

## Job Description and Person Specification



### ***Consultant Acute Physician***

## JOB DESCRIPTION FOR CONSULTANT ACUTE PHYSICIAN

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## JOB DESCRIPTION

## CONSULTANT ACUTE PHYSICIAN

### 1.0 The Post

#### 1.1 Post Title

Consultant Acute Physician.

#### 1.2 Post Description

This is a new post created to support the existing team of four substantive Consultant Acute Physicians. This post has management and clinical responsibility for patients on the Medical Admissions Unit (MAU).

The admissions range between 25 - 30 patients per day, with one Acute Physician seeing new admissions to 8pm, Monday to Friday, working as the Physician of the Day (POD). Additionally, each Acute Physician covers Same Day Emergency Care (SDEC) on a rota basis to 8pm, Monday to Friday. The newly appointed Acute Physician will be included in the rota cover for both areas.

On a Friday, the on-call Medical Physician covers SDEC from 5 - 8pm. The same Medical Physician also carries out post - take ward rounds over the weekend.

With the appointment of the fifth Acute Physician, all post - take ward rounds, including any medical outliers, will be carried out by the Acute Physician.

The successful candidate is encouraged to pursue an interest in any medical subspecialty including frailty.

The post holder will have a regular commitment to leading the 'on-take' medical team based in the Same Day Emergency Care (SDEC) and MAU. In addition, they will support the Emergency Department staff with assessments of patients with acute medical problems. They will play a key role in co-ordinating the junior medical staff to ensure that patients are assessed and admitted or discharged in line with 4-hour ED targets.

The post holder will play a vital role in the training of junior medical staff with the assessment and management of acutely unwell medical patients, as well contributing to MRCP PACES teaching, and postgraduate medical training of foundation year doctors and speciality trainees.

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

- Achieving the 95% target for patients to be admitted or discharged from ED within four hours.
- Develop appropriate services to meet clinical needs utilising available resources.
- Collaborative working specifically with colleagues in primary care and the community to ensure effective management of acutely unwell patients.
- Participation in the education and training of medical students, doctors and professionals allied to medicine including Advanced Clinical Practitioners (ACP's).
- Demonstration and engagement with the principles of clinical governance.
- Maintaining robust systems for effective clinical audit in the specialty and general medicine, as appropriate.
- Developing services as indicated by recommendations of the Royal College of Physicians, NICE and specialist societies.

The post attracts 11 Programmed Activities (PA's).

Applicants must be on the General Medical Council Specialist Register, or within six months of being admitted (at the date of interview) to the Register for Trainees if in a training programme within the UK.

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

Applicants must continue to hold a Licence to Practise, full details of the person specification can be found in Section 18.

#### 1.3 Base

This role is a full-time post, based within Acute and Integrated Care Community Services (AICC) Directorate, within the Urgent Care Specialty of Macclesfield District General Hospital.

Consultants have shared office accommodation, with internet enabled computer and electronic calendar including secretarial support.

### Same Day Emergency Care

SDEC is adjacent to the Emergency Department, having 5 Consulting rooms and operating 08:00 – 22:00, 7 days a week.

GP referrals to Medical Specialties (approx. 15 - 20 patients per day are assessed in this area with approximately 85% patients being discharged directly from SDEC. There is a Band 7 Senior Nurse with responsibility who manages SDEC including the nurses and their development.

### Medical Admissions Unit

The unit has 28 beds, including 6 with the facility for telemetry.

On average there are 18 – 20 admissions to the unit per day, with approximately 25% of patients are discharged home from the MAU within the first 24 hours. The remainder of patients are directed to the most appropriate specialty wards.

### Hospital @ Night 24/7

A hospital @ night team has been established. Junior doctors from a range of specialties support the service in a flexible way. Communication and allocation of tasks is facilitated using VITAL PACK (mini iPad).

## 2.0 Trust Profile

East Cheshire NHS Trust provides a comprehensive range of acute and community-based services, including emergency and acute medicine (gastroenterology, cardiology, respiratory, care of the elderly and general medicine), emergency surgery, orthopedics, pediatrics, hematology, oncology, maternity, and cancer services.

Our community health services include Urgent Crisis Response, district nursing, intermediate care, occupational therapy, physiotherapy, community dental services, speech and language therapy and palliative care.

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

Inpatient services are provided from two hospital sites – Macclesfield District General Hospital (main site) and Congleton War Memorial Hospital, with a total of 438 inpatient beds.

Outpatient services are provided at Macclesfield District General Hospital and community bases in Congleton, Knutsford, Wilmslow and Poynton.

The trust benefits from recent investment with a state-of-the-art Antenatal Department, Critical Care department, Discharge Lounge, Endoscopy Treatment Unit (ETU) and refurbished Emergency Department due to complete in mid-2024.

## 3.0 Organisational Structure

Trust services are managed under three Directorates:

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

All Directorates are supported by corporate services including Nursing, Performance & Quality, Human Resources & Organisational Development, Finance, Procurement & Supplies, Estates & Facilities, Service Development and Quality and Safety.

The Trust is committed to clinicians leading and managing service delivery.

All specialities work within Directorates headed by Clinical Leads and Associate Directors who have accountability for the operation of clinical services.

Leadership development is encouraged and supported at all levels with excellent relationships between clinicians and managers throughout the Trust.

Clinical Leads assist with the management of specialist areas supported by a triumvirate approach.

The three Clinical Directorates are detailed below along with some of the services they offer.

Planned Care Services		Allied Health and Clinical Support Services		Acute and Integrated Community Care	
General Surgery	Obstetrics	Adult Acute Therapies	Cancer Services	Emergency Medicine	Cardiology
ENT	Gynaecology	Paediatric Therapies	Endoscopy	Medical Assessment Unit (Acute Care)	Respiratory
Breast Surgery	Theatres & HSDU	Community Therapies (E)	Outpatient Services	GPOOH	Gastroenterology
Trauma & Orthopaedics	Anaesthetic Specialties	Podiatry	Clinical Haematology	SDEC	Care of the Elderly
Ophthalmology	Pain Services	Audiology	Radiology	Bed and Site Management	Integrated Respiratory Team
	Inpatient Booking Service	Dietetics	Pharmacy	Integrated H&SC Teams inc DN Evening Service	Acute Paediatrics
Pre-op Assessment	Theatres & HSDU	Diabetic Retinopathy	Pathology SLA	Diabetes (IP and ANC)	ICU
		Health Hub	Clinical Admin	Integrated Discharge Team	Critical Care Outreach
				Palliative Care	

## 4.0 The Specialty & Staffing

### 4.1 The Specialty

The Medical Assessment Unit works closely with colleagues within medical specialties. Our colleagues offer all the common specialties and subspecialty skills expected in a university teaching hospital including fibro scan in gastroenterology, medical thoracoscopy and EBUS in chest medicine.

A visiting neurology service is available from Salford Royal Neurosciences department on three days per week. A Nephrologist also runs a twice weekly renal clinic and supports inpatients.

MAU is supported by a Respiratory nurse Specialist 7 days a week and a cardiac in reach nurse service days per week.

### 4.2 Establishment

#### Consultant Physicians

Dr S Srivastava	Acute Medicine, Clinical Lead for Acute Medicine
Dr I Ansari	Acute Medicine, Clinical Lead for Medical Specialties
Dr M Telfer	Acute Medicine
Dr L Matheson	Acute Medicine
Dr M Babores	Respiratory Medicine, Deputy Medical Director
Dr T Nagarajan	Respiratory Medicine (Virtual Wards)
Dr F Kutubudin	Respiratory Medicine
Dr A Anwar	Respiratory Medicine
Dr J Gallagher	Respiratory Medicine
Dr A Angelopoulou	Care of the Elderly
Dr K White	Care of the Elderly (Virtual Wards and Frailty)
Dr R Saravanan	Gastroenterology
Dr K Koss	Gastroenterology
Dr D Radford	Gastroenterology
Dr H Mudawi	Gastroenterology (Locum)
Dr A A Çubukçu	Cardiology
Dr R M Egdell	Cardiology
Dr S Russell	Cardiology
Dr O Abiola	Cardiology (Locum)
Dr J C Buteriteri	General Medicine (Diabetes), Specialist Physician
Dr K N Nair	General Medicine, Specialist Physician

#### ED Consultants

Dr T Bartram	Clinical Director of Urgent Care
Dr K Swires-Hennessy	ED Clinical Lead
Dr V Reddy	Emergency Medicine
Dr M Aziz	Emergency Medicine
Dr C Nwaiwu	Emergency Medicine
Dr S Singh	Emergency Medicine
Dr C Kashinath	Emergency Medicine
Dr M F Nicol	Emergency Medicine
Dr M Heywood	Emergency Medicine
Dr B Ayinaparthi	Emergency Medicine
Dr M Lynch	Associate Specialist, working on the Consultant rota

#### Junior Staff

The junior medical staff based on MAU includes:

- 1 x ST3+
- 2 x FY2 equivalent doctors
- 1 x GPVTS doctor

The medical team on call during the day includes:

- 1 x ST3+
- 1 x FY2
- 1 x FY1

Additionally, there is an FY1 Twilight, 2 FY2 discharge doctors on weekends and bank holidays and an FY2 Twilight.

Junior doctors work shifts to comply with the 'New Deal' and 'European Working Time Directive'.

### **Advanced Clinical Practitioners (ACP):**

The unit employs a number of ACPs who are skilled to a high level including independent prescribing and ABG's.

### **Nursing**

- Band 7 Senior Sister
- Band 6 Junior Sister x 3 WTE
- Band 5 Staff Nurses
- Band 2 Health Care Assistants

### **Acute Medicine Management Structure**

Dr Marta Babores	Deputy Medical Director
Jo Young	Deputy Director of Operations, Acute and Integrated Community Care
Dr Sanjeev Srivastava	Clinical Lead, Acute Medicine
Vacant	General Manager, Urgent Care
Jo Allen	Matron, Urgent Care
Lizzie Edge	Interim Senior Sister, Medical Admissions Unit

## **4.3 Specialty Interfaces and Services**

### **General Medicine/Medical Specialties**

There is a comprehensive range of subspecialty consultants within General Medicine based including: respiratory, gastroenterology, care of the elderly, cardiology and general medicine wards.

### **Intensive Care/High Dependency Unit**

Patients in intensive care are under the joint supervision of the admitting consultant and anaesthetist, whereas those in high dependency remain under the care of the admitting consultant. The unit has seven individual beds used flexibly between intensive care and high dependency. The Anaesthetic registrar is part of the on-call trauma team.

### **Paediatrics**

There is an in-patient, consultant-led paediatric service. GPs refer many cases directly to paediatrics; this has reduced the case load of children attending the ED. There is strong collaboration between emergency medicine and paediatrics and there are regular joint teaching and audit sessions.

### **Radiology**



Consultant radiologists undertake a full range of investigations including plain imaging, CT, MRI and ultrasound. Tertiary neurosurgical services at Salford Royal, as well as the neighbouring MTCs, have direct access to imaging performed in Macclesfield via PACS.

### **Orthopaedics**

There are 6 consultant orthopaedic surgeons with a range of subspecialty interests, with access to refer to the orthopaedic fracture clinics.

### **Surgery**

There are 9 general surgeons (including breast surgeons). The surgical middle grade contributes to the trauma team.

### **Obstetrics & Gynaecology**

There is a consultant led O&G service. Of relevance to the interface with EM is that there is a midwife led Early Pregnancy Assessment Unit held Monday to Friday mornings.

### **Pathology**

Pathology service is provided by SLA with University Hospital of North Midlands.

### **Network arrangements**

There are well established systems in place for referral to specialties not offered within the trust, including neurosurgery, vascular surgery, ophthalmology, and ENT.

There is an established network of arrangements for the transfer of patients requiring acute PCI and the Trust is working on a similar agreement for the management of Stroke thrombolysis.

## **5.0 Diagnostic support**

Radiology and Pharmacy services are available at the Trust. Pathology is provided via a collaborative service and is under the supervision of consultants in Haematology, Biochemistry, Microbiology and Histopathology.

## **6.0 Duties of the Post**

This is a permanent post and reports to the Acute Medicine Clinical Lead.

This job plan is based on the Consultant Contract in England after October 2003, and is a 11-session contract incorporating 8.5 DCC and 2.5 SPA.

The detailed job plan will be agreed for the individual integrating with existing capacity, acknowledging the need to focus on core service delivery. Other aspects of the programmed activities/supporting activities will be negotiated. Job plans will be reviewed at least annually, or more frequently.

**Direct Clinical Care (DCC)** – 8.5 PAs per week (including clinical activity, clinically related activity, predictable and unpredictable emergency work) comprising:

Daily post-take ward rounds (approx. 6-8 new patients, 4-6 reviews, distributed amongst colleagues)	1.5 PA
MAU (28 bedded shared amongst 5 physicians)	2.5 PA
SDEC (4-8 patients)	1.5 PA



Speciality interest ward round (Diabetes, Respiratory, Rheumatology, based on individuals' choice)	1.5 PA
Speciality / Ambulatory clinic (2-3 patients)	0.5 PA
On-call	0.5 PA
Clinical Administration	0.5 PA

**Supporting Professional Activities (SPA)** – Up to 2.5 PAs per week (including service development, revalidation, appraisal, CPD, audit, teaching, research and the Grand Round).

### Provisional Timetable

Time	MON or FRI	TUE	WED	THU	FRI OR MON
<b>AM</b>	8:00-12:00 POST-TAKE WARD ROUND (1.0 DCC)	8:00-12:00 POST-TAKE WARD ROUND (1.0 DCC)  12:00-12:30 LUNCH	8:00-12:00 MAU (1.0 DCC)	8:00-11:00 MAU (0.75 DCC)  11:00-11:30 LUNCH (Flexible during admin)	9:00-12:30 SPECIALTY WARD ROUND (0.875 DCC)  12:30-13:00 LUNCH
<b>PM</b>	12:00-14:00 CLINICAL ADMIN (0.5 DCC)  14:00-14:30 LUNCH  14:30-20:00 AAU (1.375 DCC)	12:30-14:30 SPA (0.5)  14:30 – 16:30 SPECIALTY WARD ROUND (0.5 DCC)	12:00 – 17:00 SPA (Including Grand Round & Lunch) (1.25)	11:30 – 15:30 CLINICAL ADMIN (1.0 DCC)	13:00-14:00 SPA (Medical Meeting) (0.25)  14:00-16:00 SPECIALTY/ AMBULATORY CLINIC (Alternate Weeks) (0.5 DCC)
<b>Total</b>	<b>2.875 DCC</b>	<b>1.5 DCC 0.5 SPA</b>	<b>1.0 DCC 1.25 SPA</b>	<b>1.75 DCC</b>	<b>1.375 DCC 0.25 SPA</b>

(Plus 0.5 PA on-call)

As noted above, the proposed job plan will be reviewed 6 months after commencement in post to ensure that the allocated split of DCC/SPA time is sufficient for the needs of both the service and the post holder.

This job description is subject to approval by the RCP.

### Expectations

- Leave is granted in line with Trust Policy and Specialty protocol.
- Sharing of on-call nights, weekends, and bank holidays will be equal.
- During on-call weekends, the consultant will provide on-site direct patient care 8AM – 8PM (SATURDAY AND SUNDAY) followed by Monday off. Whilst every effort will be made to provide a consistent day off, some flexibility will be required to maintain consultant presence 7 days a week inclusive of bank holidays.
- There will be a clear handover of clinical commitment to another consultant on those occasions where a consultant rostered for DCC needs to attend a meeting, in order to pre-empt role conflict between DCC and SPA.
- The 2.0 sessions of SPA will include:
  - Teaching & Educational Supervision
  - Job planning, appraisal and revalidation
  - Audit and clinical governance
  - Meetings

The Trust is committed to providing a balanced Job Plan for all consultants that encompasses adequate provision of SPAs and an appropriate mix of DCC activities. The timetabling of DCC/SPA will be reviewed and adapted to meet service needs.

## 7.0 Clinical Governance

### 7.1 Medical practice

All members of the Trust'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*.

All of the above provide an outline of the duties of doctors who are registered with the GMC and in particular 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.

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

### 7.2 Professional/Clinical Development

The Trust places great emphasis on the continuing professional development (CPD) of all employees. Extensive training opportunities are available both internally and externally. Internally we run 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.

### 7.3 Clinical Governance

The Trust and Business Groups are continuing to develop clinical governance and risk management arrangements building on existing frameworks. Consultant representatives sit on the Clinical Governance/ Risk Management Committee. Within the Business Group a multi-professional Clinical Governance Committee oversees 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. A monthly audit meeting is held to which all staff are invited. The Trust has a Clinical Effectiveness Unit which offers advice and support on developing audit systems.

## Research

The Trust encourages involvement in portfolio research 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 Business Group to achieve full compliance where this is not initially demonstrable.

### 7.4 Appraisal/Revalidation

The National Appraisal Scheme for Consultant Medical Staff (as outlined in MD5/01) is applicable to this post. The successful candidate will be required to fully co-operate and participate with the scheme in accordance with the Trust's procedure for consultant appraisal.

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 Business Unit / Departmental plans and targets.

### 8.0 Health & Safety

All medical staff employed by the Trust are expected to comply with Trust Policy and management instruction with regard to Health and Safety and to Fire Prevention and, in particular to anything that endangers themselves or others.

### 8.1 Risk Management

The post holder will actively participate in:

- The management of clinical risk through monitoring of 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 Business Units standards.

### 8.2 Safeguarding

The Trust has in place both a Safeguarding Children Policy and a Safeguarding Adults Policy 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.

The Trust has nominated Safeguarding Leads who act as contact points for support and advice if concerns are raised about a child or adult's welfare.

### 9.0 Equality & Diversity

The Trust will ensure that job applicants and prospective and current employees are treated solely on the basis of 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.

## 10.0 Education facilities

The Trust boasts a fantastic Learning and Development Hub, refurbished in 2023. The Trust also has a highly equipped lecture theatre and suite of training rooms, all with access to an extensive range of audio-visual equipment, including video-conferencing facilities. A Clinical Skills laboratory houses a 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.

The Trust hosts trainee doctors from Mersey Deanery and undergraduates from Manchester University. Medical education is a high priority and feedback from trainees and students placed at the Trust indicate a consistently high level of satisfaction with their educational experience.

## 11.0 Patient based Information Systems

The NHS has recognised that ICT serves an increasingly important 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 will build to include the patient's radiology, pathology, pharmacy, and theatre history together with decision support software and specialty systems.

## 12.0 Confidentiality

Working within the trust 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.

## 13.0 Data security

Every employee has a duty to ensure that the Trust Policies and Procedures regarding data security are adhered to, and that staff are aware of their obligations under these policies.

## 14.0 Disclosure and Barring Service (DBS)

"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 disclosure and barring check from the DBS before the appointment is confirmed. This will include details of cautions, reprimands, final warnings, as well as convictions".

The Trust requires a Standard / Enhanced Disclosure through the Disclosure and Barring Service for this post to ensure suitability for employment.

## 15.0 Terms and Conditions of Service

The persons appointed to the post will be expected to live within ten miles of the hospital or within 30 minutes recall time, by road, from the hospital.

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.

Annual leave entitlement is 33 days per annum plus 8 statutory holidays. Entitlement will increase for Consultants with 7 years or more service at consultant level to 35 days.

## 16. Person Specification – Consultant Acute Physician

Unless otherwise stated the person specification will be assessed by relevant certificates, CV and at interview.

	ESSENTIAL	DESIRABLE
<b>Training</b>	<p>Entry on the General Medical Council (GMC) Specialist Register via one of the following:</p> <ol style="list-style-type: none"> <li>1. Certificate of Completion of Training (CCT) (the proposed CCT date must be within 6 months of the interview)</li> <li>2. Certificate of Eligibility for Specialist Registration (CESR)</li> <li>3. European Community Rights</li> </ol>	
<b>Registration</b>	Full GMC registration with a current license to practice.	
<b>Qualifications</b>	<p>Entry on specialist register (or will attain within six months of interview date).</p> <p>MRCP (UK) or equivalent.</p>	MD/PhD
<b>Clinical Experience</b>	<p>Clinical training and experience equivalent to that required for gaining UK CCST in general (internal) medicine.</p> <p>Broad range of recent experience in general (internal) medicine.</p> <p>Training and experience to manage an acute medical 'take'.</p> <p>Expertise in relevant practical procedures eg insertion of intercostal drains, central venous lines, &amp; lumbar puncture.</p> <p>Evidence of ability to change clinical practice and service provision.</p> <p>Up to date practice in line with recent initiatives.</p>	Experience at senior grade of a critical /emergency care specialty or general medical sub-specialty
<b>Teaching</b>	Experience of successfully supervising and teaching junior doctors and other staff.	Evidence of having developed learning opportunities for others.
<b>Management</b>	<p>Understands Key Performance Indicators and Payment by Results.</p> <p>Evidence of delivering relevant change.</p>	Share departmental management duties e.g. staff rotas.

	<p>Time management skills.</p> <p>IT literacy.</p>	<p>Ability to engage and communicate the benefits of organisational change to stake holders.</p>
<b>Personal skills</b>	<p>Caring, honest and reliable.</p> <p>Able to foster good working relations with staff.</p> <p>Excellent verbal and written skills in English.</p> <p>Ability to co-operate in a democratic team environment.</p> <p>Be willing to work with consultant colleagues in equitable sharing of clinical, non-clinical and on-call duties.</p> <p>Flexibility.</p> <p>Commitment to CME/CPD</p> <p>Familiarity with information technology and general computer skills.</p>	<p>Willingness to undertake additional professional responsibilities</p>
<b>Domicile</b>	<p>Able to attend hospital within 30 minutes for purposes of on-call emergencies.</p>	
<b>Clinical Effectiveness</b>	<p>Understanding of clinical governance and demonstrates on-going CPD.</p> <p>Guideline appraisal.</p> <p>Ability to interpret and apply clinical research.</p>	<p>Evidence of implementing relevant evidence based medicine.</p> <p>Implementation of evidence based guidelines.</p> <p>Recent published clinical research in peer reviewed journal.</p>
<b>Criminal Records Bureau</b>	<p>Satisfactory enhanced CRB check.</p>	
<b>Fitness for the position</b>	<p>Satisfactory Trust Occupational Health screening prior to appointment.</p>	