



## **Appointment of Locum Consultant Anaesthetist with interest in Obstetric Anaesthesia**

Available from ASAP for 12 months

**Advert Reference No. 180-LOCON-4767**

**Medical Staffing Department**

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## SECTION 1      Job Description – General Details

<b>Title:</b>	Locum Consultant Anaesthetist with interest in Obstetric Anaesthesia
<b>Location:</b>	Based at Cambridge University Hospitals NHS Foundation Trust
<b>New or Replacement Post:</b>	New post
<b>Prime responsibility:</b>	To share in the delivery of anaesthetic services within the Cambridge University Hospitals NHS Foundation Trust.
<b>Accountable to:</b>	Medical Director (currently Dr Ashley Shaw)
<b>Reports to:</b>	Divisional Director for Division A (currently Mr James Wheeler)  and  Clinical Director for Anaesthesia & Theatres (currently Dr Muhilan Kanagarathnam)  and  Speciality Lead for Anaesthesia and Theatres (currently Dr Brock Andreatta)
<b>Works with:</b>	Consultants in the Department of Anaesthesia, Clinical Manager and other members of the Anaesthetics Department  Other consultant colleagues and the senior management of the hospital
<b>Key tasks:</b>	<ul style="list-style-type: none"> <li>• Maintenance of the highest clinical standards in the management of patients</li> <li>• Further development of and promotion of anaesthesia and the continued development of a training programme in anaesthesia</li> <li>• Teaching and training of trainee medical staff, medical students and other personnel in the principles and practices of anaesthesia</li> <li>• To actively participate in both departmental and Trust matters concerning Clinical Governance and audit.</li> <li>• To have responsibility for ensuring active participation in continuing medical education (CME).</li> </ul>

## SECTION 2      Person Specification

Entry Criteria	Essential	Desirable	Assess by
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>You will be fully registered with the GMC and have a CCT in Anaesthesia or be within six months of award of CCT at the time of interview or have submitted paperwork for Specialist Registration via CESR.</li> <li>Success in Intercollegiate Specialty Examination or equivalent</li> </ul>	MD, PhD or similar	A
<b>Standards</b>	<b>Thorough knowledge and understanding of GMC standards in <i>Good Medical Practice</i> including:</b> <ul style="list-style-type: none"> <li>Good clinical care</li> <li>Maintaining good medical practice</li> <li>Good relationships and communication with patients</li> <li>Good working relationships with colleagues</li> <li>Good teaching and training</li> <li>Professional behaviour and probity</li> <li>Delivery of good acute clinical care</li> </ul>		A, I, R
<b>Professionalism</b>	<b>Professional integrity and respect for others:</b> <ul style="list-style-type: none"> <li>Capacity to take responsibility for own actions and adopts a supportive approach towards others; capacity to adopt a corporate approach even if this is against personal views or preference</li> <li>Displays honesty, integrity, awareness of confidentiality and ethical issues</li> </ul>		A, I, R
<b>Clinical skills</b>	<ul style="list-style-type: none"> <li>Clinical training and experience equivalent to that required for gaining UK CCT in Anaesthesia and to that required to fulfil all aspects of the job plan, including on call commitments</li> <li>Ability to take full and independent responsibility for clinical care of patients</li> </ul>		A, C, I, R

Entry Criteria	Essential	Desirable	Assess by
<b>Specialty specific skills related to the post</b>	<ul style="list-style-type: none"> <li>Ability to provide anaesthesia for low and high risk obstetrics including provision of antenatal anaesthetic assessment, analgesia for labour and anaesthesia for operative delivery, often involving women with complex medical and/or obstetric conditions. Competent in the management of antenatal and postnatal women requiring Level 1 and Level 2 care (Intensive Care Society Levels of Care)</li> <li>Ability to provide anaesthesia for elective and emergency surgery in a wide variety of surgical subspecialties for all patient age groups (excluding children under 2 years)</li> <li>Ability to run a suite of theatres, and provide consultant on-call cover for obstetric anaesthesia</li> <li>At least 6 months (WTE) of advanced training or fellowship in obstetric anaesthesia in a major tertiary level unit to have been completed by time of taking up the post</li> </ul>	<p>Post CCT experience as a Senior Clinical Fellow or equivalent in anaesthesia</p> <p>Experience of working with a pre-operative assessment service</p>	A, C, I, R
<b>Commitment to clinical governance / improving quality of patient care</b>	<p><b>Clinical governance:</b> Demonstrates awareness of good decision making. Awareness of own limitations. Track record of engaging in clinical governance: reporting errors, learning from errors</p> <p><b>Audit:</b> Experience of audit</p> <p><b>Teaching:</b> Experience of supervising undergraduates, junior doctors and other staff; ability to teach clinical skills</p> <p><b>Research:</b> Ability to apply research outcomes to clinical problems; Ability to critically appraise published evidence</p>	<p>Completion of a recognised teaching course</p> <p>Presentation at national / international meetings</p> <p>Publication in peer reviewed journals</p> <p>Previous experience as faculty for multidisciplinary team training courses in obstetrics</p>	A, I
<b>Communication skills</b>	<p><b>Effective communication skills:</b> Ability to communicate effectively (written and oral) with colleagues, patients, relatives, GPs, nurses and other agencies</p> <p><b>Empathy and sensitivity:</b> Ability to listen and take in others' perspectives; caring approach to patients</p>		A, I
<b>Personal skills</b>	<b>Supports CUH values:</b> Evidence of work behaviour that demonstrate CUH values of kind, safe and	Evidence of equality and	A, I, R

Entry Criteria	Essential	Desirable	Assess by
	<p>excellent</p> <p><b>Team working:</b> Ability to develop effective working relationships on an individual and multi-disciplinary basis with all levels of staff; an awareness of own limitations and when to ask for help; receptive to appropriate challenge</p> <p><b>Corporate responsibility:</b> Ability and willingness to work within the Trust and NHS performance framework and targets.; a corporate player who can work effectively with those who may express strong opposing views</p> <p><b>Leadership:</b> Ability to take responsibility and demonstrate leadership when appropriate. An understanding of and ability to demonstrate your ability to:</p> <ul style="list-style-type: none"> <li>• Empower others</li> <li>• Lead through change</li> <li>• Influence strategically</li> <li>• Demonstrate innovation and problem solving abilities</li> </ul> <p><b>Organisation &amp; planning:</b> Ability to cope with and effectively organise the workload of a Locum Consultant</p> <p><b>Coping with pressure:</b> Ability to work effectively under pressure and cope with setbacks; ability to maintain composure and set high standards of behaviour when under pressure</p> <p><b>Problem solving:</b> Evidence of an enquiring and critical approach to solving work problems</p> <p><b>Service improvement:</b> Ability and drive to use information and experience to improve the clinical service; ability to adapt and respond to changing circumstances to improve patient care</p> <p><b>Equality and diversity:</b> Promotes equality and values diversity</p>	<p>diversity training</p> <p>Experience of facilitating multi-disciplinary team training in the maternity setting</p>	
<b>Understanding of the NHS</b>	Good knowledge of the structures and culture of the NHS. Roles, responsibilities and relationships across the MDT and the multi-professional team		A, I

Entry Criteria	Essential	Desirable	Assess by
<b>Commitment to ongoing professional development</b>	<p><b>Learning and personal development:</b> Demonstrates interest in the specialty required for the job. Demonstrates a commitment to maintaining professional skills and knowledge relevant to the job (see notes).</p> <p>Demonstrates engagement in appraisal. Self-awareness and ability to accept and learn from feedback.</p>		A, I

**Key:**

A=application form/CV; I=interview; C=other documented evidence e.g. certificate/exam; R=references

All candidates must have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues.

If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must either:

- Have an academic IELTS score of at least 7.0 in each domain and an overall score of 7.5 within the same test to meet the GMC's requirements

or

- Complete the medical Occupational English Test (OET) and achieve grade B in each of the four domains tested to meet the GMC's requirements

If applicants believe that they have adequate communication skills but are unable to demonstrate this by one of the examples listed in the bullet points above, alternative evidence must be provided.

## **SECTION 3      Responsibilities and Expectations of the Role**

### **3.1      Clinical**

- (a) Provision with Consultant colleagues of a service to Cambridge University Hospitals (CUH), with responsibility for the prevention, diagnosis and treatment of illness, and the proper functioning of the department;
- (b) Out-of-hours responsibilities, including participation in Consultant on-call rota where applicable;
- (c) Cover for colleagues' annual leave and other authorised absences;
- (d) Participating in medical audit, the Trust's Clinical Governance processes and in CPD;
- (e) Where it is agreed between the parties, work on behalf of CUH such as domiciliary consultations, or services provided by the Trust for other agencies, e.g. the prison service. *(This excludes work done under direct arrangements between an individual Consultant and a third party, e.g. Category 2).*

### **3.2      Education and Training**

- (a) Professional supervision and management of junior medical staff;
- (b) Responsibilities for carrying out teaching, examination and accreditation duties as required and for contributing to undergraduate, postgraduate and continuing medical education activity, locally and nationally;
- (c) If appropriate the post-holder will be named in the contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers;
- (d) All Consultant staffs are encouraged to undertake a formal "Training the Trainers" course.

### **3.3      Research**

- (a) Involvement in research, please refer to Section 5.5 for further information about research within the Department.

### **3.4      Leadership/Management**

- (a) To act in a professional manner and as a role model to other staff members;
- (b) To perform your duties to the highest standard with particular regard to efficient and effective use of resources, maintaining quality and commitment to drive improvements
- (c) All Consultants attend the Consultant Development Programme within a year of joining the Trust – to help hone the leadership and management skills they need to succeed at CUH.

### **3.5      Professional**

- (a) To accept personal accountability for own clinical practice and to work at all times within the GMC's Good Medical Practice and Leadership and Management for all doctors;
- (b) To promote and adhere, at all times, to CUH policies and procedures;
- (c) To work within the Trust's policies and procedures, accepting that the resources available to the Trust are finite and that all changes in clinical practice, workload or developments requiring additional resources must have prior agreement with the Trust;
- (d) To accept corporate responsibility to work effectively and positively within the Trust performance framework to meet Trust targets;



- (e) To participate in professional continuing medical education; study leave is provided for this purpose, and the appointee will be entitled to apply to the Trust Study Leave Committee for a contribution to funding of this activity;
- (f) A willingness to undertake additional professional responsibilities at local, regional or national levels.

### **3.6 General Compliance**

- (a) To comply with all Trust Policies and Procedures, with particular regard to
 

- Risk Management	- Health & Safety	- Information Governance
- Confidentiality	- Data Quality	- Freedom of Information
- Equal Opportunities		
- (b) All staff have a responsibility to comply with the current infection prevention and control policies, procedures and standards and ensure they have received an annual update on infection prevention and control issues including hand hygiene. All staff should practice and encourage appropriate hand hygiene and act professionally to ensure the hospital environment is clean, safe and tidy;
- (c) To perform your duties to the highest standard with particular regard to effective and efficient use of resources, maintaining quality and contributing to improvements;
- (d) To follow all the Trust Security policies and procedures and be vigilant to ensure the safety and secure environment for care;
- (e) All staff that have access to or transfers any data are responsible for those data, it must be kept secure and they must comply with the requirements of the Data Protection Act 1998 and the common law on confidentiality. All data must be kept in line with the Trust's policies and procedures. Data includes all types of data i.e. patient, employee, financial, electronic, hard copies of printed data or handwritten data etc;
- (f) 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;
- (g) The Trust is committed to carefully screening all staff who work with children and vulnerable adults. This appointment is therefore subject to a satisfactory Disclosure and Barring Service Disclosure of the appropriate Level if required;
- (h) All staff will receive training on Child Protection -Safeguarding Children Policies and Procedures as part of Induction and annual updates, this will equip the post holder with the knowledge of what you will need to do if you have concerns about the welfare of a child/young person under aged 18;
- (i) Participate in an annual Job Planning and Appraisal for Consultant and medical staff;
- (j) To uphold the Trust Values and Behaviour standards;
- (k) Perform any other duties that may be required from time to time.

**Every post holder can make a difference to a patient's experience. You will come across patients as you walk around the hospital; we rely on all our staff to be helpful, kind and courteous to patients, visitors and each other.**

## **SECTION 4      Job Plan and Timetable**

### **4.1      Job Plan**

A formal job plan will be agreed between the appointee and their Divisional Director or agreed delegate, on behalf of the Medical Director, three months after the commencement date of the appointee and will be effective from the commencement date of the appointment.

The job plan for the first three months will be based on the provisional timetable shown below.

The job plan will then be reviewed annually. The job plan will be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. It should cover all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. In addition, it should include personal objectives, including details of their link to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

### **4.2      Provisional Timetable**

The provisional timetable for the post will have three to four "long" days of scheduled clinical activity and clinically related activity of 3PA's (12 hours). This pattern usually occurs as alternating weeks (three days one week, four days the next and so on). This equates to 10.5 clinical PA's per week on average. This includes pre and post-operative care of the patients. Clinical days will not necessarily be on regular days of the week. The timetable will contain one to two half day sessions of obstetric anaesthesia per week in the first instance on average.

The post holder will also receive 1PA for Supporting Professional Activity (SPA) in addition to the clinical PA's.

### **4.3      On Call Availability**

At present there are 5 tiers of On Call within the department, including obstetric on call, which the successful candidate will join. This is presently a 1:10

## **SECTION 5      The Department of Anaesthesia**

### **5.1      Introduction**

There are 37 operating theatres in total of which there are 22 in the main theatre block, 6 theatres in the Addenbrooke's Treatment Centre, 3 additional theatres for neurosurgery, 2 theatres in the Cambridge Eye Unit, 2 obstetric theatres and 2 theatres in the Princess of Wales Day Surgery Unit in Ely. In addition the Anaesthetic department is responsible for providing Anaesthetic services in a number of other areas across the trust e.g. Endoscopy, Radiology, Paediatric Day Unit etc. There is a very successful and well established PACU (OIR) for which anaesthesia is also responsible.

In recent years we have particularly developed perioperative medicine and preoperative assessment, running daily consultant led services. We have specialist multidisciplinary state of the art clinics for frail and elderly patients. There is currently substantial work being undertaken in the development of patient pathways across the whole patient journey for elective and emergency care.

The Anaesthetic Department at CUH provides highly specialised services for a range of surgical subspecialties. We undertake a full range of complex orthopaedic and plastic surgery. Addenbrooke's is also the tertiary centre for Neurosciences, Transplantation, Complex Obstetrics, Vascular (including Interventional Radiology), OMFS and Paediatrics for the East of England. Complex cancer surgery is undertaken in most specialities.

The Department of Anaesthesia provides comprehensive anaesthetic services to the following specialties:

- Accident Service/Orthopaedics/Major Trauma Centre
- Breast Surgery
- Community Dental Clinic
- ECT
- ENT
- General Surgery, including upper Gastro-intestinal and Colorectal
- Gynaecology and Gynaecological Oncology
- Neurosurgery
- Obstetrics
- Ophthalmology
- Oral Maxillo-Facial Surgery
- Paediatrics/Neonatology
- Plastic Surgery
- Radiotherapy/Oncology
- Transplantation - Renal, Pancreatic, Corneal, Liver, Multi-visceral
- Urology
- Vascular Surgery

The Department is responsible for the Chronic and Acute Pain Service and for Adult Intensive Care. It is also responsible for the organisation of the Day Surgery Unit, including facilities at Ely.

## 5.2 Staffing: NHS and Academic

The present substantive consultant establishment comprises:

<b>NHS Consultants</b>	
<b>General Anaesthesia</b>	Additional role(s) or interests outside of subspecialty (if applicable)
Mark Abrahams	Clinical Director for MSK; Chronic pain management
Famila Alagarsamy	Clinical Lead for Practical Procedures; Upper GI and Major Trauma
Jithesh Appukutty	Complex airway anaesthesia; Equipment Co-Lead
Parveen Dhillon	Chronic pain management
David Dugdale	Complex airway anaesthesia; Recovery Lead
Petrus Fourie	Upper GI and vascular anaesthesia, NELA Lead
Serena Goon	Vascular anaesthesia, Lead for Core Trainees North and ACCS TPD
Lisa Grimes	Vascular anaesthesia, Preassessment
Anand Jain	Upper GI anaesthesia; Equipment Co-Lead
Muhilan Kanagarathnam	Clinical Director for Anaesthesia and Theatres; ENT anaesthesia
Michalis Karvelis	Chronic pain management
Giuseppe Mariconda	Regional anaesthesia; Lead for Day Surgery; Joy in Work Co-Lead
Elisa Masoni	Lead for Trauma Anaesthesia
Ian Munday	Vascular and Upper GI anaesthesia
Natalia Notkina	Lead for Airway Management
Andrea Ortu	Divisional Quality and Safety Lead, Lead for General Anaesthesia
Rebecca Owen	Vascular anaesthesia and preassessment
Naomi Pritchard	Pre-hospital medicine
Tanya Smith	Preassessment
David Tew	Regional and orthopaedic anaesthesia
Evan Weeks	Chronic pain management
<b>Obstetric Anaesthesia</b>	
James Bamber	OAA Honorary Treasurer
Tracey Christmas	RCoA College Tutor; Anaesthesia PROMPT lead; Trauma anaesthesia
Garry Davenport	CUH Consultant Co-lead for EASTRN
Pushpaj Gajendragadkar	Specialist Tutor in Clinical Communication Skills; ACSA lead for the Rosie; Regional Anaesthesia;
Richard Haddon	Lead Obstetric Anaesthetist; Vascular anaesthesia
Megan Jones	Lead for High-Risk Peripartum Care; RCoA Final FRCA examiner; ENT anaesthesia
Laura Kessack	LTFT and SUPPORTT Champion; Joint LTFT lead for anaesthetic trainees; RCoA College Tutor
Julia Neely	Obstetric Anaesthesia Stage 2 and 3 Training Lead
Anita Patil	Anaesthesia for Robotic and Onco-uological surgery
Svet Petkov	Perioperative Medicine Stage 2 Training Lead; Vascular anaesthesia
Tamsin Poole	Transfusion committee member
Rakesh Tandon	Complex airway anaesthesia
Claire Williams	Co-Chair UKOSS national steering committee; Trauma and orthopaedic anaesthesia
<b>Paediatric Anaesthesia</b>	
Amr Abdelaal	Paediatric neuroanaesthesia
Nicola Barber	

Kate Bush	Lead for Paediatric Anaesthesia; Paediatric neuroanaesthesia
Rosalie Campbell	
Joel Chin	Paediatric neuroanaesthesia
Andrew Hughes	Paediatric intensive care
Anna Hutton	
Johanne Lynch	
Louise Oduro-Dominah	Departmental Rota Writer
Heike Prinzhausen	Wellbeing Lead
Katherine Railton	
Stewart Reid	Paediatric intensive care
Paul Rolfe	Chronic pain management; Paediatric Pain Service Lead
Christine Tjen	Paediatric neuroanaesthesia
Helen Underhill	Training Programme Director for Anaesthesia EoE
<b>Transplant Anaesthesia</b>	
Hemantha Alawattegama	
Brock Andreatta	Speciality Lead for Anaesthesia and Theatres
Timothy Baker	
Katrina Barber	Joy in Work Co-Lead
Vibhay Kakhandki	Co-Lead for EPIC
Elena Marini	Lead for Senior Clinical Fellows
Vishal Patil	
Anand Puttappa	
Anand Sardesai	Transplant Anaesthesia Lead; Regional anaesthesia
Rokas Tamosauskas	Adult Chronic Pain Management Lead
Beate van Wyk	Departmental Rota Writer
<b>Neuroanaesthesia</b>	
Ram Adapa	Departmental rota writer; Orthopaedic anaesthesia
Thomas Bashford	Lecturer in the University Department of Engineering
Anne Booth	Clinical Lead for Adult Transfer Service, TPD for Virtual Learning
Cinzia Cammarano	
Derek Duane	Neurocritical care
Lisa Harvey	Website Administrator
Sylvia Karcheva	Departmental Rota Writer
Vaithy Mani	Lead for Neuroanaesthesia, Co-lead for EPIC
Amit Prakash	CESR Lead, Member RCoA Equivalence Committee
Eschtike Schulenburg	College Tutor; Deputy Regional Advisor
Alessandro Scudellari	
Magda Smith	
Mark Vivian	
<b>Intensive Care Medicine</b>	
Peter Bradley	Vascular anaesthesia, vascular access
Peter Featherstone	
Stephen Ford	Lead for Recruitment
Milena Georgieva	
Ian Goodhart	OIR/PACU Lead
Christopher Hall	
Andrew Johnston	Vascular access, Upper GI anaesthesia
Meike Keil	
Raz Mahroof	
Jonathan Martin	

Andrew Conway Morris	Honorary Consultant in ICM
Vilas Navapurkar	
Kamal Patel	(non-anaesthetist)
Jacobus Preller	(non-anaesthetist)
Susan Stevenson	
Charlotte Summers	Professor of Intensive Care Medicine; (non-anaesthetist)
Monica Trivedi	Lead for Rapid Response Team
James Varley	Specialty Lead for Intensive Care; Vascular access
<b>Neuro-Critical Care</b>	
Rowan Burnstein	Trauma anaesthesia, Head of School of Anaesthesia for the EoE
Jonathan Coles	University Lecturer
Ari Ercole	Deputy Chief Clinical Information Officer, Neuroanaesthesia
Arun Gupta	Director of Postgraduate Medical Education – CUHP, Neuroanaesthesia
Alasdair Jubb	Neuroanaesthesia
Andrea Lavinio	Neuroanaesthesia
Virginia Newcombe	Emergency medicine; (non-anaesthetist)
Vikram Malhotra	
Basil Matta	Neuroanaesthesia
David Menon	Professor and Head, University Division of Anaesthesia
Ronan O’Leary	Speciality Lead for Neuro Critical Care; Trauma anaesthesia
Aoife Quinn	Lead for Recruitment

### Training posts

Specialist Registrars	52	Including 10 CESR fellows
Senior Clinical Fellows (Post CCT)	16	Including subspecialist fellows in Transplant, Paediatrics, Regional, Trauma and Neuro
NCCU StR / Fellows	15	Who do not necessarily have an anaesthetic background
ITU StR / Fellows	12	Who do not necessarily have an anaesthetic background

Secretaries	4	3 Whole-time and 1 part time
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### The Academic Department of Anaesthesia

Professor David Menon	Professor of Anaesthesia
Professor Jonathan Coles	Professor of Anaesthesia

The Academic Department is closely involved with the NHS Department in service work and undergraduate and postgraduate teaching. Two NHS Specialty Registrars at a time spend six to twelve months of their rotation with the University Department, some extending their time in order to complete MD or PhD projects.

The University Department is located immediately adjacent to the NHS department, has extensive laboratory space and is well equipped for research. Its major clinical interests are in Neuroanaesthesia and Neuro-intensive Care, with major involvement in the Wolfson Brain Imaging Centre.

### 5.3 Relationships with other Departments

The department enjoys very strong and productive working relationships with all surgical departments and theatre personnel.

## 5.4 Accommodation

Shared office accommodation with IT facilities and secretarial support will be made available. The Anaesthetic department consists of a suite of offices, a seminar room, library lounge and laboratory adjacent to the University Department of Anaesthetics. It is in close proximity to the main suite of theatres.

We have recently spent a considerable amount of money on upgrading our information technology facilities and they are freely available for use. They consist of an NT server supplying a network of ten workstations, which run the Microsoft Office package and also provide a web page consisting of anaesthetic and acute pain information broadcast internally to the Hospital. Other facilities include a flat bed scanner with OCR and LCD panel projection. We are connected to the NHS network and have access to internet and E-mail.

Our Audit System logs all anaesthetic activity and can provide information for appraisal purposes if required.

## 5.5 Research

The University Division of Anaesthesia was formally established in 1991 and is currently led by Professor Menon. Other established University posts at consultant level include one in neurocritical care (Dr Jonathan Coles) and two vacant University Lecturerships in Intensive Care Medicine and Pain medicine. The Division currently has three Clinical Lecturer Posts, one of which is dedicated to Intensive Care Medicine. The Division also houses another senior basic scientist: Dr Emmanuel Stamatakis (Queens' College Erskine Research Fellow in Functional Imaging). The department currently supports 3 PhD students, and its research is supported by five other postgraduate and post-doctoral research workers. Departmental facilities are housed adjacent to the NHS Anaesthetic Department and the Main Operating theatres. In addition to office space, the Department contains an Image Processing Lab (funded by the Royal Society and supported by a departmental Gigabit network), and laboratory facilities.

The University Division of Anaesthesia has a substantial track record in nurturing clinical academics based in neuroanaesthesia and pain medicine. Over the last 10 years, the department has produced eight PhDs (many funded through competitive national Research Training Fellowships from the MRC and Wellcome Trust), one Clinician Scientist, two Senior Lecturers, and two Professors.

We have established research programs in neuroanaesthesia, consciousness and coma, pain medicine, and clinical education; and have strong collaborative links with institutional programs of research in acute lung injury and cardiac anaesthesia. A substantial part of our research has used functional imaging with positron emission tomography and magnetic resonance to define clinical physiology, pathophysiology, and drug action.

A description of some of our current areas of research is available on our Divisional website (see <http://www.medschl.cam.ac.uk/anaesthetics/research/>). To see the wide range of imaging research facilities (see: [www.wbic.cam.ac.uk](http://www.wbic.cam.ac.uk)), and strong research collaborations in clinical neuroscience (<http://www.neuroscience.cam.ac.uk/>) please see the websites. Academic and clinical facilities are available by negotiation with the Clinical School and the relevant University Department, in consultation with the Trust's Director of Research and Development.

In February 2024, the department created the Cambridge Perioperative Research Hub with representative from each of the anaesthetic clinical grouping (General, Obstetrics, Paediatrics, Transplant and Neuroanaesthesia). The aim is to centralise, broadcast and facilitate research in the department with the aim to build towards bigger projects, collaborations and commercial research.

## SECTION 6 General Information

### Cambridge University Hospitals NHS Foundation Trust (CUH) in profile

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's and the Rosie, CUH is also a leading regional and national centre for specialist treatment.

The hospital fulfils a number of important functions; its three main core activities are clinical care, research and teaching. It is the local hospital for people living in the Cambridge area, providing emergency, surgical, medical and maternity care but as well as delivering care, it is also:

- A leading national centre for specialist treatment for rare or complex conditions such as organ transplantation, cancer, neurosciences and paediatrics. (For further information about clinical services [www.cuh.nhs.uk/services-0](http://www.cuh.nhs.uk/services-0))
- A government-designed biomedical research centre and part of the National Institute for Health Research (NIHR)
- One of six academic health science centres in the UK
- A university teaching hospital with a worldwide reputation
- A partner in the development of the Cambridge Biomedical Campus.

Our vision is to improve people's quality of life through innovative and sustainable healthcare.

Our **CUH Together** Strategy has been developed with staff, patients and partners. Patients are central to everything we do and we want to ensure that CUH is an exciting and supportive place to work. Our vision is to improve people's quality of life through innovative and sustainable healthcare. We will deliver our vision in a way that is consistent with our values of **Together – Safe | Kind | Excellent**, and the associated behaviours that define how we care for our patients and work with our colleagues and partners.

Our strategy has four key priorities:

- Improving patient journeys
- Working with our communities
- Strengthening the organisation
- Contributing nationally and internationally

We share our site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre and The Medical Research Council's facility to house the Laboratory of Molecular Biology. The Royal Papworth Hospital relocated to the Campus in April 2019 and a new global R&D Centre and Corporate HQ for AstraZeneca opened in 2021.

In December 2018 it was announced that The Cambridge Children's Hospital will be added to the campus with enabling work beginning this year and main building work due to commence in 2026. The Children's Hospital vision is to treat the whole child, not just the illness or condition.

The children's hospital project will be delivered through an innovative joint proposal between ourselves, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), providing mental health services and the University of Cambridge, providing world-leading academic research. We are acutely aware that this hospital needs to provide support to develop and strengthen paediatrics across the whole region and we will be working with our networks to build a shared vision for this. The partnership is pioneering the full integration of physical and inpatient mental healthcare in the same setting, alongside ground breaking genomic science and mind and body mental health research to find new ways of preventing and detecting childhood diseases. The



hospital will provide a permanent and sustainable home for CPFT's inpatient children and young people's mental health services currently provided on the Ida Darwin site in Cambridge.

In addition, the Cambridge Cancer Research Hospital (CCRH) will be a new, purpose-built, specialist cancer research hospital. The new building will include additional beds that are needed to accommodate increasing numbers of patients and more single rooms that are suitable for novel therapies and reduce the risk of hospital-acquired infections. It will also deliver additional capacity for day treatment and clinical trials and an expanded emergency assessment unit for cancer patients. Specifically, it will include wards for Oncology, Haematology, Bone Marrow Transplant and a Young Adult Cancer ward, an outpatient department and diagnostic suites, day units for Oncology and Haematology and a Breast Unit. Groundworks are beginning in 2024 with main building work due to commence in 2025.

For us at CUH, being based at the heart of the Cambridge Biomedical Campus means we are perfectly situated to make the most of the opportunities that are arising. We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and develop professionally and personally.

## **Cambridge University Hospitals - Board of Directors**

### **Chair and Chief Executive:**

Dr Mike More – Chair  
Roland Sinker – Chief Executive  
Nicola Ayton – Deputy Chief Executive

### **Non-Executive Directors:**

Daniel Abrams  
Dr Annette Doherty  
Professor Ian Jacobs  
Ali Layne-Smith  
Professor Patrick H Maxwell  
Dr James Morrow  
Rohan Sivanandan  
Professor Sharon Peacock

### **Executive Directors:**

Dr Sue Broster – Director of Innovation, Digital and Improvement  
Mike Keech – Chief Finance Officer  
Jon Scott – Interim Chief Operating Officer  
Dr Ashley Shaw – Medical Director  
Claire Stoneham – Director of Strategy and Major Projects  
Lorraine Szeremeta – Chief Nurse  
Ian Walker – Director of Corporate Affairs  
David Wherrett – Director of Workforce

## **Cambridge University Hospitals NHS Foundation Trust in detail**

Last year 57,626 men, women and children were treated as inpatients, 137,827 people attended accident and emergency, and there were 862,874 visits to outpatient clinics (2022/2023 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning'. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

CUH has:

- Around 12,700 staff of which approx. 2,500 are medical and dental staff
- 5,445 births per year
- 198,721 admissions including inpatients, day cases and births (2022/2023 figures)

During the 2022/23 year we saw a slight increase in total admissions of 1.67% compared to the same period in 2021/22. This was the net result of an increase in day cases and in-patient elective admissions offset against lower maternity and emergency admissions (for under 85's) in addition to a lower number of births. During 2022/23 the Trust continued to manage high levels of infectious illness including COVID and Respiratory syncytial virus (RSV), with influenza levels rising significantly during December 2022. There were high levels of occupancy across the period.

### **Addenbrooke's history**

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service. In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.

### **History**

- 1766 Addenbrooke's Hospital was opened in Trumpington Street
- 1847 The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
- 1918 Addenbrooke's welcomed its first female medical student
- 1962 New site on Hills Road was officially opened by the Queen
- 1966 The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
- 1968 Professor Sir Roy Calne carried out the first liver transplant in the NHS
- 1975 The first open heart surgery was carried out at Addenbrooke's
- 1981 Addenbrooke's first whole body scanner opened by Prince of Wales
- 1983 The Rosie Hospital was opened on the Addenbrooke's Campus
- 1984 Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
- 1992 Addenbrooke's NHS Trust formed
- 1995 MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
- 2004 Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust

- National Centre for pancreatic surgery was opened
- 2006 Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
- 2007 New European headquarters for Cancer Research UK based on the campus were opened by the Queen
- 2009 CUH and local partners in clinical care, education and research became one of the government's new academic health science centres, forming an alliance called Cambridge University Health Partners
- 2009 CUH was named by Dr Foster as one of the country's best performing trusts for patient safety
- 2012 CUH is now the designated level 1 Major Trauma Centre for the East of England region
- 2014 Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless
- 2019 The Royal Papworth Hospital was opened by Queen Elizabeth II
- 2021 Global R&D Centre and Corporate HQ for AstraZeneca opened
- 2023 Cambridge Movement Surgical Hub opened

## **Positioning for the future**

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care. Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

CUH contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

## **Research and development**

Cambridge medical research enjoys a world-wide reputation. More organisations and more individuals continue to be attracted to the city; working alongside each other they have created one of the richest pools of clinical and scientific knowledge and expertise not only in the country but in the world. At CUH this is reflected in clinical teams working in the hospital alongside world-class scientists from a wealth of internationally renowned organisations such as the Medical Research Council (MRC) which shares the hospital campus. Doctors and scientists collaborate across disciplines and specialties and it is this co-existence of experience and expertise that fosters translational research – turning basic science into new drugs and new therapies giving patients innovative and excellent care.

With the University of Cambridge, CUH is a partner in the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (CBRC). This partnership uses our combined strengths in biomedical science – the science that forms the basis of medicine including scientific laboratory-based knowledge and understanding – and translates them into clinical research. Established in 2007 the centre was recently awarded funding of £114.5m for 2012 to 2017. It was judged by the international selection panel as to have an outstanding breadth of

world-leading investigators and represented the UK's primary academic resource in biomedical research.

Outstanding facilities for research exist in Addenbrooke's Clinical Research Facility (ACRC) which includes the Wellcome Trust Clinical Research Facility and the Clinical Investigation Ward. For example the CIW includes a research endoscopy suite and area dedicated to intravenous treatment including cancer chemotherapies.

### **University of Cambridge School of Medicine**

The University of Cambridge School of Clinical Medicine is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke's. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: <http://www.ice.cam.ac.uk/mst-clinical-medicine>

### **General Information**

Cambridge is a city in the East of England, home to the University of Cambridge and one of the fastest growing technology hubs in the UK. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous. For those with children of school age, there is a full range of public and private education institutions covering all age groups. Cambridge is also served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within CUH, the main concourse offers shopping facilities; an advice centre; cafés; clothes boutique; financial advisory services; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop and on site solicitors. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering facilities as well as the library, lecture theatres and seminar rooms. Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.



# Our Trust values and behaviours

Values	Behaviours	Love to see	Expect to see	Don't want to see
<b>Safe</b> I never walk past, I always speak up	<b>Safety</b>	Shares lessons learned to help others to improve safety.	Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it.	Shows a lack of focus on safety and wellbeing in their day-to-day work.
	<b>Raising concerns</b>	Encourages others to raise concerns about safety or attitude.	Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback.	Keeps concerns to themselves, and rejects feedback about their own behaviour.
	<b>Communication</b>	Seeks ways to enhance understanding of information being communicated to meet people's needs.	Keeps people informed and gives clear explanations in ways people can understand.	Doesn't give people the information they need. Uses jargon inappropriately.
	<b>Teamwork</b>	Encourage others to contribute and demonstrates better ways of working within and across teams.	Works as part of a team. Co-operates and communicates with colleagues. Values other people's views.	Excludes others and works in isolation.
	<b>Reassuringly professional</b>	Is constantly aware that what they say and do affects how safe other people feel.	Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment.	Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance.
<b>Kind</b> I always take care of the people around me	<b>Welcoming</b>	Goes out of their way to make people feel welcome.	Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. 'Hello my name is...'	Ignores or avoids people. Is rude or abrupt, appears unapproachable/ moody.
	<b>Respectful</b>	Applies a broader understanding of the diverse needs of patients/ colleagues. Supports others to be themselves.	Treats everyone as an equal and valued individual. Acts to protect people's dignity.	Ignores people's feelings or pain. Makes people feel bullied, belittled or judged.
	<b>Helpful</b>	Thinks about the needs of others. Goes the 'extra mile' for other people.	Is attentive and compassionate, helps people who need help, or finds someone who can. Never walks by.	Makes people feel like a burden: 'It's not my patient / job / problem'.
	<b>Listen</b>	Makes time to listen to people even when busy.	Listens to people in an attentive and responsive manner.	Disinterested, dismissive or talks over people.
	<b>Appreciate</b>	Goes out of their way to make people feel valued for their efforts and achievements.	Encourages people's efforts. Notices when people live up to our values, says thank you.	Doesn't notice or appreciate people's efforts.
<b>Excellent</b> I'm always looking for a better way	<b>Aiming high</b>	Their positive attitude inspires others to achieve the highest levels of quality.	Always aims to achieve the best results.	Accepts mediocrity or moans without looking for solutions.
	<b>Improving</b>	Helps others to find creative solutions to problems and shares good practice.	Suggests ideas for better ways of doing things and looks for opportunities to learn.	Resists change: 'we've always done it this way'.
	<b>Responsible</b>	Shows enthusiasm and energy to achieve excellent results.	Takes responsibility and has a positive attitude.	Avoids responsibility. Blames or criticises others.
	<b>Timely</b>	Always respects the value of other people's time.	Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting.	Misses deadlines or keeps people waiting, without explanation/apology.
	<b>Makes connections</b>	Helps others to understand how services connect.	Thinks beyond their own job and team to make things easier for people.	Focuses on their own department needs to the detriment of the people they serve.

Together-**Safe** | **Kind** | **Excellent**



## Together-Safe | Kind | Excellent Leadership behaviours

<b>Our leaders create a safe environment for everyone</b>	<b>Safe</b>	<b>For example</b>
	Involve, don't micromanage	<ul style="list-style-type: none"> <li>• Being clear with your team members, by setting clear performance goals and quality indicators.</li> <li>• Focusing on explaining the outcome and its relevance to CUH, Avoiding deciding how things have to be done.</li> <li>• Involving and trusting individuals and demonstrating that their contributions and ideas are valued and important for delivering patient care.</li> </ul>
	Hold to account, don't turn a blind eye	<ul style="list-style-type: none"> <li>• Ensuring everyone knows what is expected of them and helping them to resolve and learn from their mistakes.</li> <li>• Constructively challenging others (including your peers) when their behaviour does not meet the standards that CUH expects.</li> <li>• Taking time to ensure that your team members have all the knowledge, skills &amp; support required to do their job so that they understand what they are accountable for.</li> </ul>
	Support others to speak up	<ul style="list-style-type: none"> <li>• Creating an environment where individuals feel able to speak up knowing that you will take their concerns seriously and take appropriate action.</li> <li>• Providing a caring and safe environment to enable everyone to do their jobs effectively.</li> <li>• Having transparent processes and systems to reach agreement about priorities, allocation of resources or approaches to service delivery.</li> </ul>
<b>Our leaders create a compassionate and positive culture built on trust where people can be at their best</b>	<b>Kind</b>	<b>For example</b>
	Seek to understand, don't jump to conclusions	<ul style="list-style-type: none"> <li>• Using questioning techniques to make sure you have all the relevant information and facts before making decisions.</li> <li>• Being fair and consistent in your management style.</li> <li>• Understanding people come from varied backgrounds; challenging bias, prejudice &amp; intolerance.</li> </ul>
	Encourage, don't criticise	<ul style="list-style-type: none"> <li>• Seeking opportunities for your team members to broaden their skills, experience and knowledge – seeking opportunities where possible for them to be involved in internal and external initiatives.</li> <li>• Looking for opportunities to thank and praise good performance. Making sure your team members know that you value the contribution that they make.</li> <li>• Giving people permission to put their ideas in to practice.</li> </ul>
	Appreciate, don't blame	<ul style="list-style-type: none"> <li>• Making time to listen to people even when busy.</li> <li>• Listening to people in an attentive and responsive manner.</li> <li>• Ensuring that you do not appear disinterested or dismissive or talk over people</li> </ul>
<b>Our leaders aim high, inspire through their words and actions</b>	<b>Excellent</b>	<b>For example</b>
	Inspire, don't disengage	<ul style="list-style-type: none"> <li>• Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting.</li> <li>• Seeking to be the best, learn from others and share ideas through participation, networking and collaboration.</li> <li>• Identifying how to have a positive impact on other people. Creating a positive environment where people want to stay and develop their careers and do the best that they can for patients.</li> </ul>
	Be visible	<ul style="list-style-type: none"> <li>• Building your 'presence', not just by being present but by actively listening and then following through on actions.</li> <li>• Managing your time to ensure you are regularly available to your teams and individuals.</li> <li>• Ensuring you are accessible to your team, avoiding giving them signs you are too busy to listen.</li> </ul>
	Develop others, don't hold people back	<ul style="list-style-type: none"> <li>• Ensuring CUH has the best, most capable people.</li> <li>• Acting as a role model and being a steward for your staff's careers.</li> <li>• Helping individuals understand how they can improve and develop using a range of experiences.</li> </ul>

Look at the new Leaders and Managers link on the Home page of Connect for a range of resources to support you.

## **SECTION 7      General Conditions of Appointment**

### **7.1      General Conditions of Appointment**

**The appointee will enjoy terms based on the nationally agreed Terms and Conditions of Service for Consultants (England) 2003.**

- (a) The successful candidate will be required to live within 15 miles of Addenbrooke's Hospital, or 30 minutes travelling time when on call;
- (b) The appointee will be expected to cover for colleagues' absence from duty on the basis of mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Divisional Director, in accordance with standard Trust and NHS regulations. It is essential that six weeks notice is given to allow for proper planning and prevent cancellations of patients' appointments/surgery. This includes all forms of leave;
- (c) The Trust requires the successful candidate to have and maintain full registration and a Licence to Practise with the General Medical Council; to be on the GMC Specialist Register at commencement and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council;
- (d) All appointments are subject to satisfactory Occupational Health Clearance being obtained;
- (e) The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies;
- (f) With the Terms of DHSS Circular (HC)(88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a 'disclosure' check.

## **SECTION 8      Application Information**

Applicants who are unable, for personal reasons, to work full time will be eligible to be considered for the post. Job share applicants are also welcomed. If appointed, modification of the job content will be discussed on a personal basis in consultation with consultant colleagues.

**Closing date** for receipt of applications: 01 May 2024

### **Visits**

Visiting the Department should be arranged through the Anaesthetics department on 01223 216292, or by email to: Dr Richard Haddon, Lead for Obstetric Anaesthetist, Dr Brock Andreatta, Clinical Lead for Anaesthesia or Dr Muhilan Kanagarathnam, Clinical Director for Theatres and Anaesthetics, via the Anaesthetic Dept. on 01223 216292 or by e-mail, [richard.haddon1@nhs.net](mailto:richard.haddon1@nhs.net), [brock.andreatta@nhs.net](mailto:brock.andreatta@nhs.net) or [m.kanagarathnam@nhs.net](mailto:m.kanagarathnam@nhs.net)

### **Please note:**

Expenses of short-listed candidates will be reimbursed at rates equivalent to those listed in the Terms and Conditions of Service for Hospital Medical and Dental Staff.