



## **London North West University Healthcare NHS Trust**

**Incorporating  
Central Middlesex Hospital  
Ealing Hospital  
Northwick Park Hospital  
St. Mark's Hospital**

**DIVISION OF INTEGRATED MEDICINE**

**JOB DESCRIPTION**

**SPECIALIST GRADE**

**With Interest in Stroke**



**Contract:** Fixed Term 1 year- with view to permanent

**Hours:** Full Time

**Rota:** 1:7 (weekends) Stroke, 1 in 5 during the week

**Intensity category:** Category A

**On-call Availability supplement:** 5%

**Responsible to:** Divisional Clinical Director, Integrated Medicine

**Reporting to:** Clinical Lead, Stroke Services

**Principal Location:** Northwick Park Hospital

**Tenure:** Substantive

## CONTENTS

<u>SUBJECT</u>	<u>PAGE</u>
1. Introduction to London North West University Healthcare NHS Trust	4
2. Trust Management/Trust Board	7
3. Training and Education	8
4. Research	9
5. The Application Process	10
6. Particulars of the post and department	10
Appendix A – Job Plan	15
Appendix B – Person Specification	17
Appendix C – Terms and Conditions of Service	23

## 1. INTRODUCTION

### THE TRUST

#### London North West University Healthcare NHS Trust

London North West University Healthcare NHS Trust (LNWH) cares for the people of Brent, Ealing, Harrow and beyond. Our team of more than 8,200 clinical and support staff serve a diverse population of almost one million people.

We run major acute services at:

- Northwick Park Hospital: home to one of the busiest emergency departments (A&E) in the country. The hospital provides a full range of services including the country's top-rated hyper-acute stroke unit and one of only three hyper-acute rehabilitation units in the UK
- St Mark's Hospital: an internationally renowned specialist centre for bowel disease
- Ealing Hospital: a busy district general hospital providing a range of clinical services, as well as 24/7 emergency department and urgent care centre, and specialist care at Meadow House Hospice
- Central Middlesex Hospital: our planned care site, hosting a range of surgical and outpatient services and collocated with an urgent care centre.

We continue to lead the way in a number of clinical services. Examples of excellence can be seen in our stroke service which is rated the best in the country and at St. Mark's Hospital, an internationally renowned specialist centre for colorectal diseases. We are also a leading provider in undergraduate and postgraduate medical training and education.

We are proud to be leaders in a number of clinical areas. Examples of excellence can be seen in our stroke service which is rated the best in the country and at St. Mark's Hospital, an internationally renowned specialist centre for colorectal diseases.

#### Key locations

Our hospital services are provided across four acute sites. These are **St Marks' Hospital; Northwick Park Hospital, Central Middlesex Hospital** and Ealing Hospital.

**Northwick Park Hospital** was officially opened by Queen Elizabeth II 1970. It is home to the hyper-acute stroke unit, one of only eight such units in London. In



December 2014 Northwick Park Hospital's £21m state-of-the art A&E department opened its doors and in January 2016 the new Acute Medical Unit opened providing a total of 63 new beds across the Crick, Darwin and Elgar wards. Medical research, both preclinical and clinical, has been a key feature of the hospital site since the opening and in 1994 the Northwick Park Institute for Medical Research (NPIMR) was formed. By maintaining top-rate research facilities and providing excellence in surgical training, NPIMR ensures the highest standard of science for translation into clinical care.

Northwick Park Hospital also retains complementary and enhanced research activity in several regional specialist units such as the North West Thames Clinical Genomics Service (NWT-CGS), the Lister Unit (Infectious Diseases) and a Regional Rehabilitation Unit.

**St Mark's Hospital** was founded in 1835 and has developed an international reputation as a specialist postgraduate teaching hospital for patients with intestinal and colorectal disorders. St Mark's is developing a closer academic relationship with Imperial College, in line with the Trust's academic strategy. The hospital moved from the City Road in central London in 1995 to become an integral part of the Northwick Park site.

### **Central Middlesex Hospital**

Central Middlesex Hospital (CMH) is the flagship home for St Mark's Hospital – the National Bowel Hospital and St Mark's Academic Institute, and is also our high volume, low complexity elective centre. It has outstanding facilities for patients and employees, and provides a timely, efficient and exceptional planned care experience. Additionally, CMH is a Sickle cell and Thalassaemia centre, provides a variety of outpatient services, an Urgent Treatment Centre, and will be the home for the NWL Elective Orthopaedic Centre which opens in 2023.

### **Ealing Hospital**

Officially opened in 1979 Ealing Hospital is a busy district general hospital providing a range of clinical services including A&E, 24/7 urgent care centre, ENT and cardiology. The hospital predominantly provides secondary care to its local areas across Greenford, Hanwell, Northolt, Southall and West Ealing.



## Organisational Values

All staff employed by the Trust are expected to embody our 'HEART' values throughout their employment. The values describe how we interact with each other and our patients and underpin everything we do and say to achieve our vision:

**H**onesty - open and honest in everything we do

**E**quity – We're kind and caring, we act with fairness, and we're understanding

**A**ccountability – we will provide excellent care and ensure the safety and wellbeing of all patients

**R**espect – we treat everybody the way we would like to be treated

**T**eamwork – we work together to make improvements, delivering consistent, high quality, safe care.

## 2. TRUST MANAGEMENT

### The Trust Board

#### Executive Directors

Pippa Nightingale  
James Walters  
Lisa Knight  
Dr Jon Baker  
Simon Crawford  
Tracey Connage  
Jonathan Reid  
Dawn Clift

Chief Executive Officer  
Chief Operating Officer  
Chief Nurse  
Chief Medical Officer  
Deputy Chief Executive & Director of Strategy  
Chief People Officer  
Chief Financial Officer  
Director of Corporate Affairs

#### Non-Executive Directors

Matthew Swindells  
Janet Rubin  
David Moss  
Vacancy  
Professor Desmond Johnston  
Ajay Mehta  
Sim Scavazza  
Simon Morris  
Bob Alexander  
Dr Syed Mohinuddin  
Huda Asad

Chair in Common  
Vice Chair/ Non-Executive Director  
Associate Non-Executive Director

#### Divisional Medical Directors

Dr Miriam Harris  
Dr Henry Penn  
Dr Chris Nordstrom  
Dr Matthew Bartlett  
Dr Scott Rice  
Dr Nitu Sengupta  
  
Prof Omar Faiz and Miss Carolynne  
Vaizey

Ealing Site  
Integrated Medicine  
Emergency & Ambulatory Care  
Surgery  
Integrated Clinical Services  
Division of Women's and Children's  
Services  
St Marks

### 3. TRAINING AND EDUCATION

#### **Training and education at Northwick Park Hospital and Central Middlesex Hospital**

- The Trust houses a large Postgraduate Education Department with offices on all three sites and has Deanery-funded Postgraduate Educational Fellows. The Department oversees the training of approximately 514 doctors in postgraduate training and 200 educational and clinical supervisors. Pre-registration nurse training is provided by the Trust in conjunction with University of West London. 100 students benefit from the wide range of clinical experience which is available; both for qualification and registration.
- The Trust has established an extensive programme of post registration speciality based nurse training to enhance patient care and service delivery.
- The main facilities available for running courses within the campus are based in the Medical Education Centre which is situated immediately above the John Squire Medical Library. The John Squire Medical Library is the North West reference library for the National Library Association, The Medical Education Centre houses the Postgraduate Education Office, 6 seminar rooms, and the Himsworth Hall which can be used when registrants total 100-300. In addition The Jonathan Levi Lecture Theatre is situated at the centre of the hospital. This lecture theatre is used for the weekly hospital Grand Rounds and can accommodate approximately 100 attendees.

#### **Training and education at Ealing Hospital**

Ealing Hospital has close academic and service links with Imperial College Healthcare NHS Trust. These include Specialist Registrar rotations in medicine and surgery, which are co-ordinated through the London Deanery. Many consultants have joint appointments or academic sessions at Imperial.

Ealing Hospital is an Associated University Hospital of the University of London and has students from Imperial College School of Medicine on attachments in medicine, surgery, paediatrics, obstetrics and gynaecology, anaesthetics, A&E and other departments. The value of medical training is well recognised and consultants devote appreciable time and effort to teaching junior staff and medical students.

There is an active Postgraduate Education department with many weekly meetings in the various specialties and a general weekly lunchtime Grand Round for medical staff from all departments. The postgraduate centre has undergone extensive improvements in recent years with a large lecture theatre, several seminar rooms and a well equipped library and literature search facility. The postgraduate library is a multi-disciplinary facility providing state of the art information access on all medical issues, computer facilities with Internet access, and a clinical video library. Ealing Hospital also takes postgraduate students from the University of

Buckingham and has several academic appointments at Professorial level in Medicine.

#### 4. RESEARCH AND DEVELOPMENT

The creation of the LNWH NHS Trust has enhanced our R&D programme which is resulting in improvements in patient care. In 2020-2021 (Feb2021YTD) The Trust successfully recruited over 7,000 patients into NIHR portfolio adopted studies, of which 2282 patients were recruited into National Priority Urgent Public Health studies. 6344 patients were recruited into observational based studies and 827 into interventional trials. The Trust is fortunate to support over 40 consultants active in research projects (2020/2021). The Trust has an extensive research portfolio which is assessed against national guidelines: <https://www.nihr.ac.uk/about-us/our-contribution-to-research/research-performance/nihr-research-activity-league-table/> and in 2019-2020 the Trust was the highest recruiting Trust for Gastroenterology and 2<sup>nd</sup> highest recruiting Trust for Cancer, Cardiology and Stroke across the North West London.

The R&D Department is extremely active working at a local and national level supporting clinical research through extensive collaborations. LNWH NHS Trust was the first NHS Trust in the country to be awarded the IAOCR Bronze Award Workforce Quality Accreditation (WQA) for Clinical Research. The experienced team works on a wide range of studies including but not limited to Cancer, Cardiology/Vascular, Dementia, Gastroenterology, Genetics, Infectious Disease, Paediatrics, Ophthalmology Rheumatology, Stroke and Surgery . The Trust plays great emphasis on supporting research, especially where it can demonstrate an impact on patient care. To support research we also have an agreement with Imperial College London who are on site to help promote and grow new ideas through developing intellectual property and commercialization.

The Trust sites are fortunate to house the Griffin Institute (formerly NPIMR) a leading, not-for-profit, charitable research institute and Parexel, an independent unit who are a major Clinical Research Organisation who carry out Phase I studies and early phase research.

The R&D Department has been successful in obtaining funding to develop a brand new dedicated clinical research facility to enable a greater uptake of clinical research, enhance patient access to novel treatments, grow our research profile on a national scale and extend our links and collaborations with industry. Thus making the Trust a vibrant place to undertake clinical research.

## 5. THE APPLICATION PROCESS

Applicants are advised that they **must fully complete** the application form.

Applicants may wish to cut and paste elements of the C.V. into the application form. Alternatively, applicants may prefer to submit their C.V. **in addition** to a fully completed application form.

N.B. 1) Application forms that are not fully completed and/or state “see C.V.” will not be accepted or considered.

N.B. 2) Applicants are advised to consider the person specification and submit in their additional information, evidence which demonstrates how they meet the listed requirements. The short listing process will be based on the evidence provided.

## 6. PARTICULARS OF THE POST AND DEPARTMENT

### THE POST

The post holder will hold a post of Specialist Grade Doctor in Stroke Medicine at London North West University Healthcare NHS Trust based at Northwick Park Hospital.

Our collective goal is to provide excellent care for our frail older patients and stroke patients to hospital and back home. We aim to treat acute illness appropriately, to enhance quality of life, to reduce disability, recognise when life is nearing its end, and to provide individualised person-centred care in the right setting at the right time.

The appointee will be responsible to the Divisional Director of Medicine for London North West University Healthcare NHS Trust and report to the Stroke Clinical Lead.

As the post holder develops their role, there will be an expectation that different aspects of supporting professional activity may demand a greater proportion of the working job plan be dedicated to this. This issue will be addressed through regular appraisal and job planning.

## Post responsibilities

- To provide in-patient (approx. 15 patients) and out-patient care (2 new and 6 follow up) for patients referred with suspected stroke or TIA as well as general medical patients.
- To contribute to the provision of a 24 hour acute stroke specialist service delivering thrombolysis and other specialist treatments. Currently this involves being on call from home with CTs available by telemedicine and occasional out of hours visits to the hospital, including the thrombolysis rota.
- To contribute a full share to the senior doctor ward rounds every weekend day and public holiday. This currently works out as 1:7 weekends.
- To work with the rest of the clinical and managerial team to support and deliver quality improvements on the Stroke Unit and in the community including clinical input into the early supported discharge service, specialist stroke community initiatives and stroke follow up.
- To take an active part in undergraduate and postgraduate teaching, training and supervision
- To participate in clinical and other service activities such as medical and service audit with the object of ensuring a high standard of patient care and research
- To contribute to the management of the clinical service, service development of clinical quality and effectiveness in other clinical areas where these overlap with developments in stroke

The job will include liaising with and teaching nursing staff, health care assistants, therapists and other members of the multidisciplinary team. It will also include teaching medical students rotating through the ward and teaching and appraising the Unit's junior doctors. The applicant will be expected to maintain and enhance the Unit's reputation for excellence at every level.

We are seeking to appoint a clinician who should be able to autonomously deliver first class clinical care for stroke as well as general medical patients alongside the current consultant body.

The present stroke physicians also take continuing responsibility for all patients admitted to the stroke unit including stroke mimics and general medical patients who fill beds not needed for stroke at times of high demand.

The weekly departmental job plan below takes into consideration all the activities of the Unit. The clinical workload and on-call for all senior doctors will be the same. Senior staff have different roles in non-clinical activities depending on their interests and thus the final job plans are not identical. All clinics are booked so as to incorporate time for clinic / admin support.

The job is subject to an on-call supplement, this will be 1 in 5 weekdays and 1 in 7 weekends, with high intensity. When on call for HASU, it is expected that the appointee will be present from 0900 till 1700 weekdays and then available for immediate recall for the rest of the 24 hours. It is actually rare for consultants to have to come in, but they can expect a maximum of 6-8 phone calls over night. CT images are automatically anonymised and sent to the consultant or specialist grade doctor's smart phones so they can be viewed remotely. Each weekend on duty involves a post-take ward round 9am to 12 noon both days and assessing any high risk TIAs. Compensation for this is currently taken as time off in lieu (0.3 PAs annualised)

The stroke leadership team, incorporating the Clinical Lead, Service Manager, Therapy lead and Matron will be available to the appointed candidate to support them. Appraisal, revalidation and development will be addressed specifically by the clinical lead as well as mentoring. The Trust will ensure that the specialty doctors have the support needed to develop skills, continuing professional development, experience and responsibilities to enable them to meet the requirements of threshold one and two, so they can progress in their career.

#### **Administrative support:**

The appointees will be given appropriate shared office accommodation with the provision of personal computer equipment (email and internet access), telephone and secretarial support.

#### **The Stroke Unit**

In 2009, Northwick Park was commissioned to provide comprehensive stroke services by Healthcare for London. This takes the form of a Hyper Acute Stroke Unit (HASU), Stroke Unit (ASU), TIA and Early Supported Discharge service.

The HASU (16 beds) receives and assesses all strokes arriving at the hospital whether by ambulance or not. This service runs 24/7 and is contracted never to close. It operates according to a set of pan-London policies and standards that must be maintained at all times. Suspected strokes are initially assessed in A&E by a band 6 stroke nurse in conjunction with one of the Unit's dedicated stroke registrars. Thrombolysis is delivered 24/7 on the decision of the consultant or specialist grade doctor on call. All admissions are seen by the stroke registrar and have consultant review within 24 hours in person or by telephone discussion with access to imaging. Practice is audited continuously using Sentinel Stroke National Audit Programme (SSNAP). Patients are repatriated to their local stroke unit according to the pan-London protocol and those allocated to Northwick Park remain on the Unit. Patients may also be repatriated to our Stroke Unit from elsewhere. This allocation is by postcode and not discretionary.

Suitable thrombectomy or neurosurgery patients are transferred to Charing Cross Hospital, our local interventional neuroradiology provider. We engage with them

with monthly mortality and morbidity meetings as well as quarterly regional meetings

The Stroke Unit provides comprehensive rehabilitation by a MDT until the patient is ready to leave hospital. The team operates according to best practice as set out in the RCP stroke guidelines. Our particular strengths are the first class SLT team who operate to cutting-edge practice in assessment and treatment. Our psychology service is comprehensive to inpatients. Ensuring that all patients have the opportunity to participate in research is a Unit priority. We recruit to trials covering every stage of stroke from hyperacute to rehabilitation.

Since opening, Northwick Park has excelled. We were awarded the BMJ Clinical Leadership Team of the Year 2013 and the Research Team of the Year 2012. London Ambulance have documented that we declared ‘no beds’ least often of any London unit. Our thrombolysis door-to-needle time has been one of the fastest in the UK for over 10 years, our thrombolysis rate is around 15% and our length of stay is one of the shortest in the UK. We have been visited by numerous teams from the UK and abroad to learn from our success. We were the first Unit in England to be awarded ‘AA’ on our annual SSNAP performance and have maintained that rating for over a decade. We see approximately 1300 stroke admissions and 1300 TIA per annum.

The Unit has tight audit procedures with significant resources committed to this activity. As well as ensuring full compliance with SSNAP, we have mandatory monthly meetings to review thrombolysis performance, mortality & morbidity and readmissions.

The acute stroke team offers Early Supported Discharge to Brent patients and there is also an ESD service covering Barnet and Hillingdon. We have AHPs working weekends and Bank Holidays helping to provide a seven day service.

There is a weekly radiology MDT with neuroradiologists, neurologists, a neurosurgeon and neuro-oncologist from Charing Cross all present.

There are excellent relationships with vascular surgery. Endarterectomies are done at Northwick Park and there is also expertise in carotid stenting. **Consultants**

Name	Whole time Equivalent	Specialist Interests
Dr Raj Bathula	1	Stroke Lead/ Education
Dr David Cohen	1	Research lead
Dr Joe Devine	1	Mortality Lead / Education
Dr Mudhar Abdul-Saheb	1	Appraisal Lead
Dr Aravinth Sivagnanaratnam	1	Clinical Governance Lead/ Education
Dr Irwin Cardoso	0.2	Education

### **SAS, Trust and Junior Doctors**

Grade	Whole time Equivalent
-------	-----------------------



Trust registrar	9
Trust SHO	3
ST1/FY2	1
GP VTS	1
FY1	2

Appendix A

**JOB PLAN**

**LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST**

**DRAFT JOB PLAN FOR FULL-TIME POST (Negotiable)**

**Completed by Dr Raj Bathula Date: 03/05/2023**

This is a provisional job plan and will be mutually agreed with the Stroke Clinical Lead. On occasion and as patterns of service provision evolve and change, further rescheduling of clinical sessions may take place following negotiation with the Department of Stroke Services and the Clinical Director. Weekend working is not included in this job plan and is part of on call commitments, remuneration is given by time off in lieu to be taken ad hoc during the week.

The job plan will be negotiated between the Specialist Grade doctor and his/her clinical lead at least annually. The initial job plan for this post is planned to be:

	<b>MORNING</b>	<b>AFTERNOON</b>
<b>MONDAY</b>	9am-1pm Ward round (HASU/ASU) 1 DCC	1pm-5pm: 1 SPA Educational supervision/ mortality work/audit
<b>TUESDAY</b>	9am-1pm Stroke clinic 1 DCC	1pm-5pm :CPD /appraisal 1 SPA
<b>WEDNESDAY</b>	9am-12.30pm Ward round/ MDM 12.30-13.00 Stroke XRM1 DCC	1pm-5pm Intra take ward round/Time off in lieu for WE work (0.3PA annualised) 1 DCC

<b>THURSDAY</b>	<p>9am-1pm: Post take ward round</p> <p>1 DCC</p>	<p>1pm-3pm : Educational supervision/ mortality work/audit 0.5 SPA</p> <p>3pm -5pm: Clinical admin 0.5 DCC</p>
<b>FRIDAY</b>	<p>9am-1pm TIA clinic</p> <p>1 DCC</p>	<p>1pm-3pm : Monthly meetings/service development 0.5 SPA</p> <p>3-5pm: PM ward round 0.5 DCC</p>

**6. PERSON SPECIFICATION [update as applicable]**

<b>Domain</b>	<b>Capabilities</b>	<b>Examples of appropriate evidence</b>	<b>To be evidenced at interview</b>
<b>Professional Values and Behaviours, Skills and Knowledge</b>	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and have full registration and revalidated as appropriate	<ul style="list-style-type: none"> <li>• Participation in timely annual appraisal and revalidation</li> <li>• Multi-source feedback</li> <li>• Patient feedback</li> <li>• Mandatory training as set out in UK Core Skills Training Framework</li> <li>• Interview</li> </ul>	X
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope as well as a history of increasing their knowledge. Experience in the management of Older People and Stroke and has at least 12 years postgraduate experience, of which 6 years must be in stroke.	<ul style="list-style-type: none"> <li>• Work-based evidence using appropriate existing tools e.g., scope of practice &amp; workload as evidenced in job plan, log books, audit of personal practice, references from colleagues, evidence collected for annual appraisal, revalidation and job planning</li> <li>• Knowledge -based evidence e.g., accredited courses, CPD diary, professional or higher qualifications</li> </ul>	X
	1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.	<ul style="list-style-type: none"> <li>• Multi -source feedback</li> <li>• Patient feedback</li> <li>• Reflective pieces</li> <li>• References from colleagues</li> <li>• Personal clinical audit • Evidence collected for annual appraisal, revalidation and job planning</li> </ul>	X
	1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision -making skills of a senior and independent/ autonomous practitioner.	<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> </ul>	X

	(All senior doctors/dentists (including consultants and GPs) work independently /autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.)		
	1.5 Critically reflects on own competence, understands own limits, and seeks help when required.	<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> </ul>	X
	1.6 Communicates effectively and is able to share decision - making with patients, relatives and carers; treats patients as individuals, promoting a person -centred approach to their care, including self - management.	<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> </ul>	X
	1.7 Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making adjustments for patients with communication difficulties.	<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> <li>• EDI training</li> <li>• Unconscious bias training</li> <li>• Interview</li> </ul>	X
	1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.	<ul style="list-style-type: none"> <li>• See 1.3 for examples</li> <li>• Relevant courses</li> <li>• Interview</li> </ul>	X
	1.9 Adheres to professional requirements, participating in annual appraisal, revalidation, job planning and reviews of performance and progression.	<ul style="list-style-type: none"> <li>• Evidence of appraisal, revalidation and addressing objectives</li> </ul>	X
	1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.	<ul style="list-style-type: none"> <li>• Interview</li> <li>• Evidence of learning/courses/ qualifications in specific specialties</li> </ul>	X

	1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.	<ul style="list-style-type: none"> <li>• Job plan</li> <li>• Interview</li> </ul>	X
<b>Leadership and Teamworking</b>	2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others.	<ul style="list-style-type: none"> <li>• Examples of initiatives taken that have effected change</li> <li>• Examples of involvement in collaborative leadership work</li> <li>• Interview</li> </ul>	X
	2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others.	<ul style="list-style-type: none"> <li>• Leadership courses</li> <li>• Evidence of effective leadership</li> </ul>	X
	2.3 Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working	<ul style="list-style-type: none"> <li>• Evidence of participation in or leading MDT</li> <li>• Evidence of teamwork</li> <li>• Interview</li> </ul>	X
	2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.	<ul style="list-style-type: none"> <li>• Evidence of reflective practice</li> <li>• Interview</li> </ul>	X
	2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development	<ul style="list-style-type: none"> <li>• Examples of successful situations</li> </ul>	X
	2.6 Demonstrates ability to challenge others, escalating concerns when necessary	<ul style="list-style-type: none"> <li>• Interview</li> </ul>	X

	2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments	<ul style="list-style-type: none"> <li>• Log book</li> <li>• Outcome data/audit</li> <li>• Interview</li> </ul>	
<b>Patient Safety and Quality Improvement</b>	3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.	<ul style="list-style-type: none"> <li>• Reflective practice with examples</li> <li>• Interview</li> </ul>	X
	3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.	<ul style="list-style-type: none"> <li>• Multi-source feedback</li> <li>• Interview</li> <li>• Evidence of attendance at Human Factors course</li> </ul>	
	3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals	<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Multi-source feedback</li> <li>• Interview</li> </ul>	X
	3.4 Advocates for, and contributes to, organisational learning.	<ul style="list-style-type: none"> <li>• Interview</li> </ul>	
	3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.	<ul style="list-style-type: none"> <li>• Multi-source feedback</li> <li>• Patient feedback</li> </ul>	
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.	<ul style="list-style-type: none"> <li>• Examples of success</li> </ul>	
	3.7 Evaluates and audits own and others' clinical practice and acts on the findings.	<ul style="list-style-type: none"> <li>• Examples of successful change</li> <li>• Interview</li> </ul>	X
	3.8 Reflects on personal behaviour and practice, responding to learning opportunities.	<ul style="list-style-type: none"> <li>• Examples of reflective practice</li> <li>• Interview</li> </ul>	
	3.9 Implements quality improvement methods and	<ul style="list-style-type: none"> <li>• Audits</li> <li>• QI projects</li> </ul>	

	repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.	<ul style="list-style-type: none"> <li>• Attendance at QI training</li> </ul>	
	3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.	<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Interview</li> </ul>	
	3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.	<ul style="list-style-type: none"> <li>• Examples of involvement</li> <li>• Multi -source feedback</li> </ul>	
<b>Safeguarding Vulnerable Groups</b>	4.1 Recognises and take responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action	<ul style="list-style-type: none"> <li>• Safeguarding courses</li> <li>• Interview</li> </ul>	
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care	<ul style="list-style-type: none"> <li>• EDI training</li> <li>• Interview</li> </ul>	
<b>Education and Training</b>	5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.	<ul style="list-style-type: none"> <li>• Audit</li> <li>• Examples of success</li> <li>• Interview</li> </ul>	X
	5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.	<ul style="list-style-type: none"> <li>• Evidence of teaching and training of medical/dental students or trainees or allied health professionals.</li> <li>• Examples of regular involvement in delivering and attending teaching</li> <li>• Outcomes / audit</li> </ul>	
	5.3 Identifies and creates safe and supportive working and learning environments.	<ul style="list-style-type: none"> <li>• Guideline awareness and successful examples</li> </ul>	

	5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and nonmedical practitioners.	<ul style="list-style-type: none"> <li>• Examples of role</li> </ul>	
	5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors/dentists in training, as required by the role.	<ul style="list-style-type: none"> <li>• Examples of teaching successes</li> <li>• Interview</li> </ul>	
	5.6 Plans and provides effective teaching and training activities as required by the role.	<ul style="list-style-type: none"> <li>• Teaching experience examples and evidence</li> </ul>	
	5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision (leadership).	<ul style="list-style-type: none"> <li>• Examples of successful interventions</li> <li>• Interview</li> </ul>	
	5.8 Takes part in patient education.	<ul style="list-style-type: none"> <li>• Examples</li> <li>• Patient feedback</li> </ul>	
<b>Research and Scholarship</b>	6.1 Keeps up-to-date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.	<ul style="list-style-type: none"> <li>• Examples of CPD – diary with reflection</li> </ul>	
	6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.	<ul style="list-style-type: none"> <li>• Participation in research training courses or recruitment for NIHR research studies</li> <li>• Presentation/ publication of conference abstract</li> <li>• Reviewer of papers/ conference abstracts</li> <li>• Publications, including guideline development</li> <li>• Interview</li> </ul>	
	6.3 Locates and uses clinical guidelines appropriately.	<ul style="list-style-type: none"> <li>• Examples in clinical practice</li> <li>• Interview knowledge of relevant guidelines</li> </ul>	
	6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.	<ul style="list-style-type: none"> <li>• Examples of implementation of evidence-based change</li> </ul>	

	<p>6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.</p>	<ul style="list-style-type: none"> <li>• Evidence of research activities and knowledge of current limitations in evidence</li> <li>• Interview</li> </ul>	
--	---	---	--

## Appendix C

# MAIN CONDITIONS OF SERVICE

### STATEMENT OF PRINCIPLE

The Trusts' principal purpose is to provide for all the needs of patients in their care. The Trusts expect all its employees whatever their jobs to support and enhance patient care and overall service quality.

The Trusts expect that each of the employees shall act in such a manner as to justify public trust and confidence and to uphold and enhance the good standing and reputation of the hospitals, in accordance with the Staff Charter. Individuals must at all times carry out their duties with due regard to the Trusts' Equal Opportunities Policy.

### TERMS AND CONDITIONS OF SERVICE

The post is subject to the provisions of the Terms and Conditions of Service Specialist (England) April 2021, including any locally agreed terms and conditions which are relevant to the post. As these are developed the appointee will be notified and therein after, these will form part of the contract of employment. Details of these are available from the HR Department.

The appointee will be entitled to be a member of the NHS Pension Scheme. If he/she chooses to become or remain a member of the Scheme, remuneration will be subject to deductions of Superannuation contributions in accordance with the Scheme. Membership of the Scheme is automatic unless election is made at anytime in favour of provision under a Personal Pension Plan. After opting out of the Scheme the employee would assume full responsibility for pension provision and compliance with the Social Security Act 1986.

### SALARY



Remuneration will be in accordance with the NHS rates for full time Specialist Grade which is currently £80,693 – £91,584 per annum. Further details of string salaries, pay progression dates and counting of previous service can be found in schedule 12 of the Terms and Conditions of Service.

## **ADDITIONAL PROGRAMMED ACTIVITIES**

Any additional PA's will be payable at 1/10<sup>th</sup> of your basic salary as defined in schedule 12 of the Terms and Conditions of Service.

## **ON CALL**

If you take part in an on call rota you should be eligible for an availability supplement to your basic salary. This will be paid as defined in schedule 12 of the Terms and Conditions of Service.

## **RELOCATION EXPENSES**

Relocation expenses may be available up to a maximum of £5,000, subject to eligibility.

Agreement to payment of Relocation Expenses should be agreed before accepting the post. To obtain a copy of the Relocation Expenses Policy contact the HR Department on [lnwh-tr.medstaffadmin@nhs.net](mailto:lnwh-tr.medstaffadmin@nhs.net) .

## **ANNUAL AND STUDY LEAVE**

Annual leave entitlement is 27 working days (five weeks and two days) upon first appointment to the Specialist Grade.

This increases to 32 days (six weeks plus two days) for Doctors who have completed a minimum of two years' service in the Specialist grade or Specialty Doctor grade and/or in equivalent grades or who had an entitlement to six weeks' annual leave a year or more in their immediate previous appointments.

Doctor who have completed a minimum of 7 years' service in the Specialist or Specialty Doctor grade and/or equivalent grades shall be entitled to 33 working days (six weeks and three days) of annual leave.

Study leave consists of 30 days over a three year period. Approval of annual and study leave is subject to the procedures set out within the individual departments and the Postgraduate Medical Centre.

So far as is practical, the Specialist appointed will be expected to share in the provision of cover for the annual and study leave of other Specialists/Consultants within the specialty.

## **MEDICAL REPORT**

This post is subject to satisfactory health assessment. If appointed, you will be required to bring the documentary evidence from either an occupational health department or a virology department, of satisfactory Hepatitis B status, to which this appointment is subject, because it involves undertaking exposure prone invasive procedures. Please note this is not just evidence of immunisation. In addition, written evidence should be brought of any tests of immunisation for Tuberculosis or Rubella. If you are recommended for appointment, satisfactory health clearance must be completed before the appointment can be confirmed. If you do not have such clearance you will NOT BE PERMITTED TO START WORK on the proposed first day of duty.

## **DISCLOSURE AND BARRING SERVICE CHECKS**

You will also be required to complete a Disclosure and Barring Check (DBS), and the clearance from the DBS must have been received, before commencing employment.

<https://www.gov.uk/disclosure-barring-service-check/overview>

<https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>.

## **REHABILITATION OF OFFENDERS ACT**

The post is exempt from the provisions of the Rehabilitation of Offenders Act and applicants are not entitled to withhold information about convictions including those which are 'spent'. Any information given will be confidential but failure to disclose such convictions could result in disciplinary action or dismissal.

## **PRIVATE PRACTICE**

The successful applicant may undertake private practice in accordance with the Trust's Private Practice Policy and Schedules 9 & 10 of Terms and Conditions of Service.

## **REGISTRATION**

The person appointed will be required to be fully registered with the GMC and has been revalidated as needed.

## **MEDICAL INDEMINITY**

The Trust is financially responsible for the negligent acts and omissions of Specialist Grade medical and dental staff in the course of their Trust employment. If, however, any private practice, within a NHS hospital or any other private hospital is undertaken, the appointee will be personally responsible for subscribing to a recognised defence organisation. The Trust will not be responsible for category 2 (eg. reports for insurance) or 'Good Samaritan' Acts. Health Circular HC (89) 34 provides full details of 'Claims of Medical Negligence against NHS Hospital and Local Doctors and Dentists'.



The Department of Health advises practitioners to maintain defence body membership in order to ensure they are covered for any work which does not fall within the scope of NHS Indemnity.

## **PROSPECTS FOR CHANGE**

The proposals set out in the White Paper “Equity and excellence: Liberating the NHS”, are likely to impact on current working arrangements. The Trust will consult the members of staff concerned at the appropriate time, but meanwhile wishes to draw the attention of applicants to the possibility of change in the future.

## **JOB PLANS AND WORK PROGRAMMES**

The appointee will be subject to the provisions of Schedule 3 of the Terms and Conditions of service. These provisions entail the agreement (between a specialist and the manager responsible for the management of the specialist’s contract) of a job plan (including work programme) for the performance of duties under the contract of employment. The job plan (including work programme) will be subject to review each year by the afore-mentioned parties.

## **PLACE OF WORK**

The appointee may be required to work elsewhere within the Trust and/or at Local Resource Centres (hosted by other health agencies) within The London North West University Healthcare NHS Trust catchment area in accordance with the Trust’s principal aim of flexible working by staff to enhance patient care and he/she will be fully consulted.

## **NO SMOKING POLICY**

It is the policy of the Trust to promote positive health. Smoking, therefore, is actively discouraged and is prohibited in the majority of the Hospital including offices.

## **SECURITY**

In the interests of safety and security the appointee will be required to wear Hospital Staff Identification Badge at all times whilst at work.

## **INFORMATION GOVERNANCE**

In accordance with the Trust’s privacy notice for employees, the Trust will hold computer records and personnel files relating to you which contain personal data. The Trust will comply with its obligations under the General Data Protection Regulation and all other data protection legislation. The data the Trust holds will include employment application details, references, bank details, performance appraisals, revalidation, holiday and sickness records, salary reviews and remuneration details and other records, (which may, where necessary, include special category data and criminal offence data relating to your health, data held for ethnic monitoring purposes, and regarding DBS checks). The Trust requires

such personal data for personnel administration and management purposes and to comply with its obligations regarding the keeping of employee records. The privacy notice sets out the Trust's legal basis for processing your personal data. Your rights of access to this data are prescribed by law.

You will familiarise yourself with the Trust's data protection policy which sets out its obligations under the General Data Protection Regulation and all other data protection legislation. You must comply with the Trust's data protection policy at all times and you agree that you will only access the systems, databases or networks to which you have been given authorisation. The Trust will consider a breach of its data protection policy by you to be a disciplinary matter which may lead to disciplinary action up to and including summary dismissal. You should also be aware that you could be criminally liable if you disclose personal data outside the Trust's policies and procedures. If you have any queries about your responsibilities in respect of data protection you should contact the Trust's Data Protection Officer.

## **GENERIC RESPONSIBILITIES**

To comply with **all** Trust Policies and Procedures, which may be varied from time to time. Copies of the current policies and procedures are available from the HR Department or on the Intranet. In particular:

To have responsibility for the Health, Safety and Welfare of self and others and to comply at all times with the requirement of the Health and Safety Regulations.

To ensure confidentiality at all times, only releasing confidential information obtained during the course of employment to those acting in an official capacity in accordance with the provisions of the Data Protection Act and its amendments.

To positively promote at all times equality of opportunity in service delivery and employment for patients and staff in accordance with the Trust's policies, to ensure that no person receives less favourable treatment than another on the grounds of sex, marital status, race, religion, creed, colour, nationality, ethnic or national origin, sexual orientation, age or disability. To be trained in and demonstrate fair employment practices, in line with trust policies.

To comply with the Trust's Smoke-Free Policy

To adhere to the Trust's Infection, Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of all healthcare associated infections including MRSA. In particular:

- Observe stringent hand hygiene. Alcohol rub should be used on entry to and exit from all clinical areas. Hands should be washed before and after patient contact in all patients with diarrhoea. Alcohol hand rub before and after patient contact may be used instead of hand washing in some clinical situations
- Attend infection control training provided by the Trust as set out in the infection control policy



- Contact Occupational Health in the event that an infection transmissible to patients is contracted

To work in accordance with the Trust's policies on safeguarding children and vulnerable adults. London North West University Healthcare NHS Trust is committed to protecting, safeguarding and promoting the welfare of children and vulnerable adults and expects all employees to carry out their duties in accordance with this commitment.

To undertake such duties as may be required from time to time as are consistent with the responsibilities of the grade and the needs of the service.

This job description is not an exhaustive document but is a reflection of the current position. Details and emphasis may change in line with service needs after consultation with the post holder.

