

CONSULTANT in Stroke Medicine – 2 posts

Job Description

Trust Profile

About us

At Sandwell and West Birmingham NHS Trust everyone matters, and our patients matter most. As one of the largest provider organisations in the NHS, with an annual income of over £630 million, we employ over 7,000 colleagues. The Trust provides community and acute services to nearly 700,000 people in an urban centre that demands massive regeneration and has substantial premature mortality.

We do many things well; the Trust has won awards for staff wellbeing and sustainability and we have recently adopted the Fundamentals of Care framework which is part of the Trust's strategic objective for patients and supports building better care and experience for both patients and colleagues. This approach is about everyone in our organisation working together to deliver high quality care. We all play a part in how care is delivered, regardless of the role we do.

The Trust is an education provider of note and is looking to grow further our research portfolio on a multi-national basis.

Our organisation

We provide services from two main acute sites: the City Hospital on Birmingham's Dudley Road site and from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick. The Trust includes the Birmingham and Midland Eye Centre (BMEC a supra-regional eye hospital), the regional specialist centre for Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service, all based at City. The Trust has three Emergency Departments, at City Hospital, Sandwell General and an eye ED at BMEC.

Our Vision and Strategic Plans

Our new acute hospital, the Midland Metropolitan University Hospital (MMUH), opens in 2024 and will provide care to our local population from first class, purpose-built premises. The development of the new hospital will play an important role in the regeneration of the wider area and in improving the lives of local people and reducing health inequalities.

Our future strategic objectives will take account of the context of integrated care system and integrated care place development and the national plans for the NHS in England. They will also reflect the needs of the organisation in terms of restoration and recovery, as well as our key priority, to deliver the Midland Metropolitan University Hospital.

The strategic objectives cover:

1. **Our People** – to cultivate and sustain happy, productive and engaged staff
2. **Our Patients** – to be good or outstanding in everything we do
3. **Our Population** – to work seamlessly with our partners to improve lives

Values

We have developed a new set of values and are currently working with colleagues across the Trust to agree the behavioural framework to go alongside these.

- Ambition
- Respect
- Compassion

Investing in the future

Serving a community of nearly 700,000 people, our ambition to be renowned as the best integrated care organisation in the UK is an ambitious one. We manage four GP practices and have one of the largest UK sub contracted community portfolios. Through place based redesign, we will concentrate on the first and last 1000 days of life over the next few years. We are forming governance structures to oversee this with an independent Chair already appointed.

Our public health ambitions and long term provider to provider arrangements with some significant primary care businesses give us the opportunity to redesign care pathways in both planned and urgent care this year.

We deployed a new electronic patient record in 2019, and have an ambitious digital road map that will put us as leaders in digital healthcare delivery.

Midland Metropolitan University Hospital

A community of half a million is eagerly anticipating the brand new Midland Metropolitan University Hospital.

The opening will be the beginning of a fresh chapter in our ambitious journey to be the nation's leading provider of integrated care.

As well as being the closest adult hospital to Birmingham's busy city centre, Midland Metropolitan University Hospital will offer dedicated maternity and children's services. Crucially, it will bring together teams who provide acute, emergency care, in line with the views expressed in our public consultation.

This exciting new building has been designed with room to grow. What's more, we are retaining buildings and wards at Sandwell Hospital for future development.

The majority of outpatient services will still be provided at Sandwell Hospital, the City Hospital site and Rowley Regis.

City Hospital will house three key facilities: the Birmingham Treatment Centre providing outpatient, day case and diagnostic services. The Birmingham and Midland Eye Centre, and the Sheldon Block will provide intermediate care services. The Sandwell site will house the Sandwell Treatment Centre, intermediate care beds, and a new 24-hour urgent care centre.

All of which mean that our communities will benefit from truly excellent facilities in the years ahead.

This means that our acute care offer will be enhanced by the opening of the new hospital, which will enable workforce development and planning for consultant-led seven day services bringing two acute sites into a single state-of-the-art hospital. Consequently, the new hospital is an exciting prospect for those who wish to join our organisation to redesign pathways and lead the Trust in delivering transformed services in the new setting.

For more information about the new hospital, please visit <https://www.swbh.nhs.uk/midland-metropolitan-university-hospital/>

Organisation Structure

The Trust Board comprises seven Non-Executive Directors and seven Executive Directors, including the Chief Executive Officer, five of whom are voting directors.

Sir David Nicholson	Chairman
Richard Beeken	Chief Executive
Johanne Newens	Chief Operating Officer
Dr Mark Anderson	Chief Medical Officer
Mel Roberts	Chief Nursing officer
Dinah Mclannahan	Chief Finance Officer
Kam Dhami	Chief Governance Officer (Non-voting)
Frieza Mahmood	Chief People Officer (Non-voting)

In addition to our Board, five further directors form part of the Chief Executive's leadership group:

Daren Fradgley;	Chief Integration Officer
Martin Sadler;	Executive Director of IT and Digital
Ruth Wilkin;	Executive Director of Communications
Rachel Barlow;	Chief Development Officer
David Baker;	Chief Strategy Officer

The Trust delivers its services through five Clinical Groups:

- Primary Care, Community and Therapies
- Women's and Child Health
- Medicine and Emergency Care
- Surgical services
- Imaging and Pathology

Social media



SWBHnhs1



SWBHnhs



SWBHnhs



SWBHnhs

#SWBHstory
#SWBHfamily

The story of our Trust

You can find out what makes us tick by looking at our website www.swbh.nhs.uk and our social media channels where you will see some of the following content:

[Sandwell & West Birmingham NHS Trust - YouTube](#)

[SWB NHS Trust \(@SWBHnhs\) / Twitter](#)

[SWB NHS Trust \(@SWBHnhs\) / Twitter](#)

[#SWBHstory - Twitter Search / Twitter](#)

GENERAL DESCRIPTION OF THE POST

We are seeking to employ two Consultants in Stroke Medicine (new posts) to join an enthusiastic team of stroke physicians, neurologists and a wide multidisciplinary team, who are committed to delivering modern stroke care, across the full pathway. We have conducted an in-depth review of medical workforce, following available national guidance and reports and have drawn up a scheme which puts the patients and staff wellbeing at its heart.

The post will initially be based primarily at Sandwell Hospital. However, the Trust will be reconfiguring its services in preparation for the implementation of the Right Care Right Here Programme and the post holder may therefore be required to work at any of the Trust's sites.

Facilities and Resources of the Stroke Department:

Our Service

The stroke service provides care for an urban and diverse population of over half a million. All service components reconfigured on the Sandwell Hospital site in March 2013. The posts will be initially based at Sandwell General Hospital. However, it is anticipated that the HASU, ASU and TIA clinic will be moving to the purpose-built, combined Unit at MMUH. We admit circa 750 confirmed strokes mostly via our Emergency Department at SGH. We have established referral and transfer pathways for patients presenting to our other two Emergency Departments (City Hospital and Midland Eye Centre). Due to the diversity and the socioeconomic parameters of the catchment population, we see complex stroke pathology, multi-morbidity and a larger than average proportion of young stroke.

Our latest SSNAP position is C.

Facilities

At present, our inpatient service comprises of two wards on the same floor.

Priory 4 Ward has 25 beds, 10 of which are staffed and monitored to HASU standards.

Newton 4 Ward has 28 beds that provide inpatient stroke rehabilitation.

We have a therapy gym on each ward and a kitchen dedicated to patient ADL assessment.

There is a daily TIA clinic with in-clinic access to MRI imaging and carotid dopplers.

Our Motor Assessment Clinic is held at the Birmingham Treatment Centre in a multidisciplinary model.

We have a fully electronic patient record in place (CERNER).

Hyperacute pathway

This is coordinated by a dedicated Stroke Alert Response Nurse (SANS) 24/7, whilst the clinical decision-making lies with the stroke consultant on-call. Our Imaging Department provides 24 hours CT and CTA. Artificial Intelligence is currently being introduced to facilitate selection of patients for recanalisation therapies.

In-hours, the team are supported by a Stroke Registrar.
Out-of-hours this role is delivered by the medical SpR on-call.

Currently the Stroke consultant on-call role operates on-site between 9am-5pm, Monday to Friday.

Out-of-hours on call is provided in house at 1:8 (four stroke consultants, two consultants – these two jobs – and two neurologists).

Weekend work includes on-site morning and early afternoon for ward rounds and TIA clinic (with full access to diagnostic imaging including MRI). During the weekends, the stroke service is also supported by a dedicated junior doctor from 8am to 6pm.

There is full access to electronic systems and imaging via VPN on high spec Trust laptops. Smart phone and tablet technology can be used for communication with the SANS and Medical SpR, as required to facilitate thrombolysis decisions.

Mechanical Thrombectomy (MT) is provided at the regional Neuroscience Service (Queen Elizabeth hospital site of the University Hospitals Birmingham, located 20 minutes away). We anticipate sending around 10-15 patients per year from SWBH for MT. However the number could vary depending on the updated eligible criteria and also the use of artificial intelligence & advanced stroke imaging.

We are committed to transform care pathways in line with the National Stroke Plan and have initiated discussions on closer collaboration with our neuro-tertiary centre and MT provider at UHB.

There are also established referral pathways for neurosurgery and neuro-oncology services.

Imaging and Diagnostics

Further to the CT/CTA imaging as described above, we have very good access to MRI imaging with protected slots for the daily TIA clinic (including weekends).

We have 3 Neuroradiologists at our Trust to support the stroke service and we hold a weekly Neuroradiology MDT on site.

There is a comprehensive cardiology diagnostic service with access to inpatient echocardiogram, and timely access to Holter ECG and ILR insertion.

Post-Acute Care and Rehabilitation

There is a full complement of therapists, nutrition and dietetics and clinical psychologist, as well as an Early Supported Discharge team.

Therapy is provided on a 7-day basis across the service.

Stroke Nursing

Further to the dedicated Stroke Alert Response Nurse, the Trust has invested in a programme for Advanced Stroke Nurse Practitioner training.

Follow-up

This is provided by the stroke consultants. In addition, we have recruited three community stroke nurses to serve as a link with primary care. This is a real opportunity to consolidate secondary and primary prevention strategies and continue delivering high standard stroke care in the community.

Vascular Services

Services have been centralised at the Heartlands site of University Hospitals Birmingham. However, there is availability of assessment on the Unit or on-site clinics.

Clinical Governance and Audit

Trust-wide Quality Improvement days are held monthly. There are also separate monthly Mortality & Morbidity meetings and a strong focus on Learning from Deaths.

We are passionate about team learning and collectively discuss cases on a weekly basis on a dedicated meeting prior to the neuroradiology meeting.

Education

We run a well-established biannual, RCP-accredited "Thrombolysis Training Day" which in the last few years has evolved to deliver comprehensive training on the management of hyperacute stroke. There are opportunities to present or supervise juniors at weekly lunchtime departmental teaching and Grand Rounds.

We enjoy a close collaboration with the Medical Schools of the University of Birmingham and Aston University with contribution to undergraduate teaching and there are opportunities for higher roles in Undergraduate and Postgraduate Education.

Research

We have a full-time stroke research nurse and have been recruiting to several CRN portfolio trials.

We have a particular interest in Clinical Research and have supported local academic projects and teams.
SGH hosts the Trust's Clinical Research facility.

Performance and Management

There is a monthly forum open to all members of the stroke team for discussion and problem solving. Performance metrics are based on data collected on a team owned database. Audit clerks work closely with the clinical team.

The appointee is expected to be committed to Stroke medicine and actively support the Speciality Lead and Clinical Director in their vision to provide world-class service. With the recent advances in Stroke, this is an exciting time to be joining our team but more so as the Trust is preparing to move its acute services to the MMUH. We will therefore welcome enthusiastic and dynamic clinicians, who can demonstrate a commitment to multidisciplinary working and an ability to participate in the development, planning, management, research and delivery of modern stroke medicine.

The team

Dr Kamel Sharobeem

Consultant Stroke Physician and Clinical Director for Admitted Care A

Dr Sachin Vasishta

Consultant Stroke Physician and Clinical Governance Lead
Lead for the Motor Assessment Clinic

Dr David Gull

Consultant Stroke Physician and Clinical Tutor

Dr Suresh Nair

Locum Stroke Consultant

Dr Muhammed Rizwan

Locum Stroke Consultant

Dr Abdulbaset Benatia

Locum Stroke Consultant

Mrs Sam Walden

Matron

Ms Lorena Chua

Stroke Nurse Specialist

Mrs Clair Finnemore

Therapy Lead (Physiotherapy)

PROPOSED WORK PROGRAMME

The working week for a full-time consultant is comprised of 10 programmed activities (PAs) each of which has a nominal timetable value of 4 hours. Programmed activities that take place outside the hours of 7am and 7pm Monday and Friday or at weekends or on public holidays will have a timetable value of three hours rather than four.

A job plan and work schedule will set out agreed arrangements for how work is organised, where it is located, what in general terms the work comprises and when it is to be performed.

For this post **direct clinical care** (work relating directly to the prevention, diagnosis or treatment of illness) includes emergency work (including whilst on-call), outpatient activities, multi-disciplinary meetings about direct patient care, and administration directly related to the above. **Supporting professional activities** (that underpin direct clinical care), include participation in training, medical education, continuous professional development, formal teaching, audit, clinical management and local clinical governance activities.

Supporting Professional Activities are an essential part of the work of a doctor and the organisation is fully committed to supporting and paying for this work. Effective job planning will define the detail of what activities are to be delivered and how much time is to be given to undertaking these activities. A typical consultant is likely to require a minimum of **1.5** PAs for supporting professional activities to cover Continuous Professional Development (CPD) and General SPA (formal teaching activities outside clinical and education supervisory roles, participation in training, medical education, audit, research, annual appraisal and job planning leading to revalidation), local clinical governance activities, dealing with non-patient administration eg organisational communication and attendance, attendance at operational/staff meetings).

As part of a consultant's SPA allocation, it would be expected that an agreed proportion of the SPA time, over and above the CPD and General SPA would be used under the direction of the clinical director for work related to quality, governance, education, pathway design or service improvement. SPA time will be given for those consultants who are undertaking work in specific areas of responsibility directly linked with the business of the organisation, examples include lead roles in clinical governance activities (audit/guidelines, service development, risk management, quality improvement, research), operational clinical management (rota management, committee work) and education and training roles (post graduate clinical tutor, college tutor, head of academy).

To maintain continuity of care and maximise job satisfaction, a grouping of DCC and SPA will be drawn on an annualised job pattern. A week might look as follows:

Day	Time	Work	Category of PA	
Monday	-	-	-	-
	1pm - 5pm	TIA CLINIC	DCC	1
Tuesday	9am - 1pm	HASU ward round	DCC	1
	1pm - 2pm	Lunchtime teaching meeting	SPA	0.25

	2pm - 5pm	Acute stroke admissions and lysis cover	DCC	0.75
Wednesday	9am - 1pm	OUTPATIENTS (FOLLOW UP)	DCC	1
	1pm - 2pm	Neuroradiology MDT	DCC	0.25
	2pm - 5pm	Clinical Admin	DCC	0.75
Thursday	9am - 12pm	ASU ward round	DCC	0.75
	12pm - 5pm	General SPA	SPA	1.25
Friday	9am - 1pm	REHABILITATION ward round	DCC	1
	1pm - 3pm	REHABILITATION MDT	DCC	0.5
	3pm - 5pm	AUDIT	SPA	0.5

DCC = Direct Clinical Care PA

SPA = Supporting Professional Activities PA

Out of hours (including weekends) on-site work: 1 DCC

The on-call commitment for this post is currently 1:8.

The on-call availability supplement is currently Category A and currently classed as low Frequency with an on-call availability supplement of 3 % currently payable.

The average PAs over the year is 10 PAs (8 DCC and 2 SPA)

There may be opportunity for the postholder to undertake additional Programmed Activities. This would be discussed and agreed with the postholder following appointment.

The Trust has developed a New Consultant Leadership Programme and mentoring for new consultants can be arranged as appropriate. The Trust is committed to supporting their consultants to achieve GMC revalidation. The Trust uses an electronic medical appraisal portfolio (PReP) that helps consultants provide the necessary evidence for GMC revalidation.

CONSULTANT OFFICE AND SECRETARIAL SUPPORT

There is office accommodation for all consultants in a shared room separate from the main department. There is secretarial support for this post (0.3 wte).

KEY DUTIES OF THE POST

1. To collaborate and work to maintain Stroke Services in line with strategic requirements.
2. To provide, with the other Consultants in the specialty, routine and emergency stroke services to the Trust, operating a system of mutual out-of-hours cover, and cover for annual, study and professional leave.

3. To provide a consultation and advisory service to medical colleagues in other specialties in the Trust.
4. To develop a special interest to complement those of the existing Consultants in Stroke and in accordance with the priorities of the Trust.
5. To develop appropriate services and techniques required to fulfil clinical needs, within available resources.
6. To take responsibility for the professional supervision and appraisal of junior medical staff, in conjunction with colleagues.
7. To participate in the education and training of junior doctors, medical students, nurses, paramedics and general practitioners.
8. To participate in the training and assessment of specialist registrars rotating through the department.
9. To liaise with medical staff in other specialties and participate in clinical meetings and postgraduate activities in the Trust.
10. To maintain and develop good communications with general practitioners.
11. To participate in clinical research in accordance with GCP.
12. To contribute to the development the service, renewal of treatment guidelines and the promotion of greater knowledge of the management of stroke and cardiovascular multimorbidity in the community
13. To demonstrate a firm commitment to the principles of clinical governance, including:
 - Developing and maintaining appropriate systems and practice to ensure effective clinical audit in Stroke.
 - Attending and contributing to the Trust's Clinical Governance Programme.
 - Participating in the Trust's Clinical Incident Reporting system.
 - Developing a programme of personal continuing professional education and development, within available resources and within the workload and priorities of the service, as agreed with the Clinical Director and Group Director and in accordance with the Royal College requirements. The Trust will provide the necessary support for this.

CLINICAL MANAGEMENT STRUCTURE

The clinical management structure is made up of 5 clinical groups as shown below:

CLINICAL GROUPS

Imaging Breast Screening Diagnostic Radiology Histopathology Interventional Radiology Microbiology Nuclear Medicine	Medicine & Emergency Care Acute Medicine Cardiology Clinical Pharmacology & Toxicology Elderly Care/ Geriatric Medicine & Rehabilitation Emergency Medicine Gastroenterology Haematology & Oncology Neurology & Neurophysiology RAID Renal Medicine Respiratory Medicine Stroke
Primary Care, Community & Therapies Chemical Pathology/ Biochemistry Clinical Immunology Dermatology Diabetes and Endocrinology Palliative Medicine Rheumatology Sexual Health	Surgical Services Anaesthetics Clinical Ophthalmology Critical care Clinical Ophthalmology Endocrine Surgery ENT & Audiology Gastrointestinal Surgery Oral, Maxillo-Facial & Dental Cancer Services Plastic Surgery Trauma & Orthopaedics Urology Vascular & General Surgery
Women & Child Health Breast Surgery Gynaecology Gynaecological Oncology Neonatology Obstetrics Paediatric Medicine (Acute & Community)	

The top tier of management for each clinical group consists of a Group Director, Group Director of Nursing and a Group Director of Operations. A Clinical Directorate structure is in place and each specialty has a Clinical Director. Sub-divisional management structures vary depending on the particular needs of the division. Named nursing, HR and finance specialists support the clinical groups management teams.

Stroke sits within Admitted Care A of Medicine. The Group Director is Dr Chetan Varma. The Group Director of Operations is Demetri Wade. The Clinical Director for Admitted care "A" is Dr Kamel Sharobeem.

GENERAL INFORMATION

Library & Information Services

The two multi-disciplinary libraries at City and Sandwell Hospitals include a large IT section, with access to all standard databases, together with Internet access. There are also slide and video programmes and interactive CD ROM facilities. 24-hour access is available to all medical staff.

Research

The appointee will be encouraged to undertake appropriate research. Clinical and laboratory facilities and support, including statistical advice, are provided within the Trust and at the University of Birmingham sub-units on the City Hospital Site.

All research undertaken by Consultants should conform to the rules of Good Research Governance and all research projects involving patients or their records (including those originating elsewhere) must have approval from the Research Ethics Committee and Research and Development Directorate.

Teaching

The post holder will be required to participate fully in the education and training of medical students, trainee doctors, paramedical, nursing and other appropriate personnel.

An appointment as an Honorary Senior Clinical Lecturer of the University of Birmingham is routinely sought, and a number of our Consultants do hold such posts. Postgraduate teaching of the junior staff is significant and the appointee will be required to contribute to the outstanding reputation of City and Sandwell Hospitals as leading teaching hospitals of the West Midlands.

There are modern Education Centres on the City and Sandwell Hospital sites, which are the focal point for teaching and training. Postgraduate clinical meetings are held in the Centre on a daily basis.

Prescribing & Therapeutics

The Trust encourages the safe and rational use of medicines. The Drug & Therapeutics Committee (DTC) oversees prescribing and therapeutics in the Trust. The Committee determines which drugs are available for prescribing within the Trust, and whether the prescribing of a specific drug should be restricted in any way. Consultants may apply to the DTC for drugs to be made available within the Trust. They may use drugs not previously approved by DTC, but only for a specific patient, and only after they have discussed and agreed the use with an officer of DTC or with the Medical Director.

Safeguarding – Children/Young People and Vulnerable Adults

Every employee has a responsibility to ensure the safeguarding of children and vulnerable adults at all times and must report any concerns immediately as made clear in the Trust's Safeguarding Policies.

Infection Prevention and Control

The Trust is committed to reducing the risk of health care acquired infection. Accordingly it is essential that you adhere to all Trust infection control policies, procedures and protocols (to include hand decontamination, correct use of PPE (Personal Protective Equipment) and care and management of patients with communicable infections). You are required to report any breaches/concerns promptly using the Trust's incident reporting system.

GENERAL CONDITIONS OF SERVICE

1. The post is covered by the Terms and Conditions of Service for Consultants (England) 2003, as amended from time to time.
2. The appointment is subject to satisfactory Occupational Health and Disclosure and Barring Service check (formerly Criminal Records Bureau check).
3. A relocation package is offered, where appropriate, in accordance with the Trust's Removal Expenses Policy.
4. The successful candidate will be expected to reside within a reasonable distance from their base hospital.
5. Any candidate who is unable for personal reasons to work whole-time will be eligible to be considered for the post; if such a person is subsequently appointed, modifications to the job plan will be discussed on a personal basis in consultation with consultant colleagues and the Medical Director.
6. The postholder must be included on the General Medical Council's Specialist Register in either Geriatrics, Acute Medicine or Neurology.
7. It is the responsibility of all medical staff to ensure that they are appropriately registered with the General Medical Council. If registration lapses employment may be terminated.
8. All employees are expected to comply with appropriate Trust policies and procedures.

VISITS TO THE TRUST AND INFORMAL ENQUIRIES ARE WELCOMED. PLEASE CONTACT:

Group Director: Dr Chetan Varma
Clinical Director Dr Kamel Sharobeem.

CONSULTANT IN Stroke Medicine

Person Specification

CRITERIA FOR SELECTION <small>(Justifiable as necessary for safe and effective performance)</small>	ESSENTIAL REQUIREMENTS <small>(A clear definition for the necessary criteria)</small>	DESIRABLE/ADDITIONAL REQUIREMENTS <small>(Where available, elements that contribute to improved/immediate performance in the job)</small>
Qualifications:	<ul style="list-style-type: none"> • Entry on the Specialist Register in Geriatrics OR Acute Medicine OR Neurology (or entry expected within 6 months from the date of interview) • MRCP or equivalent 	<ul style="list-style-type: none"> • Higher Degree • CCT in Stroke Medicine
Clinical Experience:	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining CCT in any parent Speciality as above • Ability to take full and independent responsibility for the management of acute medical emergencies • Ability to take full and independent responsibility for the care of patients 	<ul style="list-style-type: none"> • Special interest that complements the existing consultants • Knowledge/Skills of Artificial Intelligence and use of advanced brain imaging in Stroke Medicine
Professional and Multi-disciplinary team working:	<ul style="list-style-type: none"> • Ability to work well with colleagues and within a team 	
Management and Administrative Experience:	<ul style="list-style-type: none"> • Ability to organise and prioritise workload effectively • Ability to plan strategically and to exercise sound judgements when faced with conflicting pressures. • Ability to motivate and develop the multi-disciplinary team, balancing departmental and personal objectives. 	
Clinical Effectiveness	<ul style="list-style-type: none"> • Experience of conducting audit • Ability to use the evidence base and clinical audit to support decision-making 	
Teaching and Training experience:	<ul style="list-style-type: none"> • Ability to teach clinical skills to medical and nursing staff and other disciplines. • The ability to appraise junior doctors and other staff. 	<ul style="list-style-type: none"> • Formal training in teaching

Research, Innovation and Service Improvement Experience:	<ul style="list-style-type: none"> • Ability to apply research outcomes to clinical problems • An awareness of current specialty developments, initiatives and issues. 	<ul style="list-style-type: none"> • Knowledge and experience of the application of information technology to Stroke Medicine • Publications in relevant peer-reviewed journals in the last five years. • Evidence of having undertaken original research
Personal Attributes	<ul style="list-style-type: none"> • Energy and enthusiasm and the ability to work under pressure • An enquiring and critical approach to work • Caring attitude to patients • Ability to communicate effectively with colleagues, patients, relatives, GPs, nurses, other staff and agencies. • Commitment to Continuing Medical Education and Professional Development 	
Other Requirements:	<ul style="list-style-type: none"> • Full GMC Registration with Licence to Practise • Appropriate Immigration Status (where appropriate) • An understanding of the current NHS environment, particularly in relation to reforms, initiatives and issues. 	
Personal Circumstances	<ul style="list-style-type: none"> • Residence within a reasonable distance of Sandwell General Hospital • Ability to undertake clinical commitments at any of the Trust's sites. 	

Approved by: (name) (date)
 Royal College Regional Adviser