



## **Royal Brompton and Harefield Clinical Group**

### **Job Profile**

#### **Junior Clinical Simulation Fellow in Cardiothoracic Medicine incorporating Cardiology, Heart and Lung Transplantation**

#### **Harefield Hospital**

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## Royal Brompton & Harefield NHS Foundation Trust

### 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 Hospitals are 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.



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## 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.



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□ **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 2018/2019**

**Our experts in 2018/19:**

<p>Cared for more than <b>210,000 patients</b> in our <b>outpatient</b> clinics</p>	<p>Cared for nearly <b>40,000 patients</b> on all our wards</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</p>
<p>Received <b>more than 1,000 patient referrals</b> for our pulmonary rehabilitation programme at Harefield Hospital</p>	<p>Received a <b>95%</b> recommendation score in the annual Friends and Family Test</p>	
	<p>Reduced the average length of time children wait in outpatient clinic by <b>15 per cent</b></p>	<p>Received <b>100 per cent positive feedback</b> about Harefield's new day surgery unit in a patient survey</p>
<p>Weclomed a rating of <b>'Good'</b> in our Care Quality Commission inspection</p>	<p>Produced <b>889 peer-reviewed publications</b>, with our academic partner, Imperial College, London making the Trust a leading centre for cardiovascular, critical care and respiratory research</p>	<p>Recruited <b>2,284 patients</b> onto over 200 <b>research programmes</b> that will contribute towards better patient care and outcomes</p>
<p>Joined a <b>new genetic testing network</b> that is set to revolutionise the way rare genetic diseases are identified across South London and the South-East</p>		<p>Attracted more than <b>£10 million</b> in external grants for research</p>



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## **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



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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

#### Royal Brompton and Harefield Clinical Group Board

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. 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.



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### **Non-executive members**

- Baroness Morgan\*, Chair of the Clinical Group Board
- Simon Friend\*
- Dr Felicity Harvey\*, CBE

### **Executive members**

From Guy's and St Thomas' NHS Foundation Trust:

- Lawrence Tallon\*, deputy chief executive
- Avey Bhatia\*, chief nurse and vice president of the Florence Nightingale Foundation

From Royal Brompton and Harefield Clinical Group:

- Dr Richard Grocott-Mason, managing director
- Lis Allen, director of human resources (HR)
- Robert Craig, director of development and partnerships
- Joy Godden, director of nursing and governance
- Richard Guest, chief financial officer
- Nicholas Hunt, executive director
- Mark Mason, medical director
- Jan McGuinness, chief operating officer

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.

The Clinical Divisions are: Heart (RBH incorporating Cardiology, Heart Assessment, Cardiac Surgery and Children's Services), Heart (HH incorporating Cardiology, Heart Assessment, Transplant/VAD and Cardiac Surgery), Lung (cross-site incorporating Respiratory Medicine, Radiology and Lung Surgery); Critical Care and Anaesthesia; and Directorates of Laboratory Medicine, Pharmacy and Rehabilitation and Therapies.

Non-clinical directorates are: Human Resources, Finance & Procurement, Estates & Facilities, Communications & 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.



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

Royal Brompton Hospital (RBH) is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults (Cardiology, Cardiothoracic Surgery and Thoracic Medicine) and Paediatrics. It has approximately 2,100 staff, 300 beds, 6 operating theatres including a hybrid theatre, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. The hospital operates a Clinical Research Facility (CRF) to facilitate respiratory and cardiovascular research. This is supported by research outpatient facilities, research echo, CMR, and catheter lab sessions and state of the art genetic analysis facilities.

### **1.6 Adult Congenital Heart Unit**

The Adult Congenital Heart Unit is one of the largest dedicated services of its type in the world, providing care for around 4000 patients. The unit has an active interventional and surgical program. Specialist clinics include high risk pregnancy, intervention and pulmonary hypertension. Research is given high priority within the unit exemplified by the most recent assessment from the HFCE. The RBH produces more highly-cited publications in ACHD than any other Trust in the country, or anywhere else in the world.

### **1.7 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





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## **1.8 Regulation**

The Trust was inspected by the Care Quality Commission during 2016. Harefield Hospital obtained a 'good' rating, while Royal Brompton Hospital was rated 'requires improvement'.

## **1.9 Research and Development**

Research is a major activity at the Trust. 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.

The Trust operates two Clinical Research Facilities (CRF), Cardiac and Respiratory, in partnership with Imperial College. The Cardiac CRF undertakes pioneering research into heart regeneration, aiming to increase the understanding of cardiac conditions in people living with cardiomyopathy, arrhythmia, coronary heart disease and heart failure. The CRF offers cutting edge genomics facilities, using state-of-the-art next generation DNA sequencing, to directly focus on the genetic analysis of inherited heart and lung conditions. It 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 Trust structure for managing research changed in April 2017, with oversight for research being placed within the clinical divisions. In response to this, a new structure was implemented incorporating both operational and strategic aspects. To ensure appropriate delivery and oversight, new Cardiac and Respiratory Research Committees have been established with oversight and focus of operational running of the core facilities, including prioritisation of studies, governance, staffing, study and strategic oversight by Imperial College with focus on strategic grant applications, AHSC linkages, NIHR and GEL interactions.

## **General Information**

Harefield Hospital was founded during the First World War when it was used as an Australian Hospital until the end of that war. It then became a Tuberculosis Sanatorium when it was rebuilt in 1931. It is now a regional centre for Cardiac and Thoracic Surgery, Cardiology and Respiratory Medicine. It is a supra-regional centre for heart and lung transplantation.

The hospital lies 16 miles from Central London in pleasant country surroundings. It has a medical library covering cardiology, respiratory medicine and cardiothoracic surgery together with immunology and transplantation. There is a more general medical library located at the Postgraduate Centre of Mount Vernon Hospital, located 2 miles away.



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## 2.0 Clinical Services at Harefield Hospital

### 2.1 General Overview

The Trust's surgical programme makes it the largest Cardiothoracic Unit in the UK. The Trust supports a wide catchment area having longstanding referral relationships with clinicians in Beds & Herts, Bucks, Berks, Surrey and the South West Peninsula, as well as providing tertiary and quaternary services to referrers across the UK.

Harefield Hospital provides both Cardiac and Thoracic Surgical services including Transplantation and MCS. At Harefield there are currently 180 beds in the Hospital:

- ☐ Critical Care: 18 ITU beds, 7 recovery beds and 10 HDU beds
- ☐ Transplant unit: Rowan ward and Fir Tree ward 32 beds, including 10 HDU beds
- ☐ Surgery & Private Patient, Maple ward & Cedar ward: 47 beds
- ☐ Acute Cardiac Care Unit, Oak & Acorn wards: 50 beds
- ☐ Cherry Tree Day case ward: 16 beds

### 2.2 Transplant/Cardiology Unit Staffing

#### Transplant

Mr Andre Simon (acquired cardiac surgery, transplantation, Director of Transplantation & MCS)

Dr Martin Carby, Consultant Chest & Lung Transplant Physician

Dr Anna Reed, Consultant Chest & Lung Transplant Physician

Dr Owais Dar, Consultant Cardiologist, Transplant & VAD Physician

Dr Fernando Riesgo-Gill, Consultant Cardiologist, Transplant & VAD Physician

Dr Jane Cannon, Consultant Cardiologist, Transplant & VAD Physician

#### Cardiology

Dr C Ilsley	Dr M Mason
Dr R Grocott-Mason	Dr M Dalby
Dr M Barbir	Dr T Kabir
Dr R Lane	Prof R Underwood
Dr R Smith	Dr W Hussain
Dr S Rahman-Haley	Dr A Baltabaeva
Dr T Wong	Dr J Wong
Dr S Kohli	Dr D Jones
Dr S Haldar	Dr T Saluhke
Dr A Barron	Dr M Norman
Dr J Jarman	Dr Z Chen

The Cardiology Unit has 10 Specialist Registrars and 1 senior Fellow.

The Transplant Unit has both Cardiology and Respiratory SpRs, together with a team of 7 staff physicians.



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There are a number of Core Medical Trainees, Junior Clinical Fellows, 2 Physician Associates and a teaching fellow, providing support to the Cardiology and Transplant wards, and outpatient clinics.

### **2.3 Support Services**

#### **Invasive and Interventional Cardiology:**

The Cardiology department has four catheter laboratories providing all aspects of invasive angiography, interventional (PCI), pacing and electrophysiology, and biopsy/pacing. Since March 2004, Harefield Hospital has provided a 24/7 Primary Angioplasty Service, receiving around 1200 patients per year as part of the programme. The service continues to expand and has recently been recognised as providing one of the best “door to balloon” times in the UK. The hospital also has a well-established tertiary and quaternary device service delivering close to 300 complex devices per annum including Implantable Cardiac Defibrillators, Cardiac Resynchronisation Therapy and device extraction including the use of laser extraction. We have a large TAVI valve program, and our trust, across both sites, is the leading centre for the delivery of percutaneous mitral valve technologies.

#### **Non-Invasive Cardiology:**

A comprehensive service is provided which includes stress testing, echocardiography, transoesophageal echocardiography, nuclear cardiology, ambulatory monitoring, 24-hour tapes, ECG's full outpatient cardiac facilities and pacing clinics.

#### **Imaging:**

The specialist Cardiothoracic Imaging services at Harefield Hospital are of high quality with a brand new imaging centre, allowing rapid access to CT and MRI. The Department has a 64-slice CT scanner. There is access to both Cardiac and general nuclear medicine scanning on site. PET-CT services are provided at our Wimpole street location, with rapid access times. Inpatient cardiac and non-cardiac MRI services are available.

#### **Laboratory Medicine including specialist Transplant Immunology and Histopathology:**

The full range of laboratory services is provided on-site, across the Trust, or by arrangement with other NHS laboratories. Neil Leaver is the Consultant Head of the Immunosuppression Monitoring Service and also provides a national monitoring service for Sirolimus. John Smith is the Consultant Head of the Tissue Typing Service. The Histopathology Service in the Trust is led by Professor Andrew Nicholson, Consultant Histopathologist and Professor of Respiratory Pathology, National Heart and Lung Division, Imperial College, London.



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## JOB DESCRIPTION

<b>Job title</b>	Junior Clinical Simulation Fellow in Cardiothoracic Medicine incorporating Cardiology, Heart and Lung Transplantation
<b>Division</b>	Heart Division
<b>Reports to</b>	<b>Dr Anthony Barron</b>
<b>Responsible to</b>	<b>Dr Richard Grocott-Mason</b>
<b>Accountable to</b>	Medical Director
<b>Base</b>	Harefield Hospital

### Post

Junior Clinical Fellows will work at an SHO level, either on the cardiology or transplant (heart and lung) wards, undertaking clinical activity within both departments including in-patient and out-patient care, audit and quality assurance.

It is expected that the Junior Clinical Simulation Fellow will work principally on the cardiology wards, with on-call duties cross-covering the transplant wards, however a period of time working on the transplant ward is possible after discussion with the post holder's supervisors.

### Location

The post holder will be based at ***Harefield Hospital***.

### Job Purpose, Responsibilities, Opportunities, Training and Education

The post holder will join a group of up to 12 other SHOs within the medical division, with responsibilities to cover either the cardiology wards, or the transplant wards, including resident on-call for cardiac and transplant emergencies.

We are a tertiary centre with a busy primary PCI programme, but no Emergency Room, so all admissions are direct through the ambulance service, emergency transfers from local district general hospitals, or direct attendance/admission from out-patients. We are a major centre for patients requiring Extra-Corporeal Membrane Oxygenation (ECMO) although these patients will be managed on the intensive care ward. We have a busy cardiac surgical unit and will have a number of patients on our cardiology wards awaiting cardiac surgery at any time. You are likely to encounter many common and rare cardiac pathologies during your time on our wards.

Within the cardiology wards (38 permanent beds, 12 day-case beds, plus a further day-case ward) you will work with a team of up to 8 SHOs, 2 Physician Associates, 11 registrars and 8 consultants who provide a 1:8 consultant of the week rota. You will see complex cardiovascular conditions and management that you won't see in many other hospitals.

Within the transplant wards (32 bed on 2 wards, plus outliers) you will work with a team of 4 SHOs, 1-2 Physician Associates, up to 8 registrars, and 5 consultants, to manage heart failure patients awaiting heart transplantation (many on long-term inotropes), those admitted for lung transplantation, patients recovering from heart or lung transplantation, those admitted with a late complication/condition related to their previous transplant, and heart failure



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patients being worked up for/following implantation of long-term mechanical circulatory support (typically left ventricular assist devices).

The primary role for the job is both ward management and on-call duties, but opportunities for out-patient experience, experience within the catheter labs, ability for echocardiography on the wards (plus a state-of-the-art echo simulator) are also rota'd in every week or are available on an ad hoc basis. We have a track record of previous fellows presenting at international conferences and due to the growth of their portfolios, excelling at regional interviews for specialty training.

All fellows are also given opportunities within theatre to perform lines and cardioversions. There is an active teaching culture at the hospital, both aimed at increasing the SHOs knowledge of cardiology/transplantation, but also preparing each SHO for the next stages of their careers, whatever that might be. Every week there is Cardiology teaching delivered by one consultant, with almost 20 topics covered over 6 months, plus guest lecturers, and these have all been recorded so a missed lecture can be seen at a later point. There is fortnightly transplant teaching, and regular teaching on cardiac physiology and intensive care medicine. 4-6x a year there is hands-on teaching on the echocardiography simulator.

Within the many weekly MDTs, experts including cardiologists, surgeons, intensivists, and anaesthetists discuss difficult cases and the ability for junior doctors to learn from these opportunities on how to manage difficult patients cannot be over-estimated.

One of the consultants leads on quality improvement for junior doctors, and the development of QI skills can be learnt during the time at Harefield.

This specific post holder is expected to be directly involved in education and research. The post holder will be expected to work alongside a full-time education fellow to aid delivery of CMT teaching and simulation, organise the three times yearly PACES course, and will be encouraged to help develop specific courses with consultant support. This will be alongside regular on-call duties so an organised approach to working and scheduling is essential. A research supervisor will be allocated to the fellow on starting the post.

Specific clinical responsibilities of the job include:

- ☐ Admission of patients with acute cardiac emergencies, those admitted for heart or lung transplantation or with complications of their transplant, including patients transferred from other hospitals.
- ☐ History and examination of admitted patients, including those admitted to the ITU.
- ☐ Be part of the Primary PCI team whilst on-call for cardiology, taking patients who are having a STEMI directly to the catheter lab for primary angioplasty.
- ☐ Be part of the cardiac arrest team whilst on-call.
- ☐ Typical ward management roles including, but not exclusively, venesection, ABGs, urinary catheterisation, discharge planning and summaries, ordering investigations.
- ☐ Be part of the ward team to review and manage in-patients with a cardiology registrar.
- ☐ To be part of the wider multi-disciplinary team including presenting patients at MDT meetings.
- ☐ To ensure good communication at all times towards the patient, relatives, and all medical staff including good written communication within the notes.



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- ☐ To attend cardiology out-patients, under consultant supervision, to see patients with a wide range of cardiac pathologies.
- ☐ To accept that occasional emergencies and unforeseen circumstances may occur, and to respond to the needs of the service when they arise. SHO's are expected to provide cover for the absence of their colleagues during annual and study leave.

### **Accountability**

In respect of the consultant contract, the post holder will be professionally accountable to the Consultant Physician in either Cardiology or Heart Failure and Transplantation, who is responsible for appraisal.

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.

### **Professional Responsibilities**

- ☐ To seek and maintain professional qualifications.
- ☐ To maintain current knowledge of cardiology, heart failure, transplantation, and related areas appropriate to carrying out these duties, and to participate in a recognised programme of continuing medical education and professional development.
- ☐ To set and maintain high professional standards.

### **Managerial and Administrative Responsibilities**

- ☐ To participate in Clinical Audit programme and Clinical Governance
- ☐ To assist with the administration of the department as designated by the Site Director and approved by the General Manager.
- ☐ To assist in the management of junior, research medical staff and of technical staff according to Trust policies and in line with the requirements of the clinical service.
- ☐ 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.

### **Staff Appraisal Scheme**

The Trust approach is based on the principle that appraisal is an essential part of good practice in managing people. It enables the organisation to ensure employees are able to assist in meeting organisational aims through the process of managing performance and



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identification of development needs. It also gives staff the opportunity to discuss their performance and development needs with their manager and ensures they are clear about what they are trying to achieve both in their current role and for the future.

The organisation therefore has a basic requirement of such good practice, which can be audited to ensure that it is achieved. This standard is outlined 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 using the scheme paperwork.
- ☐ There is a clear and current agreement about the job 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.
- ☐ Every employee should have an Individual Development Plan outlining short and long-term learning and development aims and actions to meet these. The Human Resource department will be responsible for monitoring compliance across the Trust.

### **Conditions of Service**

The post is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003)

A London Weighting allowance is payable at the rate of £2,162 per annum and is pro rata for part time appointments

The annual leave year will run from the date of the appointment with the Trust or where this may lead to difficulties, the staff member may opt for the previous standard annual leave year extending from 1st April to the succeeding 31st March upon approval from the relevant Clinical Director. Arrangements for taking annual leave should be discussed and agreed at least two months in advance. Any annual leave to be carried over is subject to the General Council Conditions of Service (sect. 1, para 10-14)

### **Conditions of Appointment**

The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations 1996.

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.





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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.

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.

### Template Job Plan

This is a template only. It is expected that educational sessions will be flexible within the typical working days, to accommodate educational and research opportunities as they come up, and ward staffing levels.

#### Working Arrangement

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	10:00-19:00	10:00-19:00	10:00-19:00	10:00-19:00	10:00-19:00	8:00-17:00	
2		8:00-17:00	8:00-17:00	8:00-17:00	8:00-17:00		
3	20:00-24:00	00:00-8:45, 20:00-24:00	00:00-8:45, 20:00-24:00	00:00-8:45, 20:00-24:00	00:00-8:45		
4	8:00-17:00	8:00-17:00	8:00-17:00		20:00-24:00	00:00-8:45, 20:00-24:00	00:00-8:45, 20:00-24:00
5	00:00-8:45						
6	8:00-20:45	8:00-20:45	8:00-20:45	8:00-20:45	8:00-17:00		
7	8:00-17:00	8:00-17:00		8:00-17:00	8:00-20:45	8:00-20:45	8:00-20:45
8	8:00-17:00		8:00-17:00	8:00-17:00	8:00-17:00		

#### Duty details

Duty	Name	Type	Start	Finish	Days	Duration
	Weekend Day	Shift	08:00	17:00	1	09:00
	Long Day	Shift	08:00	20:45	1	12:45
	Night	Shift	20:00	08:45	2	12:45
	Normal Day	Shift	08:00	17:00	1	09:00
	Education	Education	08:00	17:00	1	09:00
	Middle Shift	Shift	10:00	19:00	1	09:00





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### PERSON SPECIFICATION

Junior Clinical Simulation Fellow (CT2-3 level) Cardiothoracic medicine incorporating Cardiothoracic Intensive Care training Harefield Hospital

PERSON SPECIFICATION		
	ESSENTIAL	DESIRABLE
QUALIFICATIONS	<input type="checkbox"/> MRCP 1	<input type="checkbox"/> MRCP (PACES)
ELIGIBILITY	<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: <ul style="list-style-type: none"> <li>• Good working relationships with colleagues</li> <li>• Professional behaviour and probity</li> <li>• Delivery of good acute clinical care</li> <li>• Eligibility to work in the UK</li> </ul> </li> </ul>	<input type="checkbox"/> Evidence of achievement of core medical competencies
FITNESS TO PRACTISE	<ul style="list-style-type: none"> <li>• Is up to date and fit to practice safely</li> </ul>	
HEALTH	<ul style="list-style-type: none"> <li>• Meets professional health requirements (in line with GMC standards/Good Medical Practice)</li> </ul>	
CAREER PROGRESSION	<ul style="list-style-type: none"> <li>• Ability to provide complete details of employment history</li> </ul>	<ul style="list-style-type: none"> <li>• At least 4 months' experience (at SHO level) in Cardiology (not including Foundation modules)</li> </ul>
APPLICATION COMPLETION	<ul style="list-style-type: none"> <li>• ALL sections of application form FULLY completed according to written guidelines</li> </ul>	
TEACHING EXPERIENCE	<ul style="list-style-type: none"> <li>• Informal teaching experience</li> <li>• Knowledge of the basic educational principles and their applications within clinical settings</li> </ul>	<ul style="list-style-type: none"> <li>• Formal teaching experience</li> </ul>
KNOWLEDGE	<ul style="list-style-type: none"> <li>• Understanding of cardiac emergencies and immediate management</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of cardiac physiology and how this applies to patient management</li> </ul>
CLINICAL SKILLS	<ul style="list-style-type: none"> <li>• Technical Knowledge and Clinical Expertise</li> <li>• Capacity to apply sound clinical knowledge and judgement, plus prioritise clinical need.</li> <li>• Demonstrates appropriate technical competence &amp; evidence of development of excellent diagnostic skills &amp; judgement</li> <li><input type="checkbox"/> Up-to-date Advanced life support (ALS)</li> </ul>	
ACADEMIC / RESEARCH SKILLS	<ul style="list-style-type: none"> <li>• Research Skills: Demonstrates understanding of the basic principles of audit, clinical risk management &amp;</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of relevant academic &amp; research achievements, e.g.</li> </ul>



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	evidence-based practice. Understanding of research and basic research principles, methodology & ethics, with potential to contribute to research	degrees, prizes, awards, distinctions, publications, presentations, other achievements <ul style="list-style-type: none"> <li>• Evidence of active participation in audit</li> <li>• Evidence of participation in risk management and/or clinical/laboratory research</li> </ul>
PERSONAL SKILLS	<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 an 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> </ul>	<ul style="list-style-type: none"> <li>• Teaching and training skills</li> <li>• Critical appraisal skills</li> <li>• Presentation of papers.</li> </ul>
PROBITY	<ul style="list-style-type: none"> <li>• Professional Integrity: Takes responsibility for own actions, demonstrates respect for the rights of all.</li> <li>• Demonstrates awareness of ethical principles, safety, confidentiality &amp; consent.</li> <li>• Awareness of importance of being the patients' advocate, clinical governance &amp; responsibilities of an NHS employee</li> </ul>	



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## **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.



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### **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 on-going 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