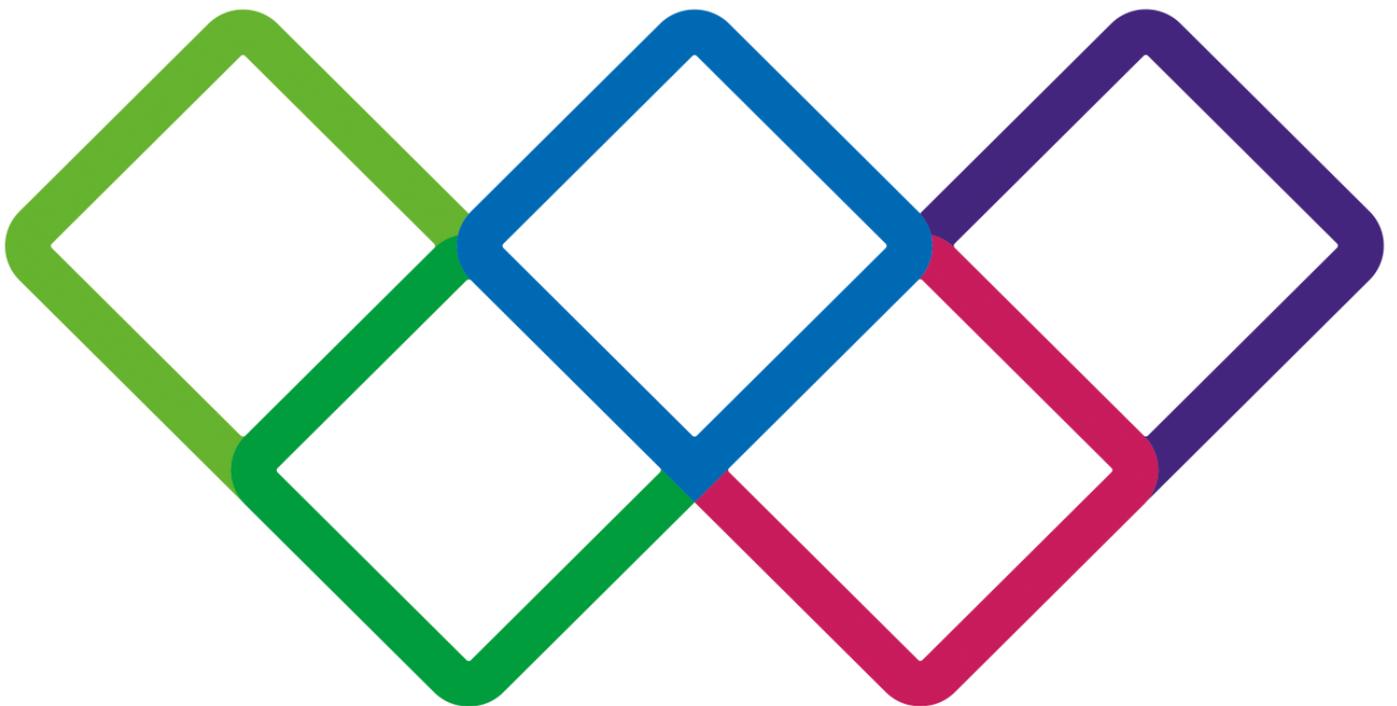




# Locum Consultant Physicians in Geriatric Medicine

Emergency Medicine & Integrated Care Division  
West Middlesex Site

Job Description





## About our organisation

Chelsea and Westminster Hospital NHS Foundation Trust provide services from two main hospitals, Chelsea and Westminster Hospital and West Middlesex University Hospital, and a number of clinics across London and the South-East.



We have nearly 6,000 members of staff that care for nearly one million people locally, regionally, nationally and internationally. Both hospitals provide full clinical services, including full maternity, emergency and children's, in addition to a range of community-based services across London, such as award-winning sexual health and HIV clinics.

Our staff are led by

Mrs Lesley Watts	Chief Executive
Dr Roger Chinn	Corporate Medical Director
Mr Stephen Gill	(Interim) Chairman of the Board

We are one of the best performing FTs in London for A&E waiting times, and mortality rates are better than average. Since the Care Quality Commission last inspected our hospitals we have taken on responsibility for a range of new services. Our new services include:

- Cardiac catheter service and a paediatric assessment unit on the West Middlesex site
- Surgical assessment unit on the Chelsea site
- New sexual health clinic at 10 Hammersmith Broadway
- Virtual fracture clinics
- Learning disabilities passports

Plans are in place for a £20 million expansion to critical care facilities and refurbishment of the children's unit at West Middlesex, both in partnership with the Trust's dedicated charity CW+.

### *Our priorities*

#### **1. Deliver high-quality patient-centred care**

Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.

#### **2. Be the employer of choice**

We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain people we need to deliver high-quality services to our patients and other service users.



**3. Deliver better care at lower cost**

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources.

***Our staff***

Our staff survey results show that our Trust continues to have high levels of job satisfaction. Striving to improve this even further remains our priority of being an employer of choice. This means not only attracting staff, but keeping them through investment in learning and development, career progression and attention to work/life balance.



<b>Job title</b>	Locum Consultant Physician and Geriatrician
<b>Band</b>	Medical & Dental
<b>Division</b>	Emergency Medicine & Integrated Care
<b>Responsible to</b>	Dr Georgi Todorov- Service Director Care of the Elderly
<b>Accountable to</b>	Dr Roger Chinn - Medical Director
<b>Type of contract</b>	12 months fixed term
<b>Hours per week</b>	10 PAs
<b>Location</b>	West Middlesex Hospital

### Our values

The Trust has launched its values to patients and members of the public to demonstrate the standard of care and experience they should expect from any of our services.

These values form the mnemonic PROUD:

**P**utting patients first

**R**esponsive to, and supportive of, patients and staff

**O**pen, welcoming and honest

**U**nfailingly kind, treating everyone with respect, compassion and dignity

**D**etermined to develop our skills and continuously improve the quality of care



***proud***  
to care



## **History**

Chelsea and Westminster Hospital was built in just five years and opened in 1993, on the site once occupied by St Stephen's Hospital – bringing together staff, services and equipment from five London hospitals.

- Westminster Hospital: founded as a voluntary hospital in a small house in Petty France, Pimlico, with just 10 beds in 1719.
- Westminster Children's Hospital: built in 1907 as The Infant's Hospital. Originally in Vincent Square SW1, the hospital pioneered the treatment of malnutrition in infants.
- West London hospital: opened in 1860 the hospital was known from the early 1970s for its women-centred maternity service.
- St Mary Abbots Hospital: an infirmary occupied the site of what had been the Kensington work house. The hospital was founded in the late 19th century.
- St Stephen's Hospital: a map of 1664 indicates, on this site, "The hospital in Little Chelsea". Later there was a workhouse then an infirmary before St Stephen's was founded in the late 1800s.

The hospital is modern and attractive, with displays of art from the present day to the sixteenth century.

West Middlesex has a long history of pioneering, innovative healthcare. It opened in 1894 as the Brentford Workhouse Infirmary and became known as West Middlesex Hospital in about 1920.

The new building was built between 2001 and 2003, when the original buildings were deemed to be no longer suitable for the needs of the hospital. Approximately half of the original site was sold, allowing refurbishment of two remaining buildings at the east of the site.

It was the work place of Dr **Marjory Warren** ( 28 October 1897 – 5 September 1960) which is one of the first geriatricians and considered the mother of modern geriatric medicine.

Today it is at the heart of the local community: a modern, award-winning hospital with state of the art facilities.

## **Our priorities**

### **4. Provide high-quality patient-centred care**

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### **5. Be the employer of choice**

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## 6. Deliver better care at lower cost

We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources.

### ***Our staff***

Our staff survey results show that our Trust continues to have high levels of job satisfaction. Striving to improve this even further remains our priority of being an employer of choice. This means not only attracting staff, but keeping them through investment in learning and development, career progression and attention to work/life balance.

### ***Our digital strategy to improve care with digital solutions***

New technology helps us improve patient care, patient experience and the running of our hospitals. We're introducing solutions that enable patients to take control of their own healthcare - such as booking appointments, accessing their electronic health record, and remotely monitoring and reporting their symptoms. We're bringing our teams to patients through video consultations in the comfort of their home or workplace. We're listening to patients about what works for them.

We are increasing the use of digital technologies to ensure we provide the best possible care and experience both in our hospitals and in the community. In response to the COVID-19 pandemic, we are inviting patients by text message or email to access the services below. This ensures that we can continue to deliver the best possible care. In year 2020 the Trust has successfully adopted CERNER as part of the North West London network of service providers. Some of the digital services in use are:

#### Attend Anywhere



Attend Anywhere is a secure and confidential video conferencing service we offer to suitable outpatients to reduce the number of people coming into our hospitals and clinics in person. And to let patients see their clinician from the comfort of their own home.

#### Care Information Exchange (CIE)



The CIE is a web application provided by PatientsKnowBest (PKB) that gives patients access to their medical records, which can be updated by the patient and shared with different medical teams and carers to help speed up and improve treatment.

#### Cerner electronic patient record (EPR)



The Cerner electronic patient record system is live with all clinical and admin features across the Trust. The network is shared with Imperial College Healthcare Trust (ICHT) so we can follow a patient's journey across the seven hospitals of our two organizations.

DrDoctor



DrDoctor is a digital health company modernising how hospitals and patients communicate. They manage our text reminders, offer a rescheduling functionality and send out digital copies of appointment and clinic letters to our patients. This reduces costs, saves time and develops better overall experiences for patients.

Isla



Isla makes it easy for patients and the Trust to seamlessly share photographs and videos so that clinicians can gain a clear understanding of how conditions are changing over time. The service is designed to be easy to use, patients will not need to create an account and clinicians will have an at a glance view of all images relating to that patient.

Real time dashboards



A live source of critical alerts such as Sepsis and outstanding actions like VTE assessments for doctors or falls assessments for nurses. Displays operational information such as numbers of patients in beds and a range of key performance indicators (KPIs).

Remote patient monitoring



Sensium sensors monitor the respiratory rate, temperature and heart rate of travellers from abroad being quarantined. They also provide alerts about patient deterioration by looking for periods of change and abnormality in their vital signs.

Other technological innovations

In addition to the six listed above, take a look at some of the other technological tools we use to deliver healthcare:

- Hand Therapy app - mobile app to support patients with their hand exercises.
- Lumeon postnatal digital dashboard - improving patient flow and experience.
- Medopad - a safe electronic portal for patients to upload photos of their scars.
- Mum & Baby maternity app - increasing maternal choice and personalized care.
- Nurse led antiretroviral clinic - for stable HIV patients



**Management Structure. The Executive team are:-**

Chief Executive Officer	Lesley Watts
Medical Director	Dr Roger Chinn
Chief Nurse	Robert Bleasdale
Deputy Chief Executive & Chief Operating Officer	Robert Hodgkiss
Chief Finance Officer	Virginia Massaro
Director of Human Resources	Sue Smith

The operational structure comprises 4 Divisions:

- Emergency and Integrated Care Division
- Planned Care Division
- Women, Neonatal, Children and Young People, HIV/GUM and Dermatology Division
- Clinical Support Division

Each Division has a Divisional Medical Director, a Divisional Director of Operations and a Divisional Head of Nursing. This team is supported by Clinical Directors, Service Managers and Matrons.



## ABOUT THE DEPARTMENT

West Middlesex Hospital is primarily an emergency and acute medicine led hospital with more than 70% of our bed days being used for patients admitted via our emergency and ambulatory units. The Care of the Elderly (COE) Department is a valued and vital part contributing to the overall functioning of West Middlesex University Hospital and the delivery of high quality care to older adults. A significant proportion of all inpatients are older adults and require the care of the COE team. The COE Department is highly respected and valued within the organisation and there are currently exciting opportunities to recruit dynamic and enthusiastic new Consultants with a passion for Service Development and Quality Improvement.

The vision of the COE Department is to deliver the highest quality service possible to our older adults- wherever they find themselves within the healthcare system. We plan to do this through integrating evidence-based practice, research, audit and other aspects of clinical governance - including exceptional risk management. We are also committed to the delivery of high quality training to both undergraduate and postgraduate doctors at all levels as well as the broader multidisciplinary team. There are plenty of opportunities for all Consultants to both develop and contribute to education both within and beyond the department.

### Care of the Elderly Department Medical Staffing

Consultant	Special Interests	Additional roles
Dr Linda Tsam	Orthogeriatrics	Falls service
Dr Carmen Martin-Marrero	Acute Frailty	
Dr Georgi Todorov	Acute Frailty	Service director, Care of the Elderly
Dr Mark Lethby	Acute Frailty	
Dr Surabhi Varma	Orthogeriatrics /Surgical liaison/Perioperative Medicine	

Within COE we have established orthogeriatric, acute frailty and stroke teams. We currently run a Monday to Friday Consultant delivered care model and are in the process of designing an extended version of the service. We encourage the COE Consultants to work rotating through the different aspects of the service and there is considerable flexibility for Consultants to individualise their job plans.

Our bed base covers the following inpatient areas:

Lampton Ward: (29-beds). General Geriatric ward.

Crane Ward: (30 beds). General Geriatric ward (Dementia friendly ward)



Kew Ward: (22 dedicated stroke beds; 6 COE/general medical beds). Our stroke unit consultants are part of Charing Cross Hospital Hyper-Acute Stroke Unit (HASU) service network. The Acute stroke Unit is supported by 1 registrar, 1 IMT, 1 F2, 1 GPVTS, 2 F1 trainees and experienced stroke specialist nurse and stroke specialist MDT. There is registrar and stroke specialist nurse support in the outpatient TIA clinic, along with supervision responsibility.

Orthogeriatrics service: Our well-established orthogeriatrics service provides proactive consultant geriatrician input into the care of patients on the orthopaedic wards. This service is Consultant-led with 2 SHO-level junior doctors. Currently we offer joint care with Orthopaedics of all inpatients with fractured neck of femur.

Surgical liaison and Perioperative care of Older People: The liaison teams support surgical teams to care for frail elderly patients requiring urgent surgical intervention, performing comprehensive geriatric assessments, advising on treatment escalation plans, postoperative complications and supporting discharge planning.

Acute Frailty Service: Assessment and management of frail older patients at the 'front door', attending the emergency department and Acute Medical Unit and referral to intermediate care services where appropriate. This service is aimed at minimising admission to hospital with early assessment by a frailty specialist nurse and therapists and providing healthcare closer to home where possible and appropriate. Older adults make up a significant proportion of attendances in emergency departments and emergency admissions. Development of the acute frailty service within the Trust has demonstrated the progression to promoting specialised care outside of the traditional geriatric ward environment. Over the past two years the trust has been growing the frailty service to make significant improvements to the way that care is delivered. Successes have been seen in terms of length of stay reduction, admission avoidance and improved education and awareness of frailty and improved environment for our frail patients. There are plans to expand the Frailty Service through the use of HOT Clinics and pathways through the Ambulatory Emergency Care (AEC) Unit.

Other Services that the COE department provide include:

- Rapid Access Care of the Elderly Clinics
- Falls Clinic

The team is looking to expand the services the COE department provide and are keen to employ new Consultants with a passion for Service Improvement to contribute to this development.

Chelsea and Westminster Hospital NHS FT are committed to working together with community partners as an Integrated Care Partnership. Together we plan to develop and improve a number of services.

Focus areas are:

- Integrated Falls Prevention Programme – A clinical, social and community assets focused programme that collaborates closely with Voluntary Community Service partners to establish a system offer to falls prevention.



- Integrated Dementia Pathway
- Coordinate My Care Implementation and End of Life Care Programmes
  - Standardise use of CMC across the Trust
  - Advanced care planning and treatment escalation plans for all End of Life Care patients
  - Focus on care homes
  - Education

The Consultant team meets regularly to discuss the business of the department and plan improvement as well as to discuss and coordinate the Clinical and Educational supervision of trainees, locally employed doctors, Physician Associate and Medical Students.

There are regular Governance meetings including a departmental M&M chaired by the governance lead. There are multidisciplinary team meetings once per week for each ward.

Departmental Meetings for teaching and training occur on a weekly basis.

Our 5 years departmental vision is to grow a department capable of delivering comprehensive extended hours services to the local frail-elderly population wherever they find themselves in the healthcare system.

This includes:

- Access to 7-day comprehensive geriatric assessment and treatment for our ward inpatients,
- 7-day frailty services at the 'front door' (AMU, ED and AEC) including ambulatory pathways and rapid access assessment without the need for hospital admission.
- Liaison service to all major surgical areas (hip fracture, major trauma, orthopaedics, GI surgery, vascular, urology and ENT).
- Geriatric In-reach Services
- Strong links with community services and multidisciplinary, cross-boundary working
- Community Geriatrics services, including GP network MDT meetings, Consultant input for the Community Frailty team and Geriatric input into Care Homes.

**The Divisional Management Team:**

Clinical Director for Medical Specialties - Dr Emma Rowlandson

General Manger – Anna Letchworth

Divisional Director of Nursing – Helen Kelsall

**The COE Department Management Team are:**

Clinical Director/Specialty Lead - Dr Georgi Todorov

Lead Nurse – Dharmen Govinden

Deputy General Manager – Khurram Aleem



## ABOUT THE POST

The significant expansion in the COE Department has been mainly underpinned by the expansion of front-line frailty services to achieve our Trust's Frailty Pathway and provision of sustainable orthogeriatric and surgical liaison and perioperative services.

We are seeking to recruit dynamic and passionate Consultant Geriatricians who will join the existing team of five supportive and dedicated Consultant colleagues, all of whom embrace Trust values.

Our shared ambition is to deliver outstanding clinical care, high-quality services and strive to improve the care of our patients in the boroughs of Richmond, Hounslow and the surrounding areas.

This is an exciting time with departmental expansion and appointees able to directly influence and participate in the redevelopment of the services we provide.

Each post holder will have the unique opportunity to rotate across COE specialities and agree a personalised Job Plan.

Posts are available in the following areas, but additional interests can be accommodated.

### Orthogeriatrics

Our orthogeriatric team is seeking a geriatrician to further develop the service and improvement of falls and bone protection services. Plans for same day falls clinic are underway, in line with the Falls Integrated Pathway which is currently under revision.

### Perioperative Medicine Consultant

This Consultant will help develop dedicated surgical liaison and perioperative services in partnership with our surgical colleagues and work with a multi-disciplinary team to expand this service.

### Frailty Consultant

In line with Trust plans for sustainable acute frailty service, we would like to welcome a third acute frailty consultant. This will enable us to provide 5 days acute front door services for acute medicine and Emergency Department, support the integrated community rapid response services and help us integrate the frailty pathway into the community. This role would involve:

- Provide daily consultant review of patients on AMU to ensure rapid comprehensive geriatric assessment and treatment, promoting early discharge.
- In-reach into the Emergency Department to provide early geriatric assessment and, where possible, admission avoidance.
- Develop links with community partners and services, in order to provide advice and appropriate signposting.
- Exercise the freedom to develop the services to reflect priorities within available resources.
- Assume a continuous commitment for the care of patients on the Frailty Unit ensuring adequate arrangements are made for leave and off-duty periods.

### Stroke consultant

Our department will provide an exceptional opportunity for a geriatrician with special interest in stroke to work on the acute stroke unit, together with another colleague consultant to ensure that there is a Stroke Physician presence on the West Middlesex site at all times(Monday- Friday). The



post can also include a unique opportunity to work on the Hyperacute Stroke Unit (HASU) at Charing Cross Hospital, as part of the Imperial Stroke Service. This will involve providing thrombolysis and thrombectomy Consultant cover on a rotational basis, and an opportunity to attend the weekly neuroradiology MDT. The successful candidate will participate in the HASU thrombolysis/Thrombectomy on call rota and play a crucial role in the management of stroke patients stepped down from the hyper acute units. The successful candidate will also provide TIA/stroke OPD service in a team with geriatricians, neurologists and radiologists.

Our COE department offers you the exciting opportunity and flexibility to develop other pioneering services with the full support of the existing Consultant body, within departmental and Trust objectives. Other areas of service and pathway development could include:

- Fully integrated and geriatrician led same day emergency falls clinic
- Coordinate My Care Implementation and End of Life Care Programmes with standardised use across the Trust and advanced care planning
- Community and intermediate care- development of community theme based MDTs

Additionally, there may be exciting potential to develop a subspecialty interest subject to agreement.

We will offer any newly appointed Consultant the opportunity of mentorship provided by the existing Consultant Geriatricians. The Trust strongly supports Continuing Professional Development amongst its' workforce and the requirements for Continuing Medical Education both in terms of time as well as financial support for these activities.

### **Indicative Job Plan/Timetable**

An indicative job plan/timetable for this post with indicative Programmed Activities (PAs) is provided below. These are new posts and the precise timetable is still to be confirmed. This will depend on the applicant's subspecialty interests and service requirements at the time. The proposed timetable will be open to change following discussion with the Service Director, Clinical Director and General Manager. Appointees will be expected to discuss and agree a detailed job plan, including personal and professional objectives within three months of the start date.

Each of the three posts is anticipated to contain 10 Programmed Activities (PAs) per week. For a whole-time 10 PA contract it is anticipated that the typical split of duties would be:

- Direct Clinical Care (DCC): **8.0 PAs** on average per week. (Clinical activity, clinically related activity, predictable & unpredictable emergency work)
- Supporting Professional Activities (SPA): **2.0 PAs** on average per week



SPA activities may include:

- Service Development – Geriatric medicine protocols and guidelines
- Developing joint protocols/pathways and clinical governance with A&E and other specialties
- Teaching medical students
- Training junior doctors including Clinical and Educational Supervision
- Individual CME/CPD
- Any additional SPA activity will be agreed with the Specialty Lead/Clinical Director

There is also the opportunity to apply for Research PAs and incorporate this into an agreed Job Plan.

### **On-call commitment.**

The COE Department is part of the Division of Medicine. You will join the GIM consultant on-call rota which is currently 1 in 16. This includes one day on call every 4 weeks and approximately 3 weekends per year. The acute unselected take at West Middlesex Hospital is managed by the Acute Medical Unit, run by a large team of Acute Physicians.

### **Flexible job planning**

Applications for less than full time working or job shares are welcome and candidates are invited to discuss their interest. Job share arrangements and other adaptation Job plans can be accommodated to suit a candidate's needs if the evolving service needs can continue to be met.

### **Visits/Contact**

Informal discussions and/or visits are encouraged, and you are invited to contact Dr Georgi Todorov, Specialty Lead Care of the Elderly on email: [georgi.todorov@chelwest.nhs.uk](mailto:georgi.todorov@chelwest.nhs.uk)

## **OTHER REQUIREMENTS**

### **General Responsibilities as Consultant Physician in Geriatric Medicine**

The following is not an exhaustive nor exclusive list of the duties of a consultant. The appointee is expected to:

- Deliver day-to-day clinical care and leadership on the Geriatric Medicine wards or within the Acute Frailty bed base on AMU.
- Lead the daily ward rounds and board rounds and review new admissions to Geriatric Medicine wards.
- Develop current Geriatric Medicine practice and patient pathways within West Middlesex Hospital and in conjunction with Service Lead /Clinical Director to further develop the service in line with best practice.
- Lead and contribute to the development of protocols/clinical guidelines in Geriatric Medicine, audit and other key aspects of the clinical governance agenda.
- Show flexibility and undertake a variety of clinical tasks in discussion with the Service Director and Clinical Director.



- Actively participate in the Department's teaching programme and undertake supervision, teaching and training of medical trainees and other multi-professional staff and support their professional and personal development.
- Mentor/Coach Junior Doctors and provide assessments and appraisals.
- Actively participate in CPD and CME
- Responsibility for the care of patients in their charge and for the proper functioning of their department. Undertake administrative duties associated with the care of their patients and the running of their clinical departments.
- Assume responsibility for the organisation, management and diagnosis of treatment of patients in the hospital, in conjunction with colleagues across the hospital.
- Provide emergency cover in accordance with the department's on-call rota (and outside of the rota in exceptional circumstances).
- Fully comply with all the requirements set out in the Trusts policies.
- Ensure all activities undertaken are within the required level of competence expected by the Trust and the professional organisation relating to the speciality.
- Work with colleagues to develop service in line with key stakeholders (patients, commissioners, etc.).
- Research activities as agreed with the Clinical Service Director.
- Responsible for undertaking administrative and budgetary duties associated with the care of patients and the efficient running of the department.
- Provide cover for colleagues in their absence and deal with emergencies as occasion demands.
- Complete all Mandatory training.
- Actively participate in the annual appraisal and job planning process.
- Participate in the management of their own Department and be encouraged to develop their management and leadership skills.
- Audit your departmental and personal practice in keeping with national guidance such as NICE
- To have and maintain full registration with a licence to practice from the General Medical Council.
- To have regard at all times to the clinical and quality standards set out within Trust guidelines, to participate in clinical governance working closely with other professionals to provide comprehensive care of Elderly patients in and out of hospital. This will include liaison with general practice and community services with regard to management of patient with chronic conditions.
- Fully to participate as a leader and member of the multi-disciplinary team.
- Continuing responsibility for the care of patients in their charge, including all administrative duties associated with patient care.
- Leadership, development and organisation of the services in their charge in line with the Trusts' business plans. Liaison and communication with the Lead Clinician for Older People's Services and the General Manager and Clinical Director Older People's Services.
- To provide cover for consultant colleague's annual, study and sick leave so far as is practicable
- The post holder will participate in leadership, development and organisation of the services in his/her charge in line with the Trust's business plans. The Hospital Consultant body meets monthly as the Medical Staff Committee to discuss issues affecting the Medical Staff as a whole.
- To adhere to all procedures and protocols and update them as and when necessary through a consultative process
- Mentoring will be offered to newly appointed consultants.
- Commitment to revalidation.



## GENERAL INFORMATION/CONDITIONS OF EMPLOYMENT

- The post is covered by those terms and conditions of service of Consultants 2003 (England) which are appropriate to the Trust. The Trust may, however, introduce future changes in standard terms and conditions of service after negotiation. All local policies and procedures apply. The appointment is pensionable under National Health Service regulations, unless the successful candidate chooses to opt-out of the scheme.
- Employees of the Trust are expected to maintain a safe working environment and observe obligations under organisational and departmental Health & Safety Policies, maintaining awareness of safe practices and assessment of risk.
- Employees of the Trust are required and expected to acquaint themselves of all the Trust policies that are relevant to their area of work. The operative policies at any time are available on the Trust Intranet.
- The Trust is committed to providing safe and effective care for patients. To ensure this, there is an agreed procedure for medical staff that enables them to report, quickly and confidentially, concerns about the conduct, performance or health of medical colleagues. All medical staff practising in the Trust should ensure that they are familiar with the procedure and apply it.
- All Consultants have a continuing responsibility for the care of patients in their charge and for the proper functioning of their departments. They are required to undertake the administrative duties associated with the care of their patients and the running of their clinical departments. The Consultant will be expected to attend meetings of the appropriate department and CBU as required.
- All Consultants are expected to assume responsibility, both singly and corporately, for the management of junior medical staff. In particular, they are expected to be responsible for approving and monitoring junior staff rotas and junior staff locum arrangements, where appropriate. They are also expected to concern themselves with the professional development, both clinical and personal, of their trainees.
- All Consultants are required to participate in the Trust's annual appraisal process which identifies personal and professional development needs, agrees plans for them to be met, while reviewing the doctors work and performance and considering the doctors contribution to the quality and improvement of service delivery. The annual appraisal and documentation forms the evidence needed to meet the requirements for the GMC revalidation process.
- All consultants are required to participate in the Trust's annual job plan review process. Job Plans will list all NHS duties of the Consultant, the number of programmed activities and agreed supporting resources. Job Plans may only be changed with the agreement of the Trust.
- Where you intend to undertake private professional services other than such work carried out under the terms of this contract, whether for the NHS, for the Independent sector or for another party, the provisions in Schedule 6 of the Terms and Conditions apply.
- Reference should be made to the "Code of Conduct for Private Practice" which sets out standards of best practice governing the relationship between NHS work, private practice and fee-paying sessions.
- Candidates unable, for personal reasons, to work whole time are invited to apply and will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis in consultation with consultant colleagues, the Clinical Lead and the Clinical Director.



- All applicants to any post within the Trust are required to declare any involvement, either directly or indirectly, with any firm, company or organisation that has a contract with the Trust. Failure to do so may result in an application being rejected or if it is discovered, after appointment that such information has been withheld, and then this may lead to dismissal.
- Reimbursement of removal and associated expenses will be subject to agreement and in line with existing Trust Policy.
- This appointment is subject to the receipt of a satisfactory medical clearance from the Trust's occupational health department.
- The appointee will be expected to provide cover for annual and study leave of their consultant colleagues.
- Reimbursement of removal and associated expenses are discretionary and will be subject to agreement by the Trust. There is no guarantee that any reimbursement of expenses will be made.

A copy of the Terms and Conditions – Consultants (England) 2003 is available at: [www.doh.gov.uk/consultantframework](http://www.doh.gov.uk/consultantframework).

### **Annual Leave**

Annual leave is given in accordance with the Terms and Conditions of Service and the Trust Policy relating to Medical and Dental Staff. Whole-time Consultants are entitled to six weeks and two days' leave a year (32 working days) if within 7 years of service, or 6 weeks and 4 days (34 working days) after 7 completed years of service. Annual leave for part-time staff is pro rata this whole-time amount. Days of in Lieu will be taking into account where appropriate and for bank holiday working.

Consultants are expected to plan their annual leave well in advance so that their absence is not detrimental to the service. They should give no less than 6 weeks' notice of intention to take leave.

### **Study and Professional Leave**

Study and professional leave is given in accordance with the Terms and Conditions of Service relating to Medical and Dental Staff. Consultants are currently entitled to assistance with expenses associated with approved study leave. It is the current policy of the Trust to assist consultants with reasonable fees and expenses associated with approved continuing medical education. Consultants are expected to plan Study Leave in advance so that their absence is not detrimental to the service.

## **TRUST STANDARDS**

### **Equal, Diversity and Inclusion**

The Trust is committed to fair and transparent recruitment and selection procedures and to providing a workplace where all staff are treated with respect and feel included. It is the aim of the Trust to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.



### **Health & Safety**

Employees must be aware of the responsibilities placed on them under the Health & Safety at Work Act 1974 to maintain a safe environment for both staff, patients and visitors, to observe obligations under organisational and departmental Health & Safety policies, maintaining awareness of safe practices and assessment of risk.

### **Data Protection and Caldicott**

To obtain, process and use information (held on computer and manual filing systems) in fair and lawful way. To hold person identifiable information for specific registered purposes and not to use, disclose or transfer person identifiable information in any way that is incompatible with the law and Caldicott requirements. To disclose person identifiable information only to authorised persons or organisations as instructed. Email must not be used to transmit person identifiable information between Trust and other premises without advice concerning additional document protection.

### **Customer Care**

The aim of the hospital is to provide patients and clients with the best possible care and services. In order to meet this aim, all our staff is required at all times to put the patient and client first and do their utmost to meet their requests and needs courteously and efficiently. In order that staffs understands the principles of customer care and the effects on their particular post and service, full training will be given.

### **Infection Control**

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. You have a responsibility to comply with Trust policies for personal and patient safety and for prevention of healthcare associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment and safe disposal of sharps. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

### **Confidentiality**

Under no circumstances, either during or after the end of your employment (however it is terminated), may you divulge any unauthorised person confidential information relating to the Trust. This includes but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

### **Clinical Governance**

Staff are expected to provide patients with timely and effective care. Treatment and direct / indirect support must be based on best practice. Everyone is responsible for this and his/her job in the Trust is important in achieving this.

### **Safeguarding Vulnerable People**

It is a basic human right of every child and adult to be protected from harm and NHS Trusts have a fundamental part to play in this. We expect all our staff to recognise signs of vulnerability and to report



and act on any concerns in line with policy and guidance contained in 'Working Together - Every Child Matters' and 'No Secrets - guidance on developing multi- agency policies and procedures to protect vulnerable adults from abuse' on which our Trust Policies are based.

### **Rehabilitation of Offenders**

Because of the nature of the work of this post, it is exempt from the Section 4(2) of the Rehabilitation of Offenders Act (1974) by virtue of the Rehabilitation of Offenders Act (Exemption Order 1975). Applicants are therefore not entitled to withhold information about convictions including those which for other purposes are “spent” under the provisions of the Act and in the event of employment 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 only in relation to application for positions to which the order applies.

### **Disclosure & Barring Service**

Posts are offered subject to enhanced clearance from the Disclosure & Barring Service.

### **Personal Conduct**

All staff within the Trust are expected to treat other members of hospital staff with courtesy and respect. The Trust’s rules and policies including the disciplinary procedure apply to all staff without exception. The attention of consultant medical staff is drawn to the GMC document “Good Medical Practice”. The Trust will take this into account when considering the conduct of medical staff in relation to any incident.

### **Security**

It is the responsibility of all employees to work within the security policies and procedures of the Trust to protect the patients, staff and visitors and the property of the Trust. This duty applies to the specific work area of the individual and the Hospital in general. All staff are required to wear official identification badges.

### **Data Protection**

This post has a confidential aspect. If you are required to obtain, process and/or use information held on a computer or word processor you should do it in a fair and lawful way. You should hold data only for the specific registered purpose and not use or disclose it in any way incompatible with such a purpose and ought to disclose data only to authorised persons or organisations as instructed. Breaches of confidence in relation to data will result in disciplinary action.

### **No Smoking**

Chelsea & Westminster NHS Foundation Trust operates a No Smoking Policy and all staff are advised that it is a disciplinary offence to smoke inside or outside Trust buildings or anywhere within the grounds of the hospital.

## **ADDITIONAL INFORMATION**

### **Health and Wellbeing**



We offer a Health Hub which helps improve staff health and wellbeing across the Trust – encouraging staff to step away from their work and think about their own health. This includes:

- Workshops, challenges and social events throughout the year
- Confidential and safe forums where staff can talk about the emotional impact of their work
- An equality and diversity staff network providing support to all staff
- Mindfulness bite size taster sessions
- Mini health checks
- Free, confidential counselling services 24/7
- Reduced gym rates at a number of local health clubs/gyms

### **Prospects of Change**

National and local discussions, including sustainability and transformation plans (STPs) may result in changes to the configuration of services over time. This may require changes to work patterns, for example some consultants may future be expected to undertake some clinical sessions in a dedicated elective centre off-site. This may result in changes to the working arrangements for individual consultant staff, but staff will be consulted about specific proposals as it affects them.

### **Location**

Situated in Twickenham, West London with a multi-cultural community, the area provides a wide range of facilities and is close to the heart of London. On-site we offer car parking and restaurant facilities. Central London is easily accessible.



## PERSON SPECIFICATION – CONSULTANT IN GERIATRIC MEDICINE

<b>Job title</b>	Locum Consultant Geriatrician
<b>Band</b>	Medical & Dental
<b>Division</b>	EIC

Evidence for suitability in the role will be measured via a mixture of application form, testing and interview.

**Essential: E     Desirable: D**

<b>Trust Values</b>	
Putting patients first	E
Responsive to, and supportive of, patients and staff	E
Open, welcoming and honest	E
Unfailingly kind, treating everyone with respect, compassion and dignity	E
Determined to develop our skills and continuously improve the quality of care	E

<b>Education and Qualifications</b>	
CCT in Geriatric medicine (or within six months of CCT) or on the Specialist Register.	E
The candidate should be accredited in General Medicine/Acute Medicine.	E
MRCP or equivalent	E
Higher degree e.g. PhD or MD	D
Research experience	D
Acute Internal Medicine SCE	D
Previous QIP experience	D

<b>Experience</b>	
Broad experience in Acute and General Medicine	E
Teaching experience / willingness to teach medical, nursing & other staff	E
Experience of audit / clinical research	E
Undertaken a management course	D
Understanding of the NHS and its organisation	D
Completed publications in appropriate journal(s)	D
Previous experience in Orthogeriatrics	D

<b>Skills and knowledge</b>	
Strong verbal and written communication skills	E
Ability to lead a team	E
Commitment to work with other consultants and members of the multi-disciplinary team	E



Commitment to the achievement of Government and Trust targets	E
Willingness and ability to participate in the on-call rota	E

<b>Personal qualities</b>	
Willingness to be flexible in working patterns	E
Willingness to share non-clinical organisational tasks / team player	E
Trustworthy / Responsible	E
Willingness to be flexible in working patterns.	E
Can-do" attitude	E
Projects confident, credible professional image	E
Pays attention to detail	E
Builds rapport & maintains good working relationships with colleagues	E