



# Consultant Physician with Specialist Interest in Elderly Medicine

## 1. WE CARE FOR YOU

We care because:

- **We** always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, respect and dignity.
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions – taking pride in our work.
- Encouraging and valuing our diverse staff and rewarding ability and innovation



## 2. JOB IDENTIFICATION

<b>Job Title:</b>	Consultant Physician with Special Interest in Elderly Medicine
<b>Grade:</b>	Consultant Payscale (April 2022) YC72 £93,666 - £126,281 per annum (pro rata)
<b>Tenure of post:</b>	Permanent
<b>Department(s):</b>	Geriatric Medicine
<b>Responsible to:</b>	Divisional Director, Dr Anu Agrawal
<b>Accountable to:</b>	Executive Medical Director



### **3. JOB PURPOSE**

The post is for a full time (10 PA) Consultant post specialising in Elderly Medicine based at Doncaster Royal Infirmary with potential cross-site working at Bassetlaw hospital.

This post will integrate into the existing consultant team, offering optimal early frontline assessment and management of patients presenting with specialist Elderly Medicine needs.

It offers great potential for the development of these disciplines and strengthening the relationships with the acute Trust and community services. The post holder will be responsible for the continued delivery and further development of Elderly Medicine services for patients living within the catchment area of the Doncaster, Bassetlaw and Montagu Hospitals.

Involvement in the running of rapid-assessment clinics, liaison services and early supported discharge schemes are integral to development of service.

Applicants must be on the General Medical Council Specialist Register or within six months of being admitted to the Register for trainees if in a training programme within the UK. In accordance with the regulations, all other categories of doctors must be on the GMC Specialist Register to be considered for a consultant appointment by the Advisory Appointments Committee. Applicants must continue to hold a Licence to Practise.

The Trust is committed to providing a mentoring opportunity for all newly appointed consultant posts. Please enquire about this at your interview.

Applicants must be on the General Medical Council Specialist Register or within six months of being admitted to the Register for trainees if in a training programme within the UK. In accordance with the regulations all other categories of doctors must be on the GMC Specialist Register to be considered for a consultant appointment by the Advisory Appointments Committee. Applicants must continue to hold a License to Practise.

### **4. MAIN DUTIES/RESPONSIBILITIES**

#### **Clinical**

#### **Key duties of the post:**

- Strengthening the delivery of a high-quality geriatric service across the hospital
- Participation in rehabilitation wards rounds and MDTs
- Development of rapid assessment clinics
- Forging links between emergency medicine to support admission avoidance schemes for older people



- Liaising and developing working policies with relevant hospital departments, local General Practitioners, nurses and paramedical staff
- Developing innovative practices in clinical patient management, focusing on high quality care and emphasis on links between emergency medicine and Care of the Elderly acute wards where appropriate
- Developing the use of nurse practitioners and paramedical staff in the hospital
- Developing a subspecialty interest

### Indicative Weekly Job Plan

	Start/End Times	AM	Start/End Times	PM
Monday	09:00-13:00	Base Ward round	13:00-17:00	SPA
Tuesday	09:00-14:00	Acute Frailty Service 1.25	14:00-16:00	Supervision 0.5
Wednesday	09:00-13:00	Base Ward round	13:00-17:00	MDT 0.25 Admin 0.75
Thursday	09:00-13:00	Base Ward round	13:00-17:00	Clinic
Friday	09:00-13:00	Acute Frailty Service	13:00-15:00	SPA 0.5
Direct Clinical Care (DCC)			6.5	
Admin			0.75	
Supporting Professional Activities (SPA)			2.0	
On-call 1:6 weekend 1:6 Thursday 1:18 Monday			0.8	
<b>TOTALPA</b>			<b>10 Programmed Activities</b>	

### Job Plan

Under the terms of the new consultant contract (2003) the basic full-time Job Plan contains ten Programmed Activities (PAs) of 4 hours each. The 10 PA allocation will be a mixture of DCC and SPA. All full-time posts will be offered a minimum of 1.5 SPA's up to a maximum of 2.5 SPA's depending upon the requirements of the role, although the actual ratio may vary and will depend on the specific, identifiable and agreed contributions in various areas (see below).

There is recognition and remuneration for out-of-hours availability as per the national terms and conditions and for any mutually agreed additional activity, if applicable. Any appointee wishing to undertake Private Practice will be required to offer the Trust an 11th PA, which the Trust may or may not wish to take up. The Trust may also independently wish to offer an additional 11th PA to the appointee, irrespective of any anticipated involvement in Private Practice.



1.5 SPAs should be set aside to meet the requirements of proof of fitness to practice including personal internal CPD including participation in clinical meetings, private study and document review, audit and clinical governance issues (clinical incident reports, risk management, complaint responses etc) as well as preparation for, and full engagement in, personal appraisal, assessment and job planning. Attendance at mandatory meetings (e.g. Resuscitation and Fire lectures, Equal opportunity training) is included under this heading. Time for attendance at other general Trust and Directorate meetings (e.g. Hospital Medical Committee and Consultants communication meetings) would also be included here. The list is not intended to be exclusive. Assessment of satisfactory engagement in these areas forms part of the annual appraisal process.

It is recognised that the time spent in other Supporting Activities will depend on individual involvement and specific circumstances and may vary significantly both between individuals and over time. Time spent on these activities will need to be accounted for as part of the annual appraisal and job planning process, and the Trust reserves the right to modify the Job Plan accordingly in discussion with the appointee. There may be circumstances where additional SPA time (above the average 2.5) is required to fulfil all the agreed additional commitments, which may necessitate an agreed reduction in clinical time. Equally there may be circumstances where an agreed reduction in SPA time (below the average 2.5) is appropriate, with the potential for additional clinical involvement within the overall PA allocation. Any altered commitments under this section will need to be agreed in advance with the Divisional Director and General Manager so as not to disadvantage clinical activity within the Division. Additional SPA allocation may be achieved by delivering a role, e.g. Educational Supervision, Governance Lead etc. This agreement is subject to review.

Categories under this heading include:

- Formal teaching of undergraduates / postgraduates, Junior staff supervision, College Tutors
- Being a Trust Appraiser
- Agreed formal Trust committee involvement (e.g. Drug and Therapeutics Committee, Ethics Committee, Cancer Steering Group, Specialty subgroups etc)
- Clinical Governance Lead
- Lead clinicians (cancer etc)

The duties of the post may be changed with the agreement of the post holder. An annual review of duties will take place with the Divisional Director as part of the Job Plan process.

#### **Education and Development:**

- There is a wide teaching role within the post, to train medical students, nurses and junior doctors, as they rotate through the department.
- It is expected that the post-holder will be a clinical/educational supervisor to some of the training doctors on rotation, as well as taking part in their regular weekly teaching timetable. 1hr/week SPA time is afforded for this role.



- There is a monthly all staff teaching session which the post holder will be expected to attend and contribute to. This includes a regular audit meeting, where again, consultant contribution is expected.
- The study leave allowance is 30 days/3 years pro-rata. It is expected that these will be used, in addition to SPA time, for CPD towards revalidation as per the recommendations of the Royal College and the various specialty bodies. The trust is fully committed to supporting and assuring revalidation, by way of a dedicated support team and IT infrastructure package.
- The trust has a programme of mandatory training which all consultants are expected to undertake.
- For appointees new to the consultant role, or who may have had a career break, the department strongly encourages mentorship support

**Clinical Governance:**

- Attendance at the monthly specialty clinical governance group is expected.
- Further contribution to clinical governance activities in the form of local, regional and national audit participation, guideline writing/updating, and undertaking other relevant projects would also be expected.

**Management and Leadership:**

- There will be an expectation to take on management roles, such as Specialty or Foundation training co-ordinator, education lead or clinical governance lead. For any of these roles, additional SPA time would be granted.

**Research:**

The Trust has an active Research and Development Department, and provides access to research nurse support, participation in research is encouraged. This may take the form of personal local projects, or collaboration in regional or national projects, such as the current PrEP IMPACT study.

Recent years have seen tremendous advances within the Trust, culminating in the attainment of Teaching Hospital status in January 2017. Central to this achievement remains the long-standing commitment of the Trust to deliver a quality, patient centred research programme.

The research agenda will continue to be aligned with and influence changes in clinical services delivered within the Trust. We will achieve this through working with colleagues to capitalise on effective internal partnerships between clinical and corporate Trust areas, as well as maximising opportunities for collaborations with regional, national and international partners.

The strategy complements a number of other enabling strategies to deliver the Trust Strategic Direction 2017-2022, notably;



- Clinical Quality and Governance
- Quality Improvement and Innovation
- People and Organisational Development
- Communications and Engagement
- Information and Digital
- Estate and Facilities

**Support:**

The post holder will have a dedicated office space and secretarial support, shared with the other consultants. The trust has comprehensive IT services, which ably support all aspects of the role.

**Mandatory Training** (Statutory and Essential Training):

All staff are required to abide by all Trust Policies and Procedures, details of which can be accessed via the Trust Intranet and are required to comply with Mandatory Training requirements. In particular, medical staff should be aware of, and comply with, infection control and safeguarding requirements.



## **5. OUR SERVICE/OUR TEAM**

This post, based at Doncaster Royal Infirmary with cross site working at either Montagu or Bassetlaw Hospitals, aims to progress service developments in Elderly Medicine particularly focusing on the development of a 7 day frailty service. At present there are 4 Consultant Physicians supported by one Specialty Doctor in Elderly Medicine based across DRI, Tickhill Road, Montagu and Bassetlaw Hospitals.

The Frailty Assessment Unit opened in April 2014, specifically designed to meet the needs of older patients who are frail and severely unwell. The ward provides specialist assessment, with timely and holistic care to patients.

Patients generally stay on the ward for 48 hours, receiving a comprehensive geriatric assessment by a team of skilled professionals, including physical, psychological, spiritual and social needs, before being transferred either for further hospital treatment or rehabilitation, continuing care into a community setting or back into their own homes. The aim of the service, combined with a Frailty Assessment Team, is to get patients to the right place for the right care, by the most appropriate team.

In November 2011, we opened the Gresley Unit at Doncaster Royal Infirmary. This unit, comprises two wards, Kestrel, a ten-bed acute short-stay facility for older people and Kingfisher ward which manages post-acute care patients.

Wards 19 and 25 at DRI, are also managed by the Care of the Elderly team opened the Gresley Unit at Doncaster Royal Infirmary. These wards provide acute and post-acute care for older people.

The wards work collaboratively and operate a novel integrated consultant led model, supported by GPStR, StR and nurse practitioners.

The recent appointment of a Consultant with a special interest in Community Elderly Medicine complements the medical team and provides further development of community elderly services within Doncaster.

In November 2011, following partnership work with Rotherham, Doncaster and South Humber Community Mental Health Trust and Doncaster Metropolitan Borough Council, two social assessment units were opened. The first based at Tickhill Road hospital facilitates a better pathway for older people requiring social care after an acute episode within the acute trust. Patients awaiting best-interest assessments, place of care or requiring a more comprehensive social assessment will leave the acute wards and enter a more social, community looking environment, the aim of which is to optimise their function and minimise discharge to residential and nursing care. The second facility, at Rowena Lodge, a local care





home supports older people with dementia in the preliminary assessment for discharge after an acute episode.

In December 2011, the service benefitted from an enhanced psychiatric liaison service supporting the care of older people with cognitive impairment and other psychiatric illnesses within the acute trust. This development resulted in seven specialist psychiatric nurses, a senior pharmacist and a physiotherapist integrating with the work of the general staff on the wards across the Montagu and DRI sites.

The department links closely with the consultants in Palliative Care who work between Doncaster and Bassetlaw hospitals, particularly in improving the care for older people dying within the acute trust and developing systems and pathways to minimise the numbers of people requiring acute admission as they near the end of life.

We were the first department to develop open visiting on all our wards, a process adopted throughout the Trust.

The post holder is supported by ward-based junior medical staff (one specialty trainee per post-acute ward) and three advanced nurse practitioners. We share the geriatric workload, on calls, post-take ward rounds and inpatient referrals with colleagues in medicine for older people. There are three full shift rotas of specialty doctors and training doctors providing 24-hour cover.

The appointee will support a team of General Physicians who contribute to the acute general medical workload on a 1 in 18 rota, with 1:6 rota for weekend on call

Currently the On-Take Physician undertakes a Post Take ward round at 8am of those patients admitted during the previous 24 hours. The acute medicine consultants are present on the medical assessment unit five days per week from 9am until 7pm. They offer senior decision making to the junior on call team, offer advice to GPs and help to co-ordinate the take. There is a 26-bed short stay unit run by the acute physicians with daily consultant led ward rounds and daily social MDT meetings.

Cross cover will be provided for consultant colleague absence, which would include post-take rounds and regular Ward rounds. On call commitments are recognised by a 3% salary supplement under the terms of the consultant contract, which is based on a Category A, low frequency rota.

### **Our Team**

Divisional Director:	Dr Anurag Agrawal
Specialty Medicine Clinical Director:	Dr Ian Stott
Deputy Chief Operating Officer:	Vacant
General Manager:	Mel Howard
Divisional Director of Nursing:	Kate Carville





**Consultants:**

Dr Andrew Oates,	Clinical Director and Clinical Lead for Parkinson's Disease and Movement Disorders
Dr Rekha Ramanath	Ortho-Geriatric Lead
Dr Vicky Barradell	Falls lead and Frailty Assessment Unit Consultant
Dr M A Mahmoud	Locum Consultant ED Inreach
Dr Cheng Looi	Community Geriatrics Lead
Dr Chelsea Doherty	Consultant Geriatrician
Vacancy	This Post

We welcome prospective candidates contacting us about this post. For further information, informal visits and discussions, please contact:

Dr Peter Anderton (Stroke)	<a href="mailto:peter.anderton@nhs.net">peter.anderton@nhs.net</a>
Dr Ewen Wilson (Acute Medicine)	<a href="mailto:ewen.wilson@nhs.net">ewen.wilson@nhs.net</a>

**Divisional Director: Dr Anu Agarwal**

**Divisional Clinical Director: Dr Ian Stott**

**Divisional General Manager: Rebecca Wright**

**Business Manager: Michelle Beynon**

**6. TERMS AND CONDITIONS**

The appointment will be subject to the Terms and Conditions of Service (England 2003) for the new consultant contract agreed with the Trust.

Applicants must be on the General Medical Council Specialist Register or within six months of being admitted to the Register for trainees if in a training programme within the UK. In accordance with the regulations all other categories of doctors must be on the GMC Specialist Register to be considered for a consultant appointment by the Advisory Appointments Committee. Applicants must continue to hold a License to Practise

The person appointed to the post will be expected to live within 10 miles of the hospital or within 30 minutes recall time, by road, from the hospital.

The job description and the weekly timetable will form an initial job plan as outlined by the Terms and Conditions of Service (England 2003) for the new consultant contract. This will be subject to an annual review by the Clinical Director of the Division.

New consultants will be paid on the first point of the consultant salary scale. For existing consultants there is an internal process to assess previous consultant level experience. Your basic salary will increase with the provisions of Section 20.2 and Schedule 15 of the Terms and Conditions.



Annual leave entitlement is as per national Terms and Conditions of Service for Consultants. Arrangement to take annual leave must be made with clinical colleagues and approved by the Divisional Director/Clinical Director as per local procedures and the local Rota coordinator should be notified accordingly.

### **HEALTH CLEARANCE & MEDICAL EXAMINATION**

This appointment is subject to medical fitness and the appointee may be required to undergo a medical examination and chest X-ray.

Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regard to HIV/AIDS, Tuberculosis, Hepatitis B and Hepatitis C viruses.

The successful candidate must be immune to Hepatitis 'B' and Tuberculosis. They will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed appropriate by the Occupational Health Department).

### **DBS CLEARANCE**

This appointment is subject to an enhanced Disclosure & Barring Service (DBS) clearance. Please note that all charges associated with this check will be passed on to the applicant.

### **REMOVAL EXPENSES**

Removal expenses on appointment (should you be eligible) will be paid in accordance with the Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Removals and Associated Expenses policy. This can be found on the Trusts website by following this link. <https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/our-policies-and-procedures/policies-a-to-z/>



## Medicine Division

### Medicine structure

#### Clinical Directors



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**Mel Howard**  
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