



East Suffolk and North Essex
NHS Foundation Trust

Job Description:

**Consultant in Intensive Care
Medicine (Single or Dual CCT in ICM)**

[Ipswich Hospital](#)

[East Suffolk and North Essex NHS Foundation Trust](#)

Department Profile:

The department currently has 49 Consultants. Of these 9 are Intensive Care Anaesthetists and 40 are “generalist” theatre based consultants. The Generalist are and cover the out of hours general rota, including general and trauma theatres and obstetrics (supported by 2 tiers of resident on call doctors). 3 senior consultants are part-time and do not contribute to on call cover.

The 9 ICM/Anaesthesia Consultants cover the Critical Care Unit on a separate rolling rota (supported by a further 2 tiers of resident on call doctors/ACCPs).

The department of anaesthesia is currently staffed by:

9 permanent SAS grade doctors

And a rotating mix of up to 21 anaesthetic core and specialty trainees, ACCS, IMT and F1 trainees.

The training posts within the Anaesthetic Directorate are recognised for Core and Specialist Registrar training. The department enjoys accommodating CT level trainees for their first 2 years in anaesthetics, plus a number of rotating specialty trainee level doctors, who rotate within the East Anglian School of Anaesthesia.

Intensive Care Consultants

Dr Paul Carroll Dr Richard Howard-Griffin Dr Mark Garfield Dr Rob Lewis Dr Richard Lloyd Dr Sri Nallapareddy Dr Kate Turner Dr Paul Mallett Dr Andrew Taylor	Consultant Intensivist, Organ donation lead. Foundation Year Educational Supervisor –retired recently and new appointment made, due to start in May 2024. CIS in-charge and Medical Examiner –retired recently ((This job advert is to replace this vacancy) Trust Clinical Safety Officer and ICU research lead. FICM tutor , FICE mentor. Critical Care Clinical lead , FICE Mentor and EDIC examiner Moved to anaesthetics – (This job advert is to replace this vacancy) Clinical Director –Anaesthetics and Critical Care. Mortality and Morbidity Lead, FICM tutor
---	---

Consultant anaesthetists (Substantive)

Dr Neil Berry Dr Prakash Bhagwat Dr George Bostock Dr Hugo Boyce Dr James Broadway Dr Justin Brown Dr Przemyslaw Dabrowski Dr Ruth Deroy Dr Ian Driver Dr Helen Findley Dr Aaron Pernell Dr Hema Ganapathy Dr Ian Hatcher Dr Julia Jenkins Dr Siobhan King Dr Awanee Kumar Dr Vlad Kushakovsky Dr Neill Lillywhite Dr Martin Mansfield Dr Ellie McMaster Dr Peter Mills Dr Senthil Nadarajan	Anaesthetic Services Organiser , Emergency Theatres Lead, Trauma Lead Equipment Lead, Orthopaedic anaesthesia lead Clinical director for Theatres and Anaesthetics, ESNEFT Resuscitation lead Recovery and Peri-operative Medicine Lead Acute pain Lead (50%) Clinical Lead for Anaesthetics at Ipswich Medication/pharmacy Lead College tutor , Day Surgery Lead Audit and QI lead Preoperative Assessment Unit Lead Associate medical director, Responsible Officer Anaesthesia Clinical Services Accreditation (ACSA) Lead PQUIP lead
---	---

Dr David Newby
Dr Radha Pagedar
Dr Laura Perry
Dr Jan Stevens
Dr Ben Scoones
Dr.Ali Inthikab
Dr.Lizzie Spears
Dr.Sally Proctor
Dr.Ashley Parker

Paediatric Anaesthesia Lead
Obstetric Anaesthesia Lead
Regional Anaesthesia Lead, Acute Pain lead (50%)

College tutor, Simulation Lead

Chronic pain consultants, with Anaesthetic sessions at Ipswich

Dr Amghad Ragheb
Dr Kaiser Rahman

Chronic pain lead

SAS grade anaesthetists

Dr Prakash Chaudhary
Dr Jon Griffiths
Dr Sonya MacGillivray
Dr Archana Nighot
Dr Sunday John
Dr Atul Ambekar
Dr Luke Ferrari
Dr Olena Kushakovska (part time)

Management structure

In July 2018, Ipswich and Colchester Hospitals merged to form East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

Theatres, Anaesthetics and Critical Care departments are part of division two - Surgery and Anaesthetics. Dr.Paul Mallett is clinical director for Critical care, Theatres and Anaesthetics across ESNEFT and is also a Consultant Anaesthetist based at Ipswich.

There are lead clinicians for anaesthesia, critical care and surgery on both sites. In Ipswich, the clinical leads are Dr Aaron Pernell for Anaesthesia and Dr Sri Nallapareddy for Critical care.

College Tutor

The college tutor role for Intensive care is shared between Dr Lloyd and Dr Taylor.

Dr Siobhan King and Dr.Ben Scoones are the college tutors for Anaesthesia who are responsible for the organisation and co-ordination of training and is the primary link with the Royal College of Anaesthetists.

Anaesthetic Service Organiser (ASO)

Dr Neil Berry is the Anaesthetic Services Organiser (ASO), responsible to the clinical lead and clinical director for the provision of anaesthetists to meet the service demands of the trust. The ASO works closely with Claire Ward, the operational coordinator who between them produce the weekly theatres rota and organise annual leave.

Key leadership, managerial and administrative staff

Other important staff in the department include:

Critical Care:

	Matron	Elsje Rossouw
	Charge Nurse	Duncan Burberry
	Nurse Educator	Felicity Chapman

Theatres:

	Theatre Matron	Nikki Littlewood
	General Manager	Mel Newnham
	Operational Co-ordinator (Anaesthetic Rota)	Claire Ward
	Theatre Scheduler	Martine Smith

Offices

Critical Care

The Critical Care consultants have their own office within the Critical care, as well as a Critical Care Resource room used for virtual ward rounds, teaching, journal clubs and meetings.

The Critical Care secretary is Donna Tuck.

Anaesthetics

The clinical director and anaesthetics services organiser have offices in the South Wing corridor.

There is a shared office for consultants and junior members of staff in this wing; it serves as a communal meeting place with computer access. There is also an obstetric anaesthesia office on the 8th floor of the tower block.

All consultants have a Trust-provided laptop for internet and intranet access, which includes secure e-mail, pathology and electronic patient record access from home via secure VPN. Anaesthetic Secretarial support is shared between all members of the department.

Theatres

At Ipswich, there are 19 operating theatres in five suites (Obstetrics & Gynaecology (3), General theatres (6), and Orthopaedic theatres (4), Eye theatres (2) and Day surgery Unit (4), plus further areas dedicated to ECT and cardioversion. The department provides anaesthetic cover for elective surgery lists starting with a huddle at 08.15am, the day finishes at 17.45, including post op patient visits. We also provide 24-hour cover for emergency procedures. General and orthopaedic out-of- hours emergency procedures are carried out in South theatres whilst obstetric emergencies are carried out in Blyth theatres.

Throughout the hospital each theatre is identified by a colour.

South theatres

South theatres and recovery are open 24 hours/day as South is the location for the emergency theatre (Coral). In addition, there is also a trauma theatre (Lavender) for daytime orthopaedic emergencies and consultant-delivered weekend trauma lists.

Daytime elective work includes major colorectal surgery, upper GI, general surgery, breast, urology, ENT, maxillofacial surgery and peripheral vascular surgery.

There is a 9-bed recovery unit which supports out-of-hours operating.

There are 6 operating theatres in South:

Lavender	Coral	Blue	Gold	Pink	Green
Trauma	Emergencies	Elective	Elective	Elective	Elective

Patients arriving for elective surgery in South theatres will be admitted to the South Theatres Admissions Unit (STAU) at 0700. The unit is open until 1730.

East theatres

East theatres are located in the East wing on the first floor, beyond Martlesham ward. There are two laminar flow orthopaedic theatres and two spinal theatres, supported by a 6-bed recovery unit.

These theatres predominantly deal with daytime elective work but are also be used out-of-hours for emergency spinal surgery. We are a regional tertiary referral centre for spinal surgery, with 2 lists per day and a wide variety of interesting spinal operating including posterior cervical surgery, ALIF/XLIF and scoliosis surgery.

Hazel	Ivory	Emerald	Ruby	
Orthopaedics	Orthopaedics	Spine	Spine	

Ophthalmic theatres

Two theatres located off the main corridor in the Ophthalmic Day Unit in the north end.

Iris	Almond
Ophthalmics	Ophthalmics

Raedwald day surgery unit

The Raedwald Day Surgery Unit (RDSU) is located in the Garrett Anderson Centre and treats approximately 5,000 adult and paediatric patients per year, undergoing surgical and investigative procedures requiring local and general anaesthesia. There is an integral Recovery Unit. The day surgery ward can accommodate up to 19 patients, mostly in individual cubicles. Some short stay patients may also be treated in RDSU and then admitted to inpatient wards post-operatively.

There are four theatres used by multiple specialties, including upper limb orthopaedics (including under regional block), ENT, plastics, dental, urology, breast and general surgery). There are a large number of paediatric patients (approx. 1200 per year) between the ages of 1 year and 16 years operated on in this area.

Copper	Vert	Argent	Azure
Day surgery	Day surgery	Day surgery	Day surgery

Blyth theatres

Blyth theatres are located on the eighth floor of the tower block, which accommodate obstetrics and gynaecological and major gynae-oncology surgery. There is also an obstetric procedures room, for assisted deliveries, and a 5-bed recovery unit.

There are three theatres:

Lemon	Orange	Lime
Obs / gynae	Gynaecology	Obstetrics

Maternity unit/ Obstetric anaesthesia

There is a central delivery suite on Deben ward on the 4th floor of the tower block. Ipswich Hospital has close to 4000 deliveries per year, over 40% of whom require or request some sort of anaesthetic intervention.

In Ipswich, the delivery suite (Deben) is on 4th floor of the tower block whilst the emergency obstetric theatres are on 8th floor. Consultant anaesthetists are present on the unit most days. ODPs will assist the anaesthetist with epidural insertion on labour ward. We use NRFit epidural systems with patient controlled epidural analgesia (PCEA) pumps.

The Caesarean section rate averages around 23%. There are 3 elective LSCS lists per week – on Tuesdays, Wednesdays and Fridays.

The obstetric anaesthetic team also run a high-risk obstetric anaesthetic clinic.

The obstetric anaesthetists also provide faculty teaching on the PROMPT course (multidisciplinary simulation), held in our own Simulation Suite (EAST ANGLIAN SIMULATION AND TRAINING CENTRE – EAST).

Remote locations

The department also provides anaesthetic cover for:

- Electro-Convulsive Therapy (ECT) is performed under general anaesthesia in the Woodlands centre
 - The Emergency Department - this is situated on the ground floor of the Garrett Anderson Centre.
 - General anaesthesia is provided occasionally for CT scanning and some other radiological procedures.
- The Department is on the ground floor between ED and outpatients

Elective lists

All patients will have attended a pre-operative assessment clinic and most will be admitted on the day of the operation. Anaesthetists generally start seeing patients at 0730-0745 to allow adequate time for assessment, planning and preparation. Theatre lists start promptly at 0830. Morning lists should finish by 1230. Afternoon lists start at 1330 (with a huddle at 1315) and should usually finish at 1700, to allow staff to clear up and finish by 1730.

Pre-operative assessment of patients

The majority of patients will undergo nurse-led assessment in the pre-op assessment unit or by the relevant nurse specialists. Those with complex co-morbidities are discussed with or seen by a consultant anaesthetist. We are currently introducing a daily face to face consultant pre-operative assessment clinic to help decision making and pre-optimisation for our most complex patients having surgery.

Conduct of anaesthesia

Induction of general anaesthesia is performed in theatre in all areas. There are no anaesthetic machines in the anaesthetic rooms in Ipswich. The anaesthetic room is used for the preparation of drugs, insertion of IV cannulae, attaching monitoring equipment and sometimes regional anaesthesia (under full AAGBI monitoring). For paediatric patients, one parent and nursery nurse are allowed into theatre with children at the anaesthetist's discretion, to facilitate smooth induction of anaesthesia.

Equipment

You receive a full induction and training in all equipment required.

Recovery

Each theatre suite has its own recovery area.

Analgesia and acute pain

There is an experienced nurse led pain team available on bleep 714, Monday – Friday 9am-5pm and Saturday 8am-1pm. The pain team is supported by Clinical leads for Acute Pain, Dr Helen Findley and Dr Laura Perry.

Regional block service

We have a very proactive regional block ethos, across all specialties with ultrasound machines in each suite and access to the latest NRGFit block needles, catheters and elastomeric pumps. The continuous regional block service is well supported by the acute pain team, with continuous blocks now first line for patients with pain from laparotomies, multiple rib fractures and lower limb amputation.

Due to the increasing use of continuous regional blocks, our non obstetric epidural rate is very low and PCA rate is declining. These techniques remain fully supported on specific wards, under the supervision of the pain team.

Clinical Governance/Departmental meetings

There are regular ICU Consultant meetings, monthly Critical Care Risk and Governance meetings, and bimonthly multidisciplinary Morbidity and Mortality meetings.

In addition there are also wider anaesthetic departmental meetings.

A departmental governance afternoon meeting happens 10 afternoons per year, usually monthly with December and August off. This is followed by a permanent staff meeting (Consultants and SAS), which is chaired by the Clinical Lead for anaesthesia.

Other useful information for prospective candidates:

Rota:

The department has a leave policy in which we each provide cover for on call duties for colleagues annual and study leave.

The ICU on call rota is coordinated by the clinical lead for Critical Care. Leave is only taken within non ICU weeks - and must be coordinated with the other ICU colleagues.

The weekly anaesthetic rota underpins the smooth running of the department. Weekly rotas are prepared 4-6 weeks in advance. The rota has a 4 week cycle. Job plans correspond to weekly rotas and a proposed job plan is shown within this job description.

The anaesthetic rota is published electronically via the CLW rota app.

Surrounding area

The hospital is situated on the east side of Ipswich, the county town of Suffolk, towards the picturesque town of Woodbridge, a tourist destination on the banks of the river Deben.

Ipswich is located on the estuary of the River Orwell. It is a historical Anglo-Saxon port dating from the time of King Rædwald, King of the East Angles (c.600). It has a long history as an important trade route exporting cloth from the Suffolk Wool Towns around the world. Ipswich's famous former residents include Thomas Wolsey, Henry VIII's chancellor, born here in 1475, Lord and Lady Nelson and Thomas Gainsborough who lived and worked in Ipswich. John Constable was born and raised in nearby Dedham and Christchurch Mansion has the best collection of Gainsborough and Constable paintings outside London.

One of the largest urban regeneration projects on the town's Waterfront area has delivered a busy marina with a good selection of restaurants, bars and cafés as well as the setting of the new University Campus Suffolk (UCS) which opened in 2007 and is among one of the newest higher education institutions in the UK. There is an excellent choice of both state and private sector schools in the area.

The Regent and New Wolsey Theatres provide a wide variety of entertainment. Nearby Snape Maltings concert hall is home to the world famous Aldeburgh music festival established by Benjamin Britten and Peter Pears in 1948.

Ipswich and surrounding areas, including Woodbridge and villages towards the coast are a great place for "foodies" with a wide variety of gastropubs and restaurants to suit any appetite and several farmers' markets for high quality locally produced food. The famous Aldeburgh fish and chips are not to be missed!

The hospital and surrounding area are within 30 minutes drive of the beautiful Suffolk coastline and countryside and in one of the warmest and driest parts of the UK. There are 50 miles of beaches, cliffs, headlands, forests, heaths and estuaries all within easy reach of the hospital. For those wanting to access London for shopping, culture, eating out or medical conferences, our location is also within easy day-trip distance of London by fast train.

There are many OFSTED outstanding rated state primary and secondary schools in the area local to the hospital, making it an area well suited to growing families.

For sports enthusiasts Ipswich has several sports centres, easy access to several golf courses, a dry ski slope, opportunity for fishing and sailing and a well-supported local football club which has produced two previous England managers. In the area there are also many local clubs and regular events for those interested in running, road cycling, triathlon, water sports or horse riding.

Ipswich is linked to Cambridge along a high tech corridor and enjoys dual carriageway connection to all areas of the United Kingdom. London is easily accessible by rail with two trains an hour and there is a one-hour intercity rail link with London Liverpool Street station at peak times. Stansted airport is just over one hours drive away and provides flights to over 150 destinations.

Interview/Visit Expenses

All potential applicants are advised the Trust will reimburse travel and hotel accommodation expenses in respect of the interview and one preliminary visit for the successful candidate. In the case of candidates attending from outside of the United Kingdom, expenses will only be met from the port of entry. Reimbursement is via payroll on starting the post. Please keep receipts.

CONSULTANT in Intensive Care Medicine POST - PROPOSED TIMETABLE / JOB PLAN

The proposed timetable for the post is indicative of the work required. It may be possible to negotiate aspects following successful appointment depending on the interests of the applicant and current service needs.

The appointed colleague will be given the opportunity to review their job plan after 3 months with the clinical director/clinical lead and then on an annual basis.

Proposed job plans are shown below

Clinical sessions - 8.5PA DCC (including on call and clinical admin)

1.5 SPA

TOTAL = 10 PA

The tentative job plan can be provided on request to the clinical lead.

Core SPA time

The job plan contains 1.5 PA for supporting professional activities (SPA). This is the minimum requirement outlined by the RCoA for revalidation, and additional responsibilities will be remunerated with additional SPA time. SPA work can be undertaken flexibly in time and place to suit the individual, with the exception of providing trainee teaching on site at the agreed time and attending mandatory training and departmental governance/ consultants meetings.

Teaching

It is envisaged that the successful applicant will liaise with the College Tutors to specifically engage in a teaching programme for trainees undergoing the Primary Fellowship. In addition, the appointee will share in the teaching and supervision of rotating anaesthetic staff, medical students on secondment, student nurses, operating department personnel and paramedical staff. This is recognised and remunerated through core SPA time.

Quality Improvement, Research and Continuing Medical Education

The department is actively involved in quality improvement work and achieving ACSA status, the appointee will be expected to take his/her equal share in the programme and in continuing medical education. Research is encouraged and may be undertaken by personal decision or as part of a corporate decision with colleagues, but the prior approval and support of the Medical Ethics Committee must always be obtained.

Appraisal

Annual appraisals are mandatory for all consultants. Appropriate time and assistance will be provided for preparation.

On call:

The successful candidate will normally be required to reside within a distance of 10 miles by road of the main hospital base or 30 minutes travel time when performing non-resident on call duties, in order that they are able to attend urgent and emergency cases. Some consultants live further than this during their working week but stay locally when on call. Advice can be sought at visits regarding areas for relocation. Relocation expenses are available for successful candidates.

Additional roles:

Additional roles may also be offered, once the new appointee is settled in, subject to mutual agreement, which may require onsite non clinical work. These will be remunerated through APA within the job plan. If appropriate, the appointee will be named as an anaesthetic trainee Educational Supervisor. Educational supervision is paid at a rate of 0.25PA per trainee (max 0.75PA).

Any pre-existing consultant level additional NHS responsibilities will be discussed at interview and can be accommodated by mutual agreement.

If the successful candidate wishes to undertake private practice, they must offer the Trust an 11th PA prior to undertaking such arrangements (as per Ts and Cs).

PERSON SPECIFICATION: - Consultant in Intensive Care Medicine

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	<ul style="list-style-type: none"> Must be on Specialist Register or within 6 months of obtaining CCT from date of interview in Intensive Care Medicine. FFICM Full GMC registration with a license to practice 	<ul style="list-style-type: none"> Other relevant qualifications: <ul style="list-style-type: none"> EDIC PG certificate in Medical education or equivalent. ALS, APLS, EPLS
Clinical Experience	<ul style="list-style-type: none"> Completion of training programme in Intensive Care Medicine Advanced Certification in ICM Possession of technical skills required for Intensive Care Medicine. 	<ul style="list-style-type: none"> Periods of training in related specialty, eg Medicine, A&E and Anaesthetics
Management and Administrative Experience	<ul style="list-style-type: none"> Understanding of NHS management structure 	<ul style="list-style-type: none"> Evidence of some management training, eg attendance at specific management course, specific management qualification
Audit	<ul style="list-style-type: none"> Participation in audit project/s 	<ul style="list-style-type: none"> Successful QI work presented as poster or oral presentation at regional or national level.
Teaching Experience	<ul style="list-style-type: none"> Understanding of process of medical education and current training programmes Evidence of taking part in teaching of junior trainees or multidisciplinary team 	<ul style="list-style-type: none"> Evidence of strong positive feedback for teaching Faculty on simulation courses or resuscitation courses
Research	<ul style="list-style-type: none"> Understanding of research process Ability to apply research outcomes to clinical problems 	<ul style="list-style-type: none"> Higher degree (MD, PhD) Presentation of poster or oral presentation of research Publications in peer reviewed journals
CPD	<ul style="list-style-type: none"> Commitment to CPD Evidence of CPD 	<ul style="list-style-type: none"> Attendance virtually or F2F at recent relevant national conferences/seminars/webinars
Personal Attributes	<ul style="list-style-type: none"> Team worker Optimistic Appreciative of others Kind Excellent interpersonal and communication skills 	<ul style="list-style-type: none"> Ability to drive Able to relocate to local area Willingness to undertake additional professional responsibilities at a local level

TERMS AND CONDITIONS OF SERVICE

The Trust requires the successful candidate to have and maintain full registration with the General Medical Council, NHS Indemnity and private cover if appropriate. The appointee is advised to maintain membership of a Medical Defence Organisation for professional duties not included within the NHS Indemnity Scheme.

Consultants are required to have continuing responsibility for the care of patients in their charge and for the proper functioning of their departments. They are expected to undertake administrative duties that arise from these responsibilities.

The appointee will be accountable managerially to the Clinical Lead and the Chief Executive, and professionally to the Medical Director of the Trust.

The post is covered by the Terms & Conditions of Service which primarily reflect the New Consultant contract. Consultants will normally be appointed on the bottom of the consultant salary scale except where they have recognised seniority at a consultant level.

The appointee may be required to undergo a medical examination prior to appointment and will be required to attend the Occupational Health Department within one month of commencement. She/he will also be required to comply with the Trust's policies and procedures concerning Hepatitis B, details of which will be supplied to candidates shortlisted for posts that would involve exposure prone procedures

The post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions, which for other purposes are "spent" under the provision of the Act, and in the event of employment any failure to disclose such convictions could result in dismissal, or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

In accordance with the Protection of Children Act 1999, Criminal Justice and Court Services Act 2000 and Care Standards Act 2000 (Part VII – Protection of Vulnerable Adults, the Trust has a legal duty to safeguard children and vulnerable adults in its care from the potential risk of associating with persons with previous convictions involving children and vulnerable adults. In order to carry out checks on those persons having access to children and vulnerable adults, the Trust will use the Disclosure & Barring (DBS+) disclosure service.

The Trust is a no smoking hospital and smoking is not permitted on any of the Trust's premises. All Trust staff are responsible for complying with Trust Infection Control policies and clinical guidelines.