



**MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

**DIVISION OF SURGERY AND CANCER**

**JOB DESCRIPTION**

**Post:** Consultant Anaesthetist

**Responsible to:** Clinical Leads for Anaesthetics

**Accountable to:** Chief Executive Officer

**Base:** Leighton Hospital, Crewe



**THE POST**

Mid Cheshire Hospitals NHS Foundation Trust wishes to recruit a Consultant in Anaesthesia; this is an expansion post and will be based at Leighton Hospital, Crewe. This is a fantastic opportunity to join a friendly, dynamic team focused on providing high quality patient care for a diverse range of patients. Duties will include anaesthesia for elective and emergency cases including paediatrics, obstetrics, orthopaedics and general surgery, with opportunities to contribute to all aspects of the department's activities, and those of the wider Trust.



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## THE APPOINTMENT

The successful candidate will be based at Leighton Hospital, Crewe in the Anaesthetics Department, within the Division of Surgery & Cancer.

The post is offered on a full time, or job share basis, the job plan being intended for a full time appointment with an opportunity to modify this if the post is offered on any other basis.

The successful applicant must have full registration with the GMC and continue to hold a Licence to Practise. The applicant must also be on the Specialist Register or be within six months of obtaining their Certificate of Completion of Training at the date of interview.

## THE DEPARTMENT OF ANAESTHESIA & CRITICAL CARE, SURGERY & CANCER DIVISION

There are currently 32 Consultants in the department, with specialist interests as follows:

Dr Ben Awolumate	Trauma Lead, Orthopaedic Anaesthesia
Dr Mudassir Baig	Locum Consultant Anaesthetist
Dr Abhi Bhattacharya	Regional Anaesthesia & Emergency Theatre Lead, CESR Preparation
Dr Perry Board	Critical Care Medicine
Dr Jon Broad	Critical Care Medicine
Dr Neil Brooks	Critical Care Medicine, Clinical Skills Tutor, ACCS Lead
Dr Helen Burton	Clinical Lead for Anaesthesia (Governance), Research & ACSA Lead
Dr Sam Clark	Critical Care Medicine, Palliative Care Medicine
Dr Zaque Damani	Chronic Pain Medicine, Wellbeing
Dr Angela Deeley	Acute and Chronic Pain
Dr Ged Dempsey	Clinical Lead for Critical Care (Governance)
Dr Helen Hall	Obstetric Anaesthesia, Incidents Lead
Dr Ravees Jan	Locum Consultant Anaesthetist
Dr Helen Langrick	Critical Care Medicine, CESR Preparation, Trust Workforce Lead
Dr Emily Lear	Associate Medical Director
Dr Claire Lister	Airway Lead, POAC Lead
Dr Christian Longley	Paediatric Anaesthesia Lead, Regional Anaesthesia
Dr Richard Lowsby	Critical Care, Emergency Medicine Consultant
Dr Alistair Martin	Resuscitation Lead, Vascular Access
Dr Laura Mitchell	Obstetric Anaesthesia Lead, Simulation
Dr Piotr Ohly	Paediatric Anaesthesia, Bariatric Lead, QI Lead
Dr Nic Price	Clinical Lead for Critical Care (Operational), NELA Lead
Dr Nina Rendell	Airway Lead, Perioperative Medicine
Dr Roshan Shanbhogue	General & Paediatric Anaesthesia, Sedation Lead
Dr Ashok Sinha	Medicines Lead, SAS Doctor Lead (Trustwide), POAC
Dr Jonathan Smith	Equipment Lead, Regional Anaesthesia
Dr Rachel Smith	Clinical Lead for Anaesthesia (Operational), Obstetric Anaesthesia
Dr Naomi Squires	Obstetric Anaesthesia
Dr Rob Thornhill	Military Appointment, Simulation
Dr Simon Tomlins	Locum Consultant Anaesthetist
Dr James White	Perioperative Medicine, Primary Care (also General Practitioner)
Dr Victoria Williams	RCoA College Tutor





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In addition, there is a Specialist grade doctor in Anaesthesia/Chronic Pain. The current junior staff complement is 9 Specialty Doctors, 9 Anaesthesia trainees, 2 Acute Care Common Stem (ACCS) trainees, 4 CESR Fellows, 1 Clinical Fellow, 2 Advanced Critical Care Practitioners (ACCPs), 2 Trainee Anaesthesia Associates, and 1 Trainee ACCP. All medical trainees are on training schemes organised through Health Education England North West (Mersey).

The department is currently actively working towards ACSA accreditation.

### FACILITIES

Anaesthetists at Mid Cheshire Hospitals benefit from working in excellent clinical facilities. The main theatre and critical care complex opened in 2014; the theatre area comprises of 8 theatres including a barn theatre for orthopaedics and 2 fully integrated theatres for endoscopic and laparoscopic work. It also includes an associated reception, post-operative care unit (including a paediatric bay) and supporting facilities. One theatre is fully staffed for the 24-hour emergency service. There is a dedicated trauma list each day, including weekend and bank holiday mornings.

The Treatment Centre Day Surgery Unit provides 4 theatres and 5 endoscopy rooms. The Surgical Admissions Lounge opened in August 2015, with staggered admissions throughout the day for elective surgery patients.

There is a nurse-run pre-operative assessment clinic (POAC), supported by 3 Consultant Anaesthetists. There are two Consultant-led high-risk pre-operative clinics per week, and timetabled sessions for notes reviews and consultation with other specialties.

### CRITICAL CARE UNIT

The Critical Care Unit is an integrated 18 bedded area with 4 isolation rooms and a suite for visiting relatives; there are usually 11 commissioned beds. The unit is well equipped with a full range of critical care therapies including cardiac output monitoring, haemofiltration and intravascular cooling device. There are around 500 admissions per year, 40% of which are ventilated and 15% of which require renal replacement therapy.

The unit participates in the ICNARC case mix programme, and the Critical Care Minimum Data Set.

There are 15 dedicated Critical Care Consultant sessions per week. The service is supported by the Critical Care Outreach Service led by a senior nursing staff.

### OBSTETRIC ANAESTHESIA

The Maternity Department has achieved CNST Level III. The Maternity Department contains a 4-bedded induction bay, 6 rooms on the Labour Ward and 3 rooms with pools on the Midwifery-Led Unit. There are 2 integrated fully equipped maternity theatres and a 2-bedded recovery area. The hospital cares for around 3,000 deliveries per annum. Epidural analgesia



is provided for approximately 10% of patients in labour. The caesarean section rate is approximately 15%.

There are 14 dedicated Consultant anaesthetic sessions per week in the Maternity Department (including elective caesarean section lists), and a weekly Anaesthetic Antenatal Clinic.

The maternity unit was named “Midwifery Service of the Year” in 2015 by the Royal College of Midwives.

### **PAIN RELIEF SERVICE**

There are 2 acute pain nurses who are supported by a Consultant Anaesthetist with an interest in acute pain. There are currently two chronic pain Consultants and one Specialist within the department. A comprehensive pain service is provided to patients referred from within the hospital and by General Practitioners.

### **DEPARTMENT FACILITIES**

There is a purpose-built Anaesthetic Department sited centrally in the hospital, consisting of a shared Consultants’ office, changing rooms, an administration office and library. There are three separate rest areas for trainees and a larger seminar room used by the department for meetings, teaching and trainees.

### **OUT OF HOURS COVER**

There are three tiers of resident cover 24 hours a day for emergency theatre, women’s and children’s services, and critical care; this is provided by specialty doctors, clinical fellows and trainees according to their competencies, and ACCPs (on critical care only). There are also two non-resident Consultants on-call out of hours, one for general emergencies (including maternity and paediatrics) and one for critical care.

### **JOB PLAN AND CLINICAL DUTIES**

A formal job plan review will be undertaken between an appointee and the Clinical Lead, three months after the commencement date of the appointment. This job plan will be agreed by the Associate Medical Director and Medical Director.

The job plan will be reviewed at least annually by the Clinical Lead. The job plan will be a prospective agreement that sets out the Consultant’s duties, responsibilities and objectives for the coming year. It will cover all aspects of the Consultant’s professional practice including clinical work, teaching, research, education and managerial responsibilities.

It will also include a schedule of commitments both internal and external in addition to personal objectives. These will correlate to the wider service objectives.



Information from the job plan is passed to the Associate Medical Director and Medical Director as per Trust policy. If a Consultant fails to agree their annual job plan with the Clinical Lead, the Trust has a formal appeals mechanism in place.

## PROVISIONAL ASSESSMENT OF PROGRAMMED ACTIVITIES IN THE JOB PLANS

The post will be based on at least a two-week timetable. Below is a **sample** rota for illustration only.

### Rota week 1

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M	Orthopaedics (1.25 PA)		SPA (1.0 PA)	Colorectal (1.25 PA)	Paediatrics / Flex (1.25 PA)
P.M	Orthopaedics (1.25 PA)		SPA (1.0 PA)	Colorectal (1.25 PA)	Emergency (1.25 PA)

### Rota week 2

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M		ENT (1.25 PA)	SPA (1.0 PA)	General Surgery (1.25 PA)	Trauma / Obstetrics (1.25 PA)
P.M		ENT (1.25 PA)	SPA (1.0 PA)		Flexible (1.25 PA)

The above is an example only, and starting job plans will be agreed prior to commencement for the successful candidate. There are a variety of surgical lists available, and the post will include paediatric theatre sessions, obstetric sessions and emergency or trauma sessions. Paediatric sessions may be in ENT, dental, ophthalmology, urology or general surgery. This post includes participation on the general on-call rota and provision of weekend trauma lists.

## CLINICAL DUTIES

### a) Direct Clinical Care (DCC)

8 PAs on average per week including 1.25 PAs for on call/weekend trauma. The on-call rota is shared between the eligible general consultant anaesthetists, with an additional commitment of 3 trauma weekends per year; at present this attracts a 5% on-call supplement.

### b) Supporting Professional Activities: (SPA)





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2.0 PAs per week comprising of 1.5 SPA for private CPD, audit, appraisal, education/supervision, and research and a further 0.5 SPA for service development roles, for which evidence of activity will be monitored.

The post is offered at 10 PAs but under the terms of the 2003 Consultant Contract, candidates who wish to conduct private practice would be required to offer an additional programmed activity.

### MENTORING SCHEME

A Trust-wide mentoring programme is in place to provide newly appointed Consultants with a confidential source of knowledge, advice and support to help them find their way in the Trust and settle into their new role.

### CLINICAL RESPONSIBILITIES

The post holder will be expected to:

- Be actively involved in the leadership, management and decision making of the Anaesthetics Department
- Be readily available, as job-planned, during the working week so that medical and nursing staff can communicate and consult freely
- Ensure that management plans are clearly displayed in the notes of patients with complex needs
- Liaise closely with the Divisional and Service Managers, and the Associate Medical Director, to ensure that waiting list targets are achieved.
- Share with Consultant colleagues the responsibility for providing clinical services for the local population
- Foster relationships between staff within each organisation, and also with the local Clinical Commissioning Groups
- Work flexibly to achieve high quality care
- Ensure targets for maintaining access to anaesthetic services are achieved.
- Ensure the policies for communication with General Practitioners, Trust staff and patients are followed
- Ensure that optimal use is made of all resources allocated to the post
- Cover Consultant colleagues during periods of leave



- Contribute to relevant Divisional, Trust and Regional Committees

## QUALITY IMPROVEMENT

The Trust has a monthly rolling half day for quality improvement. The post holders will be expected to participate in the Departmental Quality Improvement Programme and time and facilities will be made available as required.

## EDUCATION AND TRAINING

The post holder will be required to undertake Continued Professional Development (CPD). The Trust supports the requirements for continuing education as laid down by the Royal College, and is committed to providing time and financial support for these activities. In addition, the post holders will be required to attend mandatory and essential training in line with the Trust policy.

In conjunction with colleagues, the post holder will share the teaching or supervision of junior medical staff, anaesthesia associates, medical students on secondment, student and pupil nurses, operating department personnel and paramedical staff. In addition, the post holder will:

- Actively participate in multidisciplinary structured programme of training and education for medical and nursing staff (including students)
- Participate in the systematic assessment of junior medical staff, particularly Supervised Learning Events (SLEs)
- Participate in training and support programmes for Clinical Nurse Specialists

## INTEGRATED GOVERNANCE

The post holder will be expected to:

- Contribute to the management of clinical risk by reporting clinical incidents and near misses
- Contribute to achieving CQC standards where appropriate
- Ensure that record-keeping of medical staff meets both the Trust's and the Division's standards

## HEALTH & SAFETY

The post holder will be expected to:



## Mid Cheshire Hospitals NHS Foundation Trust

- Attend Occupational Health for health surveillance / vaccination following accidents as laid down by Trust policies.
- Attend health and safety training as required
- Contribute to the delivery of the organisation's health and safety responsibilities to staff, patients and others where appropriate.
- Ensure that the post holder's practice and practice of junior staff complies with health and safety guidelines and that any deficiency in health and safety systems or documentation are reported to the manager of the area concerned

### APPRAISAL

The Trust has arrangements in place to ensure that all doctors have an annual appraisal with a trained appraiser and are supported through the revalidation process.

The post holder is responsible for ensuring that he / she has an annual appraisal in accordance with the Trust Policy.

### GENERAL MANAGEMENT / ADMINISTRATION

The post holder will be expected to:

- Provide leadership / direction within the specialty.
- Deliver a team approach to care through the establishment of explicit lines of communication, ensuring that the roles and responsibilities of doctors and nursing staff are clearly defined and recorded to ensure clarity
- Participate in multidisciplinary forums to ensure that patients receive care appropriate to their needs.

### EQUALITY & DIVERSITY

The Trust is committed to valuing diversity in employment, service delivery practices and its general environment. An expectation of all posts within the Trust is that each individual will take responsibility for promoting inclusive and accessible service provision, staff development and a culture that values and respects difference.

### WELLBEING

All colleagues have access to our comprehensive wellbeing support through our intranet site, which pulls together a range of resources and materials to help colleagues find information quickly to support their health and wellbeing. Our in-house Occupational Health & Wellbeing





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service is here to support you to stay well in work and if you're off sick, to give you the tools and advice to get you back to work in a way that's right for you. Colleagues also have 24/7 access to our employee assistance programme that provides free counselling sessions, a wellbeing app as well as legal and financial advice.

As a Trust, we pride ourselves on being supportive and kind. We respect that life can sometimes be challenging and understand that we are all unique, so we will always do our best to support our staff in any way possible. We also provide mentorship and support in case of any serious incident.

## INFECTION CONTROL

All staff within MCHFT are required to comply with Infection Prevention and Control (IP&C) policies and procedures as appropriate to their role and responsibilities in their individual work setting. Staff are required to be personally accountable for their actions and be responsible for their own compliance in relation to IP&C policies, protocols or advice.

## TERMS AND CONDITIONS

The successful appointee will be employed by Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), subject to national Terms and Conditions as per the Consultant Contract (England) 2003 as amended from time to time. Any changes to National Terms and Conditions determined at a local level are subject to the Trust's collective bargaining arrangements, which include the Trust's Local Negotiating Committee for medical staffing issues.

### Basic Salary

The salary scale is as per the Terms and Conditions of Service as set out in the Consultant Contract (England) 2003. The current salary scale is £93,666 rising to £126,281 per annum pro rata, for 10 programmed activities per week. Any agreed extra-programmed activities will be paid in addition to the basic salary.

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

Starting salary will be determined according to the Terms and Conditions as per the Consultant Contract (England) 2003. Where a candidate has service in or outside the NHS which they feel should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

### Registration

You are required to have continuous full registration with the GMC and to continue to hold a Licence to Practice. In addition, you are required to be on the Specialist Register.

### Tenure

The appointment is a substantive, whole time / part time position, which unless terminated, will be held until retirement. The notice period is three months by either party. The appointment is subject to the provisions of Schedule 14 of the Terms and Conditions.



**Mid Cheshire Hospitals**  
NHS Foundation Trust

### Annual Leave

Your annual leave entitlement is as per Schedule 18 of the Terms and Conditions. Approval for annual leave will be sought in writing providing at least 6 weeks notice before the first day of proposed annual leave.

Consultants on the 2003 Terms and Conditions are entitled to leave as follows (exclusive of Bank Holidays):

Consultants who have undertaken up to, and including, 7 years service as a Consultant	32 days (including 2 statutory days)
Consultants who have undertaken more than 7 years service as a Consultant	34 days (including 2 statutory days)

### Residence

The successful candidate will be required to live within 30 minutes travelling distance from the Hospital.

Removal expenses shall be re-imbursed in accordance with the Trust Policy.

Successful candidates are advised not to enter into contractual arrangements for the removal of their home until such time as the formal approval of the Trust is confirmed in writing.

### Travelling Expenses

Travelling allowances are paid in accordance with the Terms and Conditions for Consultants 2003. Your car must be insured for business use.

### FURTHER ENQUIRIES

Further enquiries or informal visits can be arranged by contacting:

Dr Rachel Smith  
Service Lead for Anaesthesia  
Division of Surgery & Cancer  
Email: [Rachel.Smith@mcht.nhs.uk](mailto:Rachel.Smith@mcht.nhs.uk)  
Tel No: 01270 612162

Mrs Michelle Huxley  
Service Manager for Anaesthesia & Critical Care  
Division of Surgery & Cancer  
Email: [Michelle.Huxley@mcht.nhs.uk](mailto:Michelle.Huxley@mcht.nhs.uk)  
Tel No: 01270 612162



**MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

**CONSULTANT ANAESTHETIST**

**PERSON SPECIFICATION**

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Qualifications</b>	<p>Full registration with the GMC with a Licence to Practise</p> <p>Entry on the GMC Specialist Register via:</p> <ul style="list-style-type: none"> <li>• CCT (proposed CCT date must be within 6 months if interview)</li> <li>• CESR or</li> <li>• European Community Rights</li> </ul> <p>FRCA or equivalent Diploma</p> <p>Substantial and relevant experience in anaesthesia</p> <p>At least one year's experience of working in the NHS</p>	<p>Additional degree or post-graduate qualification (MRCP, MD etc.)</p> <p>Post-Graduate Prizes</p>
<b>Clinical Skills and Training</b>	<p>Higher training in general, urological and gynaecological anaesthesia</p> <p>Higher training in day case anaesthesia</p> <p>Higher training in anaesthesia for orthopaedic surgery and regional anaesthesia</p> <p>Higher training in paediatric anaesthesia</p> <p>Higher training in obstetric anaesthesia</p> <p>Higher training in head, neck maxillofacial and dental surgery</p> <p>Higher training in trauma and stabilisation</p>	<p>ATLS (or equivalent)</p> <p>Relevant medical experience outside anaesthesia</p> <p>6 months training in paediatric anaesthesia (with a minimum of 3 months at a tertiary centre)</p> <p>Evidence of anaesthesia for the high risk patient</p>





# Mid Cheshire Hospitals

NHS Foundation Trust

	APLS & ALS (or equivalents)	
<b>Teaching and Experience</b>	<p>Evidence to allow accreditation as a Consultant Clinical Supervisor for trainee doctors with the GMC</p> <p>Active regular participation in teaching and training of medical and para-medical colleagues</p> <p>Regular commitment to continuing medical education</p>	<p>Evidence to allow accreditation as a Consultant Educational Supervisor for trainee doctors with the GMC</p> <p>Extensive / formal experience in medical education including regional teaching.</p> <p>Life support course instructor</p>
<b>Clinical Governance</b>	<p>Active consistent engagement with clinical audit</p> <p>Evidence of reflective practice</p>	<p>Evidence of implementing change to improve patient care</p> <p>Significant involvement in clinical research</p> <p>Presentations at regional and national meetings</p> <p>Publications in peer reviewed journal</p>
<b>Personal Attributes</b>	<p>Evidence of:</p> <p>Good organisational skills</p> <p>Commitment to team working</p> <p>Leadership qualities</p> <p>Good interpersonal skills</p> <p>Excellent written and spoken English</p> <p>Industry and enthusiasm</p> <p>Flexibility in a changing work environment</p>	<p>Evidence of:</p> <p>Caring and responsible attitude to colleagues</p>
<b>Managt</b>	<p>Understanding of the management responsibilities of Consultants</p>	<p>Attendance at recognised management courses</p> <p>Experience of administration within an anaesthetic department either in training or staff allocation</p>