

Job Description

Job title	Consultant Geriatrician
Grade	Consultant
Professionally accountable to	Divisional Director
Managerially accountable to	Divisional Manager
Base Hospital	Dorset County Hospital

KEY POINTS

This post is a great opportunity for an enthusiastic consultant to participate in the development of services in a friendly district general hospital situated in a beautiful part of England. This post will be within the Department of Medicine for Older People (MOP), with the aim of advancing our service in acute frailty, particularly focusing on patients admitted with hip fractures, other fractures and acute surgical problems.

The successful applicant will join 10 other senior medical staff in Medicine for Older People and Stroke, working to improve the care of emergency medical admissions, frail older people and stroke patients and contribute to a robust seven-day service, including the Thrombolysis on call Rota.

The Trust has in recent years worked with the Acute Frailty Network to develop a dynamic and progressive approach to the management of frail older people. We have developed a fully integrated acute frailty unit in the acute medical unit which provides daily weekday geriatrician ward rounds and MDT review. A Frailty SDEC service provides rapid access appointments, medical falls reviews and direct reviews of suitable ED patients. MOP also provide ward rounds in community hospitals in West Dorset and input to locality virtual wards, alongside providing an advice line to local GPs, community frailty teams and paramedics.

Together with other members of the team, this appointment will facilitate the ongoing development of the Trust's frailty pathway, both within and outside the hospital's walls, in collaboration with Dorset HealthCare, our community partner.

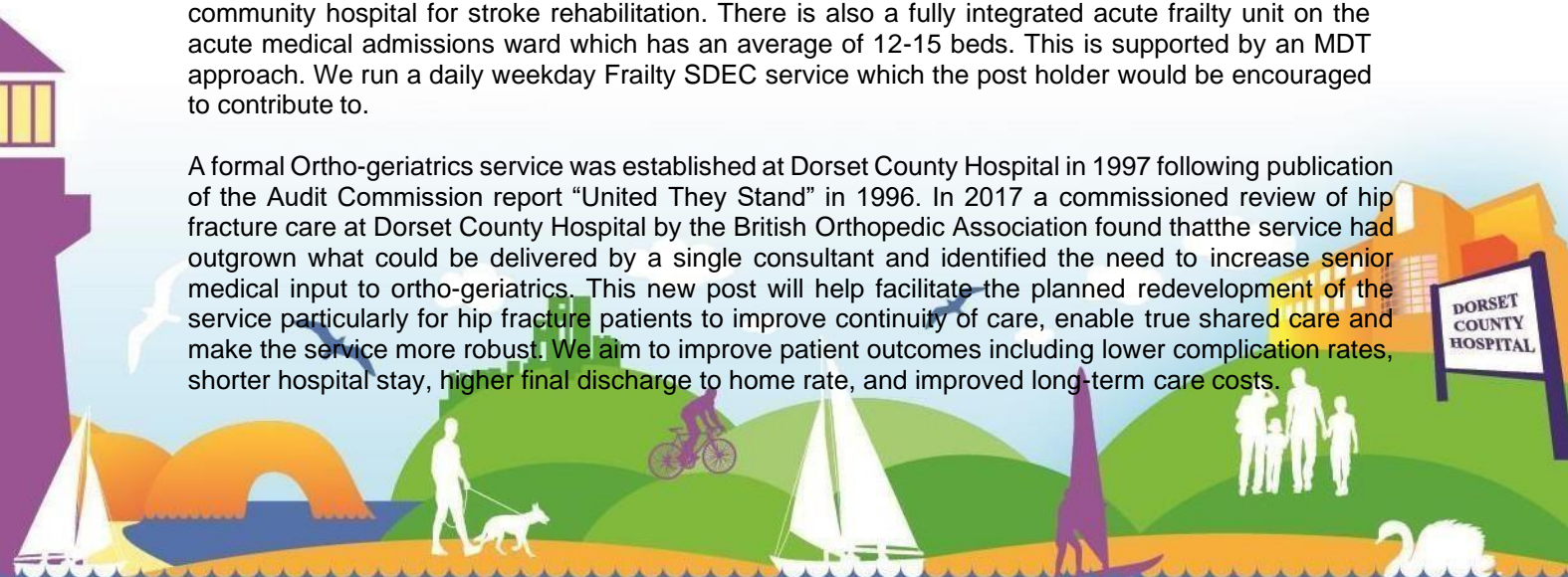
BACKGROUND TO THE APPOINTMENT

Medicine for Older People Department

This post will be one of eight Consultant posts in Medicine for Older People and Stroke Medicine with a range of sub-specialty interests. We envisage this post will provide input to the orthogeriatric service, the acute frailty front door service and potentially the surgical liaison service, depending on the new post holder's interests. We are a flexible department and can also accommodate other interests if required. The job plan will be decided on appointment and can be adapted to meet the needs of the individual.

The Department of Medicine for Older People includes one acute medical ward of 23 beds, a sub-acute "step down" ward of 23 beds (focusing on complex discharge planning and dementia care) and one 22 bedded combined acute and rehabilitation Stroke Unit. There are 14 dedicated beds in a local community hospital for stroke rehabilitation. There is also a fully integrated acute frailty unit on the acute medical admissions ward which has an average of 12-15 beds. This is supported by an MDT approach. We run a daily weekday Frailty SDEC service which the post holder would be encouraged to contribute to.

A formal Ortho-geriatrics service was established at Dorset County Hospital in 1997 following publication of the Audit Commission report "United They Stand" in 1996. In 2017 a commissioned review of hip fracture care at Dorset County Hospital by the British Orthopaedic Association found that the service had outgrown what could be delivered by a single consultant and identified the need to increase senior medical input to ortho-geriatrics. This new post will help facilitate the planned redevelopment of the service particularly for hip fracture patients to improve continuity of care, enable true shared care and make the service more robust. We aim to improve patient outcomes including lower complication rates, shorter hospital stay, higher final discharge to home rate, and improved long-term care costs.



We are looking at developing a Proactive care for Older People undergoing Surgery service (POPS) to complement our work in Ortho-geriatrics, and it is anticipated that the successful applicant to this post will participate in this.

A combined all-ages adult medical 'take' is in operation with a close working relationship between the Acute Physicians and the Medicine for Older People consultants. There is a MOP consultant ward round Monday – Friday on our acute frailty unit. We are working towards this becoming a seven day service, with the aspiration to move to a separate frailty take eventually. Patients are able to attend for rapid access assessment via Same Day Emergency Care (SDEC) and we are developing new pathways to increase the use of SDEC in assessing emergency attendances.

The post holder would be expected to contribute to the all age medical take currently, moving to a separate frailty take when possible in the future.

We have close links with colleagues working in our local community hospitals with some colleagues working across the two areas providing inpatient care to community hospital patients as well as working at DCH. Our services are working with our nursing and allied health professional colleagues with the eventual aim of becoming Dorset County Hospital's center of excellence for the care of older people.

Stroke

The Trust opened its first acute stroke unit in 1993 and since 2010 a 24/7 thrombolysis service has been provided. An increased service provision is planned in the field of stroke medicine. The successful applicant would be expected to participate in Stroke thrombolysis. Out of hours stroke thrombolysis supervision will be provided as part of the general medical on-call.

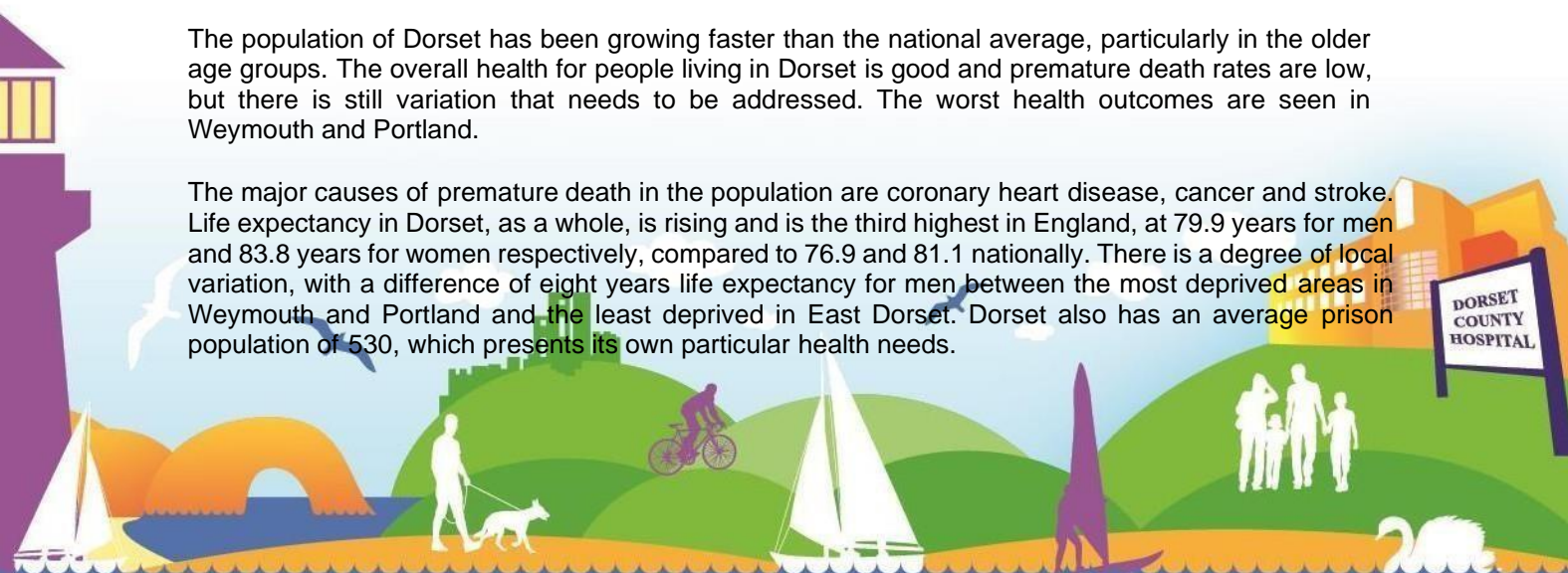
Dorset County Hospital

Dorset County Hospital NHS Foundation Trust (DCHFT) is located close to the center of the county town of Dorchester and is a modern, 400-bed hospital. It provides the full range of general, acute hospital services, including a busy Emergency Department.

The hospital serves a population of approximately 220,000 people who reside within the West of the county of Dorset (Blandford, Shaftesbury, Sherborne, Lyme Regis, Weymouth and Dorchester boundaries). A countywide renal service is provided to the whole of Dorset (750,000) and into Somerset.

The population of Dorset has been growing faster than the national average, particularly in the older age groups. The overall health for people living in Dorset is good and premature death rates are low, but there is still variation that needs to be addressed. The worst health outcomes are seen in Weymouth and Portland.

The major causes of premature death in the population are coronary heart disease, cancer and stroke. Life expectancy in Dorset, as a whole, is rising and is the third highest in England, at 79.9 years for men and 83.8 years for women respectively, compared to 76.9 and 81.1 nationally. There is a degree of local variation, with a difference of eight years life expectancy for men between the most deprived areas in Weymouth and Portland and the least deprived in East Dorset. Dorset also has an average prison population of 530, which presents its own particular health needs.



Core operational services of Dorset County Hospital:

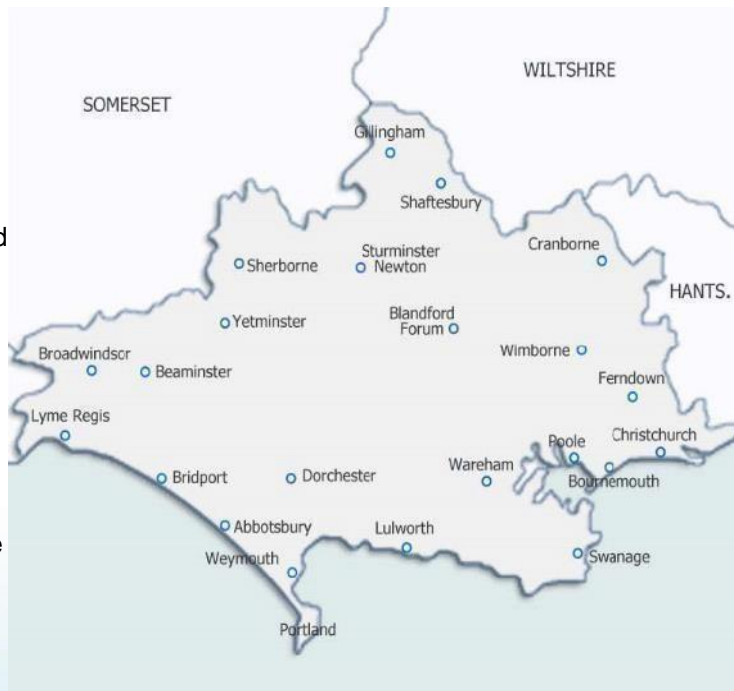
- Full accident and emergency services for major and minor illnesses and injuries including a fracture clinic.
- Emergency assessment and treatment services, including critical care (the hospital is a trauma unit).
- Elective (planned) surgery and medical treatments, including day surgery.
- A wide range of medical and outpatient services.
- Maternity services, including a midwife-led birthing unit, community midwifery support, antenatal care, postnatal care and home births. There is a Special Care Baby Unit.
- Children's services, including emergency assessment, inpatient and outpatient services.
- Diagnostic services, including fully accredited pathology, liquid-based cytology, CT scanning, MRI scanning, ultrasound, cardiac angiography and interventional radiology.
- Renal services to all of Dorset and parts of Somerset.
- A wide range of therapy services, including physiotherapy, occupational therapy, speech and language therapy and dietetics.
- Services for older people, including a hyper acute stroke unit.
- Teaching, training and research.

Services are provided in a number of community hospitals. For a number of highly specialised services, patients must travel to other healthcare providers.

3. THE LOCALITY

West Dorset with its outstanding scenery and rugged coastline is a most enjoyable part of the country and covers a large geographical area (670 square miles), characterised by a number of small towns, each with a distinct identity. The coastline is protected by World Heritage as an Area of Outstanding Natural Beauty (AONB). The majority of people live in the South of the area in and around Weymouth, Portland and Dorchester and the remainder of the population lives in the centres of Lyme Regis, Bridport, Sherborne, Blandford, Sturminster Newton and Shaftesbury.

West Dorset is a prime holiday centre with the population doubling in the summer months since both the coastline and the countryside offer a wide range of interests for people to pursue. There are excellent water sport facilities in Weymouth & Portland. Weymouth is host to the International Kite Festival, Blandford holds the National Steam Fair and the Dorset County Show is one of the best agricultural and craft shows in the country. Dorset County Museum in Dorchester holds a huge archive of materials for Hardy and archaeology enthusiasts and regularly holds workshops on findings from the local area. Sherborne House to the north of the county was recently featured on BBC's Restoration programme and is fast becoming a popular centre for modern art, including a collection of work by Elizabeth Frink.



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The main employers include the Dorset Council, armed forces, tourism, light and service industries, fashion retailers, Sunseekers (Luxury yachts) and the Health Service. Yeovil, 30 minutes drive away, is home to Westland, the aerospace manufacturer.

Dorset has very good state schools at all levels, and there are a number of private schools in Dorchester, Sherborne, Blandford, Poole and Bournemouth.

Further information is available from www.dorsetcouncil.gov.uk

DORCHESTER

The traditional county town of West Dorset made famous by the novels of Thomas Hardy and by historical characters such as Judge Jefferies, the reputedly satanical judge featured in John Meade Faulkner's novel, Moonfleet, is where Dorset County Hospital is sited. The hospital is a short walk away from the town centre. Maiden Castle, a mile out of the town centre, is the largest Iron Age fort in Europe, and its breath- taking outline can be seen against the pink sunsets that are a regular feature here. Later the Romano-British town of Durnovaria was established as the capital of the Durotriges and was one of only 18 walled roman towns. Dorchester is a quiet centre, although with the influx of people relocating from London, Essex, the Midlands and Home Counties.

THE MEDICINE DIVISION

This division consists of:

- Acute Medicine
- Cardiology
- Emergency Medicine
- Renal Medicine
- General Medicine
 - Medicine for Older People and Stroke
 - Endocrinology
 - Gastroenterology
 - Respiratory
 - Dermatology

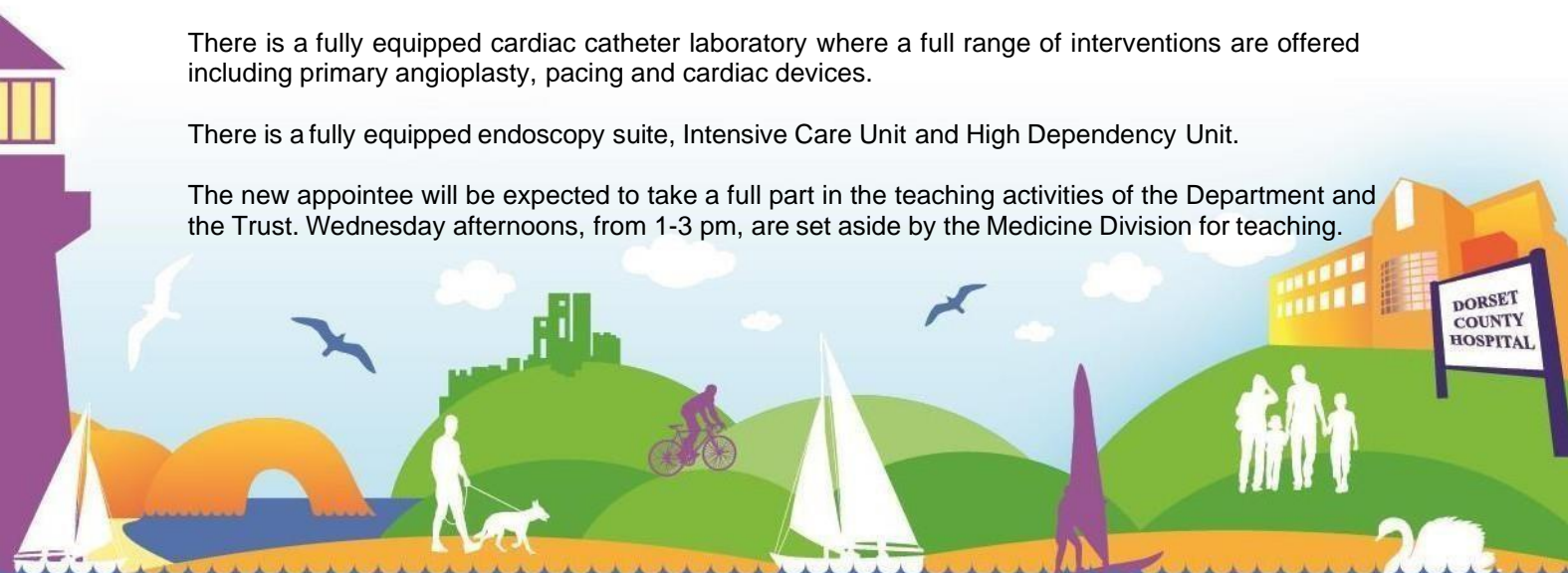
Neurologists and Oncologists visit from University Hospitals Dorset (UHD)

Inpatient medical care is provided within the medical wards as well as the Coronary Care Unit, and the Acute Stroke Unit.

There is a fully equipped cardiac catheter laboratory where a full range of interventions are offered including primary angioplasty, pacing and cardiac devices.

There is a fully equipped endoscopy suite, Intensive Care Unit and High Dependency Unit.

The new appointee will be expected to take a full part in the teaching activities of the Department and the Trust. Wednesday afternoons, from 1-3 pm, are set aside by the Medicine Division for teaching.



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THE DEPARTMENT OF MEDICINE FOR OLDER PEOPLE

The current Consultants in the department are Drs Sixsmith, Pröschel, Richards, Pearce, Kelly, Nurse Consultant Longley, Jones, Miceli and Paul

The department has a Centre of Excellence - Medicine for Older People (Mary Anning East & Mary Anning West) and an Acute Stroke Unit at Dorset County Hospital.

Wards

Mary Anning East	Acute Medicine for Older People	23 beds
Mary Anning West	Sub-acute specialist dementia ward	23 beds
Stroke Unit	Acute stroke and stroke rehabilitation	22 beds
Ilchester Integrated Assessment Unit (IIAU) Acute Medicine		33 beds

Acute admissions

There is a well-developed medical admissions unit with good access to timely imaging and laboratory facilities. Once patients have left the admissions unit, a ward-based team approach is established.

A team of juniors/doctors manage all medical acute admissions, led by a medical SpR.

Close working relationships have been developed between the Acute Physicians and the Medicine for Older People consultants with a combined medical 'take' in operation. There is a medical handover every morning where new admissions are allocated to appropriate specialties, including MOP. There is a MOP consultant ward round every morning Monday to Friday, supported by nursing and therapy frailty specialist staff. MOP patients are triaged to an acute geriatrics ward, our discharge planning ward, a community hospital or ideally, home with whatever care is required.

The emergency floor is currently in the process of being redesigned, with new processes being developed to ensure patients are seen in the most appropriate environment. For MOP this will mean increased use of our existing Frailty SDEC. All members of the department will be encouraged to be involved in this and there are exciting opportunities to contribute to the development of new admission pathways.

Ortho-Geriatrics

Older (aged over 60) patients with hip fractures are managed jointly by the Orthopaedic Surgeons and the Ortho-geriatrician, using the orthopaedic junior medical team. There is currently a dedicated consultant physician and registrar providing ortho-geriatrics ward rounds, Monday-Friday (two full rounds per week plus daily assessment of new patients and troubleshooting).

Following the recent British Orthopaedic Association (BOA) review of hip fracture care, we are seeking to redevelop and expand the service to provide comprehensive Geriatric Medicine care of all older people admitted with trauma, especially those with hip fractures. The aim is to improve continuity of care, enable true shared patient care and make the service more robust.



The appointee to this post will contribute to the ortho-geriatrics consultant work, providing continuity of care for frail and older patients from the Emergency Department, to ward, to theatre, and through subsequent rehabilitation and discharge planning. The job plan of the ortho-geriatricians may include:

- Routine attendance at weekday trauma meetings
- Review of all ortho-geriatric trauma patients pre-operatively where possible and in the early post-operative period
- Three times weekly ward rounds of hip fracture patients
- At least weekly review of all older trauma patients
- Attendance and leading at Mortality & Morbidity and Clinical Governance meetings
- Governance over discharge planning
- Taking the lead in ensuring data quality for the national hip fracture audit
- Contributing to quality improvement

There is a close working relationship between the Ortho-geriatrics, falls and bone health services.

POPS

We are developing a **POPS (proactive care for older people undergoing surgery)** service which will link closely with the ortho-geriatrics work. We currently provide two formal sessions per week of surgical liaison, prioritising emergency laparotomy patients as per the National Emergency Laparotomy Audit (NELA) standards. We also take other referrals throughout the week. We aim to develop a more comprehensive and proactive service, including preoperative assessment. The successful applicant will have an opportunity to participate in this, if this is an area of interest.

Falls Service

There has been a recent development of a falls pathway from ED, to allow patients who fall to return to SDEC for geriatrician review where appropriate. Some patients are seen the same day and others are brought back in for assessment in the next few weeks. In the community, frailty teams and community rehabilitation teams also provide falls assessments. Specialist geriatrician review can be accessed by these teams where required.

Stroke service

The Stroke Unit at Dorset County Hospital is a hyper acute/acute unit with stroke rehabilitation currently being carried out offsite in a community hospital. There are daily MDT ward rounds on the Acute Stroke Unit on weekdays and consultant ward rounds by the On-call Physician at the weekends.

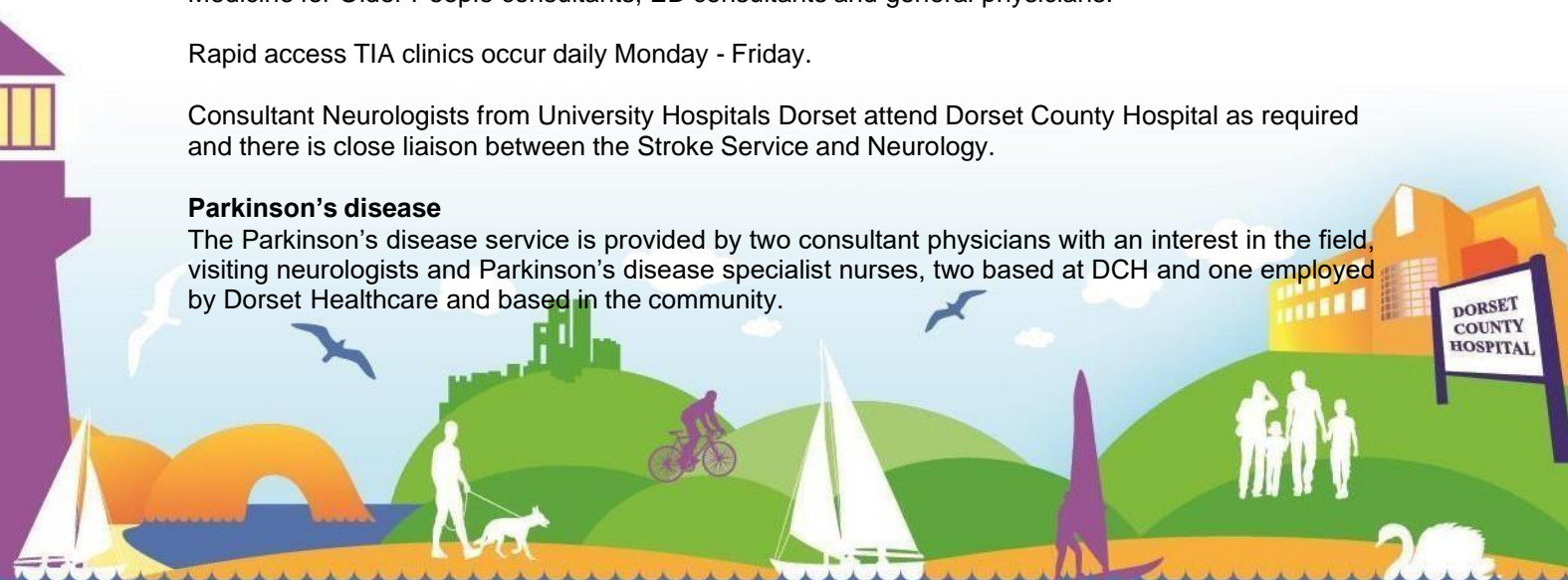
The Consultants with an interest in stroke are part of a Rapid Response Stroke Team with ED staff that provides thrombolysis 9am – 5pm. The out of hours stroke thrombolysis rota is covered by the Medicine for Older People consultants, ED consultants and general physicians.

Rapid access TIA clinics occur daily Monday - Friday.

Consultant Neurologists from University Hospitals Dorset attend Dorset County Hospital as required and there is close liaison between the Stroke Service and Neurology.

Parkinson's disease

The Parkinson's disease service is provided by two consultant physicians with an interest in the field, visiting neurologists and Parkinson's disease specialist nurses, two based at DCH and one employed by Dorset Healthcare and based in the community.



Community Hospitals

There is a well-established network of Community Hospitals in Blandford, Weymouth, Portland, Bridport and Sherborne. Consultants from DCH have responsibility for the in-patient rehabilitation beds at Blandford and Sherborne.

Intermediate care

Intermediate care is provided by a network of Rapid Response and Community Rehabilitation Teams based at Community Hospitals in Weymouth, Bridport, Sherborne and Blandford. These hubs meet once a week to discuss patients in a virtual ward format. Consultants play a part in the services provided by these teams, contributing to the virtual ward meetings.

Outpatient Clinics

Specialist clinics in Stroke and Parkinson's Disease are held at DCH and some Community Hospitals via Attend Anywhere, Telephone and face to face.

Traditional general outpatient clinics do not happen currently, with patients instead being seen in rapid access clinics.

There is a weekday helpline to provide geriatrician advice to GPs, local frailty teams and paramedics.

Sub-Specialty Interests

Current provisional responsibilities (subject to change with new appointments) are:

Parkinson's Disease	- Dr James Richards
Ortho-geriatrics	- Dr Clare Sixsmith
Stroke	- Dr Pröschel (stroke lead), Dr Kelly, Nurse Consultant Longley
Dementia and Falls, Ortho-Geriatrics, Acute Geriatrics	- Dr Sixsmith
Acute geriatrics and Acute Hospital at Home	- Dr Richards
Acute geriatrics, interface geriatrics and community work	- Dr Pearce

A number of consultants have additional non clinical roles such as medical examiner and senior education roles

Future developments in services for older people

The department has ambitious plans to enhance services and to become a centre of excellence in the care of older people. The redesign of the emergency floor gives us unique opportunities to ensure patients are on the correct pathway from the outset, to avoid admissions and to reduce length of stay. For frail patients who need to be admitted, we aim to ensure they receive comprehensive geriatric assessment and are cared for in specialist unit by appropriately trained staff, for the minimum time possible.

The Trust's Dementia strategy is in the process of being reviewed through evidence from patient, carer and staff feedback and contribution from partner organisations as well as being informed through national initiatives and guidance.



Administrative Support

The consultants are supported by Medical Secretaries at Dorset County Hospital. Community hospitals provide separate secretarial support for clinics and ward work.

Clinical Governance

The department takes a full part in the governance processes of the Trust and sees governance as underpinning good practice and patient safety. There is a monthly departmental business meeting in the department, which reviews critical events and complaints. Senior medical staff also meet monthly for a full meeting and aim to have a brief “catch up” on a weekly basis. There is a quarterly Mortality and Morbidity meeting which the junior doctors are encouraged to attend.

There is full participation in national audits of Stroke, Falls and Bone Health, Hip Fracture and Parkinson's Disease. There is also a programme of departmental audits, which are usually multi-disciplinary.

Research

The Trust recognises that participation in research by its clinicians adds value to the care given to patients and fully support it. The department has taken part in multicentre projects and encourages SpRs to undertake research. Applicants with a strong research background would be welcome and would be encouraged to take a lead in this area.

JOB PLAN

Overleaf is a draft job plan. The details of this will be discussed with the successful candidate and a job plan will be designed which meets their needs. This will be flexible and open to change after appointment, as necessary.



Programmed activity	
Direct clinical care – Medicine for Older People (including ortho-geriatrics, POPS) To be discussed on appointment	8.5
Supporting professional activities (with additional SPA for responsibilities such as appraisal, educational supervision, or clinical leadership)	1.5
Other NHS responsibilities	
External duties	
TOTAL PROGRAMMED ACTIVITIES	10

Predictable emergency on-call work	As rostered
Unpredictable emergency on-call work	On-call allowance category A



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Management Structure

Chief Executive	Matthew Bryant
Chief Nursing Officer	Jo Howarth
Chief Operating Officer	Anita Thomas
Chief Finance Officer	Chris Hearn
Chief Medical Officer	Prof Alastair Hutchison
Chief People Officer	Nicola Plumb
Deputy CEO and Director for Strategy, Transformation and Partnership	Nick Johnson

The Trust has 2 Clinical Divisions: Urgent and Integrated Care Division, and Surgical and Family Division. Each Division is headed by a Divisional Director, a Divisional Manager and a Head of Nursing. Each Division is responsible for delivering high quality patient treatment and care within the resources allocated to it. All medical staff within the division are expected to take an active part in its affairs.

The successful candidate will be professionally accountable to the Divisional Director and managerially accountable to the Divisional Manager. Senior medical staff undergo annual appraisals, at which objectives are set and reviewed.

Postgraduate Education

The Thomas Sydenham Education Centre is a new facility located at Dorset County Hospital.

Director of Medical Education	Dr Paul Murray
Foundation Programme Directors	Dr Adam Nicholls/ Dr Tamsin Ribbons
Royal College Tutor	Dr Javed Iqbal
Head of Education, Learning & Development	Elaine Hartley
Library Services Manager	Jill Buckland



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The successful candidate will be offered the opportunity of continuing professional development, including training in non-clinical aspects of the post. He/she will take responsibility for the educational supervision of (advising, counselling and agreeing training and development plans for) junior medical staff and non-career grade medical staff. He/she will be expected to participate in the clinical supervision and training of junior medical staff as laid down in the Trust Education Contract.

All staff involved in interviewing will be required to participate in Equal Opportunities training within 18 months from appointment. Equal Opportunities training for Consultants is provided within the Trust.

All staff shall undergo annual basic life support, fire and manual handling training.

Objectives and Appraisals

The Clinical Director will set a number of objectives in liaison with the Executive team and in consultation with the post holder, which should be achieved over the following 12 months, with a review at the end of this period. These will be set within the context of the Trust's annual appraisal process. Consultant appraisals are a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.

Terms and Conditions of Service

Salary

The successful applicant will receive a salary based on the pay scale in the Consultant Contract(2003) and will be agreed on appointment.

Pension

There is the option of joining the NHS Superannuation scheme. Employee's contributions are dependent on salary. Employer contributions are 14% of salary.

Annual Leave

Entitlement to annual leave is at the following rates per year, exclusive of public holidays:

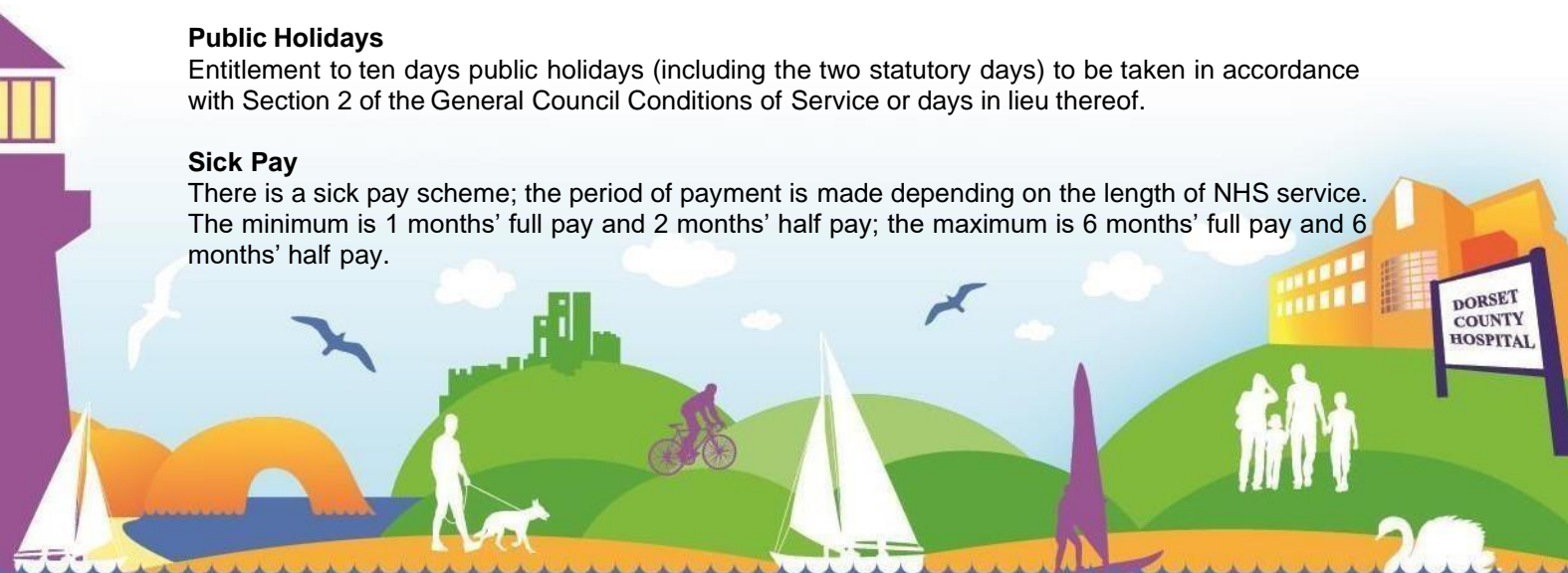
Number of Years of Completed Service as a Consultant:	
Up to Seven Years at Consultant grade	Six weeks plus 2 statutory days
Seven or more years' service at Consultant grade	Six weeks plus 2 statutory days plus 2 days

Public Holidays

Entitlement to ten days public holidays (including the two statutory days) to be taken in accordance with Section 2 of the General Council Conditions of Service or days in lieu thereof.

Sick Pay

There is a sick pay scheme; the period of payment is made depending on the length of NHS service. The minimum is 1 months' full pay and 2 months' half pay; the maximum is 6 months' full pay and 6 months' half pay.



Appraisal

It is a contractual requirement that all consultant staff participate in the Trust's appraisal process based on the nationally agreed model set out in Advance Letters (MD) 6/00 and (MD) 5/01. These have been incorporated within the Trust's agreed policy on consultant appraisal.

Outside Employment and Financial Interest

In accordance with the Trust's Standards of Business Conduct and Employment Law (supported by the BMA), it is a contractual requirement that a consultant must seek permission from his/her main employer before working for another employer and in particular working for another employer providing services to NHS patients. The person appointed must also declare any financial interests or relationships that may affect the Trust's policies or decisions.

Hours of Work

The post is full time covering 10 PA's (40 hours) including on call commitment if appropriate. A request to move from full-time to part-time will be considered in accordance with the Trusts Flexible Working Procedure.

Location

The post is based at Dorset County Hospital, Dorchester, but the appointee may be required to undertake some sessions at the Community Hospitals within West Dorset.

Study Leave

The Trust wishes all medical staff to keep fully up to date within their specialty and encourage doctors to take study leave on this basis. Guidelines for study leave for Consultants and other medical staff have been produced by the Trust which follow the National Guidelines. Study leave may be granted within a maximum of 30 days within any period of 3 years. A copy of the complete guidelines is available from the HR intranet page.

Major Incident

In the event of a Major Incident being declared all staff (whether on or off duty) are expected to respond in accordance with the Trust's Major Incident Policy.

Non-Pay Benefits

The trust has developed a staff benefit scheme that covers entertainment, travel, shopping and house conveyancing discounts and child care benefits. Further information is available from the Human Resources Department.

Other Terms and Conditions of Service

All other current terms and conditions of service offered by the Trust are identical to the National Conditions of Service for Hospital Medical Staff.

It is the Trust's policy to implement pay awards as per the national agreements for staff holding Trust contracts.



Removal Expenses

A package of expenses is available to cover the reasonable cost of removal. The amount of reimbursement will depend on individual circumstances and is paid in two instalments. Details of the provisions are contained within the Trust's removal expenses policy.

It is important that the successful candidate agrees the level of reimbursement of removal expenses with the Deputy Chief People Officer before committing any expenditure

Domicile

Consultants are required to reside within a distance of 30 minutes, or ten miles by road, from their principal place of work, unless their employing organisation agrees that they may reside at a greater distance. Where such permission is granted, and where a consultant is required to participate in an on-call commitment, they will make provision to be at 30 minutes notice to return to the hospital during such periods of on-call. This will be at the individual's own expense.

Commencement of Duties

The appointee will be required to take up the post no later than three months from the date of the offer of an appointment unless a special agreement has been made between the appointee and the Trust. Candidates who are unable to take up the post within the specified period should indicate this on their application.

The post is subject to an Exemption Order under the Provisions of Section 4 (2) of the Rehabilitation of Offenders Act.

Visiting

Visiting prior to interview can be arranged.

Interview Arrangements

Interviews to be arranged.

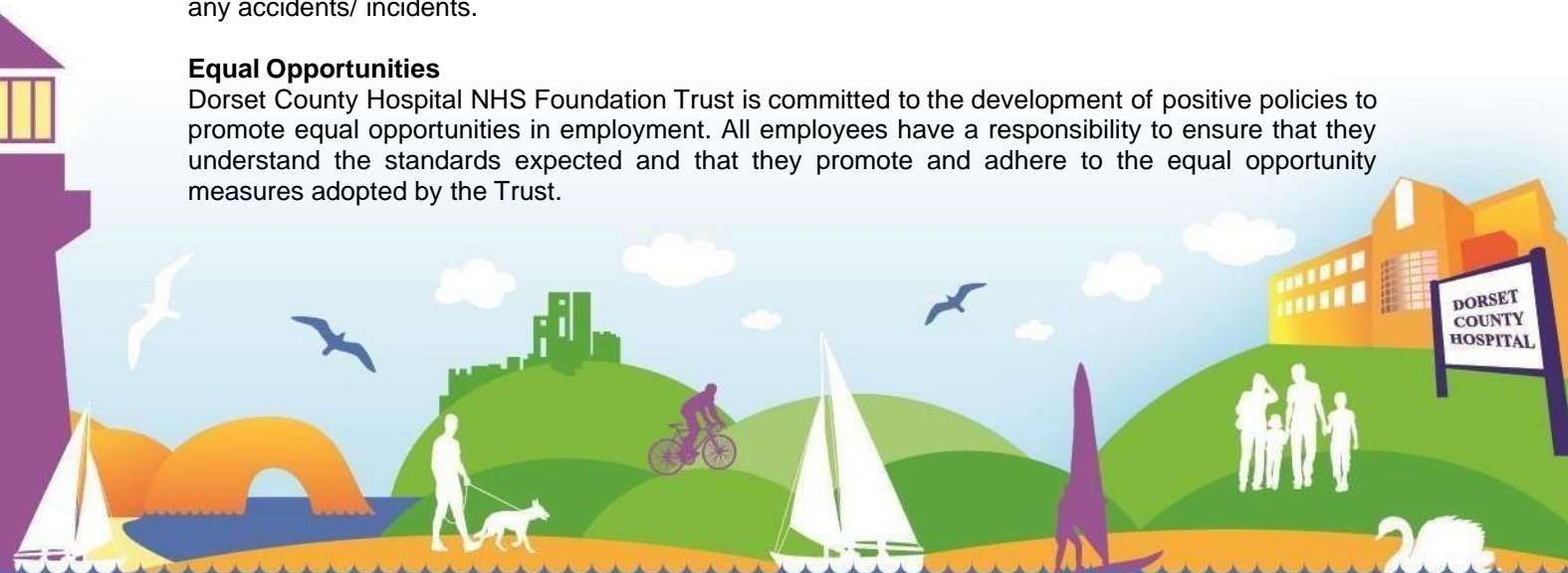
Health and Safety

Under the Health and Safety at Work Act 1974, as an employee, you must take reasonable care for the health and safety of yourself and for other persons who may be affected by your acts or omissions at work. The Act states that you must not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

You are also required to make yourself aware of the Trust's health and safety policies and to report any accidents/ incidents.

Equal Opportunities

Dorset County Hospital NHS Foundation Trust is committed to the development of positive policies to promote equal opportunities in employment. All employees have a responsibility to ensure that they understand the standards expected and that they promote and adhere to the equal opportunity measures adopted by the Trust.



Confidentiality

Confidential and personal information related to staff, patients and Dorset County Hospital NHS Foundation Trust must not be disclosed within or outside the place of work, except in the proper discharge of duties.

The Trust operates a No Smoking Policy.

ID badges must be worn while on duty.

Job Description Agreement

Signed by – Post Holder: _____ Date: _____

Signed by – Manager: _____ Date: _____

This job description is subject to regular review



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Person Specification & Shortlisting Form – Consultant Geriatrician/Consultant ANP/AHP in Frailty			
Category	Criteria	Shortlisting score	How Assessed
Education, Qualifications & Training	An appropriate higher medical qualification - MRCP or overseas equivalent	Y/N (Essential)	Application form and certificates at interview
	Full GMC Registration with a licence to practise Entry on the GMC Specialist Register via <ul style="list-style-type: none"> CCT (proposed CCT date must be within 6 months of interview) CESR or European Community Rights 	Y/N (Essential)	Application form and certificates at interview
Experience & Knowledge	5 years clinical experience in Geriatrics and general acute medicine	3	Application form and interview
	Experience demonstrating potential ability to cope with the demands of a DGH based Consultant	3	Application form and interview
	Experience in stroke and thrombolysis	3	Application form and interview
Experience (DESIRABLE)	Experience orthogeriatrics/POPS		Application form , technical specification interview and formal interview
Current Skills & Abilities	Willingness and ability to fulfil the general service elements of the job description	10	Application form , technical specification interview and formal interview
	Evidence of the clinical skills required to fulfil the specialty and sub-specialty elements of the job as in the job description and technical specification	10	Application form , technical specification interview and formal interview
Team Working and Service Development	Evidence of leadership and service development	10	Application form , presentation and interview
	Ability to develop effective working relationships and team working		Application form , presentation and interview
Understanding and Participation in Clinical Governance	Evidence of understanding of clinical governance	10	Application form , presentation and interview
	Knowledge of and direct involvement in audit.		
	Knowledge of principles of research and evidence of involvement in research.		
Management Training, Organisational Skills and Strategic Vision	Evidence of general management training and skills appropriate for the post.	10	Application form, presentation and interview
	Evidence of ability to contribute to the strategic direction of the Trust		
	Knowledge of organizational aspects of the NHS		
Teaching and communication	Evidence of teaching experience and abilities appropriate to the post	10	Application form , presentation and interview
	Ability to present effectively to an audience		
	Ability to communicate effectively		

Shortlisting score: /80

Each candidate will be scored against the person specification and will need to attain a minimum score using the following as a guide:

8-10 points = fully meet or exceeds the criteria
4-7 points = significantly meets criteria although falls short on minor aspects
1-3 points = partially meets criteria but falls short on key aspects
0 points = does not meet criteria

Essential Y/N
Education, Qualification & Training - Fulfilment
Experience - minimum 24/30
Skills, Abilities & Knowledge - minimum 24/20
Team working, clinical governances - minimum 24/30
Management & teaching - 8/10
Total shortlisting score - minimum 80/90

If more than **four** applicants meet or exceed all the requirements only those candidates with the four highest scores will be invited to interview. In a tie situation there will be a process of random selection supervised by the personnel department.

If fewer than four applicants meet the requirements the short listing panel will decide whether any of the other applicants should be shortlisted.



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