

CONSULTANT IN STROKE MEDICINE

Contents

	Pages
Part One	
General Information	
Mid Essex NHS Trust	2
Terms and Conditions of Service	4
Leave	5
On Call Duties	5
Clinical Governance and Audit	5
Infection Control	5
Continuing Professional Development	6
Teaching and Training	7
Equal Opportunities	7
Health and Safety	7
Personal Data	7
Part Two	
Specialty Information	
Department of Medicine	8
Activity	8
Staffing	9
Part Three	
Job Information	
Duties of the Post	11
Weekly provisional timetable	11
Job plan review	12
Additional Information	12
Person Specification	13

Part One: General Information

Mid Essex Hospital Services NHS Trust

Mid Essex Hospital Services, which was established as an NHS Trust in 1992, has an annual turnover of £263m and employs approx 4,000 staff. It provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree (including Witham). The Trust also provides a regional wide plastics, head and neck and Upper GI surgical service to a population of 3.4 million and a supra regional burns service to a population of 9.8 million.

Located in the City of Chelmsford, with all major road connections, frequent mainline rail services to and from London and a major airport at Stansted just 40 minutes away, the Trust is in an ideal location for commuting.

In November 2010, the Trust opened a brand new PFI funded hospital wing which enabled the organisation to centralise the majority of its clinical services onto the Broomfield Hospital site.

A committed and experienced clinically led management structure delivers the Trust's new vision and quality driven strategy of 'Care, Excel, Innovate' and excellent progress has been made in delivering against the commitments set out in this strategy.

Excellent Clinical Reputation

Excellent progress has been made in respect of quality and performance improvement at Mid Essex Hospitals over the last 3 years, and these achievements have resulted in the Trust being recognised as one of the top performing District General Hospitals in the East of England and the Midlands.

At MEHT we are proud to make patient safety the number one priority in all that we do. All staff commit to the following Patient Safety Charter:

"I am part of a healthcare team that is proud to put patient **CARE** first and whose reputation for **EXCELLENCE** and **INNOVATION** inspires our patients, staff and the population we serve. As a member of the MEHT team, I will always do my very best to ensure my patients are safe in our hospital:

- I will treat all patients with **respect** and **dignity**, ensure their **basic needs** are taken care of, **involve them in decisions** that affect them and **check they have understood**.
- I will **clean** my hands between **every** patient.
- I will always take the utmost care in the **prescription, preparation, documentation and administration of medications**.
- I will ensure all my patients have a **VTE assessment** on admission.
- I will ensure all my patients leave with a **discharge summary**.
- If I have a concern about one of my patients, I will **immediately** inform my senior colleagues and ensure **prompt action is taken and recorded**.
- If I witness an error, I will report it so we can all **learn** from it."

Our Clinical Activity

Our Clinical Directorates

The nine Clinical Directorates, which were established in July 2011, are each led by a Clinical Director (CD) and a Head of Nursing. The CD is supported in their role by Clinical Leads and Lead Nurse(s). Each directorate also has Finance, HR and IT support to manage the day to day service arrangements.

The directorates are as follows:-

ANAESTHETICS DIRECTORATE

Responsible for Pain Service and Pre op preparation

BURNS & PLASTICS DIRECTORATE

Responsible for St Andrew's Therapy Services and St Andrew's Outpatient Nursing

CANCER SERVICES DIRECTORATE

Responsible for the Chemotherapy Unit, Research & development nurses, Oncology CNS (Clinical Nurse Specialist) Team (including Palliative Care) and MDT (multidisciplinary team) Team and Co-ordinators

CRITICAL & EMERGENCY CARE DIRECTORATE

Responsible for the Resuscitation Team, Emergency Department (ED or A&E), Clinical Operational Managers (Inc Discharge team) and Helipad Services

SURGERY DIRECTORATE

Responsible for Lower GI (lower gastrointestinal), Upper GI (upper gastrointestinal), Vascular, Breast, Urology, MaxFax (Oral and Maxillofacial Surgery), ENT (Ear, Nose, Throat) and Ophthalmology

MEDICAL SPECIALTIES DIRECTORATE

Responsible for the Dialysis Unit, Day Therapies Unit, Cardiology Angio and rehab, Elderly Assessment Team, Neurology, Haematology, Medical Photography

MUSCULO SKELETAL SERVICES DIRECTORATE

Responsible for Orthotics, Orthopaedic liaison and rehab team, Trauma co-ordinator, Rheumatology and Dexa Scanning

THEATRES & OUTPATIENTS

Responsible for all Theatres, Sterile Services, Outpatients Department and Endoscopy

THERAPIES/DIAGNOSTICS (Radiology & Pathology)

Responsible for EEG (Electroencephalography) / EMG (Electromyography), Radiology and Pathology

WOMEN, CHILDREN & SEXUAL HEALTH DIRECTORATE

Responsible for Maternity Services including the birthing units, Delivery Suite and Labour ward, DSU (Day Stay Unit), Neonatal Unit, Gynaecology, Children's Services, Early Pregnancy Unit and Sexual Health

Terms and conditions of Service

The post is subject to the Terms and conditions of service of Hospital Medical and Dental Staff (England and Wales) and to the NHS Pension Regulations. You will receive the nationally agreed remuneration for Consultant Medical Staff in Hospital employment and any changes to those rates that the Secretary of State for Health may authorise from time to time.

As Mid Essex Hospitals is a multi-site Trust it is desirable for Consultants to have their own transport.

Mid Essex Hospital Services NHS Trust is a non-smoking Trust.

Applicants should have an appropriate CST and be on the General Medical Council's Register. Those who are within six months of obtaining their CST may apply.

Mid Essex Hospital Services NHS Trust has an Equal Opportunities policy. All employees are expected to observe this Policy in their behaviour to the public and fellow employees.

Shortlisted candidates will be required to complete a health statement and the Trust may require an individual to pass a medical examination as a condition of appointment. Before commencing you will be required to furnish us with proof of your Hepatitis B immunity status and that you have not been exposed to Hepatitis C infection. Certification is only acceptable if it is taken by an Occupational Health Service within the UK, dated within 5 years of current date and shown to be an identified validated sample (i.e. proof such as a passport or driving licence was provided to the Occupational Health service at the time of providing the blood sample).

Due to the nature of the work in this post, it is exempt from the provision of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore not entitled to withhold information about convictions, including those, which, for other purposes are "spent", under the provisions of the Act, and are required to disclose convictions, including those pending, to the Trust. Failure to disclose such information may result in dismissal or disciplinary action. You will be required to undergo an enhanced Disclosure and Barring Service check.

Leave

Annual leave entitlement is set out within the Terms and Conditions of Service for hospital medical staff. The Trust's annual leave year for consultant staff has been harmonised to the period 1st April – 31st March.

Study leave is available as provided for under the Terms and Conditions of Service for Hospital Medical and Dental staff, subject to the approval of the Clinical Director.

On call Duties

The post holder will participate in the consultant rota and payment for on-call duties will be in accordance with the national terms and conditions of service for hospital medical staff. This may be reviewed to meet the changing requirements of the service. Consultants are expected to provide cover for each other during annual leave, study leave and sick leave, including supervision of the junior staff, supporting them in patient management.

The post holder will be expected to join the on-call rota if required.

Clinical governance and audit

All staff members are responsible for ensuring they meet the 16 Care Quality Commission Quality and Safety Outcomes.

The post holder is expected to participate in the Trust's clinical effectiveness activities, and to maintain and foster improvements in the quality and standards of clinical services. The post-holder will lead the safeguarding of high standards of care by participating in the creation of an environment in which excellence in clinical care will flourish.

The post holder under the guidance of the Clinical Director will be expected to contribute to the development and implementation of the directorates Clinical Governance Strategy; including matters such as the production of a departmental annual clinical governance plan and production of regular reports to ensure targets within the plan are met. This would allow for the adoption of evidence based practice including compliance with government guidance, e.g. NICE and NSFs, the establishment and implementation of a departmental clinical audit programme, completion of a risk assessment and compliance with the Trust's risk management policies and strategies including controls assurance standards. Other expectations would include ensuring, through the General Manager, Unit Training Director, and the Clinical Tutor that Directorate staff meet the education and training targets agreed within the Trust's annual plan. Timely and effective complaints and incident management including implementing action plans relating to individual complaints and incidents would also be expected, as would contributing to work force planning to ensure timely availability of appropriate clinical skills to maintain excellence in patient care.

Prevention and control of healthcare associated infections:

The post holder;

- is accountable and responsible for the prevention and control of healthcare associated infections and must comply with the standards set by the Health Act 2006: *Code of practice for the prevention and control of Healthcare Associated infections* (Revised January 2008)
- will ensure 100% compliance with hand hygiene and high impact intervention protocols.
- will demonstrate effective leadership by ensuring all clinical staff, whoever they may be, are aware of their responsibilities in relations to infection prevention and control.

Safeguarding Children and Young People:

All staff are responsible for ensuring that they are familiar with and adhere to Mid Essex Hospital Services Trust (MEHT) Safeguarding procedures and guidelines, in conjunction with the Essex Safeguarding Children policies and Southend, Essex and Thurrock (SET) procedures. All healthcare workers who come into contact with children, parents and carers in the course of their work have a responsibility to safeguard and promote the welfare of children and young people up to the age of 18 years as directed by the Children's Act 1989/2004. All Health professionals have a responsibility even when the health professional does not work directly with a child but may be seeing their parent, carer or other significant adult

Safeguarding Adults:

All staff are responsible for complying with MEHT Trust policies on adult safeguarding in conjunction with the guidelines established by the Essex Safeguarding Adult Board and SET (Southend, Essex and Thurrock) procedures. All staff are responsible for identifying potential abuse of adults and reporting it accordingly.

All staff are required to attend Safeguarding awareness training for Children, Young People and Vulnerable Adults. Some staff groups will be required to attend additional safeguarding training relevant to their role. This is in line with the Guidance outlined in the **Intercollegiate document** (April 2006) **Safeguarding Children and Young People: Roles and Competencies for Health Care Staff**.

Information Governance

Consultants must be familiar with and comply with the contents of the Information Governance Handbook, a personal copy will be provided at Induction to all staff

Consultants are required to maintain confidentiality of patient and trust information as set out in the Trust's Confidentiality Policy and Data Protection Policy

Consultants are required to share personal identifiable data appropriately but securely in accordance with the latest Caldicott Principles (2013), The ICO Code of Practice on Data Sharing

Consultants are required to read and comply with all policies that are issued relating to the electronic security of Trust information, particularly in relation to the use of faxes, email and any transfer of person identifiable data to a third party. Consultants must maintain an nhs.net email account.

Consultants create, access, transfer, modify sensitive trust records and have a responsibility to be both accurate and timely and ensure that all the information that they record either on paper or electronically is complete

Consultants must complete Information Governance Training (or a refresher) annually

Consultants who hold any person identifiable data at their home address that relates to any third parties, including NHS or private patients are required to be personally registered with the Information Commissioner for the processing of personal data.

For all clinical posts

Ensure 100% compliance with hand hygiene and high impact intervention protocols.

Demonstrate effective leadership by ensuring all clinical staff, whoever they may be, are aware of their responsibilities in relations to infection prevention and control.

Be responsible for ensuring the highest possible standards of cleanliness within the ward/clinical area and ensure all staff are familiar with escalation procedures for additional cleaning.

For all posts requiring professional registration

You are required by law to maintain professional registration for the duration of your employment and cannot be lawfully employed should registration lapse. Lapsing may render you subject to disciplinary action. You are also required to abide by the codes of professional practice as detailed by the professional body (Nursing and Midwifery Council, General Medical Council, Health Professions Council etc)

Teaching and Training

The Trust is committed to sustaining and advancing the provision of medical, dental, nursing and other professional education and to the delivery of high quality postgraduate and undergraduate training.

The post-holder will be expected to develop and participate in undergraduate and postgraduate teaching programmes and maybe required to teach other staff across and within the directorate. Under the guidance of the Sub Director this may involve specific timetables and regular commitments in accordance with an agreed job plan.

Equal Opportunities

The post holder must at all times carry out responsibilities and duties with due regard to the Trust's Equal Opportunities Policy.

Health and Safety

The post holder is expected to undertake the appropriate management responsibilities, and be aware of individual responsibilities in accordance with the Trust's Health and Safety Policy and report as necessary, any untoward accident, incident or potentially hazardous environment. The post holder will promote and implement the Health and Safety Policy.

Personal Data

All Persons Identifiable Information (PII) must be held in the strictest confidence and should be disclosed only to authorised people in accordance with NHS Confidentiality Guidelines (Caldecott) and the Data Protection Act 1998 unless explicit written consent has been given by the person identified; or where information sharing protocols exist.

The post holder is responsible for meeting the requirements of the Data Protection Act 1998 to ensure that PII is up to date, that data is timely and that information is securely stored and safely disposed of when there is no continuing requirement for its retention.

All clinicians are responsible for ensuring that clinical information extracts or reports are accurate prior to distribution.

Part Two: Specialty information

Stroke Medicine – Job Purpose

This is an exciting opportunity for an enthusiastic candidate to join our dynamic Stroke Team. Broomfield is part of the Essex Success Regime (ESR) joining three local general hospitals – Broomfield Hospital, Chelmsford, and Basildon University hospital, Basildon and Southend University Hospital, Southend. Broomfield was chosen as one of the 3 hyper acute stroke centres in Essex in the Stroke Services review of Midlands and East of England (Awaiting public consultation) Broomfield sees currently about 600 new strokes and about 750 TIA patients every year. After the reorganisation of Stroke services - the stroke activity is expected to go up to 1000 TIA patients per year.

We have an Acute Stroke Unit (with extension in to Goldhanger) that provides hyperacute care and acute rehabilitation. Hyper acute beds are used flexibly with 10 beds having monitors. We are a truly 7-day service and we provide 24/7/365 Thrombolysis, Thrombectomy for appropriate cases (through tertiary care); 7 day TIA service; 7-day ward rounds; stroke follow up clinics and stroke rehabilitation. We provide twice daily ward rounds (7 days a week) and 25 bedded acute stroke units with daily ward round all weekdays. The acute stroke unit is divided into 2 wards (stroke unit – 15 beds and Gold hanger ward – 10 beds). There is a good 12 bedded stroke rehabilitation unit in St Peters hospital and an Early Supported discharge (ESD) team to provide stroke rehabilitation in patient's homes. We have psychology and counselling services in the Broomfield site and neuropsychology for the St Peters and ESD patients.

We have a 7 day one stop TIA service (with access to same day MRI Scan/CT Scan/ Carotid Doppler and weekday Echocardiogram/7-day tape). There is also same day access to vascular surgery team with 3 joint clinics per week. We also regularly attend the vascular MDT. This 7 day TIA service has been in place since 2008 along with 24-hour stroke thrombolysis service. Our thrombolysis rate for Ischaemic stroke is around 15% to 20% with average door to needle times of around 40 minutes. We were recently recognised in national press for the best figures in the country in some domains like 4-hour admission to stroke unit, early swallow assessments etc

We have 24/7 Band 6 stroke nurse cover in emergency room who is supported by Operation Theatre assistants for all stroke alert calls. We have a rapid stroke CT pathway and our acute stroke service was awarded as the best for Excellence in Stroke Service in 2012 in NHS East of England awards. We were finalist for the Life After Stroke Award in 2015. We have access to CT angiography 24/7

Our stroke unit is quite active in research and publications. We have had presentations in European stroke conferences, World stroke conferences, International Stroke Conferences and in the Mayo Clinic Conferences. There are several publications from our stroke team over the last few years. Our stroke research team was awarded outstanding achievement by CLRN in 2013. We have also contributed to several stroke research trials.

Consultant in Stroke Medicine – Replacement post

We are looking for a dynamic individual to join our acute stroke team. Experience in all forms of hyper acute stroke and TIA care will be expected. Skills in rehabilitation as well as working with community teams like early supported discharge teams will be advantageous. A candidate with a potential to develop new services will be given preference. We welcome candidates who are already in a consultant post also – who can join our team.

This is a replacement post in view of the current post holder moving to a tertiary centre. The successful candidate will join 3 other stroke consultants to share the 35 beds in Stroke Unit and Gold hanger wards. The consultant will be expected to do a daily board round (in turn) and have a daily ward round on weekdays. There will be a TIA clinic and a stroke clinic every week in their job plan. In addition, all consultants do a family clinic and a multidisciplinary team meeting every week. Each consultant will have average 8 to 9 patients at a time in the stroke ward.

The successful candidate will join the stroke thrombolysis rota – 1 in 7 (4 stroke consultants, 1 neurologist, 1 emergency physician and 1 general physician) and take part in weekend hyper acute stroke unit cover - 1 in 4. There is no acute medicine on call expected for this post but if interested it can be offered as an additional session – currently 1 in 15.

Stroke service & DOME

Staffing

Stroke unit has 2 registrars (HST equivalent), 3 Core trainees (Equivalent) and 2 FY1 (foundation trainee) at one time. Out of hours stroke care is provided by the medical on call team with one dedicated Core Trainee (Equivalent) holding the stroke bleep. The acute team is supported by a Band 6 stroke nurse 24 hours a day.

DOME has 3 Care of the elderly wards (Baddow, Braxtead and 12 bedded Frailty unit. In addition, we provide orthogeriatric support to 1 orthopaedic rehabilitation ward. We also run a 5/7 cover to acute orthogeriatric service for fracture neck of femur patients. Our consultant provides input into 3 community hospitals in the region in Braintree, Halstead and St Peter's Hospital, Maldon. In addition, we have an active liaison service with Psycho geriatric services from the Crystal centre (who runs the memory clinics) and Palliative care services from the Farleigh Hospice.

Most DOME consultants take part in acute unselected medical on call as part of a 1 in 15 rota. For the medical on call there are acute physicians covering the admissions from 8am to 8 pm.

1. Dr Kirthivasan – Clinical Lead of Stroke/ CD in Medicine/Essex Success Regime joint stroke lead
Special Interest – Stroke
2. Dr George Zachariah – current post holder/leaving
Special Interest – Stroke
3. Dr Sheela Shah – Governance/Mortality
Special Interest – Stroke
4. Ashok Mathews
Special interest - Stroke
5. Dr Anser Qureshi
Special interest – General Geriatrics, Ambulatory Care, Parkinson's disease.
6. Dr Ahmed Ishaque – Acute Geriatrics Medical Examiner
Special Interest – Orthogeriatrics, General Geriatrics
7. Dr Yoganathan Suthakar –
Special Interest – Orthogeriatrics, General Geriatrics
8. Dr Vijay Sharma –Clinical Lead End of Life Care
Special Interest – Community Geriatrics, Palliative Care, General Geriatrics
9. Dr Katie Ewins –
Special Interest – Dementia, frailty, General Geriatrics
10. Dr Kurien Thyparambil – Clinical Lead Adult Safeguarding
Special Interest – General Geriatrics, Stroke
11. Dr Mathew Sweeting – Clinical Lead DOME/Frailty
Special Interest – General Geriatrics, Frailty & Surgical Liaison
12. Dr James Orpin
Special Interest – frailty, Surgical Liaison

Education and Training

We have a well stocked library and an active medical academic unit. There is a weekly grand round on Fridays and DOME departmental teaching is on a Tuesday. In addition there are weekly teaching programmes for core medical and higher specialist trainees on Thursday, GP trainees on Wednesday and Foundation trainees on Wednesday and Thursday. We have a very successful MRCP PACES programme and a well stocked skills lab. We take part in regular national and local audits along with Quality

improvement projects. There is a weekly stroke meeting on Fridays and radiology meeting on Mondays. In addition, there is a dedicated quarterly directorate as well hospital audit meetings. The trust attracts medical students from the Barts and the London Medical School, and the successful candidate will be expected to contribute to their teaching. Our hospital has been given the title of University hospital as recognition of our contribution to training medical students.

There is a post graduate faculty with regular faculty meeting and training programmes. Our consultants contribute to the simulation training in Anglia Ruskin University in Chelmsford. All clinical and educational supervisors will have an educational appraisal along with general appraisal from 2014.

CONSULTANTS IN THE DIRECTORATE OF MEDICINE AND EMERGENCY CARE

Consultants		Specialty	Sub Specialty
Zachariah	Dr George	Medicine	Stroke (Current post holder for this post)
Shah	Dr Sheela	Medicine	Stroke(Governance/Mortality)
Kirthivasan	Dr Ramanathan	Medicine	Stroke (Lead) and CD Medical Division
Mathews	Dr Ashok	Medicine	Stroke (Hyperacute pathway)
Ishaque	Dr Ahmed	Medicine	Orthogeriatrics
Ahsan	Dr Mohammed	Medicine	Orthogeriatrics (on Sabbatical)
Qureshi	Dr Anser Sohail	Medicine	Care of the Elderly/Frailty
Sharma	Dr Vijay	Medicine	Community Geriatrics & Stroke Rehabilitation
Sweeting	Dr Matthew	Medicine	Acute Geriatrics/Frailty & Lead
Ewins	Dr Katie	Medicine	Acute Geriatrics/Dementia and Frailty
Orpin	Dr James	Medicine	Acute Geriatrics and Frailty
Clesham	Dr Gerald James	Medicine	Cardiology & CD Medical Division
Gamma	Dr Reto	Medicine	Cardiology
Coles	Dr Duncan	Medicine	Cardiology
Dhillon	Dr Onkar	Medicine	Cardiology
Kaimal	Dr Nisha	Medicine	Endocrinology
Fletcher	Dr Jeremy Allan	Medicine	Diabetes/Endocrinology
Jackson	Dr Alan	Medicine	Diabetes/Endocrinology
Webster	Dr Shelby	Medicine	Gastroenterology
Shah	Dr Rakesh	Medicine	Gastroenterology
Oza	Dr Chirag	Medicine	Gastroenterology (Lead)
Dhana	Dr Medapatti	Medicine	Gastroenterology
Chan	Dr Anthony Yin Keet	Medicine	Renal
Abeygunasekara	Dr Sumit	Medicine	Renal
Ali	Dr Abdelgalil Abdelrahman	Medicine	Renal
Lawson	Dr Malcom	Medicine	Respiratory
Hattotuwa	Dr Keith	Medicine	Respiratory
Jenkins	Dr Huw Steven	Medicine	Respiratory(Lead and CD Medical Division)
Isse	Dr Said	Medicine	Respiratory
Peddasomayajula	Dr Subrahmaniyam	Medicine	Rheumatology
Maw	Dr Win WIn	Medicine	Rheumatology
Bradbury	Dr Peter	Medicine	Neurology
Zoukos	Dr Ioannis	Medicine	Neurology
Dasari	Dr Ravi	Medicine	Neurology
Svenbjornsdottir	Dr Siggurlag	Medicine	Neurology

Part Three: Job Information

Weekly provisional timetable

Please find below an **indicative** timetable of programmed activities only and will be subject to discussion and agreement with the successful applicant in line with the development of the service.

PROVISIONAL JOB PLAN – Stroke Medicine

DAY	TIME	HOSPITAL LOCATION	TYPE OF WORK	CATEGORISATION	NUMBER OF PROGRAMMED ACTIVITIES
MONDAY	AM	Broomfield Hospital	Ward Round	DCC	1 PA
	PM	Broomfield Hospital	SPA	SPA	0.5PA
TUESDAY	AM	Broomfield Hospital	OPD	DCC	1 PA
	PM	Broomfield Hospital	MDT Meeting	DCC	0.5 PA
WEDNESDAY	AM	Broomfield Hospital	Ward Round SPA	DCC SPA	0.5 PA 0.5 PA
	PM	Broomfield Hospital	Research(optional)	Research(Optional)	1 PA(or Free)
THURSDAY	AM	Broomfield Hospital	Ward Round SPA	DCC SPA	0.5 PA 0.5 PA
	PM	Broomfield Hospital	OPD	DCC	1PA
FRIDAY	AM	Broomfield Hospital	Free(if doing research) Ward round or TIA clinic if free Wed PM	- DCC (if not doing research Wed PM)	- 1 PA
	PM	Broomfield Hospital	Administration	DCC	1 PA
OOH	Out of hours on call cover plus weekend TIA/ward cover	Broomfield Hospital	Ward round/Clinic/Thrombolysi s	DCC	2PAs
				TOTAL	10 PA

A final job plan will be agreed with the successful candidate, but it will typically include an average of 8.5 Programmed Activities for Direct Clinical Care Duties and 1.5 Programmed Activities for Supporting Professional Activities. The DCC will include 1 clinic (1PA), Administration (1PA), MDT and Family meeting (0.5 PA) and ward round (4 PA). Each consultant will be responsible for 8 to 10 patients (Total 35 beds and 4 consultants). Participation on the POD rota is optional but encouraged

It is expected that the SPA is spend in the hospital and it will cover for personal CPD, preparation for appraisal, audit, attending departmental meetings etc. Any additional work like educational supervision will be allotted as an additional activity (0.25 PA per trainee). Weekend cover and stroke thrombolysis will be paid as 2 PA as part of a rota with on call availability supplement of 5%.

The precise balance will be agreed as part of Job Plan reviews and may vary to take account of circumstances where the agreed level of duties in relation to Supporting Professional Activities, Additional NHS Responsibilities and External Duties is significantly greater or lower than 2.5 Programmed Activities.

Job plan review

The Job Plan will be reviewed annually, usually following an 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, Private Practice and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external, including private practice. In addition, it should include personal objectives, including details of their link to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

The trust will provide office space with computer and secretarial support. There is a mentorship scheme for newly appointed consultants in the trust.

Additional Information

Further information can be obtained from

Dr Kirthivasan, email Ramanathan.Kirthivasan@meht.nhs.uk (Stroke Lead) telephone 01245 514746;

Dr Sheela Shah, email: Sheela.shah@meht.nhs.uk 01245 516708

Dr A Mathews, email: Ashok.mathews@meht.nhs.uk Tel 01245 514746

Dr Gerald Clesham (CD for Stroke) email Gerald.clesham@meht.nhs.uk Tel 01245 51 4242

Person Specification

Mid Essex Hospital NHS Trust

PERSON SPECIFICATION

POST: CONSULTANT IN STROKE MEDICINE

Measurement codes:

A = Application Form
R = References

P = Pre-employment Checks
AC = Assessment Centre

I = Interview
F = Formal Documentation

REQUIREMENTS	ESSENTIAL	HOW MEASURED	DESIRABLE	HOW MEASURED
Qualifications	<p>MBBS or equivalent MRCP (UK) or equivalent</p> <p>CCT in General & Geriatric Medicine or with in 6 months of attaining it at time of interview (or equivalent)</p>	A, P, F	<p>Further post-graduate qualification ALS certificate</p> <p>CCT in Stroke Medicine</p>	A, P, F
Professional Experience	<p>CCST/CCT in Medicine or Geriatrics or Neurology;</p> <p>OR Registration on GMC Specialist Register;</p> <p>OR within three months of achieving CCST/CCT at the time of interview.</p> <p>Broad recent experience in all aspects of Stroke including Stroke Thrombolysis and TIA Clinics</p> <p>Experience of inter-agency working Experience of multi-disciplinary working Experience of teaching trainees/multi-disciplinary staff</p>	<p>A, P, R, F</p> <p>A, P, R, F</p> <p>A, I, R</p> <p>A, I, R</p>	<p>Ability to develop and maintain a sub-specialty interest</p>	I, R
Research		A, I, R	Experience or interest in Research	A, I, R

Communication	<p>Ability to communicate effectively with all levels of staff, patients and relatives. Shows understanding when presented with difficult situations and can build strong effective relationships with patients, families, and colleagues.</p> <p>Ability to work as part of a multi-disciplinary team with appropriate inter-personal skills for effective team working.</p> <p>Ability to gain the trust and confidence of colleagues and patients</p> <p>Competent in all relevant IT packages, including Microsoft and patient administration systems and PACS.</p>	<p>I, R</p> <p>I, R</p> <p>I, R</p> <p>A, I, R</p>	<p>Evidence of presentations.</p>	<p>I, R</p>
Audit and Clinical Governance	<p>Interest in, and knowledge of, medical audit and understands the principles of evidence based audit.</p> <p>An understanding of the principles of Clinical Governance.</p>	<p>A, I, R</p> <p>A, I</p>	<p>Evidence of audit participation</p>	<p>A, I, R</p>
Education	<p>Interest in, and knowledge of, advances in medical education and training and ability to operate within a teaching/training culture.</p> <p>Shows ability to encourage on-going learning both in self and others.</p>	<p>A, I, R</p> <p>I.R</p>	<p>Shows scientific approach to problem solving.</p>	<p>A, I, R</p>
Management Ability	<p>Commitment to effective departmental management and management of a multi-disciplinary group.</p>	<p>A, I, R</p>		

	Possesses sound business understanding.	I, R		
Standards	High ethical/professional standards	I, R		
Transport	Ability to travel between Trust sites.	I	Own transport	I
Leadership Skills	Ability to motivate and develop junior medical and other staff	I, R		
Registration	Full Registration with the General Medical Council	A, P		
Health	Serologically tested for Hepatitis B immunity & Hepatitis C status.	P		
Additional Requirements	The ability to understand and behave at all times, towards patients, visitors, colleagues according to the Trust values of Care, Excel and Innovate. This behaviour is outlined on the final page of this person specification.			

Attending hospital is a stressful and anxious time for patients, carers and relatives.
We will show empathy, sensitivity, compassion and understanding at all times.

	Behaviour we expect	Behaviour we will not accept
Kind	<ul style="list-style-type: none"> ✓ Treat everyone in a friendly, courteous manner; smile & make eye contact ✓ Help anyone who appears lost ✓ Listen to the wishes and preferences of patients ✓ Treat patients & colleagues with dignity & respect ✓ Understand people come from varied backgrounds; challenge bias, prejudice & intolerance 	<ul style="list-style-type: none"> ✗ Forgetting we are here to provide a service to patients ✗ Criticising colleagues/disagreeing with them in front of patients, visitors and other staff ✗ Appearing unapproachable or moody ✗ Imposing personal beliefs and opinions on patients ✗ Blaming others/other departments for mistakes ✗ Wearing inappropriate dress/or having an unprofessional appearance ✗ Being unsupportive of change/of new ideas for improvement ✗ Moaning and demoralising others without making an attempt to change things
Safe	<ul style="list-style-type: none"> ✓ Follow the Trust procedures for hand hygiene ✓ Maintain privacy and ensure confidential information is kept safe and secure ✓ Learn from mistakes & ask for support where necessary ✓ Respond promptly to call bells, telephones & other requests for help ✓ Ensure appearance is professional & name badge visible ✓ Keep work area clean, tidy & pick up litter when you see it ✓ Use plain language & speak in English when carrying out duties 	
Excellent	<ul style="list-style-type: none"> ✓ Provide consistently high-quality care & service ✓ Look for better ways of working to achieve improvements ✓ Respect patients' time; apologise & explain if we keep people waiting ✓ Question poor practice process & behaviour ✓ Access opportunities for learning & development ✓ Uphold the values and be proud to be part of the Trust 	
Care, Excel and Innovate		