

# Consultant in Respiratory Medicine



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## 1. The Post

### 1.1 Post Title

Consultant in Respiratory Medicine

### 1.2 Post Description

During an exciting time of expansion for respiratory medicine within the Trust we are looking to appoint a Consultant to help expand the department and consolidate the services currently provided by the Trust. The vision is to expand the department to 11 WTE consultants. The posts involve outpatient, in-patient duties and a regular commitment to 7 day working. We are particularly looking for an individual with an interest in Ventilation & Sleep medicine, with a commitment to developing a sleep service locally. There would also be an opportunity with this post to support our current TB service as well. There are also plans in place within the department develop an acute respiratory care unit.

The respiratory medicine in-patient bed base is now on one site. We have recently introduced a respiratory weekend rota with a respiratory Consultant present every weekend. Overnight on-calls continue as part of the general medical on calls to ensure frequency of on calls is manageable. Applications are encouraged from experienced consultants wishing to take up a new challenge or newly accredited consultants who will be supported through our highly regarded development programmes. The post holders will be encouraged to develop his/her own sub-specialty interests.

These are Full-Time posts providing 10+ Programmed Activities (PAs), but applicants wishing to work part-time are also encouraged to apply and job plans will be adjusted accordingly, and by negotiation with appointees.

Applicants must be on the General Medical Council Specialist Register or within six months of being admitted to the Register for trainees if in a training programme within the UK. In accordance with the regulations, all other categories of doctors must be on the GMC Specialist Register to be considered for a consultant appointment by the Advisory Appointments Committee. Applicants must continue to hold a License to Practice.

All medical staff employed by the Trust are expected to comply with regional and appropriate Trust health and safety policies.

The Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

### 1.3 Base

The post is based at Calderdale and Huddersfield NHS Foundation Trust but to enable cross cover of colleagues some cross site working will be necessary. Office accommodation will be provided in the post holders' base unit.

## 2. The Specialty and Staffing

### 2.1 The Division

Each Division has a Divisional Director who is supported by Director of Operations, along with finance, personnel and information technology support.

Each Directorate has a Clinical Director who is supported by an operational team with finance, personnel and Informatics support.

The Medicine Directorate includes:

### **Medical Specialties**

Cardiology  
Renal  
Stroke Medicine  
Respiratory Medicine

### **Integrated Medical Specialties**

Palliative Medicine  
Dermatology  
Hematology  
Neurology  
Oncology  
Gastroenterology  
Rheumatology

### **Acute Medicine**

Diabetes and Endocrinology  
Care of the Elderly  
Medical Assessment Unit

### **Emergency Medicine**

## **2.2 The Specialty**

The respiratory team is run by 8 WTE consultants and a locum consultant:

- Dr Steven Thomas (Clinical Lead)
- Dr Sanjay Kumar (Lung Cancer Lead)
- Dr Charlotte Spencer
- Dr Anneka Biswas
- Dr. Andrew Hardy
- Dr. Yng Lim
- Dr. Liaquat Ali
- Dr Simon Ting – Locum
- Dr Naveed Khan
- Dr Basel Sakka

Junior medical staff:

4 respiratory StRs, 1 CT trainee, 3 FY2 and 3 FY1 trainees. Support is also provided by:

9.5 WTE respiratory specialist nurses.

### **2.3 Secretarial/Administrative Support**

We currently have secretarial support at both hospital sites. All Consultants have access to office accommodation which includes access to the local intranet and the internet.

### **2.4 Membership Council**

We have a well-established and proactive Membership Council and membership. Both are a vital link with the local community. The Membership Council has several statutory responsibilities including the appointment and termination of Non-Executive Director roles via the Nominations Sub Committee; setting the remuneration for Non-Executive Directors via the Remuneration Sub Committee; the appointment of the External Auditors and approval of the trust's Annual Plan.

The Board of Directors and the Membership Council work closely together to shape future plans for improved patient care and experience, and to deliver governance processes of the highest order.

## **3. Duties of the Post**

### **3.1 Duties of Post**

#### Outpatient Workload and services

The respiratory physicians saw 2817 new and 5879 follow up patients in 2018/19. This included over 300 confirmed cases of lung cancer and over 90 TB notifications with over 50 in Huddersfield. Care is delivered within 4 weekly lung cancer clinics, 2 weekly TB clinics and approximately 8-10 general respiratory clinics per week.

There is a weekly lung cancer MDT with administrative support attended by a thoracic surgeon and clinical oncologist from Leeds.

There are 2 weekly bronchoscopy lists at CRH. EBUS is provided. Our aim is to develop a weekly medical thoracoscopy/pleural service.

The respiratory specialist nurse team at CRH provide an early supported discharge (ESD) service which includes an element of admission avoidance. This is supported by a weekly consultant led MDT.

Community pulmonary rehabilitation is provided in both localities.

In Huddersfield patients with life limiting non-malignant respiratory conditions also have access to a 6 week support programme ("Breathe Better") provided at Kirkwood Hospice.

An out-patient IV antibiotic (OPAT) service is available in both localities and is able to provide three times daily administrations for respiratory patients.

A weekly community specialist COPD/respiratory clinic is provided in Huddersfield (by Locala) and staffed by a consultant respiratory physician and community respiratory specialist respiratory nurse. An equivalent clinic is currently being set up in Calderdale.

#### In-patient workload and services

In-patient respiratory services have been centralised to Calderdale Royal Hospital and patients are managed on a 48 bedded respiratory floor. The beds are split between 4 pods and support daily by two / three respiratory consultants working on a consultant of the week model and also cover referrals from other specialties. With plans to create a Respiratory Care unit within the current bed base.

The respiratory physicians provide daily (Monday to Friday) specialty in-reach to HRI.

The respiratory wards are supported by a 7 day respiratory physiotherapy service. Access to a ward ultrasound machine is available.

Non-invasive ventilation is provided on the acute respiratory ward, both AMU's and in both A & E departments.

There is an 8 bedded intensive care unit (ICU) at HRI and 6 bedded ICU at CRH.

### 3.2 Provisional Weekly Job Plan

The timetable below outlines the proposed weekly duties to be performed by the consultant. The post holder will participate in a consultant of the week model with 2 weeks on the wards followed by non-ward weeks.

The Trust wishes to ensure that Consultants have time in their job plan to undertake Supporting Professional Activities which underpin and maintain high quality patient care. The Trust Board and Local Negotiating Committee have agreed that a Core allocation of 1.5 SPAs should be allocated to undertake CPD, appraisal, clinical supervision, audit and clinical governance, mandatory training and the general management of the service. Objectives should be agreed at the Job Plan review meeting with regards to this SPA.

There may be occasions when additional SPA time is requested at a job plan review meeting. Any SPA allocation above the core 1.5 will need to be agreed by the divisional director.

The job plan below is indicative and it is anticipated that a job plan review meeting will be held in the first 6 months of employment for the successful candidate.

This is an example and would be negotiated subject to clinical need and the nature of the candidate's specialist interest. 2 further PAs may be available subject to negotiation and requirements.

Ward Week

	AM	PM	Out of hours
Monday	Ward Round	Ward Round / Referrals	On call commitments (1 DCC)
Tuesday	Ward Round	Ward Round / Referrals	
Wednesday	Ward Round	Ward Round / Admin	
Thursday	Ward Round	Ward Round / Specialist Clinic	
Friday	Ward Round	Ward Round / SPA	

### Non-Ward Week

	AM	PM	Out of hours
Monday	Clinic	HRI In Reach	On call commitments (1 DCC)
Tuesday	Admin	SPA	
Wednesday	Hot Clinic	Procedure List	
Thursday	Clinic	Own Time	
Friday	Admin	SPA	
Direct Clinical Care (DCC)		8.5+	
Supporting Professional Activities (SPA)		1.5	
TOTAL PA		10+ Programmed Activities	

Key: CRH=Calderdale Royal Infirmary, HRI=Huddersfield Royal Infirmary.

### **Important Note**

The Trust encourages the development of innovative service models that support our ambition to provide improved access and choice for patients. It is envisaged that in time all medical staff will have an allocation of normal time duties at weekends or outside normal core hours. The post holder will be expected to engage in developing such changes and will be supported to do so.

### **3.3 Emergency Duties**

We have recently introduced a respiratory on call rota with overnight on calls separate to general medicine and weekend work targeted at the respiratory floor. During the week the acute medical unit is managed by the acute physicians between 8am and 8pm and daily commitments for the oncall physician are therefore uninterrupted. When on call at the weekend the post holder will work with the acute physician to manage the Medical assessment units and respiratory floor. The stroke physicians and cardiologists run separate rotas for the stroke and coronary care units and cardiology wards respectively. The frequency of the acute general medical rota is under review and likely to decrease.

### **3.4 Cover for Absent Colleagues**

The post-holder would be expected to provide cover for absent colleagues on planned periods of leave and for short-term unexpected absences to help maintain the continuity of the Service. To this end, they would be expected to liaise with their colleagues in planning leave.

### **3.5 Teaching**

It is expected that the post-holder will have an interest in and active role in teaching. The Departments are involved in teaching medical staff of all grades as well as medical students. The post-holder will be expected to participate in delivery of the weekly junior and middle grade teaching programmes. From time to time, there may be the requirement to provide clinical training to medical students and paramedics undertaking attachments to the Department. In the main, these activities will be delivered concurrently with normal clinical activities, rather than in addition to these.

## 4. Terms and Conditions of Service

The appointment will be subject to the Terms and Conditions of Service (England 2003) for the new consultant contract agreed with the Trust.

The persons appointed to the post will be expected to live within ten miles of the hospital or within 30 minutes recall time, by road, from the hospital.

The job description and the weekly timetable will form an initial job plan as outlined by the terms and conditions of service (England 2003) for the new consultant contract. The post is offered on a fulltime basis but candidates who wish to work on a part-time basis may also apply.

The salary scale is currently £93,666 per annum rising to £126, 281 per annum (effective 2023). Your basic salary will increase with the provisions of Section 20.2 and Schedule 15 of the Terms and Conditions.

Annual leave entitlement is as per national Terms and Conditions of Service for Consultants. Arrangement to take annual leave must be made with clinical colleagues. The Divisional Director/Clinical Lead and the local rota coordinator should be notified accordingly.

The successful applicants will be required to undergo an enhanced Disclosure with the Disclosure and Barring Service (DBS).

## 5. Visiting and Further Information

Candidates wishing to find out more about the post are invited and indeed encouraged to contact or speak to:

Dominic Bryan	General Manager	01484 342000
Dr Karthik Viswanathan	Clinical Director	07751711852
Dr Purav Desai	Divisional Director	01422 223121
Dr David Birkenhead	Medical Director	01484 342000
Mr Brendan Brown	Chief Executive	01484 355999

Consultant Career Progression at CHFT <https://www.youtube.com/watch?v=H6tObDTLe0I>