

**Royal Brompton and Harefield Clinical Group**

**Junior Clinical Fellow (CT1-2 level) in Cardiology**

**HAREFIELD HOSPITAL**

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## **Royal Brompton & Harefield Clinical Group**

### **A System of Care**

*On 1st February 2021 the Royal Brompton and Harefield Hospitals became part of Guy's and St Thomas' NHS Foundation Trust – a truly once-in-a-generation development. Together, we are taking our first steps towards our 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. We are developing some exciting plans and we want you to join us – so come and help to change the shape of healthcare for our heart and lung patients world-wide.*

Royal Brompton & Harefield Clinical Group 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 newborn 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 2019/2020

#### **Our experts in 2019/20:**

<p>Cared for more than <b>216,000 patients</b> in our <b>outpatient</b> clinics</p>	<p>Cared for nearly <b>40,000 patients on all our wards</b></p>	<p>Maintained one of the <b>fastest 'arrival to treatment' times</b> for UK heart attack patients – <b>23 minutes</b> compared with a national average of 56 minutes</p>
<p>Launched Rainbow badges showing that the Trust offers <b>more open, non-judgmental</b> and <b>inclusive</b> care for patients and their families and friends who identify as <b>LGBT+</b></p>	<p>Received a <b>96%</b> recommendation score in the annual Friends and Family Test</p>	
	<p>Reported an average 18-week <b>referral to treatment time (RTT) of 93%</b> exceeding the national target</p>	<p>Introduced sunflower lanyards which, when worn discreetly, indicate to staff that <b>wearers</b> have a hidden disability and <b>may require additional support</b> or assistance</p>
<p>Built on our Day of Surgery pilot scheme with <b>70% cardiac surgery</b> patients admitted on the day of surgery, <b>up from 3-4%</b> when the pilot started</p>	<p>Produced <b>886 peer-reviewed publications</b>, with our academic partners, strengthening the Trust's position as a <b>leading centre</b> for cardiovascular, critical care and respiratory research</p>	<p>Recruited over <b>2,300 patients</b> onto over <b>100 research programmes</b> that will contribute towards better patient care and outcomes</p>
<p><b>Improved</b> our communication to patients with the introduction of <b>digital appointment letters</b> and <b>text reminders</b></p>		<p><b>Improved</b> our environmental responsibility by <b>reducing our carbon emissions by 9%</b> and our <b>energy consumption by 2.7%</b></p>

## 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 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, Managing Director	Ms Jan McGuinness, Chief Operating Officer,
Dr Mark Mason, Medical Director	Mr Nicholas Hunt, Executive Director
Mrs Joy Godden, Director of Nursing and Governance	Mr Robert Craig, Director of Development and Partnerships
Mr Richard Guest, Chief Financial Officer	Mrs Lis Allen, Director of Human Resources (HR)

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 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, 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. The report of the most recent inspection in June 2016 is awaited.

### **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 and Harefield NHS Foundation 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.



## **DEPARTMENT INFORMATION**

### **THE CARDIOLOGY UNIT**

#### **Clinical Services**

Harefield acts as a tertiary referral centre accepting both out-patients and in-patients from local, regional and national sources, as well as direct ambulance led admission for patients with ST elevation myocardial infarction. Direct GP referral is available to outpatient services which incorporate rapid access chest and heart failure clinics.

The work covers all aspects of adult cardiology with particular emphasis on interventional techniques including the established Primary Angioplasty Service which is one of the largest in the UK.

Harefield has a large interventional cardiology service performing more than 1500 coronary angiograms and 1500 percutaneous coronary intervention cases per annum. It runs a first class, highly successful 24/7 primary angioplasty programme with currently more than 1400 "activations" per year, which it is anticipated will continue to expand.

There is a large pacing service offering all forms of permanent pacing, complex device therapy and is a regional referral centre for device and lead extraction.

There is a large comprehensive electrophysiology service providing all forms of simple and complex electrophysiological studies and ablation.

The Cardiology Department is a modern facility providing all non-invasive investigations and is closely associated with the X-Ray Department. In addition there are four cardiac catheterisation laboratories, 2 cardiology wards, day-case unit and a large non-invasive imaging department.

Harefield is a tertiary imaging centre offering cardiac MRI, nuclear cardiology, transthoracic and transoesophageal echocardiography and all specialist echocardiographic modalities.

The hospital is a heart and lung transplantation centre incorporating surgical therapies for advanced heart failure with an active ventricular assist device service. Separate teams are responsible for these patients, though CT1 cardiology trainee will provide some on call cover for these teams.

#### **Educational opportunities**

There are weekly clinical meetings in Cardiology and Transplant medicine with educational opportunities including: weekly interventional cardiology meeting, weekly imaging meeting and a weekly joint cardiology and cardiothoracic surgery meeting, all held at Harefield Hospital. In addition there is one protected, consultant teaching seminar per week. There are compulsory monthly audit, morbidity and mortality meetings for all staff. We have a state of the art simulation centre where all trainees will be encouraged to develop clinical and practical skills including procedural and emergency scenarios.

**CARDIOLOGY DEPARTMENT STAFF**

**Consultant Cardiologists at Harefield Hospital**

Dr C Ilsley	Dr P Clifford
Dr A Mitchell	Dr R Grocott-Mason
Dr M Barbir	Dr H Binns
Dr M Mason	Dr S Dubrey
Dr M Dalby	Dr S Kohli
Dr V Markides	Dr S Rahman-Haley
Dr T Wong	Dr J Wong
Dr W Hussain	Dr A Baltabaeva
Dr R Lane	Dr T Salukhe
Dr T Kabir	Dr N Marcus
Dr R Smith	Prof R Underwood
Dr D Jones	Dr A Barron

## **JOB DESCRIPTION**

### **Post**

Junior Clinical Fellow (CT1-2 level) in Cardiology

### **Location**

This is a Trust appointment and the main base will be at Harefield Hospital. The post holder may also be required to work at our Royal Brompton site on an intermittent basis, or more regularly in due course by mutual arrangement. Additionally, the post holder may be required to work at any of the trusts sites and any associated sites as required.

### **Duration**

6 months in the first instance, with a possible extension up to a maximum of 23 months, by mutual consent

### **Aims and Responsibilities of the post:**

The appointee is expected to undertake the admission and day to day care of cardiology patients. This includes a number of patients admitted for short term investigation and also patients requiring longer term treatment. Emergency cases are admitted daily incorporating all aspects of tertiary centre cardiology.

### **Main Duties and Responsibilities**

The appointee is expected to attend regular cardiac clinics and ward rounds.

- Some experience may be gained in all aspects of non-invasive cardiac investigations and in addition, some experience in assisting at cardiac catheters may be obtained
- Some experience in procedural techniques including central line insertion, pleural taps and ascetic taps maybe obtained.
- He/she is expected to maintain good professional liaison with colleagues, nursing, para-medical and administrative staff.
- The rota is a partial shift working pattern which may be subject to change. Additionally there is resident night cover at SHO level.
- A cardiac arrest bleep is always carried by the SHO on call, local resuscitation training will be provided and completion of the ALS course supported
- SHO's are expected to provide cover for the absence of their colleagues during annual and study leave.
- Emergency management of all acute cardiac conditions.
- Attendance and case presentations at MDTs.
- Communication with primary and secondary care teams to plan safe and appropriate patient discharge will be a key role.
- Clinical audit.

## **Rota**

The European Working Time Directive (EWTD) has set a minimum requirement for working hours, rest periods and annual leave. Junior doctors should not work over 48 hours a week. (over a 26 week reference period). This is a requirement under UK as well as European law.

## **Objectives of the training programme**

The objective of this training programme is to provide the Fellow with advanced knowledge and clinical experience in delivering a broad spectrum of critical care including:

- Management of single and multiple organ failure secondary to cardiovascular intervention.
- Advanced techniques in ventilation including protective lung strategies and management ALI/ARDS, differential ventilation and prone ventilation.
- Management of patients post thoracic organ transplant
- Advanced haemodynamic monitoring including pulmonary artery flotation catheters and non-invasive cardiac output monitoring.

In addition the Fellow could acquire experience in:

- Postoperative peri-operative management of complex cardiothoracic surgical patients.
- Transoesophageal and transthoracic echocardiography and critical care ultrasound techniques.
- Intra-aortic counter-pulsation therapy, invasive and non-invasive cardiac output monitoring techniques and pacing.
- Non-invasive ventilation.
- Contribution to a clinical or basic science research project during their appointment.
- Contribution to an audit project
- Competency –based training at the Harefield SIM centre

## **Clinical experience**

### **TOE training**

- Basic and advanced peri-operative and critical care echocardiography education
- Initial training will focus on basic principles (physics, standard views for examination, Doppler principle and quantification etc),
- Training sessions on the Heartworks TOE simulator
- Further training may include sponsorship for attendance at a recognised external advanced training course.

Access to in house 3D echo cardiac training is currently being developed

### **Critical Care Ultrasound**

- Vascular access ultrasound
- Chest and pleural space ultrasound
- FEEL/FATE focussed ultrasound

**Transplant experience**

- Contribution to retrieval, donor TOE and other transplant relating working groups
- Monthly morbidity and mortality audit meeting
- Education through attendance and participation in the Departmental Education Programme.
- Option to participate in assessment and retrieval of donor hearts and lungs

**Research experience**

- The Department actively supports research. The post holder will be encouraged to develop and undertake a research project, which may be undertaken in collaboration with the Heart Science Centre (Imperial College).
- There will be an initial assessment at the commencement of the post to assess individual aims and objectives.
- Suitable time will be made available within the weekly timetable to participate in appropriate research and clinical audit on discussion with the educational supervisor.

The aim of the fellowship position is to enable the Fellow, by the end of twelve months:

- To function independently as an SHO to cover Cardio respiratory/Tx ITU
- To have gained clinical experience in cardiothoracic medicine relevant to higher medical training
- Take part in the non-airway management on call rota for ITU

**Expected outcomes**

- Be able to clinically assess, stabilise and manage sick patients requiring advanced cardiothoracic support
- Have a sound knowledge of ventilation, mechanical circulatory support (IABP, VAD – peripheral and central, ECMO) and nitric oxide.
- Practical skills to include
  - Line insertion (arterial, central venous, vas cath)
  - Chest drain insertion using seldinger technique
  - Ultrasound
  - ECHO – TTE and TOE

**PERSON SPECIFICATION**

**Job Title:** Junior Clinical Fellow (CT1-2 level) Cardiology

**Department:** Cardiology

**Date:**

CRITERIA	D/E	Assessed by
<b>QUALIFICATIONS</b> <ul style="list-style-type: none"> <li>MRCP 1</li> <li>MRCP (PACES)</li> </ul>	E D	A / I A / I
<b>ELIGIBILITY</b> <ul style="list-style-type: none"> <li>Eligible for full or limited registration with the GMC at time of appointment</li> <li>Evidence of achievement of Foundation competencies by time of appointment in line with GMC standards/Good Medical Practice including:</li> <li>Good clinical care</li> <li>Maintaining good medical practice</li> <li>Good relationships and communication with patients</li> <li>Good working relationships with colleagues</li> <li>Good teaching and training</li> <li>Professional behaviour and probity</li> <li>Delivery of good acute clinical care</li> <li>Eligibility to work in the UK</li> </ul>	E E  E E E E E E E E	A / I A / I  A / I A / I A / I A / I A / I A / I A / I
<b>FITNESS TO PRACTISE</b> <ul style="list-style-type: none"> <li>Up to date and fit to practice safely</li> </ul>	E	A / I / R
<b>HEALTH</b> <ul style="list-style-type: none"> <li>Meets professional health requirements (in line with GMC standards/Good Medical Practice)</li> </ul>	E	A / I
<b>CAREER PROGRESSION</b> <ul style="list-style-type: none"> <li>Ability to provide complete details of employment history At least 6 months' experience (at SHO level) in Cardiology (not including Foundation modules)</li> </ul>	E D	A / I
<b>APPLICATION COMPLETION</b> <ul style="list-style-type: none"> <li>ALL sections of application form FULLY completed according to written guidelines</li> </ul>	E	A
<b>EXPERIENCE</b>		

<ul style="list-style-type: none"> <li>• Informal teaching experience</li> <li>• Formal teaching experience</li> </ul>	E D	A / I A / I
<b>KNOWLEDGE</b> <ul style="list-style-type: none"> <li>• Knowledge of the basic educational principles and their applications within clinical settings</li> <li>• Good understanding of current issues and challenges within medical education</li> </ul>	E D	A / I A / I
<b>CLINICAL SKILLS</b> <ul style="list-style-type: none"> <li>• Technical Knowledge &amp; Clinical Expertise: Capacity to apply sound clinical knowledge &amp; judgment &amp; prioritise clinical need. Demonstrates appropriate technical competence &amp; evidence of development of excellent diagnostic skills &amp; judgement</li> </ul>	E	A / I
<b>ACADEMIC / RESEARCH SKILLS</b> <ul style="list-style-type: none"> <li>• Research Skills: Demonstrates understanding of the basic principles of audit, clinical risk management &amp; evidence-based practice. Understanding of research basic research principles, methodology &amp; ethics, with potential to contribute to research</li> <li>• Evidence of relevant academic &amp; research achievements, e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements</li> <li>• Evidence of active participation in audit</li> <li>• Evidence of participation in risk management and/or clinical/laboratory research</li> </ul>	E D D D	A / I A / I A / I A / I
<b>PERSONAL SKILLS</b> <ul style="list-style-type: none"> <li>• Judgement under Pressure: Capacity to operate effectively under pressure &amp; remain objective in highly emotive/pressurised situations. Awareness of own limitations &amp; when to ask for help</li> <li>• Communication Skills: Capacity to communicate effectively &amp; sensitively with others, able to discuss treatment options with patients in a way they can understand</li> <li>• Problem Solving: Capacity to think beyond the obvious, with analytical and flexible mind. Capacity to bring a range of approaches to problem solving</li> <li>• Situation Awareness: Capacity to monitor and anticipate situations that may change rapidly</li> <li>• Decision Making: Demonstrates effective judgement and decision-making skills</li> <li>• Organisation &amp; Planning: Capacity to manage time and prioritise workload, balance urgent &amp; important demands, follows instructions.</li> <li>• Enthusiasm for medical education and training</li> <li>• Teaching and training skills</li> <li>• Critical appraisal skills</li> <li>• Presentation or papers.</li> </ul>	E E E E E E D D D	A / I / R A / I / R A / I / R A / I / R A / I / R A / I / R A / I / R A / I / R A / I / R



	D D	A / I / R A / I / R
<b>PROBITY</b> <ul style="list-style-type: none"> <li>Professional Integrity: Takes responsibility for own actions, demonstrates respect for the rights of all. Demonstrates awareness of ethical principles, safety, confidentiality &amp; consent. Awareness of importance of being the patients' advocate, clinical governance &amp; responsibilities of an NHS employee</li> </ul>	E	A / I / R

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

## **Appendix One**

### 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.

### **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