



Job Description for Consultant in Anaesthetics

Macclesfield District General Hospital
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JOB DESCRIPTION FOR CONSULTANT IN ANAESTHETICS

The Post:

Post Title:

Consultant in Anaesthetics

Number of posts available:

1 WTE

Post Description:

The post will be employed by East Cheshire NHS Trust. This position offers an exciting and rewarding prospect of an enjoyable career in anaesthetics.

The post is committed to clinicians leading and managing service delivery. All Specialities work within Directorates headed by a Deputy Director of Operations and Clinical Lead who have responsibility and accountability for the operation of clinical services. Leadership development is encouraged and supported at all levels and there are excellent relationships between clinicians and managers throughout the Trust. Clinical Leads assist with the management of specialist areas supported by Directorate and Service Managers.

Base

Consultants will be based at Macclesfield District General Hospital (MDGH) delivering our Anaesthetic services across sites to deliver high quality patient care.

ECT Profile

East Cheshire NHS Trust is one of several organisations within Cheshire East Council's footprint responsible for shaping and delivering healthcare for our 'Place' and is well-positioned to influence and shape our care offer of the future.

Our mission is to provide high-quality, integrated services delivered by highly motivated staff. We provide safe, effective, and personal care to our patients. As a community and acute trust serving a large population of over 250,000 our vision is to deliver the best care in the right place. We have over 2,500 staff who work across our community settings and our three hospital sites. The hospital locations can be found on our website: www.eastcheshire.nhs.uk

The trust's estates consist of three hospitals providing inpatient services at Macclesfield and Congleton and outpatient services at Knutsford. Further outpatient and community services are delivered from other sites in the area. Our community health services are delivered from locations including Knutsford and Congleton hospitals, clinics, GP premises and patients' own homes. They include child health, district nursing, intermediate care, occupational health and physiotherapy, community dental services, speech and language therapy and palliative care.

During the last year, the eight Care Communities with which we collaborate have helped care for our patients whilst at home in the most unusual circumstances.

Acute services provided at Macclesfield District General Hospital include A&E emergency care and emergency surgery, elective surgery in many specialities, outpatients, maternity, and cancer services.

We also provide several hospital services in partnership with other local trusts and private providers, including pathology, urology, cancer services and renal dialysis services.

Our community population is a mixed one with both some of the most deprived wards and some of the most affluent, a gently increasing diversity and a strong economic centre of influence. We have one of the fastest aging populations in the North West and as such, any changes to both our service offer and how we provide them needs to meet these changing demographic characteristics.

More information about what ECT has to offer can be found in this short recruitment video:

[East Cheshire NHS Trust recruitment video - YouTube](#)

Organisational Structures

The organisational Structures for ECT be found in **Appendix 1**

Directorates

ECT's services are managed under two Clinical Directorates:

- Acute and Integrated Community Care
- Planned Care and Allied Health and Clinical Support Services.

<ul style="list-style-type: none"> • Allied Health and Clinical Support Services, Planned Care Services • • 				Acute and Integrated Community Care	
General Surgery	Obstetrics	Paediatric Therapies	Cancer Services	Emergency Medicine	Cardiology
ENT	Gynaecology	Audiology	Endoscopy	Acute Medicine	Respiratory
Breast Surgery	Theatres & HSDU	Dietetics	Outpatient Services	GPOOH	Gastroenterology
Trauma & Orthopaedics	Anaesthetic Specialties	Diabetic Retinopathy	Clinical Haematology	Bed and Site Management	Care of the Elderly
Ophthalmology	Pain Services (acute and chronic)	Health Hub	Renal SLA Christie SLA Marie Curie SLA	Medical Day Case Service	Neurosciences SLA Dermatology SLA
Oral Surgery/ Maxillofacial	Inpatient Booking Service	General Office	Radiology	Integrated H&SC Teams inc DN Evening Service	Integrated Respiratory Team
Urology SLA Vascular SLA ENT SLA OMF SLA	Community Dentistry	Pathology SLA	Pharmacy	Integrated Discharge Team	Diabetes (IP and ANC)
Pre-op Assessment	Clinical Admin/ Medical Secs	Complex Care	Acute Paediatrics	ICU	Intermediate Care
Neonatology	Community Paediatrics			Podiatry	Critical Care Outreach
				Adult Acute Therapies	Palliative Care
					Community Therapies (E)

The Speciality & Staffing

The Directorates are supported by corporate services, including Nursing, Performance & Quality, Human Resources & Organisational Development; IT (including clinical IT systems) and Finance.

The Directorate:

Consultant in Anaesthetics at ECT (Macclesfield District General Hospital)

The Anaesthetics Department at East Cheshire NHS Trust is a friendly and dynamic team. As a small unit we work cohesively in a supportive environment. Trainees rotate to us from the Single Lead Employer, and we have very experienced SAS Doctors

The Anaesthetics Departments

ECT Consultants

Dr Andrew Gorman	Consultant and Clinical Lead
Dr Mick Rothwell	Consultant and Acute Pain Lead
Dr David Banks	Consultant and Trust Responsible Officer
Dr Marc Lyons	Consultant and Lead for ICU
Dr Andrew Marchetti	Consultant and Regional Advisor
Dr Naveed Zafar	Consultant
Dr James Willmott	Consultant and Obstetric Lead
Dr Simon Chan	Consultant
Dr Lutfi Sulaiman	Consultant
Dr Haseeb Ikram	Consultant
Dr Mohammed Ikram	Consultant
Dr Mahesh Eddula	Consultant
Dr Mahesh Doddi Kumar	Consultant
Dr Taseef Ahmed	Consultant
Dr Max Aslam	Acting Consultant

ECT SAS Doctors

- 2 FTE Associate Specialists
- 18 FTE Specialty

ECT Junior Doctors

- 4 Rotational Trainees
- 2 Junior Clinical Fellows

Duties of the post

The vacancy is for 10 Programmed Activities, 6 Direct Clinical Care, with associated Supporting Professional Activities and 1.37 Out of Hours. The post will involve about 6 daytime theatre sessions or sessions in ICU, which will be flexible depending upon the service requirements. The successful applicants will be expected to participate in the 'out of hours' consultant 1:10 on call rota at ECT.

Proposed Job Plan

The tailored Job Plan will be agreed for the individual, integrating with existing capacity and focusing on core service. Other aspects of programmed/supporting activities will be negotiated. Job plans will be reviewed annually at team and individual job planning. Review may be more frequent as and when the need arises

Sample Job Plan

Week 1				
Monday	Tuesday	Wednesday	Thursday	Friday
08:30 – 17:30 ICU	08:00 – 13:00 Theatre SPA 13:00 – 17:00	08:00 – 13:00 Theatre CEPOD 13:30 – 17:30 Theatre	09:00 – 13:00 SPA 13:30 – 17:30 Theatre	Non-working day
Week 2				
Monday	Tuesday	Wednesday	Thursday	Friday
Non-working day	09:00 – 17:00 SPA	08:00 – 18:00 AM & PM Theatre - Ortho	08:30 – 17:30 ICU	08:00 – 17:30 AM & PM Theatre – Gen Surgery

Programmed activities summary

	Programmed Activities (PA's)
Direct Clinical Care (DCC)	5.57 Direct Clinical Care (DCC)
Supporting Professional Activity	1.5 SPA (core) plus 1 SPA (Trust activity)
Out of Hours	1.93 PA
Total	10.00

The successful candidate will be expected to work flexibly and provide high quality care with particular emphasis on: -

- Participation in the anaesthetic on-call rota and assisting in providing cover for colleagues on leave
- Working flexibly and co-operatively across sites to ensure the smooth running of the department
- Ensuring that MDGH remain the priority when undertaking external, or other non-clinical, appointments or duties
- Collaborating with colleagues to ensure effective management of patients, internal referrals, and theatre sessions

- Participation in the education and training of medical students, doctors and professionals allied to medicine
- Demonstrating a firm commitment to the principles of clinical governance
- Developing and maintaining robust systems to ensure effective clinical audit
- Ensuring NHS Plan standards for inpatient/day case Waiting Times are achieved
- Ensuring that optimal use is made of resources allocated to the department and the post

Applicants must be fully registered with the GMC and hold a license to practice. Applicants must have entry on the GMC Specialist Register via CCT (proposed CCT date must be within six months of the interview date), CESR or European Community Rights. Interested candidates with a proposed CCT date beyond six months are still advised to apply for the post as further appointments are envisaged soon.

Within the UK. In accordance with the regulations, all other categories of doctors must be on the GMC Specialist Register to be considered for a consultant appointment by the Advisory Appointments Committee.

Applicants must continue to hold a Licence to Practise and full details of the person specification

Prospective cover for absent colleagues

The post holder is expected to provide cover for absent colleagues on planned periods of leave during the week and for short-term unexpected absences to help maintain service continuity.

Weekend on-call duties are exchanged by mutual agreement. The post holder is expected to consult with colleagues when planning leave.

When overnight on call, the on call Consultant will not be required to carry out their normal daytime sessions before or after the on call.

Teaching

The post holder is expected to have an active role in teaching. The Department participates in teaching medical staff of all grades. The post holder will be expected to participate in delivery of the weekly junior and SAS teaching programme. From time to time, there may be the requirement to provide clinical training to medical students, paramedics, and nursing staff. The post holder may be invited to teach at weekly Grand Rounds, to the Foundation Programme and to staff in other specialties.

The Trust has a state-of-the-art Simulation Suite. Participation of the post holder in Simulation teaching is encouraged.

These activities will be delivered concurrent with normal activity rather than in addition.

Facilities:

Main Theatres

At ECT, the main theatre suite is located at the centre of the main hospital building within 100m of the ITU/HDU and Coronary Care and opposite the Maternity Wards. There are four theatres (one dedicated to Maternity use), with separate anaesthetic rooms, up to date anaesthetic machines and monitoring equipment. Excellent ODP support is available for every list. A large six bedded recovery area is adjacent to these theatres. Main theatres undertake most elective and emergency in-patient, trauma, and all maternity cases.

Surgical patients including General, Breast, Gynaecology and ENT are accommodated within two wards providing forty-four seven-day beds 6-day case beds and a surgical assessment unit. There is also a dedicated Day Case Unit with seven trolleys.

Orthopaedic Unit and Theatres

There are two dedicated orthopaedic theatres which are located close to the two orthopaedic wards, approximately 200m from Main Theatres. Separate anaesthetic rooms, up to date anaesthetic machines and monitoring equipment and a large three bedded recovery area is adjacent to these theatres. The orthopaedic wards have forty-four beds available.

Day Case Unit

A purpose-built Day Case Unit, situated midway between Main and Orthopaedic Theatres, accommodates day case specialties such as Urology, Orthopaedics and Ophthalmology. The unit comprises, theatre, recovery, supporting peri-operative facilities which includes trolleys and reclining chair area

Surgical paediatric beds are located on the Paediatric Unit, which consists of twenty-four paediatric, surgical, and medical beds.

Theatre Sessions

Most orthopaedic and general surgical list are all day lists. The senior anaesthetist on the list is responsible for ensuring all patients are seen pre-operatively and the smooth running of the list without anaesthetic delays.

All-day Lists

Critical care's policy is to provide all day operating lists where possible, with a short, flexible, lunch break. To support this, the anaesthetic department is providing one anaesthetist for these all-day lists, as shown in the job plan. In Orthopaedics any spare time following completion of the elective caseload may be used for trauma cases. In General Surgery any spare time is for emergency cases. It is expected that the Consultant anaesthetist will remain in theatres and actively participate in undertaking any emergency work until the time specified in the job plan.

Emergency Operations / CEPOD lists

The theatre timetable of the surgical department has been restructured to provide one am. list, Monday to Friday, staffed by Consultant surgeons. These lists will consist of 4 hours of emergency cases. Knife to skin at 0900, followed by the trauma list from 1400 - 1730. The Consultant anaesthetist covering this list would normally remain in theatres with the 1st on anaesthetist and usually be consultant on call during the day.

Paediatric surgery

Most of the paediatric surgery at Macclesfield Hospital is undertaken on the ENT lists, which do not form part of this job description. Therefore, regular paediatric anaesthetic exposure is unlikely in this job. However, children still present on other lists and within the confines of a District General Hospital setting, the candidate must be prepared and able to offer children anaesthesia in these circumstances. In general, only children over 3 years of age for routine, minor to intermediate procedures will be undertaken by the successful applicant for this post. Immediate, lifesaving, intervention for a child of any age may be required of any Consultant when on-call and so it is the

Departments intention that all anaesthetists will obtain and regularly update an APLS, or equivalent, qualification if they are in post.

Radiology

Currently nine consultant radiologists undertake a full range of investigations including CT scanning, MR scanner, ultrasound, isotope imaging and angiography. X-ray departments are also situated at the Community Hospitals and Handforth clinic. A fully digital (PACS) radiology system is now fully operational.

No scheduled general anaesthetic sessions occur in the radiology department, but full monitoring and anaesthetic facilities are available for patients undergoing CT Scanning.

Endoscopy and Treatment Unit

The ETU offers a fully integrated Unit, with specialised facilities for Endoscopic intervention. There are six beds within this Unit for patients undergoing outpatient procedures. These include Cystoscopy, Sigmoidoscopy, Colonoscopy, Gastroscopy, Bronchoscopy, and Laser Therapy. Endoscopic retrograde cholangiopancreatography (ERCP) is serviced by the Endoscopy Unit and performed in the Radiology Department.

Outpatient Department

Outpatient facilities are provided on the MDGH site and at Congleton, Knutsford, Poynton and Handforth.

General Medical & Geriatric Services

Presently there are 24 Consultant Physicians whose specialist interests include Care of the Elderly; Gastroenterology, Respiratory; Cardiology; Palliative Care; Acute Medicine and Emergency Department.

General and Breast Surgery

Within the Department there are currently five full time General Consultant surgeons. Additionally, there are two full-time Consultant Breast surgeons.

Urology Services

Urology Services are provided by SFT providing outpatient and day - case services at East Cheshire NHS Trust.

Oncology

Services are provided by visiting Oncologists from Christie Hospital.

Obstetric unit

Currently our Maternity services are delivered off site via three host Trusts. It is the intention that Maternity services will return to MDGH in April 2023 and plans are underway to support this.

ICU/HDU

There is an 8-bedded combined ICU/HDU of which six beds are usually staffed and four beds usually designated as ICU. Facilities for full intensive support including Haemofiltration are available. In the year to March 2006 there were 158 patients admitted as "ICU" patients

(Level 3) with a mean APACHE II of 16.8 and a mean stay of 5.6 days. There were 345 patients admitted as "HDU" patients (Level 2). The unit had an average monthly occupancy of 81%. (This includes all patients and has been calculated using occupied bed days and bed days available.

Acute pain service

The Hospital has an active Acute Pain Service (APS) led by one full-time and one part-time Nurse covering all in patient surgical beds. The APS directly supervises approximately 120 patients per month receiving Patient Controlled Analgesia (70%), Epidural Analgesia (20%) and Oral Oxycodone regimes (10%) after more major surgery. It also assists in the pain management of all other patients through education, training, and planning. There are 15 Abbott Gemstar pumps available for post-operative analgesia and epidural infusions can be run on all surgical wards.

Chronic pain service

Since 2003 the Chronic Pain Service for East Cheshire has been run for the PCT by a GP with a Special Interest based in the community. Special arrangements for referral to the Chronic Pain Service for in-patients exist and the liaison, via the Acute Pain Service, works well.

Clinical Governance:

Medical practice

All members of the Collaboration's medical staff are expected to practice within the GMC Guidelines, in particular those contained within the publications *Good Medical Practice* and *Maintaining Good Medical Practice*.

The content of this Job description provides an outline of the duties of doctors who are registered with the GMC and emphasise the responsibility of every doctor to ensure standards of good clinical care, share good practice, keep up to date with clinical skills, work in teams and maintain good relationships with colleagues in all disciplines.

All staff are expected to adhere to the standards laid out by the Royal College of Anaesthetists (RCoA) with regards to good note keeping.

The Collaboration is committed to high standards of care and patient safety. All staff are expected to undertake mandatory and statutory training and implement pathways and practices which help to reduce patient morbidity and mortality.

The Collaboration is committed to the support of these principles and provides funds for education and development of all grades of staff.

Professional/Clinical Development

The Collaboration places great emphasis on the continuing development of all employees. Extensive training opportunities are available both internally and externally.

ECT provides a Consultant Leadership and Development Programme, which all consultants are encouraged to participate in. All new consultants will be provided with a mentor from the consultant

body.

How does the Trust support my wellbeing?

Workplace wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization. Our wellbeing is something that is personal to each and every one of us, and we all need something different to maintain good wellbeing for ourselves, depending on our circumstances, our context, and our influences.

Our staff are our greatest asset. We could not deliver safe and compassionate care without supporting our you to be happy and healthy.

The Trust offers a wide range of services, resources and information across the following pillars of wellbeing to ensure we provide a holistic approach to staff health and wellbeing.

- Your Mental & Emotional Wellbeing
- Your Physical Wellbeing
- Your Financial Wellbeing
- Your Social Wellbeing

Clinical Governance

Directorates have multi-professional governance, Safety, Quality and Standards (SQS) committees, which report to the Trust SQS Committee, and which oversee all clinical governance activity, including management of clinical risk.

Clinical Audit

All clinicians are expected to take an active part in clinical audit, as well as supervising audits undertaken by their teams, ensuring that the audit cycle is completed, and any required change in practice is implemented. Priority is given to auditing the implementation of national guidelines, such as those produced by NICE, and participation in national audits. All audits are registered with the Clinical Effectiveness Department, presented at audit meetings and the resulting report and action plan agreed with the Clinical Director (or delegated deputy) to help ensure that the audit findings are used to transform practice.

Research

The Collaboration encourages involvement in The National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio studies working with the Clinical Effectiveness, Research and Development Department to ensure only the highest standards of research are achieved. All staff involved in research must undertake regular GCP training.

National Clinical Guidance

The individual will be expected to implement NICE and other national guidance, providing evidence of compliance through audit, and working with the Directorate to achieve full compliance where this is not initially demonstrable. This is monitored through the Clinical Audit, Research and Effectiveness (CARE) Group.

Regular audit meetings are held within the Directorate which all medical staff are expected to attend. The Trust has a Clinical Effectiveness Unit which offers advice and support on developing audit

systems.

Appraisal/Revalidation

The National Appraisal Scheme for Consultant Medical Staff (as outlined in MD5/01) is applicable to this post. The appointee will be required to fully co-operate and participate with the scheme in accordance with the Trust's procedure for consultant appraisal. This will comprise of an annual appraisal, which identifies personal and professional development needs; agreeing plans for them to be met, while reviewing the doctor's work and performance and considering the doctor's contribution to the quality and improvement of service delivery.

The annual appraisal and documentation form the evidence needed to meet the requirements for the GMC/GDC Revalidation process. Enhanced appraisal is the basis for the Trust Responsible Officer making recommendations to the GMC for revalidation.

The post holder will also:

- Be responsible to the Clinical Lead for delivering an annual appraisal and job planning review for designated clinicians.
- Provide leadership and support for clinical staff to meet their objectives outlined within their job plan, and the requirements set out for GMC Revalidation.
- Develop and manage team objectives and priorities including their contribution to Directorate / Departmental plans and targets.

Health and Safety

All medical and dental staff employed by the Collaboration are expected to comply with relevant Trust Policies and management instructions regarding Health and Safety and to Fire Prevention and, to anything that endangers themselves or others.

Risk Management

The post holder will actively participate in:

- The management of clinical risk through reporting, contributing to the investigation and monitoring clinical incidents, complaints, and litigation.
- Ensure that CNST standards are achieved and subject to regular audit to ensure compliance.
- Ensure that record-keeping of medical staff meets both the Trust and the Directorate's standards in accordance with Good Medical Practice.

Healthcare Associated Infection

Healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. The postholder has 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 including the 'naked below the elbow' approach, use of personal protective equipment and safe disposal of sharps.

Knowledge, skills, and behaviour in the workplace should reflect this; at annual appraisal you should be prepared to demonstrate the application of practical measures known to be effective in reducing HCAI. The Trust has the responsibility of ensuring that adequate resources are available for you to discharge your responsibilities.

Safeguarding

The Collaboration has in place both a Safeguarding Children Policy and a Safeguarding Adults Policies in line with national legislation.

The Safeguarding Policies place a duty upon every employee who has contact with children, families, and adults in their everyday work to safeguard and promote their welfare. If you have concerns about possible harm to any child or adult, you should contact your line manager immediately or in their absence your Associate Director. Out of hours contact should be made with the on-call manager through switchboard.

Mel Barker is Head of Nursing Safeguarding/Named Nurse Safeguarding Children at ECT. The Collaboration has nominated Safeguarding Leads who act as contact points for support and advice if concerns are raised about a child or adult's welfare. These individuals can be reached through switchboard during office hours by asking for the Named Professionals for Safeguarding Children or Adults, respectively.

The policies and procedures described below are located Via [ECT Infonet](#) and you should ensure you are aware of, understand and comply with these. In addition, the Trust will publicise and raise awareness of its arrangements and provide appropriate resources and training

- Safeguarding Children Policy
- Safeguarding Children Supervision Policy
- Safeguarding Adults Policy

Equality and Diversity

The Trust will ensure that job applicants and prospective and current employees are treated solely based on their merits, abilities, and potential without any unjustified discrimination on grounds of age, gender, gender reassignment, sexual orientation, disability, family circumstances, race, colour, nationality, ethnic origin, religion or belief, trade union activity & social and economic status.

Education Facilities

At ECT, Education and Training is delivered through facilities situated in the New Alderley building and lecture theatre. There is access to a suite of training rooms, all with access to an extensive range of audio-visual equipment, including video-conferencing facilities. A Clinical Skills laboratory houses an excellent simulation suite and supports a wide range of practical skills training including resuscitation.

The Staff Library Service provides access to a wide range of material to support the delivery of evidence-based care. Networked computers allow access to electronic resources such as BMJ Learning, BMJ Best Practice and BMJ Case reports as well as NHS Evidence.

Consultants are expected to contribute to the teaching programme on a rotational basis which includes weekly tutorials, bedside clinical teaching, case presentations and bi- monthly specialty meetings.

Patient based Information systems

The NHS has recognised that ICT serves an increasingly significant role and is undertaking an extensive and wide-ranging implementation of patient-based information systems with 'Connecting for Health,' critical to this is the electronic patient record in both acute and primary care. The system is built to include the patient's radiology, pathology, pharmacy, and theatre history together with decision support software and specialty systems. There are a variety of health informatics initiatives, both established and soon to be piloted, to enhance efficiency in patient care and clinical management such as database of electronic guidelines, 190 Power Point teaching files, and an acute admissions screening tool.

Confidentiality

Working within the Collaboration you may gain knowledge of confidential matters which may include manual / electronic personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Data Security

Every employee has a duty to ensure that Trust Policies and Procedures regarding data security are adhered to, and that staff are aware of their obligations under these policies. Trust staff must undertake annual information governance training online.

Disclosure and Barring Service

"REHABILITATION OF OFFENDERS ACT: This post is exempt from the Rehabilitation of Offenders Act 1974. Should you be offered the post it will be subject to a criminal check from the Disclosure Barring Service before the appointment is confirmed. This will include details of cautions, reprimands, final warnings, as well as convictions."

The Trust requires the successful applicant to undergo an Enhanced Disclosure through the Disclosure Barring Service for this post to ensure suitability for employment.

Terms and Conditions of Service

Applicants must hold CCT or equivalent and must be on the General Medical Council Specialist Register (or will attain within six months of interview date).

The appointment will be subject to the Terms and Conditions of Service (England 2003) for the new consultant contract agreed with the Trust.

The job description and the weekly timetable will form an initial job plan as outlined by the terms and conditions of service (England 2003) for the new consultant contract.

This will be subject to an annual review by the Chief Executive or his/her nominee. The post is offered on a full-time basis but candidates who wish to work on a part-time basis may also apply.

Approval for study or annual leave must be sought from the Clinical Lead prior to booking the leave and arrangements should be made with clinical colleagues to provide cover. The Medical Staffing Team should be notified accordingly.

Visiting

Candidates wishing to find out more about the post are welcome to visit and are invited to speak to:

East Cheshire NHS Trust		
Dr Andrew Gorman Clinical Lead	andrew.gorman@nhs.net	01625 663879
Sarah Dean Operational Manager	sarah.dean1@nhs.net	01625 663744

Person Specification

ATTRIBUTES	ESSENTIAL	DESIRABLE	HOW TESTED
Qualifications	<ul style="list-style-type: none"> • Full registration with General Medicine Council (GMC) with license to practice. • Entry on the GMC Specialist Register via CCT (proposed CCT date must be within 6 months of interview) • CESR or European Community Right • FRCA 		C, A
Clinical Experience	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining UK CCT • Evidence of ability to change clinical practice and service provision • Can evidence up to date practice in line with recent initiatives 		A & I
Management and Administration Experience	<ul style="list-style-type: none"> • Evidence of developing change 	<p>Ability to engage and communicate the benefits of organisational change to stake holders</p> <p>Previous experience in higher level hospital management</p>	A&I
Clinical Effectiveness	<ul style="list-style-type: none"> • Demonstrate understanding of principles of governance and audit 	Evidence having undertaken audit of	A&I
Teaching	<ul style="list-style-type: none"> • Experience of successfully supervising and teaching junior doctors and other staff 	Evidence having developed learning opportunities for others	A & I
Personal Skills / Attributes	<ul style="list-style-type: none"> • Demonstrable leadership qualities • Effective communicator, able to work in a multi-disciplinary team • Good inter-personal skills • Ability to work under pressure • Flexibility • Commitment to CME/CPD • Familiarity with information technology and general 	Willingness to undertake additional professional responsibilities	I

	computer skills		
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