

Working together to achieve the healthiest
life possible for everyone in Ayrshire and Arran







Candidate information pack

Post title:

Consultant Physician in Gastroenterology

University Hospital Crosshouse, Kilmarnock

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-  All our publications are available in other formats

Section one: About NHS Ayrshire & Arran

NHS Ayrshire & Arran is one of 14 territorial NHS Boards within NHSScotland. Ayrshire and Arran NHS Board is responsible for the protection and improvement of the local population's health and for the delivery of frontline healthcare services. The NHS Board membership consists of executive and non-executive members, and is accountable to the Cabinet Secretary for Health, Wellbeing and Sport. Our operational frontline services are provided through four distinct operational units – Acute Services and the Health and Social Care Partnerships in East, North and South Ayrshire. You can find further detail on the role of the NHS Board, and our organisational structure on our website – www.nhsaaa.net.

NHS Ayrshire & Arran serves a mixed rural and urban population of 376,000. We have a full range of primary and secondary clinical services, covering the mainland of Ayrshire and the islands of Arran and Cumbrae. NHS Ayrshire & Arran covers three local authority areas: East, North and South Ayrshire. There are major areas of widespread deprivation and social exclusion in both rural and urban areas.



The healthcare challenge within the area is considerable: our population suffers higher than average rates of coronary heart disease, lung cancer, respiratory illnesses and premature death among males. Ongoing lifestyle issues, such as the prevalence of smoking, poor diet and lack of exercise, are key factors, as is the steadily ageing profile of the population.

Here in NHS Ayrshire & Arran, we want the best for our staff and the best for local people. We pride ourselves on improving health and providing a comprehensive range of high quality, safe, effective and person-centred health services. Our strategic direction is based on continuous improvement and services that are centred on patients and service underpinned by our organisational commitments.

Our commitments to you



Our service users and communities

We will work with you and your family to:

- Promote and improve your health
- Improve your safety, outcomes and quality of experience while in our care
- Live up to our customer care commitments

Our workforce

We will work together to create an open, fair and just culture where:

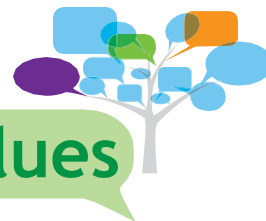
- We are all valued, respected and developed to be our best
- We are all informed, involved, listened to and treated fairly and consistently
- We are all safe and are supported to improve our health and wellbeing

Our partners

We will work together with partners to:

- Improve health, prevent disease and reduce inequalities
- Join up our service delivery to improve outcomes
- Make best use of our resources

Our values



Caring

I will show concern for others and care about the health, safety, and wellbeing of everyone I come into contact with.

Safe

I will do my job well, striving to learn and do things better, while taking responsibility for the quality, safety, and effectiveness of my actions.

Respectful

I will see everyone as an individual, be open, approachable, and treat everyone with dignity and respect.

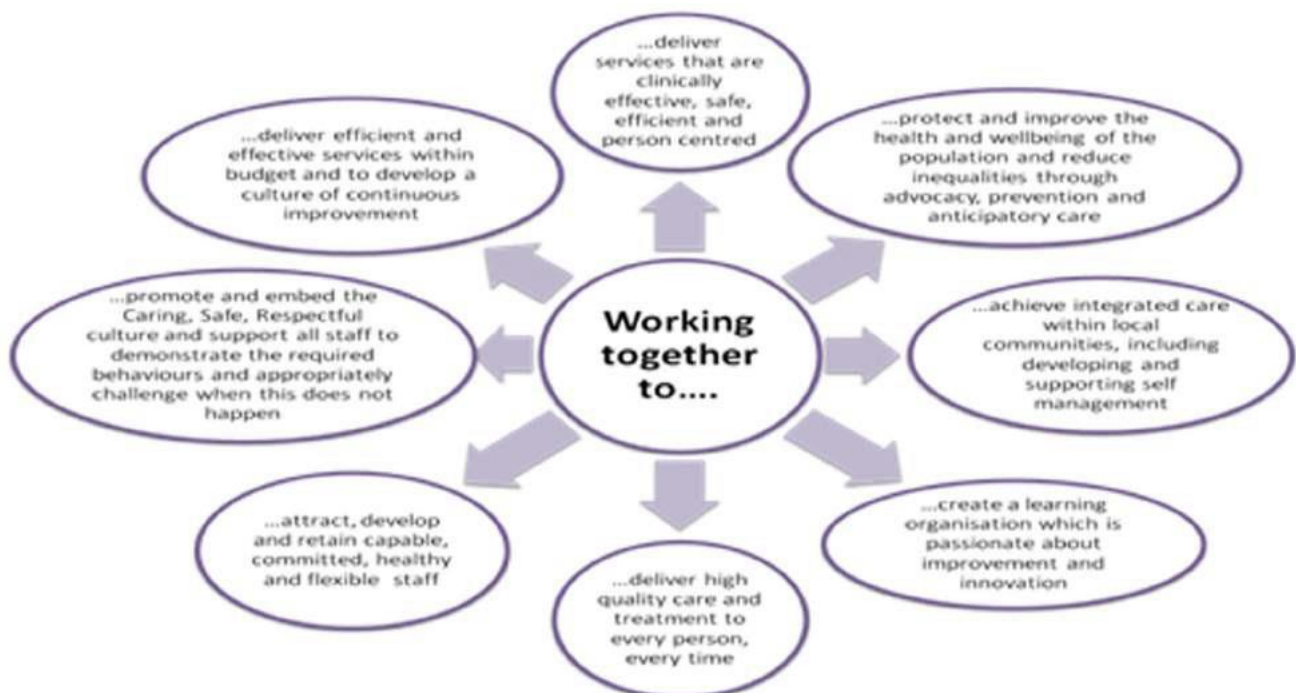
2020 vision

In September 2011, the Scottish Government set out the strategic vision for the delivery of healthcare services in Scotland.

Our vision is that by 2020, everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where:

- we have integrated health and social care;
- there is a focus upon prevention, anticipation and supported self management;
- if hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
- whatever the setting, care will be provided to the highest standards of safety and quality with the person at the centre of all decisions; and
- there will be a focus on ensuring that people get back into their home or community environment as soon as possible with minimal risk of readmission.

In February 2014, Ayrshire and Arran NHS Board approved 'Our Health 2020' as NHS Ayrshire & Arran's health and wellbeing framework. The framework described how we would fulfil the national 2020 vision for health services locally. Our corporate objectives, as illustrated below, reflect the aims of the 2020 vision:

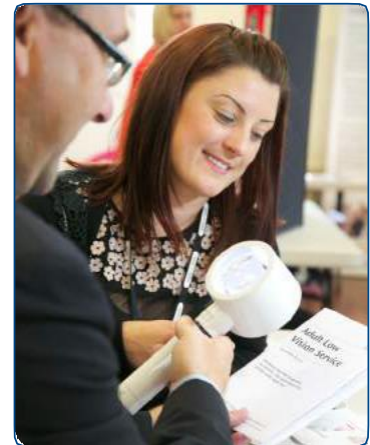


For more information on how we make decisions, how we perform and our key publications detailing our strategic intent and plans for delivery of healthcare services within Ayrshire, visit the NHS Ayrshire & Arran website www.nhsaaa.net.

NHS Ayrshire & Arran recognises that our staff are vital to delivering our purpose, values and commitments and to achieving our strategic objectives.

Our aim is to create an organisation where people want to work and strive to deliver excellence each day; where staff wellbeing and personal resilience are supported; where careers are interesting and developed; where staff are encouraged to reach their full potential; and where staff feel their contribution is recognised and valued.

To do this, we need to attract, develop, support and retain our staff and enhance their work experience. This will directly contribute to our aspiration to deliver excellent high quality services to every person every time.



Our employees have told us the unique factors that help to define us as an employer are:

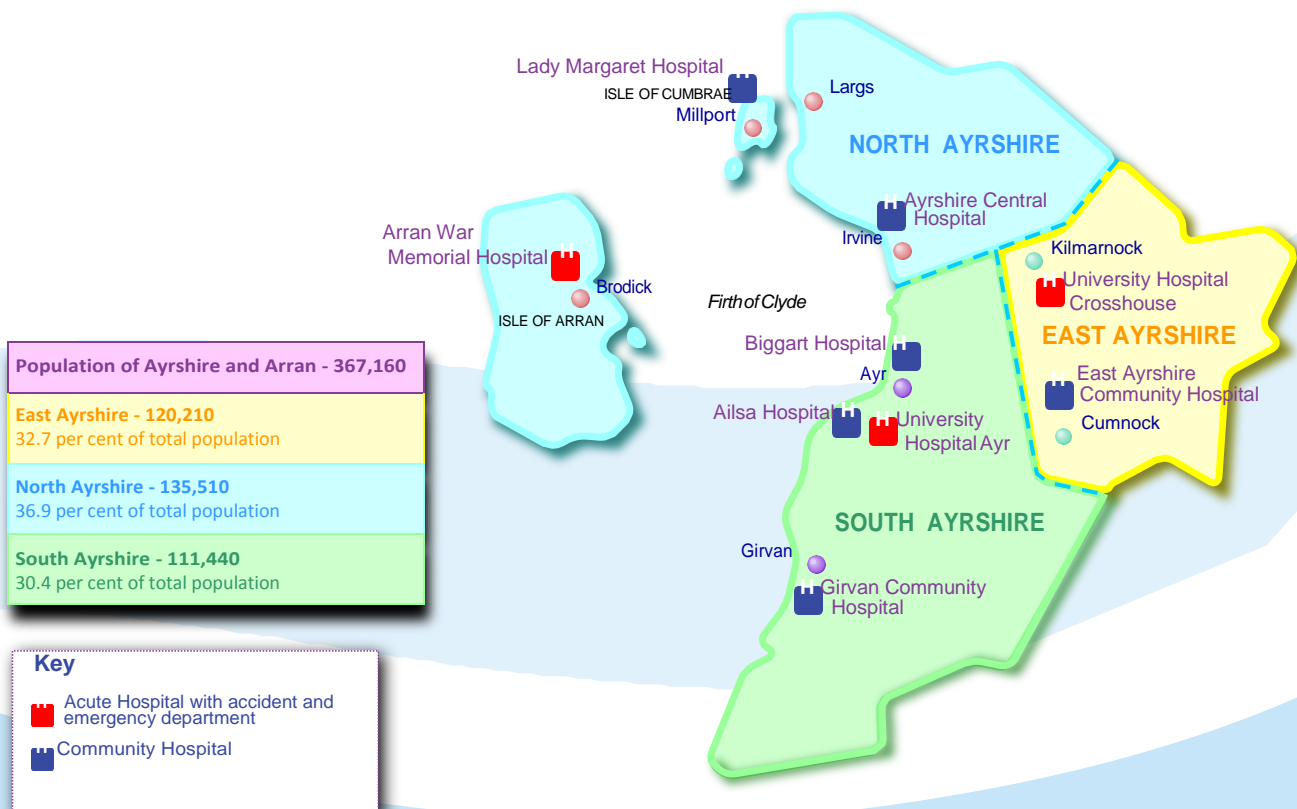
- our friendly and supportive environment;
- our commitment to staff engagement and effective team working;
- our track record in creativity and innovation and our ability to successfully implement change and redesign;
- our track record in supporting our staff's learning, development and career aspirations, from an initial comprehensive three-day corporate induction programme to the availability of a wide range of internal training programmes;
- our commitment to supporting flexible working through a wide range of family friendly policies; and
- our commitment to support and improve our staff's health, safety, wellbeing and resilience. We do this by implementing our Staff Health, Safety and Wellbeing Strategy, and in our work towards achieving and maintaining the Healthy Working Lives Gold Award. In addition, our Staff Care and Occupational Health Service provide a range of support and interventions to our staff.

The Staff Governance Standard is embedded and adhered to as part of the governance framework – staff, financial, information and clinical governance - in which NHS Boards operate. **The Staff Governance Standard requires all NHS Boards to demonstrate that staff are:**



- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

The map below illustrates the key hospital sites throughout Ayrshire and Arran.



Acute services

Emergency and elective hospital services are provided by our acute services, which includes inpatient, outpatient and day case care. There are two district general hospitals within Ayrshire: University Hospital Ayr and University Hospital Crosshouse. These hospitals provide a wide range of acute services:

- **University Hospital Ayr**

University Hospital Ayr provides medical and surgical services on an inpatient, day case and outpatient basis. It is the main Accident and Emergency service for South Ayrshire. It provides a number of Ayrshire-wide services including Vascular Surgery, Ophthalmology and Urology. There are approximately 330 inpatient beds at Ayr.



- **University Hospital Crosshouse**

University Hospital Crosshouse provides medical and surgical services on an inpatient, day case and outpatient basis. It is the main Accident and Emergency service for East and North Ayrshire. Inpatient paediatrics, the Ayrshire Maternity Unit and the main Laboratories for Ayrshire are on the Crosshouse site. There are approximately 600 inpatient beds at Crosshouse



Community, mental health and learning disabilities services

Following the introduction of Health and Social Integration, the operational delivery for the range of community healthcare services and mental health and learning disabilities services is through the three Partnerships in Ayrshire:

- East Ayrshire Health and Social Care Partnership
- North Ayrshire Health and Social Care Partnership
- South Ayrshire Health and Social Care Partnership

Community services

General medical and dental services are provided throughout Ayrshire and Arran by general practitioners, dentists, community pharmacies and optometry practices. Community nurses, health visitors and Allied Health Professionals are all involved in providing care within our local communities.

Out-of-hours general medical services are provided by Ayrshire Doctors on Call (ADOC) within the community.



Mental health and learning disability services

The majority of our inpatient mental health services, including the Intensive Psychiatric Care Unit, are provided at the newly built Woodland View facility in Irvine.

Learning disability services are provided from Arrol Park in Ayr. Elderly mental health inpatient services are provided from Ayrshire Central Hospital in Irvine, and East Ayrshire Community Hospital in Cumnock. Community based services are provided throughout Ayrshire for a range of clinical groups: adults, child and adolescent, elderly and addiction services.



For more information on the full range of clinical services provided by NHS Ayrshire & Arran, visit our website www.nhsaaa.net.

Section four: Investing for the future

Building for better care

We have invested £27.5 million to provide fit for purpose front door services for University Hospitals Ayr and Crosshouse, in order to improve emergency and urgent care for patients who come to hospital for anything other than a scheduled appointment.

- **University Hospital Ayr:** new emergency department with resuscitation bays, high care areas and cubicles and fully integrated with the minor injury unit and NHS Ayrshire Doctors on Call (ADOC).



- **University Hospital Crosshouse:** Combined Assessment Unit being built alongside the existing emergency department which will include 35 en-suite bedrooms, as well as new patient assessment and ambulatory care areas. The unit will provide the physical environment needed to allow patients to be rapidly assessed and either discharged safely or admitted to a specialty ward for further care and treatment.



Woodland View

We have invested £47million providing a 206 en-suite bedroom integrated mental health and community facility, including older people's long term care and rehabilitation. This development brings together a full range of outpatient and inpatient facilities including:

- an outpatient consultation area to support a full range of mental health and psychology related outpatient activity;
- tribunal suite;
- therapy areas with treatment and recovery spaces that will also be used as flexible clinical accommodation for Allied Health Professions;
- an inpatient clinical pharmacy and dispensary service to all wards; and
- a staff library.



Section five: Key facts and figures

Our spending... Our typical annual revenue spend is approximately £750+million of which approximately 50% is expenditure on staffing.



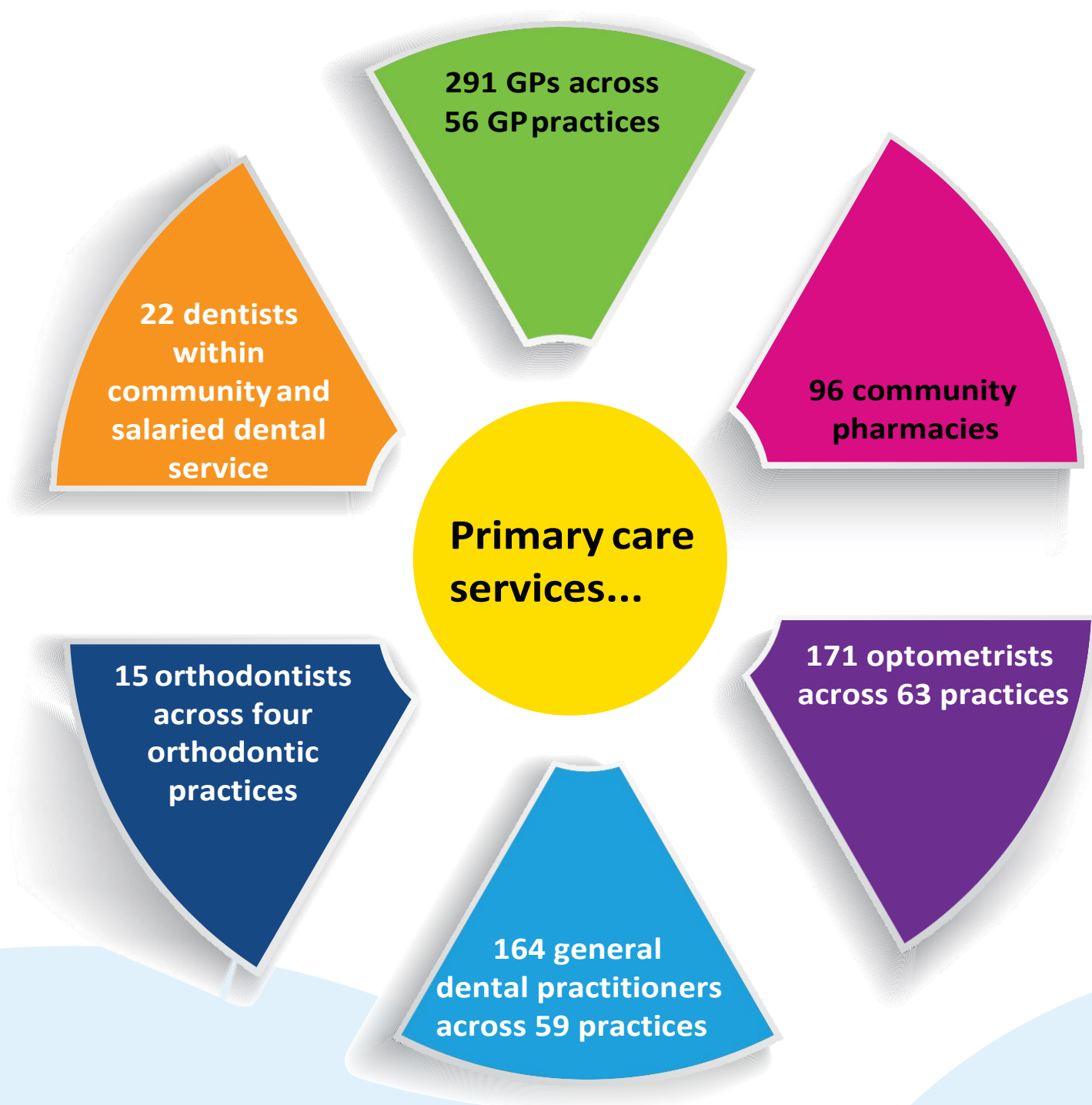
The population we serve...

Total population of 367,000 which is projected to change by 2032.

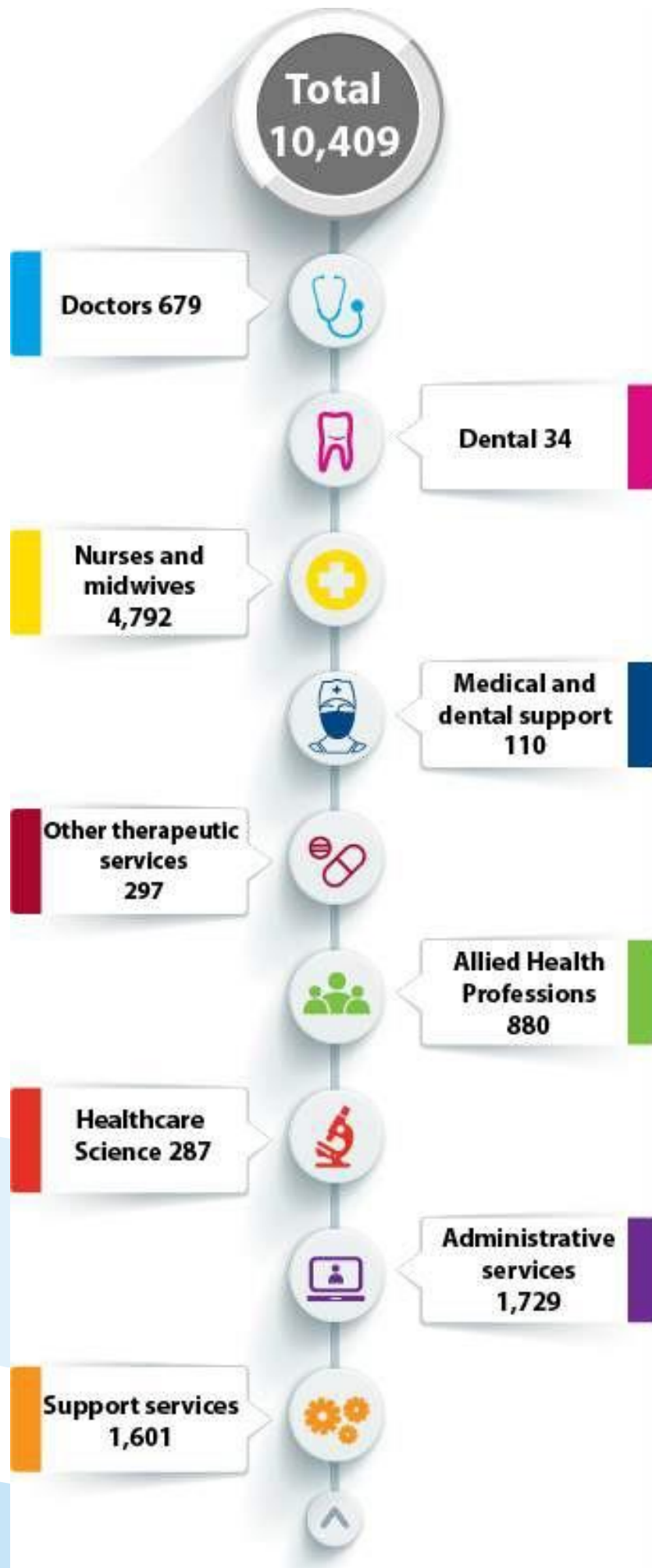


Predicted changes by 2037

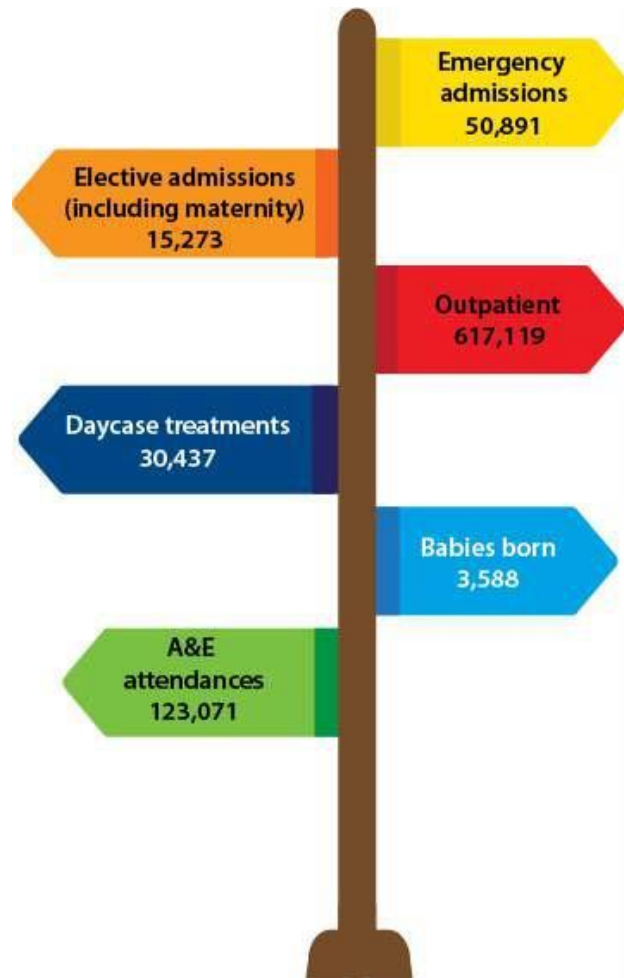
Primary care services...



Our staff...



Our typical annual activity



Section six: Why work in Ayrshire?

Ayrshire is situated in South-west of Scotland on the Firth of Clyde, and is characterised by 80 miles of varied coastline, picturesque beaches, rolling green hills and islands.

Just a 30-minute drive from Glasgow city centre, Ayrshire is an ideal location for those who want to enjoy city life, with all the benefits of living in a semi-rural area. Ayr, Irvine and Kilmarnock are the largest towns. However, there are many rural towns, villages and communities throughout the area should you wish to relocate to Ayrshire. Whether you decide to locate to Ayrshire or a neighbouring area, you will find that property prices are more affordable than in other parts of the UK.

Local educational standards are very high at primary and secondary level. However, private education is also available in the area.

See below for more information on local authority services:

East Ayrshire Council

www.east-ayrshire.gov.uk



North Ayrshire Council

www.north-ayrshire.gov.uk



South Ayrshire Council

www.south-ayrshire.gov.uk



Working in Ayrshire provides an easy commute from both Glasgow and the wider central belt. There is an excellent network of both rail and bus links throughout Ayrshire to Glasgow and beyond. There are UK and international flights available from Glasgow Airport, as well as a range of services from Glasgow Prestwick Airport.

Ayrshire provides a wide range of excellent recreational activities: whether you are interested in history and heritage, outdoor pursuits, events and festivals, or simply food and drink, there is something for everyone.

Ayrshire boasts more than 40 quality golf courses, including two Open Championship courses at Turnberry and Royal Troon.

For more information on the range of recreational activities in Ayrshire, visit www.visitscotland.com.



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Wszystkie nasze publikacje są dostępne w różnych językach, dużym drukiem, brajlem (tylko w wersji angielskiej), na taśmie dźwiękowej lub w innym formacie Twojego wyboru.

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كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

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ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।



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Name _____

Address _____

Comment _____

Job Description

- Introduction to Specialty
- Specialty Facilities, Resources and Activity
- Future Plans for the Specialty
- Indicative Job Plan / Programme of Activities
- Post Details
- Personal Specification
- Terms and Conditions
- Further Information and Visiting

Introduction to Specialty

The existing Gastroenterology team at University Hospital Crosshouse provides a broad range of specialist services for the population of North Ayrshire, East Ayrshire and Arran. We require expansion in the consultant workforce to meet an increasing demand for specialist services. We are therefore seeking to appoint two motivated and enthusiastic colleagues to work with the current team based at University Hospital Crosshouse (1 x new post and 1 x replacement post).

Our current team of 2 Consultants provides a comprehensive inpatient and outpatient service for a population of 220,000 and is supported by 2 Gastroenterology Specialist Nurses, 2 Endoscopy Nurses, and 2 Speciality Doctors. We also work closely with our colleagues in University Hospital Ayr. There are teaching and research links with the University of Glasgow and Glasgow teaching hospitals. The duties of the post are biased towards the provision of specialist Gastroenterology services. The post also includes an ongoing commitment to the supervision of in-patient general medical patients, receiving duties in the new Acute Medical Receiving Unit (1:15) and participation in the out of hours medical on-call rota (1:8.5 weekends and 1:15 nights).

There is an active programme of postgraduate education to which all doctors are invited and encouraged to participate in. We have excellent library facilities and access to a high-fidelity simulator within our Education Centre.

The terms and conditions of service are those determined by the New Consultant Contract (Scotland) 2004. The posts are offered on a 10 programmed activity basis (including 2 SPAs), but opportunities may exist for Extra Programmed Activities to be undertaken subject to service requirements and in accordance with national terms and conditions of service. Applications from individuals who may wish to work on a part-time or job share basis will be considered.

Applicants will be appropriately experienced with Full GMC Registration, including a current Licence to Practice. Applicants must also be on the Specialist Register of the GMC or be within 6 months of the anticipated award of a CCT or CESR in Gastroenterology at the time of interview. Dual Specialist registration in General Medicine is desirable but not essential. Evidence of eligibility of inclusion on the Specialist Register will require to be provided at time of application.

Introduction to Specialty Facilities, Resources and Activity

Gastroenterology Medicine

The Gastroenterology Service at University Hospital Crosshouse serves a population of around 220,000 in North and East Ayrshire and is provided by a multidisciplinary team. We also work closely with our colleagues at University Hospital Ayr.

There are currently 2 whole-time equivalent (WTE) Consultant Gastroenterology Physicians 2 Gastroenterology Specialist Doctors, and 2 whole-time equivalent Gastroenterology Specialist Nurses. Inpatient care is further supported by 2 FY2/ST junior doctors, and 2 FY1 trainees.

The current Gastroenterology Service at University Hospital Crosshouse includes:

Inpatient Service: There are 30 Gastroenterology beds in ward 3D. The majority of our patients receive care in a dedicated Gastroenterology Ward. A dedicated Gastroenterology Consultation Service for inpatients is provided by our Specialty Doctors and Consultants.

A number of day-case interventions including venesection, iron infusions, and IBD-related biologic infusions are delivered in dedicated area in ward 5C as well as in ward 3D.

Outpatient Service: There are currently 4 Gastroenterology clinics per week, one of which is held at Ayrshire Central Hospital.

Viral Hepatitis Service: this is provided by the Consultants in the Infectious Diseases (ID) Unit and their dedicated Specialist Nurses. The ID and Gastro Teams work closely in caring for patients with chronic viral liver diseases who require screening for/management of varices, ascites, etc.

Gastrointestinal Endoscopy: The purpose built endoscopy unit provides excellent facilities with state of the art equipment. Patients are admitted to the adjacent day care unit. In addition to the Consultant Gastroenterologists (Physicians), the endoscopy service is also provided by Consultant Upper GI Surgeons, Consultant Colo-rectal Surgeons, The Gastroenterology Specialist Doctors and Nurses, and Endoscopy Specialist Nurses. Both diagnostic and therapeutic services are provided including laser therapy, argon plasma coagulation, and other modalities for acute gastrointestinal bleeding.

Oesophageal Function Service: this is provided, in a dedicated laboratory area, by the Gastroenterology Specialist Nurses under Consultant supervision.

Radiology: There is an excellent liaison with the X-ray Department for case discussion, review of images, CT or US-guided biopsies etc. CT imaging for urgent cases is prompt.

Palliative Care: The Ayrshire Hospice in Ayr provides an excellent Palliative Care Service. The gastroenterology Service works in close liaison with a team of 2 Palliative Care Nurses based at University Hospital Crosshouse and supported by weekly Palliative Care Consultant visits.

The Medical Unit

Medicine comprises the Acute Medicine Directorate (pan-Ayrshire), the Medical Specialties Directorate at University Hospital Crosshouse and the Medical Specialties Directorate at University Hospital Ayr. The Renal Unit is part of the Medical Specialties Directorate at Crosshouse. Crosshouse facilities are as follows:

- ◆ Dept. of Acute Medicine:
 - CAU: 39 beds
 - GP referrals assessment area (GPAA) : 6 spaces
 - Medical High Dependency Unit: 12 beds
- ◆ Clinical Decisions Unit (CDU) 11 spaces in CAU
- ◆ Coronary Care Unit: 12 beds
- ◆ Renal High Dependency Unit: 12 beds
- ◆ Infectious Diseases Unit: 8 beds
- ◆ General Medicine: 110 beds
- ◆ Renal Dialysis Unit: 42 stations
- ◆ Diabetic Day Centre

The acute medical unit has recently expanded its bed complement with a designated GP referral Assessment Area (GPAA) with 6 couches. GP referrals are triaged and then sent directly to GPAA (except patients needing emergency treatment in ED) where they are assessed, treated and decision to admit or discharge is made. Medicines are reconciled by a dedicated pharmacist. Consultant review usually occurs within 6 hours (during hours of 8am to 8pm) and thereafter patients are sent to the appropriate wards / discharged. We have significantly improved our time to first consult by clinically competent decision-maker and time to first consultant review as per SAM quality indicators. With a change in working pattern for both junior and senior medical staffing the turnover and flow of patients has improved with ongoing plans to develop and streamline this further. The role of the Speciality Doctor and ANPs is a key component to supporting this development further working towards the future developments of the new CAU (Clinical Assessment Unit).

Patients admitted overnight to the CAU are reviewed by 2 consultant physicians next morning (from a pool of 20 GIM & Acute physicians) and allocated to the relevant specialty teams. Acute medicine consultants run the Acute Medicine Ambulatory Care areas. The on-call physician will return in the afternoon to review (as needed) patients seen in the morning and assess patients who have been admitted through the day and

are not suitable for the Acute Medicine Ambulatory Care areas. The dual approach by Acute Physicians and on-call physicians facilitates patient flow, improving early senior decision making and providing supervision and education to trainees. The geriatricians run a parallel take with morning ward rounds, accepting up to 8 appropriate patients per day on the AMU (4 on weekend days and Bank Holidays). Plans are being made to replace this by a geriatrician of the day service who will work in parallel to acute physicians in CAU. A small number of patients are admitted directly to the Medical High Dependency Unit, Coronary Care Unit, the Renal High Dependency Unit, the Acute Stroke Unit or the Infectious Disease Unit. This pattern continues Mon-Fri. The Acute Medicine Ambulatory Care services currently stop at 6pm Mon-Fri, but it will be extended to 7 days a week following further recruitment of Acute Physicians. Over the weekends the morning ward rounds are done by 2 physicians (from a pool of 15 GIM & Acute physicians) and the on-call physician will return in the afternoon to do a further ward round.

The Medical High Dependency Unit is utilised for acutely unwell patients from CAU, ED or the wards or for step down from ITU. It provides invasive monitoring and non-invasive ventilation. The acute physicians in rotation with intensive care consultants review all MHDU patients 5 days a week. On-call physician will review all new admissions on Saturday and Sundays and a dedicated weekend registrar sees other patients. Patients remain under the care of the acute medicine team until step-down, with daily specialty in reach.

The Clinical Decisions Unit is now based in the new CAU. Patients are looked after by the Emergency Medicine and Acute Medicine consultants depending on the pathways. It manages a large volume of patients per day, with 16 clinical pathways (cardiac chest pain, pulmonary embolism, deep vein thrombosis, COPD, minor haematemesis, simple cellulitis, hypoglycaemia, renal colic, Community Acquired Pneumonia, over-warfarinization, post-sedation, head injury, Anaemia requiring recurrent transfusion, sudden-onset headache, etc). It also provides an OPAT (Out Patient Antimicrobial Treatment) service for patients with cellulitis who are physically well.

Acute Medicine and Medical Specialties Directorates at Ayr and Crosshouse

| Consultant Staff | Specialist Interest | Base |
|------------------------|----------------------------|-------------------|
| Dr Mahanth Manuel | Acute Medicine | UH Crosshouse |
| Dr David Wilkin | Acute Medicine | UH Crosshouse |
| Dr Katrina Weir | Acute Medicine | UH Crosshouse |
| Dr Wendy Russell | Acute Medicine | UH Crosshouse/Ayr |
| Dr Gethin Williams | Acute Medicine | UH Crosshouse/Ayr |
| Dr Mohammed Al-Khafaji | Cardiology | UH Crosshouse |
| Dr Victor Chong | Cardiology | UH Crosshouse |
| Dr Ahmed El-Wassief | Cardiology | UH Crosshouse |
| Dr John Gemmell | Cardiology/G(I)M | UH Ayr |
| Dr Vera Lennie | Cardiology | UH Ayr/Crosshouse |
| Dr Jim McGowan | Cardiology/G(I)M | UH Ayr |
| Dr Andy Collier | Endocrinology/G(I)M | UH Ayr |
| Dr Stewart Ferguson | Endocrinology/G(I)M | UH Crosshouse |
| Dr Vincent McAulay | Endocrinology/G(I)M | UH Crosshouse |
| Post at Advert | Endocrinology/G(I)M | UH Ayr |
| Dr Chris Gillen | Gastroenterology/G(I)M | UH Ayr |
| Dr Amir Shah | Gastroenterology/G(I)M | UH Crosshouse |
| Dr Ali Taha | Gastroenterology/G(I)M | UH Crosshouse |
| Vacant | Gastroenterology/G(I)M | UH Ayr |
| Vacant | Gastroenterology/G(I)M | UH Crosshouse |
| Dr Sam Allen | Infectious Diseases/G(I)M | UH Crosshouse |
| Dr J Fernandez-Montero | Infectious Diseases/G(I)M | UH Crosshouse |
| Dr Elaine Spalding | Renal/G(I)M | UH Crosshouse |
| Vacant | Renal/G(I)M | UH Crosshouse |
| Dr Mark McGregor | Renal/G(I)M | UH Crosshouse |
| Dr Ray Wan | Renal/G(I)M | UH Crosshouse |
| Dr Aileen Helps | Renal/G(I)M | UH Crosshouse |
| Dr Sudipta Roy | Respiratory Medicine/G(I)M | UH Crosshouse |
| Dr Anur Guhan | Respiratory Medicine/G(I)M | UH Ayr |
| Dr Philip Hodgkinson | Respiratory Medicine/G(I)M | UH Crosshouse |
| Dr Nick Pitman | Respiratory Medicine/G(I)M | UH Crosshouse |
| Dr Hans Hartung | Respiratory Medicine/G(I)M | UH Crosshouse |
| Dr Hussain Said | Respiratory Medicine/G(I)M | UH Crosshouse |
| Dr David Sword | Respiratory Medicine/G(I)M | UH Ayr |
| Vacant | Rheumatology/G(I)M | UH Ayr |
| Dr Margaret Duncan | Rheumatology/G(I)M | UH Ayr |
| Dr Sujit Shetty | Rheumatology/G(I)M | UH Ayr |

Junior medical staff, (2015-16):

Junior doctors rotate to Ayrshire as part of the West of Scotland Deanery.

University Hospital Crosshouse

| | | |
|-----------------------------------|-----|------------------|
| Specialist Registrars (ST3+): | 6.6 | |
| Specialist Registrars (CMT/ACCS): | 7 | |
| Specialist Registrars (GPST): | 2 | |
| Foundation Year 2: | 3 | 1 in Dermatology |
| Foundation Year 1: | 12 | 1 in Haematology |

Additionally, 6 Geriatric Medicine junior doctors contribute equally to the MAU duties.

NHS Ayrshire & Arran Medical Job Description

Activity 2015-16 (2016-17)

2016-17 data are till 28/02/2017 (ie. 87% of full year)

| | UH Crosshouse | | UH Ayr | |
|--------------------------------------|----------------|-------------|----------------|-----------------|
| Emergency Admissions Medicine | 11,967 (838) | | 11,039 (9,444) | |
| Bed Occupancy Medicine | 96.1% (97.8%) | | 97.9% (97.8%) | |
| Gastroenterology Medicine | 99.8% (100%) | | 99.2% (100%) | |
| Length of Stay Medicine | 2.5 days (5.4) | | 2.5 days (2.5) | |
| Gastroenterology Medicine | 3.7 days (1.6) | | 5.9 days (3.8) | |
| Outpatients (new/return) Medicine | NEWS 5699 | RET 4609 | R:N 0.81 | DNA (%) 11.6 |
| Gastroenterology Medicine | 2844 | 3711 | 1.30 | 16.3 |

Future Plans for the Specialty

NHS Ayrshire & Arran is committed to developing and maintaining a viable and progressive gastroenterology service; hence the creation of new consultant posts in the specialty. With the increasing availability of the relevant resources, the future strategy of the Gastroenterology Team includes the following:

- ◆ Formalising an acute endoscopy rota particularly for upper gastrointestinal bleeding in cooperation with surgical colleagues
- ◆ Preparing the ground for the provision of seven-day service in Gastroenterology
- ◆ Encouraging further sub-specialisation: e.g., hepatology; IBD
- ◆ Refining the provision of new endoscopy modalities: e.g., capsule endoscopy, etc
- ◆ Further cooperation with invasive radiology to provide specialist procedures: e.g., TIPSS.

Indicative Job Plan / Programme of Activities

Proposed Weekly Programme

| DAY FROM / TO | HOSPITAL/ LOCATION | ACTIVITY | HOURS PER ACTIVITY INC TRAVEL |
|-----------------------|-----------------------|---|----------------------------------|
| Monday | | | |
| 0900 - 1300 | Crosshouse | Allocation of time for provision of on-call commitments | 4 |
| 1300 - 1600 | Crosshouse | Endoscopy | 3 |
| 1600-1700 | | General Admin | 1 |
| Tuesday | | | |
| 0900-1300 | Crosshouse | Ward Round | 4 |
| 1300-1700 | Crosshouse | SPA | 4 |
| Wednesday | | | |
| 0900-1300 | Crosshouse | General Admin or Endoscopy (alternate weeks) | 2 2 |
| 1330-1700 | Crosshouse | Clinic or SPA (alternate weeks) | 2 2 |
| Thursday | | | |
| 0900-1300 | Crosshouse | Ward Round | 4 |
| 1300-1700 | Crosshouse | Clinic | 4 |
| Friday | | | |
| 0900-1300 | Crosshouse | Internal referrals/ward work Clinical Admin | 2 2 |
| 1300-1500 | Crosshouse | SPA | 2 |
| Saturday | | | |
| Sunday | | | |
| SPA Sessions | | | 2 |
| Total Sessions | | | 10 |

Notes on the Programme

Patient Administration. This activity covers the management of individual patients including Out Patient administration, results reporting, letters/phone calls to patients, carers, GP'S and members of the wider multidisciplinary team involved in the patients care.

Ward Rounds: the time allocated is indicative and will be discussed with the appointee. Ward work will include teaching ward rounds as required.

Travel: Any travel allocation will be included within the Total Programmed Activities and will be determined by location at which Direct Clinical Care and Supporting Professional activities are carried out.

Acute medical and on call arrangements:

- Weekday (M-F) on-call starts at 5pm with on-site cover until 8pm. On-call is then from home. Post take ward round (PTWR) starts at 8am to 12pm the following day. This activity is shared amongst the acute and GIM consultants on a 1:15 basis. Coinciding DCC is expected to be cancelled for the PTWR.
- Weekend on-call is on a 1:15 rota. The weekly hours committed to this in the job plan are currently 3.

Supporting Professional Activities: NHS Ayrshire and Arran recognise the important role Job Planning has in ensuring consultants are supported in delivering high quality, safe, sustainable clinical care to patients. It is therefore important to ensure there is an adequate balance between direct clinical care activities and activities which support both the personal and professional development of the consultant workforce and facilitates agreed contribution to activities including:

- Under and post graduate teaching/training
- Clinical Governance
- Quality and Patient Safety
- Research and Innovation
- Service management and planning
- Work with professional bodies

The proposed job plan offers 2 SPAs to support job planning, appraisal, revalidation and educational supervision and formal training of post-graduate and under-graduate trainees.

There may also be opportunities to contract for Extra Programmed activities Opportunities subject to service requirements and in accordance with national terms and conditions of service.

Job Plan Review

New appointees will discuss the indicative job plan with the Clinical Director, prior to commencement and will at that time review the balance of activities. Where it is possible to agree a revisions to the indicative plan in advance of commencement this will be acted upon. In any event however, there must be an interim Job Plan review conducted at 3 months post commencement to agree and finalise the Job Plan. The consultant at time of induction should ask for an interim review date to be scheduled. The agreed job plan will include all the consultant's professional duties and commitments, including agreed Supporting Professional Activities. Thereafter Job Planning will be carried out annually as part of the Boards Job Planning process.

Private Practice: If the post-holder wishes to undertake any private practice, they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Clinical Director. The conduct of private NHS Ayrshire & Arran Medical Job Description

practice will be in accordance with the Consultant Contract (Scotland) Terms and Conditions.

The post-holder shall be free to undertake private practice without approval provided such work is undertaken outside the time agreed in the job plan for programmed activities. (Refer Section 6 of the New Consultant Contract).

Post Details

The postholder will be accountable to the Clinical Director who will agree the Job Plan.

He/she will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, he/she is expected to observe NHS Ayrshire and Arran's agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of NHS Ayrshire & Arran.

In particular, where he/she formally manages employees of NHS Ayrshire and Arran, the postholder will be expected to follow the Local and National Employment and Personnel Policies and Procedures.

He/she will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients to be able to make contact with the postholder when necessary.

The postholder is required to comply with NHS Ayrshire and Arran's Health and Safety Policies.

He/she will be responsible for the training and supervision of Junior Medical Staff who work with the postholder and will be expected to devote time to this activity on a regular basis. In addition, he/she will be expected to ensure that Junior Staff have access to advice and counselling. If appropriate, the postholder will be named in the Contracts of Doctors in training grades as the person responsible for overseeing their training, and as the initial source of advice to such Doctors on their career.

Resources

The staff resources of the Directorate are listed elsewhere. The postholder will have access to such general administrative support as is required for the discharge of his/her duties and responsibilities.

The appointed consultant will be provided with a private office, a personal computer with high speed internet access and a printer within his/her office. The appointed
NHS Ayrshire & Arran Medical Job Description

consultant will also have a personal secretary. Specific software requirements should be discussed at appointment.

The postholder will receive support from such other professional staff as are employed within NHS Ayrshire and Arran and are deployed to his/her area of patient care.

Duties and Responsibilities

The main duties and responsibilities of the post include:

- Delivery of high quality, efficient and responsive clinical care to the patients and population of Ayrshire & Arran
- Responsibilities for carrying out teaching, accreditation and examination duties as required, and for contributing to undergraduate and postgraduate medical education. The postholder will be expected to comply with College recommendations on Continuing Medical Education.
- The postholder will be required to comply with NHS Ayrshire and Arran's Policies on Clinical Governance.
- The successful applicant will be encouraged to participate in research and to develop a relevant subspecialty interest, subject to resources and local priorities.
- Requirements to participate in medical audit and in continuing medical education.
- Managerial, including budgetary, responsibilities (where appropriate).

Annual Appraisal & Job Planning

You shall also be required to participate in annual appraisal. Job planning is linked closely with, but is separate to, the agreed appraisal scheme for consultants. The job plan review will take into account the outcome of the appraisal discussion and reflect the agreed personal development plan.

Personal Specification

Post of: Consultant Physician with an interest in Gastroenterology.

Location: University Hospital Crosshouse, Irvine Road, Kilmarnock, KA2 0BE.

Qualifications:

| Essential | Desirable |
|---|--|
| Full GMC Registration with a current Licence to Practice | |
| <p>Existing Consultants: Inclusion on the GMC Specialist Register</p> <p>New Consultants: Be within 6 months of the anticipated award of a CCT or CESR at the time of interview.</p> <p>Accreditation in Gastroenterology is essential</p> | <p>Accreditation in General Medicine is desirable</p> |

Skills/Knowledge/Competence

| Requirements | Essential | Desirable |
|--|--|---|
| <p>General Experience:</p> <ul style="list-style-type: none"> • Expertise in generalist field • Expertise in sub-specialty field | As above. Inclusion on Specialist register for Gastroenterology | Inclusion on Specialist register for GIM |
| Teaching & Training | Some experience in teaching and training is essential. | Formal qualification(s) or skills in teaching and training would be advantageous. |
| Team Working | The applicant requires to work closely with a team to deliver multi-disciplinary patient care. | |
| Research/Publications | Not critical to the post. | |
| Clinical Audit | A sound grounding in the principles and evidence of practical experience of clinical audit. | |
| Management and Administration | | An awareness of the functioning of the NHS and existing management structures. |

| | | |
|-----------------------------------|--|--|
| Personal and Interpersonal Skills | Such skills are critical to the team working and cross-specialty working that the post involves. | |
|-----------------------------------|--|--|

Terms and Conditions

The Terms and Conditions of Service are those determined by the Terms and Conditions of the New Consultant Grade (Scotland) as amended from time to time. The distance that a consultant can reside from the principal base hospital, where travel time is seen as more important than mileage, is subject to the agreement of the Executive Medical Director, but it is usually anticipated that a journey that takes no more than 30 minutes for any emergency situation would be acceptable.

Further Information and Visiting

Applicants wishing further information about the post are invited to contact Lorraine Porteous at Aspen People on 0141 212 7555 or by email at lporteous@aspenpeople.co.uk

Visits to the Department to meet the team and discuss the post are welcomed and encouraged.