

# Locum Consultant Anaesthetist

## Surgery, Peri-operative and Critical Care Division

Full time - 10 Programmed Activities  
Fixed Term – 12 months

### JOB DESCRIPTION

April 2024



## Context

Barts Health NHS Trust is one of Britain's leading healthcare providers and the largest trust in the NHS. It was created on 1 April 2012 by bringing together three Trusts: Barts and The London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust. The new trust has a turnover of approximately £1.1 billion and has approximately 15,000 employees.

Together our hospitals - Newham University Hospital in Plaistow, St Bartholomew's (Barts) in the City, The Royal London in Whitechapel and Whipps Cross in Leytonstone - deliver high quality clinical care to the people of East London and further afield.

The hospitals offer a full portfolio of services that serve the needs of the local community, and are home to some of Britain's leading specialist centres including cancer, cardiac, trauma and emergency care. Barts Health also has one of the UK's busiest children's hospitals and internationally renowned surgical facilities.

Our vision is to create a world-class health organisation that builds on strong relations with our partners and the communities we serve – one dedicated to ending the historic health inequalities in East London. We will build an international reputation for excellence in patient care, research and education. And as members of UCL Partners, the largest academic health sciences system in the world, we will ensure that our patients are some of the first in the country to benefit from the latest drugs and treatments.

We are looking for the best talent to lead our ambitious healthcare organisation. In return, Barts Health will provide professional development opportunities, enabling investment in a range of new initiatives that would mean:

- Doctors and nurses in training will be able to gain experience in different hospitals along the whole patient pathway;
- There would be greater opportunity for career progression – we could retain good staff who might otherwise leave to gain promotion;
- Becoming world-class will enable us to recruit some of the best doctors and researchers in the world, who can share their knowledge and experience;
- Joining forces with other partners in an Academic Health Science System will mean that staff would be better able to secure funds and pool their talents to develop new technology, techniques and treatments.



## ANAESTHESIA AT BARTS HEALTH

We provide anaesthetic services across all our hospitals: The Royal London Hospital, Whipps Cross Hospital, Newham Hospital and St Bartholomew's Hospital (Barts).

Future reconfiguration of services will lead to movement of anaesthetic staff across hospitals. The combined departments have approximately 120 consultants.

At **St Bartholomew's Hospital**: Cardiothoracic surgery, cardiology and respiratory medicine, breast and endocrine, oncology, radiotherapy and cardiothoracic. With the exception of ophthalmic and breast surgery, all surgical services moved to the Royal London Hospital in January 2012.

At the **Royal London Hospital**: Trauma and orthopaedics, gynaecology, gynaecology oncology, ENT, general and plastic surgery, neurosurgery, maxillofacial, dental, paediatrics and obstetrics.

### **Trauma**

Care of those who have sustained serious trauma opens up a huge challenge to those involved in their acute and on-going management. The Royal London Hospital is the largest of the four major trauma centres in the London Trauma System and in 2015 received in excess of 3000 trauma activations, almost 25% of which had an ISS >15. It hosts and receives admissions from both the helicopter and land based trauma retrieval service (London's air ambulance) in conjunction with London and regional ambulance services.

Trauma embraces all ages of patient from infants to the elderly. With shifts in population dynamics, we are also seeing increasing numbers of elderly trauma patients, with associated co-morbidity and poorer physiological reserve. The department of anaesthesia plays a major role in the management of acute trauma within the emergency department, interventional radiology, theatres and critical care unit.

Within our experienced anaesthetic department, we have developed a team of consultant anaesthetists whose focus is to deliver expert peri injury care to all ages of trauma patient throughout their admission. We endeavour to attend all trauma calls where we assist our trainees in the assessment and management of all levels of traumatic injury. Emphasis has been placed on management of major, catastrophic haemorrhage incorporating best evidence into practice, alongside our academic colleagues at QMUL. Recent introduction of peripheral and regional analgesic techniques has improved the pain management and rehabilitation of these complex patients. These advances in management have all required a comprehensive education programme, much of which has been facilitated via multidisciplinary "in situ" simulation. Our progress is now attracting fellows from civilian and military backgrounds, all of whom bring

experience and innovation to the service.

### **Vascular**

We are a busy vascular centre at The Royal London Hospital which takes referrals from across North East London. There is a varied case mix, which includes both thoracic and abdominal endovascular aortic stenting, open aortic procedures, carotid endarterectomies (both elective and post TIA), peripheral



revascularisation and all types of minor interventions in high risk patients. We run a daily 3-session operating list, with an average of 10-15 major vascular cases per week. An increasing number of the vascular procedures are being done in interventional radiology. All major elective patients are seen in a dedicated vascular pre-admission clinic and have cardio-pulmonary exercise testing prior to surgery.

### **Neurosurgery**

The Barts Health centre for neurosciences is housed at the Royal London hospital site. We are a major neurosurgical centre, undertaking all types of elective and emergency surgery for brain and spinal conditions. The unit includes a dedicated neurosurgical HDU.

Elective work includes cranial and spinal tumour resection, neurovascular work (both interventional and surgical), shunt surgery, complex spinal surgery and less invasive procedures such as kyphoplasty. We have the biggest neurostimulation unit in Europe undertaking vagal nerve stimulation for epilepsy.

We have considerable expertise in the care of traumatic brain and spinal injury as the first major trauma centre in London. As home to London's air ambulance we treat some of the most seriously ill and injured patients in London. Over 1000 patients a year come to us requiring emergency neurological care, including emergency craniotomies and craniectomies.

We are now a major hyperacute stroke centre and are building on our expertise in interventional neuroradiology.

We are the major teaching hospital within the North East Thames Anaesthesia rotation and so have a large input into training. This includes providing intermediate, higher and advanced training in neurosurgical anaesthesia.

### **Obstetrics**

There are approximately 5000 deliveries a year with an overall caesarean section rate of 30% and epidural analgesia rate of 35%. Consultant obstetric anaesthetic cover is available for labour ward from 8am-8pm on weekdays and from 8am-6pm at weekends and we run separate all-day elective section lists three days a week. There is an obstetric anaesthetic fellow attached to the department full time. The Royal London is the maternal medicine and abnormally invasive placentation centre for North East London and we take complex referrals from across the region, including WHO class III-IV cardiac. There is a dedicated 4-bedded obstetric high dependency area staffed with high dependency nurses. We run high risk general and cardiac antenatal clinics and MDTs and are now starting an outpatient follow up clinic in response to the Ockenden immediate essential actions. We are also involved with multi-disciplinary teaching and training in the simulation centre and work increasingly closely with Whipps Cross and Newham as part of a newly-formed Barts Health obstetric anaesthetic network.

### **Surgery**

There is a large general surgical unit with sub-specialty units in upper GI, lower GI cancer and Inflammatory bowel disease, and hepatobiliary surgery which includes liver and pancreatic resections but not transplant. Gynae-oncology operate on major pelvic cancer and along with a number of other surgical specialties have an active robotic surgical programme. These specialties have been



consolidated into a complex abdominal pelvic unit which will run in a separate group of theatres based in the third floor theatre suite. This has the newly established surgical monitored unit attached to it on the third floor which will be able to take patients up to level 2 care post-operatively. There is also a 42 bedded step down ward which is to allow the safe flow of surgical patients through the hospital incorporating our ERAS pathways. The monitored unit will also accommodate patients from other specialties undergoing high risk surgery including neurosurgery, ENT, renal, orthopaedics and vascular surgery. We run 12 inpatient operating theatres on the fourth floor where other major elective and all emergency surgical cases are performed. It is co-located with the anaesthetic department and the intensive care unit on the 4th floor.

### ***Head and Neck***

The Head and Neck Services include neuro, maxillofacial and ENT. This active, well publicised unit provides elective major surgery for head and neck cancers, difficult airway problems and a trauma service at The Royal London Hospital.

### ***Renal***

The Trust has a large renal unit with an active live kidney donor and transplant programme and busy renal access lists. We also run a dedicated renal anaesthetic pre-assessment clinic.

### ***Pain Medicine***

The Pain Service at Barts and the London sits within the anaesthetic department and has international reputation for integrated multidisciplinary input across various domains of pain medicine in one functioning department. The strong academic links of the pain services at Barts Health bring together a consortium of healthcare professionals with expertise in the delivery of interventional and non-interventional pain medicine, plus research methodologists.

The service is committed to providing an interdisciplinary integrated service to both in and out-patients alike. The medical staff are supported by a team of full-time nurse specialists while other disciplines including psychology, physiotherapy and occupational therapy provide input to the service.

### ***Paediatric Anaesthesia***

The paediatric anaesthetic department consists of 12 consultants, 8 trainees and a research fellow. We have specific links to the Paediatric Critical Care (PCCU), the Homerton Hospital, the Children's Acute Transport Service (CATS), and the Trauma Service. We cover all specialties (except cardiac), and are involved in acute pain (along with our two pain nurses), the neonatal unit, Paediatric A&E (the biggest in London), and PCCU. This has its own dedicated theatre floor with 4 operating theatres and associated wards.

We provide structured training to the trainees from the School of Anaesthesia during their paediatric block; afford opportunities for research and audit (including one stand-alone research post). We host an international Paediatric Anaesthesia Education Day every November.

### ***Radiology***

The anaesthetic department provides cover for the provision of general anaesthesia and sedation in the radiology department on both the Royal London Hospital and St Bartholomew's Hospital site. At the Royal London site alone we cater for 16 consultant led sessions in interventional radiology; this is planned



to be extended in the near future. There is a wide mix of cases which covers both elective and emergency work, which includes hepatobiliary, vascular, renal, neurosurgical, trauma, gynaecology and obstetric specialties. As a department we also support the education of non-anaesthetic staff who provide sedation for patients undergoing Interventional radiology procedures.

### ***Other Specialties***

There is in addition a significant anaesthetic commitment to the Departments of Radiotherapy and Medical Oncology.

### ***Intensive Care***

The unit at the Royal London Hospital has 2500 admissions per annum. The varied case mix includes polytrauma, upper gastrointestinal, vascular, neurosurgery and general medical patients and plays a major role in post-surgical care. The dedicated surgical and medical HDUs are amalgamated with the level 3 facility. In 2012 the critical care floor opened further beds totalling 44 split between level 2 and 3.

### ***Pre-Assessment***

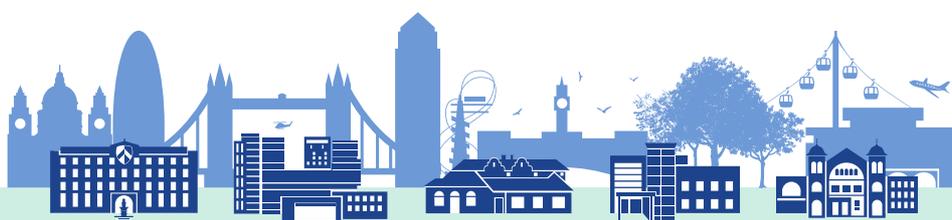
There are daily pre-assessment clinics for all surgical patients at the Royal London. There are anaesthetic and cardiology high risk pre-assessment clinics and a cardiopulmonary exercise testing programme.

### ***Anaesthetic trainees***

The Barts and The London School of Anaesthesia provides anaesthetic trainees to all the hospitals within Barts Health and other specialist and District General Hospitals which work together to provide balanced rotations and training. There are currently 145 trainees in the School, of which 90 are working in Barts Health Trust. At present the administration of the school is largely carried out from The Royal London.

### ***Medical Students***

We provide teaching for Final Year medical students from Queen Mary University of London. This is a 3 week block, split between intensive care and theatre anaesthesia.



## JOB DESCRIPTION

Job Title	Locum Consultant Anaesthetist (10 Programmed Activities) BartsHealth NHS Trust
Division:	Surgery, Peri-operative and Critical Care Division
Terms & Conditions of Service	In accordance with the Consultant Contract (2003) and NHS Terms and Conditions of Service for Hospital Medical and Dental Staff.
Responsible to:	Dr Madeline Dancey, Clinical Director, Perioperative and Pain Medicine Dr Christene Swampillai, Clinical Lead in Periop and Pain Medicine
Accountable to:	Dr Malik Ramadan Medical Director Dr Nicholas Bunker, Divisional Director

## JOB SUMMARY

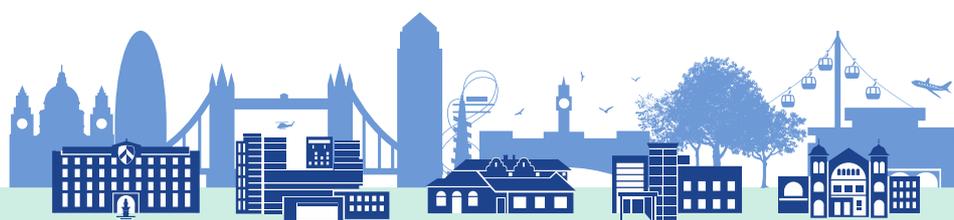
### MAIN DUTIES AND RESPONSIBILITIES

The post is a locum consultant post in anaesthesia based at The Royal London Hospital; the successful candidate may be asked to cover surgical lists at Barts or Mile End Hospital if required. The post holder will be an employee of BartsHealth and there may be future opportunities or requirements to work at one of the other hospitals in the Barts Health group.

This is a general post for a locum consultant anaesthetist. The appointee must be able to work flexibly and be able to cover all the specialities provided for at Barts & The Royal London Hospitals. Applicants should possess full GMC registration, and either be on the Specialist Register or be within 6 months of receiving their Certificate of Completion of Training (CCT) at the time of interview.

### SPECIFIC RESPONSIBILITIES

The department would expect consultants to work flexibly. However, the department will try to help consultants to develop and maintain areas of clinical expertise with some regular clinical commitments. The initial contract will be for 10 programmed activities (PAs) as described in the 2003 consultant contract. These activities will be split between direct clinical care (DCC) and supporting professional activities (SPA). The SPA allocation will be 1PA per week (4 hours). The successful applicant may have the opportunity to offer to work additional DCC PAs per week but this will be subject to the service requirements of the department.



## Sample Job Plan

10 PA contract

### Job Plan

Day and Session	Frequency	Hospital	Description	Category	PAs
Monday 7.30 – 20.00	Weekly	RLH	Flexible	DCC	3.2
Tuesday 7.30 – 20:00	Every other week	RLH	Flexible	DCC	1.6
Wednesday 8.00 – 12.00	Weekly	RLH		SPA	1
Thursday 7.30 – 20:00	Weekly	RLH	Flexible	DCC	3.2
Friday					
Weekend 7.30 – 18:00	1 in 8 on call depending on rota	RLH		DCC	1
<b>Total</b>					<b>10</b>

**Note: this is a sample job plan; the final job plan will reflect the candidate's interests and the department's service needs.**

**The final job plan will be flexible in the days worked and include at least one 3-session day.**

**The total will include 9 DCCs (including one on-call) and 1 SPA.**

### On Call

The successful candidate is expected to participate in one of our on call rotas: •

- Weekend on call rota for plastic surgery (Saturday) and orthopaedic surgery (Sunday) in a 1:8 on call rota (7.30 -.17.30).
- Weekend on call rota for emergency orthopaedic trauma (7.30 - 17.30) both Saturday and Sunday in a 1:9 rota.
- Weekend on call rota for Obstetrics (08:00 to 18:00) both Saturday and Sunday in a1 in 9.



The current allowance for on call is 1PA.

## **GENERAL DUTIES OF CONSULTANT STAFF:**

### **Patient Care**

Consultants will have a continuing responsibility for the care of patients in their charge. They will undertake administrative duties associated with providing patient care. Access to office space, computers and secretarial support will be provided. Consultants are expected to deliver safe and evidence based anaesthesia and analgesia in line with agreed departmental Trust and national policies and guidelines.

### **Doctors in training**

Consultants are expected to realise their continued responsibility for teaching and training junior doctors and undergraduates. All consultants are required to assume responsibility both singularly and corporately for the management of trainee medical staff. In particular, they are required to be responsible for approving and monitoring trainee rotas and trainee locum arrangements, where appropriate.

### **Clinical Governance**

The post-holder will comply with the Trust's clinical governance requirements. This will include participating in clinical audit and review of outcomes, working towards achievement of national and local performance management targets, complying with risk management policies, and participating in the consultant appraisal process.

The post-holder will also be responsible for maintaining satisfactory patient notes and, when relevant, for entering data onto a computer database in accordance with the rules and regulations of the Data Protection Act.

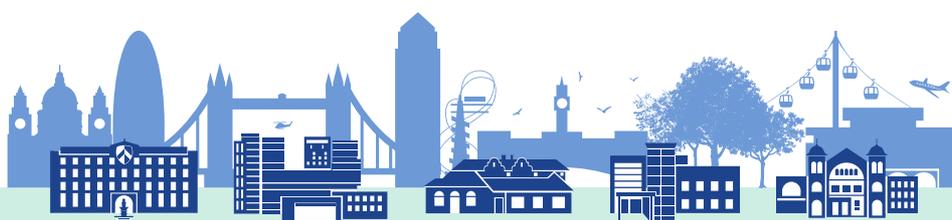
### **Quality Improvement (QI)/Audit**

The candidate will have the opportunity to participate in QI projects in accordance with the Trust's Core Audit Priorities, set by the Barts Health Board. Projects should be instigated by publication of evidence-based guidelines (e.g. NICE guidance) as well as local risk management, patient satisfaction and business needs. The emphasis is on team learning and quality improvement. Participation in multi-disciplinary and national QI as well as patient participation is encouraged.

All clinical effectiveness projects in which the appointee is involved must be approved by the specialty Clinical Effectiveness Lead prior to registration with the central clinical audit team. Completion of the full audit cycle will be monitored at appraisal and contribute to revalidation.

All staff are required to attend monthly clinical audit and service improvement half days to share project findings and agree recommendations. No elective clinical activity is scheduled during the session so that quality and safety issues are examined and appropriate recommendations taken forward with the agreement of the team.

Project reports written in Trust format should be disseminated to stakeholders and appropriate Trust committees and, where improvement is proven, lead to publication or conference presentation. Agreed



actions must be monitored and followed up with re-audit to complete the audit cycle. Senior staff should support juniors and students in undertaking appropriate projects, raising awareness of Trust clinical audit policy on project registration, data quality, information governance and re-audit.

### **Management**

The appointee will be expected to undertake the administrative duties associated with the care of their patients and the day to day running of the clinical areas they work in. They will also contribute to the administration of the department to ensure that the clinical service operates effectively. Consultants are expected to take a proactive role in the planning and development of services.

### **Appraisal and revalidation**

Consultants must actively participate in the annual appraisal process in order to comply with the legal requirements of revalidation to maintain their licence to practice.

### **Continuing Professional Development**

The post-holder will participate in the appraisal process and will agree a personal and professional development plan with their appraiser which will be reviewed on annual basis. The development plan will take account of general and specialist requirements for professional development issued by the relevant Royal Colleges, the General Medical Council, the Chief Medical Officer and the Trust itself. The post holder will be supported by appropriate study leave allocations, financial support and the Trust's appraisal scheme for consultant staff.

### **Critical incident reporting**

The post-holder will have responsibility for ensuring that critical incidents and near misses are appropriately reported through the Trust's Risk management systems.

### **Complaints handling**

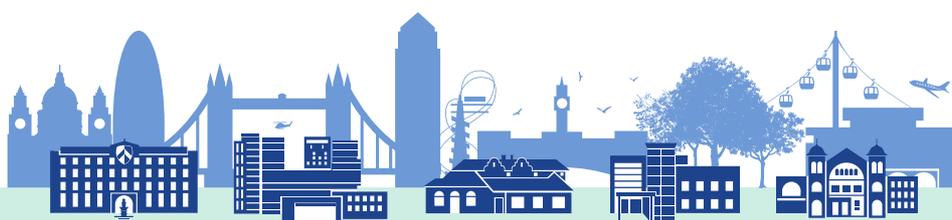
The post-holder will have shared responsibility for handling patient and user complaints and will work with the Trust's complaints department in ensuring timely responses for complainants.

## **MAIN CONDITIONS OF SERVICE**

The appointment is subject to the most recent version of the 2002 NHS Terms and Conditions of Service for Hospital Medical and Dental Staff and Doctors in Public Health Medicine and Community health service (England and Wales) and the 2003 NHS Consultant Contract. The appointee will automatically be enrolled in the National Health Service Pension Scheme.

Please note that the proposed job plan may include some "premium time" working. Premium time is defined as any time which falls outside 7am to 7pm Monday to Friday or any time on Saturday, Sunday or a Public Holiday. In recognition of the unsocial nature of work during premium time, any sessions worked during this time shall be calculated as 3 hours as a full session (PA). Working in this way during premium time is not on call work and will be included as part of scheduled Direct Clinical Care.

1. The post holder is clinically responsible to the Clinical Director of the specialty you are applying for and managerially accountable to the Chief Operating Officer for the trust.



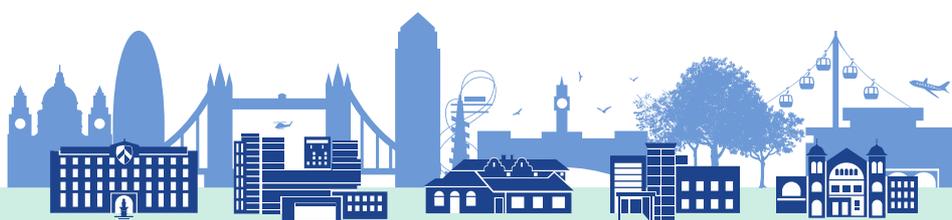
2. The NHS (Appointment of Consultants) Regulations 2005 prevent appointment of any applicant for consultant posts commencing after 1<sup>st</sup> January 1997 who is either not:
  - a. On the GMC specialist register
  - b. In possession of the CCT, or EEA/EU equivalent, or within 6 months of CCT if still in training.
  - c. It is the responsibility of applicants to satisfy all necessary GMC requirements prior to appointment. Applicants must ensure they provide evidence in their application identifying eligibility to be placed on the specialist register. This would ideally be in the form of a notification from the GMC.
  
3. The full time basic salary for the first appointment of an NHS consultant (as at 1<sup>st</sup> April 2022) is set out below, including payment for agreed additional programmed activities. Part-time consultants will be paid pro rata, based on the number of agreed weekly Programmed Activities in the consultant's Job Plan. Salary on commencement and subject to progression will be in accordance with Paragraphs 4-9 of Schedule 14 of the Terms and Conditions. A London Weighting Allowance of £2,162 per annum (pro rata for part-time consultants) is payable and. There are separate arrangements for those whose first appointment as an NHS consultant was before 31<sup>st</sup> October 2003. These are stated in the Terms and Conditions of service and the 2003 Consultant Contract

## Pay thresholds

### Consultants on the 2003 contract

Threshold	Value £
1 (starting salary)	88,364
2 (after 1 year completed as consultant)	91,131
3 (after 2 years completed)	93,898
4 (after 3 years completed)	96,665
5 (after 4 years completed)	99,425
6 (after 9 years completed)	105,996
7 (after 14 years completed)	112,569
8 (after 19 years completed)	119,133

4. The successful candidate will be required to complete a health statement and the trust may require a medical examination as a condition of employment.
  
5. The appointment is subject to satisfactory disclosures from the Criminal Records Bureau and because of the nature of the work of this post, it is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exception Order 1975). Applicants are therefore not entitled to withhold information about convictions including those for which other purposes are spent under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any such information



should be sent in confidence to the Medical Director and will only be considered in relation to an application for positions to which the order applies.

6. The post-holder will be required to live less than 15 miles by road from their base hospital, unless the Trust determines that residence at greater distance is acceptable. The distance of 15 miles usually equates with a travelling time to the hospital of approximately 30 minutes.
7. Assistance may also be given to newly-appointed consultants towards the cost of the removal expenses, provided that the consultant moves from a position within the National Health Service, also that removal is necessary to comply with the Trust's requirements concerning the place of residence and a written request is sent to Medical Personnel before or immediately after appointment.

### **Private Professional Services and NHS Programmed Activities**

Subject to the provision in Schedule 9 of the Terms and conditions, you may not carry out Private Professional Services during your Programmed Activities.

The post holder might be required to work across the Trust at any time throughout the duration of his/her contract, which may entail travel and working at different hospital.

### **Performance management and appraisal**

All staff are expected to participate in individual performance management process and reviews.

### **Personal development and training**

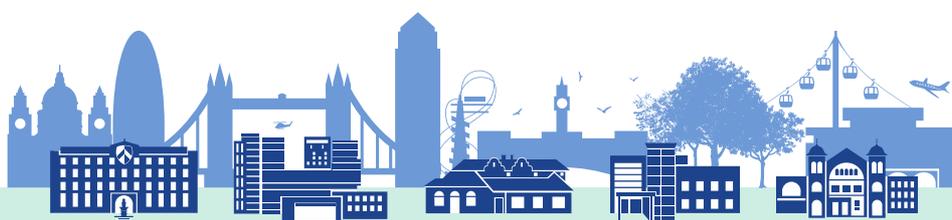
Barts Health NHS Trust actively encourages development within the workforce and employees are required to comply with trust mandatory training.

Barts Health's education academy aims to support high quality training to NHS staff through various services. The trust is committed to offering learning and development opportunities for all full-time and part-time employees.

No matter where you start within the NHS, you will have access to extra training and be given every chance to progress within the organisation. You will receive an annual personal review and development plan to support your career progression and you will be encouraged to develop your skills and experience.

### **Health and safety at work**

The post holder has a duty of care and personal obligation to act to reduce healthcare-associated infections (HCAIs). They must attend mandatory training in infection prevention and control (IP&C) and be compliant with all measures required by the trust to reduce HCAIs. All post holders must comply with trust infection screening and immunisation policies as well as be familiar with the trust's IP&C policies, including those that apply to their duties, such as hand decontamination, personal protective equipment, aseptic techniques and safe disposal of sharps.



All staff must challenge noncompliance with infection, prevention and control policies immediately and feedback through the appropriate line managers if required.

### **Confidentiality and data protection**

All employees are expected to comply with all trust policies and procedures related to confidentiality and data protection and to work in accordance of the Data Protection Act 1998. For those posts where there is management or supervision of other staff it is the responsibility of that employee to ensure that their staffs receive appropriate training (e.g. HISS induction, organising refresher sessions for staff when necessary).

### **Conflict of interest**

The trust is responsible for ensuring that the service provided for patients in its care meets the highest standard. Equally it is responsible for ensuring that staff does not abuse their official position for personal gain or to benefit their family or friends. The trust's standing orders require any officer to declare any interest, direct or indirect with contracts involving the trust. Staff is not allowed to further their private interests in the course of their NHS duties.

### **Equality and diversity**

The trust values equality and diversity in employment and in the services we provide. It is committed to promoting equality and diversity in employment and will keep under review our policies and procedures to ensure that the job related needs of all staff working in the Trust are recognised. The Trust will aim to ensure that all job applicants, employees or clients are treated fairly and valued equally regardless of sex, marital status, domestic circumstances, age, race, colour, disablement, ethnic or national origin, social background or employment status, sexual orientation, religion, beliefs, HIV status, gender reassignment, political affiliation or trade union membership. Selection for training and development and promotion will be on the basis of the individual's ability to meet the requirements for the job. You are responsible for ensuring that the trust's policies, procedures and obligation in respect of promoting equality and diversity are adhered to in relation to both staff and services.

### **Budgetary management**

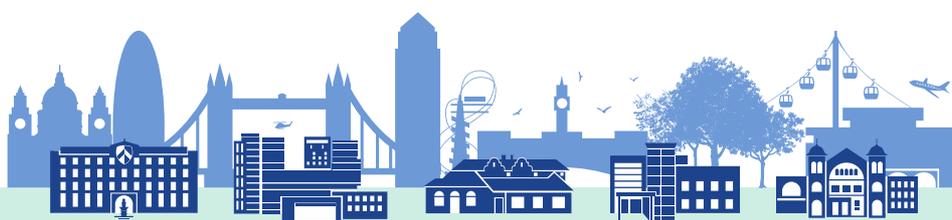
If you have responsibility for a budget you are expected to operate within this and under the trust's standing financial instructions (available in the intranet's policies section) at all times.

### **Barts Health values based leadership**

Our leaders ensure a focus on health where patients are at the centre of all we do. They work to create a culture where innovation is promoted and encouraged. They lead by example and demonstrate value based decision making as being integral to the ways of working within the Trust.

Barts Health leaders are role models who demonstrate those attitudes and behaviours which will make us unique. Our leaders are passionate about delivering high quality patient care, take pride in the work that they do to and are committed to the delivering the Barts Health NHS Trust 10 pledges of:

1. Patients will be at the heart of all we do.
2. We will provide consistently high quality health care.



3. We will continuously improve patient safety standards.
4. We will sustain and develop excellence in research, development and innovation.
5. We will sustain and develop excellence in education and training.
6. We will promote human rights and equalities.
7. We will work with health partners to improve health and reduce health inequalities.
8. We will work with social care partners to provide care for those who are most vulnerable.
9. We will make the best use of public resources.
10. We will provide and support the leadership to achieve these pledges.

Our leaders are visible leaders who believe in spending time listening and talking our staff, patients and partners about the things that are important to them and the changes they would like to make to continuously improve patient care.

Barts Health leaders work with their teams to develop organisational values, embed them in our ways of working and create the cultural changes required to ensure that we consistently provide an excellent patient experience, regardless of the point of delivery, in an environment where people want to work, regardless of where they work or what they do.

**This job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the post holder**

**A final shortlist is expected to be completed within approximately three weeks after the closing date. Shortlisted candidates should visit the hospital before being interviewed.**

**For further information, please contact Dr Christene Swampillai, Lead Clinician in Anaesthesia, via phone (020 359 41327) or email ([christene.swampillai@nhs.net](mailto:christene.swampillai@nhs.net)) .**



**BARTS HEALTH NHS TRUST, CONSULTANT ANAESTHETIST PERSON SPECIFICATION**

FACTORS	ESSENTIAL	DESIRABLE	HOW IDENTIFIED
<b>Qualifications/ Clinical Skills</b>	<ul style="list-style-type: none"> <li>• GMC Registration</li> <li>• MBBS or equivalent</li> <li>• CCT in anaesthesia or equivalent or, if in training within 6 months of CCT</li> <li>• FRCA or equivalent</li> <li>• ALS/APLS</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of UK healthcare system</li> <li>• Higher degree</li> </ul>	CV Application form
<b>Special Knowledge/ Abilities and/or Experience</b>	<ul style="list-style-type: none"> <li>• Extensive experience in a wide variety of anaesthesia, especially the management of major trauma</li> <li>• Experience in the peri-operative care of patients including pain management</li> <li>• Audit experience</li> </ul>	<ul style="list-style-type: none"> <li>• Experience in anaesthesia specialties in the job plan</li> <li>• Clinical management training</li> </ul>	CV Interview Reference
<b>Personal Skills/Qualities</b>	<ul style="list-style-type: none"> <li>• Ability to communicate clearly and intelligently in written and spoken English</li> <li>• Ability to lead a multidisciplinary team, make decisions and exert appropriate authority.</li> <li>• Ability to build strong and effective relationships with patients, relatives and colleagues</li> <li>• Ability to gain confidence and trust</li> <li>• Ability to cope with pressure and adapt to change</li> <li>• Enthusiasm and approachability</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership skills appropriate to leading a multidisciplinary team</li> <li>• Directing and teaching medical, nursing and other professions allied to anaesthesia and Intensive Care</li> </ul>	CV References Interviews

<b>Teaching &amp; Training</b>	<ul style="list-style-type: none"> <li>• Involvement in teaching undergraduates, junior medical staff, nurses and allied health professionals</li> <li>• ATLS, ALS, APLS or PALS provider status</li> </ul>	<ul style="list-style-type: none"> <li>• ATLS, ALS, APLS or PALS instructor status.</li> <li>• Certificate of education.</li> <li>• Evidence of training in teaching skills.</li> <li>• Involvement in undergraduate education.</li> </ul>	CV, References, Interview
<b>Research</b>	<ul style="list-style-type: none"> <li>• Understands research methodology</li> <li>• Actively encourages research with junior and other staff</li> </ul>	<ul style="list-style-type: none"> <li>• Published or submitted research to indexed journals</li> <li>• Experience of research presentations to learned societies on topics related to anaesthesia</li> </ul>	CV References Interviews
<b>Additional Requirements</b>	<ul style="list-style-type: none"> <li>• Commitment to continuing personal development and medical education</li> </ul>	<ul style="list-style-type: none"> <li>• Experience in teaching and clinical audit</li> <li>• Computer skills</li> <li>• Service development</li> </ul>	CV References Interviews