

Royal Brompton and Harefield Hospitals

Job Description

Royal Brompton Hospital

Title of Post:	Consultant in Infectious Diseases & Medical Microbiology/Virology (ID/MMV) <i>or</i> Medical Microbiology <i>or</i> Medical Virology
Nature of Appointment:	New Full-time, Substantive Post (four posts)
No. of Sessions:	10
Responsible To:	Clinical Director for Laboratory Infection (Royal Brompton Hospital)
Accountable To:	Clinical Director of Infection, Director of Infection Prevention & Control
Employing Authority:	Guy's & St Thomas' NHS Foundation Trust

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Section 1: An Introduction to this appointment

The Directorate of Infection (DoI) was formed in 2009 by the merger of Infectious Diseases (ID), Infection Prevention & Control (IPC) and the diagnostic laboratory services (Microbiology, Virology). A defining characteristic of the service model we have striven to develop is seamless integration of these distinct but complementary clinical disciplines in order to deliver the highest-quality patient care.

The Royal Brompton and Harefield (RBH) hospitals, which make up the UK's largest postgraduate specialist heart and lung centre, were merged to become part of Guy's and St Thomas' NHS foundation Trust (GSTT) in Feb 2021. Four, new ID/MMV or Microbiology consultants predominantly based at RBH will join the existing team of 15 GSTT Infection consultants, working closely with 5 further Paediatric ID Consultants based at the Evelina London Children's Hospital on the St Thomas' site.

The DoI provides specialist clinical care across a wide range of tertiary specialities, including one of the largest Critical Care services in the country that together with RBH hosts the two largest UK ECMO Centres. In addition, the DoI leads the national network of five, high-level infection units for High Consequence Infectious Diseases-*airborne* pathogens (HCID-a), runs a commissioned multi-drug resistant tuberculosis service and works closely with one of largest Vascular Surgery services in Europe. Building further on this, the recent merger with the RBH provides an unparalleled opportunity to develop a completely new service for clinical, diagnostic and research excellence in cardio-respiratory infections with the unrivalled cohorts of patients with acute and chronic cardiorespiratory disease including bronchiectasis, cystic fibrosis, transplantation, infective endocarditis, and fungal and mycobacterial disease.

Under the DoI's leadership, GSTT has delivered amongst the best IPC performance in the Shelford group of England's 10 leading academic healthcare organisations and is widely regarded as a national exemplar. Reflecting the importance of IPC across the entire Trust, 'Infection' is a stand-alone Directorate within the office of the Chief Nurse (Ms Avey Bhatia), with a direct reporting line to the GSTT Board.

The DoI is fully integrated with and provides clinical leadership for the Microbiology and Virology laboratories, which are part of a 15-year Joint Venture (JV) between GSTT, Kings College Hospital and a private sector partner. Working with Synlab UK & Ireland, the JV will be opening a Pathology Hub near Blackfriars in 2024, located about 10 minutes-walk from both St Thomas' and Guy's sites. This will provide a 24/7 diagnostic service for our patients with technological and operational benefits such as faster translation of rapid pathogen genome sequencing and real-time data analysis. At present there is a separate, single laboratory service for both RBH sites based at Royal Brompton. The organisational relationship between the RBH laboratory and the Synlab JV is being developed.

Research at RBH is closely linked with the 'National Heart and Lung Institute', which is a constituent division of Imperial College School of Medicine. At the last research assessment exercise, the clinical research carried out jointly between the hospital and NHLI was awarded a 5* rating (the highest possible rating, shared by only two other UK establishments). Abundant translational research opportunities also are provided by the DoI's unique 'Centre for Infection & Diagnostic Research' embedded within the diagnostic labs and clinical service at St Thomas' and in close partnership with the KCL School of Microbial Sciences (Tier 4 Unit) with the BRC Infection and Immunity theme.

Job Summary

The four IDMMV or Microbiology consultants will form the RBH microbiology/infection team. One post will be primarily based at the Royal Brompton and another at Harefield. The two remaining posts will rotate between RBH and the ID service based at Guy's & St Thomas'. With oversight from the RBH team and as part of annual team job planning, there is potential for consultants and other staff currently based at GSTT to also work on the RBH sites, particularly for specialist service areas such as Virology, Critical Care infection services, infections in the immunocompromised host and chronic respiratory disease. The RBH consultant team will be expected to provide flexible cross-cover at either the Royal Brompton or Harefield sites.

All jobs have the following core responsibilities however will vary slightly to accommodate the 'Service Lead' and 'Infection Control Doctor' roles described below. In addition, ideally one of the appointed consultants will have CCST in virology and one a sub-specialist interest in mycology.

- The clinical Infection sub-specialties at RBH include: Critical Care plus ECMO, cystic fibrosis, bronchiectasis, aspergillosis, non-tuberculosis mycobacterial infections, infective endocarditis, and opportunistic infections e.g. in transplant recipients. Whilst individual consultants will develop their own areas of specialist expertise over time, all will deliver:
 - Ward-based consults and telephone advice on the diagnosis, management and prevention of infection in response to referrals and significant laboratory results.
 - Timetabled multi-disciplinary clinical meetings and ward rounds e.g. Critical Care, medical and surgical 'board rounds', anti-microbial stewardship etc'.
 - ID out-patient clinics in close conjunction with the sub-specialist service.
- The post-holder will have a key role in clinical leadership and routine management of the Microbiology laboratory currently based at RBH. Working in partnership with the Laboratory Service Manager, this will include staff recruitment, quality assurance, introducing new assays, reviewing standard operating procedures, clinical authorisation of laboratory results and ensuring that the service and working practices meet health and safety requirements, and standards for UKAS accreditation.
- Work closely with the IPC nursing team to develop local clinical guidelines, manage outbreaks, and deliver key performance objectives (e.g. C. difficile, blood stream infections etc) and staff education/training. There will be a particular focus on leading antimicrobial stewardship (bacterial and fungal) in conjunction with Pharmacy.
- All consultants will have 1PA for specific IPC responsibilities e.g. antimicrobial stewardship. In addition, one consultant will be the RBH 'Infection Control Doctor' (1PA). This individual will chair the IPC Committee and have overall responsibility for IPC audit, surveillance and mandatory reporting alongside the Deputy Director of IPC/Lead nurse.
- On-call duties (non-resident) will initially be shared equally between the four ID/MMV RBH consultants. The longer-term expectation is for Infection on-call duties to be pooled across all GSTT consultants (1:9). At this point, the post-holder will also be offered the opportunity to participate in the HCID-a on-call rota for rare admissions to the GSTT High-level Infection Unit (see also below).

- The post-holder will participate in postgraduate training and KCL Medical school undergraduate teaching. Of note, although there are currently no RBH infection trainees presently, the intention is to develop high-quality ID/MMV training posts for junior doctors on rotation across all of the GSTT sites.
- This post-holder will be strongly encouraged to seek funding for and develop clinical research activities alongside colleagues within their areas of clinical expertise.
- All consultants will share responsibility for contributing to the management of the RBH clinical/diagnostic service. Ability to work effectively in a close team is of therefore of paramount importance. One of the consultant team will be appointed 'Service Lead' (2PA). This individual will assist the Clinical Director for Laboratory Medicine and Clinical Director for Infection with annual consultant job planning.

Section 2: Guy's & St Thomas's NHS Foundation Trust Information

The Trust consists of St Thomas' Hospital at Waterloo, including the Evelina Children's Hospital, and Guy's Hospital at London Bridge. We are also part of King's Health Partners (KHP), which comprises King's College London, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust. KHP is one of 8 accredited UK Academic Health Sciences Centres (AHSCs). Through our AHSC, we are committed to making research and education integral to the delivery of high-quality clinical care. The King's Health Partners Integrated Cancer Centre (ICC) is the vehicle for developing and managing cancer research, clinical services, and training and development across all of the KHP partner organisations.

Our hospitals have a long and proud history, dating back almost 900 years, and have been at the forefront of medical progress and innovation since they were founded. We continue to build on these traditions and have a reputation for clinical, teaching and research excellence. In February 2021, the world renown Royal Brompton and Harefield (RBH) hospitals were merged to become part of Guy's and St Thomas' NHS foundation Trust.

Harefield Hospital Site

Harefield Hospital is a regional centre for cardiology and cardiothoracic surgery, and an international centre for adult heart, lung, and heart-lung transplantation. It is one of a small number of UK cardiac centres assisting in development of implantable mechanical ventricular assist devices in the management of end-stage heart failure. It also provides a primary intervention service for acute coronary syndromes to selected Trusts and the London Ambulance Service, in outer West London and the Home Counties. It has a private patients' ward and extensive imaging facilities. It has approximately 1,185 staff, 180 beds with 5 operating theatres, and 4 catheter laboratories. Mike, we need to put something in here about the Heart Science Centre at HH, perhaps referencing to the Research section.

Royal Brompton Hospital Site

The Royal Brompton is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults (Cardiology, Cardiothoracic Surgery, Radiology, and Thoracic Medicine) and Paediatrics. It has approximately 2,081 staff, 296 beds, 6 operating theatres, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. The hospital has recently opened the 'Cardiovascular Biomedical Research' Unit in partnership with Imperial College London. This facility offers a CMR scanner, catheter lab and echocardiography suite for research purposes, as well as state of the art genetic analysis facilities.

A Respiratory Biomedical Research Unit was opened on the RBH site in 2010 offering extensive research facilities for lung disease.

Research

GSTT is part of King's Health Partners Academic Health Sciences Centre (AHSC), a pioneering collaboration between one of the world's leading research-led universities and three of London's most successful NHS Foundation Trusts. Our AHSC is one of only five in the UK and consists of King's College London and Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts. Our AHSC brings together the best of basic and translational research, clinical excellence and world-class teaching to deliver ground breaking

advances in physical and mental healthcare. For further information about Kings' Health Partners, Kings College London and our research please see the following links:

www.kingshealthpartners.org,

<http://www.kcl.ac.uk/medicine/index.aspx>,

<http://www.guysandstthomas.nhs.uk/research/research.aspx> and

www.biomedicalresearchcentre.org

A close academic partnership exists between RBH and the National Heart and Lung Institute in the Faculty of Medicine Imperial College London and, the Harefield Heart Science Centre. Through clinical research studies, active collaborations exist with hospital and universities across the UK, most notably with Liverpool Heart and Chest Hospital in the Joint Institute for Cardiovascular Medicine and Science. This partnership also reflects the Trust's desire to develop partnerships outside its usual geographical boundaries. Over the years our experts have been responsible for several major medical breakthroughs – discovering the genetic mutations responsible for dilated cardiomyopathy, founding the largest centre for the development of new treatments for cystic fibrosis in Europe and pioneering heart surgery for newborn infants.

Organisational Values:

Our **values** help us to define and develop our culture, **what we do** and **how we do it**. It is important that you understand and reflect these values throughout your employment with the Trust.

The post holder will:

- **Put patients first**
- **Take pride in what they do**
- **Respect others**
- **Strive to be the best**
- **Act with integrity**

Our values and behaviours framework describes what it means for every one of us in the Trust to put our values into action.

As an organisation we are committed to developing our services in ways that best suit the needs of our patients. This means that some staff groups will increasingly be asked to work a more flexible shift pattern so that we can offer services in the evenings or at weekends.

Section 3: Directorate & Department Information

1. Managerial structure (Directorate of Infection)

The Directorate of Infection has approximately 60 staff and comprises the Department of Infectious Diseases (incorporating leadership of the diagnostic Microbiology and Virology laboratories) and the Dept of Infection Prevention and Control. Dr Jon Otter is the Head of the Dept of IPC team and joint Director of IPC with Dr Nicholas Price, Clinical Director of Infection. Both are supported by a full-time manager. Reflecting the importance of achieving the highest standards of IPC across the entire Trust, 'Infection' is a stand-alone Directorate within the office of the Chief Nurse, Ms Avey Bhatia, with a direct reporting line to the GSTT Board.

The Dept of IPC comprises 32 staff incorporating Acute Trust and Community nurses, an Intravascular Device team, a Surgical Site Infection Surveillance team and Decontamination team. The IPC matrons work in close partnership with a dedicated Infection consultant supporting in area. Ms Lucy Everett is the Deputy DIPC and senior IPC nurse at RBH.

The post-holders will be professionally accountable to the RBH Clinical Director of Laboratory Medicine (Prof Michael Loebinger) with job planning conducted as part of the team with the RBH Clinical Director of Laboratory Medicine and the Clinical Director for Infection (Dr Nicholas Price). Responsibility for Infection Control will be directly to the DIPC and Clinical Director for Infection, Dr Nicholas Price.

There are imminent plans to develop a DoI 'Epidemiology & Digital Informatics' group with a primary focus on antimicrobial resistances and stewardship and involving a team of three ID Pharmacist (led by Mr Paul Wade) and the DoI's Centre of Infection & Diagnostic Research', described below. See Appendix 1 for the DoI structure.

2. Consultants and Senior Doctors

Present GSTT site

Dr Nicholas Price	Clinical Director of Infection, Joint Director of Infection Prevention & Control. Consultant in Infectious Diseases & General (Internal) Medicine.
Dr Sam Douthwaite	Consultant Virologist, Infectious Diseases & General (Internal) medicine, Clinical Lead for Infectious Diseases
Dr Simon Goldenberg	Consultant Microbiologist, Reader in Microbiology, Clinical Lead for Diagnostic Services
Prof Jonathan Edgeworth	Consultant Microbiologist, Professor of Clinical Infection Diseases and Director of the Centre for Clinical Infection Disease and Diagnostics Research (CIDR)
Dr Carolyn Hemsley	Consultant in Infectious Disease & Microbiology
Dr Eithne MacMahon	Consultant Virologist, Honorary Senior Lecturer,
Dr John Klein	Consultant Microbiologist, Postgraduate Training Lead

Dr Gaia Nebbia	Consultant Virologist & Infectious Diseases
Dr Alina Botgros	Specialty Doctor in Virology
Dr Emma Aarons	Locum Consultant Virologist
Dr William Newsholme	Consultant in Infectious Diseases & General (Internal) Medicine, Infection Control Doctor for Acute Trust
Dr Anna Goodman	Consultant in Infectious Diseases & General (Internal) Medicine
Dr Aisling Brown	Consultant in Infectious Diseases & General (Internal) Medicine
Dr Geraldine O'Hara	Consultant in Infectious Diseases & General (Internal) Medicine
Dr Helen Winslow	Consultant in Infectious Diseases & General (Internal) Medicine
Dr Jennifer Roe	Locum Consultant in Infectious Diseases & General (Internal) Medicine
Dr Claire van Nispen	Locum Consultant in Infectious Diseases
Prof Guy Thwaites	Hon Consultant in Infectious Diseases & Microbiology, Director of Oxford University Clinical Research Unit (OUCRU), Vietnam
Dr Meera Chand	Hon Microbiology Consultant, Public Health England

Present RBH site

Professor Michael Loebinger	Clinical Director of Laboratory Medicine, Consultant Respiratory Physician
Dr Anne Hall	Locum Consultant Microbiologist, Infection Control Doctor (based predominantly at Harefield Hospital site)
Dr Nehal Draz	Locum Clinical Microbiologist (based predominantly at Brompton Hospital site)
Dr. Darius Armstrong James	Medical Mycologist and Infectious Disease physician (1 session)
Dr Paul Randall/Dr David Muir	Consultant Virologist (1 session)

3. Centre for Clinical Infection and Diagnostics Research

The DoI has a distinctive clinically embedded translational research unit called the Centre for Clinical Infection and Diagnostics Research (CIDR) led by Prof. Jonathan Edgeworth. While hosted by DoI is it also integrally embedded in the KCL School of Microbial Sciences (Tier 4 Unit) with the BRC Infection and Immunity theme. It takes an end-to-end research perspective supporting a learning healthcare system concept, taking research advances into service within a '3-month to 3 year' time-frame. This innovative approach has proven its relevance during the COVID-19 pandemic by taking rapid SARS-CoV-2 antibody testing, lateral flow antigen testing, nanopore genome sequencing and severity score prediction modelling from discovery and co-development into service delivery, each within 3-6 months. CIDR staff were also seconded to therapeutic and vaccine trial delivery to become one of the highest recruiters in the country. CIDR is working closely with clinical and academic colleagues at RBH to explore opportunities for clinically relevant translational collaboration. We have particular interest in bringing pathogen genome sequencing and data science approaches to support IPC, the antimicrobial resistance agenda, and prevention or rapid diagnosis of healthcare associated infections. Post-holders will be encouraged to be part of this initiative as either clinical co-development partners or with research funding as project or group leaders.

4. Trainees

There are currently twelve StRs training in Infectious Diseases combined with either Microbiology/Virology or General Medicine, plus F1 and F3 junior doctors. In order to provide a high-quality and comprehensive specialist training environment, junior medical staff rotate approximately every three months through clinical attachments in Virology (1); Infection Control/Critical Care (1); Microbiology (2); Bacteraemia (1); Guy's ID (2); St Thomas' ID (3) and General (internal) Medicine (2). In addition, a unique HCID Simulation Fellow maintains staff training and HCID unit preparedness. The longer-term plan is to develop junior doctor training on the RBH site, which offers unique specialist training opportunities under the supervision of the RBH Infection consultants.

In addition, DoI has hosted a thriving Integrated Academic Training (IAT) programme with the School of Immunology & Microbial Sciences. At any one time, we have between 3 and 5 Academic Clinical Fellows (ACF) or Clinical Lecturers (CL) at various stages of applying for PhD funding, undertaking PhDs, or undertaking post-doctoral fellowships and submissions for intermediate/senior fellowships with external funding. Junior doctors in ACF and CL posts have access to clinical translational research projects in the CIDR or discovery science projects linked with KCL departments, particularly in the School of Immunology & Microbial Sciences.

5. Postgraduate education facilities

DoI education meetings centre around the DoIs own purpose-built facility, equipped with state-of-the-art AV technology to ensure high-quality remote participation and access to learning. In particular, the presentation of difficult cases or those highlighting important learning are encouraged at the weekly Thurs Case Discussion and external speakers with specific areas of expertise are invited to the Tues Academic Seminar. The DoI weekly education programme is currently as follows:

Academic Seminar (GSTT)	Tuesday	09.00 - 10.00
Microbiology Tutorial (GSTT)	Wednesday	09.30 – 10.15

Virology Tutorial (GSTT)	Wednesday	10.15 - 11.00
Hospital Grand Round (GSTT)	Wednesday	13.00 - 14.00
Clinical Case Discussion (GSTT)	Thursday	13.00 - 14.00

In addition to the above, the KCL Academic Dept. of Infectious Diseases offers a regular programme of invited speakers with national and international reputations for their scientific research. Furthermore, the Trust's Dept. of Postgraduate Education runs an active and diverse education and training programme for all clinical staff.

6. The Diagnostic Laboratories

At present there is a single laboratory service for both Harefield and Royal Brompton Hospital sites based at Royal Brompton site with samples transported from the Harefield Laboratory Specimen Reception regularly during the working day. The laboratory has full UKAS accreditation. The organisational relationship between the RBH laboratory and the Synlab JV is being developed but the laboratories are already working closely together identifying opportunities for harmonisation of standard operating procedures and technology. Both use the CliniSys laboratory information management system, which has direct links with the ICNET system for the IPC database. The service offers a wide range of specialist bacteriology, virology and fungal diagnostics including cystic fibrosis and transplant bacteriology, mycobacterial identification and susceptibility testing, molecular PCR assays, serology assays and testing for the heart valve bank.

At present RBH laboratory staff has:

- 1x WTE service manager (Newara Ramadan)
- 7.6x WTE senior BMS
- 1x WTE trainee BMS
- 2.4x WTE MLA
- 1x WTE full-time administration manager
- 0.6 x WTE administration assistant

From April 1st 2021, pathology services for the South East London sector including GSTT, Kings College Hospital, Princess Royal Hospitals, Oxleas community Trust, South London and the Maudsley (SLAM) and Community services will be provided by a JV with Synlab UK. Currently the Infection Sciences laboratories at GSTT comprise Microbiology and Virology services and are co-located on the 5th Floor of the North Wing at St Thomas' Hospital with the Dept of Infectious Diseases. The Infection Sciences laboratories are UKAS accredited and perform over 800,000 routine and specialist investigations annually for GSTT and other Trusts and commissioners within the South East and Pan London. Microbiology receives approximately 340,000 bacteriological specimens per year. The service currently uses the Clinsys Winpath computer LIMS system and Q-Pulse quality management system and a range of automated laboratory systems including the Bruker MALDI-TOF, Vitek, BD FX, BD MGIT and BDMAX, the Sedimax Urine analyser, the DS2, Mobidiag and Cepheid GeneXpert system. The wide-ranging portfolio of tests encompassed diagnostic bacteriology, mycology, parasitology and onsite Category 3 facilities for mycobacterial diagnostics. All is overseen by the Clinical Leads and Consultants in Microbiology and Virology, employed by GSTT, in partnership with Viapath operational leads and Clinical scientists.

Dr Penny Cliff is the Infection Sciences Scientific Lead and Dr Fearghal Tucker is the Infection Sciences Service Delivery Manager, and Deputy Service Delivery Manager pending

appointment in November 2021. Ms Lisa Bryan is the Microbiology Operations manager, Ms Jane Mullen is the Virology Operations manager and Mr Richard Scott the Infection Sciences Quality Manager.

7. Accreditation

The Infection Sciences laboratories has full ISO accreditation, with the most recent inspection in January 2020. The training scheme has both Royal College of Pathologists and Royal College of Physicians educational accreditation.

8. Laboratory and Clinical Guidelines

The Microbiology and virology sections have a comprehensive set of standard operating procedures covering all areas of laboratory work including processing of specimens, communication of results and health and safety. There are Clinical Authorisation Guidelines covering medical authorisation of laboratory results, and Clinical Practice Guidelines for use by the medical doctors in Microbiology. The departmental staff have also developed several Trust guidelines on the management of infection and there is ample opportunity to discuss cases with Consultants during formal weekly meetings or on an *ad hoc* basis.

9. Health and safety

As part of laboratory induction, health and safety training is required in accordance with Trust policy. The Occupational Health Dept., in consultation with DoI Consultant staff, have a policy to ensure all clinical staff are protected from infection risk by vaccination where appropriate.

Section 4: Main Duties & Responsibilities

Main place of employment:

The post-holder will be based primarily at RBH sites, however, it is a requirement of your employment that you be prepared to work at any additional or different location owned or served by the Trust, either on an on-going or temporary basis according to the demands of the service.

Induction:

There will be a personalised induction programme both for the Microbiology and clinical Infectious Diseases service. The programme will be tailored to the needs of the successful candidate.

Accommodation and equipment:

The Consultant Doctor will have access to a computer and desk space and the support of departmental administration and clerical staff. The Guy's, King's and St. Thomas' Medical School library is on the St. Thomas' and Guy's sites. Electronic access to the KCL e-journals will be available. There are libraries/learning zones at the Brompton and Harefield sites.

Continuing professional development (CPD) and Appraisal:

The post holder will be expected to participate in CPD. Consultants can apply for professional and study leave over a three-year period up to 30 days (on average 10 days per year). Statutory and Mandatory training must be taken within the leave allocation. Consultants have access through the Post-graduate Centre to apply for funds to support CPD activities. All medical staff are required to undertake annual appraisal and revalidation. Appraisal documentation for GMC Specialist Revalidation will be submitted through the SARD system.

Mentoring:

There is an active mentoring and coaching scheme available to all consultants. New consultants are encouraged to participate in the New Consultants Forum with organised seminars supporting professional development.

Job Planning:

The post holder's job plan is anticipated to contain 10 Programmed Activities (PA) per week, to be carried out primarily at the RBH sites. Below is an *example* outline programme based on 10 PAs but the exact job plan will be discussed with the Clinical Director and Service Leads prior to any start date, particularly in order to reflect specific responsibilities that are agreed i.e. 'Infection Control Doctor' (1PA), 'Service Lead' (2PA). The job plan will also be negotiated between the Consultant and their Clinical Lead at least annually.

Type of work		Number of Programmed Activities			
		Post 1	Post 2	Post 3	Post 4
DCC	Clinical work including ward consults and ward rounds	2	3	3	2
	Multi-disciplinary meetings about direct patient care	1	1	1	1
	Infection Prevention & Control	1	1	1	1
	Infection Control Doctor				1
	Laboratory management and diagnostic service development	2	3	3	3
	Outpatient activities	0.75	0.75	0.75	0.75
SPA	Job Planning, appraisal, CPD, clinical governance, mandatory training	1	1	1	1
	Teaching/StR supervision	0.25	0.25	0.25	0.25
	Service Lead	2			
Total		10	10	10	10

Proposed timetable:

Final agreement on timetabled commitments will be agreed on taking up the post and then reviewed at least annually as part of the job planning process. As an organisation we are committed to developing our services in ways that best suit the needs of our patients. This means that some staff groups will increasingly be asked to work a more flexible shift pattern so that we can offer services in the evenings or at weekends or asked to work at any of the trust sites.

An example of the proposed timetable for the IDMMV or Microbiology Consultant is outlined below. All activities shown take place at RBH. One of the 4 posts will be primarily based at the Royal Brompton and another at Harefield. After the first year, the two remaining posts will rotate between RBH and the ID service based at Guy's & St Thomas'. Arrangements for this split will include agreement on current GSTT based Consultants having timetabled commitments providing services to RBH either on-site or remotely. This will also be based on specialist interests (e.g. endocarditis, Critical Care, Virology, paediatric ID or infections in the immunocompromised host) and in response to movement and re-configuration of clinical services between sites resulting from the Trust merger.

	Description of work	Start-Finish	Frequency	Cat.
Mon	Clinical handover	0900-1000	1x1w	DCC
	Ward Rounds/Consults ¹	1000-1400	1x1w	DCC
	Diagnostic work/ lab result authorisation ^{1,2}	1300-1700	1x1w	DCC
Tues	Academic Seminar	0800-0900	1x1w	SPA
	Diagnostic work/ lab result authorisation	0900-1300	1x1w	DCC
	Infection prevention & control	1300-1700	1x1w	DCC
Wed	Ward Rounds/Consults	0900-1300	1x1w	DCC
	Outpatient clinic	1300-1700	1x2w	DCC
Thur	Diagnostic work/ lab result authorisation	0900-1300	1x1w	DCC
	Clinical Cases meeting	1300-1400	1x1w	DCC
	MDM	1400-1600	1x1w	DCC

Fri	Ward Rounds/Consults CPD	0900-1300 1300-1700	1x1w 1x1w	DCC SPA
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1 = 2 session replaced by 'Clinical Lead' responsibilities (2 SPA) for the relevant post-holder
2 = 1 session replaced by 'Site Infection Control Lead' activities (1 DCC PA) for the relevant post-holder

On Call Rota:

The appointee will be required to participate in the following:

- For the first year, participate in a 1 in 5 ID/Microbiology on-call rota (Category A - 5%) in order to authorise and communicate significant laboratory results, and provide specialist clinical advice.
- After the first 12 months, the intention is to merge on-call responsibilities and form a single Trust-wide Infection on-call rota with a 1:9 frequency (Category A - 3%). At this point, the consultant will be required to provide out-of-hours cross-cover, in order to release the ID registrar for rare HCID-a admissions.
- In addition, after the first year and depending upon clinical experience and skills, the post-holder will also be offered the chance participate in the rota for rare admissions to the HCID-a unit at St Thomas'.

Category A: this applies where the consultant may be able respond by giving telephone advice and/or by returning to work later but the complexity of work or urgency of work is such that they could on rare occasions be required to return to site.

Frequency of Rota Commitment	Value of supplement as a percentage of full-time basic salary	
	Category A	Category B
High Frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium Frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low Frequency: 1 in 9 or less frequent	3.0%	1.0%

Section 5: General Information Relating to Terms & Conditions of Service

The Terms and Conditions applicable to this appointment are available on request.

As an organisation we are committed to developing our services in ways that best suit the needs of our patients. This means that some staff groups will increasingly be asked to work a more flexible shift pattern so that we can offer services in the evenings or at weekends.

Salary scale: As stated in the advert

London Weighting: As stated in the advert

ASPECT OF JOB	DETAILS
Additional Increments	<p>Increments over and above the minimum of the salary scale will only be given for previous consultant level experience or where training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification. Time spent doing a higher qualification or additional years spent doing clinical work, research or sub-speciality training does not count towards additional credit (see Schedule 13 of the Terms and Conditions).</p>
Additional responsibilities	<p>These are responsibilities undertaken within or without the Trust – and are specific to individual consultants, examples include undergraduate and postgraduate deans and Caldicott Guardian</p> <p>Any additional NHS responsibilities, which are deemed appropriate, need to be agreed in advance with the clinical director and allocated as PA time for additional NHS responsibilities in the job plan. The timing and location of these activities should be included in the job plan.</p>
Additional Programmed Activities (APAs)	<p>Consultants must offer the Trust any additional capacity they may have if they wish to undertake private professional services. The Trust may, but is not obliged to, offer the consultant the opportunity to carry out up to one Programmed Activity per week on top of the standard commitment set out in their contract of employment.</p> <p>APAs are a temporary addition to the substantive contract and they must be agreed annually. They are subject to change or withdrawal upon three months notice given by either party. If a consultant fails to submit the job plan for annual review then any APAs previously agreed will not automatically be renewed, but will be subject to withdrawal and pay will automatically revert to the number of substantively agreed Pas as set out in the contract until the matter is resolved.</p>

Annual Leave	<p>Schedule 18 of the Terms and Conditions sets out the entitlement for annual leave as follows:</p> <p>Up to Seven years completed NHS service as a consultant – 32 days (based on a 7 day week) Seven or more years – 34 days (based on a 7 day week).</p>
Appraisal	<p>The appraisal process is distinct though inter-linked with the job planning process and needs to have been undertaken prior to the launch of the job planning process. Guidance on appraisal is available from the Medical Directors office (GSTT).</p>
Clinical Excellence Awards	<p>Consultants need to have fully participated in the appraisal and job planning process prior to applying for Clinical Excellence Awards.</p>
Clinical Governance	<p>It is a Trust requirement that clinical staff participate in 4 formal clinical governance sessions each year. 100% attendance is expected. Individual specialities may undertake additional governance sessions providing it does not impact on clinical activity.</p>
Code of Conduct on Private Practice	<p>A consultant who wishes to undertake private practice must offer any additional capacity to the Trust for NHS work. Full time consultants who are currently working the equivalent of 11 or more Programmed Activities, and who have agreed with their clinical manager that the same level of activity should form part of their Job Plan, will not be expected to offer any additional NHS work.</p> <p>The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services.</p> <p>With the exception of the need to provide emergency care agreed NHS commitments should take precedence over private work; and NHS facilities, staff and services may only be used for private practice with the prior agreement of the NHS employer.</p> <p>As part of the annual job planning process, consultants should include in their job plan, details of regular private practice commitments, including the timing, location and broad type of activity to facilitate effective planning of NHS work and out of hours cover.</p>
Confidentiality	<p>The post-holder must maintain confidentiality of information about staff, patients and health service business and be aware of the Data Protection Act (1984) and Access to Health Records Action (1990). All employees of Guy's and St Thomas NHS Foundation Trust must not, without prior permission</p>

	<p>disclose any information regarding patients or staff. In circumstances where it is known that a member of staff has communicated to an unauthorised person those staff will be liable to dismissal. Moreover, the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information.</p>
Conflict of Interests	<p>You may not without the consent of the Trust engage in any outside employment and in accordance with the Trust's Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust.</p> <p>In addition the NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation, other NHS or voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.</p>
Disclosure and Barring Service	<p>Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a criminal record check from the Disclosure and Barring Service before the appointment is confirmed. All doctors who are offered employment will be subject to an enhanced disclosure check by the Disclosure and Barring Service before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the Disclosure and Barring Service website at https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers</p>
Direct Clinical Care (DCC)	<p>All contracts must be predominantly DCCs and all Programmed Activities (including SPAs) must be evidenced and agreed.</p>

	<p>DCC activity is work directly relating to the prevention, diagnosis or treatment of illness and includes;</p> <ul style="list-style-type: none"> ○ Emergency duties ○ Operating sessions ○ Ward rounds ○ Frontline clinical work (ICM, HDU, HBC) ○ Outpatient activities ○ Clinical diagnostic work ○ Other patient treatment ○ Public health duties ○ MDT meetings about direct patient care ○ Administration directly related to these activities above <p>All of this detail needs to be included in the weekly timetable and must include start and end times for each activity.</p>
External duties	<p>Some consultants undertake additional duties for organisations which are associated with the NHS but not formally part of it. Some examples include;</p> <ul style="list-style-type: none"> ○ College work and examinations ○ National representation on committees and teaching ○ London Deanery ○ Trade union activities ○ External lectures <p>External duties need to fulfil the following criteria;</p> <ul style="list-style-type: none"> ○ Demonstrable benefit to the individual, the Trust or the wider NHS ○ Agreed in advance ○ No loss of service delivery within the specialty/department unless replacement of this loss is agreed ○ Part of appraisal and regular review, with number of days and activities undertaken recorded ○ External duties will not normally count towards the assessment of additional PAs particularly where they replace required Trust clinical work <p>It is important that before consultants enters into any new external commitments which would impact on their job plan, that they secure the agreement of their Clinical Director to assess the impact on the service and colleagues.</p>
Fee paying services	<p>The approach defining how to handle fee paying services is covered in the section on Private Practice and set out in the terms and conditions of the consultant contract (Schedules 9,10 and 11). It is</p>

	<p>important for consultants to identify whether they should remit any fee paid to them to the Trust, or whether they may keep the fee. As a general rule, if it is payment for activity carried out in Trust paid time, then the fee should be given to the Trust. <i>(See Policy on PP for GSTT)</i></p> <p>The job plan must include all private practice sessions undertaken in the Trust or elsewhere with times and locations, even if in another hospital and even if "out of hours".</p>
Freedom of Information	The post holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity
Health and safety	The post holder must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of themselves and others and to ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.
Infection Control	<p>It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policies including those that apply to their duties, (such as Hand Decontamination Policy, Personal Protective Equipment Policy, safe procedures for using aseptic techniques and safe disposal of sharps) in relation to the prevention of the spread of health care associated infection (HCAI's) and the wearing of uniforms. They must attend mandatory training in Infection Control and be compliant with all measures known to be effective in reducing HCAs.</p> <p>Clinical staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure that they apply alcohol gel to their hands and also wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staff are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust's Incident Reporting Policy.</p>
Information Governance	All staff must comply with information governance requirements. These includes

	statutory responsibilities (such as compliance with the Data Protection Act), following national guidance (such as the NHS Confidentiality Code of Practice) and compliance with local policies and procedures (such as the Trust's Confidentiality policy). Staff are responsible for any personal information (belonging to staff or patients) that they access and must ensure it is stored, processed and forwarded in a secure and appropriate manner.
Information Quality Assurance	As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions.
Management of Violent Crime	The Trust has adopted a security policy in order to help protect patients, visitors and staff and to safeguard their property.
Meal/Rest Breaks	<p>As a matter of good practice, as well as statutory obligations, work activities should be designed, as far as practical, to allow for meal breaks to be taken. The Trust policy is that these should be planned around a minimum of 30 minutes additional to a 6 – 8 hour working day and an hour additional to an 8 – 12 hour working day.</p> <p>The national Contract does not provide for these breaks to be paid, nor is there the funding in the system for discretionary payment.</p> <p>However, there will be times when activities are unavoidably scheduled in a way that precludes a consultant taking a break, and that activity can then count as working time. It is important, both in terms of equity of treatment and overall affordability, that we are as consistent as possible in our approach.</p>
Medical Examinations	All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract.
Normal and premium working time	<p>Premium time is outside the period 7am to 7pm Monday to Friday, and any time on a Saturday or Sunday, or public holiday</p> <p>For any work scheduled during premium time there will be a reduction in the timetabled value of the PA itself (or another) to 3 hours.</p>

	Scheduled PA work during premium time will be a reduction in the timetable value of the PA itself (or another) to 3 hours
No smoking	The Trust operates a non-smoking policy
On-call arrangements (including Emergency Work arising from on call)	<p>Category of on-call duties:</p> <p>Predictable on-call: predictable emergency work – this is emergency work that takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post take ward rounds) Calculation of PA's will take account of the frequency of the on call pattern.</p> <p>Unpredictable on-call: Unpredictable emergency work arising from out of hours duties. This is work done whilst on call and associated directly with the consultants on-call duties e.g. recall to hospital to operate on an emergency basis. This should be averaged from the diary cards and annualised to a maximum of 2 PA, taking into account the frequency of the on-call commitment.</p> <p>Category A on-call supplement</p> <p>This applies where the consultant is typically required to return immediately to site when called or has to undertake intervention with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone conversations.</p> <p>Category B on-call supplement</p> <p>This applied where the consultant can typically respond by giving telephone advice and or by returning to work later</p> <p>Level of supplement</p> <p>The level of supplement depends upon the frequency of the rota: High (1-4): A=8%; B=3% Medium (5-8): A=5%; B=2% Low (9 or more): A=3%; B=1%</p>
Pension	<p>Membership of the NHS Pension Scheme is available to all employees over the age of 16. Membership is subject to the regulations of the NHS Pension Scheme, which is administered by the NHS Pensions Agency. Employees not wishing to join the Scheme or who subsequently wish to terminate their membership must complete an option out</p>

	<p>form – details of which will be supplied upon you making a request to the Trust's Pensions Manager, based in Payroll. A contracting-out certificate under the Pensions Schemes Act 1993 is in force for this employment and, subject to the rules of the Scheme, if you join the Scheme your employment will be contracted-out of the State Earnings Related Pension Scheme (SERPS).</p>
Personal objectives	<p>Personal objectives should be specific, measurable, achievable, agreed, relevant, timed and tracked. Objectives are expected to include delivery of activity levels and quality standards, the introduction of new ways of working, and performance within budgetary limits</p> <p>These should be kept under review throughout the year and assessed as part of the appraisal process.</p>
Professional Association/Trade Union Membership	<p>It is the policy of the Trust to support the system of collective bargaining and as an employee in the Health Service you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.</p>
Professional Registration/Licence to Practice	<p>Staff undertaking work which requires professional/state registration/licence are responsible for ensuring that they are so registered/licensed and that they comply with any Codes of Conduct application to that profession. Proof of registration/licence to practice must be produced on appointment and if renewable, proof of renewal must also be produced.</p>
Professional and study leave	<p>Consultants can apply for professional and study leave over a three year period up to 30 days (on average 10 days per year). Statutory and Mandatory training must be taken within the leave allocation.</p> <p>This should be identified in advance and specified in the job plan and reflected in the personal objectives.</p>
Programmed activities (PAs)	<p>A full-time consultant is contracted is for 10 PAs – and anything above this is on a temporary basis. Each job plan should assume that it will be for 10 PAs – and anything else is by exception</p> <p>The Trust will not offer more than 12 Pas in total i.e.</p> <ul style="list-style-type: none"> • Programmed activities less than 11 = basic contract of 10 PAs

	<ul style="list-style-type: none"> • Programmed activities of 11 and above but less than 12 = basic contract + 1 APA • Programmed activities of 12 and above = basic contract + 2 PAs <p>A PA is for a 4 hour session – anything taking less time is counted as pro rata (i.e. 3 hours = 0.75 of a PA)</p>
Research and development	Any research undertaken by a consultant needs to be approved as part of the Trust's specific R&D policy as well as the job planning process itself. Research-related activity can be taken during SPA time– and it is best that it features as agreed specific Programmed Activities in order to ensure that it is substantive research and the costs and funding are properly identified. Research needs to distinguish between grant application, supervision, actual R&D and committee work. R&D-related activity and outcomes need to feature in objective-setting (and appraisals).
Safeguarding children and vulnerable adults	Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of the specific duties relating to the role.
Supporting Professional Activities (SPAs)	<p>The Clinical Director should identify and quantify SPA activity that is proportionate to the size of the department and its objectives.</p> <p>A full time consultant will have a maximum allocation of 1 PA to cover such responsibilities including CPD, audit, job planning, revalidation and appraisal.</p> <p><i>SPA time can be made of:</i></p> <ul style="list-style-type: none"> ○ Training, medical education and formal teaching ○ Continuous professional development ○ Audit ○ Clinical governance ○ Job planning ○ Appraisal and revalidation ○ Research ○ Recruitment <p><i>SPA activity needs to be of benefit to both the consultant and the Trust, be specified, scheduled and on-site (off-site by exception) with clear outputs and reflected in the personal objectives.</i></p>
Sustainability	It is the responsibility of all staff to minimise the Trust's environmental impact by recycling wherever possible, switching off lights, computers monitors and equipment when not in use, minimising water usage and reporting faults promptly.

<p>Teaching commitments</p>	<p>Consultants are expected to participate in education as part of their employment – teaching done in clinic, theatre and on the ward is part of DCC activity and not awarded separate PA allocation although it can be recognised that this might affect the volume of clinical activity undertaken</p> <p>As a guide, a maximum of 0.5 PA per consultant should be allocated to under graduate teaching. Additional education and training commitments; an educational supervisor will attract 0.25 Programmed Activities a week per trainee (capped at 4 trainees/1PA).</p>
<p>Team-based job planning</p>	<p>This can be used either to launch job planning to establish a framework within which the individual job plans are then agreed or throughout the process. The consultant work to be delivered is quantified and a team approach is taken to agreeing and delivering the activity with agreement, for example on the typical length and frequency of ward rounds, patient related administration, MDT or department meeting attendance. In all cases, individual job plans need to be agreed and signed off</p> <p>Directorates/departments are expected to agree the number, frequency, timing and nature of clinical activities.</p>
<p>Working from Home</p>	<p>The Trust expects consultants to conduct their work activity from their normal place of work and to be available to participate in the everyday activities of their department and the hospital. By exception, work can be undertaken from home. This is a matter of agreement between the individual consultant and their clinical director. Where home working is undertaken, it must be done on the basis that:</p> <ul style="list-style-type: none"> • Time spent regularly working from home is clearly documented in the job plan • The department is aware that a colleague will be working from home and the views of colleagues will be taken into account • Whilst working from home, the member of staff is available for normal contact from the hospital • The appropriate facilities are available at home for the work to be undertaken • The arrangement is discretionary and subject to the needs of the service, and may therefore be reviewed and changed • The work output may be reviewed at the annual job planning meeting

	<p>In addition consultants should be aware that the Trust has a number of policies that support staff in helping to maintain a good work/home life balance.</p>
Workload and productivity indicators	<p>It is expected that on average, a consultant will work for 42 weeks over the year net of annual and professional leave</p> <p>For each PA, regular, relevant activity and workload indicators need to be established, such as the average number of patients to be seen in the clinic, numbers of operations, beds numbers to be covered on a ward round, minimum number of radiological films expected to be reported.</p> <p>These specific activity levels need to make the necessary contribution so that the Trust delivers on its service obligations. General Managers will be able to assist in producing relevant activity data.</p> <p>Productivity indicators should also be used – such as the new: follow up outpatient ratio and number of patients per operating list. Each specialty will set the target numbers in advance of the job planning process commencing as part of their capacity plan. Delivery on target will be assessed as part of the appraisal process.</p>
Work Visa/Permits/Leave to Remain	<p>If you are a non-resident of the United Kingdom or European Economic Union, any appointment offered will be subject to the Resident Labour Market test (RLMT). The Trust is unable to employ or continue to employ you if you do not obtain or maintain a valid Right to Work (leave to remain).</p>

Section 6: Person Specification

	Essential Criteria	Desirable Criteria	Where evaluated
Professional Qualifications	<p>Full and Specialist GMC Registration and current licence to practise.</p> <p>Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview.</p> <p>Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</p> <p>On GMC Specialist Register for Microbiology OR Microbiology and Infectious Diseases OR Virology</p> <p>MRCP or equivalent</p> <p>FRCPath or equivalent</p>	<p>MD or PhD</p> <p>Infection Prevention and Control qualification (e.g. DipHIC or MSc)</p>	<p>APP Form</p> <p>GMC CV</p>
Clinical Experience	<p>Comprehensive experience across the range of adult infectious diseases.</p> <p>Introduction of new laboratory tests into the diagnostic repertoire</p> <p>Experience in writing clinical microbiology laboratory guidelines.</p> <p>Infection Prevention and Control in the acute care setting e.g. management of outbreaks and antimicrobial stewardship.</p>	<p>Diagnosis and management of infections involving non-tuberculous mycobacteria, tuberculosis, fungi, immunocompromised hosts, resistance to multiple antibiotics.</p> <p>Leading or managing a diagnostic laboratory</p> <p>Managing change in order to deliver infection control targets.</p> <p>Post-graduate IPC qualification.</p>	<p>APP Form</p> <p>Ref/ Int</p>
Clinical Skills	<p>Operating an Infectious Diseases clinical consult service and contributing to multidisciplinary clinical meetings</p>	<p>Clinical assessment and management of Critical Care patients or those with respiratory conditions</p>	<p>APP Form</p> <p>Ref/ Int</p>

	<p>If applicable, running an Infectious Diseases out-patient clinic.</p> <p>Ability to work as an effective member of a multidisciplinary team.</p>	Running an OPAT service	
Audit Management & IT	<p>A track record demonstrating clinical governance, audit, service development and management and IT skills</p> <p>Evidence of leading service development and participation in quality improvement projects for clinical and/or laboratory services</p>		APP Form Ref/ Int
Research. Teaching skill & experience	<p>Experience of teaching and training undergraduates, postgraduates and junior medical staff.</p>	<p>Teaching qualification</p> <p>A track record of research, publications/ understanding / knowledge of Research ethics.</p> <p>Experience of independently attracting research funding</p> <p>Holder of GCP certification and involvement in clinical trials</p>	APP Form Ref/ Int
Leadership / Management skills	<p>Communication; Ability to communicate with clarity and intelligently in written and spoken English; ability to build rapport, listen, persuade/ negotiate.</p> <p>Accountability; Ability to take responsibility, lead, make decisions and exert appropriate authority.</p> <p>Interpersonal Skills; Empathy, understanding, listening skills, patience and ability to work co-operatively with others.</p> <p>Able to change and adapt, respond to changing circumstances and to cope with setbacks or pressure.</p>	<p>Experience in leading a multidisciplinary team</p> <p>Experience of business case and service development.</p>	APP Form Ref/ Int

	<p>Ability to work as part of a team</p> <p>Staff Management; Experience of performance management, developing and motivating staff. Ability to lead staff, balance competing demands on the diagnostic service, striving to develop an efficient and high-quality laboratory service.</p> <p>Finance; Knowledge of finance and budgets.</p>		
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Evaluation Key: APP Form [Application Form] Ref [References] Int [Interview]

CHIEF NURSE

