

POST CCT ADVANCED LAPAROSCOPIC FELLOW IN COLORECTAL SURGERY

INFORMATION FOR CANDIDATES



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ABOUT THE TRUST

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid Wales.

Encompassing some of the most picturesque parts of England and Wales, the Trust's catchment stretches from the Cambrian Mountains in the west, to Newport and the fringes of the Black Country in the east. The main towns include: Bridgnorth, Ludlow, Market Drayton, Oswestry, Shrewsbury and Whitchurch (in Shropshire); Newport, Telford and Wellington (in Telford & Wrekin); and Newtown and Welshpool (in Powys) – all beautiful and unique.

Our main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury which are located 20 minutes' drive apart. Together they provide 99% of our activity. Both hospitals provide a wide range facute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

We also provide services such as consultant-led outreach clinics at the Wrekin Community Clinic, Telford, the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen and the Bridgnorth, Ludlow and Whitchurch Community Hospitals.

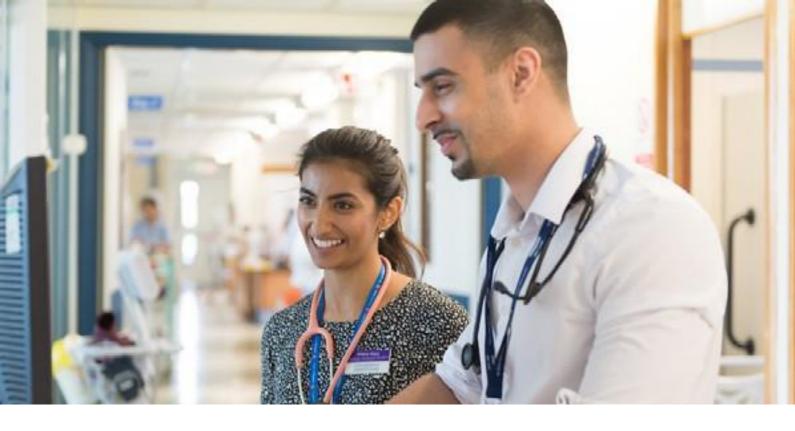
We employ almost 6,000 staff, and hundreds of staff and students from other organisations also work in our hospitals. We benefit from around 1,000 wonderful volunteers, and our main charitable partners are the League of Friends at the Royal Shrewsbury Hospital, Friends of the Princess Royal Hospital, and the Lingen DaviesCancer Appeal which is based at the Royal Shrewsbury Hospital.

We are committed to providing the best possible diagnostic facilities and high-quality clinical care in a clean, supportive environment where patients are treated effectively with respect and dignity.

The Shrewsbury and Telford Hospital NHS Trust continues to work with our partners in health and social care in Shropshire, Telford and Wrekin and mid Wales to develop patient-focused services that meet the needs of our communities.

Plans have been given the go ahead to transform local hospital services for the half a million residents of Shropshire, Telford & Wrekin and mid Wales to make sure two vibrant hospitals and the wide range of services they provide for people locally are kept in the county. This landmark decision will result in better care for patients, secure the £312m on offer from HM Treasury and develop both hospital sites to deliver state of the art facilities in which staff will be proud to work and patients will choose to be treated. The Trust is looking to expand the Consultant numbers in the Emergency Departments to ensure that a high quality and Consultant led service is continued to be delivered with increasing attendances.





JOB DESCRIPTION

Job Title: Post CCT Advanced Laparoscopic Fellow in Colorectal Surgery

Grade: ST3-8

Division: Surgery, Anaesthetics & Cancer

Responsible to: Divisional Medical Director

Professionally

Accountable to: Medical Director

Hours: 40 Hours (Full Time)

Duration: 12 months Fixed Term

Salary: £51,017- £58,398 per annum [MS03-MS08]

Job Summary

This Royal College of Surgeons of England and ACPGBI approved Senior Clinical Fellowship at the Colorectal Surgical Unit (CSU) at Royal Shrewsbury Hospital is for 12 months with the opportunity for 6-month extension by mutual agreement. This is a non-training grade post but has been specifically designed for surgeons who have completed their training but would like the opportunity to extend their laparoscopic and sub-specialist colorectal experience.

Within the CSU you will be able to obtain mentoring and training in professional behaviours commensurate with a "Day One Consultant General and Consultant Colorectal Surgeon", including leadership and management principles, communication skills, computer skills and research activity. There is a strong ethos of support for the Fellow in their career progression and intention to apply for and be appointed to substantive Consultant

Colorectal Surgeon posts in the United Kingdom – all Fellows to date have achieved this primary objective.

Successful applicants contribute to the daily activity of the Colorectal Surgical Unit and the full 1:13 emergency surgical middle grade on call rota (including prospective cover) with the admitting general surgical on-call team providing support both in the Surgical Assessment Unit, CEPOD theatre, Emergency Department and on the wards. All working patterns are under continuous review in line with the New Deal regulations. Study leave may be granted at the discretion of the Educational Supervisor/Clinical Director. The department is active in audit, and you will be actively involved as part of your training. There are monthly half-day surgical Clinical Governance sessions, at which different departments are encouraged to undertake audit on common topics and participate in critical case review.

RCS England Senior Clinical Fellowships in General Surgery — Royal College of Surgeons

Introduction

The Post

This appointment is a post CCT Fellowship in Laparoscopic Colorectal Surgery and is fully accredited by the Royal College of Surgeons of England as a Senior Clinical Fellow post. This is a non-training grade post but has been specifically designed for surgeons who have completed their training but would like the opportunity to extend their laparoscopic colorectal and sub-specialist experience. The post will also enable the appointed candidate to gain extended experience in different areas of colorectal sub-speciality interest before taking up a consultant post.

Applicants must have the JCIE FRCS (or third part equivalent) and hold or be about to complete their CCT. The post is for 12 months with the option of 6-month extension by mutual consent.

The principal role of the post holder will be to develop their clinical and operative skills. It is envisaged that there will be at least 2 full days of theatre experience per week and in addition there will be exposure to colonoscopy, Cancer, IBD and Pelvic Floor MDT meetings and general colorectal and sub-specialist colorectal outpatient clinics. Participation in the general work of the CSU including ward rounds will be expected. In addition, there will be an on-call commitment, which is currently a 1:13 full shift. Efforts will be made to ensure regular theatre lists with the LAPCO accredited trainers to ensure continuity of operative technique and therefore optimising progress and standards of training.

Specific details of the RCS England approved post

Link Consultant: Mr Robert Clarke, Consultant Colorectal Surgeon

Stated learning outcomes:

- To independently assess patients for colorectal cancer surgery- select appropriate investigations and discuss at MDT coming up with a treatment plan.
- To independently perform Laparoscopic right hemicolectomy.
- To independently perform Laparoscopic Sigmoid colectomy.
- To independently perform Laparoscopic Anterior resection with Laparoscopic TME for rectal cancer.
- Assess and select appropriate cases for local excision in Early Rectal cancer.
- Gain experience in TEMS surgery if desired.

Clinical competencies to be achieved:

- · Ability to assess patients with complex colorectal pathology and plan surgery and aftercare
- Exposure to all aspects of complex open colorectal surgery
- Competent, safe independent laparoscopic colonic resection
- Competent, safe independent laparoscopic anterior resection and laparoscopic TME for rectal cancer. (We would enable Laparoscopic Fellows to in excess of 30 major cancer resections as a minimum)
- The ability to perform independent laparoscopic resection would be expected on completion of the Fellowship.
- Opportunity to achieve JAG accreditation in endoscopy would be offered if needed.
- Number of main operations the fellow could expect to be involved in:

Indicative number of procedures achieved during Fellowship:

Total number of major colorectal resections: 56
Total laparoscopic colorectal resection (elective): 26
Total right hemicolectomy: 13
Total left sided resection: 11 including lap TME
Total laparoscopic subtotal colectomy: 2

Fellows awarded Fellowship Certificate following RCS England approval (dates of Fellowship):

Mr Shantanu Rout (May - Nov 2019) Mr Khalid Al-Hureibi (Oct 20 - Oct 21) Mr Sidharth Kumar (Oct 21 – present)

The Department

The unit has a high-volume case load with approximately 350 new diagnoses a year with over 300 curative resections, including 110 rectal resections. In addition, there is an established TEMS service for benign polyps and early rectal cancer (currently approximately 25 TEMS resections done each year). The colorectal department is regularly in the top ten high volume centres for elective colorectal cancer resections in the UK (ACPGBI). The CSU has recently implemented robotic colorectal surgery with the Intuitive da Vinci Xi system.

There is also a large caseload of inflammatory bowel disease with regular IBD MDT meetings. In addition, there is some complex recto-vaginal endometriosis work undertaken, the majority as combined laparoscopic procedures with our colleagues in gynaecology. There is an established and accredited pelvic floor service and specialist combined MDT with urogynaecology led by two colorectal surgeons supported by a pelvic floor nurse specialist. The service undertakes EAUS, anorectal manometry and defaecating proctograms on site. A full range of pelvic floor surgical procedures including laparoscopic ventral mesh rectopexy (LVMR) is offered.

All of the 10 Consultant Colorectal Surgeons have a laparoscopic practice with approximately 200 resections per year performed laparoscopically. Three colorectal surgeons have successfully completed the LAPCO Training the Trainers course and already have extensive experience in the training of senior colorectal trainees within the West Midlands Deanery. The Fellow will be expected to attend theatre lists specifically to gain experience in laparoscopic colorectal resections including low rectal resections with laparoscopic TME, resections for IBD and other benign conditions.

There will also be opportunities to gain further exposure in open colorectal resections including low anterior resections and complex IBD work including surgery for enterocutaneous fistula. In addition, there will be if required the ability to receive training in TEMS and colonoscopy. Finally, if desired, training in the assessment and treatment of pelvic floor disorders including training in EAUS and LVMR and other prolapse surgery, will be available. Being a very busy unit with a broad-based level of expertise across the consultant body we can offer

the post holder not only extensive training in laparoscopic surgery but also extra bespoke training in other areas of colorectal surgery. This will enable and help with progression onto a consultant post.

The training will be overseen by the Link Consultant (Mr Rob Clarke) and delivered by the whole consultant body who have a keen interest in training. The Clinical lead will monitor the training experience of both the Fellow and the Specialist Trainees (STs) from the HE West Midlands Deanery to ensure optimum case allocation and training experience for all. It is expected that the fellow will adopt a flexible approach to the training opportunities available in order to maximise the experience available to them. In previous years it has been clear that the volume of caseload of resections allows a mutually beneficial experience for the Fellow at STs alike.

Main place of employment:

The post will be based Royal Shrewsbury Hospital. However, it is a requirement of your employment that you be prepared to work at any additional or different location owned or served by the Trust, either on an ongoing or temporary basis according to the demands of the service.

Rota Duties

The post-holder will be expected to contribute to the General Surgery full-shift rota. The 1in13 (with planned expansion to 14) rota is compliant with the terms and conditions of the 2016 Junior Doctor Contract, 2008 & 2021 Specialty Doctor Contracts and WTR and has been carefully designed to maximise training opportunities for doctors whilst maintaining a safe and efficient service, with an even spread of long days and nights. The post holder will be 1 of the 13 doctors contributing to the full shift rota with a weekend frequency of 1:4.5 with 7-night shifts across a 9-week reference period and is prospectively covered for annual and study leave.

Sample Rota

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	20:00 - 24:00	00:00 - 8:30, 20:00 - 24:00	00:00 - 8:30, 20:00 - 24:00	00:00 - 8:30, 20:00 - 24:00	00:00 - 8:30		
2	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		
3	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		20:00 - 24:00	00:00 - 8:30, 20:00 - 24:00	00:00 - 8:30, 20:00 - 24:00
4	00:00 - 8:30			8:00 - 17:00	8:00 - 17:00		
5	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		
6	8:00 - 17:00	8:00 - 17:00			8:00 - 17:00	8:00 - 17:00 Ward Round	8:00 - 17:00 Ward Round
7	8:00 - 17:00		8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		
8	8:00 - 20:30 GS Long Day	8:00 - 20:30 GS Long Day	8:00 - 20:30 GS Long Day	8:00 - 20:30 GS Long Day			
9	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		
10	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		8:00 - 20:30 GS Long Day	8:00 - 20:30 GS Long Day	8:00 - 20:30 GS Long Day
11		8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		
12	8:00 - 20:30 CEPOD	8:00 - 20:30 CEPOD	8:00 - 17:00 CEPOD	8:00 - 20:30 CEPOD	8:00 - 20:30 CEPOD		
13	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00	8:00 - 17:00		

This work pattern is indicative only and may change depending on the needs of the service

Timetable

The following provides scheduling details of the clinical activity and clinically related activity components of the appointee's standard working week.

	AM	PM
Monday	Clinic	MDT
Tuesday	Theatre	Theatre
Wednesday	Endoscopy	SPA
Thursday	Non-Working	Clinic
Friday	Theatre	Non-Working

This timetable is indicative only and the formal job plan will be agreed between the successful applicant and their Link Consultant within 6 weeks of starting in post.

Annual Leave

Doctor Contract for doctors and dentists in training. The annual leave year will run from the start date of the doctor's appointment. Based on a standard working week of five days:

- On first appointment to the NHS: 27 days.
- After five years' completed NHS service: 32 days.

As leave is deducted from the rota before average hours are calculated for pay purposes, leave may not be taken from shifts attracting an enhanced rate of pay or an allowance. Where a doctor wishes to take leave when rostered for such a shift or duty, the doctor must arrange to swap the shift or duty with another doctor on the same rota. It is the doctor's responsibility to arrange swaps but all reasonable steps to facilitate the arrangement of the swap will be made.

In addition to annual leave entitlement, the appointee will be entitled to 8 paid General Public Holidays. In the case of part time staff this entitlement is pro rata.

Study Leave

Study leave includes but is not restricted to participation in:

- Study
- Research
- Teaching
- Taking Examinations
- Attending conferences for educational benefit
- Rostered training events

The appointee will be entitled to 10 days of Study Leave over a fixed 12-month period with a set budget.

Training of junior staff:

The postholder will take responsibility for the training and direction of junior staff allocated to him/her under

aegis of the training plan that that postholder has agreed with their supervising consultant.

Teaching:

The postholder will be expected to contribute as appropriate in the teaching of undergraduate and postgraduate students.

Clinical Governance:

All medical and dental staff are expected to take part in clinical governance activity, including clinical audit, clinical guideline and protocol development and clinical risk management. They will be expected to produce evidence of their contribution in these areas and their audit of their own clinical work as part of their appraisal.

Educational Programme:

Neither the West Midlands Deanery not the Royal College of Surgeons accredits this post for postgraduate training. However, the postholder will be expected to attend and contribute to educational activities e.g. departmental meetings, x-ray meetings, pathology meetings, multidisciplinary meetings, journal clubs etc.

Appraisal:

All medical and dental staff are required to undertake appraisal.

Risk Management:

All post holders have a responsibility to report risks such as clinical and non-clinical accidents or incidents promptly. They are expected to be familiar with the Trust's use of risk assessments to predict and control risk, as well as the incident reporting system for learning from mistakes and near misses in order to improve services. Post holders must also attend training identified by their manager, or stated by the Trust to be mandatory.

Sustainability:

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

Smoking Policy:

It is the Trust's policy to promote health. Smoking, therefore, is actively discouraged. It is illegal within Trust buildings and vehicles.

Study and Professional Leave

Study Leave will be granted at the discretion of the Clinical Lead. Funding for CPD will be equivalent to that of the appropriate Training post.

Review of this Job Description:

This job description is intended as an outline of the general areas of activity and will be amended in the light of the changing needs of the organisation. To be reviewed in conjunction with the post holder.

Terms and Conditions of Employment:

This post is exempt from the Rehabilitation of Offenders Act 1974 and this means that any criminal conviction must be made known at the time of application.

The appointment is Whole Time, and the Terms and Conditions of service are set out in the Terms and Conditions of Medical and Dental Staff (England and Wales) and the General Medical Council Conditions of Service as amended from time to time.

The list of duties and responsibilities given above is not an exhaustive list and you may be asked to undertake other duties in line with the overall purpose and nature of the post as may be required from time to time.

This job description reflects core activities of a post at a particular time. The trust expects that all staff will recognise this and adopt a flexible approach to work.

All staff are expected to contribute to the smooth running of their clinical service as required; in particular, to comply with the policies and procedures, Standing Orders and Financial Regulations of the trust.

Visiting:

Appointments to visit the Trust should be arranged with: -

Mr R Clarke	Consultant Colorectal Surgeon and Fellowship Link	01743 261189
Mr J McCloud	Consultant Colorectal Surgeon	01743 261681
Mr A Farquharson	Consultant Colorectal Surgeon and Clinical Director for Surgery	01743 492359

Health & Safety

As an employee of the Trust, you have a responsibility to:

- take reasonable care of your own Health and Safety and that of any other personwho may be affected by your acts or omissions at work; and ensuring a COVID secure workplace for the team.
- co-operate with the Trust in ensuring that statutory regulations, codes of practice, local policies and departmental health and safety rules are adhered to; and
- not intentionally or recklessly interfere with or misuse anything provided in theinterests of health and safety.

Infection Prevention and Control

The prevention and management of acquired infection is a key priority for the Trust. Any breachof infection control policies is a serious matter which may result in disciplinary action. As an employee of the Trust, you have a responsibility to:

- ensure that your work methods are compliant with the Trust's agreed policies and procedures and do not endanger other people or yourself; and
- be aware of infection prevention and control policies, practices and guidelines appropriate for your duties, and you must follow these at all times to maintain a safeenvironment for patients, visitors and staff; and
- maintain an up-to-date knowledge of infection prevention and control, policies, practices and procedures through attendance at annual mandatory updates andongoing continuing professional development; and
- challenge poor infection prevention and control practices of others and to reportany breaches, using appropriate Trust mechanisms (e.g., incident reporting policy).

Information Governance

The Trust is committed to compliance with Information Governance standards to ensure that allinformation is handled legally, securely, efficiently and effectively. You are required to comply with the Trust's Information Governance policies and standards. Failure to do so may result in action being taken in accordance with the Trust's Disciplinary Procedure.

- Confidentiality and Security Your attention is drawn to the confidential nature of information collected within the NHS. Whilst you are employed by the Trust you will come into contact with confidential information and data relating to the work of the Trust, its patients or employees. You are bound by your conditions of service to respect the confidentiality of any information you may come into contact with which identifies patients, employees or other Trust personnel, or business information of the Trust. You also have a duty to ensure that all confidential information is held securely at all times, both on and off site.
- Disclosure of Information The unauthorised use or disclosure of information relating to the
 Trust's activities or affairs, the treatment of patients or the personal details of an employee, will
 normally be considered a serious disciplinary offence which could result in dismissal. Upon
 leaving the Trust's employment and at any time thereafter you must not take advantage of or
 disclose confidential information that you learnt in the course of your employment.
 Unauthorised disclosure of any of this information may be deemed as a criminal offence. If you
 are found to have permitted the unauthorised disclosure of any such information, you and the
 Trust may face legal action.
- Information Quality and Records Management You must ensure that all information handled by you is accurate and kept up-to-date and you must comply with the Trust's recording, monitoring, validation and improvement schemes and processes.

Professional Standards and Performance Review

As an employee of the Trust, you have a responsibility to:

- participate in statutory and mandatory training as appropriate for the post; and
- maintain consistently high personal and professional standards and act in accordance with the relevant professional code of conduct; and
- take responsibility for the maintenance and improvement of personal and professional competence and to encourage that of colleagues and subordinates; and
- participate in the Trust's appraisal processes including identifying performance standards for the
 post, personal objective setting and the creation of a personal development plan in line with the
 NHS Knowledge and Skills Framework outline for the post.

Safeguarding Children and Vulnerable Adults

We all have a personal and a professional responsibility within the Trust to identify and reportabuse. This may be known, suspected, witnessed or have raised concerns. Early recognition is vital to ensuring the patient is safeguarded; other people (children and vulnerable adults) may be at risk. The Trust's procedures must be implemented, working in partnership with the

relevant authorities. The Sharing of Information no matter how small is of prime importance insafeguarding children, young people and vulnerable adults.

As an employee of the Trust, you have a responsibility to ensure that:

- you are familiar with and adhere to the Trust's Safeguarding Children procedures and guidelines.
- you attend safeguarding awareness training and undertake any additional training in relation to safeguarding relevant to your role.

Social Responsibility

The Trust is committed to behaving responsibly in the way we manage transport, procurement, our facilities, employment, skills and our engagement with the local community so that we canmake a positive contribution to society. As an employee of the Trust, you have a responsibility to take measures to support our contribution and to reduce the environmental impact of our activities relating to energy and water usage, transport and waste.



PERSON SPECIFICATION

The following pages contain a description of the qualifications, skills, experience, knowledge and other attributes a candidate should ideallypossess to successfully perform this role.

QUALIFICATIONS

CRITERIA	ESSENTIAL	DESIRABLE
 MBBS, MB ChB or equivalent medical qualification PhD or evidence of higher education 	√	√
 Postgraduate research degree FRCS 	✓	√

ENTRY CRITERIA

CRITERIA	ESSENTIAL	DESIRABLE
 Full Registration and a licence to practise with the General Medical Council (GMC) Entry on the General Medical Council (GMC) Specialist Register via one of the following: Certificate of Completion of Training (CCT) (the proposed CCT date must be within 6 months of the interview) Certificate of Eligibility for Specialist Registration (CESR) Wide clinical training and experience in General Surgery with previous level III training in Colorectal Surgery 	✓	√
 Basic competence in index laparoscopic colorectal resections JAG Accreditation in Colonoscopy 		✓ ✓
Sub-specialist interest in colorectal surgery to complement current service provision.		√

GENERIC CAPABILITIES FRAMEWORK

PROFESSIONAL VALUES & BEHAVIOURS

CRITERIA

- Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).
- Demonstrates the underpinning subject-specific competences i.e., knowledge, skills and behaviours relevant to the role setting and scope.
- Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating
 an appropriate management plan, and reviewing and adjusting this depending on the outcomes of
 treatment.

- Critically reflects on own competence, understands own limits, and seeks help when required.
- Communicates effectively and able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management
- Respects patients' dignity, ensures confidentiality and appropriate communication where
 potentially difficult or where barriers exist, e.g., using interpreters and making adjustments for
 patients with communication difficulties.
- Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.
- Adheres to professional requirements, participating in annual appraisal and reviews of performance and progression.
- Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.
- Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.

LEADERSHIP & TEAM WORKING

CRITERIA

- Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex, or unpredictable and seeking to build collaboration with, and confidence in, others.
- Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes appreciates own leadership style and its impact on others.
- Develops effective relationships across teams and contributes to work and success of these teams –
 promotes and participates in both multidisciplinary and interprofessional team working.
- Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.
- Demonstrates ability to challenge others, escalating concerns when necessary.
- Develops practice in response to changing population health need, engaging in horizon scanning for future developments.

PATIENT SAFETY & QUALITY IMPROVEMENT

CRITERIA

- Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.
- Demonstrates understanding of the basic principles of audit, clinical risk management, evidencebased practice, patient safety and clinical quality improvement initiatives
- Applies basic human factors principles and practice at individual, team, organisation, and system levels.
- Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across
 organisations and settings, with respect for and recognition of the roles of other health
 professionals.
- Advocates for, and contributes to, organisational learning.
- Reflects on personal behaviour and practice, responding to learning opportunities.

SAFEGUARDING VULNERABLE GROUPS

CRITERIA

- Recognises and takes responsibility for safeguarding children, young people, and adults, using
 appropriate systems for identifying, sharing information, recording and raising concerns, obtaining
 advice and taking action.
- Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.

EDUCATION & TRAINING

CRITERIA

- Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and relevant generic capabilities.
- Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.
- Identifies and creates safe and supportive working and learning environments.
- Takes part in patient education.

RESEARCH & SCHOLARSHIP

CRITERIA

- Keeps up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.
- Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.
- Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation
- Locates and uses clinical guidelines appropriately.

PERSONAL CIRCUMSTANCES

CRITERIA

• Must live within 10 miles or 30 minutes' drive of base hospital

OUR VISION AND VALUES

The Shrewsbury and Telford Hospital NHS Trust is an organisationthat strives to provide high quality, safe care for our patients in anenvironment which our staff are proud to work in

Our Vision:

"To provide excellent care for the communities we serve"

Our Values:



OUR VISION

We believe that by adhering to our Vision and working with our Values in mind we can behave in a way which will ensure the right results for the people that matter most – our patients and their families.

OUR VALUES

Our Trust Values provide a guide for our daily lives which we are all expected to uphold, both at work and when we are representing the Trust.

Our Values were developed by staff and our patients, so they represent what is important to us within theorganisation and the way we should all behave towards patients, carers, visitors, partners and each other.

You will see our Values throughout the Trust; they are not just words on a page, they represent what we are about here at SaTH. We want patients and their families to say that the care and service they receive from all of us is consistently high-quality, safe, effective and personalised, so the feelings behind the Valuesshouldn't come as a surprise to anyone working in the NHS.

The reason why it is important that they are clearly written down is, so we all know what's expected, and none of us are surprised if we are asked to explain any unacceptable behaviour. Ultimately, if we follow ourValues, we will provide services that are better for our patients and better for each other.







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Getting to Royal Shrewsbury Hospital

Getting to Princess Royal Hospital

sath.nhs.uk