

LOCUM CONSULTANT IN GASTROENTEROLOGY AND GENERAL MEDICINE

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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 £261m and employs approx 4,400 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.

MEHT is a research active organisation and expects new Consultants to be involved with research and facilitate recruitment of their patients into clinical trials, particularly NIHR portfolio studies and commercial research. The R&D department offers a full supportive service to support this activity

The professional Duty of Candour

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concern.

Excellent Clinical Reputation

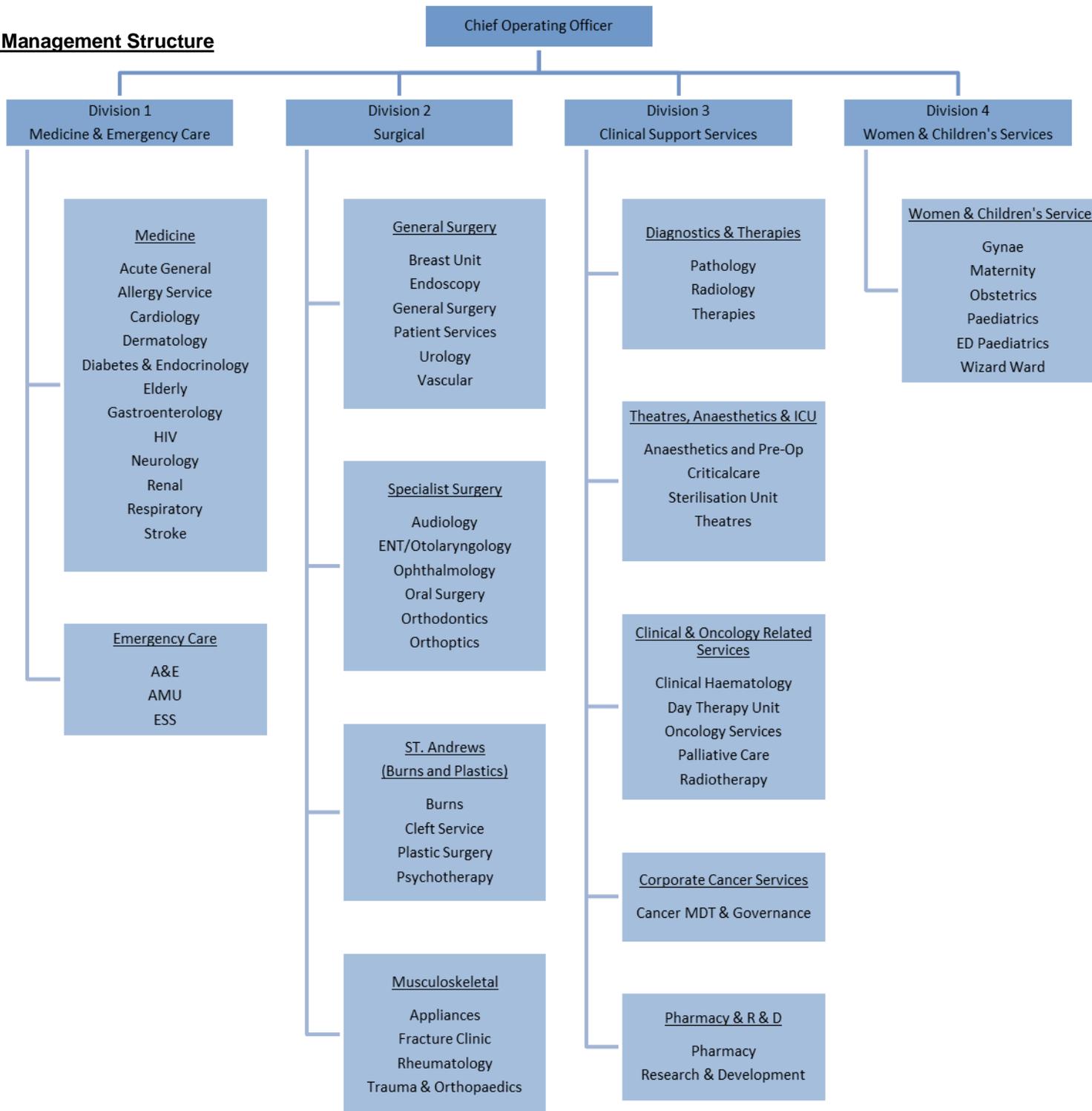
Excellent progress has been made in respect of quality and performance improvement at Mid Essex Hospitals over the last 3 years, and these achievements have resulted in the Trust being recognised as one of the top performing District General Hospitals in the East of England and the Midlands.

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."

Operational Management Structure



Our Clinical Activity

- Hospital activity for the last three years

	2013/2014 activity	2014/2015 activity	2015/2016 activity
Elective inpatients	11,615	11,341	11,877
Emergency inpatients	42,280	43,805	44,046
Day cases	32,086	34,036	36,254
Outpatient attendances	593,103	620,598	653,548
Accident and Emergency	81,619	87,291	91,082

- Hospital acquired MRSA bacteraemia numbers for the last three years

	2013/2014	2014/2015	2015/2016
MRSA	3	2	2

- Hospital acquired Clostridium difficile numbers for the last three years

	2013/2014	2014/2015	2015/2016
Clostridium difficile	13	16	20

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 full and specialist registration (and with a licence to practise) with the General Medical Council (GMC) (or be eligible for registration within six months of interview)

Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview

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 may 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.

Infection Control

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 and Social Care Act 2006: *Code of practice for the prevention and control of Healthcare Associated infections* and Related Guidance (Revised January 2014)

Decontamination

Each member of staff is responsible for maintaining a safe environment for all patients, visitors and other staff members. This includes ensuring that all instrumentation and equipment is adequately decontaminated before use and the patient environment is clean and safe. Also that hands are appropriately cleaned between each patient.

The post holder is expected to work closely with the DIPC to achieve the MEHT Infection Prevention and Control annual work plan.

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.

Research & Development

MEHT is a research active organisation and expects new Consultants to be involved with research and facilitate recruitment of their patients into clinical trials, particularly NIHR portfolio studies and commercial research. The R&D department offers a full supportive service to support this activity

Mentoring

The Trust will provide a robust mentoring programme for all new Consultant appointments. The process allows new Consultants to approach trained Trust Mentors upon commencement of their new post. The Mentors will provide support and advice and afford new Consultants the best possible start to their post at MEHT.

Essex Success Regime (ESR)

Essex was selected to be one of 3 areas to benefit from intensive support to develop new ways of working. This project is now well under way and is likely to influence significantly how acute services are delivered across the region. There are 3 acute hospital Trusts, Basildon and Thurrock University Hospitals NHS

Foundation Trust (BHUT), Southend University Hospital NHS Foundation Trust, and Mid Essex Hospitals NHS Trust. This will undoubtedly involve all services to some degree in the future, and the appointees to these posts must assume that in due course of time they may be asked to work on different sites across South and Mid Essex.

Anglia Ruskin University - School of Medicine

Anglia Ruskin University - Chelmsford Campus in collaboration with the regional healthcare partners has been developing this new school. Subject to GMC approval, the aim is to have the first intake of medical students in September 2018.

This exciting project provides MEHT physicians and the wider regional medical work force with a unique opportunity to participate in medical faculty academic activities in a rapidly developing academic environment

Part Two: Specialty information

Gastroenterology

This new post of Locum Consultant in Gastroenterology will be working within the Department of Medical Specialities. Dr Steve Jenkins is the Clinical Director covering Gastroenterology.

The Gastroenterology Service employs the following medical staff in addition to the current vacancy:

Dr Chirag Oza (full-time Consultant and Clinical Lead for Gastroenterology and Endoscopy)

Dr Rakesh Shah (full-time Consultant)

Dr Shelby Webster (full-time Consultant)

Dr Sudhakar-Reddy Medapati-Dhana (full-time Consultant)

Virginia Hay (IBD nurse specialist)

2 full time Specialist Registrars (Eastern Deanery)

1 FY2

1 Core Trainee

2 FY1s

In addition, we also are currently staffed with one Consultant Acute Physician who contributes to the endoscopy workload, including the Advanced EMR polypectomy and Barrett's Service, as well as the out of hours endoscopy rota. There are two trained GI Nurse Endoscopists who perform independent diagnostic flexible sigmoidoscopies and gastroscopies, and one of these also performs colonoscopies in addition.

The new appointee would undertake Endoscopy sessions comprised of a mixed list case load, and run general Gastroenterology Clinics. The Department of Gastroenterology has close liaison with the Departments of Surgery, Radiology and Histology via regular MDT meetings.

Our purpose-built Endoscopy Unit is JAG Accredited, and has been so since 2015. We perform over 6000 procedures annually. We have three fully integrated rooms, all with the Olympus 290 HD scope and stack systems, and magnetic Olympus scope-guide. Each room has piped Entonox, CO₂ insufflation capabilities (cylinder), 'endo-gator' irrigation, and ERBE diathermy machines. Additionally, each room is equipped with Unisoft GI reporting software with static image capture. We have a further 'mobile' 290 stack system for use in theatre (for out of hours emergency endoscopy), and for use in Radiology for ERCP. The endoscopy unit also hosts the EUS service (currently one list per week, with diagnostic/therapeutic FNA capabilities), and Bronchoscopy and EBUS lists (via the respiratory team).

Our endoscopy service currently does not offer National Bowel Cancer Screening, but it is intended that this post will facilitate the implementation of National Bowel Scope Screening. This is currently being run by Colchester Hospital, and we aim to be a satellite unit. Our endoscopy service is planning to move to 3 session days to accommodate this service, and we are initiating nurse recruitment, including 2 further Nurse Endoscopists, and expansion and upgrade of the endoscope stock. We aim to start running Bowel Scope lists in December 2017.

- (a) We have a leading Upper GI surgical team, provided by Mr Sri Kadiramanathan, Mr Venkatesh Jayanthi, Mr Bong Tang, Mr Alex Charalampoulous and Mr Bruno Lorenzi.
- (b) The IBD service is led by Dr Rakesh Shah. We offer a monthly IBD MDT meeting attended by gastroenterologists, colorectal surgeons, histopathologists and radiologists. This is co-ordinated by our IBD nurse specialist. We also provide a day therapies unit for red cell and IV iron infusions as well as infliximab infusions, and a "Healthcare at Home" service for Adalimumab injections for Crohn's Disease. Participation in supporting the IBD service would be expected.

- (c) The Colorectal Surgery, including colorectal cancer surgery, is provided by Mr Nigel Richardson, Mr Shahab Siddiqi, Mr Tobias Hammond, Ms Gemma Conn and Mr Thomas Pearson. Additionally there are 2 stoma nurses and 3 colorectal clinical nurse specialists. One of the Consultant Acute Physicians with an interest in Endoscopy (Dr Rafal Radzioch) provides the advanced EMR service for Endoscopy. Participation in the colorectal MDT process would be anticipated.
- (d) The ERCP Service currently has 2 planned lists per week, provided by Dr Geoff Pratt, (Consultant Interventional Radiologist), and Dr Chirag Oza, (Consultant Hepatologist). Additionally, Dr Oza leads the Hepatology service, with liaison with Addenbrooke's, including an alternate monthly liver transplant outreach clinic. Dr Oza leads the hepato-biliary cancer MDT, with weekly video link with The Royal Free Hospital, Hampstead as our network HPB centre.

Broomfield Hospital is the designated Upper GI Surgical Cancer Centre for the Anglian Region (Ipswich, Colchester, Basildon, Southend and Mid Essex). Colorectal cancer screening is not currently provided by the Trust, but we are currently in discussion with Colchester to begin roll-out of the National Bowel Scope Screening Service. This is expected to commence in December 2017, and it would be desirable for the new appointee to participate in this service. Support to obtain the essential credentials would be provided, if not already held.

Dr Oza is the nominated Hepatology lead, and runs 2 hepatology clinics a week, seeing new referrals and follow-ups. Hepatitis B is managed locally, but currently, Hepatitis C patients are referred to Basildon for management. We have 'satellite treatment centre' status as part of the Eastern Hepatitis C Network ODN, with Addenbrooke's as a hub. We do not have a Hepatology CNS currently, but are developing this in the business plan, to facilitate local treatment of Hepatitis C patients. All Fibroscan's are currently referred to Basildon. Again, this is part of the business plan going forward, to bring this 'in-house'. There is an Alcohol Liaison Nurse during working hours only currently.

There are established facilities for oesophageal manometry and pH monitoring. Capsule endoscopy is available, and currently negotiated for on a case by case basis with the CCG. Endoscopic ultrasound is performed by Dr Pratt and Dr Oza.

The weekly upper GI and colorectal MDT meetings are supported by a GI Pathologist (Dr Peter Davies) and GI Radiologists (Dr Geoff Pratt and Dr Peng Lee).

MEHT also has a 24/7 emergency endoscopy rota with which the incumbent appointee would be expected to participate in. This is currently a 1 in 7 frequency, with prospective cover for leave. Any out of hours endoscopy is performed in main theatres, unless the patient is located on ITU or HDU, in which case the endoscopy is performed at the patient bedside. The out of hours rota is supported by 2 trained endoscopy nurses.

Weekly medical meetings (Grand Round) take place on Friday lunchtimes. Specialty and Trust audit days occur quarterly and clinical commitments are cancelled for these events.

Medical Department

The medical specialities directorate at Broomfield Hospital is a large and dynamic department which includes 4 gastroenterologists, 3 renal physicians, 4 chest physicians, 4 cardiologists, 8 care of the elderly physicians (includes orthogeriatric service), 4 neurologists and 5 dermatologists. We also have strong links with 7 acute consultant physicians, 4 rheumatologists and 5 oncologists in adjacent directorates.

There are strong supportive radiology, biochemical, haematology and microbiology departments, with on-line ordering and results access readily available. There is a well-staffed medical photography department, an active postgraduate centre and a strong R&D department (with links to Anglia Ruskin University), which are all accessible to the successful candidate. We also maintain good working relationship with local GPs, and support several education and training programmes targeted at local primary care teams.

The candidate will be delivering outpatient clinics in a new PFI building (built 2009-10), and hospital protocols include patient-friendly information pathways, flexible appointment arrangements, waiting time performance assessments, clean and comfortable waiting areas, staff identifiers, disability access, and dignity awareness. We also adhere to national standards on document handling. This core infrastructure is consistent with RCP guidelines on good outpatient practice.

The Trust promotes effective communication between Medical staff, managers, ward nurses and multidisciplinary team members. Clearly documented management plans are a requirement for all patients for whom you are responsible.

There is good junior support with two specialist registrars supporting the Gastroenterology consultants ward work, who also participate in on-call duties, and a team of CT1/FT1/FT2 junior doctors.

Patient-centred care, delivered in a strong multi-disciplinary environment, is core to our departmental values, in line with the Trust Values and Behaviours – ‘At our best we are... Kind, Professional, Positive, Team’

Part Three : Job Information

Responsibilities and Duties of the Post

The post holder will provide gastroenterology and general medical care to patients attending Mid Essex Hospital Services NHS Trust. Responsibilities will include assessment and treatment of patients attending specialist outpatient sessions, performing both upper and lower GI procedures, the support and training of junior staff, contributing to the strong multi-disciplinary team approach operating in all hospital service areas and liaising with GPs & community teams as required.

The post holder may also take part in the Physician on call rota (Physician Of the Day, POD) which is currently 1:20. Currently, all post-holders contribute to the POD rota in addition to GI bleed rota commitments, with equal share of 3 POD rota slots between 4 consultants. This commitment is likely to reduce with this post, as will the number of slots on the POD rota. Currently, POD commitment is as follows:

- **Weekdays:** POD's AM job-planned commitments as usual. Afternoon job-planned clinical commitments cancelled. POD on-site in A+E/AMU from 2pm until 9pm for post-take review. Additional Acute Physician on site for AMU until 5pm, and further Acute Physician for Ambulatory Care Unit. POD nominated consultant for all medical in-patients out of hours. POD supervises Night Team Hand-over. Following morning 'post-take' conducted by POD of patients in A+E, and medical outlier wards. AMU post-take conducted by Acute Physicians. Patients admitted to 'base medical wards' post-take conducted by base speciality team. AM fixed clinical commitments for POD cut back to half session for post-take morning (e.g. clinic/endoscopy list)
- **Weekends:** POD on site in A+E from 2pm until 9pm, as per weekdays. ACU and AMU covered by Acute Physicians until 5pm. Supervise Night-Team handover. Following morning post-take of patients in A+E, base medical wards, outliers. Discharge review of ESS ward.

The in-patient service is managed by a Gastroenterologist of the Week system (GOW), whereby, for 1 week, each consultant is responsible for the ward in-patients, including surgical outliers on the 'buddy' surgical ward, and all in-patient referrals (currently about 5-10 per week), with the help of the Registrars. This is currently on a 1 in 4 rolling rota, with a daily morning Consultant-led ward round, followed by any usual job-planned afternoon activity. The advantage of this is continuity of care for patients, reduced length of stay and clarity of patient ownership amongst junior doctor and nursing staff. The appointee would be expected to contribute to this, thus allowing the rota to reduce all clinicians overall commitments to 1 in 5. This would potentially allow for gastroenterology in-reach services to develop.

There is no formal nutrition team currently, although Dr Webster is the nutrition lead. We have an active PEG service, with a Nutrition CNS who facilitates assessment of such patients. There are plans to develop a Nutrition team, and this post would allow for that.

Multidisciplinary board rounds form an integral part of this activity. The in-patient ward is shared with the other 4 consultant gastroenterologists and is supported by 2 Registrars (ST3+), 2 SHO-grade doctors (F2, ST1/2) and 2 FY1s, and will require regular ward rounds to support inpatient care.

The incumbent may be expected to participate in an emergency endoscopy rota (currently 1:7) alongside a rota for endoscopy nurses.

The candidate will be expected to be involved with service development across the field of gastroenterology.

The incoming post-holder will share office accommodation, a computer and secretarial support, which will continue taking over from the retiring post-holder. The new post holder will have the support of senior colleagues through line-management (clinical director), through separate consultant-lead appraisal support (for GMC re-validation) and will be incorporated into the evolving Trust Mentoring, Induction and Mandatory Trust training Programmes. The new post holder will be offered access to a period of structured mentoring.

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.

OPD and Endoscopy sessions are typically each a full 4 hours. The standard full time job plan will be based on a standard NHS national contract Programmed Activities template. The Trust will allocate 1.5 generic SPA's to cover: CPD, Personal Audit, Appraisal and Appraisal Preparation, Mandatory Training, Revalidation, Clinical Supervision, Departmental Meetings, and Investigation/ Datix Review.

A typical clinic template would be 4 new patients and 10 follow-up patients, with one additional protected slot for any fast-track or MDT patient to be seen at short notice.

The duty days are subject to change based upon the requirements of the service.

Below is an outline weekly timetable for the weeks on and off the ward. Currently job-plans are annualised, so that the 'weekly' SPA time of 1.5PAs is averaged out. Essentially, there may be one week which is more intensive than others, due to daily morning ward round commitments.

	AM	PM
Monday	Ward Round	Endoscopy
Tuesday	Outpatient Clinic	Admin
Wednesday	Endoscopy	Outpatient Clinic
Thursday	Outpatient Clinic	SPA
Friday	Endoscopy	Admin
Saturday/Sunday		
On Call		

Direct Programmed Activities – *8.5 on average per week, including predictable and unpredictable on call*

Supporting Professional Activities – *1.5 on average per week in department*

Job Plan Review

The Job Plan will usually 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 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.

An electronic appraisal system is now in place, geared towards targeting the specific domains required for revalidation.

Additional Information

The incoming post-holder is guaranteed office accommodation, a computer and secretarial support, which will continue taking over from the retiring post-holder.

The above is an outline only; it is not exhaustive and may be altered in line with the needs of the service. The post holder will be required to be co-operative and flexible in accordance with the needs of the service.

Further information can be obtained from Dr Chirag Oza, Clinical Lead for Gastroenterology (chirag.oza@meht.nhs.uk) or Dr Steve Jenkins, Clinical Director (huw.jenkins@meht.nhs.uk)

POST: CONSULTANT IN GASTROENTEROLOGY

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	<p>MBBS or equivalent MRCP or equivalent SCE Gastroenterology or equivalent Current ALS certificate</p>	<p>Further post-graduate qualification</p>
Professional Experience	<p>CCT or equivalent – in Gastroenterology and General Medicine - or be within six months of CCT date.</p> <p>Specialist experience and interest in luminal disease</p> <p>Competence and expertise in upper and lower diagnostic and therapeutic endoscopy.</p>	<p>Willingness and ability to develop new services in Upper GI work and/or Nutritional work</p> <p>Experience in Capsule Endoscopy</p> <p>Research experience/ publications</p>
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>Excellent IT skills.</p>	<p>Evidence of presentations.</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>Evidence of audit participation</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>	Shows scientific approach to problem solving.
Management Ability	<p>Commitment to effective departmental management and management of a multi-disciplinary group.</p> <p>Possesses sound business understanding.</p>	
Standards	High ethical/professional standards	
Transport	Ability to travel between Trust sites.	Own transport
Leadership Skills	Ability to motivate and develop junior medical and other staff	
Registration	Full Registration with the General Medical Council	
Health	Serologically tested for Hepatitis B immunity & Hepatitis C status.	

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		