

Royal Brompton and Harefield NHS Foundation Trust

Job Profile

Consultant in Paediatric Respiratory Medicine

Royal Brompton Hospital

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A System of Care

Guy's and St Thomas' is amongst the UK's busiest and most successful NHS foundation trusts. We provide specialist care for patients from across the world in cardiovascular, respiratory, cancer, renal, paediatric and orthopaedic services as well as a full range of hospital and community services for people in south east London and north west London.

Our Trust includes St Thomas' Hospital, Guy's Hospital, Royal Brompton and Harefield Hospitals, Evelina London Children's Hospital, and community services in Lambeth and Southwark.

Our Trust has a reputation for clinical excellence and high-quality teaching and research. We are part of King's Health Partners, one of eight accredited UK academic health sciences centres. Together with King's College London we have dedicated clinical research facilities and a National Institute for Health Research (NIHR) Biomedical Research Centre. We are also working in partnership with King's Health Partners, to deliver the vision of creating a brand-new centre of excellence, which will be the global leader in the research into and treatment of heart and lung disease, in patients from pre-birth to old age.

Royal Brompton and Harefield Hospitals (RB&HH) became part of Guy's and St Thomas' NHS Foundation Trust in February 2021 and is the largest specialist heart and lung centre in the UK and amongst the largest in Europe. We provide treatment for people with heart and lung disease, including rare and complex heart and lung conditions, carrying out some of the most complicated surgery and offering some of the most sophisticated treatment that is available anywhere in the world. 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 RB&HH an international reputation as a leader in heart and lung diagnosis, treatment and research.

As a Trust, our patients are at the heart of everything we do, and we pride ourselves on ensuring the best possible patient experience. The commitment of our 22,000 staff is key to our success and we aim to develop and support all our staff, so they are able to deliver high-quality, safe and efficient care for our patients.

Royal Brompton and Harefield Clinical Group mission and approach.




Our 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 is based on:

- 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.

1.1 Performance and achievements in 2020/2021

Our experts in 2020/2021

<p>Cared for more than 152,000 patients in our outpatient clinics and over 52,000 'virtual' appointments</p>	<p>Treated 85 critically ill patients with cardiogenic shock through VV-ECMO and other therapies, achieving an 86% survival rate</p>	<p>Maintained one of the fastest 'arrival to treatment' times for UK heart attack patients – 30 minutes compared with a national median 39 minutes</p>
<p>Launched Rainbow badges showing that the Trust offers more open, non-judgmental and inclusive care for patients and their families and friends who identify as LGBT+</p>	<p>During the COVID-19 pandemic Harefield Hospital became one of two centres in London to maintain essential cardiac surgery involving Cardiac specialists from both our hospitals and colleagues from Guy's and St Thomas' NHS FT and Imperial College Healthcare</p>	
	<p>We are one of only five adult centres for ECMO (an advanced life support) in England. Treated more Covid 19 patients with ECMO than any other centre in Europe</p>	<p>Introduced sunflower lanyards which, when worn discreetly, indicate to staff that wearers have a hidden disability and may require additional support or assistance</p>
<p>Received a 96% recommendation score in the annual Friends and Family Test</p>	<p>Our researchers produced over 800 peer reviewed publications, maintaining the Trust's position as a leading centre for cardiovascular, critical care and respiratory research</p>	<p>Over 2,000 patients were recruited to research projects and there are now almost 200 active projects running</p>
<p>Improved our communication to patients with the introduction of digital appointment letters and text reminders</p>		<p>Maintained our environmental responsibility by reducing our carbon emissions and our energy consumption by 9% over the previous year</p>

1.2 Range of Services

The Clinical Group 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 Congenital Heart Disease Fetal Cardiology
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 Paediatric Respiratory
Occupational and Environmental Medicine	↔	Occupational Lung Disease
Chronic Suppurative Lung Disease	↔	Paediatric and Adult Cystic Fibrosis Primary Ciliary Dyskinesia Non – CF Bronchiectasis Aspergillosis Mycobacterial Infections

1.3 Organisation

The Trust Board and Clinical Group Board are constituted as follows:

Non-Executive Members	Executive Members
Baroness Sally Morgan (Chair)	Chief Executive, Dr Ian Abbs
Mr Simon Friend (Deputy Chair)	Lawrence Tallon, Deputy Chief Executive
Dr Felicity Harvey, CBE	Avey Bhatia, Chief Nurse and Vice President of the Florence Nightingale Foundation
Royal Brompton and Harefield Clinical Group	
Dr Richard Grocott-Mason, Chief Executive Officer	Dr Mark Mason, Medical Director
Mr Nicholas Hunt, Executive Director	Mr Robert Craig, COO & Director of Development and Operations
Ms Jo Carter, Director of Nursing and Governance	Mr Rob Davies, Director of Workforce (HR)
Mr Richard Guest, Chief Financial Officer	Mr Piers McCleery, Director of Strategy and Corporate Affairs
Mr Luke Blair, Head of Communication and Public Affairs	Mr Denis Lafitte, Chief Information Officer
Mr David Shrimpton, Managing Director, Private Patient	

The Royal Brompton and Harefield Clinical Group Board is a formal sub-committee of the Guy's and St Thomas' NHS Foundation Trust Board, with delegated responsibilities and decision-making rights for the strategic and operational running of its services. These are set out in the Guy's and St Thomas' Scheme of Delegation, and the Trust's Standing Financial Instructions provide the delegation limits with regard to financial decisions.

The Guy's and St Thomas' NHS Foundation Trust Board of Directors holds legal accountability for the Trust including all aspects of the Royal Brompton and Harefield Clinical Group (RB&H). The Royal Brompton and Harefield Clinical Group Board provides assurance to the Guy's and St Thomas' NHS Foundation Trust Board of Directors on the overall operational, quality and safety and financial performance of Royal Brompton and Harefield Hospitals, and on the development and delivery of the Trust's strategy for its heart and lung services.

The Clinical Divisions are: Heart (RB&H incorporating Cardiology Radiology and Cardiac Surgery), Harefield (incorporating Cardiology, Transplant, Radiology, Respiratory and Cardiac and Thoracic Surgery), RB&H Lung (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 a clinical research facility in partnership with Imperial College London. This facility offers a CMR scanner, respiratory function laboratory, catheter lab and echocardiography suite for research purposes, as well as state of the art genetic analysis facilities.

1.6 Clinical Governance and Quality

The Clinical Group has an extensive programme of clinical governance and quality. 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. There is also a programme of mandatory training undertaken by all staff.

1.7 Regulation

The former Royal Brompton and Harefield Trust was inspected by the Care Quality Commission during Autumn 2018 and the inspection report was published in February 2019. Overall, the Trust was rated by the CQC as 'Good'. Within this rating, Harefield Hospital was rated as 'Good' and the Royal Brompton Hospital as 'Good' and identified several areas of outstanding practice.

1.8 Research and Development - King's Health Partners-Cardiovascular

Cardiovascular research and clinical services (KHP Cardiovascular) are considered a "peak of excellence" across King's Health Partners (KHP) and the partners are embarked on a transformation of service delivery and the integration of research and education to revolutionise cardiovascular prevention and care.

KHP Cardiovascular builds upon more than 8 years of collaboration through the Cardiovascular Clinical-Academic group (CAG), which brings together the clinical cardiovascular services of Guy's & St Thomas' NHS Foundation Trust together with the Royal Brompton and Harefield Hospital and King's College Hospital NHS Foundation Trust and the academic Cardiovascular Medicine and Sciences School of the university, King's College London (see <https://www.kcl.ac.uk/scms>). The overall vision is to integrate clinical services, teaching and research across these groups in a world-class centre that delivers excellent outcomes and innovative research-based advances for patients.

The Brompton and Harefield Hospitals maintain academic links with the National Heart and Lung Institute, Imperial College with many academic staff from the NHLI holding honorary clinical contracts across the hospitals.

1.9 Mentorship

All new Consultants at the Royal Brompton and Harefield Hospitals will be provided a detailed and focussed Trust and Departmental Induction upon their arrival. As part of the local induction, a Professional and Management Mentor will be allocated, with whom the appointee will meet for regular meetings.

2.0 Paediatric Respiratory Services at Royal Brompton Hospital

The CF service is at the forefront of specialist care in the UK and has 350 paediatric patients attending for sole or shared care. The newborn screening programme refers around 20-25 patients per annum, with rapid access for immediate diagnostics and education for families affected. In collaboration with Imperial College, the Gene Therapy Consortium and the CF Trust, Royal Brompton is one of the world's leading CF research centres.

We are one of the leading centres for children with difficult asthma. We have pioneered the diagnostic approach with the three-stage difficult asthma protocol and offer this as a quaternary service. We look after around 150 patients. There is no Accident & Emergency Department in the hospital so we do not look after secondary care acute asthma.

We are one of only four designated national centres for primary ciliary dyskinesia (PCD) covering both diagnosis (400 samples/year) and management, responsible for 150 children. Royal Brompton is one of the world's leading PCD Diagnostic Research Centres, is part of the ERN-Lung Rare Disease Network and PCD-clinical trial network (CTN) working closely with the adult PCD team.

We are one of the largest paediatric cystic fibrosis (CF) centres in the UK, with a world-renowned research department working across both adult and paediatric CF. The centre is part of the ECFS – CTN and a member of the UK Clinical Trial Accelerator Platform.

We look after children with rare disorders including interstitial lung disease, obliterative bronchiolitis, severe bronchopulmonary dysplasia, pulmonary haemorrhagic disorders etc. We see 10-15 new cases annually and get referrals from all over Europe for discussion. We perform open lung biopsies in conjunction with the RBH thoracic service and have weekly radiology meetings with histology where needed, and chILD MDT meetings twice a year.

We work closely with paediatricians from Chelsea & Westminster Hospital and St Mary's Hospital with multiple shared clinics e.g. ENT, diabetes, gastroenterology, neurology, paediatric surgery and allergy. We are working closely with the paediatric respiratory team at the Evelina Children's Hospital to align practice and have shared posts across the two hospital sites.

RBH conduct over 1200 paediatric sleep studies a year, from basic oximetry studies to level 3 polysomnography with MSLT. RBH have a cohort of over 220 patients on overnight ventilation and have a team dedicated to the management of children who are long-term ventilated via tracheostomy. The RBH home sleep study service has increased 14-fold over the past two years and now performs around 20% of studies in children's own homes; there is significant potential to develop this service further. RBH have close links with the adult sleep service at RBH.

Other diagnostic services include flexible bronchoscopy/lavage/biopsy, extensive radiology services including DEXA and ventilation scans, pH studies, SALT assessment/video fluoroscopy, sweat tests, nasal PD, cilia diagnostic testing, full polysomnography, lung function, exercise testing, LCI, continuous glucose monitoring, allergy & immunology tests.

We have close links with adult respiratory services and excellent transition pathways with the

adult Brompton teams, especially in CF, PCD, difficult asthma, ILD, NIV and sleep.

Paediatric Respiratory Services at RBH are provided in Sydney Street building for inpatients and Fulham Road building for outpatients. We also provide outreach services to 15 other Trusts. Rose Ward has 24 beds (respiratory and cardiology) and there are in addition 4 dedicated beds on the Paediatric Sleep Unit, 8 PHDU beds and 16 beds in PICU.

2.1 Children's Services Division

The Children's Services Division comprises the following clinical care groups:

- Children's lung disease
- Children's heart disease
- Children's critical care

Each of the care groups has a clinical lead. Patient pathways within each care group are facilitated by a series of multidisciplinary team meetings.

The Children's Services Division provides tertiary specialist services to children with cardiothoracic problems. All in-patient services are located on the Royal Brompton Hospital site. Outreach clinics in both paediatric cardiology and paediatric respiratory medicine link the Trust to network partners. The clinical services in both the paediatric cardiac and paediatric respiratory disciplines are among the largest in the UK and the Trust and its Academic partner, Imperial College, are recognised as excelling in clinical care, teaching and research related to heart and lung diseases in children. Consultation is in progress around integration into the Women and Children's Clinical Care Group as part of the GSST Foundation Trust new structure from April 2021.

Summary Aims for Division

The Division aim is to provide excellence in clinical paediatric tertiary care for children with heart and lung diseases. In addition, the Division is committed to participating in the Trusts role as an internationally renowned centre for paediatric cardiorespiratory teaching and research.

**ROYAL BROMPTON AND HAREFIELD NHS FOUNDATION TRUST
(Royal Brompton Hospital)**

JOB DESCRIPTION

1. Post

This is a whole time Consultant in Paediatric Respiratory Medicine at the Royal Brompton Hospital.

This is a general post in paediatric respiratory medicine (PRM). The successful candidate will have a broad expertise in PRM, ideally with a special interest in paediatric sleep medicine and chronic suppurative lung disease, with specific expertise in primary ciliary dyskinesia desirable. The candidate should have completed national grid specialist respiratory training or its equivalent.

2. Location

This is a Trust appointment and the main base will be at Royal Brompton Hospital/Harefield Hospital, Chelsea, London, SW3 6NP. Additionally, the post holder may be required to work at any of the trusts sites and any associated sites as required. The post holder may be required to undertake some outreach clinical commitments in the setting of other general hospitals by arrangement.

3. Accountability

3.1 In respect of the consultant contract, the post holder will be professionally accountable to the Divisional Director of Children's Services who is responsible for the appraisal of the post holder.

3.2 The post holder will have professional responsibility to the Medical Director and Director of Research and Development for clinical governance and research undertaken within the hospital.

4. Professional and Clinical Duties of the Post

4.1 The post is full time, with a provisional job plan outlined in appendix two.

4.2 Job Purpose

To provide clinical services for paediatric respiratory patients in accordance with clinical and legal requirements and in keeping with the international role of the Trust.

5. Staffing at Royal Brompton & Harefield NHS Foundation Trust

Consultants in Paediatric Respiratory Medicine

Professor of Practice Claire Hogg - NHS and honorary Imperial College

Professor Andrew Bush - Imperial College and RBH

Dr Ian Balfour-Lynn – NHS joint appointment with Chelsea and Westminster Hospital
Professor Jane Davies - Imperial College & RBH
Professor Sejal Saglani - Imperial College & RBH
Professor of Practice Siobhán Carr – NHS Consultant
Dr Louise Fleming – Imperial College & RBH
Dr Hui Leng Tan – NHS Consultant
Dr Rishi Pabary – NHS Consultant
Dr Sam Sonnappa - NHS Consultant & Imperial

Senior Nurse – Ms Victoria Felton

Large multidisciplinary team including –

Respiratory physiologists - 7
Speech & language therapists - 3
Specialist dietitians - 4
Clinical psychologists - 3
Specialist physiotherapists - 7

Clinical Nurse Specialists

Ms Pippa Hall – Lead CNS for Paediatric Respiratory
Ms Jackie Francis – CF
Ms Karen Henney - CF
Ms Katie Dick -CF
Ms Laura Seddon - CF
Ms Sarah Moledina – CF
Ms Caroline Devon - CF
Ms Laura Baynton – PCD
Ms Angela Jamalzadeh - General Respiratory
Ms Rachel Crouch – Asthma (maternity leave)
Ms Claire Jackman – Asthma
Ms Charlotte Dann – General Respiratory
Ms Jo Gregory – Complex Respiratory

Royal Brompton Hospital: Paediatric Sleep Service

Consultants: Dr Hui-Leng Tan (1.0 WTE) and Dr Rishi Pabary (0.2 WTE)

Chief Paediatric Sleep Physiologists: Mr Alex Thomas and Ms Sakina Dastagir (currently on 1yr sabbatical), Mr Jonathan Cogan (one-year cover for sabbatical)

Band 6 Physiologists: Ms Hannah Williams and Ms Siobhan Kenny

Specialist Physiotherapists: Ms Ruth Wakeman (0.6 WTE) and Ms Caroline Davies-Jones (60:40 community outreach: inpatients)

Complex Care CNS: Ms Jo Gregory

Royal Brompton Hospital: Primary Ciliary Dyskinesia Service

Consultants: Prof Claire Hogg [1.0 WTE] PCD Diagnostic Service Lead and Prof Siobhan Carr [1.0 WTE] PCD management Service Lead

Clinical science Diagnostic team: Mrs Sarah Ollosson [Band 8] physiology lead, Paul Griffen [Band 7] Laboratory Manager, 2.6 WTE diagnostic scientists [Band 6].

PCD clinical nurse specialist: Laura Baynton

PCD physiotherapists: Nic Collins [0.2 WTE], Simone Malavika.[1.0 WTE]

Administrator: Michael Leshen

Consultant Paediatric Intensivists

Dr Margarita Burmester (Clinical Lead)

Dr Ajay Desai

Dr Anke Furke

Dr Nitin Shastri

Dr Sandra Gala-Peralta

Dr Angela Aramburu

Dr Lydia Casaneuva

Dr Victoria Sheward

Dr Charlotte Briar

Dr Amy Chan-Dominy

Dr Lydia Casaneuva (+Long-Term Ventilation)

Consultant Thoracic Surgeons (with an interest in Paediatrics)

Mr Simon Jordon Thoracic Surgery

Miss Sofina Begum Thoracic Surgery

Mr Michael Dusmet Thoracic Surgery

Mr Eric Lim Thoracic Surgery

Paediatric Respiratory Trainees: 3 national grid respiratory trainees, 3 clinical research fellows (conducting MD (Res) or PhD and clinical cover), 1 clinical fellow (clinical only), 10 ST2-4s (2 covering respiratory).

6 Clinical Responsibilities

- 6.1 Attending consultant for the week, providing in-patient services to Rose Ward and respiratory patients on PHDU and PICU. This will be on a 1 week in 9 basis with weekend ward rounds.
- 6.2 Outpatient clinics at Brompton, general paediatric respiratory case load and chronic suppurative lung disease, PCD and sleep specialist clinics [2/week].
- 6.3 Working closely with other members of the specialist MDT clinical teams.
- 6.4 The post-holder will be required to contribute fully to the administrative and management needs of the Paediatric Respiratory service and the similar needs more widely within the Trust.
- 6.5 The post-holder should be able to perform bronchoscopy, although support for development of this will be available.
- 6.6 The post-holder should have experience in paediatric sleep medicine, although support for development of this will be available. They will work closely with the current paediatric sleep team to provide day-to-day input for children referred to this and the paediatric long-term ventilation service.

- 6.7 The post holder should have experience of chronic suppurative lung disease, preferably with additional experience in the diagnosis and management of patients with PCD. This post is aimed to develop skill sets for service development and succession planning in this growing service.

6.8

7 Professional Responsibilities

- 7.1 To seek and maintain professional CPD.
- 7.2 To maintain current knowledge of paediatric respiratory medicine and to participate in a recognised programme of continuing medical education and professional development
- 7.3 To set and maintain high professional standards.
- 7.4 A strong commitment to clinical audit, quality improvement, evidence-based practice and to developing a research programme in line with the research strategy of the Paediatric Directorate and the Trust will be required of a successful applicant.

8 Research Responsibilities

- 8.1 Royal Brompton Hospital is a postgraduate teaching hospital, which is closely associated with the National Heart and Lung Institute Division of Imperial College of Science, Technology and Medicine and thus research into, and development of new methods of treatment and diagnosis will form an essential component of the work. Royal Brompton Hospital is also part of the Guy's and St Thomas's Trust and there are extensive opportunities to also collaborate with KCL through the Kings Health Partnership.
- 8.2 The paediatric respiratory department has been described as world class in research. Current grants held are approximately £18 million. We always have a minimum of 3 fellows undertaking an MD(Res) or PhD, and usually there are more.
- 8.3 Opportunities for research are significant and it is anticipated that the post holder will be able to join existing projects and develop their own research interests if they so desire.

9 Training and Education

- 9.1 Teaching responsibilities will include co-operation with the programmes organised by the National Heart and Lung Institute Division of the Imperial College of Science, Technology and Medicine, Kings College London and Kings Health partners. It is expected that the post holder will devote the equivalent of at least 0.5PA per week to this.

10 Managerial and Administrative Responsibilities

- 10.1 To participate in Clinical Audit, quality improvement and Clinical Governance.
- 10.2 To assist with the administration of the Children's Services Division as designated by the Director of Children's services and approved by the General Manager for Children's Services.

- 10.3 To assist in the management of junior and research medical staff and of technical staff according to Trust policies and in line with the requirements of the clinical service.
- 10.4 To maintain effective communication and working relationships with medical, scientific, management, technical and nursing staff, as required for performing the responsibilities of this post. This includes electronic communication within the department, the Trust, and with national and international colleagues.
- 10.5 To assist with the development plans and objectives for the Paediatric Division.

9. Office Accommodation and Secretarial Support

- 9.1 Office accommodation and secretarial support will be provided.
- 9.2 Computer and IT support will be available.

10.0 Staff Appraisal & Revalidation

- 10.1 The Trust approach is based on the principle that appraisal and revalidation is an essential part of good practice in managing people. It enables the organisation to ensure employees can assist in meeting organisational aims through the process of managing performance and identification of development needs. It also gives staff the opportunity to discuss their performance and development needs with their manager and ensures that they are clear about what they are trying to achieve both in their current role and for the future.
- 10.2 The organisation therefore has a basic requirement of such good practice, which can be audited to ensure that it is achieved. This standard is outline below:

Managers will meet with staff they directly manage, at least once per year on a formal basis, with informal progress reviews at least every six months.

A record of the discussions will be made currently using the online SARD Appraisal Software.

There is a clear and current agreement about the job plan the employee is expected to do covering the purpose, aims, responsibilities and tasks. Every member of staff will have work-based objectives which link to organisational standards and the business plan of their directorate/department.

- 10.3 Every employee should have a Personal Development Plan (PDP) outlining short and long-term learning and development aims and actions to meet these. The Head of Department, who will also ensure fairness and consistency, will appropriately monitor appraisal to ensure all staff in their area are having an appraisal. The Human Resource department will be responsible for monitoring compliance across the Trust.

All staff who carry out appraisal will be given support and training as required.

11. Conditions of Service

- 11.1 The post is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003).
- 11.2 The post is for 10 programmed activities and will be paid according to the current Consultant salary scale depending on seniority from £84,559 to £114,003 per annum.
- 11.3 The post will also attract an on-call availability supplement as per the rate set out in the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003).
- 11.4 A London Weighting allowance is payable at the rate of £3228per annum
- 11.5 The annual leave year will run from 1st April to the succeeding 31st March. Arrangements for taking annual leave should be discussed and agreed at least six weeks in advance. Any annual leave to be carried over is subject to the General Council Conditions of Service (sect. 1, para 10-14)
- 11.6 The successful applicant will be required to reside not more than 10 miles from The Royal Brompton Hospital, unless otherwise agreed with the Trust Board. For on-call commitment, the post holder is expected to be communicable via phone or pager at all times and is able to reach the hospital within 1 hour of being called.
- 11.7 As a whole-time Consultant, the post holder has the right to engage in private practice but will be subject to the provisions governing the relationship between NHS work, private practice and fee paying services set out in the terms and conditions of employment – Consultants (England) 2003. Any arrangements must also conform to the Trusts Standing Financial Instructions, and the guidance set out in the department of Health paper "The Management of Private Practice in England and Wales" (March 1986).

12. Conditions of Appointment

- 12.1 The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations 2005.
- 12.2 Full registration of the General Medical Council will be required, as will inclusion, or eligibility for inclusion, on the specialist register of the General Medical Council.
- 12.3 The Trust Board will indemnify the post holder for all National Health Service work undertaken as part of the contract of employment. Adequate defence cover as appropriate should be taken out by the post holder to provide cover for any work undertaken outside the scope of the indemnity scheme.
- 12.4 Due to the nature of the work of this post it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption Order 1986). Applicants are therefore not entitled to withhold information about convictions including those, which are for other purposes spent under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust.

13. Additional Information

13.1 Confidentiality

During the course of your employment you may have access to, see or hear information of a confidential nature and you are required not to disclose such information, particularly that relating to patients and staff.

13.2 Data Protection

In order to comply with the Data Protection Act 1998 you must not at any time use personal data held by the Trust for any unauthorised purpose or disclose such as data to a third party.

You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Trust, unless expressly authorised to do so by the Trust.

13.3 Health and safety

You 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 yourself and others and ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

13.4 Diversity

You are at all times required to carry out your responsibilities with due regard to the Trust's diversity policy and to ensure that staff receive equal treatment throughout their employment with the Trust.

13.5 Risk management

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and, when requested, to co-operate with any investigation undertaken.

13.6 Conflict of interests

You may not without the consent of the Trust engage in any outside employment. 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 in the Trust. Interests that might appear to be in conflict should also be declared to your manager.

In addition, the NHS Code of Conduct and Standards of Business Conduct for NHS Staff (HSG 93/5) requires 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 or other NHS 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 that may give rise to a conflict between your private interest and your NHS duties.

- 13.7 Code of Conduct for Professionally Qualified Staff
All staff are required to work in accordance with their professional group's code of conduct (e.g. NMC, GMC, DoH Code of Conduct for Senior Managers).
- 13.8 Disclosure and Barring Service checks (DBS)
Any applicant who is short-listed for this post will be asked to complete a disclosure form as the post-holder will be required to have contact with vulnerable adults or persons under the age of 18. The successful candidate will be subject to a criminal record check from the Disclosure and Barring Service prior to the appointment being confirmed. The disclosure will include details of cautions, reprimands, and final warnings, as well as convictions if applicable.
- 13.9 The Trust operates a no-smoking policy

Note:

The above description is not exhaustive, and may be altered to meet the changing needs of the post and of the directorate. The post holder will be expected to be flexible and to co-operate in accordance with the changing requirements of the directorate and of the Trust.

FURTHER INFORMATION

Applicants are encouraged to view the Department and discuss the post.

Further information can be obtained from:

Professor Claire Hogg
Co-director of Children's Services, Consultant in Paediatric Respiratory Medicine
Telephone: 020 7352 8121 Extension: 82681
Email: c.hogg@rbht.nhs.uk
PA Michael Leshen: m.leshen@rbht.nhs.uk

Professor Siobhán Carr
Consultant in Paediatric Respiratory Medicine, Clinical Lead for Paediatric Respiratory Medicine
Telephone: 020 7352 8121 ext: 82681
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PA Michael Leshen: m.leshen@rbht.nhs.uk

Dr Rishi Pabary
Consultant in Paediatric Respiratory and Sleep Medicine, Clinical Lead for Paediatric Sleep
Telephone: 0207 352 8121 Extension 82722
Email: r.pabary@rbht.nhs.uk
PA Suzanne Harvey: s.harvey@rbht.nhs.uk

PERSON SPECIFICATION

Job Title: Consultant in Paediatric Respiratory Medicine
Department: Respiratory Paediatrics **Date:** November 2021

CRITERION	D / E	Assessed by A / I / R
Qualifications/Training		
MB BS or equivalent	E	A
Eligibility (or within 6 months of eligibility) for specialist registration in paediatrics (and paediatric respiratory medicine)	E	A
MRCPPH or EU/ USA/ Canada/South Africa/New Zealand, Australian or other recognised equivalent	E	A
Trained in Paediatric Sleep Medicine	D	A /I
Higher degree (MD, PhD or equivalent)	D	A
Experience		
National Grid training [or equivalent] completed (or to be completed within 6 months) in paediatric respiratory medicine	E	A/I
Research experience with significant publication record and contributions to major professional conferences	D	A/I
Teaching experience at national level	D	A/I
Adequate training in child safeguarding	E	A/I
Participation in a recognised scheme of continuing medical education	E	A/I
Paediatric advanced life support training	E	A/I
Skills, Knowledge and Abilities		
Good interpersonal and communications skills in line with the Trust's Core Behaviours (see appendix one)	E	I/R
Ability to conduct research and teaching at national level	D	I/R
IT skills and computer literacy	E	A/I

KEY:

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

If the applicant does not have a CCT certificate or a RITA G form from their Deanery, the applicant must produce evidence that he/she is within 6 months of the CCT date and is expected to receive a CCT.

Appendix One

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
- Provide a safe working environment

Appendix Two

Provisional Job Plan

The following is an outline of the proposed weekly timetable – 80% are for direct clinical contact and 20% for supporting professional activities.

Activity	Categorisation	PA allocation
One NIV clinic or equivalent respiratory clinic	DCC	1
One general or CSLD/PCD respiratory clinic	DCC	1
Bronchoscopy list	DCC	0.25
Patient administration [Internal]	DCC	1
Mandatory training/audit/research/teaching/appraisal/job planning/clinical * educational supervisor	SPA	2.0
Radiology/histology MDT meetings/ sleep MDT	DCC	0.75
On-call ward round and handover	DCC	1
On-call	DCC	1
Sleep Study unit daily review/reporting	DCC	2

Total 10 PAs (2.0 SPAs)

On-call availability supplement

Agreed on-call rota (e.g. 1 in 5)

1 in 9

Agreed category:

Category A

On-call supplement

3%

Important Notes

- This timetable should be regarded as an outline. Details will be agreed between the successful post holder and the Clinical Director.
- The On-Call duty is 1 in 9. This is for 6 weeks per year, but if this is the successful candidate's first consultant post, they may do up to 12 attending weeks in the first year.
- Time will be allocated for research, education, clinical audit and administrative duties following discussion with the post holder.
- The postholder's job plan will be reviewed with the Clinical Director depending upon the skill set of the successful candidate.