved in the development of the Acute Medical Unit, to take account of the Trust policies, including Risk Management Strategy and developments in Clinical Governance. The appointee may be asked to participate in managerial and administrative work and will be expected to be aware of the broader context within the NHS in which Consultants operate.

Divisional Management Team:

Clinical Directors: Dr Ella Chaudhuri and Dr Jarrod Richards General Manager – Mr John Fletcher Director of Nursing – Ms Annie Langford

Communications and Relationships:

The post holder will be expected to have excellent communication skills, both written and verbal, to enable effective communication about medical topics with patients and colleagues. The post holder will be empathetic and sensitive to patients needs and able to explain things clearly – particularly complex or sensitive information. The post holder will be required to work in partnership with colleagues of all disciplines, external links to the Trust and service users, to ensure the creation of a quality service. The post holder will be expected to commit to shared goals in the department by building effective teams and partnerships and valuing the roles and contributions of others.

Key working relationships:

Internal: The multidisciplinary Acute Medical team (as above), the Emergency Department, other medical and non-medical departments

External: Primary care (Brisdoc, Severnside), the Integrated Urgent Care board.

Responsibility for Patient Care:

The post holder will have continuing responsibility for the care of patients in his or her charge and for the proper functioning of the service and will undertake the administrative duties associated with the care of patients and the running of the clinical department. The post holder will be required to work in partnership with colleagues of all disciplines, external links to the Trust and service users, to ensure the creation of a quality service.

Clinical duties

The post holder will be responsible for the diagnosis and clinical management of patients presenting to the Acute Medical Unit at Southmead Hospital.

The successful applicant will be responsible for;

Initial assessment of patients attending AMU.

Providing regular ward rounds and advice for patients, supported by the junior medical team.

Ensuring the completion of appropriate electronic prescriptions during admission and discharge

Attending MDT meetings

Meeting with patients, families and carers when required

Continuing responsibility for the care of patients in liaison with Consultant colleagues.

Ensuring continuity of care when the post holder is absent.

Formulate a plan of action and liaise with relevant care providers, ensuring that all initial elements of the plan have been carried out and highlight any concerns Inc. safeguarding issues.

Reconcile multiple specialties and care providers to ensure cohesive plan.

Fully participating in the Acute Medicine rota to include early shifts, late shifts, long days and weekends on 1 in 8 for 1 WTE and shifts in the SDEC unit.

Promote the activity of the Acute Medical Unit, and also support the Trust's priorities around patient flow when possible.

The post holder will be expected to be actively involved in the administrative, teaching, continuing medical education and audit activities of the Acute Medical Unit.

Fully participate in the Acute Medical Unit's Governance meetings.

Responsibility for financial / physical resources and policies:

The post holder will be expected to adhere to Trust policy and procedures as well as contributing to policy and service development. The post holder should have enough understanding of NHS financial management in order to provide the best service possible. They will minimise waste, improve services, and promote effective use of resources available.

The Post holder should understand the roles and policies of local and where relevant national agencies involved in healthcare.

Responsibility for People Management:

The Post Holder will be expected to provide compassionate leadership to their clinical teams. This may include multi-agency teams within Primary and Secondary Care. They will be responsible for the supervision of junior staff within their team and will lead by example and with compassion.

Teaching and Supervision of Junior Medical Staff & Students:

We aim to support the development of all our doctors and healthcare professionals, whilst maintain an environment where patient and staff safety is paramount. A key element of that is ensuring high quality clinical and educational supervision. The postholder will be responsible for the professional supervision and management of junior medical staff. Where appropriate, the postholder will be named in the educational contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers. Time will be allocated within job plans to support this activity.

Research and Development:

At NBT we have a well-established Quality Improvement programme and the post holder will contribute to this. There are also opportunities for clinical audits both locally and nationally and the post holder will support more junior staff with this activity.

Partnership working:

The post holder will be required to work in partnership with colleagues of all disciplines, external stakeholders and service users, to ensure the creation of a quality service. The will commit to shared goals in the department by building effective teams, valuing the roles and contribution of others.

Equality and Diversity:

At NBT our culture is one of true inclusivity and aims to positively eliminate discrimination by promoting a diverse and inclusive culture. As a minimum the post holder will ensure that their own actions support diversity and equality and they will comply with policies, accept differences and treat all with dignity and respect.

Personal Development:

At NBT we are committed to supporting all staff with their personal and career development and also developing our aspiring leaders. Access to relevant study leave will be available, subject to discussion and agreement of the department clinical lead.

Main conditions of service:

This appointment is subject to the terms and conditions – Consultants (2003) and any current amendments. The post holder will be expected to be aware and comply of local policies and procedures as well as comply with all Trust standing orders and standing financial instructions. All offers of employment are subject to pre-employment clearances.

Job Plan:

A formal job plan will be reviewed between the Post Holder and Specialty Lead within three months after commencement in post. The exact timetable will be flexible, arranged in discussion with the Specialty Lead.

The job plan will be reviewed prospectively and at least annually. This will be a positive agreement that sets out a Consultant's duties, responsibilities and objectives for the coming year.

An indicative job plan is included in this document:

Pre-interview visits:

Prospective candidates are encouraged to visit the Trust and meet members of the management team prior to interview (subject to Covid restrictions). Appointments can be made for a visit at any point prior to the date of interview.

Please contact: Louise Powter, clinical lead. Danielle Morse, general manager. Ella Chaudhuri, clinical director.

Secretaries: 0117 4141141

Draft job plan - Consultant in Acute Medicine

(to be confirmed and agreed with post holder within three months after commencement)

DCC commitments are annualised within a flexible rota including prospective cover for annual leave.

The successful applicant will undertake a mix shifts (shift pattern and structure is under regular review):

- Lead 1 Early On Call (Lead Consultant for acute medical intake): 8am 4pm (2 DCCs)
- Lead 2 Late On Call (Lead Consultant for acute medical intake): 4pm 10pm (1.75 DCCs)
- Long Day Consultant: 8am 8pm (3.1 DCCs)
- 31A ECU/SS cover: 8am 12pm + 1 hour pm (1.25 DCCs)
- 31B ECU/SS cover: 8am 12pm + 1 hour pm (1.25 DCCs)
- Same Day Emergency Care Consultant 8am 7pm (2.75 DCCs)
- 31A support: 8am 12pm (1 DCC)
- 31B support: 8am 12pm (1 DCC)

In addition to the weekday pattern, there is a 1 in 8 commitment to the weekend. The weekend hours are around 0800 – 1330 and 1700 -2200pm (7.3 DCCs). There will be 2 days off before and after the weekend shifts.

Late shifts and weekend on calls include overnight cover as Consultant On Call (Category A, Medium Frequency).

| On Call Availability Supplement Rota Frequency (Schedule 16, para 5) the number of consultants on rota) | | | | |
|--|---|------------|-----------|--|
| Frequency of Rota | Value of supplement as a % of WT basic salary (please tick appropriate box) | | | |
| Commitment | Category A | Category B | | |
| High Frequency: 1:1 to 1:4 | 8.0% | 3.0% | | |
| Medium Frequency: 1:5 to 1: 18 | 5.0% | 2.0% | Ex | |
| Low Frequency: 1:9 or less | 3.0% | 1.0% | am ple | |

Timetable for 3 weeks (including 1 week with weekend on call):

| | | 8am – 12pm | 12pm – 4pm | 4pm – 10pm | Overnight |
|--------|---------|---------------|---------------|---------------|-----------|
| Week 1 | Monday | 31A | SPA/31A | Off | |
| Week 1 | Tuesday | 31A | SPA/31A | Off | |

| | Wednesday | SDEC | SDEC | SDEC until | |
|--------|-----------|----------------|-----------------------|-----------------------------|---------|
| | Thursday | Off | Off | 7pm Off | |
| | Friday | Off | Off | Off | |
| | Saturday | Lead 1 | Lead 1 | Lead 1 until 6pm | |
| | Sunday | Lead 1 | Lead 1 until 13.30 | Lead 1 5pm until 10pm | On call |
| | Monday | off | off | Off | |
| | Tuesday | off | off | off | |
| | Wednesday | 31B | SPA/31B | Off | |
| Week 2 | Thursday | SPA | SPA | Off | |
| | Friday | Lead 1 | Lead 1 | Off | |
| | Saturday | Off | Off | off | |
| | Sunday | Off | Off | off | |
| | Monday | Long day | Long day | Long day until 8pm | |
| | Tuesday | 31A support | SPA | Off | |
| | Wednesday | Lead 1 | Lead 1 | Off | |
| Week 3 | Thursday | Off | Lead 2 | Lead 2 | On call |
| | Friday | SPA | SPA | Off | |
| | Saturday | Off | Off | Off | |
| | Sunday | Off | Off | Off | |

NOTE This is a proposed example job plan only. There is a range of services under development at NBT and the department would discuss areas of interest and expertise with the successful appointee, with potential to alter the job plan accordingly.

The timetable will be reviewed after the appointee has been in post for three months with additional SPA time recognised as required. It must therefore be regarded as a temporary work programme only.

| Programmed activity | Number_ |
|---|---------|
| Direct clinical care (including unpredictable on-call) | 8.5 |
| Supporting professional activities | 1.5 |
| Other NHS responsibilities (to be discussed with Clinical Director) | |
| External duties (to be discussed with Clinical Director) | |
| Total Programmed Activities | 10 |

| PERSON SPECIFICATION | | | | | | |
|---|--|--|----------------|--|--|--|
| | Assessment at Shortlisting stage | | | | | |
| Category | Essential | Desirable | Scoring Matrix | | | |
| Qualifications And Registration | MRCP or equivalent. Maintain Full registration with the GMC. | Higher academic qualification (e.g. MD or MS). | Qualifications | | | |
| | Must have CCT in General Internal Medicine or Acute Internal Medicine and have been entered on the GMC Specialist Register at the time of the appointment. | CCT in Acute Internal Medicine | | | | |
| | Specialist registrars that do not hold a CCT must be due to be awarded one within 6 months of the interview date. | | | | | |
| <u>Training</u> <u>And</u> Experience | Recent experience and familiarity of UK hospital systems and practices (or equivalent). | | Experience | | | |
| | Minimum of 4 years postgraduate experience including higher surgical/medical training, three years as a Senior Registrar in an approved training post, or equivalent. Part of this period may be in a post of equivalent responsibility and training potential. | | | | | |
| | Training in diagnosis and treatment of the full | | | | | |

| | range of acute medical conditions. | | |
|--|--|--|-----------|
| <u>Further</u> <u>Training,</u> <u>Management,</u> <u>Audit</u> | Evidence of recent CME/ reasonable training progression at this stage of career. Experience in audit project and written up Knowledge of contemporary NHS management issues. Knowledge of political context within which we | Completion of a general management course or programme. | Knowledge |
| Research, | operate. Proven teaching ability. | Proven track record in research. | Skills |
| Teaching, Publications | Willingness to undertake teaching of medical under-graduates & postgraduates. | Willingness to undertake further research. Ability to gain the trust and confidence of colleagues and patients. Ability to teach effectively Evidence of relevant publications in peer reviewed journals. Demonstration of involvement in clinical | |
| Leadership and Teamwork | Proven ability to build and maintain effective teams | directorate management. | |
| | Have a positive attitude towards members of the wider healthcare team Evidence of good organizational and compassionate leadership skills Evidence of positive development and change management An understanding of positive leadership in the context of healthcare. | | |
| Communication skills | Is empathetic and sensitive to the needs of others including patients and colleagues. An ability to explain complex and sensitive information, sometimes under stressful circumstances to others. Must be able to influence and persuade effectively. Must have excellent written and verbal communication skills in order to write and present management reports as required. | | |
| <u>Other</u> | Must reside within 30 minutes or ten miles from the principle place of work Must hold the appropriate Home Office work / | | |
| | residence status in order to provide work in the UK. | | |