



The Royal Wolverhampton
NHS Trust



Candidate Pack

Consultant Anaesthetist With an interest in Obstetric Anaesthesia

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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PART 1

THE ROYAL WOLVERHAMPTON NHS TRUST

Our Vision and Values

Together with our staff we have developed a vision and set of values which form a framework for a positive and supportive environment for our patients, visitors and staff. We believe that all candidates should be able to demonstrate and be equally committed in fulfilling these values to be successful in their application.

Our vision and values are detailed below; if you feel that you are as committed as we are to their delivery, please continue with your application.

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe & effective

We will work collaboratively to prioritise the safety of all within our care environment

Safety

Raising concerns

Communication

Teamwork

Reassuringly professional

Kind & caring

We will act in the best interest of others at all times

Welcoming

Respectful

Helpful

Listen

Appreciate

Exceeding expectation

We will grow a reputation for excellence as our norm

Aiming High

Improving

Responsible

Timely

Makes connections

The Trust

The Royal Wolverhampton NHS Trust are one of the largest acute and community providers in the West Midlands having more than 850 beds on the New Cross site.

The Trust also has 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, the Trust employs over 10,000 staff, covering more than 350 different roles.

We provide services from the following locations;

- New Cross Hospital – secondary and tertiary services, maternity, Accident and Emergency, critical care and outpatients;
- West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients;
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology and medical day case investigations and treatment (including endoscopy) ;
- More than 20 community sites – community services for children and adults, walk-in centres and therapy and rehabilitation services ;
- Primary care – Ten GP practices have now joined us and offer extended opening hours to patients.

In 2018, 495 staff were successfully transferred from three different organisations to form the Black Country Pathology Service (BCPS).

BCPS comprises of the four pathology laboratories in the Black Country:

- The Dudley Group NHS Foundation Trust;
- Sandwell and West Birmingham NHS Trust;
- Walsall Healthcare NHS Trust;
- The Royal Wolverhampton NHS Trust.

New Cross Hospital

New Cross Hospital was originally built as a workhouse. The first phase of the modern hospital, built by Alfred McAlpine, was completed in 1970. Since then it has grown and become the main Acute General Hospital for Wolverhampton, replacing The Royal Hospital, on Cleveland Road, which closed in June 1997.

In 2004 the £57m Heart and Lung Centre opened on the site, the UK's first purpose built specialist heart centre.

The hospital provides Secondary and Tertiary Services, Maternity, Critical Care and Outpatients.

In 2015 a new £38 million Emergency Department was opened at the Hospital. Boasting 30 treatment rooms for minor injuries, 18 for major injuries and a resuscitation area for adults, as well as a dedicated paediatric area for children. The Emergency Department is one of the largest in the region.

Cannock Chase Hospital

Cannock Chase Hospital is a thriving, busy site offering a wide range of surgical procedures for patients from Cannock, Wolverhampton and surrounding areas. A total of £27 million was invested in new operating theatres and refurbished wards over the last few years. Cannock Chase Hospital is a hub of activity for day cases and inpatient surgery.

The hospital provides;

- General surgery (examples include hernia repair and gall bladder surgery);
- Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery);
- Breast surgery (not cosmetic) ;
- Urology (includes bladder and kidney);
- Dermatology/plastic surgery (removal of lumps and lesions) .

Cannock also provides the following day case investigations and treatment;

- Endoscopy (examples include colonoscopy and gastroscopy) - Rheumatology (includes day care and intravenous treatment for conditions such as rheumatoid arthritis) ;
- Dermatology (includes phototherapy, intensive topical skin treatments).

Achievements

The last few years have seen the Trust reinforce its position as a leading healthcare provider. We have continued to drive forward change with clinicians and managers working in partnership to deliver the patient safety and quality agenda, push the boundaries of efficiency and productivity and embed cultural change to proactively manage issues such as mortality and Never Events.

Our recent achievements include:

- Rated outstanding in caring in February 2020 by the CQC following an inspection;
- In 2018, a new 2.4 million Stroke Unit opened at New Cross – now all suspected stroke cases from Wolverhampton and Walsall are treated in this specialist unit;
- Setting the UK record for days without a healthcare acquired MRSA bacteraemia (1142); more than 60% reduction in MSSA bacteraemia ;
- Seeing a continued reduction in the number of cases of C.difficile;
- Universal surgical site infection surveillance, including post-discharge surveillance ;
- Enhanced our position as a tertiary provider by becoming the first Trust in the West Midlands to perform robotic surgery ;
- Achieved NHSLA level 3 standards for General Services and level 2 for our Maternity Services ;
- Opened a Midwifery Led Unit to increase the choice for mothers ;
- Implemented 7 day consultant working across the majority of specialties ;
- Achieved a reduction of more than 70% in avoidable hospital acquired pressure ulcers; more than 70% of our wards had zero avoidable pressure ulcers and we are using telemedicine to improve community reporting ;
- Reducing mortality rates to national benchmarks, working with the CQC and Dr Foster to understand the drivers of mortality and contribute to national guidance ;
- Demonstrated our commitment to patient safety by offering a comprehensive inter-professional training programme in our Clinical Simulator Centre .

Developing Services for the Future

The Trust's business is delivering high quality, safe and effective healthcare to our patients. Our service strategy, informed by our vision and our strategic goals, ensures that:

- We maintain our position as the provider of choice for local people for a full range of services, thereby building on our vision and strategic goals;
- We consolidate our position as a major provider of community and acute healthcare within the Black Country and beyond into Shropshire and Staffordshire.;
- We maximise opportunities through organic growth to extend our boundaries and market share, centralising only when needed and outreaching into the community where possible. Boundary extension into surrounding counties is a particular goal for tertiary services as a way of supporting our consolidation objective for a wider range of services;
- We ensure that strong sustainable safe services can be maintained for the people we serve.

The high quality of the services we deliver is based upon a foundation of excellent relationships between clinicians and managers working together in partnership to safeguard the organisation for the future. These relationships have enabled the Trust to drive through transformational change which has improved quality, driven out inefficiency and positioned the organisation at the top of the league.

Primary Care Network

Our Primary Care Network offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

This programme initially started in June 2016 and the Trust has taken on board ten Practices to date. A number of other GP Practices are either undergoing a formal due diligence process or have submitted expressions of interest to join the fantastic new venture.

This is being driven by the GPs and senior clinicians at RWT who are working in the best interest of their patients and provide value for money for the tax payer. The GP Practices are all working together, and with RWT, to develop our plans for closer working together between hospital, community and GP services.

GENERAL

Acute Provider Partnerships

The boards of Walsall Healthcare NHS Trust (WHT) and the Royal Wolverhampton NHS Trust (RWT) have commenced work on a strategic collaboration, this approach aims to significantly improve the quality of care for our populations, standardise clinical practice and provide a safe, skilled and sustainable workforce. Shared leadership is now in place with a joint Chair and CEO alongside other key roles including executive and non-executive positions. Progress to develop shared clinical services is underway in a number of areas and good practice is being shared to support recruitment and retention of staff.

In addition to this, further partnership working is being undertaken as part of the Acute Care Collaboration Programme. This is a joint programme between Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and The Dudley Group of Hospitals NHS Foundation Trust (DGoH), WHT and RWT. This is a clinically led programme that aims to identify opportunities to reduce unwarranted clinical variation, reduce inequalities and improve current inequities in access. Clinical discussions, which have the full support of each organisation, are taking place across a number of specialities and there is a clear commitment to make changes to improve care from all stakeholders.

Audit

There is a fully staffed Audit Department with a well-organised team and there is regular, on-going clinical audit. Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

Research & Development

The Trust has a busy, proactive Research & Development Directorate with an overall objective to improve patient care, treatment and quality of life by the performance and dissemination of clinical research and innovation.

Formed in 1998, the R&D Directorate has grown rapidly in parallel with the development of the Trust's research and innovation culture. The R&D Clinical Director and management team are supported by a team of experienced research nurses and administrators who operate efficient and effective systems for research management and governance. We aim to increase the opportunities for local patients and the public to participate in and benefit from, research.

The Directorate supports all research conducted within the Trust from questionnaire studies to randomised controlled trials and the Trust acts as sponsor for a variety of own account investigator led studies, guiding and streamlining the management of research across many clinical areas. The Directorate has established links with a number of Universities and other research partners and has a wealth of experience conducting commercial research.

The Trust takes pride in being the Host for the NIHR Clinical Research Network: West Midlands. Through the Network, support is generated across 6 clinical divisions to provide the infrastructure that allows high-quality clinical research to take place by helping

researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training and work with patients to ensure their needs are at the very centre of all research activity.

With the on-going dedication of enthusiastic researchers we aim to establish the Trust as a recognised centre of research excellence and attract, develop and retain the best professionals to conduct NHS research and deliver the highest quality care.

Continued Professional Development, Revalidation and Appraisal

Continued Professional Development (CPD) for Consultant Staff is supported and encouraged by the Trust, within funding, time and facilities available.

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK, provides greater assurance to patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.

The Trust fully supports the GMC's Revalidation agenda and we have a dedicated Revalidation Support Team who support the co-ordination of Revalidation and medical appraisal activity, providing personalised support for all consultants, which includes the facilitation of 360° Multi-Source Feedback, providing advice and guidance on completing appraisal documentation and sourcing evidence.

A mentoring programme is in place for consultants at the Trust and newly appointed consultants are routinely offered a consultant mentor in line with Royal College and GMC requirements.

Medical Education

Undergraduate

We are a teaching Trust of the University of Birmingham and Aston Medical School. We aim to provide high quality undergraduate medical education to inspire our future doctors to deliver excellent medical care and patient safety. The trust is keen to encourage new consultants to form part of the educational faculty and take formal teaching roles on undergraduate firms.

Post Graduate

The Trust has both doctors from Health Education West Midlands (HEWM) and an active clinical fellowship programme. Providing quality education placements is important to the Trust and all consultants are expected to take an active part in the clinical supervision of these colleagues. There are opportunities to take up formal positions in clinical supervision and develop as a clinical educator. There are ambitions to develop a surgical skills centre and the Trust has been a recipient of funding from Health Education England (HEE) to develop this. There is a strong track record within the organisation in the development of clinical education at all levels and we would seek to support individuals with a strong interest in medical education to build this into their posts in a formal way

Health and Safety

All employees of the Trust have a responsibility to abide by the safety practices authorised by the Trust. They have an equal responsibility with the management for maintaining safe working practices.

Infection Prevention and Control

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. As a senior medical staff member you must act as a role model in reducing all risks of patient harm. You have a responsibility to comply with Trust policies for personal and patient safety and for the prevention of Healthcare Associated Infection (HCAI). This includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment, safe disposal of sharps, dress code and compliance with mandatory training requirements. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

Standards of Behaviour

As an employee of the Royal Wolverhampton NHS Trust you will have an absolute commitment to the delivery of high quality services for our patients and for their right to be treated with dignity and respect.

Safeguarding

All employees have a responsibility to support the safety and well-being of children, young people and adults at risk of harm and to practice in accordance with legislation.

Knowledge, skills and competency are to be maintained according to role and responsibilities in order to fulfil Safeguarding Children and Adults at Risk responsibilities. All employees are expected to comply with existing local Safeguarding policies and procedures, and Trust and Wolverhampton Safeguarding Children Board and Safeguarding Adults at Risk requirements.

TRUST EXECUTIVE STRUCTURE

Our Trust Board has a Chairman and a combination of Non-Executive and Executive Directors, comprising of

Prof David Loughton CBE	Group Chief Executive
Sir David Nicholson	Group Chairman of the Board
Kevin Stringer	Group Chief Financial Officer and Group Deputy Chief Executive
Prof Ann-Marie Cannaby	Group Chief Nurse and Lead Executive for Safeguarding
Alan Duffell	Group Chief People Officer
Gwen Nuttall	Chief Operating Officer and Deputy Chief Executive for RWT
Dr Jonathan Odum	Group Chief Medical Officer
Dr Brian McKaig	Chief Medical Officer
Simon Evans	Group Chief Strategy Officer
Debra Hickman	Chief Nursing Officer for RWT
Tracy Palmer	Director of Midwifery
Sally Evans	Group Director of Communications and Stakeholder Engagement
Kevin Bostock	Group Director of Assurance
Keith Wilshire	Group Company Secretary
Non-Executive Directors	
Louise Toner	
Lisa Cowley	
John Dunn	
Martin Levermore	
Alison Heseltine	
Julie Jones	
Associate Non-Executive Directors	
Angela Harding	
Gill Pickervance	
Umar Daraz	

The Chief Medical Officers are the Trust Lead for Clinical Governance and to assist them in this role Associate Medical Directors, who are members of the consultant staff, have been appointed as follows:

Prof BM Singh	Clinical Director for IT
Prof J Cotton	Clinical Director of R & D

Dr J Macve
vacant

Director of Infection Prevention & Control
Cancer Lead

TRUST DIVISIONAL STRUCTURE

A Divisional and Clinical Directorate system operates within the Trust. There are four divisions consisting of the following specialties, which are grouped under Divisional Management units. Each has a dedicated management team comprising of Divisional Medical Directors, a Deputy Chief Operating Officer and a Head of Nursing. Each Directorate within the Divisions are led by a Directorate Management Team comprising of a Clinical Director, Directorate Manager and Matron.

The Divisional Medical Directors, whilst retaining his/her clinical commitments, also undertake responsibility for formulating the Division's strategic development, management of the budget and clinical governance.

Division 1	Division 2	Division 3
<ul style="list-style-type: none">• Pathology• Critical Care Services• Cardiothoracic• General Surgery• Urology• Trauma & Orthopaedics• Obstetrics and Gynaecology• Neonatal• Ophthalmology• Head and Neck	<ul style="list-style-type: none">• Rehabilitation• Care of the Elderly• Stroke• Neurology• Respiratory• Diabetes• Gastroenterology• Renal• Emergency Services• Oncology/ Haematology	<ul style="list-style-type: none">• Adult Community Services• Primary Care• Sexual Health• Radiology• Pharmacy• Therapy Services• Dermatology• Rheumatology• Children's Services• Cancer Tracking & Improvement Team

The City of Wolverhampton and Surrounding Areas

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30-minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles).

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities. The wider hospital catchment area has a population of in excess of 350,000.

With more than 600 shops, bars, café and restaurants, Wolverhampton is not only a great place to work but also somewhere to relax and enjoy. The city centre is just a 10-minute bus ride from New Cross Hospital.

There are two indoor shopping centres, markets, theatres, cinemas, art galleries, concert venues and clubs. Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls in North Street and the Slade Rooms in Broad Street host a mix of world renowned bands, comedy acts, classical music and sporting events. In addition, there is an Art Gallery and a good public library. The Grand Theatre in Lichfield Street is one of the country's leading regional theatres has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all-weather racetrack for horses and at least six golf clubs are within easy reach.

Accommodation and Education

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self-contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Trysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewood), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.

The Environs

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be the industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England's second city is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa, West Bromwich Albion and Birmingham City

Football Clubs, Warwickshire County Cricket Club at Edgbaston and the Alexander Athletics Stadium. There is also the Arena Birmingham (NIA) and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire and Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Cleve Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour. The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boat holidays.

Transport Links

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.

The Divisional (Division 1) Management Team comprises:

Damian Murphy, Divisional Medical Director
John Murphy, Divisional Medical Director
Lewis Grant, Deputy Chief Operating Officer
Clair Hobbs, Head of Nursing
Tracy Palmer, Head of Midwifery & Lead Nurse for Gynaecology

The team is supported by

Bal Chanian, Divisional Clinical Finance Manager
Joanne Colgan, Divisional Governance Lead
Louise Simms Divisional HR Manager

ANAESTHETICS, PERI-OPERATIVE AND PAIN MEDICINE DIRECTORATE

The Directorate is based on the New Cross Hospital site but provides anaesthetic support to surgical specialties across the Trust sites of New Cross and Cannock Chase Hospitals, The Wolverhampton Eye Infirmary as well Chronic and Acute Pain Management, Obstetric Services, Paediatric Dental Chair Services and Radiology (including MRI).

Consultants

Dr Shashank Agarwal
Dr Madhu Ahuja
Dr Shiva Alagarsamy
Dr Bruce Allan
Dr Jyothi Avula
Dr Imran Azher

Specialist Interest / Role

ENT / General / Regional Advisor for the RCoA
Day Surgery Lead / Paediatrics
General / Obstetrics / College Tutor
Acute Pain Lead / Equipment Co-Lead
General
Chronic Pain/ General

Dr Cyril Chacko
 Dr Rangaswamy Chandrashekar
 Dr Andrew Claxton
 Dr Jose Cros
 Dr Christy Davis
 Dr Nikhil Desai
 Dr Kesavan Dhamodaran
 Dr Prabakhar Dharmeswaran
 Dr Anu Dhillon
 Dr John Dyer
 Dr Simon Fenner
 Dr Saibal Ganguly
 Dr Anush Gnanamuttu
 Dr Shameer Gopal
 Dr Jessica Goude
 Dr Shamim Haque
 Dr Yoshimi Ito
 Dr Jacintha Jayadoss
 Dr Ingrid Jones
 Dr Roma Kalaria
 Dr Harish Kathuria
 Dr Imraan Khan
 Dr Mahboob Khan
 Dr Jacquelyn Lewin
 Dr Yat Li
 Dr Richard Lightfoot
 Dr Dikshikha Mathur
 Dr Andrew Macduff
 Dr Dinesh Meessala
 Dr Thomas Moody
 Dr Richard Morse
 Dr Meenu Netke
 Dr Bruce Olojede
 Dr Jason Patel
 Dr Tom Parker
 Dr Jag Pooni
 Dr Binu Raj
 Dr Asha Ramkumar
 Dr Athula Ratnayake
 Dr Waqas Rehman
 Dr Majid Shaikh
 Dr Sumant Shanbhag
 Dr Anil Singh
 Dr Manpreet Singh
 Dr Raj Thangaiah
 Dr Sree Uppugonduri
 Dr Tina Vaz
 Dr Sorana White

ICM
 Obstetrics / Robotic Urology
 Ortho / SIM Education / NELA Lead
 Trauma / Spines / Paediatrics / Regional Lead
 Trauma / General / Paediatrics
 Chronic Pain / Gynae / Consultant's Rota
 ICM
 Trauma / General
 Eyes
 Clinical Director / Obstetrics / Regional
 General / Airway
 General / ICM
 Gynae-Oncology / Pre-Assessment
 ICU Lead
 Obstetrics / Ortho / Regional
 Ortho
 Obstetrics
 Obstetrics
 Rota Lead / Ortho / Paeds
 Regiona / Periop
 Chronic Pain Medicine / Obstetrics / Trauma
 Ortho
 Maxillo-facial / Pharmacy Lead
 Chronic Pain Medicine Lead / Audit Lead
 General / IT Lead
 ENT / Equipment Co-Lead / Airway Lead
 Ortho / Transfusion Lead
 ICM
 Ortho / Obstetrics / Pre-Assessment Lead
 Obstetrics / Regional
 General / QI Lead
 Maxillo-facial / Sustainability Lead
 Obstetrics Lead / Paediatrics
 Regional / Periop
 General / Trauma
 ICM Clinical Director
 Ortho / Pre-Assessment / CEPOD Lead
 General / ICM
 Trauma / Pre-Assessment
 General
 General / Paediatrics Lead / College Tutor
 Pre-op / Ortho / CCH Lead/ Enhanced Recovery
 Ortho
 Periop Lead / Airway
 Ortho / General
 General / ST Training Programme Director
 General
 Paeds / General / Obs

Non – Consultant Career Grades

Dr Tom Jones
 Dr Shalini Krishna
 Dr Kris Panabokke
 Dr Yvonne Soon

Speciality Doctor
 Speciality Doctor
 Speciality Doctor
 Speciality Doctor

Dr Kevin Dave	Senior Clinical Fellow
Dr Beenish Bashir	Senior Clinical Fellow
Dr Arun Gautham	Senior Clinical Fellow
Dr Merin George	Senior Clinical Fellow
Dr Monisha John Neelankavil	Senior Clinical Fellow
Dr Juliya Pearl Johnson	Senior Clinical Fellow
Dr Roshan Kurien	Senior Clinical Fellow
Dr Deepshikha Mehra	Senior Clinical Fellow
Dr Parvathy Nair	Senior Clinical Fellow

Trainee Grades

ST4 – ST7	13 Anaesthetic Stage 2 and Stage 3 PGDiTs
CT1-3	15 Anaesthetic Stage 1 or ACCS PGDiTs

Management & Administrative Staff

Mandeep Chana	Group Manager, CCSD
Stuart Mitchell	Matron/Clinical Lead Theatres
Claire Norris	Matron/Clinical Lead Theatres
Samantha Sewell	Matron (ACCP's, CCOT, Sepsis)
Geraldine Hardisty	Acting Matron ICCU
Roshni Gohil	Clinical Governance Facilitator, Theatres
Rajdeep Mann	Clinical Governance Facilitator, ICCU
Nigel Bowater	CNP Acute Pain
Chloe Dickin	PA to Clinical Director and Group Manager
John Mincher	Theatre Scheduling/ Rota Co-ordinator and Manager
Laura Talbot	Theatre Scheduling/ Rota Co-ordinator

Chronic Pain Service (CPS) Staff

Claire Harrison	Directorate Manager
Carrie Timmins	Pain and Pre-op Manager
Nicola Hickson	Lead Nurse, Chronic Pain and Pre-Assessment
Kelly McCarron	Pain Health care assistant
Trina Benjamin	Chronic Pain Admin

DIRECTORATE MANAGEMENT

The senior managers of the Directorate comprise of the Clinical Director (Dr John Dyer), Group Manager (Mandeep Chana) and senior Matrons (Stuart Mitchell & Claire Norris). They meet regularly to discuss Directorate issues and encourage great team working across all areas and grades of staff. Professional development and empowerment are encouraged, as is service development. All operate an 'open door' access philosophy in addition to having a monthly Directorate meeting.

The Directorate Managers in turn meet regularly with Divisional & Corporate managers to ensure the delivery of the Directorate services is of the highest standards in terms of Safety, Effectiveness & Efficiency. They aim to promote keeping our service at the forefront of peri-operative care as well as complementing the Trust's strategic objectives.

There are leads for the majority of areas of Directorate work and each clinical lead is encouraged to meet with colleagues within in the same sub-specialty area regularly. The Directorate has CLW, a web-based electronic medical staff rostering system that allows delivery of real time data and changes.

PERI-OPERATIVE AND PRE-OPERATIVE SERVICE

The directorate has been working closely with the national Get it Right First Time (GIRFT) team to develop a first class Pre-operative Assessment service, as part of our expanding Perioperative Medicine service.

New Cross Hospital

There is a dedicated centralised Pre-Operative Assessment Suite at New Cross Hospital, supported by phlebotomy and ECG rooms and staffed by our Pre-Op nurses, HCAs and admin support.

Cannock Chase Hospital

There are 14 rooms for admission that double up as pre-operative rooms in the Holly Bank Unit at Cannock. A 'one-stop shop' pre-assessment service is offered to orthopaedic patients being seen at Cannock Orthopaedic OP with additional patients being booked to be assessed there from New Cross OP. There are two phlebotomy/ ECG rooms. These are staffed by our Pre-Op team of nurses and HCAs.

THEATRE ACTIVITY

New Cross Hospital (NXH)

New Cross Hospital carries out over 25,000 operations in theatres annually, including major and reconstructive surgery for oncology cases, gynaecological, colorectal, breast, urological and head & neck cancer. This includes the use of the *Da Vinci*® robot for laparoscopic urological, gynaecological & colorectal surgery and *Enhanced Recovery* for orthopaedic arthroplastic work.

NXH has multiple operating suites.

Nucleus Theatres: Ten operating theatres, 2 of which are used for Robotically assisted surgery. General, Urology, Gynaecology, Head and Neck, Orthopaedics and Trauma

Beynon Centre Theatres: Five operating theatres for Day surgery and Gynaecology.

Ophthalmic Theatres: Two operating theatres in the Eye Hospital.

Obstetric Theatres: Two operating theatres in the Maternity Unit.

Anaesthesia is also provided in Radiology (CT/ MRI scan rooms) and Dental Suite. The Heart and Lung Centre has four theatres, one of which now delivers minor/ intermediate vascular, ENT & general surgery and three that deliver cardiothoracic surgery.

There is a dedicated admission suite (Appleby Suite) for elective surgery patients.

Cannock Chase Hospital

There are seven operating theatres which are used for elective orthopaedic surgery along with a dedicated pre-operative assessment suite and a Level 1 Surgical Enhanced Care Unit for higher risk peri-operative patients.

OUT OF HOURS SERVICE

General Consultant Anaesthetists provide two on-call rotas; 1:28 1st on-call rota and a 1:28 2nd on-call rota which acts as a back-up for the 1st on call consultant. Combined on-call commitment is 1:14

There are currently 5 resident anaesthetists out of hours and at weekends.

- 1st On-call for theatres (CEPOD/Emergencies)
- Obstetrics On-call
- Cannock Chase Hospital On-call
- 1st On-call for ICM
- 2nd On-call for ICM

These rotas, are staffed by Junior Medical Staff, a mixture of PGDiTs, Senior Clinical Fellows and SAS Doctors. All rotas are EWTD compliant.

Trauma anaesthesia is covered by Job Planned Consultant sessions in the week. At the weekends a team of ten Consultants provide the Trauma Theatres cover on a 1:10 rotational basis.

CEPOD Theatres are also covered by Job Planned Consultant sessions in the week. Similar to Trauma, at the weekend a separate team of ten Consultants provide the CEPOD theatres cover on a 1:10 rotational basis.

OBSTETRIC ANAESTHESIA

There are around 5000 deliveries annually with above average teenage pregnancies and low birth weight babies. Our workload is challenging but interesting. We are increasingly caring for mothers with complex medical problems, non-severe cardiac conditions and abnormal placentation with support from our local tertiary centre where required.

There are 18 consultant sessions per week committed to Obstetric Anaesthesia plus a weekly High Risk Obstetric Anaesthetic clinic.

A pre-natal assessment unit for high-risk pregnancy monitoring is available and there are also 2 Enhanced care rooms on the delivery suite to allow care of high-risk mothers.

There is a monthly Cardiac-Obstetric MDT which is attended and supported by colleagues from our closest tertiary centre (University Hospitals Birmingham), as well as a monthly maternal medicine MDT. Both meetings are attended by at least one obstetric anaesthetist.

We are one of the only trusts in the region with an Obstetric Physician on our staff, that also attends these meetings and provides support for our mothers with complex medical problems. There is a weekly MDT risk meeting to review critical incidents and a monthly Intra-partum meeting attended by the obstetric lead, but which is open to all obstetric anaesthetists to attend.

24/7 Junior Medical Staffing is provided by a mixture of Post Graduate Doctors in Training, Senior Clinical Fellows and Specialty doctors. They are supported by the anaesthetic consultant on the delivery suite during daytime hours and the on-call consultant out of hours and at weekends.

We participate in the national audit programme and active research is constantly being undertaken in the unit, so involvement is encouraged.

We undertake regular MDT training both in our simulation suite as well as run a Practical Obstetric Multi-Professional Training (PROMPT) Course which you would be expected to be involved in as faculty.

Team working and civility are at the forefront in our working practices on our unit as we believe this results in a safe and effective work environment that leads to the excellent care we are able to deliver.

REGIONAL ANAESTHESIA

The trust has a regional anaesthesia lead for training. There are regular trainees who undertake the Advanced Regional Anaesthesia Fellowship at NXH. There will be opportunities to get involved in the training programme if you are interested.

PAEDIATRIC ANAESTHESIA

When fully operational, up to 10% of our surgical workload is paediatric, large DGH work in general surgery, urology, ophthalmology, elective orthopaedics, trauma, Paediatric MRI, Chair dental, emergencies and resuscitation.

We have a dedicated paediatric day surgery ward and facilities for overnight stays on the paediatric wards. There is an efficient nurse-led pre-assessment clinic with Consultant Anaesthetist input as required. We have equipment and have done in-situ simulation training in theatres but aspire to further develop multi-disciplinary delivery of such training with paediatrics and ED who have fortnightly in-situ simulation training in their respective areas.

Annual Paediatric life support update for Anaesthetists is facilitated by the Clinical skills team. RWHT subscribes to the Paediatric Anaesthesia Network, West Midlands (PAN-WM) a subsidiary of Partners in Paediatrics.

CHRONIC PAIN MANAGEMENT SERVICE

The Chronic Pain Medicine (CPM) service at the New Cross Hospital led by Dr Jacquelyn Lewin, is a part of the Anaesthesia, Perioperative and Pain Medicine Directorate, and takes referrals from both Primary Care physicians as well as the various hospital specialities; Rheumatology and Orthopaedics being the most frequent sources of referral.

The new patients seen in the last 12 months have exceeded 1700 and were referred from Wolverhampton and neighbouring areas. The chronic pain team presently comprises three consultant anaesthetists and an associate specialist with an interest in chronic pain medicine, one Specialist Nurse and an Occupational Therapist.

Currently the service provides the following sessions each week: - 5 consultant OP; 1 pain nurse OP and 4 OP (invasive) treatments.

The OP treatments offered by the CPM service include X-ray and ultrasound guided injections (including radiofrequency ablation), acupuncture and TENS delivered by both the physiotherapist and the pain nurses. Pain Management Programme is currently undergoing a redesign to be led by a pain management psychologist and include input from the physiotherapist, the pain nurses and occupational therapist. New RF equipment and dedicated modern ultrasound machines are available for the pain management consultants for use in a dedicated X-ray screening theatre/ procedure room in the pre-operative assessment & admission suite (Appleby). The CPM nurses offer a limited inpatient service.

The CPM team meet on a monthly basis for an MDT meeting for two hours where the discussion about service issues as well as clinical and academic discussions takes place. This is also the forum where a multidisciplinary approach to the management of difficult cases is discussed. The CPM team have been developing resource of information leaflets as well as implementing a systematic approach towards audit of clinical outcomes and patient satisfaction with the service.

The culture within the CPM team is very much a multidisciplinary approach not just in words but also in spirit. The members of the team are a cheerful and motivated group of professionals who respect each other's skills and strive to make our service a truly responsive and valuable service for the patients in our region who suffer from chronic pain.

INTEGRATED CRITICAL CARE UNIT

Critical Care has its own directorate and management structures. Most of the Critical Care Consultants are also Anaesthetists and we work closely together.

The Integrated Critical Care Unit (ICCU) is situated in the Heart and Lung Centre (opened in 2004) and comprises both general and cardiothoracic Critical Care beds. There are a total of 28 funded Critical Care beds divided between the General ICU and the cardio-thoracic unit. The General ICU is managed by the Critical Care Directorate. The Cardiothoracic Critical Care beds are managed by the Cardiothoracic Anaesthetists in conjunction with the Cardiothoracic surgeons.

UNDERGRADUATE & POST GRADUATE TEACHING

The Trust is a Teaching Trust of The University of Birmingham and the Directorate has a regular commitment for delivering informal bedside & formal class-based teaching both to 4th year & Speciality Selective students. Feedback is generally excellent. Anaesthetists are very much involved with formal student teaching at the Trust's Wolverhampton Medical Institute's Clinical Skills Unit and state of the art three bedded SIM Centre where the importance of Human Factors are very much a component of the teaching.

As part of the Stoke School of Anaesthesia (SSA) the Directorate has been a very active participant in delivering postgraduate anaesthetic training. With the second largest allocation of trainees within the Stoke School, at all levels of RCoA training, not only does Directorate deliver formal teaching days for the School's Primary FRCA curriculum teaching course but also runs monthly in-house teaching. There is active contribution to trainee recruitment and trainees are encouraged to participate in Clinical Audit & Research projects. Trainees regularly present at Regional, National & International Educational conferences. All trainees are supported by remunerated; GMC recognised Educational Supervisors who have shown their on-going commitment to this activity at their annual appraisal. New Cross also has been host to the annual Stoke School's Registrar's Prize Evening for a number of years. Consultants from the directorate are currently in the role of Regional Advisor and TPD for STs in the Stoke School of Anaesthesia. One of our consultants is also the Less than Full Time Deanery representative.

The Directorate routinely gets feedback from the annual GMC Trainees Survey though the Directorate is not complacent in striving for improvement. Our good standing amongst the trainees is evidenced also by how many return to NXH as consultants. The non-training grades (Senior Clinical Fellows and Speciality Doctors) are also encouraged to participate in teaching delivered for the anaesthesia trainees, have a mentor (educational supervisor equivalent) and gain documented competencies that would assist in any request for a CESR route onto the GMC Specialist Register.

PART 2

JOB DESCRIPTION

Job Title	Consultant in Anaesthesia
Grade	Consultant
Programmed Activities (PAs)	10 PAs Option to pick up more clinical sessions
Division	Division 1
Work Base	New Cross Hospital, Wolverhampton
Tenure	Permanent
Operationally Accountable to	Chief Operating Officer through the Clinical Director
Professionally Accountable to	Chief Medical Officer
Key Working Relationships	Clinical Director Group Manager Responsible Officer Consultants and Senior Medical Staff Doctors in Training

This Post is suitable for a candidate with a subspecialty interest in Obstetric Anaesthesia

The example Job Plan in the timetable below includes 3 theatre days.

- One day in Obstetric Theatres and Labour Ward.
- One day in Orthopaedics.
- One flexible day to add variety and service the needs of the directorate.

Please feel free to contact the CD John Dyer for further information

Main Duties & Responsibilities

The Post

- 1) To assist the lead in the development of general anaesthesia services according to those agreed in the job plan.
- 2) Have the expertise to take lead in decision making about the suitability of high-risk patients.
- 3) Have the skills required to manage general anaesthetic services, ensuring that they are delivered in a safe and timely manner. Benefiting both patients and the organisation.
- 4) Lead in developing and showcasing general anaesthesia modules in line with the RCoA curriculum.
- 5) Develop local services and practice using appropriate quality improvement projects.

- 6) To provide anaesthetic services according to those agreed in the Job Plan and to take on-going responsibility for patients under your care
- 7) To co-operate with the other (general) consultant anaesthetists to cover for annual, study and professional leave.
- 8) To deputise for absent colleagues (such as for sickness leave), as far as is practicable.
- 9) To ensure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.
- 10) To actively engage in planning and delivering developments in the Anaesthesia, Perioperative and Pain Medicine Directorate for the Trust.
- 11) To develop & maintain such special skills and interests appropriate to the agreed overall development of the necessary anaesthesia skills as agreed at job planning & appraisal (Personal Development Plan).

General

1. In conjunction with Consultant and Senior colleagues, to provide a service in Anaesthesia, Perioperative and Pain Medicine
2. In conjunction with Consultant and Senior colleagues, to play a full part in the out-of-hours On-Call service for the department. This includes being on-call for telephone advice and major incidents.
3. To provide cover for Consultant and Senior colleagues in respect of periods of leave.
4. In conjunction with Consultant and Senior colleagues, to take part in medical audit and research as appropriate.
5. In conjunction with Consultant and Senior colleagues, to ensure that the requirements of clinical governance are met.
6. To ensure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.

Junior Medical Staff

7. In conjunction with Consultant and Senior colleagues, to play a full part in the professional supervision and management of junior medical staff.
8. In conjunction with Consultant and Senior colleagues, to take responsibility for and devote time to teaching, examination and accreditation duties as required for junior medical staff.

Management & Service Development

9. In conjunction with Divisional Manager, Consultant and Senior Colleagues, to take an active role in the management of the Division.
10. In conjunction with the Divisional Manager, Consultant & Senior colleagues, to play a full part in developing & implementing new ways of working in line with modernisation principles and fit for the future.
11. In conjunction with Consultant and Senior colleagues, to take responsibility for the best use of departmental staffing and other resources to ensure the maximum efficiency of the department.
12. To observe the Trust's agreed policies and procedures, in particular in relation to managing staff, and to follow the Trust's Standing Orders and Standing Financial Instructions. These policies and procedures have been drawn up in consultation with the profession on clinical matters.

Clinical Governance

13. In conjunction with Consultant colleagues, to ensure that the requirements of clinical governance are met.

Health & Safety

14. To take responsibility for your own Health & Safety complying with any safe working arrangements, policies and procedures which are in place.
15. To accept a duty to other staff and patients to ensure that any hazards are reported and managed appropriately.

Any Other Duties

16. Any other duties as deemed appropriate.

Health and Wellbeing

Within the Directorate we aim to support all of our doctors in their Health and Wellbeing. We are flexible within our rotas to accommodate short notice leave and always aim to accommodate longer term health requirements. We have a team that can help with making reasonable adjustments to make working life accessible. We support LTFT at all grades. All Consultants have access to a Mentor where they can discuss any issues that occur. The Clinical director will always aim to be mindful of the health and wellbeing needs of the doctors. We have a dedicated Occupational Health department that can also help to look after our health needs.

Our work is monitored in terms of duration and intensity of work especially out of hours. We are mindful of the ever-increasing demands on our staff and aim to progressively adjust working patterns as necessary.

PART 3

TIMETABLE

This is an outline timetable and the detail will be discussed and agreed with the successful candidate.

Day	Time	Programmed Activity	DCC/S PA	No. of PAs	Location
Monday	08:00-13:00	Flexi Theatres	DCC	1.25	NXH/CCH
	13:00-18:00	Flexi Theatres	DCC	1.25	NXH/CCH
Tuesday	08:00-13:00	Ortho Theatres CCH	DCC	1.25	CCH
	13:00-18:00	Ortho Theatres CCH	DCC	1.25	CCH
Wednesday	09:00-13:00	SPA	SPA	1.0	NXH
Thursday					
Friday	08:00-13:00	Obstetric Theatres and Labour Ward	DCC	1.25	NXH
	13:00-18:00	Obstetric Theatres and Labour Ward	DCC	1.25	NXH
Saturday / Sunday					
Flexible		SPA	SPA	0.5	
PA allocation for on-call				1	
Total Number of Programmed Activities per week				10	
On-call frequency	1 : 14	Category	A	Supplement Payable	3%

This draft timetable has been constructed in accordance with the new consultant contract and is compatible with existing job plans, but open to change in accordance with colleagues' responsibilities to ensure the delivery of a rounded service.

Subsequent job plans and timetables will be agreed annually with the Clinical Director.

DCC = Direct Clinical Care; SPA = Supporting Professional Activities

<p style="text-align: center;">PART 4</p> <p style="text-align: center;">CONDITIONS OF EMPLOYMENT</p>

Terms and Conditions of Service

The successful appointee will be employed by the Royal Wolverhampton NHS Trust subject to the National Terms and Conditions as per the new Consultant Contract (England) 2003 as amended from time to time. This job description is not exhaustive and may be updated from time to time, with consultation, as the needs of the service dictate. A Joint Local Negotiating Committee is in place and any revised Terms and Conditions will be negotiated within that Committee.

Tenure

The appointment is a substantive, full time position which, unless terminated, will be held until retirement. The notice period is three months on either side. The appointment is subject to the provisions of Schedule 14 of the TCS.

Salary

The salary scale is that of the Consultant Grade and the current scale is **£93,666** rising to **£126,281** per annum (2023/2024 rates) for 10 programmed activities per week. Any agreed extra programmed activities and on call requirement will be paid in addition to the basic salary.

Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the TCS.

Starting salary will be determined according to the TCS. Where a candidate has service, in or outside the NHS, which s/he feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

Annual Leave

The annual leave entitlement is 32 working days per annum rising to 34 days on completion of 7 years consultant service. In addition, there is an entitlement to 8 days Public Holiday per annum. Personal leave years will run from 1 April. At least six weeks' notice is required before taking annual leave.

Study Leave

Study Leave entitlement is at the rate of 30 days over a 3-year period. At least six weeks' notice is required before taking study leave.

Superannuation

This post is superannuable under the NHS Pension Scheme for the main contract only. Additional Programmed Activities are not superannuable.

Registration

Candidates must have full registration and a licence to practise with the GMC for the duration of the appointment. In addition, you are required to appear on the Specialist Register or be within 6 months of the award of CCT at time of interview.

Residence

The post-holder will reside within a distance of 30 minutes or ten miles by road from their designated base hospital and will ensure clear arrangements are in place to be contacted immediately when on call.

Travelling Expenses

Travelling expenses are paid in accordance with the TCS.

Potential applicants wishing to visit the Trust will be reimbursed for two preliminary visits (one informal visit prior to application and one for the formal visit before interview) plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK (this includes Eire) will be entitled to travelling and subsistence expenses but only in respect of the journey from the point of entry in the UK to the interview location.

Accommodation & Removal Expenses

The post is non-residential. Single accommodation is available for which a charge will be made. Some family accommodation is available and again a charge is made for this accommodation.

Relocation and / or removal expenses are paid in accordance with the Trust's Policy on Relocation Expenses.

Interview accommodation is available on request.

Car Parking

Car parking is available and it is the condition of employment that all employees who use these facilities purchase a car permit and pay the required fee.

The following conditions must be met before the Trust will confirm an offer of employment.

Asylum & Immigration Act

All employees must provide the Trust with one of the following pieces of documentation to prove their eligibility to work in the United Kingdom under the Asylum and Immigration Act 2016:

- P45 or other Pay documentation from the last employer
- National Insurance Number
- Birth Certificate
- Current Passport
- Work Permit

Criminal Convictions and Police Checks

Employees must declare full details of all criminal convictions or cautions under the Rehabilitation of Offenders Act, 1974. The information given will be treated in the strictest confidence and taken into account only where the offence is relevant to the post applied for.

Successful applicants will be required to undergo a check to be done by the Disclosure & Barring Service.

References

It is a condition of employment that references are provided which are acceptable to the Trust.

Health Screening

It is a condition of employment that all successful candidates are assessed as fit for duty by the Occupational Health Department before commencing their appointment.

Confidentiality

The Trust is fully committed to encouraging its staff to freely contribute views on all aspects of health service activities, especially those on delivery of care and services to patients. However, you shall not, either during or after the end of your employment (however it is terminated), divulge to any unauthorised person confidential information relating to the Trust. This includes, but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

Your obligations of confidentiality under this clause shall not prevent you from raising genuine concerns about healthcare, or a belief that criminal conduct, breach of a legal obligation, health and safety breaches or damage to the environment has been, is being, or is likely to be committed, or any information tending to show any of the above has been, is being, or is likely to be, deliberately

concealed, provided that such disclosure is made in good faith and in accordance with the provisions of the Public Interest Disclosure Act 1998 and the Trust's Policy on Raising Concerns at Work - Whistle Blowing Policy, a copy of which is available from the Human Resources Department.

Private Practice

To comply with the arrangements for undertaking Private Professional Services and the Code of Conduct for Private Practice.

PART 5

APPLICATIONS & VISITING THE TRUST

Further information and visiting the Trust

The Trust welcomes applicants who wish to seek further information or visit. Please contact the following to arrange a visit or for an informal discussion:

Dr John Dyer Clinical Director, Theatres, Perioperative and Pain Medicine Directorate
(PA – Chloe Dickin Tel 01902695558)

Mandeep Chana-Group Manager, Critical Care Services Directorate
(PA – Chloe Dickin Tel 01902695558)

Dr Jonathan Odum and Dr Brian McKaig, Chief Medical Officers: 01902 695958

Prof David Loughton, Chief Executive: 01902 695950

Application

Candidates should apply by visiting TRAC or NHS Website or by visiting the [Trust Website](#).

Further information on the recruitment and interview process can be obtained from:

Medical Resourcing

Medical Resourcing Department
New Cross Hospital
Wolverhampton Road
Wolverhampton, WV10 0QP

Telephone: 01902 481885 Option 1. Internal ext 81885.

Email: rwh-tr.medicalstaffresourcing@nhs.net

PART 6

PERSON SPECIFICATION

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Educational Qualifications	<p>Full registration and a licence to practise with the GMC</p> <p>On the GMC Specialist Register or within 6 months of CCT from the date of interview</p> <p>State any higher training required that is essential in order to fulfil the role</p>	Higher Medical Degree	CV
Experience	<p>State any specific experience required over and above that they could reasonably have gained via training to CCT level.</p> <p>Give specific examples.</p>	Subspecialty training or equivalent	CV/Interview
Ability/skills	Specific skills required to undertake the role above those required to achieve CCT.		CV/Interview
Research and Audit	<p>Where appropriate ask for relevant research published in peer review journals. The level required would depend upon the role i.e. nephrology would require a greater quantity of research.</p> <p>Evidence of audit and the implementation of change following the audit</p>	Relevant research published in peer review journal	<p>CV</p> <p>CV/interview</p>
Education and Teaching	<p>If a teaching qualification or evidence of educational training is an essential requirement of the post this should be stated i.e. Director of Post Graduate Medical and Dental Education.</p> <p>If this is a requirement, state that a proven ability is required.</p>		<p>CV</p> <p>Presentation/ Interview</p>
Management Skills	<p>Demonstrate effective team working skills</p> <p>Time management/organisational ability. An example may be they have developed and run training programmes.</p> <p>Proven knowledge of systems and process of NHS or equivalent</p> <p>Sense of understanding and commitment to corporate responsibility</p>		<p>Interview</p> <p>CV/interview</p> <p>CV/Interview</p> <p>Examples for be given at Interview</p>

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
	Commitment to and understanding of their responsibility to the organisation. Examples may include previous involvement in management roles, management courses		Interview
Leadership*	An understanding of and ability to demonstrate your ability to: <ul style="list-style-type: none"> • Empower others • Lead through change • Influence strategically • Collaborative working • Drive for improvement • Integrity 		Interview / Application
Other	Demonstrate innovation and problem solving abilities Include any practical requirements e.g. able to travel to meet the requirements of the post		CV/Interview

*Leadership Definitions

- Empowering others – striving to facilitate others’ contributions and to share leadership, nurturing capability and long-term development of others
- Leading change through people – communicate the vision and rationale for change and modernisation, and engaging and facilitating others to work collaboratively to achieve real change.
- Effective and strategic influencing – being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements
- Collaborative Working – being committed to working and engaging constructively with internal and external stakeholders.
- Drive for improvement – a deep motivation to improve performance in the health service and thereby to make a real difference to others’ health and quality of life.
- Political astuteness – showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.
- Personal Integrity – a strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.