

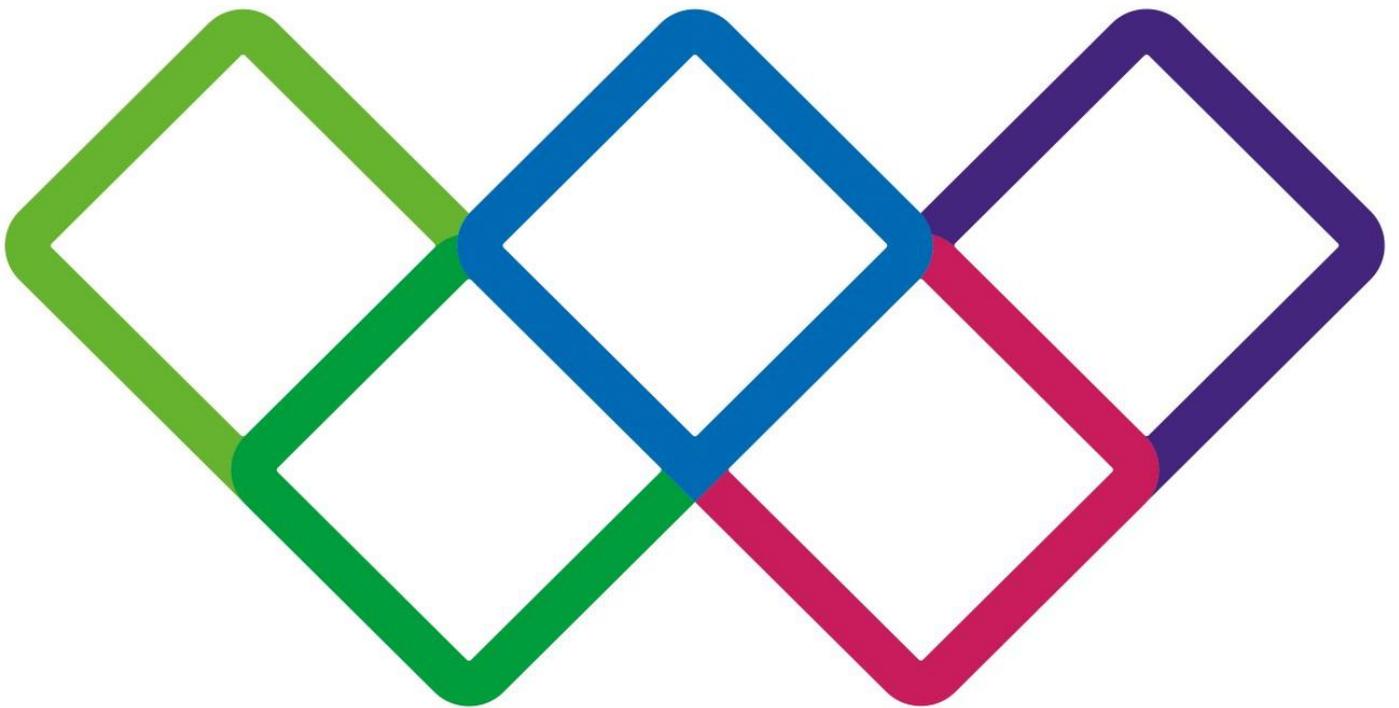


# Locum Consultant Anaesthetist

Planned Care Division

West Middlesex Hospital Site

## JOB DESCRIPTION



## About our organisation

Chelsea and Westminster Hospital NHS Foundation Trust provide services from two main hospitals, Chelsea and Westminster Hospital and West Middlesex University Hospital, and a number of clinics across London and the South-East.



We have nearly 6,000 members of staff that care for nearly one million people locally, regionally, nationally and internationally. Both hospitals provide full clinical services, including full maternity, emergency and children's, in addition to a range of community-based services across London, such as award-winning sexual health and HIV clinics.

We are one of the best performing Foundation Trusts in London for A&E waiting times, and mortality rates are better than average. Since the Care Quality Commission last inspected our hospitals we have taken on responsibility for a range of new services. Our new services include:

- Cardiac catheter service and a paediatric assessment unit on the West Middlesex site
- Surgical assessment unit on the Chelsea site
- New sexual health clinic at 10 Hammersmith Broadway
- Virtual fracture clinics
- Learning disabilities passports

Plans are in place for a £20 million expansion to critical care facilities and refurbishment of the children's unit at West Middlesex, both in partnership with the Trust's dedicated charity CW+.

### ***Our priorities***

#### **1. Deliver high-quality patient-centred care**

Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.

#### **2. Be the employer of choice**

We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain people we need to deliver high-quality services to our patients and other service users.

#### **3. Deliver better care at lower cost**

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources.

### ***Our staff***

Our staff survey results show that our Trust continues to have high levels of job satisfaction. Striving to improve this even further remains our priority of being an employer of choice. This means not only attracting staff, but keeping them through investment in learning and development, career progression and attention to work/life balance.

<b>Job title</b>	Locum Consultant Anaesthetist
<b>Band</b>	Consultant
<b>Division</b>	Planned Care
<b>Responsible to</b>	Dr Philip Barclay
<b>Accountable to</b>	Dr Roger Chinn
<b>Type of contract</b>	Locum
<b>Hours per week</b>	40 (10 PA)
<b>Location</b>	West Middlesex site

### Trust Values

The Trust has launched its values to patients and members of the public to demonstrate the standard of care and experience they should expect from any of our services.

These values form the mnemonic PROUD:

**P**utting patients first

**R**esponsive to, and supportive of, patients and staff

**O**pen, welcoming and honest

**U**nfailingly kind, treating everyone with respect, compassion and dignity

**D**etermined to develop our skills and continuously improve the quality of care



**proud  
to care**

## Job Summary

We are looking for two enthusiastic and self-motivated consultants to join our department. This will be a 3 month renewable contract up to 6 months in total. The successful candidate will cover general theatre lists as well as labour ward and may have the opportunity to participate in general on-calls once fully orientated to the department.

Depending on workload and departmental needs, the post may be extended beyond the original period.

## The Anaesthetic Department at West Middlesex Hospital

The Anaesthetic Department at West Middlesex University Hospital provides a service to eight theatres in the main theatre suite, two theatres in the maternity unit, CT and MRI scanners and the Endoscopy Unit.

Approximately 10,000 procedures are performed annually 85% of which are on a day case basis. The hospital has an active enhanced recovery program to optimise care.

## Obstetric Anaesthesia

The labour ward is situated in the Queen Mary Maternity Unit. The Queen Mary Maternity Unit has recently been refurbished and expanded and the delivery rate has increased to approximately 5000 babies annually. The Maternity Department provides a broad range of services to support women experiencing both normal and complicated pregnancy including a Special Care Baby unit. The Maternity Unit has a long history of excellent maternity care. It has a new birthing centre and two new delivery theatres as well as dedicated post-operative recovery and two fully-equipped maternal Acute Observation beds. The unit was awarded an Outstanding rating by the Clinical Quality Commission in February 2020



The Anaesthetic team currently consists of six Consultant Obstetric Anaesthetists and eight specialty doctors who are involved in providing the highest level of care for all the obstetric patients as a part of the multidisciplinary team including dedicated Anaesthetic Antenatal Clinics, where obstetric high-risk patient are assessed by a Consultant Anaesthetist. Specialist and Core Trainees rotating from Imperial School receive formal training in Obstetric Anaesthesia. The consultant-led elective Caesarean delivery list is run daily and epidural analgesia in labour provided for 24 hours. There is an active on-going audit programme with recent audits carried out on pain associated with caesarean sections and maternal satisfaction with epidurals. The department also participates in the National Obstetric Audit Database (NOAD).

## Critical Care Centre

Our Critical Care Centre is an eleven-bedded unit catering for patients requiring level 2 and 3 care. Three beds are within side rooms and one is equipped with negative pressure for isolation of infectious cases. The Critical Care Centre had one of the lowest mortalities in London during the recent COVID-19 pandemic and there are now plans to expand the unit up to 30 beds. The work of the unit was featured in a Sunday Times magazine article.



We offer organ support including respiratory, renal and cardiovascular systems using state of the art monitoring. Out of about 650 – 700 patients admitted annually, 70% are medical and 30% surgical. The elective surgical patients consist mainly of patients admitted after major colorectal procedures. We admit patients directly from A&E and the wards and as part of the North-West London Critical Care Network, we also admit patients from the catchment area. High level care is also provided throughout the hospital by our nurse-run, consultant-supported Critical Care Outreach Team.

Regular audit data is collected on the MediCUS and we participate in ICNARC. The hospital has recently installed a Cerner Electronic Patient Record system, in partnership with Imperial Healthcare NHS Foundation Trust.

Six consultant Intensivists cover day time and out of hours in a separate rota from the general anaesthetists. Trainees from the Imperial School rotation provide junior cover, supported by four experienced Specialty Grade Anaesthetists, and two FY1's.

The unit is recognised for basic training in intensive care medicine by the Intercollegiate Board. Formal teaching is incorporated into the Friday afternoon half-day anaesthetic teaching and formal tutorials of core topics take place on Tuesday afternoons in addition to the weekly multi-disciplinary meeting.

## NWL Critical Care Network

WMUH Intensivists, nurses and allied professionals are all closely involved with and supportive of the North-West London Critical Care Network which is the most active network in London. Our protocols are all concordant with network policy. Transfer data is collected and analysed by the network together with any clinical incidents. A multi-disciplinary educational programme is organised 4 times a year these are followed by medical meetings to discuss matters of interest to local Intensivists.

## Research and Teaching

The department has academic and research activities. The director has a high profile of activity in obstetric anaesthesia, advanced airway, enhanced recovery, patient safety and other areas. All anaesthetists are actively encouraged to participate in research.

There is a consultant-led, weekly structured teaching session as well as a monthly departmental morbidity and mortality meetings and three monthly Planned Care Division Clinical Governance meeting that takes place on a rolling day basis. Informal teaching and examination preparation is routine, as is the teaching of the Imperial school medical students.

The directorate is committed to maintaining training as a core function.

The Trust maintains a simulation centre.

## Key working relation relationships

Service Director:	Dr Chiara Pieretti
Clinical Director:	Dr Philip Barclay
Divisional Medical Director:	Mr Jason Smith
Theatre Matron:	Mrs Lisa Clarke-Luis

## General Anaesthetic Consultants

<b>Dr Philip Barclay</b>	Obstetric anaesthesia, Clinical Director
<b>Dr Priyakam Chowdhury</b>	Airway Lead
<b>Dr Dominica Dabrowska</b>	Obstetric anaesthesia
<b>Dr Stephen Harrison</b>	Obstetric Anaesthesia Lead
<b>Dr Mhairi Jhugursing</b>	Perioperative Medicine
<b>Dr Miriam Kadry</b>	Acute pain Lead
<b>Dr Bernard Masuku</b>	General anaesthesia
<b>Dr Alexandra Matson</b>	Pre- assessment Lead
<b>Dr Kalayana Nandakumar</b>	General anaesthesia
<b>Dr Deepak Nathwani</b>	Paediatric anaesthesia
<b>Dr Ruchira Patel</b>	Obstetric anaesthesia
<b>Dr Chiara Pieretti</b>	Obstetric anaesthesia, Service Director
<b>Dr Yogamany Rajakulendran</b>	Obstetric anaesthesia
<b>Dr Anu Sharma</b>	General anaesthesia
<b>Dr Catherine Sheehan</b>	College Tutor, Obstetric and paediatric anaesthesia
<b>Dr Surendini Thayaparan</b>	Trauma Lead

## Intensive care Consultants

<b>Dr Timothy Peters</b>	Critical care and general anaesthesia, Service Director
<b>Dr James Armstrong</b>	Critical care and general anaesthesia
<b>Dr Amandeep Gupta</b>	Critical care and general anaesthesia
<b>Dr Monica Popescu</b>	Critical care and general anaesthesia
<b>Dr Hisham Said</b>	Critical care and general anaesthesia

### Anaesthetic Trainees

Six Core Trainees, Year 1 or 2

Four Specialist Trainees, Years 3 to 7

### Non-anaesthetic trainees

One Foundation Year 1

One Surgical CT2 ICU

### Clinical Fellows

Two Junior Clinical Fellows

Four Senior Clinical Fellows

### SAS Grade doctors

Ten Staff Grade Anaesthetists

One Associate Specialist

The Department of Anaesthesia is supported by the Senior Administrator, Veronica Eberhardt.

### Roles and responsibilities:

#### Provide High Quality Care to Patients

- 1.1. The post holder must be medically qualified and maintain GMC specialist registration.
- 1.2. Develop and maintain the competencies required to carry out the duties required of the post.
- 1.3. Ensure prompt attendance at agreed direct clinical care Programmed Activities.
- 1.4. Ensure patients are involved in decisions about their care and to respond to their views.
- 1.5. Adhere to the Trust Customer Service Commitment and adopt a professional approach to customer care at all times.
- 1.6. Develop clinical practice through self-reflection and learning from experience, application of research into practice and active contribution within the multi-disciplinary team.

#### 2. Research, Teaching and Training

- 2.1. Provide high quality teaching to medical undergraduates and members of other health care professions as required by the Service Lead. To contribute to training and teaching of medical trainees, medical students, other doctors in training and other staff groups.
- 2.2. Responsible for teaching and training non-Consultant postgraduate colleagues.
- 2.3. Where possible to collaborate with academic and clinical colleagues to enhance the Trust's translational research/audit portfolio, at all times meeting the full requirements of Research Governance.

### **3. Performance Management**

- 3.1. Work with medical, nursing, other clinical and managerial colleagues to ensure high performance in the following areas:
- Clinical efficiency e.g. Length of Stay (LOS) reductions, admission on day of surgery, reducing cancelled operations and DNA rates.
  - Quality of outcomes e.g. infection control targets, reducing re-admission rates
  - Financial management e.g. identification, implementation and achievement of cost improvement programmes and participating in efforts to ensure services are provided cost effectively e.g. managing locum agency spend, monitoring and managing the drug budget to target, ensuring accuracy of clinical data for the team
  - Operational efficiency e.g. day-case rates, waiting list activity and demand management.

### **4. Medical Staff Management and Accountability**

- 4.1 Work with colleagues to ensure Junior doctors' hours are compliant in line with EWTD and New Deal.
- 4.2 Ensure that Trust systems and procedures are in place and followed to control and monitor leave for junior medical staff and to ensure that there is appropriate cover within the clinical areas, including on-call commitments.
- 4.3 Adhere to Trust / department guidelines on leave, including requesting and reporting absence, and professional and study leave, and to ensure that members of staff for whom you are responsible do the same.
- 4.4 Participate in the recruitment and induction of junior medical staff as delegated by the Service Director.
- 4.5 Responsible for ongoing assessment and regular appraisal of all doctors in training, Trust doctors and non-consultant grades as delegated by the Divisional Medical Director/Service Lead /Divisional Director of Operations.
- 4.6 Participate fully in regular departmental activities including department meetings and team building activities.

### **5. Governance**

- 5.1 Review clinical outcomes in designated area using external benchmarking data where appropriate, to identify and advise variances to the Divisional Medical Director/Service Lead /Divisional Director of Operations.
- 5.2 Participate in clinical audit, incident reporting and analysis and to ensure resulting actions are implemented.
- 5.3 Work closely with the Directorate in relation to clinical and services developments as delegated by the Divisional Medical Director/Service Lead /Divisional Director of Operations.
- 5.4 Participate in ensuring NICE, NSF, CNST and other national guidance requirements are reviewed and implemented and monitored in the speciality areas.
- 5.5 Ensure clinical guidelines and protocols are adhered to by junior medical staff and any other staff for whom the post has responsibility and that these are updated on a regular basis.
- 5.6 Keep fully informed about best practice in the speciality areas and ensure implications for practice changes are discussed with the Medical Director/Service Lead /Divisional Director of Operations.
- 5.7 Role model good practice for infection control to all members of the multidisciplinary team and adhere to the Trust Infection Control measures (available on the Trust Intranet).
- 5.8 Report all clinical and non-clinical accidents or incidents promptly, and to co-operate accordingly with any investigations undertaken.

### **6. Strategy and Business Planning**

- 6.1 Work with medical managers and general manager to take forward the business planning and objective setting process for the directorate and Trust where appropriate.
- 6.2 Represent the Trust at appropriate clinical networks/other external clinical meetings as delegated by the Medical Director/Service Lead /Divisional Director of Operations.

## **7. Leadership and Team Working**

- 7.1 Demonstrate high level leadership skills with regard to individual performance, clinical teams, the Trust and when participating in national initiatives.
- 7.2 Work collaboratively with all members of the multi-disciplinary team and Imperial College as required.
- 7.3 Seek to resolve any conflict or differences of opinion through mediation, negotiation and discussion involving appropriate parties
- 7.4 Provide commitment and leadership in relation to equal opportunities and appropriate senior level management of diversity issues, particularly as they apply to training, people management and service delivery.

## **8. Research Opportunities**

- 8.1 The post holder will be expected and supported to develop research initiatives, appropriate to previous experience and complementary to those programmes that exist within the wider research framework of the Division and Trust. However, for clinical consultants, research is normally seen as complimentary to delivering direct clinical care and supporting professional activities.
- 8.2 Excellent research opportunities are available throughout the Trust and with Imperial College. A number of funding opportunities are available from the Trust Research Committee and the Trust has experience in obtaining funds from among others the Department of Health, Medical Research Council, BBSRC, and the Wellcome Trust.

## **9. Honorary Academic Appointment with Imperial College Faculty of Medicine**

- 9.1 The Trust supports and has facilitated a large number of Honorary Academic appointments with Imperial College Faculty of Medicine. Opportunities should be discussed with the Divisional Medical Director/Service Lead/ Divisional Director of Operations.

## **10. Appraisal**

The post holder is required to participate in the annual appraisal system in line with the Trust's appraisal guidelines if the tenure of their post is longer than 1 year. For shorter periods of employment, the Trust will provide some information on governance issues which can be incorporated into the post-holder's portfolio. You are expected to inform yourself of the annual timetable for appraisal and ensure that appropriate time is set aside to update your portfolio.

## **11. Clinical Excellence Awards**

Substantive Consultants with at least one year's service will have the opportunity to apply for local (and in time national) Clinical Excellence Awards.

## **12. Job Plan**

- 12.1 A job plan will be agreed between the appointee, Service Lead and Clinical Director upon commencement of the post. It is the post holder's responsibility, working with the Service Lead to ensure that the job plan reflects an average timetable of activity.

The expectation is that the Trust and the post holder will work together to benefit the patient and individuals will view the job plan as a guide which may be amended in line with service changes. The formulation of a job plan should not prevent a flexible approach to work to ensure the efficient running of the department.

The Trust will aim wherever possible to keep the job plan activity to a minimum consistent with achieving the best quality patient care and ensuring that members of staff work in accordance with the European Working Time Regulations. Job plans in excess of 10 PAs will be subject to annual review to ensure that all activity contained in the job plan is clinically and organisationally necessary.

Proposed initial job plan:

This is a full time post of 10 PA, divided into 9PA direct clinical care and 1 PA supporting professional activities. SPA time is given to support personal CPD, preparation for GMC appraisal, governance and quality improvement activities as required for successful appraisal. This translates to 5 theatre sessions per week (each at 1.25PA, resulting in 8.75 PA for clinical work). The remainder of 0.25 PA can be delivered flexibly and suitable options will be discussed with the successful applicant. The post holder will provide clinical care on theatre lists and cover labour ward if required.

Illustrative timetable:

3 out of 4 weeks

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	DCC /SPA
am	FTS	FTS	FTS		FTS		
pm	SPA	FTS	FTS		FTS		
	1.25	2.5	2.5		2.5		8.75/1

1 out of 4 weeks

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	DCC /SPA
am	FTS	FTS	SPA			FTS	
pm	FTS	FTS				FTS	
	2.5	2.5				3.75	8.75/1

Abbreviations:

FTS: fixed theatre session (flexible in content) - please note that the timetable is only an example and that session times are not fixed- could be moved to different days

**Session times:**

am sessions are 08.00-13.00, pm sessions are 13.00-18.00, i.e. 5 hours each (1.25PA).

This job description may be subject to change according to the varying needs of the service.

## Person Specification

<b>Job title</b>	Locum Consultant Anaesthetist
<b>Band</b>	Consultant
<b>Division</b>	Planned Care

Evidence for suitability in the role will be measured via a mixture of application form and interview.

Essential: E Desirable: D

### Trust Values

<b>Putting patients first</b>	E
<b>Responsive to, and supportive of, patients and staff</b>	E
<b>Open, welcoming and honest</b>	E
<b>Unfailingly kind, treating everyone with respect, compassion and dignity</b>	E
<b>Determined to develop our skills and continuously improve the quality of care</b>	E

### Education and Qualifications

<b>FRCA or equivalent</b>	E
<b>CCT in Anaesthesia or equivalent (on or within 6 months of inclusion on Specialist register at time of interview)</b>	E
<b>Higher Degree</b>	D

### Experience

<b>Experience with management of high-risk patients</b>	E
<b>Implementation of Quality Improvement processes/ audit</b>	D
<b>Previous consultant-level experience</b>	D
<b>Advanced Training in Obstetric Anaesthesia</b>	E

### Skills and Knowledge

<b>Proficiency with regional Anaesthesia esp. upper limb blocks</b>	E
<b>Good IT skills</b>	D
<b>Excellent communication, presentation and influencing skills</b>	E
<b>Experience with high risk orthopaedics and trauma</b>	D
<b>Highly organised, self –motivated, track record of achieving sustained change</b>	E