



**North Cumbria
Integrated Care**
NHS Foundation Trust

Consultant Anaesthetist

With a major interest in Intensive Care,

North Cumbria Integrated Care NHS Foundation Trust

Example Job Plan for a full time 10 PA contract can be found in Appendix 1.
Applications are welcomed from candidates wishing to work either full or part-time.

On-call commitment: 1:9, Category A, 3%

Visiting arrangements

We strongly encourage interested applicants to visit the Trust and meet prospective colleagues, and to view the area and all of its attractions.

Arrangements for visiting may be made by contacting:

Dr Tom Sams, Clinical Director Intensive Care

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E-mail: thomas.sams@ncic.nhs.uk

Dr Lewis Walker, Collaborative Chair Anaesthesia and Critical Care

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Dr Mark Holliday, Clinical Lead Anaesthetics WCH

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Additional information can be found on the Trust's website at www.ncic.nhs.uk

Job Summary

CIC ICU

We are rated good in all domains by the CQC and our aim is to be outstanding

There are 9 bed spaces, including a cubicle, with current staffing for up to 8 patients, admitting approximately 840 patients per year. There is executive approval for a 13 bedded rebuild. The unit has 9 consultants with daytime and on call sessions in ICU all of whom have ICU as a major element of their job plan. Thus a consultant rota of 1 in 9 with prospective cover operates. The unit has 24/7 cover by consultants with daytime sessions in ICU, with 2 consultants per day – a 'hot week' consultant (to provide continuity) and a 24hour consultant, who is on call.

The operational policy of the ICU is of consultant to consultant referral from the referring team. Senior nursing is provided at band 7 and there is a Nurse Educator. Trainee resident staffing is provided by 8 anaesthesia trainees and 4 ACCS trainees from the Northern Deanery as well as 4 Medical Training Initiative Doctors shared with the Anaesthetic Dept and two staff grade doctors. The unit has 24/7 dedicated resident ICU cover. The unit is approved by FICM for all levels of intensive care training and has a Faculty Board Tutor, Dr Tom Sams. We have 4 Advanced Critical Care Practitioners in post and another 4 recruited for training in Northumbria University from 2023.

There is specific clerical time allocated for ICNARC data collection and the unit has a clinical information system (Metavision) which integrates patient observations, medical and nursing notes, prescribing and results systems at the bedside. This has ongoing customisation which has provided the ICU with a wealth of data capture opportunities. The ICU also has a 24/7 band 7 critical care outreach service to facilitate both admission to and discharge from the ICU as well as numerous educational and audit initiatives.

The ICU staff have monthly meetings incorporating clinical policy making, audit, morbidity and mortality and other governance issues. ICU consultants and trainees also attend the theatres division monthly audit meetings.

We have a developing Rehabilitation After Critical Illness (RACI) service with 2 HCA trainees qualifying soon and band 7 nurse input for follow up on both sites.

Clinical Director for Intensive Care is Dr Tom Sams

CIC:

Theatres

The Anaesthetic Department at CIC provides anaesthetic services for elective surgery in 6 inpatient, and 3 day surgery theatres, as well as a separate “NCEPOD” theatre and obstetric theatre.

The Clinical Director for Anaesthetics is Dr Geet Verma

Staffing

The department currently comprises 22 full time Consultant anaesthetists, of whom 20 participate in 2 separate on-call rotas to cover ICU, and theatres and maternity combined.

There are 8 anaesthetic trainees on rotation from the Northern Deanery across the full range of their training from CT1 to ST6, these trainees participate in an on-call rota to provide one resident anaesthetist in the hospital.

The department currently has 4 ACCS trainees, who provide resident cover for ICU along with anaesthetic trainees.

We have had great success with Advanced Critical Care Practitioner recruitment and training and 5 are in post, with advanced skills at the level of at least CT2 doctors.

Anaesthetic Services

All anaesthetic consultants at CIC work flexibly in time and theatre location, with rotas published 6 weeks in advance. This enables consultants to maintain their skills across a wide range of specialities. For more complex areas – for example ICU, vascular, upper g-i, and major ENT a smaller pool within the body of Consultants with special interests will work flexibly to provide cover for elective lists. This flexible working enables the department to provide a high quality out-of-hours service across the full range of specialities, including paediatric anaesthesia – as required, despite there being only 2 Consultants on-call.

Surgical specialities: We provide anaesthetic services for a wide range of surgical specialities from day-case to complex surgery. Surgical specialities include general surgery, vascular, urology, ophthalmology, obstetrics and gynaecology, trauma and orthopaedics, maxillo-facial, ENT, and community dentals. Cumberland Infirmary is a vascular centre. There has been a recent expansion of vascular services, now with 5 full day vascular lists.

Obstetrics. There are approximately 1800 deliveries a year at CIC, with a Caesarean section rate of about 28%. There are 3 elective LSCS lists per week that are staffed by a Consultant anaesthetist. There is an antenatal anaesthetic assessment service, with a clinic once a fortnight. Currently there is also an established obstetric epidural service at CIC. The Consultant Lead for obstetric anaesthesia is Dr Chris Dickson.

Paediatrics. Anaesthetic services are provided for straightforward paediatric surgery, mainly ENT and dentals down to an age of 1 year, or 10kg. This along with ongoing CPD enables members of the department to maintain their skills for management of paediatric emergencies that inevitably present.

Pre-assessment The department staffs and supports an active anaesthetic pre-assessment service, with a combination of nurse and Consultant led clinics. The Consultant lead for this service is Dr Quentin Kingsbury.

Emergency Theatre and Trauma

There is a staffed 24 hour emergency list 7 days a week and a separate trauma list every day 08:00-18:00.

The on-call service covers theatres, obstetrics, ICU, and A&E including transfers if an anaesthetist is required, supported by two on-call Consultants. We are currently recruiting speciality doctors to enable a separate trainee for ICU supported by a more senior anaesthetist covering theatres and obstetrics.

Chronic Pain There are currently 7 chronic pain sessions a week, divided between clinic and treatment sessions and covered by 1 Consultant and a nurse.

Intensive Care Described above

Education and Training

Anaesthetic trainees at CIC come from the Northern Deanery, and we also have 4 ACCS trainees as well as regular foundation doctors and medical students rotating through the department. We have had good feedback for the training provided in the department, both by clinical and educational supervisors. There are educational supervisors within the department for anaesthetic trainees and foundation doctors. Intensive care is approved for advanced level training. All new Consultants are encouraged to undertake the training provided by the Northern Deanery to enable them to become Educational Supervisors.

A regular weekly tutorial is provided for trainees within the department, and all Consultants contribute to this programme. Consultants within the department also contribute to the Primary and Final FRCA courses run by the Northern Deanery, and are actively involved in trainee recruitment including short-listing and interviewing for all levels of trainee.

There is a regular monthly audit and governance meeting within the department, with a quarterly cross-site meeting with WCH. All members of the department are expected to attend and contribute actively to these meetings.

Members of the department are involved in running, and instructing on locally provided ALERT, NERDS(difficult airway), IMPACT, ACLS, EPLS, ALS, GIC, ETC and ATLS courses, as well as instructing on these courses and APLS elsewhere. There is also a consultant who is an FRCA examiner.

Current Anaesthetic staffing at Cumberland Infirmary:

20 Permanent consultants:

Dr J Briscoe (College Tutor)
Dr C Dickson
Dr S Eason (Associate DME)
Dr G Fitzsimmons (Paeds Lead, ICU)
Dr A Hall (Transfusion Lead)
Dr VA James (Colorectal Lead)
Dr S Kathawaroo (Vascular Lead)
Dr P Loughnan
Dr M Mostafa (Regional)
Dr R O'Dowd (Associate Medical Director Patient Safety)
Dr A Rodewijk
Dr T Sams (ICU Clinical Director, Resus Director)
Dr C Srivastava (Airway Lead)
Dr J Sturman (ACCP / CCOT Lead)
Dr G Verma (Clinical Director Anaesthesia)
Dr L Walker (Collaborative Chair)
Dr I Wilkins (Pain)
Dr D Wilson
Dr M J Wood (ICU FT)
Dr A Wynn-Hebden

Currently 24 Consultants participate in the on-call, 9 for ICU and 15 for general/obstetrics.

In addition there are:

6 Speciality Grade doctors
8 Anaesthetic Specialist Trainees – Northern Deanery rotational training
4 ACCS trainees
2 MTI – medical training initiative – doctors
4 ACCP with plans for a further 2 to deliver 7 day/week cover both sites
1 Education Fellow (ST2 level) shared with medical education

Admin Support:

There is an office manager for the anaesthetic department (Mrs Nicola Mc Cubbin). There is also one full time secretary for the pain clinic and one part-time pre-assessment service.

WEST CUMBERLAND HOSPITAL

There was a major redevelopment and the new build opened in 2015

Theatres

There are a total of 9 theatres at WCH. Anaesthesia is provided for general surgery, urology, gynaecology, orthopaedics, ENT, minor vascular, minor colorectal, ophthalmic surgery and dentistry with a concentration on day surgery and short stay surgery.

ITU/HDU

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There are 6 beds on the combined ITU/HDU, which are used flexibly according to patient need. WCH ICU also shows good performance as reflected by ICNARC data. A full range of monitoring and organ support for critically ill patients is available, including circulatory, respiratory and renal support. There is a significant medical case mix (80%) with the remainder being surgical and trauma. Staffing is consultant led with 1st call provided by a staff grade doctor. Dr Mark Holliday is the Lead Consultant for Critical Care.

An active Critical Care Outreach Service which is delivered by a team of experienced nursing staff. Lead for outreach is Dr Mark Holliday.

As stated above there will be increased cross site working between the 2 ICUs with contribution from CIC consultants to WCH staffing to reflect the high medical demand of the ICU plus the increased need for patient transfer for major surgery at CIC. The provision of 24/7 intensive care consultant led service is a high priority for WCH and is reflected in the move to cross site working and in this advertisement. Resident staffing has been supported by recruitment of Advanced Critical Care nurse Practitioners and the long term strategy is for a dedicated ICU resident on the WCH site.

Maternity Unit

The department provides cover for elective and emergency obstetric procedures and there is a 24-hour epidural service for pain relief in labour. Approximately 1400 babies are born at WCH each year.

Acute and Chronic Pain Services

The well-established Acute Pain Service is delivered by a Clinical Nurse Specialist and a nursing Sister. The Lead Clinician in Acute Pain is Dr Annie Slaymaker. Chronic Pain Services including out patient clinics and theatre lists

Pre Assessment Service

A Nurse Led Pre-assessment service has been developed under the guidance of Lead Consultant Dr Q Kingsbury, supported by other members of the department when necessary.

Educational Activities

A departmental Educational and Audit Meeting is held monthly, with quarterly joint meetings between CIC and WCH. Appropriate use of Study Leave is encouraged.

Present Staffing Complement – West Cumberland Hospital site

11 Consultants:

Dr A Bhuvanagiri
Dr Suresh T Eapen
Dr I Funtak
Dr E Grani
Dr M Hodson
Dr M Holliday (Anaesthetics Site Lead)
Dr M Ibrahim
Dr Q Kingsbury (Pre-assessment Lead)
Dr A Slaymaker
Dr D Terziiski
Dr M Ul Haq

9 Specialty Doctors (7 substantive and 2 vacant posts)

Dr Bajwa
Dr Rajesh Dhanaliya
Dr T Dharmasena
Dr R Jadhav
Dr E Sabry
Dr Zaidi

Admin Support

The department at WCH has a full time secretary, Mrs Andrea Clingan and also supports the chronic pain service. Office accommodation and a personal computer with internet access will also be provided.

Main Terms and Conditions of Service

This post is a Trust appointment and will be subject to the new Terms and Conditions – Consultants (England) 2003 as amended from time to time. The Trust has established a Joint Negotiating Consulting Committee for negotiating changes to terms and conditions of service, which will then be incorporated into the handbooks and become part of your employment contract.

Candidates appointed to an NHS Consultant for the first time will be offered a salary on the minimum scales except where a higher salary is justified by taking into account any previous consultant level experience recognised by the Trust for this purpose.

Any offer of employment with the Trust will be subject to satisfactory pre-employment checks as defined in Health Service Circular 2002/008

- references
- qualification/registration verification
- occupational health clearance
- DBS clearance
- identity verification
- eligibility to work in the U.K

and in accordance with Department of Health guidelines relating to 'Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers'.

Your private residence shall be maintained in contact with the public telephone service and shall be not more than 30 minutes or 10 miles by road from the base unit (Cumberland Infirmary, Carlisle) unless specific approval is otherwise given by the Trust.

Your principal hospital, for the purposes of reimbursement of travelling expenses, will be Cumberland Infirmary, Carlisle.

Professional Registration

It is the responsibility of individual doctors to hold current GMC/GDC Registration with a current licence to practise.

Professional Code of Practice

As a Registered professional, you are required to abide by the GMC's 'Good Medical Practice' (Regulating doctors, ensuring good medical practice). Disreputable behaviour, even if it is not directly connected to your professional practice, or failure to abide by the principles outlined by your code of practice mentioned above could put your registration as well as your continuing employment at risk. You should be aware that any breaches of your code of practice will be investigated in line with Trust policy, and action taken where appropriate, including reporting the misconduct to the GMC.

Health & Safety Management Responsibilities

The Trust recognises its duties under the Health and Safety at Work Act 1974 to ensure as far as reasonably practicable, the health, safety and welfare at work of all employees. In addition, the business of the Trust shall be conducted so far as to ensure that patients, their relatives, contractors, voluntary workers, visitors and members of the public having access to Trust premises and facilities are not exposed to risk to their health and safety.

Managers have a duty to ensure that safe systems of work are used within their areas of responsibility and must investigate accidents and incidents, arrange annual risk assessments and ensure all staff attend appropriate health and safety training.

All employees have a duty to take reasonable care for their own health and safety, and that of others who may be affected by their activities; to co-operate with the Trust by complying with all health and safety rules and safe systems of work; and to inform their line manager of any work situation, or practice which may be considered a danger to health and safety.

Travel and Subsistence

Travel and subsistence expenses will be reimbursed for preliminary visits in addition to interview expenses only to those candidates selected for interview. Reimbursement is restricted to two such visits, whether they are made before or after the constitution of the short list is known. In the case of candidates traveling from abroad, traveling expenses are normally payable only from point of entry to the United Kingdom

Other Duties: Flexible Commitments

The remainder of the appointee's professional time will be deployed flexibly on other clinical duties, administration, liaison with relatives, teaching, research, clinical audit, grand rounds, special interests, continuing medical education and professional development. (Details of this part of the Job Plan arrangements will be agreed with the successful applicant).

The trust has a commitment to supporting annual appraisal and revalidation. The Trust supports the requirements for continuing professional development (CPD) and is committed to providing time and financial support for these activities.

Our organisation sees the mentoring and 'settling in' programme as delivering benefits for all involved and we are keen to develop it further

Time off in lieu of extra duties will be considered.

Appendix 1 Job Plan – Consultant in Anaesthesia and Intensive Care

Example Job Plan

On-call

Agreed on-call rota	1 in 9
Agreed category A or B	A

Programmed activity summary

Direct Clinical Care	8.5
Supporting professional activities	1.5
Additional special responsibilities	
Other external duties and activities	
Total programmed activities	10.0

Consultant Anaesthetists work as a team to undertake their clinical and related duties for the Trust. Individuals' job plans vary in accordance with their skills and interests as well as their role within the department.

The standard Job Plan is for 10PAs comprising of 8.5 Direct Clinical Care PAs, of which job diaries have shown 2PA required for predictable and unpredictable on-call and 1.5 Supporting Professional Activity PAs.

Direct Clinical Care

6.5 PAs per week in 'routine' DCC activity made up of a combination of some or all of the following:

All day operating list or intensive care	2.5 PAs
Half day operating list or intensive care	1.25 PAs
Clinics, including clinic admin time	1.25 PAs
Daytime On Call	2.5 Pas

In addition a further average of 2 PAs per week allocated for provision of out of hours on call cover on a 1 in 8 rota:

Predictable (weekday evenings and weekend mornings)	1.0 PA
Unpredictable	1.0 PA

Anaesthetists' duties when covering operating lists include pre- and post-operative ward work. Depending on when patients are admitted, this work is usually done on either the same day as the list, or the preceding day. The PA calculation is therefore based on an average notional 0800 – 1800 working day.

Daytime on call runs from 0800 – 1800, during the week, with change-over at 08:30 Saturday, Sunday and bank holidays.

There are predictable periods of on call activity during early evening on weekdays and in the mornings at weekends. It is normally expected that the on call Consultants will come in on Saturday and Sunday mornings at, or soon after 8:30.

Routine and on-call duties are shared between Consultants according to an agreed and published rota. Every effort is made to make efficient use of the staff available whilst maintaining on call cover. Rotas will normally be published 6 weeks in advance and after that any change in time of sessions should be agreed by individual and the department. Location and nature of lists or clinics may be changed at shorter notice if the anaesthetist concerned is informed.

The intensive care team is committed to a joint approach and common working practices across the two units. All appointees may be required to work up to 20 days (50PA per annum) in WCH when based on the CIC site. Travel for a daytime 0800-1800 activity normally attracts up to 0.5PA per day worked which can be used as additional payment or time in lieu.

All doctors should be familiar with the GMC requirements governing good medical practice, which is supported by the Trust.

Appendix 2

Person Specification – Consultant in Anaesthesia and Intensive Care

Item	Essential	Desirable
Qualifications and Training	<p>Valid Registration with the General Medical Council.</p> <p>Fellow of Royal College of Anaesthetists or equivalent</p> <p>Completed Higher Specialist Training in Anaesthetics or evidence of equivalent competency (approved by PMETB/GMC).</p> <p>On the Specialist Register for the above, or be within 6 months of being admitted to the Register at the time of interview.</p> <p>Stage 1, intermediate ICM training or eligibility for affiliate fellowship or equivalent.</p> <p>Completion of basic, intermediate and higher training in ICU as per RCOA modules, or equivalent</p> <p>Evidence of recent and on-going CPD in intensive care</p>	<p>Other relevant medical and non-medical training/degree.</p> <p>Other relevant postgraduate qualification.</p> <p>Instructor status in either ATLS/APLS/ALS</p> <p>FFICM and/or advanced level training in ICM</p> <p>CCT in intensive care medicine</p>
Skills/Knowledge	<p>Excellent communication skills with patients, colleagues, managers and other staff</p> <p>Knowledge of Audit</p>	<p>A commitment to, and experience of teaching</p>

	<p>process & Clinical Governance</p> <p>Ability to organise workload efficiently</p> <p>A special interest to complement that of the existing post-holders</p>	
Experience	High level of clinical experience and competence in a wide variety of fields of anaesthesia and intensive care	Experience and understanding of District General Hospital practice
Research and Teaching Experience	<p>Ability to apply research outcomes to clinical problems</p> <p>Commitment to continuing medical education, appraisal and clinical governance.</p>	<p>Publications in peer reviewed journals.</p> <p>Experience of teaching to undergraduates and postgraduates.</p>
Personality and Disposition	<p>Ability to work as part of a multi-disciplinary team</p> <p>Enquiring, critical approach to work.</p>	Willingness to undertake additional professional responsibilities at local, regional and national levels
Personal circumstances	<p>See Consultant Competency Framework (Appendix 3)</p> <p>Able to participate in on-call and emergency cover.</p> <p>Ability to travel to fulfil the requirements of the post.</p> <p>Able to be based within 30 minutes of the base hospital.</p> <p>Ability to work daytime sessions in ICU WCH</p>	