



JOB DESCRIPTION

Job Title:	Consultant in Intensive Care Medicine and Anaesthetics Intensive Care and Anaesthetics
Band:	Consultant
Division:	Surgery and Critical Care
Responsible to:	Clinical Lead for Anaesthetic, Critical Care and Pain Medicine
Accountable to:	Clinical Director for Surgery & Critical Care
Job Summary:	The post holder should be a specialist in Intensive Care and Anaesthesia and on the specialist register. You will work in intensive care unit and also provide anaesthetic cover for a variety of surgical subspecialties. You will participate in a 1:8 non-resident on call rota in intensive care with prospective cover for annual and study leave. Flexible working patterns are seen as essential to the smooth running of the department, therefore Consultants are expected to have a degree of flexibility in their weekly job plan. The post holder will be expected to follow the job plan and manage their own work programme, within Trust policy & procedures. This post is based at Furness General Hospital with anaesthetic sessions at Westmorland General Hospital, Kendal (36miles). Working Hours: As per job plan On-call: 1:8 Non Resident in Intensive Care Unit at Furness General Hospital/ Royal Lancaster Infirmary.

On call duties will be covering intensive care unit on a 1:8 on Non resident basis with prospective cover.

During the on-call support the two resident shift senior anaesthetists who are covering theatre, maternity and intensive care first call.

Involvement in undergraduate and post-graduate medical education

"A great place to be cared for; a great place to work"

Assessment and preparation of patients for theatre and provision of immediate post-operative care.

Participate in clinical audit & demonstrate evidence based practice where appropriate.

Demonstrate evidence based practice where appropriate.

Undertake and participate in the appraisal process and job planning.

Satisfy the criteria for revalidation.

Contribute to service development in areas of special interest and expertise.

Actively participate in continuing medical education.

Undertake personal appraisal and job-planning as part of revalidation.

On Call

During on-call ICU consultant will be non-resident and cover the intensive care unit & also support the two resident shift senior anaesthetists who are covering theatre and maternity and intensive care. There will be one senior anaesthetist doing resident shift covering theatres & maternity, and one resident senior anaesthetist providing general support and immediate airway cover to the intensive care unit. There will be team working between the two resident anaesthetists with one always ready to respond to maternity if the other is busy. If there is a transfer of a critically ill patient out of the hospital, the second on call non-resident anaesthetist is expected to attend the hospital as requested by the remaining resident anaesthetist whilst one does the transfer. The ICU consultant is expected to help the resident anaesthetists in stabilisation of sick patients prior to transfer and to have knowledge and input into any ICU admissions. Degree of flexibility and team working is expected between the on-call team to cover the emergency services out of hours.

Compensatory rest will be given in line with European Working Time Directive Regulations and agreed Trust guidelines.

Supporting Professional Activity (SPA)

Within the job plan 1.5 PAs of core SPA is provided, additional one SPA will be allocated with the allocation of specific responsibilities in relation to education, research & service development. With agreement SPA's may exceed 2.5 PAs for specific roles eg Clinical Leadership. The allocation of SPA time will be discussed with the successful candidate upon appointment so that their aspirations can be considered & supported.

All SPA time within the job plan will be allocated and accounted for

Department of Anaesthesia and Intensive Care

The Anaesthetic department is part of the Surgery and Critical Care Group and Mr Deepak Herlekar is the Clinical Director. Dr Mahesh Kumar is the Clinical Lead for Anaesthetics Cross Bay and Dr & 9 Mark Wilkinson is Critical Care Lead Cross Bay. Dr Wael Abdelrhman is the Deputy Clinical Lead for Anaesthetics based in FGH. Dr Amr Dawood is ICU Site Lead at FGH. There are two offices for consultants directly adjacent to the Theatres and Intensive Care Unit. There is dedicated secretarial support both sites. Multimedia computer facilities are also available.

Intensive Care and High Dependency Care

Critical Care is part of the Division of Surgery and Critical Care. The Intensive Care Unit at FGH is a mixed level 3 and 2 unit, and can provide intensive care for maximum of 6 level three patients, though it is staffed only for three of each. There is a 4 bedded medical CCCU (Complex medical and Coronary Care Unit) and a 4 bedded surgical PPU (Patient Progression) Unit. The ICU consultant may be requested to review their cases.

The Intensive Care unit is situated in the main hospital building, adjacent to the Operating Theatres and Department of Anaesthesia. A full range of services is provided in a modern purpose-built ICU (with no gantry service provision) There is an integrated Fukuda Denshi patient monitoring system allowing central station monitoring. Our current ventilators are Servo I. Renal support is provided by 3 automated Prismaflex Renal Support Systems using citrate. The unit is equipped with Vividi ultrasound-echo machine.

There are on-site facilities for MRI Scan, CT, Transoesphageal and trans-thoracic Echocardiography, Ultrasound and Gamma Camera Imaging. The ICU participates fully in the ICNARC audit program with a dedicated ICNARC Clark inputting data. We have a hospital-wide Early Warning Scheme but currently no outreach team. Plans for the development of a new HDU unit, adjacent to the existing ICU, are being actively worked up and form part of the restructuring of consultant work and expansion. The ICU sometimes admits critically ill children, whilst awaiting the arrival of the local paediatric transfer team.

The unit is currently funded for 6 ICU beds. It is a consultant led unit and Eight consultants will provide full day-time cover (15 sessions per week) on rolling 7 day Consultant of the week daytime rota and separate night time consultant who has spent the afternoon in ICU .The unit is currently supported by an FY2 doctor who does call for general surgery so is not present every day. The Unit also benefits from a Nurse Practitioner for ICU. The majority of patients are medical with some surgical and trauma. The CCCU is run independently by the Physicians, however some anaesthetic involvement is required.

Anaesthesia

The Trust supports all the surgical specialties of a District General Hospital including General Surgery, Colo-rectal, Urology, Trauma and Orthopaedics, Obstetrics, Gynaecology, ENT and Maxillofacial surgery. Paediatric elective and emergency surgical patients are treated in Barrow In Furness, but critically ill children are stabilised before transfer to the Regional Paediatric Intensive Care centre usually by retrieval by the regional retrieval team (NWTS).

In FGH there are 7 modern theatre suites including one for emergency obstetrics. There is a 24 hr on call theatre team, including recovery staff. All anaesthetists are accompanied by trained anaesthetic assistants (ODA, ODP or Anaesthetic Nurse). At WGH there are four operating theatres. No emergency surgery is undertaken at Westmorland General Hospital.

Pain Services

The Acute Pain Service is well established and based around the extensive use of Regional Anaesthesia/Analgesia and Patient-Controlled Analgesia. This is supported by a Consultant Anaesthetist as well as a Clinical Nurse Specialist in Acute Pain Management, who is responsible for education of ward staff as well as the supervision and monitoring of patients on the wards. Four

consultants are responsible for the Chronic Pain Service, supported by two Clinical Nurse Practitioners in Chronic Pain.

Obstetric Anaesthesia and Analgesia

The obstetric services are provided by a consultant unit in FGH and a midwifery-led unit in Westmorland General(Temporarily suspended due to Covid 19). The approximate annual number of deliveries are 1250 at FGH and 80 respectively. The obstetric anaesthesia service in FGH is 24 hour resident on-call service including epidural service. This service provided mainly by one of the first on call anaesthetists but occasionally the ICU 2nd call anaesthetist may be required to cover if the first call anaesthetists are tied up or on a transfer. There are 6 elective LSCS list per month . Over 90% of elective caesarean sections and 75% of emergency caesarean sections are performed under regional anaesthesia.

Audit and Continuing Education

There is an active programme within the Anaesthetic department with one half day allocated each month to formal audit activities. The Trust is committed to the support of "continuing professional development" for all clinicians. Study leave entitlement is ten working days annually (thirty days within any three year period) but is subject to a maximum level of expenses determined by negotiation between the LNC and the Trust. The Trust will honour the recommendations of the Royal College of Anaesthetis and will provide time and financial support for these activities.

Clinical Governance

All clinicians must undertake Trust induction on appointment and participate in the mandatory training modules organised by the Trust.

Appraisal

The appointee will be required to take part in annual appraisal.

Due to the nature of the post this post is subject to a satisfactory enhanced Criminal Records Bureau disclosure.

The post is covered by the NHS Hospital Medical and Dental Staff Terms and Conditions of Service.

Further Information

For further information, please contact Dr Mahesh Kumar, Clinical Lead for Anaesthetic, Critical Care and Pain Medicine (based at RLI) or Dr Wael Abdelrhman Deputy Clinical Lead for Anaesthetic, Critical Care and Pain Medicine through the Department Administrator (telephone 01524 583517 or 01229 406768) or by email Mahesh.kumar@mbht.nhs.uk (Cross-bay anaesthetic lead) or wael.abdelrhman@mbht.nhs.uk. (Deputy anaesthetic lead FGH).

Visiting

Visitors will be welcomed and arrangements to visit the Department should be made with:

Dr Mahesh Kumar or Dr Wael Abdelrhman (Clinical Lead Anaesthetics).
Department of Anaesthesia,
Furness General Hospital
Abbey Road
Barrow-in-Furness
I A14 4I F

Tel: 01229 406768 (Department of Anaesthesia)

01229 870870 (FGH Switchboard

This job description is not exhaustive and will be reviewed and amended, with the post holder, when necessary.

TERMS AND CONDITIONS

This post will be subject to the terms and conditions of the University Hospitals of Morecambe Bay NHS Foundation Trust.

CONFIDENTIALITY

Information relating to patients, employees and business of the Trust must be treated in strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Freedom of Speech policy.

SAFEGUARDING & PROTECTING CHILDREN

Everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles. As a senior manager you will need to be aware of your responsibility in relation to safeguarding and protecting children. You will be expected to provide effective leadership in ensuring safeguarding children is a priority within all service delivery and developments.

ENVIRONMENTAL IMPACT

It is the responsibility of all staff to minimise the Trust's environmental impact by recycling wherever possible, switching off lights, computers, monitors and equipment when not in use and it is safe to do so, minimising water usage and reporting faults promptly.

HEALTH AND SAFETY

The Health and Safety at Work Act stipulates that it is the responsibility of each employee to observe all rules governing safety and conduct and as such safety equipment and Personal Protective Equipment provided must be used.

INFECTION CONTROL

The Trust is committed to protecting the health of all staff, patients and visitors to the Trust. As such all staff is personally responsible for compliance with all Trust and department infection prevention

and control policies. Failure to comply with such policies and associated procedures is likely to lead to disciplinary action and may result in dismissal.

MANUAL HANDLING

The post holder will be provided with adequate training in correct lifting techniques by a recognised lifting instructor.

NO SMOKING POLICY

A No Smoking Policy operates across all Trust sites.

QUALITY OF SERVICE

The trust is committed in its use of available resources to obtaining the best possible service for patients and staff. The Post holder must share this objective and seek to maintain and improve the quality of service provided.

EQUAL OPPORTUNITIES

The Trust is pledged to equal opportunities for all and is committed to ensure that no job applicant or employee receives less favourable treatment on the grounds of gender, marital status, age, race, colour, sexual orientation, creed, nationality, ethnic or national origin or disability. We promote flexible working opportunities wherever possible to enable staff to balance their work with their private lives.

TRAINING AND DEVELOPMENT

Maintain your professional standards in respect of education and training and ensure that you are aware of your specific area specialty training and needs analysis.