

**Happy,
Healthy
& Heard**



Candidate Information Pack



Consultant in Chest Physician

Dear Colleague,

Thank you for your interest in joining our Trust.

Dartford and Gravesham NHS Trust (DGT) is a dynamic and transforming Trust, committed to delivering the highest quality service to the communities it serves. DGT is an organisation that is genuinely committed to making you feel valued and important by supporting your physical and mental wellbeing, your career development and your general enjoyment of work.

We provide services across Darent Valley Hospital in Dartford, Queen Mary's Hospital, Sidcup, Erith and District Hospital, Bexley and Gravesham Community Hospital in Gravesend as well as a number of community locations across our population.

At DGT, we put quality at the heart of everything we do and whether directly or indirectly, everyone in this organisation contributes to providing safe, effective and compassionate care.

We are delighted that you are considering to come here and I very much look forward to meeting you personally.

Warm wishes.

Jonathan Wade, Chief Executive

Introduction to Dartford and Gravesham NHS Trust

Our ambition is to be an outstanding Trust. This means providing outstanding care for our patients through collaboration with colleagues and partners. We are committed to supporting the development of our staff, recognising the value that each role and individual brings to a team.

Dartford and Gravesham NHS Trust (DGT) is a medium sized acute Trust offering a range of medical and surgical specialties as well as a number of regional services (such as urology cancer). Surgeons value our dedicated Planned Care Centre at Queen Mary's Hospital in Sidcup and colleagues across the Trust maximise the professional development opportunities available as the founding member of the Guy's and St Thomas' Healthcare Alliance.

The Trust is refreshing the clinical strategy in 2023/24 for the next five years, centred on three core elements: providing outstanding care, being a hospital without walls and developing local specialist services.

The Trust has a well-developed and embedded set of values that places the patient at the centre of everything we do.

Our recent achievements include having:

- Been selected as one of the three combined hyper acute and acute stroke units across Kent and Medway which will result in a doubling of stroke activity in the Trust from 2023
- Strong friends and family and patient survey results each year and consistently winning external awards such as CHKS, HSJ, Investors in People silver status and sustainability awards
- A strong track record and clinical strategy that has advanced a comprehensive range of core elective, non-elective, maternity and outpatient services as well as a number of specialist services through partnerships with other Trusts such as paediatric epilepsy
- In August 2019 CQC inspection carried out and has given us 'Good' rating overall.

We are working closely with commissioners, GPs and our community provider (HCRG) to provide services differently, reducing the non-elective demand, supporting patients with long term conditions to better manage their condition in the community and providing a rapid response community care team.

Our strategic aims and annual objectives support the delivery of the Trust's ambition to be an outstanding Trust:

- Quality - maintain and improve the quality of services delivered by DGT
- Workforce - make DGT a great place to work for everyone
- Strategy implementation - implement and embed the clinical and organisational strategy
- Finance – following delivery of a breakeven position in 2022/23; to work smartly within our means and do similarly in 2023/24
- Operations - deliver all NHS constitutional and contractual standards

Our history

Dartford and Gravesham NHS Trust (the Trust) became a legal entity on 1 November 1993. Its headquarters are at Darent Valley Hospital in Dartford, Kent. The Trust offers a comprehensive range of acute services, with a bed-base of 550, to around 400,000 people in North Kent and South East London.

Darent Valley Hospital (DVH) opened in September 2000. The hospital building is run as part of a Private Finance Initiative (PFI). This means the building is owned by a private sector company, The Hospital Company (Dartford) Limited, and the Trust leases the building. Many non-clinical services, such as

portering, domestic cleaning, security and facilities maintenance, are provided by Serco. DVH has inpatient beds and specialties that include day-care surgery, general surgery, trauma, orthopaedics, stroke, cardiology, general medicine, maternity and general paediatrics.

Services provided by the Trust at the Planned Care centre at Queen Mary's Hospital (QMH) in Sidcup include elective surgery and outpatient services in general surgery, urology, orthopaedics, gynaecology and paediatrics, diagnostic and therapies. Erith and District Hospital provides x-ray services, outpatients and physiotherapy. Oxleas NHS Foundation Trust is responsible for the buildings at QMH and Erith and the Trust works with it and other provider organisations operating from the sites.

The hospital also operates at Elm Court, which is located in Priory Mews Nursing Home in Dartford. This provides over 30 beds for patients from Darent Valley Hospital who have completed their acute phase of care but still need some rehabilitation, assessment, mobilisation or who are waiting for longer term care arrangements to be finalised.

In addition, the Trust also provides services at Gravesham Community Hospital in Gravesend as well as a number of community locations across our population. Since 2015 the Trust has been working in partnership with Guy's and St Thomas' NHS Foundation Trust, and is now the founding member of the Guy's and St Thomas' Healthcare Alliance. The Healthcare Alliance presents learning and development opportunities to staff such as leadership and team development programmes, mentoring and clinical supervision, and access to training in management and improvement methods. In addition, it has supported the Trust in delivering consistently high-quality care, for example through implementing new services in proactive care for older people undergoing surgery (POPS) and paediatric epilepsy.

In 2019 we were selected by the Joint Committee of CCGs to be one of three hyper-acute stroke units (HASU) in Kent and Medway. The new unit is due to open in 2023 and will deliver clinically sustainable, high quality stroke services to local residents 24/7. By having a specialist stroke unit we aim to deliver significantly improved outcomes for stroke patients and their families. The benefits of the HASU / ASU model are nationally well evidenced, with London saving extra 96 lives between 2008-12 compared to other stroke services in the UK.

Trust Strategy 2020-2025

The strategy has been focused on becoming a learning organisation with continuous improvement at the heart of its culture. We will continuously improve the: quality of care we provide, improving from a 'Good' Care Quality Commission rating to 'Outstanding'; engagement, sense of belonging and fulfilment of our talented teams; management of our finances and how we use our estate; early adoption and roll out of emerging technologies that support new ways of working and give patients greater ability to manage their health; and ways we collaborate with our system partners.

Our Clinical Strategy for 2020-2025

Our priorities for this strategy are:

Specialist services – we have been announced as one of the three hospitals in Kent and Medway to provide stroke services, which provides an opportunity for us to enhance inter-linked services such as neurology. The other Trusts include East Kent Hospitals and Maidstone and Tunbridge Wells. It is part of this service development that there is funding for the consultant radiology establishment to expand. We are also considering the potential for becoming a trauma unit.

Children and young people – Children and Young People are seen in a variety of areas across the Trust and it is important that we make sure that wherever they are seen, the care and environment is safe, trusted, kind and is appropriate for them and their families.

Integration and pathways – pathways across health and care boundaries are often fragmented, duplicative or create gaps in service. Working together with health and care providers in Dartford, Gravesham and Swanley as an Integrated Care Provider presents a fantastic opportunity to improve the overall health and wellbeing of the local population. We will continue to foster our relationship with GST Healthcare Alliance, clinical networks as well as the Kent and Medway and South East London Integrated Care Systems.

Excellence – our journey to outstanding requires a culture that sets high clinical standards and prioritises excellent clinical practice. To achieve this, we need an unrelenting focus on our processes, policies and procedures. Getting the basics more than right will rely on innovation, excellent supporting systems (particularly IT) and committed and skilled teams that value one another and enjoy their work.

Each of these priorities has been developed in partnership with the Clinical Divisions, listening to their priorities, risks and plans for the coming years. It is through the Clinical Divisions and our leaders at every level of the organisation that we

Relationships between Consultants, Managers and the Trust Board

The management of all staff, hospitals and other health care facilities within the Trust is the responsibility of the Trust Board discharged through its Chief Executive, Divisional Medical Director, Associate Directors of Operations and Associate Directors of Nursing. Consultants have a responsibility for the reasonable and effective use of such Trust resources as they use and influence. It is Trust policy that Consultants take responsibility for budgets where expenditure is under their control.

Each Consultant is responsible for the management of his/her practice, including supervision, appraisal and discipline of such junior doctors who report to them. Consultants form part of the clinical workforce and are fundamental to developing and implementing the Trust strategy and journey to Outstanding. Each Consultant will be expected to participate in data driven quality improvement and a collaborative approach to developing their service and the output of the wider organisation in line with the Trust strategy. The Trust recognises that the relationship between consultants and managers is of the utmost importance. To achieve a successful and effective service, Consultants contribute to the running and development of services and to the development of policy and strategy for the whole Trust. When contracts are agreed, Consultants will be expected to treat patients for whom there is a contract and not to treat patients for whom there is no contract or extra contractual agreement.

Dartford and Gravesham NHS Trust locality

We are uniquely placed for access to London and rural Kent. This means that living and working in the area gives a great choice of places to live, and relax. London, Bromley, Canterbury, Bexley, Orpington, Sevenoaks and Tunbridge Wells are all within easy commuting distance. Each of these areas offers excellent transport links, green spaces and schools.

Rail: Ebbsfleet International Station (Channel Tunnel) is within our area, which runs a 20-minute train service to central London as well as the Eurostar offering quick access to Europe. Dartford is a main terminal for three suburban train lines to London Bridge, Charing Cross, Waterloo East, Cannon Street and Blackfriars. There are frequent buses from Dartford station to the on-site bus stop.

Road: The main road from London to Canterbury, the A2 is no more than five minutes away allowing easy access to London, the Kent Coast and the Continent. Just as close is the M25 motorway providing easy access to Gatwick, Stansted and Heathrow airports, the Home Counties and the national motorway network. The M20 also connects Dartford and the Kent coast. Kent is known as the Garden of England. As you travel

into Kent from Dartford and Gravesend you are sure to agree. With castles, country parks, gardens and stately homes to visit, riverside walks, the coast and a variety of seaside towns to suit all tastes, you will always find something to do, whatever the weather!

Schools and childcare: Kent offers an excellent range of primary and secondary schools. Kent continues to operate a grammar school system, with places allocated by an 11+ examination. There are also excellent independent schools in the area. The Trust operates a childcare voucher scheme providing flexible and cost-effective support for working parents,

Bluewater is one of the largest shopping centres in Europe, and is located five minutes from the hospital. This has gained national renown and offers a stunning mix of designer and specialist shops, department stores, all mixed liberally with places to eat and to be entertained, all housed in the most modern of facilities. Lakeside shopping centre and Retail Park at Thurrock in Essex is a short distance across the Dartford River Crossing.

London is less than an hour away from Dartford or Gravesend by rail or road. The choice of things to do and see is vast, with museums, national landmarks, cathedrals and ancient churches, theatres with international stage shows and musicals, shopping in the West End and Knightsbridge, Royal Gardens, Parks and Restaurants.

B) INTRODUCTION TO THE DEPARTMENT OF DIRECTORATE OF ADULT MEDICINE

DIRECTORATE OF ADULT MEDICINE

The Adult Medicine Directorate is led by the Clinical Director and supported by the Divisional Director of Operations and Divisional Director of Nursing.

Clinical Director	Dr Rupinder Gill
Deputy Clinical Directors	Dr Saqib Ghani
Divisional Medical Director	Dr Jonathan Kwan MBE
Divisional Director of Operations	David Horne
Divisional Director of Nursing	Caroline Bates

DIRECTORATE STAFF

Adult Medicine is composed of twelve key departments: Stroke, Neurology, Ageing and Health, Respiratory Medicine, Cardiology, Diabetes/Endocrinology, Gastroenterology, Renal Medicine, General Medicine, Clinical Haematology, Acute Oncology and Acute Medicine. The following Consultant team provides clinical leadership to these areas:

Respiratory Medicine

- **Dr Burhan Khan, Consultant Physician in Respiratory Medicine*, Clinical Lead**
- Dr Sudhir Lohani, Consultant Physician in Respiratory Medicine
- Dr Rekha Bhalla, Consultant Physician in Respiratory Medicine*

- Dr Abdolhamid Aminy-Raouf, Locum Consultant Respiratory Medicine *
- Dr Amani Nasri, Locum Consultant in Respiratory Medicine
- Dr Mohammed Rabia, Locum Consultant in Respiratory Medicine

Neurology

- **Dr Shane Delamont, Consultant Neurologist, Clinical Lead**
- Dr Cathy Ellis, Consultant Neurologist
- Dr Ivona Tylova, Consultant Neurologist
- Dr Guru Kumar, Consultant Neurologist
- Dr Catherine Slattery, Consultant Neurologist
- Dr Eduardo Fernandez, Consultant Neurologist
- Dr Ross Paterson, Consultant Neurologist

Stroke Medicine (HASU/ASU)

- **Dr Prasanna Aghoram, Consultant Stroke Physician, Clinical Lead**
- Dr Imran Ashraf, Consultant Stroke Physician*
- Dr Samuel Sanmuganathan, Consultant Stroke Physician
- Dr Saeedur Rahman, Consultant Stroke & Acute Physician
- Dr David Sulch, Consultant in Stroke Medicine
- Dr Aref Rastegar, Consultant Stroke & Emergency Physician
- Dr Locum Consultant in Stroke Medicine

Ageing & Health

- **Dr Rupinder Gill, Consultant Physician in Elderly Care***
- Dr Mathias Toth, Consultant Physician in Elderly Care *
- Dr Colin Weekes, Consultant Physician in Elderly Care*
- Dr Praphull Shukla, Consultant Physician in Elderly Care*

Gastroenterology

- **Dr Chirag Kothari, Consultant Physician and Gastroenterologist, Clinical Lead**
- Dr Philip Mairs, Consultant Physician and Gastroenterologist
- Dr Ben Warner, Consultant Physician and Gastroenterologist
- Dr Siddarth Birdi, Consultant Physician and Gastroenterologist
- Dr Guy Sisson, Consultant Physician and Gastroenterologist
- Dr Nicola Grasso, Consultant Physician and Gastroenterologist
- Dr Rahmatollah Alinejad, Locum Consultant Physician and Gastroenterologist
- Dr Vacant Post – this post – General Gastroenterologist

- Dr Vacant Post with an Interest in ERCP

Cardiology

- **Dr Winston Martin, Consultant Cardiologist, Clinical Lead**
- Dr Ed Petzer, Consultant Cardiologist
- Dr Savio D'Souza, Consultant Cardiologist
- Dr Peter Kabunga, Consultant Cardiologist
- Dr Fabrizio Cecaro, Consultant Cardiologist
- Dr Saqib Ghani, Consultant Cardiologist
- Dr Jun Chong, Consultant Cardiologist

Renal Medicine

- **Dr Jonathan Kwan, Consultant Physician and Nephrologist *, Clinical Lead**
- Dr Nihil Chitalia, Consultant Physician and Nephrologist*
- Dr Zay Htet, Consultant Physician and Nephrologist *
- Dr Revathi Whittaker-Jain, Consultant Physician and Nephrologist *
- Dr Jeetendra Rathod, Senior Specialty Doctor

Diabetes/Endocrinology

- **Dr Arthur Ogunko, Consultant Physician and Endocrinologist *, Clinical Lead**
- Dr Cynthia Mohandas, Consultant Physician and Endocrinologist*
- Dr Itope Fidelis Abedo, Consultant Physician and Endocrinologist*
- Dr Lanitha Srikugan, Consultant Acute Physician and Endocrinologist*

General Internal Medicine

- Dr Sebastian Urruela, Consultant General Physician*
- Dr Mohammed Sayed, Locum Consultant Physician*
- Dr Nagat Idris, Locum Consultant Physician*
- Dr Kam Ng, Locum Consultant Physician*
- Dr Ayman Ali, Locum Consultant Physician

Acute Physicians

- **Dr Dora Affam, Consultant Acute Physician*, Clinical Lead**
- Dr Rehan Shamim, Consultant Acute Physician* (has Cardiology Sessions)
- Dr Lanitha Srikugan, Consultant Acute Physician* (has Endocrinology Sessions)

- Dr Noshaba Khiljee, Consultant Acute Physician* (has Renal Sessions)
- Dr Sebastian Urruela, Consultant Acute Physician*(has NSS Sessions)
- Dr Nikil Bhatti, Consultant Acute Physician* (has Intensive Care Sessions)
- Dr Vacant, Consultant Acute Physician

Haematologists

- **Dr Ka Wai Yip, Consultant Haematologist, Clinical Lead**
- Dr Joy Galani, Consultant Haematologist
- Dr Lian Wea Chia, Consultant Haematologist
- Dr Natalie Heeney, Consultant Haematologist
- Dr Vijay Dhanapal, Consultant Haematologist

** General Physicians with on-call duties.*

Specialist in Rheumatology:

Dr Yasser El-Miedany, Dr Amjad Jilani and Dr Srinivasan Srirangan, Medway Hospital

Visiting specialists in Oncology:

Dr Riyaz Shah, Dr Jas Kaur, Dr Julia Hall, Dr Saba Imtiaz, Dr Catherine Harper-Wynne and Dr Amanda Clarke, Kent Oncology Centre, Maidstone.

C) JOB DESCRIPTION

We are delighted to offer a new and exciting opportunity for a Respiratory Consultant to join the Respiratory team at Dartford & Gravesham NHS Trust. The position has become available following the approval of a business case for the review and innovation of our current services.

Positions for an additional Respiratory Specialist Nurse and Physiologist to join our substantive team are also being considered. We have recognised the need for expansion of the capacity within Respiratory to help meet the demand and offer further services to our patients.

The Respiratory Department is developing a Respiratory Outpatient Clinical area with dedicated facilities for 5 exclusive clinic rooms, a pleural procedure room, MDT/conferencing and training facilities, and two new lung function labs. We have created and are further developing our 6-bedded inpatient Respiratory Support Unit within the Respiratory Ward to provide monitored Level 1 care to patients with Respiratory failure.

We provide a multitude of specialist Respiratory Services and regularly review our services for ways to improve and offer the best care available to our patients.

Some of the services included in the Respiratory specialism at DVH are listed below:

- Lung Cancer
- Pleural service

- COPD
- Respiratory Physiology
- TB Service
- Bronchiectasis
- Interventional Pulmonology including Ambulatory and inpatient pleural service, bronchoscopy, EBUS TBNA, Medical Thoracoscopy & tunnelled indwelling pleural catheters.

Duties and responsibilities of the post

The post holder will join the General Physician on-call rota (1 in 16) for non-selected acute take. This consists of post take ward rounds on the Acute Medical Unit (AMU) or outlier wards in the morning and then post take ward rounds in the evening.

Clinical requirement

The successful applicant will have full GMC Registration with CCT in Respiratory & General (Internal) Medicine or be eligible for CCT within 6 months of interview date.

Proposed Timetable

A formal Job Plan will be agreed between the appointee and their Clinical Director, on behalf of the Medical Director, within three months after the commencement date of the appointee. This will be signed by the Clinical Director and will be effective from the commencement date of the appointment. The Job Plan for the first three months will be agreed between you and the Directorate. The Job Plan will then be reviewed annually, following the Appraisal Meeting. The Job Plan will be a prospective agreement that sets out a Consultant's duties, responsibilities and objectives for the coming year. It should cover all aspects of a Consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. In addition, it should include personal objectives and details of the support required by the Consultant to fulfil the job plan and the objectives.

The following provides a suggested schedule of the type of clinical activity and clinically related activity components of the job plan which occur at regular times in the week. Based on a 10 PA contract, there will be 8.5 Direct Clinical Care (DCC) sessions and 1.5 (SPA) Supporting Professional Activity sessions, this split being our Trust's Standard and has the agreement of the Trust as the Employer and the Local Negotiating Committee, for this post:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
am	Audit / CPD /SPA 1 SPA	Ward Round DCC 1.00 PA	Bronchoscopy / Pleural DCC 0.50 PA	Lung MDT DCC 0.50 PA	Ward Round DCC 1.00 PA

Day	Monday	Tuesday	Wednesday	Thursday	Friday
		Admin DCC 0.25 PA	Admin DCC 0.50 PA	Radiology MDM DCC 0.25 PA	Respiratory Clinic DCC 1.00 PA
				Grand Round 0.25 SPA	
pm	Respiratory Clinic DCC 0.75 PA	Respiratory Clinic DCC 0.75 PA	Admin 0.75 PA	Admin DDC 0.25 PA	
				SPA 0.25 SPA	
Total	1.75	2.00	1.75	1.75	2.0

Dedicated Respiratory Ward, Palm Ward : 31 Beds including 6 Acute Respiratory Support Beds.

Template for Clinics: 3 News and 6 Follow-ups

Total PA: 10 Full Time

DCC: 7.75 PA; Total SPA: 1.50 PA; Oncall PA: 0.75 PA

The General Medicine Rota is 1 in 16

We have been continuously looking at working models to better meet the clinical needs and demands of the service and deliver this in sustainable ways. Consequently, we are currently working to a Hot (2 Consultants of the week on wards) and Cold (clinics) cycle. We are delivering 7-day working which includes respiratory weekend cover. This is to be developed further in discussion with colleagues and the job-plans adjusted accordingly. Successful candidates may have an opportunity to negotiate on-call commitments and job plans. We would also warmly welcome applications for a part time post. All the present consultants have families and strongly advocate team working and support to ensure a healthy work-life balance.

Inpatient services

Palm Ward is a 31-bedded acute ward which also takes general medical patients. Nursing staff have a high level of knowledge and expertise necessary for the management of patients with a wide range of respiratory conditions and are experienced in the care of tracheostomies and use of non-invasive ventilation. A broad range of non-invasive ventilator support devices and other equipment for the management of higher dependency respiratory patients are available including opti-flow. We liaise with the Lane Fox Unit at GSTT for establishing patients on Domiciliary Ventilation and have a well-established remote set-up pathway, but also have a LFU Ventilation Clinic once monthly on site.

Multi-professional Team

Specialist respiratory clinical nurse specialists support patients on NIV; Palm Ward. A Respiratory Support Unit has been developed for patients requiring Level One Support and NIV. The Respiratory team are supported by three Respiratory Registrars, and 6 junior doctors on Palm ward, as well as 05 respiratory specialist nurses, 02 lung physiologists, 02 TB specialist nurses, a lung cancer MDT coordinator, three Lung Cancer Clinical nurse specialists, and a Lung Cancer Early Diagnosis Nurse.

Interventional pulmonology

There is a well-established pleural (ultrasound) service with daily inpatient access, ambulatory pleural service, as well as a medical (semi-rigid) Thoracoscopy and tunnelled indwelling pleural catheter service. We also offer EBUS TBNA and bronchoscopy over two interventional pulmonology sessions every week.

Outpatient Clinics

The Respiratory team run regular outpatient clinics, as well as a Lung cancer MDT supported by Medical and Clinical Oncologists from the Kent Oncology Centre at Maidstone and Thoracic Surgeons from Guy's Hospital, GSTT. The team is well supported by radiologists with an interest in Thoracic imaging and interventions. There is a Lung function lab which offers spirometry, body plethysmography, blood gases, overnight oximetry, skin prick tests, etc.

Teaching & Training

The Consultants and team in the Respiratory Department have an excellent reputation for undergraduate teaching. Postgraduate training is well regarded and new consultants will be expected to contribute to the teams' educational activities. A structured training programme is provided for Respiratory trainees to acquire competency and confidence in various facets of respiratory medicine as well as interventional pulmonology by ensuring they have clinical exposure to clinical and medical oncology, palliative care and community services. We also have a Bronch/EBUS simulator and are acquiring a Pleural Ultrasound training simulator also. Consultants act as educational and clinical supervisors for junior doctors on the firm. Medical Students from GKT are attached to Respiratory as well as Physician Associate Students from Christ Church Canterbury University and there are opportunities to become more involved in undergraduate teaching and being awarded Visiting Lectureships with these prestigious institutes.

New consultant mentoring and training programme

All newly appointed consultants would be automatically offered a mentor (who would have been a senior consultant in the Trust for at least 5 years). The Trust is also about to launch a New Consultant Training Programme which is open to all consultants newly appointed to the Trust. Depending on the seniority of the appointee, a Clinical Lead/Clinical Director Training Programme is also available annually. Other personal CPD is also encourage, arranged with the Clinical Director.

Appraisal and Revalidation

The General Medical Council's Good Medical Practice Framework for appraisal and revalidation sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based.

Clinical Governance

The Respiratory team participate in all the BTS national audits as well as the NRAD and Enhancing Quality initiatives. There is interest in further improving research and involvement in trials.

Clinical Audit & Quality Improvement

All consultants are expected to participate in audit/quality improvement projects. There is an active Audit Department who would provide ample assistance. In addition, we do have the QI Academy onsite, where guidance and administrative assistance on QI methodology is readily available. Active participation in Directorate and departmental multidisciplinary clinical review, educational, strategic and governance meetings is expected in order to support service delivery and development.

Research

The Respiratory team has been involved in a number of trials namely PILOT, HOT HMV, SOB2, and more recently with the RECOVERY trial for COVID19 in which Darent Valley Hospital had the largest number of patients recruited across HEKSS. We are keen to further develop the department involvement and actively support these initiatives.

Future Plans

Not only has the Respiratory service seen a significant increase in referrals and increased workload due to changes in the region and neighbouring areas, but with the proposed new Respiratory (Outpatient) Centre and the Respiratory Support Unit being created, there will be exciting opportunities and active encouragement to develop new and innovative services and initiatives. We would welcome candidates with a sub-specialty which would compliment our existing establishment of specialism.

Out-patients: Develop respiratory outpatient services further with: “Hot” and “One-Stop” clinics; integrated care pathways and models of care with primary care; comprehensive sleep service and domiciliary non-invasive ventilation; interventional therapies for COPD; establishing integrated COPD MDT/care; ILD video-conferencing MDTs as well as other specialist clinics e.g. pulmonary hypertension, difficult airways disease, supportive/palliative clinics for breathlessness etc. In 2019/2020, some 1,800 new patients and 2800 follow-up patients were seen.

Office & Secretary

The post-holder will be provided with a satisfactory dedicated office/workstation facility located within the Respiratory Medicine Department Office. Full secretarial service will be provided to meet all the clinical/administration needs for the appointee to allow her/him to discharge his duties and responsibilities.

General Medicine

The post holder will join the General Physician on-call rota (1 in 16) for non-selected acute take. This consists of post take ward rounds on the Acute Medical Unit (AMU) or outlier wards in the morning and then post take ward rounds in the evening. Mostly during the day admissions occur in the afternoon and evenings and patients admitted subsequent to the evening post take ward round are seen the next morning. Those on AMU would be seen by the Acute Physician and those admitted to all other areas by the General Physician from the night before. During the working day patients are effectively seen on a rolling basis with a Consultant Physician providing a review within a short period of admission or final clerking (usually by an SHO) until the end of the evening post take ward round. Suitable office accommodation, IT facilities and secretarial support will be provided.

Management Structure

Respiratory Medicine is part of the Adult Medicine Directorate. The Clinical Director for Medicine is Dr Rupinder Gill, Consultant Geriatrician, and Chief Medical Officer is Dr Tom Clark, Consultant Geriatrician.

F) TERMS AND CONDITIONS OF SERVICE

The post is covered by the published Terms and Conditions of Service for Medical and Dental Staff (England and Wales). Dartford and Gravesham NHS Trust will be the employer. The successful candidate's salary will be determined in line with these terms and conditions.

Annual Leave – Consultant

Annual leave entitlement is six weeks each annual leave year from the anniversary of appointment to Consultant, unless already of consultant status when his/her existing annual leave year dates can be retained. Notification must be made six weeks in advance to the Rota Managers and relevant departments that will require this information in order not to disrupt the delivery of the service. The Trust's Medical Staff Leave Policy applies.

Study Leave

Study leave entitlement is 30 days in three years with £750.00 per annum towards expenses at the discretion of the Medical Director. Application must be made six weeks prior to the leave to the Medical Education Department.

There are also opportunities for leadership development for medical staff with an interest and potential to take greater responsibility in the Trust. Mentoring support for newly appointed consultants is also available.

Location

Whilst the duties of the NHS appointment will be primarily at the hospital(s) stated, the appointment will be made to the Dartford and Gravesham NHS Trust and there will be a commitment to attend occasionally at any other hospital or clinic in the Trust, as may be necessary from time to time.

Relocation [only applicable to consultant grade]

The successful candidate will be required to reside within a reasonable distance of Darent Valley Hospital, Dartford. Candidates must indicate at interview if they are considering putting forward an application for removal expenses. Relocation expenses must be agreed prior to acceptance of the post with the Director of Human Resources.

Registration

It is a condition of your appointment to be registered with the General Medical Council on the Specialist Register and to maintain this registration. It is your responsibility to present certificates to the Medical Staffing Department on an annual basis. Failure to maintain registration could lead to disciplinary action being taken against you.

Appraisal and Revalidation

The General Medical Council's Good Medical Practice Framework for appraisal and revalidation sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based.

The Framework is based on Good Medical Practice (GMP), the GMC's core ethical guidance for doctors, updated in 2006, which sets out the principles and values on which good practice is founded. GMP is used to inform the education, training and practice of all doctors in the UK. The Framework sets out clearly what the GMC will require a doctor to do at their appraisal, in order to revalidate.

All NHS staff, including doctors, is expected to have annual appraisals. The appraisal process is central to ensuring the whole workforce is engaged; training and development needs are recognised; and that all staff is working to the highest standard.

It is essential that doctors ensure that their managers, who are usually also doctors, provide regular and effective appraisals. Effective and regular appraisal will be at the heart of revalidation so it is essential that well managed processes are in place now. The primary aims of medical appraisal are:

- to identify personal and professional development needs of doctors
- to ensure that doctors are adhering to the GMC's Good Medical Practice framework.

An appraisal will usually take place between the subject doctor (appraisee) and a colleague (the appraiser) familiar with their work and it is expected that this will take place annually in line with the organisation's business and planning cycle. It is expected that there will normally be five consecutive appraisals in a revalidation cycle of five years. The Trust's Appraisal Guide for Doctors is available on the intranet together with all the relevant forms and information.

Performance

Continuation of your appointment under this agreement is subject to satisfactory performance. Your performance and progress in relation to agreed standards will be reviewed at regular intervals.

Indemnity

The Trust will cover all medical staff for NHS work under NHS Indemnity. Dartford and Gravesham NHS Trust is required to encourage Medical and Dental staff to ensure that they have adequate defence cover for any work that does not fall within the scope of the Indemnity Scheme (HSG (96) 48 refers). Any private practice undertaken on NHS premises must be covered by subscription to a medical defence organisation.

Whistleblowing Policy

Darent Valley hospital is committed to the highest standards of quality, probity, openness and accountability. We are committed to tackling any issues of abuse or serious malpractice. As part of that commitment, we encourage employees with serious concerns about any aspect of our work or practices of fellow employees to come forward and express those concerns to someone who can help.

Infection Control

All Trust employees are required to be familiar with, and comply with, Trust policies and guidelines for infection control and hand hygiene in order to prevent the spread of healthcare-associated infections. For clinical staff with direct patient contact, this will include the uniform and dress code policy, the use of protective equipment guidance, the guidance on aseptic techniques and the safe handling and disposal of sharps. All staff is required to attend mandatory training in Infection Control and be compliant with all measures known to be effective in reducing healthcare-associated infections.

Equality and diversity

We committed to the concepts of equality and diversity. You are required to fulfil your responsibilities under this policy and to ensure that no individual receives less favourable treatment on the grounds of their gender, sexual orientation, marital status, disability, religion, creed, colour, race, ethnic or national origin, HIV status, age, social background, trade union membership or non-membership and is not placed at a disadvantage by requirements or conditions which cannot be shown to be justifiable.

Health and safety

To share in the responsibility for abiding by health and safety policies and regulations, infection prevention and control policies and act in accordance with the Risk Management Policy. You have a responsibility under health and safety legislation and Trust policies to abide by safe systems of work, undertake required training, to identify risks, and to follow the incident reporting system, which will ensure that the Trust can manage risks to patients, visitors and staff.

Confidentiality and IT

All personal matters relating to patients' diagnosis and treatment and personal information relating to members of staff are strictly confidential and under no circumstances is such information to be divulged to unauthorised person(s). Breach of this condition may result in disciplinary action including dismissal. A breach of confidentiality may also result in a civil action for damages.

It is a condition of employment that all medical staff complies with the Trust's IT policy in respect of secure use and safeguarding confidentiality. It is a condition of employment that the post holder:

- Attends and satisfactorily completes training on Trust's clinical IT systems as they relate to the medical care and management of patients
- Conforms to the Trust's IT security policy, which includes:
 - Safeguarding the confidentiality of his/her password
 - Not allowing the use of his/her password by anyone else
 - Logging off promptly at the end of each task
 - Not using other people's passwords
 - Not misusing the internet facilities available through the Trust's IT system
 - Safeguarding patient confidentiality.

The Trust monitors the use of its IT facilities, passwords, e-mail and internet traffic. Failure to comply with the Trust's IT Security Policy will be taken seriously and may result in formal disciplinary action.

G) APPOINTMENTS PROCESS

Pre-employment checks

The satisfactory completion of pre-employment checks confirming your right to live and work in the UK, satisfactory language skills, DBS disclosure, references, health check, professional registration and qualifications is a condition of the appointment. Further information on these requirements is provided below.

Informal visits

Prospective candidates are invited to visit the Trust by arrangement with: -

Dr Burhan Khan, Respiratory Clinical Lead

Email: burhan.khan@nhs.net Tel: 01322 428423

Dr Rupinder Gill, Consultant Geriatrician

Email: rupinder.gill4@nhs.net Tel: 07896 163852

Dr Jonathan Kwan, Divisional Medical Director

Email: jonathankwan@nhs.net Tel: 07502 270032