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Royal Cornwall Hospital



Job Description

Consultant Stroke Physician in Older People's Services



1. Job Details 156-MS-3878

Title	Locum Consultant Stroke Physician
Reports to	The Care Group Manager/Clinical Director.
Accountable to	The Medical Director.
Reporting Locations	The Royal Cornwall Hospital, West Cornwall Hospital and Community Hospitals in Cornwall
Remuneration	In accordance with NHS pay scales

2. Job Purpose

- Maintenance of the highest clinical standards in the management of patients with stroke and transient ischaemic attack (TIA).
- Teaching and training of junior staff and medical students.
- To have responsibility for ensuring active participation in continuing medical education (CME).
- To actively participate in both departmental and Trust matters concerning Clinical Governance and Audit.
- To attend meetings as appropriate.
- Fulfill duties of weekly timetable including any out-of-hours responsibilities.

3. Dimensions

The Royal Cornwall Hospitals' NHS Trust

The Royal Cornwall Hospital is situated in the Cathedral city of Truro in the centre of the Cornish Peninsula. The surrounding countryside is renowned for its spectacular rural and coastal scenery. Cornwall is well known for its surfing beaches, coastal and inland sailing waters, as well as equestrian opportunities. The strong heritage of Cornwall has been further enhanced with the opening of the Eden Project and the National Maritime Museum. Over recent years there has been an unprecedented growth in high quality restaurants and family orientated leisure facilities. The main road links to the rest of the country have been further enhanced by major improvements to the A30. Local rail links to London include regular daytime and sleeper services, and there are regular daily flights to London from Newquay Airport, as well as to other national and international destinations.



The Royal Cornwall Hospitals' NHS Trust (RCHT) is part of the Cornwall Healthcare Community. RCHT is working in close and collaborative partnership with other local trusts to deliver transformational and high-quality healthcare services across the county. We are currently in a period of rapid transformational development and delivery of the Frailty and Stroke Pathways. The Trust has close links to medical

specialist services in the South West Peninsula and beyond. Serving a widespread local population, as well as thousands of visitors to Cornwall each year, poses a number of unique healthcare challenges. The Trust delivers acute medical and surgical services to a population of approximately 500,000 and has a higher proportion of elderly people than the national average. The population more than doubles during the busy holiday periods. RCHT comprises three main hospitals: The Royal Cornwall Hospital, Truro; West Cornwall Hospital, Penzance, and St. Michaels in Hayle. Outpatient and other services are also provided at a large number of community-based NHS locations around the county and a number of corporate support services are located away from the main hospital sites.

Further information on the Trust can be viewed on the Internet at www.cornwall.nhs.uk/RCHT and www.cornwall.nhs.uk

3.1 Staffing

The Care Group Urgent, Emergency and Eldercare (UEE) provides front door medical services to the population of Cornwall. The Department of Eldercare, Stroke & Rehabilitation sits within UEE, but works closely with a variety of departments from the other Care Groups and community partners.

Senior substantive staff within Older People Services & Rehabilitation include

- Dr Laura Wesson – Specialty Director, Frailty Lead, Orthogeriatrics, Falls, Syncope
- Dr Katja Adie – Stroke Specialist, Geriatrics
- Dr Mohana Maddula – Stroke Specialist and Lead, Geriatrics
- Dr Rod Bland – (LTFT) Movement Disorders
- Dr Glen Harper - (LTFT) Movement Disorders
- Dr Fiona Boyd – General Geriatrics
- Dr Debbie Renwick – (LTFT) Falls, Movement Disorders, Falmouth Hospital
- Dr Simon McIntosh – Orthogeriatrics, Falls, Syncope, Student Education
- Dr Madeleine Purchas – (LTFT) Movement Disorders, General Geriatrics
- Dr Neil Pollard – (LTFT) Acute Geriatrics, Trust Lead for Adult Safeguarding
- Dr Anna Longdon – (LTFT) Acute Geriatrics, Orthogeriatrics, Community Geriatrics
- Dr Tracey Grey – Acute Geriatrics, Orthogeriatrics, Postgrad Education
- Dr Emma Thomas – Acute Geriatrics, Orthogeriatrics, Postgrad Education
- Dr Hazera Foster – General Geriatrics (September '22 onwards)
- Dr Lisa Manning – Stroke and Geriatrics (September '22 onwards)
- Dr Francis Old - GP with interest in Eldercare
- Dr Abbie Walter – GP with interest in Eldercare and Stroke
- Dr Annabel Crossman (Neuro-Rehabilitation)

In addition to this the work of the department is supported by four higher specialty trainees, a selection of Foundation, Internal Medicine, GP Trainees, Trust Grades, Specialty Doctors and GPs based at the Royal Cornwall Hospital, West Cornwall Hospital, Camborne and Redruth Community Hospital, Bodmin Hospital and St Austell Community Hospital. These doctors are predominantly ward based, so the successful applicant can expect to be supported by the junior doctors, experienced trust grades and GPs attached to their ward(s).

In addition to ward nursing staff (see below), the department is also supported by a team of Acute Stroke Specialist Nurses, a team of Frailty Specialist Nurses, who provide invaluable help to the day to day running of the acute services, and 2 inpatient Parkinsons Disease nurses. The Trust has also appointed a Consultant Nurse in Older Persons Services and Deputy Director of Nursing (Frazer Underwood) who supports the department by leading on key elements of service development and maintaining nursing standards. There is also a Divisional Matron and a Clinical Matron to oversee the Older People Services wards and West Cornwall Hospital.

Secretarial support for the department is provided by a number of secretaries, mostly based at the Royal Cornwall Hospital. The successful applicant will be based at RCH, will share the secretarial support with colleagues within the department and share an office with access to necessary Information Technology.

Neurology Department

The neurology department sits with the specialty medicine directorship. It has two substantive consultants and support from a number of part time and locum appointees, as well as specialist nursing services in MS and Epilepsy. Neurology does not have any inpatient beds and offers a hospital-wide liaison service. Neurology inpatient are usually cohorted on Tintagel ward, which is managed by the eldercare department.

3.2 The role

The successful candidate would be a Stroke Physician from any background – Geriatrics/Eldercare, Neurology, or Acute Medicine. This new post supports the continued development of the stroke service, and you will work alongside existing Stroke consultants, other Eldercare consultants as well as the multidisciplinary team that works across the stroke pathway. For a neurologist appointed to the post there is scope to create a split neurology/stroke role and to work across both departments.

The successful candidate will be involved in the delivery of acute stroke and rehabilitative stroke care, as well as TIA and Stroke outpatient clinics. There will also be the opportunity to contribute to the development of the proposed new ambulatory stroke pathway.



3.3 Facilities

The Older People Services Department has a very broad remit spanning from the Acute Trust, Community Trust into GP practices - admission and rehabilitation services, out-patients, patch geriatrician work and has broad interactions with a number of other medical specialties, other divisional specialties and indeed other health care organizations. The Royal Cornwall Hospitals NHS Trust operates in-patient services across 3 sites in Cornwall and the Older People Services & rehabilitation department provides input into all of these.

The Neurology department is primarily based at Treliske where inpatient and outpatient work is carried out. Satellite clinics are carried out in Falmouth and Bodmin. Specialist clinics in MS and dystonia are provided, and there is scope to develop other subspecialty clinics.

The successful candidate will be expected to share the departmental workload with consultant colleagues. We currently tend to rotate around commitments with a focus on subspecialty interest, which allows us to keep a fresh perspective on all aspects of the service and allow individuals to pursue sub-specialty interests and develop services. The new appointee will be expected to rotate around those areas of the service that fit with their skills and interests. For a neurologist wishing to split their time between departments, it is envisaged that a 50/50 role would be devised. Participation in the stroke unit weekend post-take service, and a commitment to the neurology inpatient liaison service would be expected

Royal Cornwall Hospital, Truro

The department currently operates two Specialist Older People wards and the Acute Stroke Unit. We also provide daily input into the care of elderly patients on the Acute Medical Assessment unit (7 days per week) and the Trauma Unit (5 days per week).

- **Phoenix (Hyper-Acute and Acute Stroke) Ward & Stroke Pathway**

This 21 bed ward is run by the Older People Services Stroke physicians. Patients on the Stroke Pathway are admitted directly from the Emergency Department. There are 6 hyperacute stroke beds for the management of acute strokes including post-thrombolysis care. There are 15 Acute Stroke beds including for End of Life with a strong multi-disciplinary team presence for holistic care. Thrombolysis is provided in the Emergency Department. Patients who qualify the criteria for thrombectomy are referred to the Interventional Neuroradiology service at Derriford (UHP).

Patients who require in-patient rehabilitation are transferred to one of the two Stroke Rehabilitation Units: Lanyon ward at Camborne and Redruth Community Hospital, or Woodfield Stroke Rehabilitation Unit at Bodmin Hospital.



Cornwall Partnership Foundation Trust provides the Early Supported Discharge (ESD) Stroke service, which can be accessed through the Acute stroke unit, or the rehabilitation units, as necessary. The RCHT stroke service works closely with Community Stroke Nursing team in providing post-discharge support and specialist input into secondary prevention where appropriate.

- **Orthogeriatrics on Trauma Unit**

We currently provide daily input into the trauma unit for the pre-operative assessment, ongoing medical management and discharge planning for patients with fractured Neck of Femur or femur fractures. We are expanding this service to include all other fragility fracture in-patients on the Trauma Unit and achieve BOA recommendations of greater medical input for fragility fractures. Consultant and multi-disciplinary team service is currently only 5 days/wk.

- **Kerensa Ward**

This 25 bedded ward is a general eldercare ward catering for frail, elderly patients with physical health problems. By the nature of this client group there are inevitably a large number of patients who have co-existent mental health and cognitive problems.

- **Tintagel Ward**

This 29 bedded ward is under eldercare and we provide care for both elderly and neurology patients (with specialist input) here.

The department also runs in-reach services into the:

- **Older Person's Assessment and Liaison Beds within RCH**

Eldercare provides a consultant led service and multidisciplinary assessment for frail patients in OPAL beds. RCH admits elderly patients requiring specialist services of RCH and all non-west locality patients overnight. Consultant and multi-disciplinary team service is 7 days/wk.

- **Acute Care of the Elderly (ACE)**

Recently commenced and developing service aiming to provide input into frail patients admitted into the emergency department. Currently running an 8-4 service 5 days a week

- **Outpatients**

- We currently run a 7-day one-stop TIA clinic, regular Stroke clinics focusing on young/complex patients and a Community Stroke Nurse led stroke follow up service.
- There are general eldercare, falls and movement disorders clinics and syncope investigation service including TILT testing.



- **On Call services**
- We provide a weekday and weekend selected Geriatrics/Stroke post-take service as well as covering our base eldercare wards; approximately 1 in 5 or 6 weekends (with compensatory time off).
- 24/7 Thrombolysis service is provided by ED. There is no specific on call stroke service.
- Older People Services participates in the Acute Unselected Medical Take as first on call consultant for GIM 1 (General Internal Medicine) - on an approximately 1 in 30 weekday rota, and weekend 1 in 12 rota. Stroke Neurologists are not expected to take part in General Medicine on call rota.
- We also provide a specialty 8am-8pm on call telephone service (Frailty phone) to support the system frailty pathway taking calls currently from paramedics, GPs and community hospitals.

St Michaels Hospital & Marie Therese House, Hayle

Marie Therese House offers facilities for inpatient intensive therapy Monday to Friday for those with chronic neurological conditions. It also provides a facility for the long-term ventilation of patients.

St Michaels Hospital provides care mainly for elective surgical patients but at times for patients following trauma for rehabilitation – including neck of femur patients. We currently provide a consultant visit twice weekly.

West Cornwall Hospital (WCH), Penzance

This Hospital serves the population in the far West of the County and operates a selected acute medical take and accepts transfers from other hospitals. It has its own 24 hr Urgent Care Centre as well as providing step-up beds for direct community admissions into a CATU (Community Assessment and Treatment Unit) on the OPAL Frailty Pathway for the patients in the West locality.

- **Med 1 & Med 2**

2 medical wards, with 53 beds between them; we look after the patients within these wards who are predominantly elderly with complex multi-system or complex discharge needs, although there is also a cohort of younger simpler locality medical patients. Both wards have a multi-disciplinary team to co-ordinate care.

Cornwall Partnership Foundation Trust

Cornwall Partnership Foundation Trust runs psychiatric services, palliative care services and community services including a number of community hospitals in Cornwall. The in-patient beds are under transformation with a range of step-up community assessment and treatment beds, general and specialist rehabilitation. The medical cover for these units ranges from consultants, GPs, trust grades, junior doctors and GP trainees depending on patient cohort.



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- **Camborne and Redruth Community Hospital (CRCH)**

This community hospital provides assessment and rehabilitation services to a large local population in the west of the county. It has 2 wards: Lanyon Ward – 24 bedded specialist Stroke Rehabilitation Unit and Carn Brea Ward - CATU (Community Assessment and Treatment Unit) beds for step up/ step out community admissions for their locality, as well as a number of beds for general rehabilitation and specialist amputee rehabilitation. There are also MIU, day case, Xray and OP facilities on site.

- **Bodmin Hospital (BCH)**

This community hospital provides assessment and rehabilitation services to a large local population in the east of the county. It has 2 wards: Woodfield – 9 bedded specialist Stroke Rehabilitation Unit within Anchor Ward - general rehab ward, and Harbour ward which provides the CATU (Community Assessment and Treatment Unit) for step up/ step out community admissions for their locality. There are also day case, Xray and OP facilities on site.

- **St Austell Community Hospital (SACH)**

This community hospital provides assessment and rehabilitation services to a large local population for the centre of the county. It has 2 wards – Harold White and Heligan ward which are both general rehabilitation units. There are also day case, Xray and OP facilities on site.

- **Falmouth Community Hospital**

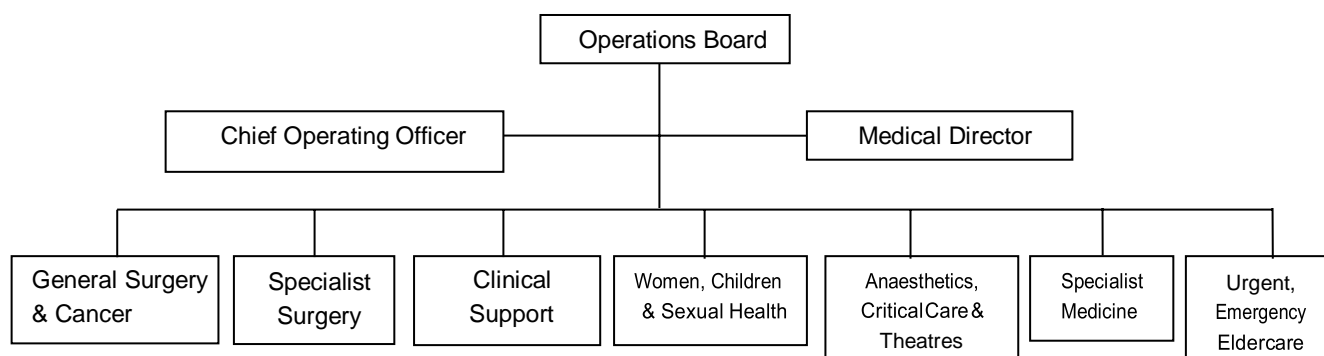
The department runs an in-reach service at Falmouth Hospital to a general rehabilitation ward, which is run by General Practitioners directly employed by CPFT. Outpatient provision is a Falls Clinic and a Parkinson's Clinic.

- **Other community hospitals**

There are a number of other GP led community hospitals in the county for general step-down rehabilitation – Helston, Newquay, Stratton, Launceston and Liskeard. There are also in-patient Old Age Psychiatric beds. We do not in-reach into these facilities but geriatricians are available to discuss any issues via the Frailty Phone.



4. Organisation Chart



5. Principal Accountabilities

5.1 General Duties and Responsibilities of the Post

- Provision with Consultant colleagues of a service to the Royal Cornwall Hospitals' NHS Trust, with responsibility for the prevention, diagnosis and treatment of illness, and the proper functioning of the department.
- Out-of-hours responsibilities, including participation in the Older People Services rotas and/or General Medical Consultant Rota dependent on training background (Stroke Neurologists who do not have a CCT in General Internal Medicine are not expected to take part in the General Medicine on-call rota)
- Cover for colleagues' annual leave and other authorised absences.
- Any responsibility that relates to a special interest.
- Professional supervision of other junior medical staff.
- Responsibilities for carrying out teaching.
- Participating in medical audit, the Trust's Clinical Governance processes, and in Continuing Professional Development (CPD).
- Involvement in research (where applicable).
- Managerial, including budgetary responsibilities where appropriate.
- Where it is agreed between the parties, work on behalf of the Royal Cornwall Hospitals' NHS Trust such as domiciliary consultations, or services provided by the Trust for other agencies, for example, the prison service. (This excludes work undertaken under direct arrangements between an individual doctor and a third party, e.g. Category Two).
- A willingness to undertake additional professional responsibilities at local, regional or national levels.
- The post-holder must at all times carry out their duties with due regard to the Trust's Equal Opportunities Policy. A responsibility to ensure that all colleagues and patients receive the same treatment, care and attention, regardless of race, religion, ethnic origin, gender, marital status, age, sexuality or disability.
- A responsibility to work co-operatively with colleagues and to respect and value their contribution to patient care.
- It is the responsibility of all employees to maintain a safe and healthy environment for patients, visitors and staff. The post-holder is required to comply with the appropriate Health and Safety Policies as may be in force.

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- A responsibility to decline to undertake duties for which the post-holder has not been trained, or for which the post-holder does not believe they will be able to undertake safely.
- It is the responsibility of the post-holder to ensure that all duties are carried out to the highest possible standard and in accordance with the current quality initiatives within the area of work.
- All staff that access or transfer data, are responsible for that data and must respect confidentiality and comply with the requirements of the Data Protection Act 1998, in line with the Trust's policies. Such information should not be released without the consent of the patient, client, or staff member concerned unless required by a court order.
- The post-holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities.
- The post-holder will be required to comply with the requirements of the Freedom of Information Act 2000 in line with Trust policy.
- The post-holder is required to comply with Trust policy on the implementation of Working Time Regulations (1998, 2009 amendment) including declaration of hours worked and breaks taken by undertaking monitoring exercises when required and reporting any instances where the pattern of working hours may constitute a health and safety risk to the post-holder, patients, public and other Trust employees. The post-holder will not be subjected to any unlawful detriment by reporting any concerns under the Regulations.
- The post-holder will be responsible for undertaking the administrative duties associated with the care of patients and the administration of the department.
- The post-holder will be required to participate in the annual appraisal process.
- The post-holder will be required to complete annual updates in mandatory training.
- The post-holder will be required to participate in the revalidation process through annual appraisal, participation in continuing professional development and governance activities.
- Travel as necessary between hospitals/clinics will be required but a planned and cost effective approach will be expected.
- Any other duties that may be required from time to time.
- The post-holder must comply with all aspects of confidentiality, professional codes of conduct, the Royal Cornwall Hospitals' Trust's Staff Charter and the NHS Managers' Code of Conduct.

5.2 Expectations of the Post-holder

The post-holder can expect:

- An appropriate Contract of Employment incorporating national terms and conditions (in accordance with national and local collective agreements).
- An appropriate agreed job plan that may be changed by mutual agreement between the doctor and the Divisional/Specialty Director/Divisional Manager in accordance with the agreed procedure for the review of job plans and any recommendations following appraisal.



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- An adequate time allocation for administration, education, audit/QI and teaching commitments, etc, (the precise amount will depend on the requirements of the particular post and the Trust will give due regard to the recommendations of the appropriate Royal College, etc).
- To receive appropriate consultant supervision and mentoring. The Trust does have a formal mentoring scheme for new consultants, who will be routinely allocated a consultant mentor from another department (unless they opt out of the scheme). Informal Consultant support is also provided by the friendly departmental team.
- Adequate support, time and financial resource allocation to allow doctors to fully participate in the Trust's appraisal process with a trainer appraiser and the necessary CPD and study leave requirements which are a natural consequence of appraisal.
- Adequate support, as laid down by the Royal College of Physicians, to participate in the Revalidation process.
- Consideration of time off in lieu (such as for weekend working)

5.3 Objectives and How They Will Be Met

The post-holder will be required to deliver elective and emergency medical / surgical services within Cornwall, in close collaboration with consultant colleagues and within commissioned performance targets.

5.4 Teaching and Training

The post-holder is expected to participate in the teaching and training of junior staff, medical students and other clinical staff groups. The post-holder will also have supervision responsibilities for junior medical staff within the specialty.

5.5 Study and Training

The post-holder is expected to participate in professional continuing medical education; study leave is provided for this purpose, and the post-holder will be entitled to apply to the Trust's Study Leave Committee for a contribution to funding of this activity.

5.6 Research

Members of the Division are encouraged to pursue approved topics of research. There are funds available within the hospital for approved studies. The use of commercial funds for ethically approved trials is encouraged and projects can be supported by the Trust's Audit Department

5.7 University of Exeter Medical School (UEMS)

The first medical school in the South West was the Peninsula College of Medicine and Dentistry (PCMD), which first hosted students in Cornwall in 2004. In January 2012, the Universities of Exeter and Plymouth began the process of disaggregation of PCMD, with the subsequent development of two separate medical schools. RCHT hosts students and research from UEMS, with the first cohort of Year 3 students hosted in the academic year 2015-16. The partnership with a Russell Group university, ranked 8th in the 2015 Times Good University Guide, with the ambition to develop world class research, is a truly exciting relationship.



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The innovative undergraduate curriculum, combining both the science and the art of medicine, is integrated from the outset, incorporating basic science and clinical teaching in community and secondary care settings, mainly in small groups, using enquiry-based learning. NHS (SIFT) funding supports teaching and learning in the clinical environment. A robust system of Service Level Agreements (SLAs) is in place to ensure that the vast majority of teaching activity is captured in job plans and funded appropriately. All clinicians involved receive staff development appropriate to their involvement, e.g. academic mentoring, direct clinical teaching or assessment.

A substantial building - the Knowledge Spa - accommodates the academic and educational needs of the medical students. There is a substantial library for health professionals, and the public, as well as research space and incubation units for health-related businesses.

The European Centre for Environment and Human Health, part of UEMS, is located within the extension to the Knowledge Spa. Together with the undergraduate medical programme and postgraduate taught programmes, the Centre makes up the Truro Campus of the University of Exeter. This world leader in environment and health research also has laboratory space at the Penryn Campus of the University.

Consideration will be given to a suitable applicant being awarded a senior honorary academic title with UEMS. Subject to academic and/or educational performance, a joint academic / clinical appointment may arise, in line with the UEMS REF and TEF strategy.

The Directorate has a significant teaching commitment to the Medical School. It is anticipated that the post-holders will contribute towards this, the exact nature and timing of which to be agreed with the Specialty Director.

5.8 Provisional Timetable

The following provides scheduling details of the clinical activity and clinically related activity components of the job plan that occur at regular times in the week. Agreement should be reached between the appointee and their Divisional Director with regard to the scheduling of all other activities, including the Supporting Professional Activities. Whilst the job plan is for 10 programmed activities there may be opportunity to take on further clinical sessions once appointed. It is expected that the successful applicant will rotate through various clinical duties in turn in keeping with the needs of the department and their skills and sub-specialty interests.

This timetable is completely negotiable and could include out-patient and community hospital work as well as specialist interests.



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Ward Round (15-20 Patients) (1PA)	Non-Working Day if on full weekend rota	Ward Round (15-20 Patients) (1PA)	Ward Round (15-20 Patients) (1PA)	Ward Round (15-20 Patients) (1PA)
	Day off can be flexible depending on service commitments and capacity		13.00-14.00 Grand Round (Medicine) (0.25 SPA)	13.00-14.00 Department Clinical meeting (Eldercare) (0.25 SPA)
Specialist Clinic (1PA)	Non-Working Day if on full weekend rota	Service Development/ CPD/ Audit (1SPA)	Ward Referrals and Post-take or TIA clinic (1PA)	Medical Student Teaching (0.5PA) Admin (0.5PA)

Weekend work = 1.5 weekend days

- 1 long day – WR OPAL, Stroke and base wards and TIA clinic in afternoon
- 1 short day – WR OPAL, Stroke and base wards
- 1 in every 5-6 weeks
- (1PA and 1 day TOIL for planned activity averaged over 6 weeks.)

ON CALL

General Medical On-call weekdays 1 in 30
 General Medical On-call weekends 1 in 12
 Predictable General Medical Take Total 0.5 PA with 3% On call Supplement
 Frailty Phone currently ADHs, but proposed to be additional 1% On call Supplement

Total DCC PAs = 8.5 PA
 SPAs = 1.5-2.5 SPA
 3% On Call Supplement
 Additional DCC and SPA available

5.9 On call availability

Older People's Services currently takes part in the General Medical unselected take 7 days a week on approximately a 1 in 30 basis (this involves PTWR 1800-2200 and non-resident on call, contactable by phone, overnight). Consultant ward rounds for the unselected 'take' are run in the evenings weekdays and weekends; an emergency medicine consultant is present throughout each day. The on-call consultant is expected to review a selection of new patients and be available for review of patients admitted in the early evening.



At weekends the Older People Services team is expected to review “eldercare” problems on the post-take ward round and review eldercare patients on the OPAL unit on AMU as well as provide cover to the eldercare wards. Stroke Neurologists (who do not have a CCT in General Internal Medicine) will not be expected to take part in the General Medicine on-call rota.

We also provide weekend cover of Older People’s Services Wards and Eldercare patients on AMU1&2, Tintagel, Phoenix, Kerensa and Trauma on approximately a 1 in 6 basis (2 Consultants per weekend). Weekend work for Stroke Neurologists would involve review of patients on the Stroke unit (Phoenix ward) and new patient referrals.

We are currently providing 12hr (8am-8pm) on call telephone service to support transformational activity to embed the CATU (community assessment and treatment services), this will be under review. Stroke Neurologists would not be expected to take part in this telephone support service.

The Older People’s Services provides two weekend TIA clinics (seeing 4 patients per clinic) and it is expected that the successful applicant will provide one of these on their on-call day at the weekend.

The Eldercare rota also provides weekend review of the directorate’s inpatients (as needed) and provides an advice service to the wider community.

In summary, a successful applicant would be expected to do a weekend on 1 in 5-6 basis and be on-call for medicine less than once a month under the current system (although the latter would not apply for Stroke Neurologists).

5.10 Sub-Specialty Interests

The post holder will be encouraged to practice any other special interest which is relevant to elderly people and which fits in with the requirements of the health community. The department already provides most sub-specialty services, but in practice could easily accommodate the interests of any successful applicant. We do not wish to be prescriptive about any special interests the post holder might have, and every effort will be made through the job planning process, to provide a job plan that reflects the individual’s interests.

5.11 Teaching and Training

The medicine division has a weekly lunchtime educational meeting (Thursday) with an average attendance of approximately 80 medical staff. The meeting is an excellent forum for medical grand rounds, presentation of items of clinical governance etc.

The Older People’s Services physicians and their teams also conduct popular weekly lunchtime clinical meetings in which cases and topics of broad interest are presented and discussed.



Royal Cornwall Hospital has a modern Postgraduate Centre with a large lecture theatre, a library and a number of small seminar rooms. There is a very active postgraduate education program. Medical staffs are regularly involved in teaching both junior medical staff for the MRCP examination and continuing medical education for General Medical and General Practitioner colleagues. There is also a regular teaching commitment to the regional specialist registrar core curriculum program, a weekly program of Foundation Training and monthly SHO study days. The directorate has a particularly strong student teaching program.

The Older People's Services consultants provide clinical supervision for the junior doctors within the department and educational supervision for a broad range of medical trainees, including our 4 Specialist Trainees.

The Royal Cornwall Hospital is one of the 3 main sites for the University of Exeter Medical School providing education to the clinical students (Years 3 to 5). On the hospital site there is a purpose-built facility (The Knowledge Spa) providing the infrastructure for all their educational needs.

The department of Eldercare and Rehabilitation actively supports the school in teaching modules through dedicated formal teaching sessions, feedback sessions, clinical placements and the provision of academic tutors. We currently provide a total of 11 Pas to the medical School.

5.12 Administrative Support

The successful candidate will share junior medical staff with the current post holders as described above; in practice this will mean a dedicated F1 & ST1 doctor and SpR support for activities within Eldercare.

They will be provided with a shared office, and a share of the Eldercare secretarial support at RCH. In addition to this they will have to access to secretarial support and "hot desk" facilities in other sites where eldercare services are based.

6. Communications and Working Relationships

Internal Working Relationships

- Chief Executive.
- Medical Director.
- Team working with Divisional/Specialty Managers and administrative staff.
- Specialty Directors, Divisional Directors and Divisional Managers.
- Clinical leads of site specific multi-disciplinary teams.
- All doctors and multi-disciplinary teams throughout the Trust.

External / Other Working Relationships

- Community partners
- Organisations in the Local Health Community [Commissioners and Providers].
- Royal Colleges.
- Peninsula Medical and Dental School.



7. Job Description Agreement

Signature
Post-holder

Date

Signature
Divisional Director

Date

Signature
Chief Executive

Date

HEALTH AND SAFETY AND RISK MANAGEMENT

In carrying out their duties the employee is required to take responsible care to avoid injury or accident, which may be caused by work. These duties must be performed in accordance with the Specialty/Division/Trust's Health and Safety Policy, which is designed to secure safety in working practice and in handling materials and equipment.

HOSPITAL POLICIES

The Royal Cornwall Hospitals' NHS Trust is a dynamic organisation and therefore changes in the core duties and responsibilities of the role may be required from time to time. These guidelines are not a term or condition of contract.

We expect all our staff to share the values that are important to the Trust and behave in a way that reflects these. In keeping with the Trust's Standards of Business Conduct for Employees and the Equal Opportunities Policy, the post-holder is at all times expected to take responsibility for their own actions, support multi-disciplinary and partnership working and develop a working environment of courtesy, fairness and mutual respect.

The post-holder will have access to confidential information, which may only be disclosed to parties entitled to receive it. Unauthorised disclosure is a disciplinary offence.

The Royal Cornwall Hospitals' NHS Trust is a regulated organisation and as such, all post-holders must have their criminal record checked. You will be asked at interview if you have any criminal convictions and a police check on the existence of a criminal record will be made if you are the preferred candidate for appointment to the post.

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your employment.

This job description will be subject to annual review and amended to meet the changing needs of the Trust.



This job description is subject to the terms and conditions of service of the Royal Cornwall Hospitals' NHS Trust.

Please note:

Rehabilitation of Offenders Act

This post is exempt from the Rehabilitation of Offenders Act 1974. Should you be offered the post it will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands, final warnings, as well as convictions.

If this post requires participation in exposure prone procedures, you will be required to undergo blood borne virus screening as appropriate.



Person Specification

Post Locum Consultant Eldercare

Physician Specialty/Division Older People Services/

Medicine & ED

ATTRIBUTES	REQUIREMENTS		METHOD OF ASSESSMENT
	ESSENTIAL	DESIRABLE	
QUALIFICATIONS	<ul style="list-style-type: none"> GMC Registration with a Licence to Practice 	GMC Specialist Register Stroke Medicine	Pre-employment checking procedure.
EXPERIENCE	<ul style="list-style-type: none"> Teaching students, (Medical peers, MDT). Experienced in Clinical Audit, QI and Clinical Governance and the benefits of how this improves the quality of care provided to patients and ensuring this is embedded in clinical practice. 		CV and interview.
PRACTICAL AND INTELLECTUAL SKILLS (INCLUDING ANY SPECIAL KNOWLEDGE)	<ul style="list-style-type: none"> Strong clinical and personal credibility. Excellent communication and interpersonal skills; adapts style depending on audience. Excellent IT Skills. 		CV, interview and references.



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	<ul style="list-style-type: none"> Conceptual and analytical skills. 		
	<ul style="list-style-type: none"> Speak fluent English to at least I.E.L.T.S level 7.5. 		
DISPOSITION/ ADJUSTMENT/ ATTITUDE	<ul style="list-style-type: none"> Flexible in approach and able to adapt quickly to changing priorities. Able to operate as a change agent and ability to work collaboratively with peers, MDT. Attention to detail in all professional tasks. 		CV and Interview.
ADDITIONAL CIRCUMSTANCES	<p>Disclosure and Baring Service check satisfactory to the organisation.</p> <p>Current and valid Visa to allow work in the UK.</p> <p>OH clearance</p> <p>Receipt of three satisfactory references.</p> <p>To live no more than 30 minutes travel from hospital if an on-call rota is category A.</p> <p>Valid UK Driving Licence</p>		Pre-employment checks.

