

## **JOB DESCRIPTION**

### **CONSULTANT IN GERIATRIC MEDICINE**

**August 2023**

## About Manchester University NHS Foundation Trust

Manchester, Trafford and the surrounding areas provide an incredibly varied and dynamic challenge for the hospitals serving them. Working collectively under the umbrella of Manchester University NHS Foundation Trust, this Single Hospital Service was formed on 1st October 2017, and is the result of a merger between University Hospitals of South Manchester NHS Foundation Trust (UHSM) and Central Manchester University Hospitals NHS Foundation Trust (CMFT) – making the largest Trust in England and the third largest provider of specialist Services in the NHS. The Trust is also a forward thinking academic science centre at the heart of Health Innovation in this vibrant city of Manchester.

## Single Hospital Service

The development of a Single Hospital Service (SHS) across Manchester is the most significant change in the provision of hospital services in the area for decades.

The new Trust will continue to deliver services from the existing hospital sites in Central, North and South Manchester and Trafford, but by bringing the clinical teams together, we will be able to provide better, more consistent hospital care that's fit for the future.

It will also bring opportunities for us to expand our research and education portfolio and attract investment into the region. One of the biggest advantages will be the ability to recruit the best clinicians and researchers from across the country and internationally. Given the wide catchment of many of our services, this will benefit not just people living in Manchester and Trafford, but patients from across Greater Manchester who use our hospitals. The Single Hospital Service is therefore also an important element of the plans being developed through the Greater Manchester Health & Social Care Partnership.

We are creating this new organisation in two stages. Firstly, Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust joined together to create a new Foundation Trust on 1<sup>st</sup> October 2017. Then North Manchester General Hospital (which is currently part of The Pennine Acute Hospitals NHS Trust) joined the organisation in April 2021.

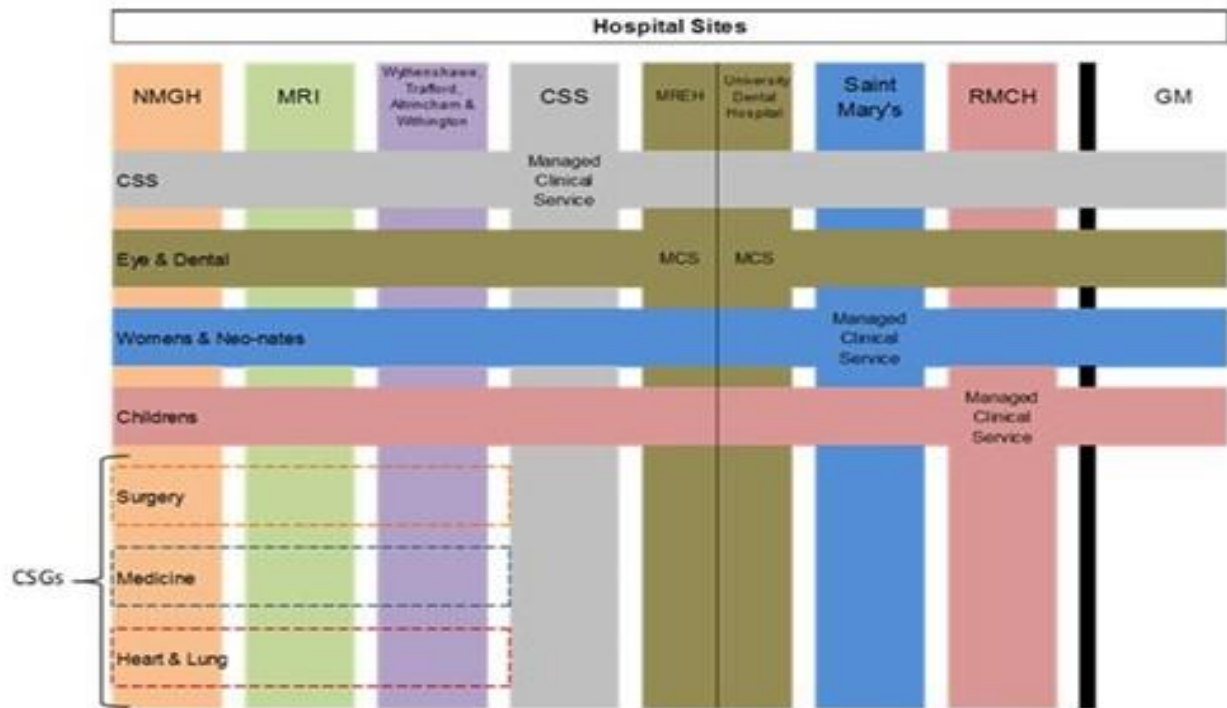
## Organisational Model

Our new organisation is large and complex. The graphic below is a depiction of the broad principles of how it will be structured, rather than a comprehensive organogram. It is necessarily simplistic and does not capture the other important dimensions of how we operate such as culture, values and behaviours and the decision making and committee structures.

The structure is closely aligned to the existing hospitals and aims to combine clear accountability based on hospital site, with a mechanism for driving standardisation

across hospitals. It aims to exploit the synergies between services that might sit across different hospital sites.

The design has taken account of those services that are provided on a Greater Manchester, North West or national footprint. This is clearly not all services, but is those specialised services that are already delivered on a networked basis, such as cystic fibrosis services, and those that we might in future develop on a footprint that extend beyond the Trust.



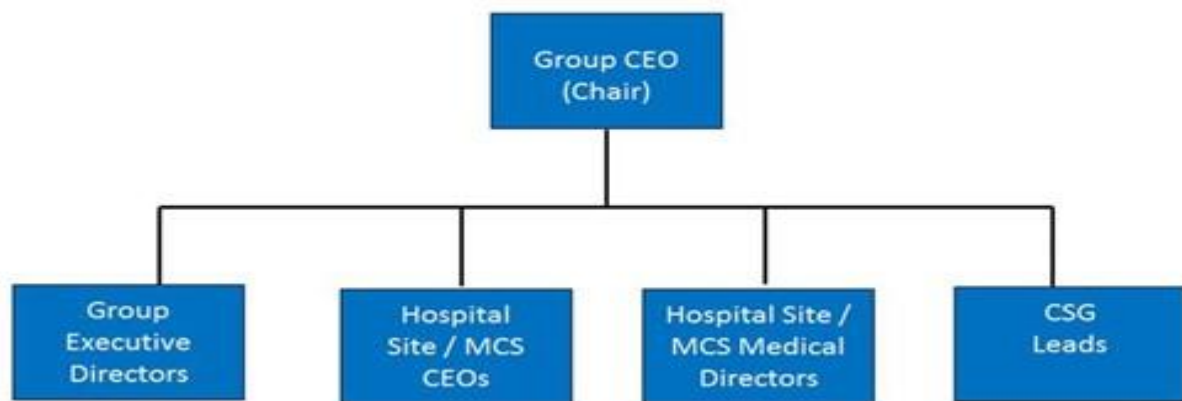
The model is based on a matrix structure with three entities:

- Hospital Sites
- Managed Clinical Services, and
- Clinical Standards Groups

## Group Management Board

The leadership of the Hospitals Sites, MCSs and CSGs will be brought together with the Executive Directors in the Group Management Board (GMB). The GMB will be chaired by the Group CEO and will comprise Executive Directors, Hospital Site/MCS CEOs/Managing Directors, Medical Directors and CSG Leads as shown below.

The Group Management Board will necessarily be large but will enable the significant degree of senior clinical input to decision making that existed in both organisations to continue.



## Board of Directors

Given the size, operating scale, workforce numbers, extent of estate and potential for further expansion, it is clear that the new organisation will require a highly experienced and capable Board of Directors underpinned by credible sub-board leadership. In essence the leadership structure will have to accommodate the fact the new Foundation Trust will be one of, if not the largest, NHS organisation in England. The Board of Directors (BoD) and sub-Board infrastructure will therefore need the best leadership possible both in terms of capability as well as capacity.

A number of factors were considered in deciding the optimal size and composition of the BoD to ensure sufficient very senior leadership capacity and capability including:

- Board composition, knowledge and skills; NHS boards should not be so large as to be unwieldy, but must be large enough to provide the balance of skills and experience that is appropriate for the organisation. The number of directors is defined in a Foundation Trust's constitution.
- In most NHS organisations, governance is the responsibility of a unitary board, with at least half the board, excluding the chair, made up of independent NEDs.
- The need to ensure an effective balance of knowledge, skills and backgrounds. All directors must be appropriately qualified to discharge their roles effectively, including setting strategy, monitoring and managing performance and nurturing continuous quality improvement. NHS Directors must also demonstrate commitment to NHS values - and the behaviours that these imply.

## Executive Director Positions

The regulatory requirements governing the constitution of NHS Boards of Directors require the following Executive positions to be members of the BoD:

- Chief Executive
- Medical Director
- Chief Nurse
- Executive Director of Finance

The following additional executive roles are considered essential to the provision of strong and effective executive leadership of such a large and complex organisation as the new Manchester University Hospital:

- Chief Operating Officer - whilst not a regulatory requirement, has leadership accountability for a significant number of national targets that form part of the overall NHS regulatory framework.
- Executive Director of Workforce and OD – the new FT will have circa 20,000 staff with the associated challenges of workforce engagement, productivity and cost. The impact on staff of the significant changes to the organisation and across Manchester will require significant experience in OD & HR to ensure the workforce remains engaged and productive.
- Executive Director of Strategy – the degree and scope of change across the City of Manchester, GM and nationally which will require significant strategy thinking and effort to ensure
- Two Deputy Chief Executives - with the need to ensure an effective line of sight to support the Chief Executive in managing key strategic relationships, the national and local strategic environment and internal leadership of the largest NHS organisation in the UK.

### **Executive Director Appointments to the BoD**

All Executives were required to register their interest in securing a position on the interim Board or if not to be clear about their aspirations. All appointments were subject to a rigorous assessment by a selection panel comprising the Chairman; Deputy Chairman; the Chief Executive and a top level professional assessor. For seven of the nine positions there was one applicant only, however to ensure candidates were fit for appointment the level of assessment remained the same as for those posts where there was competition. The following were appointed to the Executive positions on the interim BoD:

- Chief Executive: Mark Cubbon
- Deputy Chief Executive: Julia Bridgewater
- Joint Medical Directors\*: Jane Eddleston & Toli Onon
- Chief Finance Officer: Jenny Ehrhardt
- Chief Operating Officer: David Furnival
- Chief Nurse: Cheryl Lenney
- Director of Workforce & Corporate Business: Peter Blythin
- Director of Strategy: Darren Banks

\*a full time medical director role is required given the scale and complexity of the new Trust. We have seized the opportunity to create a joint role to capitalise on the experience and commitment of both individuals.

### **Non-Executive Directors**

To achieve the correct balance for the unitary Board of Directors, as there are nine executive positions there is a requirement for nine independent Non-Executive Directors excluding the Chairman. The balance of skills and experience required of the independent Non-Executive Directors will be determined by the strategic challenges

facing the board; this will need to be kept under review and will form part of the usual independent evaluation of governance undertaken every three years.

All Non-Executive Directors were required to register their interest in securing a position on the interim Board or to clarify if this was not the case or. All appointments were subject to assessment by a selection panel comprising:

- For the roles of Chairman and Deputy Chairman an assessment by the Chairman of NHSI and a panel of six Governors drawn equally from CMFT and UHSM.
- For Non-Executive Directors the panel constituted the Chairman and Deputy Chairman with oversight and sign off by the Chairman of NHSI. There was eight applicants for eight places however to ensure candidates were fit for appointment the panel assessment continued.

### Non-Executive Director Appointments to the BoD

- Chairman: Kathy Cowell
- Deputy Chairman: Barry Clare
- NEDs:
  - Dr Ivan Bennett
  - Nic Gower
  - John Amaechi
  - Christine McLoughlin
  - Jane McCall
  - Trevor Rees
  - Dame Susan Bailey
  - Roger Barlow

### Hospital Leadership & Management Teams



Each of the six Hospital Sites/Managed Clinical Services will have in place a substantial leadership team based on the above model.

The precise details will need to be agreed with the Hospital Chief Executives on their appointment.

## Job Description

**JOB TITLE:** Consultant in Geriatric Medicine

**GRADE:** Consultant

**RESPONSIBLE TO:** The Clinical Director of Complex Health

**ACCOUNTABLE TO:** The Executive Medical Director

### The Complex Health Directorate at Wythenshawe Trafford Withington and Altrincham Hospitals

We are looking to employ enthusiastic geriatricians to join our dynamic, pioneering, supportive and family friendly department.

Our Complex Health Department already offers a range of outstanding and nationally recognised services throughout the trust, benefiting from senior trust management support throughout. As well as our excellent complex care wards that provide superb inpatient care to frail older patients, we also offer a range of new and exciting services to meet the needs of our population:

- The Older People's Assessment and Liaison (OPAL) team, based in the Emergency Department at Wythenshawe Hospital, provides early multidisciplinary comprehensive geriatric assessment at the front door. We have developed close working relationships with our ED and Acute Medicine colleagues. This service is supported by a 12 bedded OPAL Assessment Unit (frailty unit) which is situated next door to the Emergency Department to further support this service.
- OPAL House is a 41 bedded discharge to assess unit based off site to support ongoing frailty assessment of older people. In the few years it has been running, it has shown significant improvements in outcomes for frail older patients.
- An ambulatory and frailty model is currently in development on the Trafford General Hospital Acute Medical Unit.
- We are also in the process of developing a frailty Virtual Ward and are in discussions to integrate this as part of a wider Greater Manchester programme around Virtual Hospital.
- Our Surgical liaison service provides geriatrician support to older and frailer emergency surgical patients and has been shown to make a significant difference to patient experience and outcomes. This service has been nationally recognised for their excellent results.
- Our new and exciting onco-geriatric service works closely with the award-winning nationally recognised RAPID Hub lung cancer team to provide geriatric support to newly diagnosed lung cancer frail older patients. This service is currently expanding and plans are in development of linking in with the world-renowned teams at The



Christie's to provide specialist oncogeriatric care in a dedicated unit. We are looking for geriatricians with a specialist interest to be part of this new and exciting service. .

- We provide specialist geriatrician support to community facilities in South Manchester and Trafford.
- We also offer a dedicated orthogeriatric and bone health service which is constantly expanding in view of recent changes to the way health services are delivered across Greater Manchester.
- Our Day Hospital, based at Withington, provides outpatient multidisciplinary comprehensive geriatric assessment via a range of geriatric specialist clinics – movement disorders, geriatric and rapid access, joint specialist falls and vestibular clinics, as well as offering a range of other diagnostic and therapeutic services in a frailty friendly environment. The model of the Day Hospital will be further developed across to Trafford and Altrincham General Hospital, as clinics are provided across all sites.

Even though we already offer a range of services, we are constantly trying to improve, develop and innovate our services further, and we are looking for new consultants to join us on this journey.

Manchester is a fantastic place to be in, having been voted the UK's best place to live two years in a row. Manchester is a vibrant city offering a range of excellent museums, theatres, shops and restaurants. South Manchester and Trafford offer the best of both worlds, a mixture of trendy urban living as well as idyllic rural areas. Surrounded by excellent schools and with easy access to Manchester city centre, the Metro link, Manchester airport, and good access to the motorway systems, coming to work and live here is a decision you will not regret.

### **Example of Job Plan – Consultant in Geriatric Medicine**

	<b>AM</b>	<b>PM</b>
<b>Monday</b>	Ward Round	SPA
<b>Tuesday</b>	Specialist interest session	Patient Admin
<b>Wednesday</b>	Ward Round	OFF
<b>Thursday</b>	Clinic	Specialist interest session
<b>Friday</b>	Ward Round	SPA/OFF

Specialist interest areas may include Bone health, Frailty, Parkinson's, Community Geriatrics, Continence, Falls (including tilt table testing), Surgical inreach, Oncogeriatrics, Education. We are more than happy to consider other areas of interest for development following discussion with individual candidates.

<b>Direct Patient Care</b>	<b>8.5</b>
Clinical sessions	7.0
General medical on call	1.5
<b>Supporting Professional Activity</b>	<b>1.5</b>
<b>TOTAL</b>	<b>10 PA</b>

Final job plans will be agreed with successful applicant individually. Job plan are regularly reviewed every twelve months.



## The Directorate

Complex Health is one of the Division of Medicine Directorates alongside Medical Specialties and Outpatients. Complex Health as a directorate encompasses Geriatric Medicine, Stroke Medicine and Palliative Medicine.

It works across all four hospitals within the WTWA site and there is opportunity to work at each of these. Wythenshawe Hospital is a large teaching hospital with specific separate takes in Respiratory and Cardiology and a GI bleed rota. There is a large Cardiothoracic Team, a pioneering Plastics service for the North West and is home to the renowned North West Lung Centre. Trafford Hospital is a district General Hospital which serves its local population. Currently services are being reconfigured on this site which the vision that it becomes the leading centre for orthopaedics, rehabilitation and frailty.

The successful applicant will be expected to contribute to the general medical on call rota and here is opportunity to work on call at either site. Both include weekend working on a 1 in 8 and evenings on a 1 in 24 or 1 in 8 dependent on site but with a different working pattern, with associated overnight support from home, either 1 or 2% supplement dependent on the site.

## Staffing

The Directorate employs staff from a wide variety of health care professions, including Nurse Specialists, Modern Matrons and allied healthcare professionals. There is a strong management team and a commitment to management and leadership development.

Consultant medical staffing in the Directorates of Complex Health is as follows:

- |                  |   |
|------------------|---|
| • Dr S Briggs    | Geriatric Medicine (WTWA Medical Director)              |
| • Dr L Wentworth | Geriatric Medicine (Clinical Head of Division)          |
| • Dr E Malloupa  | Geriatric Medicine (Clinical Director)                  |
| • Dr N Nidh      | Geriatric Medicine (Specialty Lead, Older Adults, Wyth) |
| • Dr R Westwood  | Geriatric Medicine                                      |
| • Dr J Yeo       | Geriatric Medicine                                      |
| • Dr L Wileman   | Geriatric Medicine                                      |
| • Dr D Ahearn    | Geriatric Medicine                                      |
| • Dr A Maney     | Orthogeriatric Medicine                                 |
| • Dr S Ashraf    | Geriatric Medicine                                      |
| • Dr A Watson    | Geriatric Medicine                                      |
| • Dr K Gitsham   | Geriatric Medicine                                      |
| • Dr S Bhatti    | Geriatric Medicine                                      |
| • Dr C Ng        | Oncogeriatrician  |
| • Dr H Choo      | Geriatric Medicine                                      |
| • Dr Yahathugoda | Geriatric Medicine                                      |
| • Dr J Chillala  | Geriatric Medicine                                      |
| • Dr D Allen     | Geriatric Medicine                                      |
| • Rachel Lewis   | Nurse Consultant (Frailty)                              |
| • Keri Funiss    | Nurse Consultant (Geriatrics)                           |

- Dr A Bardai                      Stroke Medicine
- Dr Hamza                        Stroke Medicine
- Terrence Kelly                 Nurse Consultant (Stroke)
- Dr S Harrison                 Palliative Medicine
- Dr S Kay                         Palliative Medicine
- Dr D Lam                        Palliative Medicine

## **Specialist Registrar Training**

MFT is part of the Health Education North West – NW Deanery North West Deanery and has a Training Programme in Geriatric Medicine.

## **Teaching**

Manchester University Medical School is the largest school in the United Kingdom and highly rated. There are approximately 450 graduates each year. Wythenshawe Hospital participates fully in the undergraduate teaching programme, with about 300 students onsite at any time. There are full Departmental, Divisional and Trust-wide postgraduate programmes and clinical audit is well developed.

## **Induction and Mentoring**

Understanding the systems in place and how an organisation operates helps to make sure that doctors can deliver safe, effective and efficient care to patients as soon as they start a new job. Induction and mentoring schemes and access to other support mechanisms are important ways of achieving this.

MFT NHS FT offers a comprehensive induction programme to all new employees, which the new post holder will be expected to attend. The post holder will also have access to mentoring, for guidance in the development and re-examination of their own ideas, learning, and personal and professional development.

## **Management**

The post-holder will be required to work within the FT's management policies and procedures, both statutory and internal, accepting that the resources available to the FT are finite and that all changes in clinical practice or workload, or developments requiring additional resources must have prior agreement with the FT. He/she will undertake the administrative duties associated with the care of his/her patients, and the running of his/her clinical department under the direction of the Clinical Director.

## **Clinical Governance**

The post-holder will participate in clinical governance activities, including clinical audit, clinical effectiveness, risk management, quality improvement activities as required by the FT, and external accrediting bodies. There are six half day Clinical Governance meetings per annum which substitute regular fixed sessions.

## **Personal & Professional Development**

The post-holder will be required to keep himself/herself fully up-to-date with their relevant area of practice and be able to demonstrate this to the satisfaction of the FT. Professional or study leave will be granted at the discretion of the FT in line with the prevailing Terms and Conditions of Service, to support appropriate study, postgraduate training activities, relevant CME courses and other appropriate personal development needs. The FT supports the college requirements for CPD and will provide time and funding as appropriate. The post holder is required by the FT to take part in annual appraisal.

## **Accommodation**

Office accommodation with full computer facilities will be provided. This will be shared.

## **Infection Control**

As a member of a clinical team the post holder's personal contribution to reducing healthcare infections (HCIs) require him/her to be familiar with the FT's Hand Decontamination Policy, Personal Protective Equipment Policy, safe procedures for using aseptic techniques and safe disposal of sharps. The post holder will be required to attend induction training and mandatory training in Infection Prevention every two years to be compliant.

All staff have the following key responsibilities:

- Staff must wash their hands or use alcohol gel on entry and exit from all clinical areas and/or between each patient contact.
- Staff members who develop an infection (other than common colds and illness) that may be transmittable to patients have a duty to contact Occupational Health.

## **General**

The post-holder will assume a continuing responsibility for the care of patients in his/her charge and the proper functioning of his/her department.

## **Important General Note**

The post-holder must take reasonable care of his/her own health and safety and any other personnel who may be affected by his/her omission. FT policies and regulations must be followed at all times.

## Personal Specification – Geriatric Medicine

Requirements	Essentials	Desirable
<b>1. ATTAINMENTS</b>	<p>Fully registered Medical Practitioner</p> <p>MRCP</p> <p>Within 6 months of receiving CCST in Geriatric Medicine</p> <p>Within 6 months of receiving CCST in Acute Internal Medicine or General Internal Medicine</p>	<p>Post-graduate qualification</p> <p>Publications in peer reviewed journals</p>
<b>2. TRAINING</b>	<p>As required by the Royal College of Physicians</p> <p>Formal Specialist Registrar training in Geriatric and General Medicine</p>	
<b>3. PROFESSIONAL INTERESTS &amp; EXPERIENCE</b>	<p>Specialist interest in one area of Geriatric Medicine</p> <p>Ability to take full &amp; independent responsibility for clinical care of patients</p> <p>Active &amp; ongoing interest in research &amp; audit</p>	
<b>4. MANAGEMENT &amp; ADMINISTRATION</b>	<p>Ability to organise &amp; manage outpatient priorities &amp; waiting lists</p> <p>Ability to manage &amp; lead a team</p>	
<b>5. TEACHING</b>	<p>Interest in undergraduate &amp; postgraduate teaching</p> <p>Ability to teach clinical &amp; procedural skills</p>	
<b>6. DOMESTIC</b>	Resident within a reasonable travel time of the hospital or equivalent access	
<b>7. PHYSICAL</b>	Satisfactory medical clearance by Manchester University NHS Foundation Trust	
<b>8. PERSONAL ATTRIBUTES</b>	<p>Multidisciplinary team experience</p> <p>Enquiring, critical approach to problems</p> <p>Commitment to continuing medical education</p> <p>Willingness to undertake additional responsibilities at local, regional or national levels</p>	

## Main Conditions of Service

The post is covered by the national Terms and Conditions of Service of Hospital Medical and Dental Staff (England) and the Conditions of Service determined by the General Whitley Council for the Health Services (Great Britain), as amended from time to time. As the FT develops it will review these terms and may vary the national agreements to respond to local conditions and reflect FT requirements following negotiation with the BMA and Local Negotiating Committee.

The appointee will be required to live at an acceptable distance to the FT and agreement of the FT should be sought prior to entering into any removal arrangements. Expenses will be reimbursed and grants paid only when the FT is satisfied that:

- ☐ The practitioner is an eligible practitioner in accordance with the regulations;
  - ☐ The removal of the practitioners home is required by the FT, and;
  - ☐ The arrangements proposed are reasonable. Staff in receipt of removal expenses who terminate their employment with the FT within two years will be required to repay the relevant proportion of these expenses.
- Applicants invited for interview will be asked to complete a medical questionnaire for submission to the FT's occupational health service.

The salary scale has nine thresholds, new appointees will be appointed to the minimum of the pay scale unless they qualify for additional seniority as outlined in the Terms & Conditions of service.

The successful candidate must hold full registration with the GMC.

The successful candidate must have, or be within 6 months of obtaining CCST (or equivalent for non-UK applicants of equivalent status), or be accredited (or equivalent), and be on the GMC Specialist Register in the specialty appropriate for the consultant post at the time of taking up the consultant appointment (Allergy).

The successful candidate is not required to subscribe to a recognized professional defence organisation to fulfil his/her contractual obligations to this FT, but should ensure he/she has defence cover as appropriate, for example, for private and Category 2 work, and for GMC disciplinary proceedings.

This appointment is exempt from Section 4(2) of the Rehabilitation of offenders Act 1974 by virtue of The Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. The successful candidate is required to reveal any information he/she may have concerning convictions, which would otherwise be considered as relevant to his/her suitability for employment. Any such information will be kept in strict confidence and only used in consideration of the candidate's suitability for appointments where such an exemption is appropriate.

Appointment will be subject to a Disclosure and Barring Service check.

Canvassing will result in disqualification. Applicants who are related to any member or senior officer of the FT must indicate in their application the person to whom they are so related, together with the nature of the relationship. Any applicant deliberately concealing such a relationship would be rendered liable to dismissal.