

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**MEDICINE AND EMERGENCY CARE DIVISION****JOB DESCRIPTION**

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| Post: | Consultants in Care of the Elderly |
| Responsible to: | Associate Medical Director in Medicine and Emergency Care |
| Accountable to: | Chief Executive Officer |
| Base: | Leighton Hospital, Crewe |

THE POST

We are looking for Consultants to join our Care of the Elderly and Frail Elderly Assessment team with ambitious plans to deliver excellent clinical care for the elderly population of Mid Cheshire. The successful candidates will have the support of an established multidisciplinary team whilst having the opportunity to contribute to the continued development and growth of the department.

This role comes with the opportunity for the successful applicants (should they wish) to spend two sessions to further develop interests in other areas which may include another specialty service or alternatively medical education, clinical governance and quality improvement, clinical leadership or research.

If you are considering applying for the post we would encourage a conversation with Dr Hammersley, Associate Medical Director, so we can outline what this job could offer you in more detail.

The team comprises of 6 Consultants, 3 Geriatric Medicine Higher Trainee doctors, 5 Specialty Doctors 3 Advanced Clinical Practitioners, 4 Trainee Advanced Practitioners, rotating GP trainees, Physiotherapy, Occupational Therapy, Virtual Frailty Team nurses and a dedicated IPOCH in our Frail Elderly Assessment Unit (FEAU).

The successful candidates will be based within Care of the Elderly carrying out comprehensive geriatric assessments of our frail elderly cohort of patients which will be supported by members of the multidisciplinary team.

The post holders will be involved in twice weekly MDT meetings for our 30 “bed” virtual frailty ward and assessment of patients at risk of admission via our ‘hot clinics’ to ensure high quality care is delivered in the right place.

THE APPOINTMENT

The successful candidates will be based at Leighton Hospital, Crewe in our Care of the Elderly department, which is part of the Medicine and Emergency Medicine Division.

The successful candidates will be highly motivated with a passion to improve the quality of patient care. They will have strong communication skills and be an excellent 'Team Player'. They will value training and education.

The post is offered on a full time, or job share basis, the job plan being intended for a full time appointment with an opportunity to modify this if the post is offered on any other basis.

The successful applicants must have full registration with the GMC and continue to hold a Licence to Practise. Applicants must also be on the Specialist Register or be within six months of obtaining their Certificate of Completion of Training via CCT or CESR..

THE DIVISION OF MEDICINE AND EMERGENCY CARE

The Division of Medicine and Emergency Care provides acute services for Mid Cheshire Hospitals NHS Foundation Trust, with a catchment population of around 290,000.

Alongside the Emergency Department (ED), the Acute Medical Unit (AMU) and the Medical Same Day Emergency Care (SDEC) the medical element of the Division consists of 8 acute wards, a fully equipped four bedded Coronary Care Unit (CCU), a 28 bedded Stroke Unit (8 beds with 2 side rooms inclusive for higher acuity patients requiring monitors), a GP led Ward and a Planned Intervention Unit.

A further 52 low dependency rehabilitation beds are available within Leighton Hospital. The Trust has a fully equipped 11 bedded Critical Care Unit which incorporates intensive care and high dependency beds. There are excellent links with the University Hospital of North Midlands (UHNM) to provide early in-patient angiography, coronary intervention and pacemaker implantation. Non-invasive ventilation is provided in the Emergency Department, on the Respiratory Ward and on CCU as required. We have the ability to deliver BiPAP, CPAP and high flow nasal oxygen as clinically indicated.

We have Visiting Consultants in Nephrology, Haematology and Neurology from the University Hospital of North Midlands who provide in-patient and out-patient specialty input into the Division, and a number of Consultant Oncologists visit Leighton Hospital each week from The Christies Hospital in Manchester.

The Consultant Physicians in Care of the Elderly and Frailty Medicine are directly responsible to the Associate Medical Director.

The Division has an Associate Medical Director, Deputy Associate Medical Director, 7 Clinical Service Leads, a Divisional Director and a Divisional Head of Nursing.

The Division of Medicine and Emergency Care operates a ward-based system for the management of general medical in-patients.

The Consultant Medical staff within the Division are:

| <u>NAME</u> | <u>ROLE</u> |
|---------------------|---|
| Dr S Hammersley | Consultant Acute Physician and Diabetologist / Associate Medical Director |
| Dr S Kay | Consultant Acute Physician, Acute Service Lead |
| Dr T Brockley | Consultant Acute Physician |
| Dr B Griffiths | Consultant Acute Physician |
| Dr A Abelidis | Consultant Acute Physician |
| Dr K Nourain | Locum Consultant Acute Physician |
| Dr R Bujazia | Locum Consultant Acute Physician |
| Dr H Shek | Locum Consultant Acute Physician |
| | |
| Dr E Holroyd | Consultant Cardiologist, Clinical Lead for Cardiology (joint post MCHFT/UHNM) |
| Dr A P Mann | Consultant Physician/Cardiologist |
| Dr D Chong | Consultant Cardiologist (joint post MCHFT / UHNM) |
| Dr L Makiela | Locum Consultant Cardiologist (joint post MCHFT / UHNM) |
| Dr Ul-Haq | Consultant Cardiologist (joint post MCHFT / UHNM) |
| Dr M Hall | Consultant Physician/Cardiologist |
| Dr B Nazari | Consultant Cardiologist |
| Dr C Owen | Specialist Doctor Cardiology |
| | |
| Dr D A Robertson | Consultant Physician/Diabetologist and Endocrinologist |
| Dr M Z Qureshi | Consultant Physician/Diabetologist and Endocrinologist |
| T Molyneux | Consultant ACP Diabetes, Clinical Lead |
| | |
| Dr M Salehin | Locum Consultant Physician/Care of the Elderly/Stroke |
| Dr D Awonaike-Salau | Consultant Physician/Care of the Elderly |
| Dr H Chandrashekar | Consultant Acute Physician/Stroke |
| Dr S Al-Qassab | Locum Consultant Stroke |
| Dr M Kidd | Consultant Physician/Care of the Elderly/Frailty |
| Dr E Rowe | Consultant Physician/Care of the Elderly/Frailty |
| Dr Garcia- Alen | Consultant Physician/ Care of Elderly / Ortho-Geriatrics |
| Dr A Saleem | Locum Consultant Physician / Care of the Elderly |
| Vacant Post | Consultant Physician/Care of the Elderly |
| | |
| Dr D Fullerton | Consultant Physician/Respiratory Medicine, Clinical Lead for Respiratory |

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|-------------------|--|
| Dr C Brockelsby | Consultant Physician/Respiratory Medicine (joint post with MFT) |
| Dr S Khalil | Specialist Doctor Respiratory |
| Dr R Hassn | Specialist Doctor Respiratory |
| | |
| Dr S Sidhu | Consultant Physician/Gastroenterologist, Clinical Lead for Gastroenterology |
| Dr K Yoong | Consultant Physician/Gastroenterologist |
| Dr R Preedy | Consultant Physician/Gastroenterologist |
| Dr M Rajaram | Consultant Physician/Gastroenterologist |
| Dr N Mohandas | Consultant Gastroenterologist |
| Dr G Townson | Consultant Gastroenterologist |
| Dr P Bhand | Locum Consultant Gastroenterologist |
| Dr R Prodan | Locum Consultant Gastroenterologist |
| | |
| Dr K Putchakayala | Consultant Rheumatologist, Clinical Lead for Rheumatology |
| Dr C Amoasii | Consultant Rheumatologist |
| Vacant Post | Consultant Rheumatologist |
| | |
| Dr D Matthews | Consultant in Emergency Medicine/ Clinical Director for Urgent & Emergency Care |
| Dr P Dale | Consultant in Emergency Medicine / Clinical Lead |
| Mr P Knowles | Consultant in Emergency Medicine |
| Dr C Darlington | Consultant in Emergency Medicine |
| Dr J Scott | Consultant in Emergency Medicine |
| Dr T Smith | Consultant in Emergency Medicine |
| Dr J Tillett | Consultant in Emergency Medicine |
| Dr S Ovington | Consultant in Emergency Medicine |
| Dr D Murray | Consultant in Emergency Medicine |
| Dr N Flanagan | Consultant in Emergency Medicine |
| Dr C Obeysekera | Consultant in Emergency Medicine |
| Dr R Lowsby | Consultant in Emergency Medicine/Critical Care |

THE CARE OF THE ELDERLY AND FRAILTY DEPARTMENT (FEAU) , MEDICINE AND EMERGENCY CARE DIVISION

Leighton is a busy district general hospital serving urban, semi rural and rural communities. The newly refurbished Emergency Department is vibrant and busy and works very collaboratively with all specialities. The average acute medical take is between 80-100 patients. There is a new Same Day Emergency Care Unit (SDEC) which supports GP medical referrals and a 32 bedded Acute Medical Unit.

There is a new, purpose built Frail Elderly Assessment Unit (FEAU). This comprises of 7 chairs for ambulatory patients, 8 beds for same day palliative discharges /short stay admissions up to 48 hours.

We have a virtual frailty ward with capacity for up to 30 patients. This is largely managed by the virtual ward nurses and we provide support via at least twice weekly MDTs and virtual or face to face assessments as needed.

We provide same day Hot Clinic slots to support urgent comprehensive geriatric assessment to support admission avoidance.

The team is proud to offer great educational opportunities and training trust wise. This includes targeted training to nurses and allied health professionals, rotating trainee doctors, medical students and community partners.

Some Consultants are certified clinical and educational supervisors with experience in supporting doctors through the CESR process.

The Frailty team.

- Dr Michelle Kidd: Consultant in Acute Medicine, RCP Tutor. Special Interests: Acute Frailty in Older Adults, education and training, including simulation training, supporting young adults with complex care/learning disability.
- Dr Emily Rowe: Consultant in Geriatric Medicine. Special Interests: Acute Frailty in Older Adults, clinical and educational supervision, Higher training in Geriatric Medicine
- Dr Khalid Nouredin: Locum Consultant in Acute Medicine and Geriatric Medicine. Special Interests: Acute frailty in older adults and Same Day emergency care.
- Dr Michaela Visser: Speciality Doctor in Acute Frailty. Special interests: acute Frailty and Palliative care, Associate Royal College Of Physicians Tutor.
- Dr Bethan Stephens: Speciality Doctor in Acute Frailty. Special Interests: acute frailty in older adults and palliative care. Associate Royal College of Physicians Tutor.
- Dr Helen Parry: Speciality Doctor in Acute Frailty. Special Interests: acute Frailty in older adults and Palliative care. Associate Royal College of Physicians Tutor
- 2 GPST doctors who share their time between Primary Care and Acute Frailty.
- We have 3 Advanced Clinical Practitioners

- We have 4 Trainee Advanced Clinical Practitioners.

The Care of the Elderly Team:

- Dr Dayo Awonaiké-Salau: Consultant in Geriatric and General Medicine - special interest: Movement disorder
- Dr Maqsd Salehin: Consultant in Geriatric Medicine. Special interest: Stroke
- Dr Aamna Saleem: Locum Consultant in Geriatric Medicine. Special interests: Palliative medicine
- Dr Ruth Gold: Specialty Doctor in Geriatric Medicine (due to commence in post in April 2024)
- Dr Harinath Chandrashekar: Consultant in Acute Medicine/Stroke
- Dr Madeeha Yousuf: Specialty Doctor in Stroke
- Dr Luciano Garcia-Alen: Consultant Physician / Care of Elderly / Ortho-Geriatrics.
- We have 3 rotating Geriatric Medicine Higher trainees
- We have F1 / F2 / GP / IMT / LED Doctors within the teams
- We have 3 ST4 doctors who rotate between areas.

Successful applicants will be encouraged and trained to provide mentorship and supervision for the Trainee Advanced Clinical Practitioners

FACILITIES

The Care of the Elderly department consists of two General Geriatric wards – Ward 4 and Ward 7 with 32 beds on each ward.

FEAU is an 8 bedded unit with 7 chairs for ambulatory patients and there is a 30 'bed' virtual frailty ward and frailty 'hot' clinics.

The teams are supported by an admin and secretarial team and there is a library on site and access to training opportunities.

The post holders will be provided with secretarial support, office facilities and a computer with appropriate IT support and Internet access.

LINKS WITH OTHER UNITS

The University of Manchester, and to a lesser extent the University of Liverpool, both send medical students to Leighton Hospital for clinical attachments. These medical students greatly value the wealth of clinical material to which they are subjected at Leighton Hospital and often return as junior doctors.

In addition, we support clinical attachments for year 1 and year 2 Physician Associate Students from Manchester.

The successful candidates would be encouraged to participate in the teaching of these medical students and Physician Associate students.

JOB PLAN

A formal job plan review will be undertaken between the appointee and the Clinical Lead, three months after the commencement date of the appointment. This job plan will be agreed by the Associate Medical Director and the Medical Director.

The job plan will be reviewed at least annually. The job plan will be a prospective agreement that sets out the Consultant's duties, responsibilities and objectives for the coming year. It will cover all aspects of the Consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities.

It will also include a schedule of commitments both internal and external in addition to personal objectives. These will correlate to the wider service objectives.

Information from the job plan is passed to the Associate Medical Director and Medical Director as per Trust policy. If a Consultant fails to agree their annual job plan with the Clinical Lead, the Trust does have a formal appeals mechanism in place.

TYPICAL TIMETABLE

A typical timetable will include DCC sessions on Care of the Elderly and FEAU in addition to any speciality sessions agreed.

We are open to discussion in relation to a flexible timetable to work slightly longer days to support a non-working day. An annualised job plan is also a possible option to further support flexible working.

The typical timetable below is just an outline based on 10 PAs over 5 days. Any alternative work pattern would still support the same DCC:SPA split. It is indicative as dependent upon the speciality the timing of sessions dedicated to this may need to be altered to fit in with service delivery.

The job plan for the first 3 months will be based on the timetable shown below:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|---|--------------------------------------|---|-----------------------------------|---|
| AM | Care of the Elderly Ward / FEAU (1 PA DCC) | Virtual Ward MDT/Admin (1 PA DCC) | Care of the Elderly Ward / FEAU (1 PA DCC) | Virtual ward MDT (0.75 PA DCC) | Care of the Elderly Ward / FEAU (1 PA DCC) |
| PM | Hot Clinic (1 PA DCC) | Core SPA (1 PA) | Care of the Elderly Ward / FEAU (1 PA DCC) | SPA Supervision/ QIP (1 PA) | |
| On-Call | 1.25 PA DCC activity to cover out of hours, weekday and weekend on-call sessions. | | | | |

The above is a guide only. The job plan is worked on a flexible basis.

CLINICAL DUTIES

The post is offered at 10 PA's but an additional 1-2 APA's would be available, should the successful candidates be interested. Under the terms of the 2003 Consultant Contract, candidates who wish to conduct private practice would be required to offer an additional programmed activity.

Direct Clinical Care (DCC)

8 PAs (DCC): which includes 1.25 PAs to cover scheduled on-call work (identified as on-call on job plan timetable). 6-8 DCC dependent if specialty interest work of the successful applicant is considered to be DCC or SPA.

The "Direct Patient Care" sessions in Care of the Elderly and FEAU include a number of different activities including post take ward review of new admissions, afternoon rolling review of new admissions, reviewing planned returns and new admissions, as well as administration related to patient care. The activities for individual team members are identified on a rota basis which is flexed to ensure appropriate cover of different areas taking into account leave, meetings and on-call work. Whilst the type of activity will vary the number of "Direct Patient Care" activities will be consistent.

Supporting Professional Activities (SPA)

1 core SPA PA per week to support appraisal and revalidation. A second SPA is routinely offered to support service development, quality improvement and/or delivery of educational activity. The post also provides an opportunity for the successful candidates to undertake up to 2 sessions in an additional clinical or non clinical role of special interest to the candidates.

Consultant On-Call Work

The post holders will be expected to take part in the weekday general medical on call rota on a 1 in 12 basis and the weekend on call rota on a 1 in 6 basis (when two Consultants jointly cover). Therefore, every weekend day there are two physicians on site, plus a Cardiologist and a Gastroenterologist.

When on call during the week, the Consultant of the Day undertakes all their fixed commitments until 17:00. The Consultant attends the medical hand over at 15.30 and then supports a rolling post take ward round on SDEC, AMU or ED until 21.30. The on-call Consultant is required to be available (off-site) to support the on-call Medical Registrar until 08.00 the following morning. It is unusual for the on-call Consultant to be contacted overnight unless the on call Medical Registrar needs clinical advice.

At a weekend, the Consultant on call is expected to be on site on a Saturday or Sunday from 08:00 to 17:00, undertaking rolling post take ward rounds. The accompanying Consultant supports post take ward rounds until 12noon, when the Consultant undertakes a post take ward round and reviews patients on other wards. This allocation of duties is for guidance only and it is expected that the two Consultants jointly covering a weekend will work flexibly to give the most appropriate patient care. The Consultant covering the long day at the weekend is responsible for covering the on-call overnight.

The post holders will provide continuing responsibility for patients in their charge. They will be a member of the relevant Divisional, Trust and Regional Committees. They will also be expected to be part of the immediate management functions and strategic planning in respect of the Division and the Trust.

CLINICAL RESPONSIBILITIES

The post holder will be expected to:

- Be actively involved in the leadership, management and decision making within the Department
- Be readily available during the working week so that medical and nursing staff can communicate and consult freely
- Ensure that management plans are clearly displayed in the notes of patients with complex needs
- Liaise closely with the Divisional and Service Managers, and the Associate Medical Director, to ensure that waiting list targets are achieved.
- Share with Consultant colleagues the responsibility for providing clinical services for the local population
- Foster relationships between staff within the each organisation, and also with the local Clinical Commissioning Groups

- Work flexibly to achieve high quality care
- Ensure the policies for communication with General Practitioners, Trust staff and patients are followed
- Ensure that optimal use is made of all resources allocated to the post
- Cover Consultant colleagues during periods of leave.

MENTORING SCHEME

A mentoring programme is in place to provide newly appointed Consultants a confidential source of knowledge, advice and support to help them find their way in the Trust and become effective in their new job as quickly as possible.

QUALITY IMPROVEMENT

The Trust has a monthly rolling half day for quality improvement. The post holder will be expected to participate in the Departmental Quality Improvement Programme and time and facilities will be made available as required.

EDUCATION AND TRAINING

The post holder will be required to undertake Continued Professional Development (CPD). The Trust supports the requirements for continuing education as laid down by the Royal College, and is committed to providing time and financial support for these activities. In addition the postholder will be required to attend mandatory and essential training in line with the Trust policy.

In conjunction with colleagues, the appointee will share teaching, assessment and supervision of junior medical staff, medical students on secondment, and nursing staff. There are close links with Health Education England (North West) for postgraduate training, and with Manchester and Keele Universities for undergraduate training. The appointee will be expected to participate in continuing medical education and professional development.

TEACHING

The successful candidates will be required to participate in the formal junior medical staff teaching programme (undertaking one session every 3 months) and informal teaching as time permits.

It is anticipated that the successful candidates will participate in teaching junior doctors and other allied health professionals in the clinic and ward settings.

CONTINUOUS IMPROVEMENT

The post holder will be expected to:

- Support the Trust's commitment to developing a continuous improvement culture by making everyday improvements as part of your job using Improvement Matters, the Trust's single continuous improvement approach.
- Role model the behaviours of an improver displaying; curiosity, humility, compassion, reflective practice, open-mindedness to try new ideas, self-discipline.
- Take personal responsibility for the role you play in actively contributing to creating a culture which promotes learning as opposed to blame and supports colleagues to embrace change.
- Coach and enable others to innovate and make improvements happen in their area of work using Improvement Matters as the Trust's single improvement approach

INTEGRATED GOVERNANCE

The post holder will be expected to:

- Contribute to the management of clinical risk by reporting clinical incidents and near misses
- Contribute to achieving CQC standards where appropriate
- Ensure that record-keeping of medical staff meets both the Trust's and the Division's standards

HEALTH & SAFETY

The post holder will be expected to:

- Attend Occupational Health for health surveillance / vaccination following accidents as laid down by Trust policies.
- Attend health and safety training as required
- Contribute to the delivery of the organisation's health and safety responsibilities to staff, patients and others where appropriate.
- Ensure that the post holder's practice and practice of junior staff complies with health and safety guidelines and that any deficiency in health and safety systems or documentation are reported to the manager of the area concerned

APPRAISAL

The Trust has arrangements in place to ensure that all doctors have an annual appraisal with a trained appraiser and are supported through the revalidation process.

The post holder is responsible for ensuring that he / she has an annual appraisal in accordance with the Trust Policy.

GENERAL MANAGEMENT / ADMINISTRATION

The post holder will be expected to:

- Provide leadership / direction within the specialty.
- Deliver a team approach to care through the establishment of explicit lines of communication, ensuring that the roles and responsibilities of doctors and nursing staff are clearly defined and recorded to ensure clarity.
- Participate in multidisciplinary forums to ensure that patients receive care appropriate to their needs.

INFECTION CONTROL

All staff within MCHFT are required to comply with Infection Prevention and Control (IP&C) policies and procedures as appropriate to their role and responsibilities in their individual work setting. Staff are required to be personally accountable for their actions and be responsible for their own compliance in relation to IP&C policies, protocols or advice.

EQUALITY & DIVERSITY

The Trust is committed to valuing diversity in employment, service delivery practices and its general environment. An expectation of all posts within the Trust is that each individual will take responsibility for promoting inclusive and accessible service provision, staff development and a culture that values and respects difference.

TERMS AND CONDITIONS

The successful appointee will be employed by Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), subject to national Terms and Conditions as per the Consultant Contract (England) 2003 as amended from time to time. Any changes to National Terms and Conditions determined at a local level are subject to the Trust's collective bargaining arrangements, which include the Trust's Local Negotiating Committee for medical staffing issues.

Basic Salary

The salary scale is as per the Terms and Conditions of Service as set out in the Consultant Contract (England) 2003. The current salary scale is £93,666 rising to £126,281 per annum pro rata, for 10 programmed activities per week. Any agreed extra-programmed activities will be paid in addition to the basic salary.

Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the Terms and Conditions.

Starting salary will be determined according to the Terms and Conditions as per the Consultant Contract (England) 2003. Where a candidate has service in or outside the NHS which he / she feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

Registration

You are required to have continuous full registration with the GMC and to continue to hold a Licence to Practice. In addition, you are required to be on the Specialist Register in Geriatric and General Internal Medicine via: CCT or CESR.

Tenure

The appointment is a substantive, whole time / part time position, which unless terminated, will be held until retirement. The notice period is three months by either party. The appointment is subject to the provisions of Schedule 14 of the Terms and Conditions.

Annual Leave

Your annual leave entitlement is as per Schedule 18 of the Terms and Conditions. Approval for annual leave will be sought in writing providing at least 6 weeks notice before the first day of proposed annual leave.

Consultants on the 2003 Terms and Conditions are entitled to leave as follows (exclusive of Bank Holidays):

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|---|--------------------------------------|
| Consultants who have undertaken up to, and including, 7 years service as a Consultant | 32 days (including 2 statutory days) |
| Consultants who have undertaken more than 7 years service as a Consultant | 34 days (including 2 statutory days) |

Residence

The successful candidates will be required to live within 30 minutes travelling distance from the Hospital.

Removal expenses shall be re-imbursed in accordance with the Trust Policy.

Successful candidates are advised not to enter into contractual arrangements for the removal of their home until such time as the formal approval of the Trust is confirmed in writing.

Travelling Expenses

Travelling allowances are paid in accordance with the Terms and Conditions for Consultants 2003. Your car must be insured for business use.

FURTHER ENQUIRIES

Further enquiries or informal visits can be arranged by contacting:

Dr Shirley Hammersley
Consultant Acute Physician and Associate Medical Director
Division of Medicine and Emergency Care
Tel: 01270 273584
Email: shirley.hammersley@mcht.nhs.uk

Dr Michelle Kidd
Consultant in Acute Medicine and Acute Frailty
Division of Medicine and Emergency Care
Email: michelle.kidd@mcht.nhs.uk

Dr Emily Rowe
Consultant in Geriatric Medicine and Acute Frailty
Division of Medicine and Emergency Care
Email: emily.rowe@mcht.nhs.uk

Dr Dayo Awonaike-Salau
Consultant in Geriatrics and General Medicine
Email: dayo.salau@mcht.nhs.uk

Dr Maqsud Salehin
Consultant in Geriatrics Medicine
Email: maqsud.salehin@mcht.nhs.uk

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST

CONSULTANT IN CARE OF THE ELDERLY

PERSON SPECIFICATION

| REQUIREMENTS | ESSENTIAL | DESIRABLE |
|-----------------------|---|---|
| Qualifications | <p>MBBS or equivalent</p> <p>MRCP or equivalent</p> <p>Full registration with the General Medical Council and a Licence to Practice</p> <p>Entry on the GMC Specialist Register in Geriatric and General Internal Medicine via:</p> <ul style="list-style-type: none"> • CCT (proposed CCT date must be within 6 months of interview) • CESR • European Community Rights | <p>Additional higher degrees relevant to this post</p> <p>Other postgraduate qualification e.g. MD, PhD</p> <p>Qualified educational supervisor</p> |
| Experience | <p>Broad clinical training and experience in the comprehensive management of elderly patients.</p> <p>Ability to take full and independent responsibility for the care of patients.</p> <p>Broad based general professional training in general medicine</p> <p>Computer literate</p> | |
| Ability | <p>Recognised ability to work within, and provide leadership to, the multidisciplinary team</p> <p>Effective communicator</p> <p>Excellent interpersonal skills</p> <p>Flexibility of approach</p> | |

| | | |
|-------------------------------|--|---|
| | <p>Commitment to clinical risk management and implementation of clinical governance</p> <p>Effective team leader</p> | |
| Audit and Research | <p>Relevant experience in clinical audit</p> <p>Relevant experience in research and evidence of publications</p> <p>Ability to develop evidence based practice</p> | Research leading to MD or PhD |
| Teaching and Education | <p>Experience and interest in teaching both junior medical and non-medical staff</p> <p>Evidence of commitment to continuing professional development and lifelong learning</p> <p>Commitment to teaching</p> <p>Membership of Society of Acute Medicine</p> <p>Evidence to allow accreditation as a Consultant Clinical Supervisor for trainee doctors with the GMC</p> | <p>Recognised teaching skills course</p> <p>Special interest in role development and staff training</p> <p>Membership of relevant medical associations/learned societies</p> <p>Evidence to allow accreditation as a Consultant Educational Supervisor for trainee doctors with the GMC</p> |
| Other | <p>Ability to communicate effectively with patients and staff at all levels of the organisation</p> <p>Full driving licence</p> | |