Imperial College Healthcare NHS
NHS Trust

JOB DESCRIPTION

Imperial College Healthcare NHS Trust Values

We are committed to ensuring that our patients have the best possible experience within our hospitals. We are looking for people who are committed to delivering excellent patient care, whatever their role, and who take pride in what they do. We place a high value on treating all patients, customers and colleagues with respect and dignity, and seek people who strive for excellence and innovation in all that they do.

We value all of our staff and aim to provide rewarding careers and benefits, fulfilling work environments and exciting opportunities.

As an organisation we expect everyone to be:

- ❑ Kind - We are considerate and thoughtful, so you feel respected and included.
- ❑ Collaborative - We actively seek others' views and ideas, so we achieve more together.
- ❑ Expert - We draw on our diverse skills, knowledge and experience, so we provide the best possible care.
- ❑ Aspirational - We are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

1 THE POST

TITLE OF POST:	Locum Consultant in Critical Care
TIME COMMITMENT:	10 PAs
LOCATION:	Division of Surgery, Cancer and Cardiovascular
RESPONSIBLE TO:	Lead Clinician, Cross Site Domain Leads
ACCOUNTABLE TO:	Clinical Director
CONTRACT:	Locum

1.1 Background to the Post

Imperial College Healthcare NHS Trust is one of the largest Trusts in the UK with a turnover in excess of £1 billion. The Trust operates four main hospital sites St Mary's, Charing Cross, Hammersmith, and Western eye, but also has a number of smaller sites, and satellite units. It also operates some services in partnership with Chelsea and Westminster NHS Foundation Trust. The Trust has a focus on higher acuity and higher complexity interventions.

The Critical Care Directorate is one of the largest in the country and currently operates 100 beds across three sites. There is a Paediatric Intensive Care Unit at St Mary's though this falls outside the Directorate and Division. Acute Respiratory Units operate at Charing Cross and St Mary's hospital under the Division of Medicine, but operate closely with Critical Care.

The role is for a Consultant in Critical Care. The appointee will be responsible for leading the care of patients within a critical care area during periods on service. When on service or on call they will be solely dedicated to the care of patients within Imperial. This is a leadership role and consultants must demonstrate leadership to other members of the MDT communicating effectively and enabling them to undertake their roles with confidence and clarity as to what the priorities are for a given shift or patient.

This post offers an unparalleled opportunity for the applicant to pursue a varied and successful career in Critical Care. The ethos of the Directorate is one of continuous improvement and is orientated towards growth and the development of an all embracing Critical Care system orientated to ensuring that the Trust can deliver excellent care in all respects for the population it serves. We are privileged to work in partnership with world renowned clinicians in many specialities and to operate at the cutting edge of care in many respects, whether it is in Trauma, Cancer surgery, Car-T therapy, Thrombectomy, Sepsis, Cardiac electrophysiology, pre-operative optimisation, Head and Neck surgery, or epidemiology. The Critical Care Directorate makes so much possible and is at the fulcrum of the Trust.

Whilst applicants should clearly be able to demonstrate that Critical Care is their priority, it is clearly envisaged that they may maintain interests either in other specialities, or within subspecialist areas of Critical Care including follow up. These might include (but are not limited to):

- Anaesthesia
- Major Trauma
- Outreach
- Research
- Respiratory medicine and other acute medical specialities or
- Medical, Neurological or Spinal Rehabilitation

2 The Division of Surgery Cancer and Cardiovascular

2.1 An Overview

The Critical Care Directorate is part of the Surgery Cancer and Cardiovascular Division straddles all the main sites of the Trust and has a budget of around £400 million.

The Division encompasses Oncology, Clinical Haematology and Cancer Surgery; Cardiology, Cardiothoracic and Vascular Surgery; Specialist Surgery including Urology, ENT; Gastrointestinal and Hepatic Surgery; as well as Anaesthesia, and Critical Care.

The Division has a complex and interdependent portfolio, skewed towards high complexity surgery and leans heavily on Critical Care.

2.2 The Work of the Directorate of Critical Care

All units now are mixed Level 2 and Level 3, and although all have a health elective workload, at least in terms of bed days around 75% of bed days arise from emergency admissions. Although most elective admissions are Level 2, these are still complex patients. Increasingly we rely upon end of case assessments to allow patients whose surgery has been uneventful and who don't require organ support to be managed on ward areas. This requires a very responsive service able to admit at short notice.

The case mixes are different across the three sites. At Charing Cross, Medicine, Neuroscience and Specialist Surgery have predominated; at Hammersmith Cardiothoracic, Cardiology, Haemato-oncology, and Cancer Surgery; whilst at St Mary's Major Trauma, Vascular, Hepatology and General Medicine. Both Hammersmith and St Mary's have obstetric units.

Clearly Critical Care is a fulcrum for Imperial and the Directorate has a key role in supporting innovation and new pathways.

2.3 Service Activity

Approximately 4000 patients per year are admitted to Critical Care across a range of specialities, the majority of patients being on emergency pathways. During the COVID pandemic the peak capacity to date was 143 ventilated beds.

All the critical care units are computerised and use the Philips ICCA Computerised information system.

2.4 Clinical staffing

As far as possible Critical Care Units within Imperial are staffed first to meet the local clinical needs taking into account workload, acuity, objective requirements for safety, provision of cover outside ICU, educational and training needs, and staff wellbeing; and second to meet the requirements of GPICS.

There are 39 Consultants in Critical Care 11 at Charing Cross, 15 at Hammersmith and 13 at St Mary's. They are supported by Middle and SHO grade doctors in line with National recommendations.

The Clinical Director of Critical Care is Dr Simon Ashworth, the Lead Nurse Melanie Denison, and the General Manager Samantha Kelley. There are cross site Directorate Leads for Education, Equipment, Outreach, and Safety. Each unit has a Lead Clinician and Matron who are responsible for the operational management for the unit.

The Lead Clinicians are:
Charing Cross Dr Sarah Gordan
Hammersmith Dr Scott Kemp, Richard Stumpfle
St Mary's Drs Ahmed ElHaddad, Carlos Gomez

2.5 Research Activities

Imperial College Healthcare NHS Trust in partnership with Imperial College has an active Research programme led by Prof Anthony Gordon at St Mary's Hospital and Prof Stephen Brett at Hammersmith. In Critical Care Imperial is the highest rated Research Institution outside North America and has led and participated important research in sepsis, machine learning, big data, neurosciences, the long term consequences of critical illness, nutrition, vasoactive drugs, microbiology, gastrointestinal function, sedatives, blood transfusion, to name a few. In the COVID pandemic Imperial is leading research in several areas nationally.

2.6 Teaching Activities

All consultants are expected to actively participate in education and training and in supporting the wellbeing of colleagues including members of the multidisciplinary team and medical trainees. The sometimes short duration of attachments can make trainees vulnerable and consultants should take account of this.

All consultants will be required to support 2-4 trainees as an educational supervisor.

There is a Unit Training Lead for each site, and a Divisional Education and Staffing Lead.

2.7 Relationships with other Directorates and Staff

Critical Care is a team based speciality and in that context clinical autonomy is relative and a high value must be placed on collaborative decision making.

We try to operate a collaborative and supportive "yes" culture. Individuals will be empowered to support and say yes, but must engage and escalate to say no. It is important colleagues do not repudiate or undermine the decisions without contacting those who made the original decisions them to understand their reasoning. Within the Trust as a principle if teams plan not to take advice they have been given, there is an expectation that they will inform the team who gave the advice. This is to prevent harm through inaction.

Good communication is essential and where it is likely that decisions might be contentious an early step should be discussion between the involved consultants.

During the pandemic a Clinical Support Group has operated to assist when difficult decisions need to be made and this has worked well. How this can be continued is being evaluated.

As principles:

- We value all our colleagues and treat everyone with respect and we will promote a culture where all staff feel safe to speak up uninhibited by profession, status, or rank when there are threats to patient safety.
- On one hand staff at all levels must have a voice, and have regard for the all professional groups and grades in the configuration of policy and change, on the other all staff must be respectful, open minded and engage constructively.
- The Directorate must be a safe and positive environment for all staff, free from harassment, bullying, discrimination or undermining.
- The Directorate will not blame or vilify, we will do our best, be open, and learn, but we will expect high standards. When things go wrong, we will not jump to conclusions, we will establish the facts, ensure the immediate safety of those affected, escalate, investigate, and take proportionate effective action.

All staff are expected to complete the Trust "Active Bystander" and "Values and Behaviours training" within 6 months of appointment or by June 2021.

3 Key Result Areas, Main Duties and Responsibilities

Principles:
The aim of the Directorate of Critical Care is to deliver outstanding care to all patients who require critical care, aligning our service to the needs of patients and the strategic aims of the Trust.

The directorate must deliver patient centred care that is timely, safe, effective, efficient, equitable, and responsive.

We value consistency, collaboration, transparency, kindness, and supportiveness. We will embed these values in the work we do.

We have regard for the most current GPICS guidelines and other national guidance and will fully reflect the requirements of relevant legislation in our work.

3.1 Provide High Quality Care to Patients who require Critical Care

As defined in GPICS, Consultants in Critical Care are required to coordinate and integrate the "inputs" of professional colleagues from all relevant specialities, professions and disciplines. Although all the ICUs at Imperial operate on a "closed basis" this is very much with the understanding that Critical Care Clinicians will solicit the advice of colleagues with relevant skills and knowledge when this is clinically appropriate.

All decision making is channeled through the Critical Care Consultant to ensure a consistent patient focused strategy. Accordingly Consultants should be present in the hospital throughout the working day as defined in job planning. Consultants should adhere to the working practices of the unit, and (except in exceptional circumstances) must conduct documented ward rounds and attend patients at the bedside at least twice a day. Consultants must attend safety briefings which are held at the start of each shift. Audits will be conducted to gain assurance that these meet national standards.

Consultants in Critical Care must:
- conduct two documented ward rounds every day, and attend safety briefings which fall within your contracted hours.
- ensure that bedside nurses are clear about your plan for the patient each day
- based on clinical judgement prioritise and review unstable patients as needed

Consultants are responsible for ensuring that care is properly documented using the preferred clinical systems and that information required for audit and research is adequately completed either by themselves or by members of the team. They should review all discharge summaries, reports to the Medical Examiner or Coroner, and ensure that diagnoses are fully documented.

Multi-speciality and multidisciplinary ward rounds contribute to the quality of care and ensure good shared decision making. Generally these work well and are valued by those involved. All clinicians are operating under time constraints and should be considerate, and both teams must recognise these rounds are intended to identify priorities and not to comb the details of care unless there is an urgent clinical imperative in a particular case.

Caring for families is an important facet of the care we deliver. Consultants should ensure that patients and families are kept up to date with progress both through conversations at the bedside and where appropriate through more detailed conversations away from the bedside or electronically. Face to face communication is important and consultants should seek to build trust with patients and their families.

End of life care and decision making is an important and delicate area. Individual consultants should not normally make end of life decisions alone, but should involve both Critical Care consultant colleagues and referring clinicians in these decisions. It is important however that clinicians are respectful of earlier decision making and do not allow patients to suffer as decisions are repeatedly deferred unless this is with the support of the multidisciplinary team.

Consultants are required to undertake “outreach” activities, reviewing patients in ward areas and providing advice, and discussing with referring teams the thresholds or appropriateness of escalation to Critical Care. Within the admission process, patients first, and families second should wherever possible be involved in decision making, though the final decision rests with Critical Care Consultants. Where there is disagreement this should be escalated to senior clinicians and/or a Clinical Decision Making Group.

Imperial College Healthcare NHS Trust in partnership with Imperial College has a reputation for excellence in research. Consultants should actively engage with research and in identifying patients for inclusion in research, and in supporting this process.

To work effectively Consultants must demonstrate Leadership and model good conduct and polite, timely, and effective communication.

3.2 Performance management

Issues of performance and conduct must be managed in line with Trust Policy – all policies are on the Intranet, and these must be referred to in advance of action if possible.

You must inform the Lead Clinician in any case where you suspect patients may be at risk or a colleague may be unfit to work.

3.3 Medical Staff Management

Consultants are responsible for the day to day management of their team. Where there are difficulties these should be resolved if possible and where appropriate a doctor’s clinical supervisor informed.

3.4 Governance

The Directorate has a Safety lead who reports to a Divisional Quality and Safety Board. Each unit also has a Consultant Safety lead who meets at least weekly with the Matron to discuss incidents and patters.

There are Unit Quality and Safety Meetings which all Consultants attend to review Quality and Safety metrics.

There is a Directorate Quality and Safety Board, a Guidelines Board, and a Directorate board. Each unit holds Mortality meetings, and although the Medical Examiner system has changed things there will be a need for these to continue though the model and expectations will evolve.

There is a Trust Infection Prevention and Control board, which is informed a by a Divisional Equivalent.

The Trust Subscribes to ICNARC.

Incidents are reported using the DATIX system. Incidents are graded and 72h reports are written by Consultants for review at a Medical Director's meeting, which is attended by the Directorate and Divisional Safety Leads.

An underlying principle is that we will avoid or minimise harm to patients.

All staff should adhere to the policies, guidelines, and standard operating procedures of the Directorate, or should escalate to senior colleagues where they believe significant derogation to be necessary.

All staff must have regard for the safety and wellbeing of colleagues, and may not put in place policies, procedures or practices which place any staff member at risk without the agreement of the Triumvirate.

All staff will ensure that where the correct equipment is not available an incident report (DATIX) is completed.

In caring for patients with transmissible infectious disease, all staff must have regard for their own safety and the safety of colleagues and must comply with PPE requirements. All staff must report any shortages of equipment to shift leaders.

The same standards of practice and care are expected on all sites. It is important this principle does not become an obstacle to innovation, quite the reverse, and where best practice or improvements are identified, following the Lead of the Triumvirate and Directorate leads, it will be the responsibility of Lead Clinicians and Matrons to ensure that these are embedded across all units, making adjustments where necessary to meet local requirements.

Consultants are expected to attend all Departmental Governance, Quality Improvement, Management, and Audit meetings unless on annual leave, or on clinical service within ICU and there is a clinical imperative.

3.5 Strategy and business planning

The Administrative and Business management staff comprise the Directorate has a General Manager, Deputy General Manager, Finance Manager, Business Manager, Staffing Coordinator, and Business support staff, and an Information Manager. Ward Clerks operate on all sites.

The Triumvirate comprises the General Manager, Clinical Director and Lead Nurse who are designated as the decision makers for the Directorate.

The Triumvirate is supported by Leads for Education and Staffing, Equipment, ICT, Outreach Safety. The Leads oversee Departmental Leads on each site and provide strategic Leadership, whilst operational oversight remains with Lead Clinicians.

Site and Unit Leads are primarily responsible for providing operational leadership.

The Directorate Board oversees strategy and comprises the Clinical Director, General Manager, Lead Nurse and Directorate Leads, and Unit Leads.

The Directorate is undergoing a period of significant change.

Our ethos is to constantly seek ways in which care can be improved whether this relates to patient treatment, patient pathways, working practices, financial performance, or relationships between departments, clinicians or it's own staff. Improvement requires considered change from which it follows that we will embrace change and mould it to achieve the best effect. We will identify our mistakes, learn from them and adjust what we do to correct what we have got wrong.

Consultants are expected to support and contribute to initiatives intended to improve some aspect of Departmental, Directorate or Trust performance provided that you do not consider it represents an immediate risk to patient safety, in which case you must raise your concerns.

3.6 Leadership and team working

Principles:

- We will involve staff of all disciplines and levels of seniority in our work to ensure that a good cross section of experience is represented.
- We will remain mindful both of our obligations as employees and will act within our professional obligations, demonstrating the highest standard of integrity, and we will be prepared to be challenged and to justify our actions and decisions without being defensive.
- We will collaborate to ensure learning is effectively shared across the directorate and that practice is consistent on all Critical Care Units within the Trust.

Practicalities:

- As far as possible we will schedule regular Directorate and departmental meetings at least 6 months in advance, and we will ensure conference facilities are available and publicised for those who cannot attend. Terms of reference should be set and include a quorum including staff of all disciplines, and where appropriate junior representatives. We will provide an agenda and papers in advance and will circulate relevant minutes or notes of all meetings, and maintain attendance and action logs.
- We will embed SMART objectives in our work.

Safety Culture:

- First name introductions at the start of a day, round, procedure or meeting help ensure colleagues can speak up and feel valued
- Checklists, which should be short, help ensure that things aren't missed. These shouldn't be an obstacle to speed where this is important, in emergencies the key is to ensure the checklist is completed, not that the computer is happy

4 Research opportunities

There are many opportunities to participate in and to lead research. This is coordinated by Prof Anthony Gordon. Not only does the Directorate usually have multiple research projects running at any given time, but it is a member of the NIHR HIC Collaborative. The Trust is building a "big data" warehouse using UKCloud and there will be data mining, machine learning, and AI opportunities in addition to clinical research. Imperial has an excellent track record of obtaining funding, and each unit has support form research nurses.

5 Teaching opportunities

Teaching takes place in a wide range of formats, including bedside, tutorial, remote, e-Learning, as well as low and high fidelity simulation and this is an area the directorate is actively looking to expand.

There is a Directorate Education and Staffing Lead who reports to the CD and to the Divisional Education Lead. They are working on creating a Directorate wide education structure to ensure that Trainees have a rich educational experience. Several colleagues have completed CESR training and the intention is to set up a formal CESR Training Problem. The Directorate has accredited FICE trainers and there are opportunities both for personal development and teaching in relation to Ultrasound, Echo, Airway Skills, Teamworking, Ergonomics. Developing broad based library of e-Learning materials is a priority.

6 Administrative Duties

Consultants have a duty to remain up to date with Statutory and Mandatory training.

All consultants are expected to assume responsibility for one or more aspects of departmental performance including audit, clinical governance, education, equipment, follow up, ICT, infection control, outreach, quality improvement, as well as interfacing with key partners such as radiology, microbiology, as well as medical and surgical specialities. These areas of responsibility will be supported by SPAs.

Consultants must comply with the requirements of the Medical examiners and ensure that the relevant reports are written promptly at the time of death. You may have to write reports for HM Coroners, these should be completed a week in advance of the due date wherever possible.

Consultants must provide the information required to support rotas in a timely fashion, and within their core SPA allowance are expected to attend departmental meetings which are usually held weekly.

7 Job Plan

Appointments are made to Imperial College Healthcare NHS Trust. Whilst initial appointments may imply a focus on a specific site, staff of any grade or professional group including consultants may be required to work or to provide cover on any site or Critical Care Unit within the Trust as dictated by service or operational priorities.

The Directorate will work to ensure that staff who wish to move to a different site are provided with opportunities for this.

Where a Consultant wishes to undertake in outpatients or another speciality this will need to be negotiated with the Local Lead Clinicians and agreed by the General Manager and Clinical Director, and is subject to agreement with the other speciality and service provision within the Directorate.

Because further appointments are planned, to expand capacity it is likely that the Job plans will evolve. The sample job plan provided reflects this.

7.1 Working hours

These will be precisely defined in Job Plans. However Consultants must be prepared to work within the following "hours envelope". The hours worked vary slightly between units, and may be shorter than those below. There are slight variations between units in the working day.

Monday-Sunday
ICU Week
Hours envelope 07:30-22:00
Safety briefing 09:30-09:45

Outreach
Hours envelope 08:30-19:30

On call
Hours envelope start 17:00 Finish 23:00
Safety briefing 21:00-21:15
Night Resident 3PA
Night Non-resident 1PA

Variations
Start times
CXH ICU 08:30
HH GICU 08:30
HH CICU 07:30
SM AICU 08:00

7.2 Example Job plan

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
1	ICU1 Day	ICU1 Day	ICU1 Day	ICU1 Day	ICU1 Day		
2		Night				ICU1 Day	ICU1 Day
3			Night				
4				Night			
5					Night	Night	Night
6	Outreach						
7		Outreach					
8			Outreach				
9				Outreach			
10					Outreach		
11	ICU2 Day	ICU2 Day	ICU2 Day	ICU2 Day	ICU2 Day		
12						ICU2 Day	ICU2 Day
13							
14							

Start times
CX 08:30
HH and SM 08:00

Example of Working days

Day	Time	End	Location	Work	DCC/ EPA/ SPA/ AR	Std Hours	Prem hours	No. of PAs
Weekday in ICU	Mon	Friday	ICU		DCC	11:30	00:30	3.00
	08:00	09:00		Handover		5	5	5
	09:30	09:45		Safety Briefing		57.50	2.50	15.00
	10:00	12:00		Ward round				
	12:00	18:00		Ward work				
	18:00	19:00		Ward round				
	19:00	19:30		Consultant Handover				
Night	Night on call				DCC	00:00	03:00	2.00
	19:00	19:30	ICU	Consultant Handover				
	20:00	21:00		Handover				
	21:00	21:15		Safety briefing				
	22:00	08:00	Home	Overnight on call				
	Sat or Sun		ICU		DCC			

Weekend Days	08:00	09:00		Handover			13:30	5.50
	09:30	09:45		Safety Briefing			2	2
	10:00	12:00		Ward round			27.00	11.00
	12:00	18:00		Ward work				
	18:00	19:00		Ward round				
	20:00	21:00		Handover				
	21:00	21:30		Safety briefing				
	Sun or Sat							
	09:30	09:45		Safety Briefing			09:00	4.00
	10:00	12:00	ICU	Ward round	DCC		2	2
	12:00	17:00		Ward work			18.00	8.00
	17:00	18:00		Ward round				
	18:00	18:30		Consultant handover				
Weekend Night	Sat Night on call							
	19:00	19:30	ICU	Consultant Handover	DCC	00:00	03:00	2.00
	20:00	21:00		Handover				
	21:00	21:15		Safety briefing				
	22:00	08:00	Home	Overnight on call				
Night	Sun Night on Call							
	19:00	19:30	ICU	Consultant Handover	DCC	00:00	03:00	2.00
	20:00	21:00		Handover				
	21:00	21:15		Safety briefing				
	22:00	08:00	Home	Overnight on call				
Outreach day	Outreach, Admissions and Referrals							
	09:00	09:30				10:00	00:00	2.50
	09:30	09:45	ICU	Safety briefing				
	10:00	12:00	Clinical areas	Referrals	DCC			
	14:00	16:00	Wards	Outreach round				
	18:30	19:00	ICU	Consultant Handover				
All Weeks	Supervision of trainees				EPA	02:00		0.5

All Weeks	Governance activity in core SPA	SPA	02:00		
Predictable emergency on-call work*	Incorporated above CX Nights 1:10 HH Nights 1:7 SM Nights 1:6 CX weekends 1:5 HH weekends 1:7 SMH Weekends 1:6				
Unpredictable emergency on-call work*	Night time on call from home as above				
TOTAL PAs	10				

*On call: On call frequency Enter Details of frequency and if A or B supplement

7.3 Programmed Activities (10 PAs)

The initial contract will be for 10.0 PA with 1.5PA allocated to SPA, 0.5 EPA, and 8 DCC. Where consultants take on additional roles additional SPAs will be allocated.

8 PERSON SPECIFICATION

POST: Locum Consultant
DEPARTMENT: Critical Care Directorate
LINE MANAGER: Lead Clinician

Attribute/Skill	Essential	Assessment
Knowledge	• Broad knowledge of Critical Care as defined by the UK FICM Curriculum • Understanding of statutory requirements in healthcare • Understanding of relevant health and safety legislation • Good understanding of GPICS and GPICS v2 • Working knowledge of the SI framework • NICE guidance relating to critical care • Statutory Audit requirements for Critical Care • Sound grasp of ethical principles and relevant legal precedent	Application/ Interview

Experience	• You should have relevant experience acquired working in Critical Care, Anaesthesia, PICU, and General Medicine • You should be able to demonstrate your experience of Audit, quality improvement, safety, and involvement in teaching and training • Understanding of the working a large tertiary referral healthcare/NHS Intensive Care Unit • SMH Major Trauma	Application/ Interview
Qualifications	• Medically Qualified • On Specialist Register or within 6 months of registration • Accredited in Critical Care or Fellow of the Faculty of Intensive Care Medicine (FFICM) or recognised equivalent • Higher Qualification in Critical Care (EDIC, Diploma in Critical Care)	Application/ Interview
Competencies	• Ability to undertake procedures relevant to critical care as define in curriculum • Flexibility and the ability to work within a defined framework to ensure your work fits in with colleagues • Ability to think around problems and to consider them from multiple perspectives • Good communication skills, and the ability to handle "difficult conversations" with patients, families and colleagues in a sensitive and compassionate manner • Clinical role model • Ability to motivate and lead multi- disciplinary teams • The ability to cope with ambiguity and perform through uncertainty where necessary. • The ability to understand your impact on others. • The ability to compromise and work collaboratively, and to see issues from the perspective of colleagues. • Use of standard computer software • Provision of education and training	Application/ Interview
Attribute/Skill	Desired	Assessment
Qualifications	• MSc or Diploma in Education, Management, Ethics or Law • MD or PhD	Application/ Interview
Research	• Evidence of participation in research • Publications relevant to critical care or translational research • Clinical Trial Investigator	Application/ Interview
Competencies	• Major Trauma Team Leader • Accredited Anaesthetist	Application/ Interview

	• Accredited Emergency Medicine • Accredited in Medical or Surgical Speciality • Completion of 72h reports • Serious incident investigation • Mediation or conflict resolution • ALS trainer • BASICS trainer • Advanced airway trainer • R, SQL or Visual Basic, Machine learning, or app development • Statistical analysis • Change management • Completion of successful quality improvement • Leading Simulation sessions •	

Site specific skills	Desired
	• Echo, FICE accreditation
	• Advanced cardiac monitoring such as experience using PA Catheters
	• Experience in Neurocritical Care
	• ATLS
	• Experience as Trauma Team Leader
	• Ultrasound
	  ○ FAST scan
	  ○ POCUS
		Application/ Interview