

## **Consultant in Acute Medicine**

Emergency Care and Medicine Care Group

Cumberland Infirmary, Carlisle  
West Cumberland Hospital, Whitehaven

Example Job Plan for a full time 10PA contract can be found in Appendix 1.  
Applications are welcomed from candidates wishing to work either full or part-time.

### **On-call commitment:**

No on-call commitments.

7 weekends per year of resident AMU cover 8am-6pm Saturday and Sunday.

8am-6pm weekday cover on AMU/SDEC (~3 days per week)

### **Visiting arrangements:**

We strongly encourage interested applicants to visit the Trust and meet prospective colleagues, and to view the area and all of its attractions.

Arrangements for visiting may be made by contacting:

Dr John Craig, Clinical Director for Acute Medicine, North Cumbria Integrated Care NHS Foundation Trust,

Email: [John.Craig@ncic.nhs.uk](mailto:John.Craig@ncic.nhs.uk)

Additional information can be found on the Trust's website at <https://www.ncic.nhs.uk/>

## Job Summary

We are looking to appoint substantive Acute Medicine Consultants to North Cumbria Integrated Care NHS Foundation Trust on a full-time or part-time basis. This represents a fantastic opportunity to join an energetic, motivated and innovative team, who have demonstrated success in providing new models of care in Acute Medicine to patients in North Cumbria.

These posts are new and the successful candidates will join a team of 11 Acute Medicine Consultants. There is currently funding available for an additional 2.0 Whole Time Equivalents.

Typical ~10 PA job plans comprise 3 clinical days per week on AMU/SDEC with two non-clinical days for admin/SPA (which is negotiable at job planning subject to appointment). Successful candidates will cover 7 weekends per year. Job plans for Acute Medicine consultants do not currently include any twilight/overnight cover, which is provided on an on-call basis by our General Medicine/Specialty Medicine colleagues.

The Acute Medical Units (combined assessment and short stay areas) comprise 39 beds at the Cumberland Infirmary (CIC) and 29 beds at West Cumberland Hospital (WCH). Patients are admitted either directly from the community following assessment by general practice, or from the Emergency Department. The typical AMU take is of 40-50 patients at CIC and 10-20 patients at WCH over 24 hours.

The successful candidates will be expected to work across both hospital sites but will be based at one of the sites for the majority of their work. It takes approximately one hour to drive from one hospital to the other and staff parking is available on both sites. Driving time from base hospital is job planned and included in PAs, whilst travel expenses can also be claimed for work undertaken at the site which is not your base.

At CIC the Acute Medicine team on day shift comprises 3 consultants and 8+ doctors in training from FY1 to registrar level based on AMU, plus 2-3 Advanced Care Practitioners (ACPs) and 2-3 Clinical Fellows based on SDEC (Same Day Emergency Care).

At WCH the Acute Medicine team comprises 2 consultants and 5+ doctors/ACPs on AMU plus a further 2 ACPs and one registrar on SDEC.

SDEC It is open from 8am to 8pm on weekdays on both sites and from 10am-6pm at CIC. It is staffed by Advanced Care Practitioners, clinical fellow/registrar level doctors and one Acute Medicine Consultant is based there on afternoons. This area and the nursing team are shared on both sites with the General Surgical team. There are on average 10-20 medical patients attending SDEC each day. Access is through General Practice or the Emergency Department.

Remote cardiac telemetry is available and is monitored on Coronary Care Unit (CCU). Patients requiring a higher degree of monitoring can be transferred to CCU or HDU as clinical need requires. There is a CCU and an ITU on both hospital sites.

Respiratory services run a pleural service for pleural taps and drains across both hospital sites.

Stroke services run a regional on-call with thrombolysis undertaken under the remote supervision of the on-call stroke specialist by the medical registrar. Stroke patients are admitted directly to the Hyper-Acute Stroke Unit (HASU) at CIC.

Cardiology run a dedicated on-call service providing 24 hour PCI cover for STEMI and unstable NSTEMI, as well as cardiac pacing and advice.

There are renal dialysis units and resident renal cover on both hospital sites.

The trust runs a GI Bleed rota for interventional endoscopy 24 hours a day. This service is maintained by gastroenterology and general surgery on a combined rota.

The successful candidates will be encouraged to develop a special interest to complement the other members of the department and will participate in the provision of medical services to the population of North Cumbria. This is an opportunity to join a clinically-led organisation which encourages self-development and provides a generous study budget for consultants. There are departmental opportunities to be involved with clinical governance, audit/quality improvement including the national SAMBA audit, medical education and post-graduate training of doctors from FY1 to Specialist Trainees in Acute Medicine.

Those wishing to join the department holding a CCT in General Medicine and a Medical Specialty would be supported to maintain practice within that specialty but with a job plan weighted towards Acute Medicine work. Specialties that could potentially be accommodated comprise Rheumatology, Gastroenterology, Respiratory, Cardiology, Dermatology, Nephrology, Diabetes and Frailty/Care of the Elderly, although any medical specialty could be discussed.

## **GENERAL MEDICINE and MEDICAL SUB-SPECIALTIES**

Hospital medical services provide for a population of approximately 340,000. Approximately 600 beds are available across two Acute Hospitals across all specialties. The medical specialties providing services locally include cardiology, nephrology, gastroenterology, respiratory, rheumatology, neurology, haematology and clinical oncology.

### **Mentoring**

We have mentoring programmes for new Consultants employed by the Trust. This is to create positive relationship between new employees and the organisation. We expect mentors to help new consultants settle into the organisation and help promote a quality service as well as help understand the culture of the organisation.

### **Induction**

We have a departmental induction package for new consultants and we are open to supernumerary periods at the commencement of the post.

## **Secretarial Support/Office Accommodation**

Secretarial support will be available to the successful candidate. Office accommodation, a personal computer with internet access and a trust smartphone will also be provided.

## **Main Terms and Conditions of Service**

This post is a Trust appointment and will be subject to the new Terms and Conditions – Consultants (England) 2003 as amended from time to time. The Trust has established a Joint Negotiating Consulting Committee for negotiating changes to terms and conditions of service, which will then be incorporated into the handbooks and become part of your employment contract.

Candidates appointed as an NHS Consultant for the first time will be offered a salary on the minimum scales except where a higher salary is justified by taking into account any previous consultant level experience recognised by the Trust for this purpose.

Any offer of employment with the Trust will be subject to satisfactory pre-employment checks as defined in Health Service Circular 2002/008

- references
- qualification/registration verification
- occupational health clearance
- DBS clearance
- identity verification
- eligibility to work in the U.K

and in accordance with Department of Health guidelines relating to 'Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers'.

Your private residence shall be maintained in contact with the public telephone service and shall be not more than 30 minutes or 10 miles by road from your base hospital unless specific approval is otherwise given by the Trust.

## **Professional Code of Practice**

As a Registered professional, you are required to abide by the GMC's 'Good Medical Practice' (Regulating doctors, ensuring good medical practice) or the GDC's Standards of Dental Practice. Disreputable behaviour, even if it is not directly connected to your professional practice, or failure to abide by the principles outlined by your code of practice mentioned above could put your registration as well as your continuing employment at risk.

You should be aware that any breaches of your code of practice will be investigated in line with Trust policy, and action taken where appropriate, including reporting the misconduct to the GMC/GDC/NCAS.

### **Health & Safety Management Responsibilities**

The Trust recognises its duties under the Health and Safety at Work Act 1974 to ensure as far as reasonably practicable, the health, safety and welfare at work of all employees. In addition, the business of the Trust shall be conducted so far as to ensure that patients, their relatives, contractors, voluntary workers, visitors and members of the public having access to Trust premises and facilities are not exposed to risk to their health and safety.

Managers have a duty to ensure that safe systems of work are used within their areas of responsibility and must investigate accidents and incidents, arrange annual risk assessments and ensure all staff attend appropriate health and safety training.

All employees have a duty to take reasonable care for their own health and safety, and that of others who may be affected by their activities; to co-operate with the Trust by complying with all health and safety rules and safe systems of work; and to inform their line manager of any work situation, or practice which may be considered a danger to health and safety.

### **Travel and Subsistence**

Travel and subsistence expenses will be reimbursed for preliminary visits in addition to interview expenses only to those candidates selected for interview. Reimbursement is restricted to two such visits, whether they are made before or after the constitution of the short list is known. In the case of candidates traveling from abroad, traveling expenses are normally payable only from point of entry to the United Kingdom

## **Appendix 1 – Example Job Plan**

The posts will be flexibly time-tabled to meet the demands of the service and the timing of sessions may change as the service develops.

Monday to Friday is covered at CIC 8am-6pm by 3 Acute Medicine Consultants. 2 will be AMU based and one will be SDEC based. Monday to Friday at WCH 8am-5pm is covered by 2 Acute Medicine Consultants. Both are AMU based in the morning but one will cover SDEC in the afternoon. Typically our consultants will work 3 clinical, patient facing days per week and have 2 days for non-clinical activities (SPA, admin, clinical/educational supervision etc).

A weekday session at CIC 8am-6pm attracts 2.5 PA and a weekday session at WCH 8am-5pm attracts 2.25PA. 1 hour driving time each way from your base hospital is provided within job plan and so if for example CIC is your base hospital, then a clinical day at WCH attracts 2.75PA.

Weekend commitments are 1 in 6 (over 42 weeks) which equates to 7 weekends per year. These shifts are 8am-6pm with afternoons and overnights covered by General Medicine colleagues.

Supporting Professional Activities are to meet the needs of continuing professional development for revalidation purposes. 1.5PA are allocated for this. Any Clinical/Educational supervision is job-planned in addition to this.

The Full-time working week will consist of approximately 10 PA, separated into:

- 6-7.5 PA AMU/SDEC direct clinical care (usually over 3 days plus weekend commitments)
- 1.5-1.875 PA Clinical Admin (25% of patient facing clinical time)
- 1.5 PA SPA
- Clinical admin time allocated for clinical and educational supervision of doctors in training

Outline weekly timetable of fixed commitments (precise details to be negotiated depending on individual's requirements/interest

## EXAMPLE WEEK

	MON	TUES	WED	THURS	FRI
AM	AMU	SPA	AMU	Admin	SDEC
PM	AMU	SPA/Admin	AMU	Off	SDEC

In line with RCP recommendations a newly appointed consultant will be offered the opportunity to engage in mentoring with an experienced consultant. This will be discussed with the successful applicant, and a mentor allocated in agreement with the candidate by wither the Associate Medical Director for Medicine or the Clinical Director in Acute Medicine. The job plan is subject to review once a year in accordance with Schedule 3 of the Terms and Conditions Consultants (2003). Either party may propose amendment of the Job Plan to help ensure through participating in Job Plan reviews that the Job Plan meets the criteria set out in the Terms and Conditions and that it contributes to the efficient and effective use of NHS resources.

For this purpose, those involved, should have a copy of the current job plan including up to date work programmes and relevant departmental statistical information, together with notes provided by either side of any new or proposed service or other developments.

All doctors should be familiar with the GMC requirements governing good medical practice, which is supported by the Trust.

### **Other Duties: Flexible Commitments**

The remainder of the appointee's professional time will be deployed flexibly on other clinical duties, administration, teaching, research, clinical audit, continuing medical education and professional development. (Details of this part of the Job Plan arrangements will be agreed with the successful applicant).

Time off in lieu of extra duties will be considered.

### **Out of Hours Responsibilities including on-call commitments**

The Acute Medicine Consultants are *not* required to participate in the on-call rota but will provide resident weekend cover 8am-6pm on 7 weekends per year.

It should be noted under the Terms and Conditions Consultants (England) 2003, schedule 2, paragraph 1, it states that a Hospital Consultant has continuing clinical and professional responsibility for any patient admitted under his or her care.

**Note:** This is an **example** of a weekly timetable, which will be discussed further with the successful appointee. The job plan is subject to review once a year with the Consultant, Clinical Manager or Clinical Director.

The successful candidate will be encouraged to develop any particular interest she or he has and a timetable will be agreed in advance, to reflect the particular interests of the applicant, the specialist interests of the existing Consultants, and the needs of the Trust.

This job description may change in the future to take account of further changes in light of Service Development and the consultant contract.



## Appendix 2

### Person Specification –

Requirement	Essential	Desirable
<b>Education and Qualifications</b>	<p>Full Registration with the General Medical Council.</p> <p>Entry on the GMC specialist register via relevant CCT (proposed CCT date must be within 6 months of interview), relevant CESR or European Community Rights</p> <p>Member of the Royal College of Physicians or equivalent</p> <p>Proof of competency in emergency and elective index cases</p>	<p>Special interest or certification in any medical specialty.</p>
<b>Experience and Knowledge</b>	<p>High level of clinical experience and competence in Acute Medicine</p> <p>Completed Higher Specialist Training (CCT) in General (Internal) Medicine, Acute Internal Medicine or evidence of equivalent competency.</p> <p>Excellent communication skills with patients, colleagues, managers and other staff</p> <p>Ability to take full and independent responsibility for clinical care of patients</p>	<p>A commitment to, and experience of teaching</p> <p>An interest in developing links with Primary Care</p>
<b>Management &amp; Administrative</b>	<p>Ability to advise on efficient and smooth running of the service.</p> <p>Ability to organise and manage own workload efficiently</p>	<p>Experience of audit management</p>

<b>Teaching</b>	Experience of and commitment to teaching undergraduate and postgraduate medical staff.	Experience of teaching clinical skills to undergraduates  Teaching of non-medical health professionals.  Educational Qualification
<b>Research, Audit and Clinical Governance</b>	Experience of, and commitment to, medical audit.  Experience of research and Clinical Governance	Ability to supervise postgraduate research Publications in referred journals
<b>Communication skills and abilities</b>	Empathetic and sensitive approach to patient needs  Approachable and effective Multi-disciplinary team member with excellent interpersonal skills  Team loyalty.  Positive approach to lessons learnt Confident approach without being arrogant	IT Skills Presentation skills
<b>Continued Professional / Personal Development</b>	Demonstrable evidence of lifelong learning. Reflective approach to personal development with an ability to acknowledge and effectively manage poor performance. Participation in appropriate peer review processes.	Continued Professional / Personal Development
<b>Personal Attributes</b>	See Consultant Competency Framework (Appendix 3)  Ability to work as part of a multi-disciplinary team.  Participation in on call and emergency cover.  Ability to travel to fulfil the requirements of the post	