

Happy,  
Healthy  
& Heard



## Candidate Information Pack



## Job Title

### ***Consultant in Gastroenterology***

Dear Colleague,

Thank you for your interest in joining our Trust.

Dartford and Gravesham NHS Trust (DGT) is a dynamic and transforming Trust, committed to delivering the highest quality service to the communities it serves. DGT is an organisation that is genuinely committed to making you feel valued and important by supporting your physical and mental wellbeing, your career development and your general enjoyment of work.

We provide services across Darent Valley Hospital in Dartford, Queen Mary's Hospital, Sidcup, Erith and District Hospital, Bexley and Gravesham Community Hospital in Gravesend as well as a number of community locations across our population.

At DGT, we put quality at the heart of everything we do and whether directly or indirectly, everyone in this organisation contributes to providing safe, effective and compassionate care.

We are delighted that you are considering to come here and I very much look forward to meeting you personally.

Warm wishes.

**Jonathan Wade, Chief Executive**



## A) INTRODUCTION TO DARTFORD AND GRAVESHAM NHS TRUST

Our ambition is to be an outstanding Trust. This means providing outstanding care for our patients through collaboration with colleagues and partners. We are committed to supporting the development of our staff, recognising the value that each role and individual brings to a team. Dartford and Gravesham NHS Trust (DGT) is a medium sized acute Trust offering a range of medical and surgical specialties as well as a number of regional services (such as urology cancer). Surgeons value our dedicated Planned Care Centre at Queen Mary's Hospital in Sidcup and colleagues across the Trust maximise the professional development opportunities available as the founding member of the Guy's and St Thomas' Healthcare Alliance.

The Trust is refreshing the clinical strategy in 2020/21 for the next five years, centred on three core elements: providing outstanding care, being a hospital without walls and developing local specialist services.

The Trust has a well-developed and embedded set of values that places the patient at the centre of everything we do.

### ***Our recent achievements include having:***

- been selected as one of the three combined hyper acute and acute stroke units across Kent and Medway which will result in a doubling of stroke activity in the Trust from 2020

- strong friends and family and patient survey results each year and consistently winning external awards such as CHKS, HSJ, Investors in People silver status and sustainability awards
- a strong track record and clinical strategy that has advanced a comprehensive range of core elective, non-elective, maternity and outpatient services as well as a number of specialist services through partnerships with other Trusts such as paediatric epilepsy
- implemented an integrated pathology service with Medway NHS Foundation Trust in 2018, provided from the laboratory at Darent Valley Hospital.
- In August 2019 CQC inspection carried out and has given us 'Good' rating overall.

We are working closely with commissioners, GPs and our community provider (Virgin Healthcare) to provide services differently, reducing the non-elective demand, supporting patients with long term conditions to better manage their condition in the community and providing a rapid response community care team.

The Trust is launching the following three transformational programmes in 2019/20 which are enabled by digital solutions:

- outpatient transformation
- reducing length of stay
- improving theatre efficiency

Our strategic aims and annual objectives support the delivery of the Trust's ambition to be an outstanding Trust:

- Quality - maintain and improve the quality of services delivered by DGT
- Workforce - make DGT a great place to work for everyone
- Strategy implementation - implement and embed the clinical and organisational strategy
- Finance - deliver the 2020/21 financial plan, achieving the £11.7m deficit control total and delivering a £10.9m cost savings programme
- Operations - deliver all NHS constitutional and contractual standards

## ***Our history***

Dartford and Gravesham NHS Trust (the Trust) became a legal entity on 1 November 1993. Its headquarters are at Darent Valley Hospital in Dartford, Kent. The Trust offers a comprehensive range of acute services, with a bed-base of 550, to around 400,000 people in North Kent and South East London.

Darent Valley Hospital (DVH) opened in September 2000. The hospital building is run as part of a Private Finance Initiative (PFI). This means the building is owned by a private sector company, The Hospital Company (Dartford) Limited, and the Trust leases the building. Many non-clinical services, such as portering, domestic cleaning, security and facilities maintenance, are provided by Serco. DVH has inpatient beds and specialties that include day-care surgery, general surgery, trauma, orthopaedics, stroke, cardiology, general medicine, maternity and general paediatrics.

Services provided by the Trust at the Planned Care centre at Queen Mary's Hospital (QMH) in Sidcup include elective surgery and outpatient services in general surgery, urology, orthopaedics, gynaecology and paediatrics, diagnostic and therapies. Erith and District Hospital provides x-ray services, outpatients and physiotherapy. Oxleas NHS Foundation Trust is responsible for the buildings at QMH and Erith and the Trust works with it and other provider organisations operating from the sites.

The hospital also operates at Elm Court, which is located in Priory Mews Nursing Home in Dartford. This provides over 30 beds for patients from Darent Valley Hospital who have completed their acute phase of care but still need some rehabilitation, assessment, mobilisation or who are waiting for longer term care arrangements to be finalised.

In addition, the Trust also provides services at Gravesham Community Hospital in Gravesend as well as a number of community locations across our population.

Since 2015 the Trust has been working in partnership with Guy's and St Thomas' NHS Foundation Trust, and is now the founding member of the Guy's and St Thomas' Healthcare Alliance. The Healthcare Alliance presents learning and development opportunities to staff such as leadership and team development programmes, mentoring and clinical supervision,

and access to training in management and improvement methods. In addition, it has supported the Trust in delivering consistently high-quality care, for example through implementing new services in proactive care for older people undergoing surgery (POPS) and paediatric epilepsy.

We are excited to announce that in February 2019 we were selected by the Joint Committee of CCGs to be one of three hyper-acute stroke units (HASU) in Kent and Medway. The new unit is due to open in 2020 and aims to deliver clinically sustainable, high quality stroke services to local residents 24/7. By having a specialist stroke unit we aim to deliver significantly improved outcomes for stroke patients and their families. The benefits of the HASU / ASU model are nationally well evidenced, with London saving an extra 96 lives between 2008-12 compared to other stroke services in the UK.

The Trust is an active member of Kent and Medway Sustainability and Transformation Plan (STP), and South East London STP, as an associate member. STPs are designed to improve current and future care provision through multi-agency working. Further information on the STPs are available through the websites below:

<http://kentandmedway.nhs.uk/>

<http://www.ourhealthiersel.nhs.uk/>

### **Trust Strategy 2020-2025**

The strategy for the next five years is focused on becoming a learning organisation with continuous improvement at the heart of its culture. We will continuously improve the: quality of care we provide, improving from a 'Good' Care Quality Commission rating to 'Outstanding'; engagement, sense of belonging and fulfilment of our talented teams; management of our finances and how we use our estate; early adoption and roll out of emerging technologies that support new ways of working and give patients greater ability to manage their health; and ways we collaborate with our system partners.

Our Trust Strategy focuses on the following six strategic priorities:



This strategy will be delivered through a series of enabling strategies:



Each of our Clinical Divisions has a plan with a set of priorities for 2020/21 that focus on our journey from a hospital based model of care to a future of delivering modern care in the right setting enabled by partnership working, digital innovations and a sustainable workforce. These plans also support our journey from a CQC rating from Good to Outstanding.

## Our Clinical Strategy for 2020-2025

Our priorities for this strategy are:

- Specialist services – we have been announced as one of the three hospitals in Kent and Medway to provide stroke services, which provides an opportunity for us to enhance inter-linked services such as neurology. The other Trusts include East Kent Hospitals and Maidstone and Tunbridge Wells. It is part of this service development that there is funding for the consultant radiology establishment to expand. We are also considering the potential for becoming a trauma unit.
- Children and young people – Children and Young People are seen in a variety of areas across the Trust and it is important that we make sure that wherever they are seen, the care and environment is safe, trusted, kind and is appropriate for them and their families.
- Integration and pathways – pathways across health and care boundaries are often fragmented, duplicative or create gaps in service. Working together with health and care providers in Dartford, Gravesham and Swanley as an Integrated Care Provider presents a fantastic opportunity to improve the overall health and wellbeing of the local population. We will continue to foster our relationship with GST Healthcare Alliance, clinical networks as well as the Kent and Medway and South East London Integrated Care Systems.

- Excellence – our journey to outstanding requires a culture that sets high clinical standards and prioritises excellent clinical practice. To achieve this we need an unrelenting focus on our processes, policies and procedures. Getting the basics more than right will rely on innovation, excellent supporting systems (particularly IT) and committed and skilled teams that value one another and enjoy their work.

Each of these priorities has been developed in partnership with the Clinical Divisions, listening to their priorities, risks and plans for the coming years. It is through the Clinical Divisions and our leaders at every level of the organisation that we

### **Relationships between Consultants, Manager and the Trust Board**

The management of all staff, hospitals and other health care facilities within the Trust is the responsibility of the Trust Board discharged through its Chief Executive, Divisional Medical Director, Associate Directors of Operations and Associate Directors of Nursing. Consultants have a responsibility for the reasonable and effective use of such Trust resources as they use and influence. It is Trust policy that Consultants take responsibility for budgets where expenditure is under their control.

Each Consultant is responsible for the management of his/her practice, including supervision, appraisal and discipline of such junior doctors who report to them. Each Consultant will be required to participate in clinical and medical audit, pursuing an agreed agenda with colleagues and the Trust Board and fully co-operating in implementing the results in order to achieve best practice.

The Trust recognises that the relationship between consultants and managers is of the utmost importance. To achieve a successful and effective service, Consultants contribute to the running and development of services and to the development of policy and strategy for the whole Trust. When contracts are agreed, Consultants will be expected to treat patients for whom there is a contract and not to treat patients for whom there is no contract or extra contractual agreement.

### **Dartford and Gravesham NHS Trust locality**

We are uniquely placed for access to London and rural Kent. This means that living and working in the area gives a great choice of places to live, and relax. London, Bromley,

Canterbury, Bexley, Orpington, Sevenoaks and Tunbridge Wells are all within easy commuting distance. Each of these areas offers excellent transport links, green spaces and schools.

**Rail:** Ebbsfleet International Station (Channel Tunnel) is within our area, which runs a 20 minute train service to central London as well as the Eurostar offering quick access to Europe. Dartford is a main terminal for three suburban train lines to London Bridge, Charing Cross, Waterloo East, Cannon Street and Blackfriars. There are frequent buses from Dartford station to the on-site bus stop.

**Road:** The main road from London to Canterbury, the A2 is no more than five minutes away allowing easy access to London, the Kent Coast and the Continent. Just as close is the M25 motorway providing easy access to Gatwick, Stansted and Heathrow airports, the Home Counties and the national motorway network. The M20 also connects Dartford and the Kent coast.

Kent is known as the Garden of England. As you travel into Kent from Dartford and Gravesend you are sure to agree. With castles, country parks, gardens and stately homes to visit, riverside walks, the coast and a variety of seaside towns to suit all tastes, you will always find something to do, whatever the weather!

**Schools and childcare:** Kent offers an excellent range of primary and secondary schools. Kent continues to operate a grammar school system, with places allocated by an 11+ examination. There are also excellent independent schools in the area.

The Trust operates a childcare voucher scheme providing flexible and cost-effective support for working parents,

**Bluewater** is one of the largest shopping centres in Europe, and is located five minutes from the hospital. This has gained national renown and offers a stunning mix of designer and specialist shops, department stores, all mixed liberally with places to eat and to be entertained, all housed in the most modern of facilities. Lakeside shopping centre and Retail Park at Thurrock in Essex is a short distance across the Dartford River Crossing.

**London** is less than an hour away from Dartford or Gravesend by rail or road. The choice of things to do and see is vast, with museums, national landmarks, cathedrals and ancient



churches, theatres with international stage shows and musicals, shopping in the West End and Knightsbridge, Royal Gardens, Parks and Restaurants.

## **B) INTRODUCTION TO THE DEPARTMENT OF DIRECTORATE OF ADULT MEDICINE**

### **DIRECTORATE OF ADULT MEDICINE**

The Adult Medicine Directorate is led by the Clinical Director and supported by the Divisional Director of Operations and Divisional Director of Nursing.

<b>Clinical Director</b>	Dr Jonathan Kwan MBE
Deputy Clinical Directors	Dr Rupinder Gill Dr Saqib Ghani

<b>Divisional Director of Operations</b>	David Horne
<b>Divisional Director of Nursing</b>	Caroline Bates

### **DIRECTORATE STAFF**

Adult Medicine is composed of twelve key departments: Stroke, Neurology, Ageing and Health, Respiratory Medicine, Cardiology, Diabetes/Endocrinology, Gastroenterology, Renal Medicine, General Medicine, Clinical Haematology, Acute Oncology and Acute Medicine. The following Consultant team provides clinical leadership to these areas:

#### **Gastroenterology**

- **Dr Chirag Kothari, Consultant Physician and Gastroenterologist, Clinical Lead**
- Dr Philip Mairs, Consultant Physician and Gastroenterologist
- Dr Ben Warner, Consultant Physician and Gastroenterologist
- Dr Siddarth Birdi, Consultant Physician and Gastroenterologist
- Dr Guy Sisson, Consultant Physician and Gastroenterologist
- Dr Nicola Grasso, Consultant Physician and Gastroenterologist
- Dr Rahmatollah Alinejad, Locum Consultant Physician and Gastroenterologist
- Dr Vacant Post – this post – General Gastroenterologist
- Dr Vacant Post with an Interest in ERCP

#### **Stroke Medicine (HASU/ASU)**

- **Dr Prasanna Aghoram, Consultant Stroke Physician, Clinical Lead**
- Dr Imran Ashraf, Consultant Stroke Physician\*
- Dr Samuel Sanmuganathan, Consultant Stroke Physician
- Dr Saeedur Rahman, Consultant Stroke & Acute Physician
- Dr David Sulch, Consultant in Stroke Medicine
- Dr Aref Rastegar, Consultant Stroke & Emergency Physician
- Dr Locum Consultant in Stroke Medicine

### Ageing & Health

- **Dr Rupinder Gill, Consultant Physician in Elderly Care\***
- Dr Mathias Toth, Consultant Physician in Elderly Care \*
- Dr Colin Weekes, Consultant Physician in Elderly Care\*
- Dr Praphull Shukla, Consultant Physician in Elderly Care\*

### Neurology

- **Dr Shane Delamont, Consultant Neurologist, Clinical Lead**
- Dr Cathy Ellis, Consultant Neurologist
- Dr Ivona Tylova, Consultant Neurologist
- Dr Guru Kumar, Consultant Neurologist
- Dr Catherine Slattery, Consultant Neurologist
- Dr Eduardo Fernandez, Consultant Neurologist
- Dr Ross Paterson, Consultant Neurologist

### Cardiology

- **Dr Winston Martin, Consultant Cardiologist, Clinical Lead**
- Dr Ed Petzer, Consultant Cardiologist
- Dr Savio D'Souza, Consultant Cardiologist
- Dr Peter Kabunga, Consultant Cardiologist
- Dr Fabrizio Cecaro, Consultant Cardiologist
- Dr Saqib Ghani, Consultant Cardiologist

- Dr Jun Chong, Consultant Cardiologist

### **Renal Medicine**

- **Dr Jonathan Kwan, Consultant Physician and Nephrologist \*, Clinical Lead**
- Dr Nihil Chitalia, Consultant Physician and Nephrologist\*
- Dr Zay Htet, Consultant Physician and Nephrologist \*
- Dr Revathi Whittaker-Jain, Consultant Physician and Nephrologist \*

### **Diabetes/Endocrinology**

- **Dr Arthur Ogunko, Consultant Physician and Endocrinologist \*, Clinical Lead**
- Dr Cynthia Mohandas, Consultant Physician and Endocrinologist\*
- Dr Itope Fidelis Abedo, Consultant Physician and Endocrinologist\*
- Dr Lanitha Srikugan, Consultant Acute Physician and Endocrinologist\*

### **General Internal Medicine**

- Dr Sebastian Urruela, Consultant General Physician\*
- Dr Mohammed Sayed, Locum Consultant Physician\*
- Dr Nagat Idris, Locum Consultant Physician\*
- Dr Kam Ng, Locum Consultant Physician\*
- Dr Ayman Ali, Locum Consultant Physician

### **Respiratory Medicine**

- **Dr Burhan Khan, Consultant Physician in Respiratory Medicine\*, Clinical Lead**
- Dr Sudhir Lohani, Consultant Physician in Respiratory Medicine
- Dr Rekha Bhalla, Consultant Physician in Respiratory Medicine\*
- Dr Abdolhamid Aminy-Raouf, Locum Consultant Respiratory Medicine \*
- Dr Amani Nasri, Locum Consultant in Respiratory Medicine
- Dr Sudip Pagonda, Locum Consultant in Respiratory Medicine

## Acute Physicians

- **Dr Dora Affam, Consultant Acute Physician\*, Clinical Lead**
- Dr Rehan Shamim, Consultant Acute Physician\* (has Cardiology Sessions)
- Dr Lanitha Srikugan, Consultant Acute Physician\* (has Endocrinology Sessions)
- Dr Noshaba Khiljee, Consultant Acute Physician\* (has Renal Sessions)
- Dr Sebastian Urruela, Consultant Acute Physician\* (has NSS Sessions)
- Dr Nikil Bhatti, Consultant Acute Physician\* (has Intensive Care Sessions)
- Dr Vacant, Consultant Acute Physician

## Haematologists

- **Dr Ka Wai Yip, Consultant Haematologist, Clinical Lead**
- Dr Joy Galani, Consultant Haematologist
- Dr Lian Wea Chia, Consultant Haematologist
- Dr Natalie Heeney, Consultant Haematologist
- Dr Vijay Dhanapal, Consultant Haematologist

*\* General Physicians with on-call duties.*

## Specialist in Rheumatology:

Dr Yasser El-Miedany, Dr Amjad Jilani and Dr Srinivasan Srirangan, Medway Hospital

## Visiting specialists in Oncology:

Dr Riyaz Shah, Dr Jas Kaur, Dr Julia Hall, Dr Saba Imtiaz, Dr Catherine Harper-Wynne and Dr Amanda Clarke, Kent Oncology Centre, Maidstone.

## **C)     JOB DESCRIPTION**

### Job Summary

This is a new post and the appointee will join a team of Gastroenterologists. The team currently consists of 6 permanent and 1 long term locum Consultants. The Gastroenterology team have responsibility for both inpatient and outpatient care. The appointee will take part in the on call rota for the Upper GI bleed (1 in 8). **Only in very exceptional circumstance**, he/she may be invited to partake in GIM rota very very infrequently, 1 in 80.

Any sub-specialist interest that the applicant wishes to maintain can be flexibly explored.

The Endoscopy Unit at Darent Valley Hospital is a purpose built three roomed Endoscopy Unit with modern equipment for cleaning and sterilisation on site. All the Endoscopes are Olympus Endoscopes (290 series) complete with new stacks including two screens for viewing and an integrated colonoscopy scope guide feature. CO<sub>2</sub> insufflation is available and ERBE diathermy plus access to APC. Darent Valley Hospital is an accredited BCSP site providing colonoscopy and flexible sigmoidoscopy procedures.

There is a Screening Room for ERCP and oesophageal stenting or dilatation equipped with a mobile C-arm within the Endoscopy Unit in the largest room which was purpose built for screening procedures. The Endoscopy Unit is managed by the Medical Directorate and provides gastrointestinal and respiratory interventional procedures such as bronchoscopy, EBUS and thoracoscopy services for the Trust.

There is a weekly upper GI cancer MDM led by Gastroenterology and a surgically led Lower GI cancer MDM. A monthly MDM for inflammatory bowel disease is held as well as a monthly Clinical Governance meeting. We have a daily emergency out of hours gastroscopy rota.

Active participation in Research will be encouraged and supported. Darent Valley Hospital has an active Research and Development Team supported by Specialist Research Nurses.

Suitable office accommodation, IT facilities and secretarial support will be provided within the Gastroenterology Department.

The Endoscopy Unit at Queen Mary's Hospital Sidcup provides diagnostic gastroscopy and colonoscopy procedures.

The post will involve a rotation at the main Darent Valley site to include inpatient care on the Gastroenterology Ward. This involves the care of general Gastroenterology patients, liver disease patients and some general medical patients. During the on-ward period the Consultants undertake ward rounds and whilst off-ward they carry out additional endoscopy lists or clinics. Currently 1 Consultant is on-ward at a time, based on Mulberry Ward. Another Consultant will be carrying out inpatient referral service.

### Adult Medicine Directorate

Most of the medical admissions to the Directorate are non-elective patients and many are over 75 years old. The hospital operates a needs-related policy. After initial triage and assessment in the Acute Medical Unit (AMU) or Emergency Department they are allocated to specialist wards.

There are currently two elderly care wards, one of which includes an Acute Stroke Unit. There are also wards with a focus on Cardiology (CCU), Respiratory Medicine, Diabetes and Endocrinology, Haematology-Oncology and Gastroenterology. In addition, there is the AMU which forms the focus for on-call activity. There is a Level One/Two Area (Laurel Ward) which is led on a weekday basis by the Renal Medicine Consultants.

The Ageing and Health team currently provide acute medical care, stroke and ortho-geriatric services as well as running specialist clinics for patients with Parkinson's disease, TIAs and general medical conditions. There are plans to introduce a Geriatrician of the Day Service to provide comprehensive geriatric reviews of complex elderly medical patients presenting to the hospital.

The on-call rotation is equally shared between about twenty Consultant Physicians. During the daytime the Consultant is free of other fixed elective duties to focus on the acute medical take when on call, or Consultant cover is provided by an Acute Physician. Generally, post take ward rounds occur two or three times daily. The Trust operates a Hospital at Night team to ensure the night time is effectively covered.

The acute inpatient service is supported by ward based firms. Each ward has three to five junior doctors (Foundation Doctors and GP or Core Medical Trainees) and one or two Specialist Registrars.

## **Clinical Support Services**

### **Radiology**

The Radiology Department employs 24 Consultant Radiologists, each specialising in an imaging modality, and in the region of 59 radiographers. The Department is well equipped with modern imaging modalities.

The Department undertakes a full range of general radiographic work, ultrasound, CT, MRI, nuclear medicine and vascular and non-vascular interventional radiology for both inpatients and outpatients. GPs have access to general radiography, barium examinations, ultrasound and CT on stroke patients. The Radiologists vet all requests for special procedures and the Royal College of Radiologists' Guidelines for the Use of a Radiology Department are applied.

We conform to NICE guidelines regarding cancer treatment and the Radiologists support all the MDMs. Fast track facilities are in place for chest clinic patients and CT guided lung biopsies are carried out as routine. The Radiology Department is very progressive encouraging role development and extension.

### **Pathology**

The newly refurbished and updated Pathology laboratory and service includes Haematology, Transfusion, Clinical Chemistry, Microbiology, Serology, and Mortuary.

This purpose built facility has a central, shared automated section and central specimen reception. Specimens are delivered via a pneumatic tube system.

The department is fully computerised with extensive links to wards and outpatients as well as to GP practices.

Routine Services are provided from 9am to 5.20pm and supported by out of hours services for Chemistry and Haematology and an on-call service for Microbiology and Mortuary.

Histopathology and Cytology are provided by Maidstone and Tunbridge Wells NHS Trust.

## **Clinical Audit**

A multi-disciplinary audit is conducted on a monthly basis, led by a designated Consultant responsible for audit. Active participation in Directorate and departmental multidisciplinary clinical review, educational, strategic and governance meetings is expected in order to support service delivery and development.

## **Accountability**

The post-holder is accountable to the Clinical Director, Medical Director and ultimately the Chief Executive in all clinical and non-clinical matters. There is an annual job plan review and appraisal with the Clinical Director; this will be carried in accordance with current DOH/BMA guidance to ensure GMC requirements for re-validation are met.

## **Provisional Job Plan**

A formal Job Plan will be agreed between the appointee and their Clinical Director, on behalf of the Medical Director, within three months after the commencement date of the appointee. This will be signed by the Clinical Director and will be effective from the commencement date of the appointment. The Job Plan for the first three months will be agreed between you and the Directorate. The Job Plan will then be reviewed annually, following the Appraisal Meeting. The Job Plan will be a prospective agreement that sets out a Consultant's duties, responsibilities and objectives for the coming year. It should cover all aspects of a Consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. In addition, it should include personal objectives and details of the support required by the Consultant to fulfil the job plan and the objectives.

The following provides a suggested schedule of the type of clinical activity and clinically related activity components of the job plan which occur at regular times in the week. Based on a 10 PA contract, there will be 8.5 Direct Clinical Care (DCC) sessions and 1.5 (SPA) Supporting Professional Activity sessions for this post:

## **Provisional Job plan**



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Ward Round <b>1.0 DCC PA</b>	Endoscopy <b>1.0 DCC PA</b>	ADMIN <b>0.75 DCC PA</b>  <b>SPA</b>  <b>0.25 SPA</b>	Nutrition or Sub-specialty Interest <b>1.0 DCC PA</b>	Ward Round <b>0.75 DCC PA</b>  ADMIN  <b>0.25 DCC PA</b>
LUNCH TIME	MDM <b>0.25 DCC PA</b>	SPA <b>0.25 SPA</b>	SPA <b>0.25 SPA</b>	SPA/Grand Round <b>0.25 SPA</b>	
PM	Endoscopy Queen Mary Sidcup <b>0.75 DCC PA</b>	SPA <b>0.75 SPA</b>	CLINIC <b>0.75 DCC PA</b>	SPA <b>0.75 SPA</b>	CLINIC <b>0.75 DCC PA</b>
Total	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>1.75</b>

In summary: 2 endoscopy, 2 clinic, 2 Ward Round (whilst on ward only).

Off Ward: The 2 Ward Round (DCC) are replaced by one clinic and one endoscopy list.

On-call: or Upper GI Bleeding Rota (shared equitably amongst all gastroenterologists).

DCC PA = 8.25  
SPA PA = 1.50  
Oncall PA (DCC) = 0.25  
Total = 10.0

Directorate SPA Meetings as required  
(DCC cancelled).

#### D) PERSON SPECIFICATION

The person specification sets out the essential qualifications, experience, skills, knowledge, personal attributes, interests, and other requirements which the post holder requires to perform the job to a satisfactory level. Without these qualities applicant cannot not be appointed to the post.

	<b>ESSENTIAL CRITERIA</b>	<b>DESIRABLE CRITERIA</b>
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Full GMC Registration</li> <li>• MBBS or equivalent</li> <li>• Holds CCT or equivalent or will obtain within 6 months of interview date (both Gastroenterology and General Internal Medicine).</li> </ul>	Other degrees, e.g. BSc MSc, MD, PhD..
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Clinical Governance principles</li> <li>• Awareness of current General Medical practices</li> </ul>	
<b>Attitude</b>	<ul style="list-style-type: none"> <li>• Assessment against the Trust values: Caring with Compassion; Respect and Dignity; Striving to Excel; Professional Standards; Working Together</li> </ul>	
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Ability to make decisions at Consultant level</li> <li>• Sufficient leadership, organisational, communication, professional and personal skills to effectively undertake the role of Consultant</li> <li>• Ability to inspire, lead and motivate team</li> <li>• Good team working skills</li> <li>• Computer-literate in clinical software and Microsoft Office applications (word processing, presentation, spreadsheet and database analysis)</li> </ul>	
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Wide experience in General Internal Medicine and Gastroenterology</li> <li>• Full and independent management of clinical patient workload</li> <li>• Experience of teaching doctors-in training and undergraduates</li> <li>• Experience of clinical audit</li> <li>• Experience of collaborative clinical or laboratory research.</li> </ul>	

<b>Other Attributes</b>	<ul style="list-style-type: none"> <li>• Demonstrates commitment to high quality service delivery</li> <li>• Able to cope with pressure</li> <li>• Understands importance of feedback, and acts on feedback</li> <li>• Sympathetic understanding of patients and staff needs</li> <li>• Committed to continuing personal development (existing consultants must be able to demonstrate active participation in a recognised CME scheme)</li> <li>• Agreement to live within 30 minutes' drive of base hospital – Darent Valley site</li> </ul>	To have published clinical work in peer-reviewed journals.
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## E) TERMS AND CONDITIONS OF SERVICE

The post is covered by the published Terms and Conditions of Service for Medical and Dental Staff (England and Wales). Dartford and Gravesham NHS Trust will be the employer. The successful candidate's salary will be determined in line with these terms and conditions.

### **Annual Leave – Consultant**

Annual leave entitlement is six weeks each annual leave year from the anniversary of appointment to Consultant, unless already of consultant status when his/her existing annual leave year dates can be retained. Notification must be made six weeks in advance to the Rota Managers and relevant departments that will require this information in order not to disrupt the delivery of the service. The Trust's Medical Staff Leave Policy applies.

### **Study Leave**

Study leave entitlement is 30 days in three years with £750.00 per annum towards expenses at the discretion of the Medical Director. Application must be made six weeks prior to the leave to the Medical Education Department.

There are also opportunities for leadership development for medical staff with an interest and potential to take greater responsibility in the Trust. Mentoring support for newly appointed consultants is also available.

## **Sickness**

If you are absent due to sickness, notification to the Rota Manager is essential together with other key areas; failure to do this will result in nil pay. A Self-Certificate must be sent from the 1<sup>st</sup> day of sickness covering you to the 7<sup>th</sup> day.

A Medical Certificate is required from the 8th day onwards covering the period until you return to work. Without this, sickness benefit cannot be paid. Long-term sickness will require you to be seen by Occupational Health prior to return to work.

## **Location**

Whilst the duties of the NHS appointment will be primarily at the hospital(s) stated, the appointment will be made to the Dartford and Gravesham NHS Trust and there will be a commitment to attend occasionally at any other hospital or clinic in the Trust, as may be necessary from time to time.

## **Relocation [only applicable to consultant grade]**

The successful candidate will be required to reside within a reasonable distance of Darent Valley Hospital, Dartford. This will normally be within 30 minutes travel time to the Trust when on-call. Candidates must indicate at interview if they are considering putting forward an application for removal expenses. Relocation expenses must be agreed prior to acceptance of the post with the Director of Human Resources.

## **Registration**

It is a condition of your appointment to be registered with the General Medical Council on the Specialist Register and to maintain this registration. It is your responsibility to present certificates to the Medical Staffing Department on an annual basis. Failure to maintain registration could lead to disciplinary action being taken against you.

## **Appraisal and Revalidation**

The General Medical Council's Good Medical Practice Framework for appraisal and revalidation sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based.

The Framework is based on Good Medical Practice (GMP), the GMC's core ethical guidance for doctors, updated in 2006, which sets out the principles and values on which good practice is founded. GMP is used to inform the education, training and practice of all doctors in the UK. The Framework sets out clearly what the GMC will require a doctor to do at their appraisal, in order to revalidate.

All NHS staff, including doctors, is expected to have annual appraisals. The appraisal process is central to ensuring the whole workforce is engaged; training and development needs are recognised; and that all staff is working to the highest standard.

It is essential that doctors ensure that their managers, who are usually also doctors, provide regular and effective appraisals. Effective and regular appraisal will be at the heart of revalidation so it is essential that well managed processes are in place now. The primary aims of medical appraisal are:

- to identify personal and professional development needs of doctors
- to ensure that doctors are adhering to the GMC's Good Medical Practice framework.

An appraisal will usually take place between the subject doctor (appraisee) and a colleague (the appraiser) familiar with their work and it is expected that this will take place annually in line with the organisation's business and planning cycle. It is expected that there will normally be five consecutive appraisals in a revalidation cycle of five years. The Trust's Appraisal Guide for Doctors is available on the intranet together with all the relevant forms and information.

## **Performance**

Continuation of your appointment under this agreement is subject to satisfactory performance. Your performance and progress in relation to agreed standards will be reviewed at regular intervals.

## **Indemnity**

The Trust will cover all medical staff for NHS work under NHS Indemnity. Dartford and Gravesham NHS Trust is required to encourage Medical and Dental staff to ensure that they have adequate defence cover for any work that does not fall within the scope of the

Indemnity Scheme (HSG (96) 48 refers). Any private practice undertaken on NHS premises must be covered by subscription to a medical defence organisation.

### **Support**

Administrative and other supporting facilities are available for this role. Support facilities required for full effective performance of the role should be discussed annually during the job plan review. Funding can only be made for any additional supporting staff, specialist equipment or other facilities if such provision has already been specifically agreed.

### **Whistleblowing Policy**

Darent Valley hospital is committed to the highest standards of quality, probity, openness and accountability. We are committed to tackling any issues of abuse or serious malpractice. As part of that commitment, we encourage employees with serious concerns about any aspect of our work or practices of fellow employees to come forward and express those concerns to someone who can help.

### **Infection Control**

All Trust employees are required to be familiar with, and comply with, Trust policies and guidelines for infection control and hand hygiene in order to prevent the spread of healthcare-associated infections. For clinical staff with direct patient contact, this will include the uniform and dress code policy, the use of protective equipment guidance, the guidance on aseptic techniques and the safe handling and disposal of sharps. All staff is required to attend mandatory training in Infection Control and be compliant with all measures known to be effective in reducing healthcare-associated infections.

### **Equality and diversity**

We committed to the concepts of equality and diversity. You are required to fulfil your responsibilities under this policy and to ensure that no individual receives less favourable treatment on the grounds of their gender, sexual orientation, marital status, disability, religion, creed, colour, race, ethnic or national origin, HIV status, age, social background, trade union membership or non-membership and is not placed at a disadvantage by requirements or conditions which cannot be shown to be justifiable.

## **Health and safety**

To share in the responsibility for abiding by health and safety policies and regulations, infection prevention and control policies and act in accordance with the Risk Management Policy. You have a responsibility under health and safety legislation and Trust policies to abide by safe systems of work, undertake required training, to identify risks, and to follow the incident reporting system, which will ensure that the Trust can manage risks to patients, visitors and staff.

## **Confidentiality and IT**

All personal matters relating to patients' diagnosis and treatment and personal information relating to members of staff are strictly confidential and under no circumstances is such information to be divulged to unauthorised person(s). Breach of this condition may result in disciplinary action including dismissal. A breach of confidentiality may also result in a civil action for damages.

It is a condition of employment that all medical staff complies with the Trust's IT policy in respect of secure use and safeguarding confidentiality. It is a condition of employment that the post holder:

- Attends and satisfactorily completes training on Trust's clinical IT systems as they relate to the medical care and management of patients
- Conforms to the Trust's IT security policy, which includes:
  - Safeguarding the confidentiality of his/her password
  - Not allowing the use of his/her password by anyone else
  - Logging off promptly at the end of each task
  - Not using other people's passwords
  - Not misusing the internet facilities available through the Trust's IT system
  - Safeguarding patient confidentiality.

The Trust monitors the use of its IT facilities, passwords, e-mail and internet traffic. Failure to comply with the Trust's IT Security Policy will be taken seriously and may result in formal disciplinary action.

## **F) APPOINTMENTS PROCESS**

### **Pre-employment checks**

The satisfactory completion of pre-employment checks confirming your right to live and work in the UK, satisfactory language skills, DBS disclosure, references, health check, professional registration and qualifications is a condition of the appointment. Further information on these requirements is provided below.

### **Disclosure and Barring Service**

This post is exempt from the Rehabilitation of Offenders Act 1974, and therefore is subject to a satisfactory Enhanced Disclosure and Barring Service Disclosure check. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Failure to disclose such convictions could, in the event of employment, result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to the particular post.

A copy of the Trust's Policy Statement on the Recruitment of Ex-offenders and the DBS Code of Practice is available on request to the Human Resources Department.

### **Occupational Health**

A full examination will not normally be required but the successful candidate will be required to complete a health questionnaire.

Posts are offered on the understanding that the applicant will comply with local requirements regarding immunisations. Applicants will be asked to supply written evidence to the Occupational Health department of degree of immunity to Hepatitis B. If not immunised, the result of a test that indicates freedom from carrier state will be required and immunisation should then be commenced. Applicants should be aware of the guidance to HIV infected health care workers from the Department of Health and the GMC/GDC.



## Informal visits

**Prospective candidates are invited to visit the Trust by arrangement with: -**

Dr Chirag Kothari

Consultant Gastroenterologist

Email: [c.kothari@nhs.net](mailto:c.kothari@nhs.net)

Tel: 01322 418422

Dr Jonathan Kwan

Consultant Physician & Nephrologist

Divisional Medical Director

Email: [jonathankwan@nhs.net](mailto:jonathankwan@nhs.net)

Tel: 07502270032