

Consultant: Job Description

JOB DESCRIPTION

Post Title:	Consultants in Stroke Medicine
Directorate/Department:	Neurosciences
	Division D
Grade	Consultant posts 2 x WTE 10PAs
PA's Per Week:	10 PAs per week – 8 PAs of clinical activity and 2 PAs of supporting activity. Example timetable attached.
Accountable to:	Dr Richard Marigold - Clinical Lead for Stroke Mr Dave Griffiths – Care Group Manager Dr Boyd Gosh – Care Group Clinical Lead
Main Purpose:	<p>University Hospital Southampton NHS Foundation Trust (UHS) wishes to appoint two full time Consultants in Stroke Medicine.</p> <p>The successful applicants will join a team of six other full time Stroke Consultants, five with a background in General & Elderly Medicine and one a Stroke Neurologist. With 4 other neurologists they provide a 1:11 8am-8pm stroke consultant service.</p> <p>UHS is a large teaching hospital serving a population of 1.3 million people living in Southampton and southern Hampshire. It provides specialist regional services for the Wessex population of 3.5 million including neurosciences, cardiac care, and paediatric intensive care to the population of central southern England. UHS is the regional centre for neurosurgery, complex neurology and neuroradiology. It is a major centre for teaching and research and works in association with the University of Southampton, the Medical Research Council and The Wellcome Trust.</p> <p>THE STROKE SERVICE</p> <p>The UHS Stroke Service is a Comprehensive Stroke Centre (CSC) and has a local catchment population of about 0.7 million. Patients are first admitted to our 13 bed Hyper Acute Stroke Unit (HASU) situated within the neuroscience block. The dedicated neuroradiology and neuro-intensive care units are close by. Patients who require on-going in-patient care move to our 28 bed Stroke Unit (ward F8) in the main hospital block.</p> <p>The service admits over one thousand patients with a confirmed stroke diagnosis a year and has provided a 24/7 thrombolysis service and a daily TIA clinic for 14 years. About 15% of patients are treated with intravenous thrombolysis. All referrals are seen together with a team of advanced care practitioners, and we admit all suspected stroke patients directly to our HASU. Our consultant rota ensures all new patients have a senior review soon after admission. Between 8pm and 8am the on-call neurology registrar manages thrombolysis calls. We have fast access to CT angiography, CT perfusion and MR brain imaging, enabling us to be at the forefront of acute stroke treatment and research.</p> <p>Our multi-disciplinary team of physicians, ACPs and therapists work closely together. We discharge patients to one of two community stroke rehabilitation teams and patients are followed up at 6 weeks and at 6 months by two community stroke nurses.</p> <p>We are an NIHR Hyperacute Research Centre with an active study portfolio including mechanical thrombectomy, thrombolysis, commercial, secondary prevention as well as coronavirus related stroke studies. In addition, we contribute case reports, quality improvement projects and departmental research to respected</p>

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	<p>peer reviewed journals and to national and international meetings such as the UK Stroke Forum and European Stroke Organisation Conference</p> <p>There are multiple teaching opportunities, including locally within the department, University of Southampton undergraduate and postgraduate activities, and further afield across the Wessex region. UHS has excellent simulation training facilities, and regular training is undertaken in our simulation suite.</p> <p>Recent quality improvement projects have included using technology to improve stroke care such as prehospital stroke video triage, and developing a pathway for wearables such as zio patches to monitor for post stroke atrial fibrillation,</p> <p>Regular multidisciplinary meetings include weekly stroke neuroradiology and medical educational sessions, and monthly education, audit and M&M meetings and quarterly thrombolysis and thrombectomy governance meetings.</p> <p>Recent SSNAP performance data has been very good, and we have consistently scored highly for our quality of care.</p> <p>The Mechanical Thrombectomy (MT) service is now well established and operational 12hrs a day 7 days a week. In 2023 we were the sixth most active thrombectomy centre in the UK with 212 patients treated. We serve 7 acute stroke centres across Hampshire, Dorset, Wiltshire and West Sussex including Portsmouth, Bournemouth, Dorchester, Salisbury, Chichester, Winchester and the Isle of Wight. We have 5 interventional neuroradiologists in post and aim to gradually expand to provide 24/7 provision with extended hours into the evening in the near future.</p> <p>The UHS stroke service is innovative, flexible, ambitious, and high achieving. It is also friendly and supportive. This post provides the opportunity for like-minded and enthusiastic colleagues to join us and contribute to our exciting plans.</p>
<p>Key Working Relationships:</p>	<p>Close working relationships with other consultants, junior doctors, stroke nurse practitioners, administration staff and other members of the multidisciplinary team</p>
<p>General Duties:</p>	<p>Direct Clinical Duties:</p> <p>The successful applicant will be expected to contribute to the routine clinical activities of the stroke service:</p> <ol style="list-style-type: none"> 1. Liaison sessions: immediate response to new patient referrals from the Emergency Department (ED) or from other hospitals, and review of other patients referred from within the hospital. 2. HASU sessions: review of new patients admitted to the unit (from 8pm the day before) and of patients already on the unit who are under the care of that consultant. 3. F8 sessions: review of patients who are on the main stroke unit under the care of that consultant. This includes acute stroke management as well as multidisciplinary rehabilitation. 4. TIA clinic 5. Follow-up clinic (one per month per consultant) 6. Weekly MDT meeting and patient / relative reviews 7. Neuro-radiology MDT: review of key imaging once per week <p>The weekly clinical duties of the successful applicant may be varied depending on their skills and clinical background, and on the needs of the service.</p> <p>The liaison service is provided between 8am and 8pm 7 days per week and operates in close association with the advanced stroke clinical practitioners.</p> <p>Evening liaison sessions run from 4pm to 8pm on weekdays. Each consultant does one evening session (Monday to Thursday) every other week. Two stroke consultants take turns to cover a fixed evening (e.g., Monday) and function as buddies to cover each other's absence. Tuesday evenings are covered by the four neurologists who take part in the stroke out-of-hours rota.</p>

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	<p>Weekend duties include one consultant on call on liaison from Friday afternoon to Monday morning: 4-8pm Friday, 8am-8pm Saturday and Sunday, 9am-1pm Monday. Monday morning is a post take ward round session prior to taking the rest of the week off (see below). This is likely to change as the service expands with a second consultant being on call for part of the weekend to cover HASU and TIA referrals in recognition of the increase in number of referrals and stroke patients being admitted.</p> <p>There is currently no 'on call' supplement. All 'out-of-hours' work (evening liaison & weekends) is annualised into the 10 PA commitments.</p> <p>Weekend stroke service is remunerated in Time-Off In Lieu (TOIL). For working a weekend, the TOIL is Monday afternoon and the next four days (Tuesday to Friday). This TOIL must be taken in the days immediately following the weekend worked.</p> <p>The current working patterns are likely to change in late 2024 / 2025 as we move towards a 24/7 mechanical thrombectomy service, with 16 consultants, a combination of neurologists and stroke physicians on the rota, and it is envisaged that we will be doing 1:8 weekends on call and 1:8 weekdays. Weeknights on call will start at 4pm with time off the morning of the on call, and resident on site 4-8pm and then on call from home supporting the neurology SpR from 8pm onwards. Weekends will either be days 08:00-20:00 or nights, with nights starting at 4pm-8pm on Fridays and overnight cover as per other weekdays, and then overnight 20:00-08:00 on call from home Saturdays and Sundays.</p> <p>Supporting Activities</p> <p>The successful applicant will be required to complete UHS Statutory and Mandatory training. They will also be required to contribute in the following areas:</p> <ul style="list-style-type: none"> • Educational & Clinical supervision to doctors in training • Education & training for the stroke service staff • Undergraduate teaching (currently: 3rd Year and Final Year medical students) • Audit and research, both local, national, and international • Clinical governance (SSNAP data collection; morbidity and mortality meetings; quarterly Thrombolysis Governance meetings; etc; with adherence to Trust specific structures, processes, and guidance). • Quality improvement activity <p>Administrative duties</p> <p>The successful applicant will be required to undertake the administrative duties associated with the care of patients and the running of a clinical department and to travel as necessary between units. Secretarial support and office accommodation will be provided.</p> <p>From time to time, it may be necessary for the post holder to carry out such other duties as may be assigned with agreement by the Trust. It is expected that the post-holder will not unreasonably withhold agreement to any proposed changes.</p>
<p>Departmental Working Relationships</p>	<p>Close working relationships with other consultants, junior doctors, stroke nurse practitioners, administration staff and other members of the multidisciplinary team</p>
<p>Departmental Staffing Structure</p>	<p>Care Group Clinical Lead</p> <ul style="list-style-type: none"> • Dr Boyd Ghosh <p>Care Group Manager</p> <ul style="list-style-type: none"> • Mr Dave Griffiths <p>Consultant Stroke Physicians Dr Emma Battersby Wood – Consultant Stroke Physician Dr Pamela Crawford – Consultant Stroke Physician</p>

	<p>Dr Sue Evans – Consultant Stroke Physician Dr Richard Marigold - Consultant Stroke Physician and clinical lead Dr Prasad Siddegowda – Consultant Stroke Physician Dr Nicolas Weir – Consultant Stroke Neurologist Dr Charis Mavrokordatos – Consultant Stroke Physician</p> <p>Consultant Neurologists Dr Nancy Colchester – Consultant Neurologist Dr Joanna Lovett - Consultant Neurologist Dr Rhiannon Morris - Consultant Neurologist Dr Sean Slaght - Consultant Neurologist Dr Tom Cox – Consultant Neurologist</p> <p>Junior Medical Staff Two SpRs in rotational training posts, one Neurology and one Geriatric Medicine. SpR level Stroke Fellow Two CMT level Stroke Fellows Two clinical research fellows, 50% stroke research, 50% neurology One FY2 and two FY1 doctors.</p> <p>Stroke Nurse Practitioners A team of 8 band 6 & 7 clinical practitioners who provide 12hr a day acute stroke cover</p> <p>Senior Nurses Valter Bonito Ferreira – Ward Manager HASU Natasha Pritchard – Ward Manager F8 Emma Price - Stroke Clinical Case Manager</p> <p>Therapy Eleanor Butler – Therapy Manager for Neurosciences Jennifer Winter – Senior Physiotherapist Paige Pollard – Senior Occupational Therapist Hannah Davis – Senior Speech and Language Therapist</p> <p>Neuroradiology Dr Jason Macdonald – Consultant Interventional Neuroradiologist Dr Ana Narata - Consultant Interventional Neuroradiologist Dr Adam Ditchfield - Consultant Interventional Neuroradiologist Dr Vijay Jayakrishnan - Consultant Interventional Neuroradiologist Mr Anderson Tsang - Consultant Neurosurgeon and Neurointerventionist</p> <p>Dr Harriet Joy - Consultant Diagnostic Neuroradiologist Dr Faraz Sheik - Consultant Diagnostic Neuroradiologist Dr Galetia Papastergiou Consultant Diagnostic Neuroradiologist Dr Ziyad Salojee Consultant Diagnostic Neuroradiologist</p>
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<p>Review</p>	<p>This job description and job plan will be reviewed each year by the post-holder and the Care Group Clinical Lead (or nominee). Local mediation and appeal procedures will be followed in the event of any disagreement over proposed changes to the job plan.</p> <p>In accordance with Schedule 3 of the Terms and Conditions of Service for Hospital Medical and Dental Staff, the Job Plan includes a schedule of Programmed Activities setting out how, when and where the post holder's duties and responsibilities will be delivered.</p> <p>A standard full-time Job Plan will contain 10 Programmed Activities subject to the provisions for recognising emergency work arising from on-call rotas and the provisions in Paragraph 7.6 to agree up to two extra Programmed Activities. Subject to the provisions for recognising work done in Premium Time, a Programmed Activity has a timetable value of four hours. Each Programmed Activity may include a combination of duties.</p> <p>It is recognised that the work programme for any new consultant taking up post will take time to settle into a regular pattern. Therefore, the job plan will be reviewed in discussion with your Care Group Clinical Lead after 3 months. This will be completed as part of the Job Plan review for all existing consultants related to this post to allow integration of job plans across the Care Group.</p>
<p>Other Duties</p>	<p>From time to time if may be necessary for the post holder to perform such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any proposed changes.</p>

DRAFT WEEKLY TIMETABLE – ILLUSTRATIVE AND SUBJECT TO CHANGE

	Monday		Tuesday		Wednesday				Thursday			Friday	
AM	HASU/ Radiology MDT meeting	F8 WR	HASU/ F8 WR	Liaison	Half Day		Half Day		TIA clinic			F8 WR	
PM	SPA	Liaison	MDT / Relatives (2pm-4pm)		SPA	M&M	Clinic	SPA	SPA	SPA	SPA	Liaison (1 in 3) SPA (2 in 3)	Liaison (1 in 11)
Evening (5pm-8pm)		Liaison											Liaison (1 in 11)

Where a daily morning or afternoon session is divided into more than one box, it shows how the activities vary through a four-week cycle i.e. two boxes = activity varies alternate weeks; four boxes = activity changes every week.

Weekend working: 1 in 11 weekends followed by 4 days off as time back, at present, but with new posts, likely to change to two consultants being on duty at weekends.

Job plans consist of 10 PAs: 8 DCC and 2 SPA

WR = ward round

Liaison = seeing new referrals (in the ED or on hospital wards)

IMPORTANT ADDITIONAL INFORMATION RELATING TO YOUR EMPLOYMENT

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<p>Duty of Care</p>	<p>You are responsible for ensuring that the patient, family and carers are at the centre of everything you do.</p> <p>Be open, honest and willing to acknowledge when something has gone wrong. Make timely apologies and take action to report incidents, including near misses; to ensure that as an organisation we learn.</p> <p>You should continuously seek to reduce harm by speaking up to managers and leaders if you believe that a lack of skills, knowledge, or resources place patients at a risk of harm or if your concerns are not being listened to. Managers and leaders must listen to others when they raise concerns and take action.</p> <p>Wholeheartedly commit to learning about safety, continually striving to improve excellent care. Develop your own ability to detect and correct defects.</p>
<p>NHS Standards of Business Conduct and Professional registration</p>	<p>All employees must abide by the guidance set out in the NHS Code of Conduct and Standard Business Conduct for NHS Staff (HSG 93/5), as amended or replaced from time to time. Managers must also comply with the NHS Code of Conduct for Managers.</p> <p>All Medical and Dental staff must work within the guidelines of the “General Medical Council Guide - Good Medical Practice”.</p> <p>This post is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff.</p> <p>Postholders must hold appropriate registration with the General Medical Council.</p>
<p>Living our values every day</p>	<p>All staff are expected to strive to make the Trust values ‘what we do’ – to inspire, develop and support every one of us to live our values; every patient, every colleague, every day.</p> <p>Each post holder is expected to ensure they live the values of:</p> <ol style="list-style-type: none"> 1. Patients First 2. Always Improving 3. Working Together <p>These values are about us all helping each other to deliver great patient experience more consistently – involving people who use our services, their families, carers, staff and partners in continuing to improve the experience people have using and delivering our services</p>
<p>General Provisions</p>	<p>Subject to the provision of the Terms and Conditions of Service, the post holder will be expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the professional and clinical managers, and to follow the standing orders and financial instructions of the Trust.</p> <p>In particular, where the post holder manages employees of the Trust, he/she will be expected to follow the local and national employment and personnel policies and procedures. The post holder will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of his/her patients, to be able to contact him/her when necessary.</p>

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	<p>All medical and dental staff employed by the Trust is expected to comply with its Health and Safety policy and procedures.</p> <p>The post holder will be responsible for the training and supervision of Junior Medical staff that work with him/her and will devote time to this activity on a regular basis. The appropriate post holder will be named in the contract of Doctors in Training Grades as the person responsible for overseeing their training, and as the initial source of advice to such doctors on their careers.</p>
Residence	Residence within either ten miles or thirty minutes by road from Southampton General Hospital is a requirement of this post unless specific approval for alternative arrangements is given by the Trust. The post-holder should be able travel to meet the needs of the post and his/her private residence must be maintained in contact with the public telephone service.
Secretarial Support and Office Accommodation	Both secretarial support and office accommodation will be available and you will be provided with an individual personal computer with internet access via the internal server.
Information Systems	<p>Access to hospital information systems including Pathology and Radiology results, will only be granted after attendance on a training course.</p> <p>Attendance on the Ward Results Training course is mandatory before access to the system can be granted. Staff who login to hospital information systems where there is no authority to do so will face disciplinary action.</p>
Health and Safety:	Staff are reminded of their responsibility to take care of their own personal safety and others whilst at work. In addition, no person shall interfere with, or misuse anything provided in the interests of health, safety and welfare
Infection Prevention and Decontamination of Equipment:	All staff are reminded of their responsibility to adhere to Trust and Departmental Infection Prevention Policies, including policies for the cleaning and decontamination of equipment, in order to protect their own health and that of other employees, visitors and patients.
Child Protection/Safeguarding	All staff providing services to patients and children are reminded of their responsibility to adhere to Trust and Departmental Child Protection and Safeguarding policies including employment checks.
Sustainability	Staff are reminded of their responsibility to take care of the resources used whilst at work. These include careful use of energy and water; for example, ensuring unnecessary equipment is turned off when not in use. Waste needs to be segregated properly. UHS policies and strategies for sustainability should be followed whilst undertaking daily duties. We encourage staff to be involved with sustainability at work, through participation in the Green Guardians network.
Last Updated	23 February 2024 08 February 2024

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