



*Exceptional People – Excelling in Care*

## **Royal Brompton and Harefield NHS Foundation Trust**

### **Job Profile**

#### **Resident Medical Officer in Private Patients**

#### **Royal Brompton Hospital**

	<b>Page</b>
<b>Description of the Trust</b>	<b>2 – 8</b>
<b>Job Description</b>	<b>9 - 13</b>
<b>Person Specification</b>	<b>14</b>
<b>Appendix</b>	<b>15-16</b>

## **Royal Brompton & Harefield NHS Foundation Trust**

### **A System of Care**

Royal Brompton & Harefield NHS Foundation Trust is an internationally renowned centre for heart and lung services. Our brand identity is strong and clear: delivering the best clinical care and the best research for patients with heart and lung disease.

Heart and Lung diseases are the world's biggest killers and our experts care for patients who come from across the UK and overseas, not only from our local areas.

Our integrated approach to caring for patients from the womb, through childhood, adolescence and into adulthood and old age has been replicated around the world and has gained the Trust an international reputation as a leader in heart and lung diagnosis, treatment, and research.

Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients. The opportunity to influence the course of modern medicine by developing new treatments is a prospect that attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care. As well as travelling internationally to lecture and share their knowledge, our clinicians hold prominent positions on influential boards, committees, institutions and professional associations.

Our closest academic partners are the National Heart and Lung Institute in the Faculty of Medicine Imperial College London and, the Harefield Heart Science Centre. Through our clinical research studies we also have active collaborations 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 the heart condition dilated cardiomyopathy, founding the largest centre for the development of new treatments for cystic fibrosis in Europe and pioneering heart surgery for new-born infants.

Our hospitals do not operate in a vacuum; fully integrated networks of care exist with partner organisations and many of our clinicians have joint appointments with neighbouring trusts.

Our experts promote the principle of 'shared care' through an expanding system of consultant-delivered outreach clinics, at which they see patients at over 30 hospitals across the South East, covering Essex, Sussex, Surrey, Hertfordshire, and Middlesex. This system allows patients to benefit from specialist expertise in their local environment, with inpatient care at our hospitals as needed.

## 1.0 Trust mission, values and approach.

The Trust's mission is to be the UK's leading specialist centre for heart and lung disease. We will achieve this mission through a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, heart failure and advanced lung diseases.

### Our Approach

- The continual development of leading edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions

Remaining an autonomous specialist organisation is central to preserving and building our strong clinical and organisational record. However, we are equally convinced of the importance of effective partnerships particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

### Our Values

At the core of any organisation are its values; belief systems that are reflected in thought and behaviour.

We have three core patient-facing values and four others that support them.

Our three core values are:

- **We Care**  
We believe our patients deserve the best possible specialist treatment for their heart and lung condition in a clean, safe place.
- **We respect**  
We believe that patients should be treated with respect, dignity and courtesy and they should be well informed and involved in decisions about their care.
- **We are inclusive**  
We believe in making sure that our specialist services can be used by everyone who needs them, and we will act on any comments and suggestions that can help us improve the care we offer.

And the following values support us in achieving them:

- **We believe in our staff**  
We believe our staff should feel valued and proud of their work and know that we will attract and keep the best people by understanding and supporting them.
- **We are responsible**  
We believe in being open about where our money goes, and in making our hospitals environmentally sustainable.

- **We discover**  
We believe it is our duty to find and develop new treatments for heart and lung disease, both for today’s patients and for future generations.
- **We share our knowledge**  
We believe in sharing what we know through teaching, so that what we learn can help patients everywhere.

### 1.1 Performance and achievements in 2014/2015

#### Our experts in 2014/15:

Carried out more than <b>174,000</b> outpatient, diagnostic and imaging appointments and saw <b>35,706</b> inpatients	Scored over <b>98 per cent</b> from patients in the NHS England Friends and Family Test	Achieved a <b>world first</b> by implanting a Tendyne transcatheter mitral valve system to treat mitral regurgitation (a leaking mitral heart valve)
Performed <b>2,899</b> angiograms and <b>2,344</b> coronary angioplasties	Fitted <b>3,395</b> pacemakers and implantable cardioverter defibrillators (ICDs)	<b>Pioneered</b> homecare support to shorten the length of time patients need to stay in hospital
Recommended by <b>92 per cent</b> of staff in the NHS England Family & Friends Test	Performed <b>708</b> paediatric cardiac procedures and admitted <b>2,546</b> children with heart and lung conditions	Conducted <b>8,473</b> appointments with paediatric (under 16 years of age) cardiology and respiratory outpatients
Carried out <b>6,169</b> inpatient and <b>8,986</b> outpatient CT scans	Performed <b>18,445</b> echocardiograms at Royal Brompton Hospital and <b>13,191</b> at Harefield Hospital	Helped <b>nearly 1,000</b> cystic fibrosis (CF) patients
Recruited <b>3,149</b> patients into more than <b>175</b> research studies	Achieved the 18-week NHS standard referral time for admitted patients <b>every month</b> between April 2014 and March 2015	Achieved the 18-week NHS standard referral time for non-admitted patients <b>every month</b> between April 2014 and March 2015

### 1.2 Range of Services

The Trust provides first-rate clinical services and exceptional research output.

We have an outstanding Research and Development pedigree; with over 500 active research

projects across 10 R&D programmes. Every one of these programmes has been consistently given the top rating by the NHS R&D Directorate. The table below illustrates the inter-relationship between our R&D activity and clinical services.

Several of our clinical services have been formally designated as national services by the Department of Health: Heart and Lung transplantation, Ventricular Assist Devices (LVAD), Pulmonary Hypertension and Primary Ciliary Dyskinesia.

Research Programmes		Clinical Services
Congenital Heart Disease	↔	Adult Congenital Heart Disease Pulmonary Hypertension Paediatric Respiratory Paediatric Congenital Heart Disease Foetal medicine Primary Ciliary Dyskinesia
Chronic Coronary Heart Disease and Atheroma	↔	Acquired Heart Disease
Failing Heart	↔	Heart Failure Heart & Lung Transplant
Critical Care	↔	Critical Care relating to Heart and Lung
Chronic Respiratory Failure	↔	Chronic Obstructive Pulmonary Disease Sleep Ventilation Pulmonary Rehabilitation Lung Volume Reduction
Lung Cancer	↔	Lung and Upper GI cancer services
Severe Respiratory Disease	↔	Interstitial Lung Disease Acute Lung Injury Asthma & Allergy
Occupational and Environmental Medicine	↔	Occupational Lung Disease
Chronic Suppurative Lung Disease	↔	Paediatric and Adult Cystic Fibrosis Non – CF Bronchiectasis Aspergillosis Mycobacterial Infections

### 1.3 Organisation

The Trust Board is constituted as follows:

Non- Executive Members	Executive Members
Interim Chairman, Neil Learner	Chief Executive, Mr Bob Bell
Mr Andrew Vallance-Owen	Medical Director and Responsible Officer; Dr Richard Grocott-Mason
Ms Lesley-Anne Alexander	Chief Operating Officer, Mr Robert Craig
Mr Neil Lerner	Associate Chief Executive - Finance, Mr Richard Paterson
Ms Kate Owen	Director of Nursing, & Clinical Governance, Mrs Joy Godden
Professor Kim Fox	
Mr Richard Jones	
Mr Philip Dodd	
Mr Luc Bardin	

The Clinical Divisions are: Heart (RBH incorporating Cardiology Radiology and Cardiac

Surgery), Heart (HH incorporating Cardiology, Transplant, Radiology and Cardiac Surgery), Lung (cross-site incorporating Respiratory Medicine, Radiology and Lung Surgery); and Directorates of Paediatrics, Anaesthesia and Critical Care, Laboratory Medicine, Pharmacy and Rehabilitation and Therapies.

Non-clinical directorates are: Human Resources, Finance, Patient Services, Estates & Facilities, Communications and Public Affairs and Business Development & Commissioning.

#### **1.4 Harefield Hospital Site**

Harefield Hospital (HH) is a regional centre for cardiology and cardiothoracic surgery, and an international centre for adult heart 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 approximately 1,185 staff, 180 beds with 5 operating theatres, and 4 catheter laboratories.

#### **1.5 Royal Brompton Hospital Site**

The Royal Brompton Hospital (RBH) 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 (BRU) 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. Following public consultation, it was agreed that inpatient paediatric surgery and investigations should consolidate at the Royal Brompton Hospital.

#### **1.6 Clinical Governance and Quality**

The Trust has an extensive programme of clinical governance and quality led by Mrs Joy Godden, Director of Clinical Governance and Nursing and Dr Richard Grocott-Mason, Interim Medical Director. The programme is delivered through the organisation's systems and processes for monitoring and improving services, including sections for:

- Clinical audit and information
- Clinical risk management
- Research and development office
- Infection prevention and control
- Patient feedback
- Clinical Quality and Improvement

Consultant appraisals form an integral part of the process with each consultant undertaking

annual appraisal with their line manager. There is also a programme of mandatory training undertaken by all staff.

### **1.7 Regulation**

The Trust was assessed by the Care Quality Commission as meeting all of the essential standards of quality and safety, which were inspected during 2012/13.

### **1.8 Research and Development**

Research is a major activity at RBHFT. In pursuing its research role, it is closely likened with its association with the National Heart and Lung Institute (NHLI) 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). Consultant staff at Royal Brompton and Harefield NHS Foundation Trust are normally granted honorary status at Senior Lecturer level with the University of London through NHLI and Imperial College.

Over recent years the Trust has opened two Biomedical research units, one Cardiac and one Respiratory, in partnership with Imperial College.

The BRUs undertake pioneering research into heart regeneration, aiming to increase the understanding of poor heart function in people living with cardiomyopathy, arrhythmia, coronary heart disease and heart failure. The Cardiovascular BRU aims to be the leading national and international laboratory for the discovery of genes involved in cardiovascular disease and their use in diagnostic and therapeutic strategies. The BRUs offers cutting edge genomics facilities, using state-of-the-art next generation DNA sequencing, in order to directly focus on the genetic analysis of inherited heart and lung conditions.

At the beginning of 2013, the Research Management Committee established a Research Awareness Working Group to take forward the Trust's research strategic goals. The Working Group brought together the Research Office, Biomedical Research Units, Research Nurses, Communications, Patient and Public Involvement representatives and PALS to identify and execute a time-limited action plan to raise research awareness. New awareness initiatives complement research Patient and Public Involvement (PPI) events already being taken forward by both the Biomedical Research Units (Cardiac and Respiratory). Both BRUs also have patient advisory groups who contribute to BRU research activities by commenting on research proposals, advising researchers on recruitment and helping with public/patient facing material such as information sheets. The BRUs are also planning to start evaluating the impact of their PPI work during 2014.

The two Biomedical Research Units (BRUs) have recently been awarded five-year funding by the National Institute for Health Research (NIHR). The grant of almost £20 million will allow both the Cardiovascular and Respiratory BRUs to continue pioneering research into some of the most complex heart and lung conditions. During the period July-September 2013, 5 new grants were awarded totalling £657k. It should be noted that the two awards to Professor Eric Alton (£543k in total) are a result of his successful bid to become the Director of the NIHR Respiratory Rare Disease Translational Research Collaboration.

## 1.9 Imperial College London

The Royal Brompton Trust has established and maintained close links with Imperial College, which was established in 1907 in London's scientific and cultural heartland in South Kensington, as a merger of the Royal College of Science, the City and Guilds College and the Royal School of Mines. St Mary's Hospital Medical School and the National Heart and Lung Institute merged with the College in 1988 and 1995 respectively. Imperial College embodies and delivers world class scholarship, education and research in Science, Engineering and Medicine, with particular regard to their application in industry, commerce and healthcare. We foster interdisciplinary working internally and collaborate widely externally. Consequently, a significant amount of Medical Staff employed by Imperial College hold honorary contracts with the Royal Brompton Trust.

## JOB DESCRIPTION

### **Location**

Royal Brompton Hospital

### **Contract**

6 months in the first instance, extendable up to 23 months.

### **Resident Medical Officer**

Royal Brompton & Harefield NHS Trust is the largest postgraduate specialist heart and lung centre in the United Kingdom and the second largest private patient business within the NHS.

### **Private Patient Unit**

Sir Reginald Wilson ward is a dedicated private patient ward consisting of 28 single rooms. Patients requiring investigations and treatments for cardiothoracic conditions are cared for here. Expertise includes cardiology, cardiothoracic surgery and respiratory medicine.

### **Clinical Services - Cardiology**

The Cardiology service at the Royal Brompton Hospital is a modern facility with 4 cardiac catheter labs. It has state of the art facilities for cardiac electrophysiology and complex device implantation, interventional activities and an adult congenital heart disease (ACHD) unit.

The cardiac electrophysiology services uses 2 state of the art labs, which have been transformed in the last 12 months. One is now equipped with the Stereotaxis magnetic navigation system, and includes the Odyssey module and DynaCT. Both EP laboratories are each fully equipped with the latest conventional mapping systems, as well as with both an EnSite™ (St Jude Medical)(incl. Verismo) and a CARTO XP™ system with CARTOMERGE™ (Biosense Webster), and there is close clinical and academic collaboration with the world class imaging department.

The interventional service uses the two remaining cardiac catheterisation laboratories for coronary angiography (>1000 cases per annum), percutaneous coronary intervention (>1200 cases per annum) and paediatric interventional procedures. A percutaneous aortic valvuloplasty program is also ongoing, with more than 30 procedures done so far, directly coordinated by the Structural Heart Disease group.

The ACHD unit is one of the largest dedicated services of its type providing care for over 5000 patients. It fulfils all components of a supra-specialist centre and was ranked first in the UK by the patient's association with regard to the comprehensive nature of its facilities.

The unit has an active interventional and surgical program including advances interventional techniques such a trans-catheter pulmonary valve implantation. There are multiple specialist clinics covering all aspects of tertiary care both nationally and internationally. These include high-risk pregnancy, Marfan, intervention and pulmonary hypertension service. In addition there is a prestigious imaging facility including echocardiography, cardiac magnetic resonance and cardiac CT.

## Consultant Cardiologists

### Consultant Cardiologists at Royal Brompton Hospital:

Professor Kim Fox	Dr Konstantinos Dimopoulos
Professor Peter Collins	Dr John Wort
Dr Paul Oldershaw	Dr Sam Kadourra
Dr Jonathan Clague	Dr Julian Collinson
Dr Simon Davies	Dr Ranil De Silva
Professor Carlo Di Mario	Dr Vias Markides
Professor Martin Cowie	Dr Tom Wong
Dr Rakesh Sharma	Dr Sabine Ernst
Dr Alexander Lyon	Dr John Foran
Dr Sanjay Prasad	Dr Tushar Salukhe
Professor Michael Gatzoulis	Dr Julian Jarman
Dr Lorna Swan	Dr John Stephenson

### Cardiology junior staff at Royal Brompton Hospital:

There are 17 SpRs, and 8 ST1/2s. Research fellows provide some out of hours cover at Registrar level.

## Clinical Services-Surgery

Royal Brompton is the largest centre for heart and lung surgery in the United Kingdom. Over 2,000 adults and 350 paediatric operations are undertaken each year, and it is expected that this will increase in the future. Services are offered for a wide range of acquired and congenital heart disease, together with lung and oesophageal disease. The department of surgery has the use of 6 purpose built operating theatres and an adjoining 20 bed adult intensive care unit which has the most sophisticated high dependency equipment available. A separate paediatric intensive care unit takes all paediatric cases. There are two surgical wards providing 58 in-patient beds, including 12 high dependency beds. The hospital also has a private ward with 28 beds with its own high dependency area and an international reputation for comfort and high standards of care.

The hospital has unique expertise in complex revisional surgery, for which referrals are received from all parts of the UK. Surgery benefits from an on-site Homograft department which collects, processes and supply's tissue valves for this and other national and international units. We are a national leader in the use of homografts in the treatment of acquired and congenital cardiac disease. The surgical department has several trials on the benefits of stentless valves.

The treatment of coronary artery disease forms a major part of the surgical workload. Off pump and robotic coronary surgery are major projects of the unit.

Thoracic surgery is undertaken by 3 consultants, and has an international reputation for pioneering clinical practice and research. Close collaboration with the nearby Royal Marsden Hospital, including collaboration on the surgical treatment of pulmonary metastatic disease in the largest programme in Europe, is a further example of the team work which is fundamental to the strength of the unit.

The work involves total care of the patient, both pre and post-operatively and a large commitment to the Intensive Care Units, both Adult and Paediatric.

The work undertaken involves total cardiopulmonary bypass for intra cardiac procedures, closed heart cases, pulmonary and oesophageal patients undergoing reconstructive surgery and transplant surgery in collaboration with Harefield Hospital. Royal Brompton Hospital is also one of the centres recognised by the Department for paediatric cardiac surgery.

### **Surgical staffing**

#### **Consultant Medical Staff**

##### Cardiac Surgeons:

Mr U Rosendahl  
Mr A De Souza  
Mr N Moat  
Mr R Trimlett  
Ms R Yadav  
Mr G Asimakopoulos

##### Thoracic Surgeons:

Mr S Jordan  
Mr M Dusmet  
Mr E Lim  
Mr G Ladas

##### Paediatric Cardiac Surgeons;

Mr H Uemura  
Mr B Sethia  
Mr D Shore  
Mr O Ghez  
Dr G Michielon

#### **Junior Medical Staff**

10	Senior Clinical Trust Fellows	5	Surgical Care Practitioners
8	Junior Clinical Trust Fellows	4	Peri-operative Care Practitioners
8	ST1/ST2 Basic Surgical Trainees		

### **DEPARTMENT OF RESPIRATORY MEDICINE**

**FIRM 1: Asthma & Allergy:** Dr A Menzies-Gow, Dr J Hull, Dr J Szram, Prof K F Chung, Prof S R Durham, Professor P Cullinan

**FIRM 2: Cystic Fibrosis:** Prof D Bilton, Dr NJ Simmonds, Dr K Gyi, Dr A Jones

**FIRM 3: Infection (Host Defence):** Prof R Wilson, Dr Michael Loebinger, Dr P Shah (Oncology)

**FIRM 4: Lung Failure (Sleep and Ventilation):** Prof A Simonds, Prof MI Polkey, Dr M Hind

**FIRM 5: Interstitial Lung Disease:** Prof AU Wells, Dr E Renzoni, Dr T Maher

## **Organisation and Duties of RMOs**

The private patient unit has 28 single rooms. In general, RMOs are assigned to cover all clinical services, providing medical care under Consultants' supervision for private patients within the private patient unit.

### **Main Duties & Responsibilities**

1. To acquaint him/herself with details of patient management in discussion with the Consultants and carry this out following Consultant direction.
2. To ensure that good communications are maintained with all medical colleagues, e.g. anaesthetists, surgeons, nursing staff and paramedical departments such as physiotherapists, radiographers and ancillary staff, to the benefit of the patient.
3. To ensure that Specialist Registrars and Consultants are kept informed regarding alteration in the condition of any of their patients.
4. To ensure that all in-patient notes are kept up to date and tidy.

### **Duties - Professional**

1. To take history, examine and record all findings of all patients admitted under the Consultant's care.
2. Carry out and arrange all relevant investigations.
3. To see and examine all patients under the care of the Consultant concerned, including those in the High Dependency Unit.
4. To arrange for the transfer of patients to other hospitals or discharge home, including completion of a discharge summary.
5. To keep the Specialist Registrar and Consultant informed of any changes in their patients condition.
6. To communicate to a patients relative the progress of that patient.
7. To be available for emergency calls to ITU and other parts of the hospital, if required i.e. for cardiac arrest.
8. To participate in research projects which may already be in progress.
9. To participate in lecturing to other staff if required, e.g. nurses and physiotherapists.
10. To accept that occasional emergencies and unforeseen circumstances may occur, and to respond to the needs of the service when they arise.

### **Our Aims:**

- Trust mission : To be the leading national and international centre for the diagnosis, treatment and care of patients with heart and lung disease, creating and disseminating knowledge through research and education
- Patient care : To serve our patients by working with them to determine their needs, viewing the quality of care as being of paramount importance
- Research : To translate the outcomes of research into improved patient care by evaluating new ideas and being innovative in how they are applied
- Education : To provide education and training for our staff, while encouraging teamwork and valuing each member of the team for their involvement and specialist expertise.

### **Core behaviours for all Trust staff**

#### **All staff will commit to:**

- Act with honesty and integrity at all times
- Demonstrate respect for others and value diversity
- Focus on the patient and internal and external customer at all times
- Make an active contribution to developing the service
- Learn from and share experience and knowledge
- Keep others informed of issues of importance and relevance
- Consciously review mistakes and successes to improve performance
- Act as ambassadors for their directorate and the Trust
- Be aware of the impact of their own behaviour on others
- Be discreet and aware of issues requiring confidentiality

#### **In addition, all managers and supervisors will:**

- Value and recognise the ideas and contributions of all team members
- Coach individuals and teams to perform to the best of their ability
- Delegate work to develop individuals in their roles and realise their potential
- Give ongoing feedback on performance, and effectively manage poor performance
- Provide support and guidance to all team members
- Encourage their team to achieve work/personal life balance
- Actively listen to comments/challenges and respond constructively
- Lead by example, setting high standards
- Ensure that there are sufficient resources for their team and rebalance priorities accordingly
- Providing a safe working environment

### PERSON SPECIFICATION

CRITERIA	D / E	Assessed by
<b>Qualifications / Training</b>		
Full GMC registration	E	A / I
Foundation Year 1 and 2 signed off	E	A / I
MRCP, or equivalent	D	A / I
Desire to pursue specialist training in Cardiothoracic Medicine / Surgery	D	I
<b>Experience</b>		
Experience in Cardiology and or Respiratory Medicine / Surgery	D	A / I
Experience in Echo	D	A / I
Advanced life support training	D	A / I
Teaching experience	D	A / I
Evidence of understanding and application of clinical care	D	A / I
<b>Skills, Knowledge and Abilities</b>		
Proficient and efficient handling medical problems	E	I / R
Evidence of safe sound practical procedures	E	I / R
Proven ability to work as a member of a team	E	I / R
Good interpersonal and communications skills in line with the Trust's Core Behaviours (see appendix one)	E	I / R
IT skills and computer literacy	E	I / R
<b>Other</b>		
Evidence of continuing professional updating	A	I
Highly motivated and clear reasons for wanting this job		I

Key: E = Essential D = Desirable A = Application I = Interview R = References

## **APPENDIX**

### HEALTH CLEARANCE

Applicants invited for interview will be asked to complete a medical questionnaire for submission to the Trust's Occupational Health Service.

NB Medical Staff who will be undertaking clinical work will be required to provide written Proof of hepatitis B immunisation and antibody status, BCG and rubella immunisations. In the absence of such evidence the post holder will not be placed on the payroll or undertake clinical work until the evidence is produced to the satisfaction of the Trust.

The Trust requires that any doctor or dentist who directs the use of x-rays for procedures such as cardiac catheterisation, pacemaker insertions, orthopaedic procedures, etc, in patient investigations or administers radioisotopes to patients possesses a certificate as proof of training in accordance with the "Ionising Radiation (Protection of Persons undergoing Medical Examination or Treatment) Regulations 1988", and submits a copy of their certificate to the Medical Staffing Department. Courses to allow Trust medical staff to obtain the certificate are available through the Department of Medical Physics, Churchill.

### CLINICAL GOVERNANCE

The post-holder will participate in the clinical audit, clinical effectiveness, risk management, quality improvement and any other clinical governance activities as required by the Trust, Health Authorities, and external accrediting bodies.

### PERSONAL AND PROFESSIONAL DEVELOPMENT

The post-holder will be required to keep himself/herself fully up-to-date with their relevant area of practice. Professional or study leave will be granted at the discretion of the Trust, in line with the prevailing Terms and Conditions of Service, to support appropriate study, postgraduate training activities, relevant CME courses and other appropriate personal development needs.

### MANAGEMENT

The post-holder will be required to work within the Trust's management policies and procedures, both statutory and internal, accepting that the resources available to the Trust are finite and that all changes in clinical practice or workload, or developments requiring additional resources must have prior agreement with the Trust. He/She will undertake the administrative duties associated with the care of his/her patients, and the running of his/her clinical department under the direction of the Clinical Director.

### GENERAL

The post-holder will assume a continuing responsibility for the care of patients in his/her charge and the proper functioning of his/her department.

### IMPORTANT GENERAL NOTE

The post-holder must take responsible care of his/her own health and safety and any other personnel who may be affected by his/her omission. Trust policies and regulations must be followed at all times.

### INDEMNITY

Under NHS Indemnity, the Trust will take direct responsibility for costs and damages arising from medical negligence where it (as employer) is vicariously liable for the acts and omissions of its medical and dental staff.

Where junior medical staff are involved in the care of private patients in an NHS hospital, they would normally be doing so as part of their contract. It is advisable that junior doctors who are involved in work outside his/her employment should have medical defense cover. This includes Category 2 work, i.e. reports for insurance companies, cremation fees.