CONSULTANT RESPIRATORY PHYSICIAN 2023

Candidates Application Pack



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The George Eliot Hospital NHS Trust

George Eliot Hospital NHS Trust ('GEH') is an integrated acute, community and primary care service provider comprising George Eliot Hospital in Nuneaton, and Community Dental Services for Warwickshire and the Urgent Care Centre based at GEH. The Trust's main hub is the George Eliot Hospital, a small district general hospital spread across a 32-acre site based on the outskirts of Nuneaton.

GEH serves a population of about 300,000 from Nuneaton & Bedworth, North Warwickshire, South West Leicestershire and Northern Coventry. It serves a catchment population between the major hospitals in Coventry, Leicester and East Birmingham.

GEH provides annual activity of 65,000 A&E attendances, 20,000 planned admissions, 20,000 emergency admissions, 215,000 outpatient attendances and on average 1,800 births.

The George Eliot Hospital has 300 beds and provides services for general medicine, Care Of the Elderly, Haematology, General Surgery, Urology, Obstetrics and Gynaecology and Orthopaedics. There is a 24-hour accident and emergency service. Ophthalmology, Neurosurgery, Rheumatology and ENT services are provided on an outpatient basis only at the George Eliot.

There are 8 operating theatres, a Coronary Care Unit and a separate Intensive Care Unit staffed for 8 beds. Beds are utilised for both ITU and HDU purposes. Plans are underway to develop an Acute Frailty Unit, recognising this essential part of the care we provide to our local community.

The Trust is managed by the Trust Board, which comprises a number of Executive and Non-Executive members.

The Executive Directors are:

Mr. Glen Burley Chief Executive

Mr. David Eltringham Managing Director

Mr. Stephen Coleman Director of Operations

Mr. Philip Thomas-Hands Deputy Director of Operations

Mr. Haq Khan Director of Finance Dr Catherine Free Medical Director

Ms Daljit Athwal Director of Nursing & Quality

Gertie Nic Philib Associate Director of People

Andy Laverick Foundation Group Strategic Digital lead

Jenni Northcote Director of Strategy, Service

Primary Care

The Non-Executive Directors are:

Improvement and

Mr Russell Hardy Chairman
Ms Simone Jordan Board Member
Ms Julie Houlder Board Member
Ms Glynis Washington Board Member
Mr Anil Majithia Board Member

Clinical Services

Clinical services are organised into five directorates reporting to the Director of Operations and their respective Clinical Directors as detailed below:

Dr Martin Sandler – (Acting) Urgent and Emergency Care

Mr Gary Lawrence – Women's and Children's Mr Bala Piramanayagam – Surgery Directorate

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Dr. Moora Bryant Clinical Support 9

Dr Meera Bryant – Clinical Support Services
Dr Winston Crasto – General and Specialist Medicine

Respiratory Medicine sits under the remit of the General and Specialist Medicine Directorate within the Medicine Division and the management is made up of:

Dr Martin Sandler	Associate Medical Director Medicine Division
Dr Winston Crasto	Clinical Director General and Specialist Medicine
Mr Craig Simpson	General Manager
Sharon Tallis	Matron Specialist Medicine
Shirley Preston	Matron Stroke and Older Adults
Lisa McDonnell	Matron AMU and ACU
Sophie Hinsley	Deputy Operations Manager
Kerry Nelson	Deputy General Manager
Jess Olner	Deputy Operations Manager
Sue Evans	Deputy Operations Manager

The Medical Director is an executive member of the Board with the clinical director and associate medical director having direct reporting responsibilities to this individual. The directorate management structure ensures that doctors have a key contribution to decision-making within the Trust and a direct 'Board-to-Ward' line of communication.

The George Eliot Training & Education Centre (GETEC), which opened in October 2006 was developed to accommodate a comprehensive range of education and training events for undergraduates, postgraduate professionals and support staff to help drive forward the Trust's vision to encourage life-long learning in the NHS. GETEC meets this by providing access to a tiered lecture theatre (seating 111, or 161 when used with two adjacent seminar rooms; the two Seminar Rooms adjacent to the Lecture Theatre each seat 25), a series of seminar style teaching and clinical skills teaching rooms, as well as a well-stocked highly accredited library.

The Clinical Skills facilities, however, are what sets this centre apart from all other local centres and will allow the Trust to provide superior teaching and training facilities

The Post

This is an additional post which has been created mainly to backfill existing clinical work and to allow some expansion of the clinical services provided by Respiratory Medicine.

We are looking for an enthusiastic candidate ideally with interest in pleural disease and Lung Cancer to develop and expand our Ambulatory Pleural Services within the Respiratory department and Ambulatory Care Unit (ACU). This will also incorporate pathways for suspected pulmonary embolism. (S)he will also work with the Lead Lung Cancer physician to implement the National Optimal Lung Cancer Pathway (NOLCP) and act as the cover physician when the Lead in absent. The post holder will work one session a week as an Acute Medicine Physician.

A dedicated SDEC (Same day emergency care unit) and PACU (planned ambulatory care unit) have been operational since 2020. The Respiratory Physicians do three clinics a week (2 pleural and 1 Respiratory Hot clinic). These deal with patients referred urgently from the Emergency Department and particularly those with pleural effusions. There is also a pathway for ambulatory management of suspected pulmonary embolism (PE). Both pathways require an enthusiastic physician to lead and develop these further.

The number of referrals for suspected lung cancer has increased steadily, in part because of the increased use of imaging. Implementation of the National Optimal Lung Cancer Pathway will require daily triage of referrals, an expansion of clinics and a separation of the multi-disciplinary meetings into those that deal with a) diagnostic planning, b) treatment and c) nodules. A service for endobronchial ultrasound began in December 2017; this is now a busy and successful service which requires more time in the weekly timetable. The candidate would ideally be able to support this service and have experience in EBUS. They would also ideally have experience in indwelling pleural catheters. The Lead Respiratory Physician for lung cancer hopes to take on the role of trust cancer lead once a 5th chest physician is in post.

The Respiratory Physicians provide an in-reach service for the 42 bedded Acute Medicine Unit. Early review of patients with respiratory failure, respiratory tract infections and pleural effusions is particularly important, but cannot always be provided due to leave. With increasing numbers of Respiratory Physicians this service will be provided more reliably.

Respiratory Services at the trust are currently delivered by 4 consultant physicians, one of whom has been working less than full time from April 2020 (3.6 WTE). In addition to two Speciality Trainees there are 2 lung cancer nurses, 3 COPD nurses who run an Early Discharge Service and 2 asthma nurses (1 WTE). A physiotherapist supports the bronchiectasis clinics. Each Consultant has a dedicated 0.49 WTE Band 4 secretary with 1 WTE typist supporting the service.

The respiratory ward has 27 beds. Nursing staff are trained to set up NIV for patients with an acute exacerbation of COPD and in the after care of patients with chest drains. The ward is the step down facility for ITU, which is located adjacent to the Respiratory ward. The respiratory physicians provide ad hoc input for patients on ITU.

There is a Consultant led rota for NIV referrals which rotates weekly. This is non-resident.

The lung function unit has 3 WTE physiologists who do full lung function testing, mannitol bronchial challenge test, skin prick testing, home sleep studies and CPAP set up for OSA, cardiopulmonary exercise testing and run a HOS-AR service with the COPD nurses. New equipment was installed in September 2019.

The Department runs a TB clinic every 4 weeks. This is supported by a TB clinical nurse specialist. A monthly meeting at University Hospital Coventry & Warwickshire provides expert advice for patients with interstitial lung disease. A weekly radiology meeting allows review of imaging with the radiologists.

The Respiratory Physicians do bronchoscopy, EBUS and thoracoscopy in the JAG accredited endoscopy unit.

Staff:

Consultants	Lead for
Dr Christine O'Brien	Interstitial Lung Disease, TB, physiology and HOS-AR
Dr Carol Min	Lung Cancer and Pleural Disease
Dr Rahul Bhat	Airway Disease
Dr Clare Williams	Sleep and Ventilation
Dr Chanaka Rathnayake	Specialist Doctor

Mrs Lynda Tyrer	Asthma Nurse Specialist
Mrs Lisa Taylor	Asthma Nurse Specialist
Mrs Tracy Kates	Lung Cancer Nurse Specialist
Ms Tracey Everitt	Lung Cancer Nurse Specialist
Mrs Lisa Taylor	COPD Nurse
Mr Hama Ngandu	COPD Nurse
Mrs Laura Richards	Respiratory Physiotherapist
Ms Jo Purvis	Clinical Physiologist
Ms Rhea Fielding	Clinical Physiologist
Mrs Kathy Bailey	Medical Secretary
Mrs Sarah North	Medical Secretary
Ms Marji Pyshorn	Team Secretary
Mrs Jackie Berry	TB Health Visitor

Job Plan

A formal job plan will be agreed between the post holder, colleagues and the Directorate Clinical Director soon after the commencement date and will be effective from that date. The Job Plan, a prospective agreement that sets out a consultant's duties, responsibilities

and objectives, will be reviewed periodically. Annual consultant appraisals will be carried out as part of the National Revalidation process.

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The balance between Direct Clinical Care (DCC) activities and Supporting programmed Activities (SPA) will be agreed with the candidate as part of the initial job planning process. For a full time post it is anticipated that 7.5-8.5 programmed activities (PA) will be for DCC, 1.5-2.5 PAs for SPA.

Provisional Timetable

An outline of the provisional timetable is shown below. A formal job plan will be agreed with the appointee by the clinical director, on behalf of the medical director, within six months of the appointment; the job plan can be adjusted depending on the post holder's interests. This will be effective from the commencement date of the appointment. The job plan will be reviewed annually following appraisal. Provisional assessment of Programmed Activities in Job Plan:

Example

DCC 7.5 average per week

Direct Clinical Care: (includes clinical activity, clinically related activity, predictable & unpredictable emergency work)

SPA 2.5: (includes CPD, audit, teaching & research and service development)

Typical clinics templates and times slots are:

2 New patients 30 minutes, Two 2 week wait 30 minutes, and 4 follow up slots at 15 minutes.

Day	Time	Programmed Activity	
	AM 08.30- 12.30	Acute Medicine (Respiratory Patients) Inreach SPA - Service Development	DCC (0.5) SPA (0.5)
Monday	Lunch		
	PM 13.00- 17.00	Bronchoscopy	DCC 1.0
	AM 08.30- 12.30	ACU clinic-Pleural Disease and Acute Respiratory Illness.	DCC 1.0
Tuesday	Lunch		
	PM 13.00- 17.00	Respiratory Medicine Clinic	DCC 1.0
	AM 08.30- 12.30	Lung Cancer Meeting and Clinic	DCC 1.0
Wednesday	Lunch		
	PM 13.00- 17.00	SPA Revalidation and Appraisal	SPA 1.0
Thursday	AM 08.30- 12.30	Ward Round Respiratory Ward	DCC 1.0
	Lunch		

	PM 13.00- 17.00	Administration	DCC 1.0	
	AM 08.30- 12.30	Ward Round Respiratory Ward SPA – departmental active (educational supervision, teaching, audit, research)	DCC 0.5 SPA 0.5	
Friday	Lunch			
	PM 13.00- 15.00	SPA Revalidation and Appraisal	SPA 0.5	
Flexi/Annualised		General Medicine on call	DCC 0.5	
		TOTAL	10 PA DCC 7.5 SPA 2.5	

The job plan on commencement will be approximately 10 programmed activities as set out above.

All Consultants are expected to complete 42 of their 52 fixed sessions within a full year. Leave requests must have a minimum of 6 weeks' notice.

Any bank holidays worked will earn a day in lieu.

On Call Duties

Contribute to the General Internal Medicine on call rota 1:20.

The post-holder is expected to take part in the general medical on call rota which is currently 1 in 20. This includes an early evening (5-8pm) and a morning post take ward round.

This role requires the consultant to undertake non-emergency work during premium time (defined by the Terms and Conditions - Consultants (England) 2003) as set out in the job plan for this appointment, which will vary from year to year as determined by the needs of the service. Acceptance of the offer of employment will be interpreted as mutual agreement of this requirement between the consultant, his or her clinical manager and the Trust. The contract of employment for this position will reflect this requirement.

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

You will be expected to actively participate in annual appraisals and the process required for revalidation with the GMC. Performance will be monitored against set objectives. Provision for a consultant mentor will be arranged.

Other Services

We have recently commenced a regional Sleep MDT with the University Hospital Birmingham and cases are discussed on a monthly basis. The lead UHB is Dr Rahul Mukherjee.

Ward Areas

The main Respiratory ward is Elizabeth ward and we also currently manage patients on an outlying ward.

Radiology

Direct referring to radiological services with on call cover 24/7 MRI and CT scanning facilities and a Picture Archiving and Communication System (PACS).

The radiology team expertise includes: interventional, MSK, cardiac work in conjunction with the cardiology team and general radiology.

Pathology

Pathology services are provided on site by University Hospitals Coventry & Warwickshire and offers services in Haematology and blood transfusion, Biochemistry, Microbiology (including virology and serology), Histopathology and cytology (including mortuary services). There are medically qualified consultants in Haematology, Microbiology and Histopathology while the Biochemistry department is headed by a Consultant Clinical Scientist. Immunology is also provided as part of this service

Support services

OT and Physiotherapy services are available on-site. The physiotherapy department provides pulmonary rehabilitation at the trust's gym and in the community.

Other Information

Medical and Technical support for In-patient and Out-patient work will be provided.

The successful applicant will have access to an office/secretary and personal desk, computer.

• It is expected that the appointee will, with colleagues, undertake general professional supervision and management of Junior Medical staff, undertaking training in Respiratory Medicine. This will include participation in the formal appraisal of junior medical staff in accordance with established processes.

Mentoring Arrangements

The Trust offers a mentoring scheme for new Consultants and a named mentor will be allocated to the post holder on appointment.

KEY AREAS & RESPONSIBILITIES OF THE POST

Leadership & Governance

- Work with colleagues to provide a comprehensive Respiratory Medicine service for the Trust and ensure that the highest standards of care are achieved
- Work with colleagues in planning service delivery including a forward looking innovative practice
- Contribute to the Trust's corporate and strategic objectives and undertake mandatory training required by the Trust
- Work with colleagues to meet the required activity targets of the Trust
- Play an active role in implementing the Trust's Clinical Governance programme
- Demonstrate active participation in clinical audit and quality improvement
- Demonstrate excellence in patient care
- Deputise for colleagues including covering for absence of leave and at short notice in exceptional circumstances

Human Resources

- Manage the performance of staff, through coaching and mentoring to enhance their potential and take action to improve poor performance when necessary.
- Have individual annual appraisals against objectives aligned to a Job Plan.
- Ensure that all staff effectively manage the Trusts' HR policies and practices and employment legislation
- Contribute, enthusiastically, to the teaching of patients, undergraduates and postgraduates in a wide range of health related disciplines

Interpersonal and Communication Skills

- The post holder must have well-developed listening and communication skills and be able to deal effectively with clinicians from all disciplines, managers and professionals both within and outside the Trust.
- The post holder must have well-developed presentational skills, good report writing skills and make effective use of presentation aids.

Planning and Organising

- Support the development of a culture of continuous improvement, developing and contributing to service developments and the formulation of business cases to support these.
- Effectively plan, communicate and execute change.

Analysis and data management

- Ensure that record keeping meets the requirements of all information governance and professional standards.
- Respond to complaints according to the trust protocols and within the appropriate time-frame.

Equality and Diversity

- Ensure the implementation of equality and diversity policy in relation to management and development of staff in the division.
- Actively promote the equality and diversity policies of the Trust.

Continuing Medical Education

- Attend departmental meetings including the weekly hospital postgraduate educational meeting and radiology meetings
- Take responsibility for personal and professional development and ensure that CME standards are achieved and specialist accreditation retained
- The trust fully supports the requirement for CME by the relevant Royal College and acknowledges that it is an essential component of a consultant's professional activities that will be reviewed during the appraisal process and revalidation. Time and financial support will be granted in accordance with the Trust's Leave Policy

These duties and responsibilities are not intended to be exhaustive. Duties may be subject to review in the light of changing circumstances. Duties will be reflected in a job plan, which will be subject to annual review with the Clinical Lead and the Medical Director.

Undergraduate and Postgraduate Teaching

George Eliot Hospital is an Associate Teaching hospital of Warwick Medical School, taking part in undergraduate teaching of medical students undertaking MBChB. The four year MBChB programme is the largest graduate-entry course in the UK. It is part of the University of Warwick, a research-led university consistently ranked in the Top Ten in the UK national league tables for teaching and research.

Together with partner Trusts of South Warwickshire NHS Trust and University Hospital of Coventry and Warwickshire, the trust delivers clinical teaching with early exposure to patients in year one through to four as well as participating in the exam process for each year, including Final Professional Exams.

The post holder will support postgraduate trainees during their posting to the hospital. There is an active program of continuing medical education at the GETEC centre which is supported by the consultants in the trust.

Teaching, Research & Audit

The Trust is committed to the development of Education and Research within the

organisation. There is a Clinician on the Trust Board as an Executive Director (Director of Medical Education) to provide clinical leadership apart from the Medical Director. There is an active audit programme assisted by the Clinical Audit department and Clinical lead.

PARTNERING ORGANISATIONS The University of Warwick

The University is situated on a site of over 700 acres of pleasant land on the boundary between Coventry and Warwickshire. It has a turnover of over £210 million per annum and a total student population of 20,000. Of these, over 6,500 are postgraduates.

Warwick Medical School (WMS)

Dean WMS: Professor Sudhesh Kumar

Established in 2000, Warwick Medical School (WMS) forms the Faculty of Medicine at the University of Warwick.

Home to the UK's largest graduate-entry MB ChB programme, WMS also offers opportunities for full and part-time research degrees as well as professional development across the healthcare sector.

Alongside a range of educational opportunities, WMS has a reputation for research excellence, investigating solutions to significant global health challenges. For further information visit the Warwick University website: www.warwick.ac.uk

Health Education England working across the West Midlands (HEEWM)

Postgraduate Medical Dean: Professor Russell Smith

Health Education England (West Midlands) aims to offer medical and dental trainees the highest quality training, supervision and support. Excellence in education and training is at the heart of delivering excellent patient care.

CLINICAL AND MANAGERIAL ACCOUNTABILITY

The post-holder will be accountable to the Trust's management structure for all Trust duties (direct clinical care, research, teaching, management). This includes adherence to all Trust policies. Within the Division of Medicine the post holder will be directly accountable to the Clinical Director for Medicine and the General Manager. The clinical job plan will be reviewed as needed for the requirements of clinical services at the trust.

TERMS & CONDITIONS OF EMPLOYMENT

The Consultant will be appointed by the George Eliot Hospital NHS Trust. The Terms & Conditions will be in accordance with nationally agreed conditions of service for Consultants (England) 2003 in the National Health Service as approved by the Secretary of State for Health and may be amended from time to time. The post-holder is required to act in accordance with local Policies & Procedures agreed by the Trust and the Local Negotiating Committee.

METHOD OF APPLICATION

To apply please go to www.jobs.nhs.uk

Candidates are welcome to visit the Department and initial contact should be made with any of the following:

Dr Christine O'Brien Lead Respiratory Physician, via secretary 02476865562 Dr Winston Crasto, Clinical Director, via PA on 02476865150

Person Specification

Job Title: Consultant Respiratory Physician

Criteria Consultant Respiratory Physician	Essential or		Assessment Method			
		Desirable Criteria		I	Т	R
Education and Qualifications						
MBBS (or equivalent)	Е		✓			
MRCP Intercollegiate or equivalent	Е		✓			
An appropriate higher degree (MD, PhD or equivalent)		D	✓			
Entry on GMC Specialist Register via CCT (proposed CCT date must be within 6 months of interview) – CESR or European Community Rights.	E		√			
Experience & Knowledge						
Thorough & broad training in Adult Respiratory Medicine	Е		✓	✓		√
Teaching and commitment to education post- and under- graduate levels	Е		✓	√		✓
Higher qualification in education		D	✓	✓		✓
Academic Achievements						
Able to demonstrate successful participation in audit	E		✓	✓		
Evidence of completed and published research	E		✓	✓		
 Instigated, designed and completed audit projects and protocols 	E		√	√		
Experience of having supervised and supported research students		D	√	✓		
Key Skills						
Effective written (including record keeping) and verbal communication skills	E		√	√		√
Excellent interpersonal skills with ability to use tact, diplomacy, negotiation and persuasion as well as authority	E			✓		
Ability to be a flexible team member	Е			✓		
Interested in developing innovative ways of delivering patient care	Е			√		
Attended a course in NHS leadership		D		✓		✓
Evidence of having organised events and led professional groups		D		√		√
Other			•			
Fluent in verbal and written English	Е		✓	✓		
Awareness and respect for colleagues, patients and relatives' dignity, privacy, integrity, cultural and religious beliefs	E			✓		
Ability to remain calm and work effectively in pressure situations	Е			√		
Good previous attendance record	Е					√
Satisfactory Criminal Records Bureau Disclosure and/or Certificate of Good Conduct (Police Check) from country of residence	E		Poli	ce/Dfl	ES/D	οΗ

Assessment Criteria: A = Application, I = Interview, T = Test, R = Reference