

Swansea Bay University Health Board

NPT & Singleton Service Group Children & Young People Services

JOB DESCRIPTION

SPECIALTY DOCTOR – COMMUNITY PAEDIATRICS

1.0 ACCOUNTABILITY

Accountable to:	Chief Executive
Professionally accountable to:	Medical Director
Managerially accountable to:	Clinical Director Children & Young People Services
Programmed Activities	10 sessions per week: (8 DCC : 2 SPA)
Professional links	
Partner agencies	

2.0 INTRODUCTION

We expect everyone that works for the Health Board, regardless of their role, to share and uphold our values in all that they do:

Caring for each other, in every human contact in all of our communities and each of our hospitals

Working together, as patients, families, carers, staff and communities so that we always put patients first

Always improving, so that we are at our best for every patient and for each other

Swansea Bay University Health Board is the largest in Wales with approximately 17,000 employees who are committed to providing excellent care to around 600,000 people of Swansea, Neath Port Talbot. The Health Board holds a University title, is research-driven and works in close partnership with Swansea University, Swansea College of Medicine and the Institute of Life Sciences.

It has a wide range of hospital services, including specialist services such as Cardiac Surgery, Neurosurgery, Plastic Surgery and the Burns Centre for Wales & the South West. The Health Board also provides Community, Mental Health (including Forensic Psychiatry) and Learning Disabilities services.

The Health Board has three main acute hospitals – Morriston, Singleton, and Neath Port Talbot. Services are also delivered across a network of primary care practices, Community Clinics, Health Centres and Community Hospitals. It has over 2,800 beds and deals with more than 110,000 in patients and around 220,000 patients a year attend the A&E and Casualty/Minor Injury Department.

2.1 Job Summary

The Community Child Health Services cover the Unitary Authority areas of Swansea and Neath Port Talbot. These are mainly urban with rural communities to the west and north of the coastal strip. There are pockets of significant deprivation in several of the inner city wards with a Jarman Index of 3.47 for Neath Port Talbot and 5.57 for Swansea. Neath Port Talbot has five wards with the highest deprivation in Wales and also has the highest incidence of teenage pregnancy. There were 98 children on the Child Protection Register (2021) in Neath Port Talbot and 253 in Swansea. The child population covered in Neath Port Talbot is 28,090 (2021 census) and in Swansea is 46,840.

There is a Child Development Centre at Singleton (Hafan y Mor) and Neath Port Talbot hospitals. These are the bases for the Community Paediatricians, as well as the Paediatric therapists. They form vital hubs for wider multiagency working with colleagues from education, social services, and third sector organisations.

The post holder will provide a clinical service in conjunction with colleagues and under the direction of a Consultant Community Paediatrician. This is a replacement post. The number of sessions and base can be flexible to meet the needs of the right candidate.

2.2 Pre School Surveillance and Immunisation

Pre-school surveillance is undertaken by General Practitioners and Health Visitors. The school nursing service is responsible for immunisations in school.

2.3 Early Years

Pre-schoolchildren are referred for a range of difficulties which may include; developmental difficulties, motor delay, behavioural problems and chronic medical conditions which are likely to impact on school attendance/ progress. Pre-school clinics are secondary level clinics, with children being referred by Health Visitors, Therapists, General Practitioners and Acute Paediatric colleagues.

2.4 School Health Service/Educational Medicine

There are some 54,000 (2011 census) school age children in Swansea and Neath Port Talbot with approximately 2% having a statement of Additional Learning Needs. Children identified as needing additional support in school are referred for medical assessments by ALNCo's, Teachers and Educational Psychologists.

Close working relationships have been built up between the Community Child Health service and the Unitary Authorities of Swansea and Neath Port Talbot. This includes

agreed multiagency referral pathways for the following neurodevelopmental difficulties; Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Developmental Coordination Disorder (Dyspraxia).

Swansea and Neath Port Talbot have historically had one of the highest rates of integration of children with additional needs in mainstream school in Great Britain. There is also provision for children with additional learning needs in special schools and units. Ysgol Maes- y- Coed, Ysgol Hendre, Ysgol Crug Glas, Ysgol Penybryn and Penllergaer and Pontardulais PMLD units cater for around 380 children with severe/profound and multiple learning difficulties.

There are a number of specialist teaching facilities at primary, junior and secondary level, providing education for children with a wide range of difficulties including speech and language disorders, moderate/severe learning disabilities, sensory difficulties (Hearing Impairment, Visual Impairment, Multisensory Impairment) and Autism Spectrum Disorders. There are opportunities for the successful applicant to undertake the medical surveillance of children attending special schools/units.

The school paediatricians are responsible for statutory medical assessments as part of the Special Educational Needs Code of Practice for Wales. This includes preparation of medical advice for statutory assessment, and assessment, monitoring and management of children with complex and/or chronic health needs including the provision of Health Care Plans where appropriate, in line with local guidance.

2.4 Child Protection/Safeguarding

The Community Child Health team provides an on-call day-time rota for medical assessment of children who may have been subject to physical abuse. This takes place in the Sapphire Suite at Singleton Hospital, and covers children referred by both Swansea and Neath Port Talbot Social Services. This is a two tier rota, with senior support available at all times (NB. Non ambulant babies and children who require admission are seen by the acute paediatric team.)

Children suspected of having been subject to child sexual abuse (CSA) are seen via a separate sub-team within Community Child Health in daytime clinics in the Sapphire Suite, with two paediatricians working together on each case. There are opportunities to receive training in the role of medical examiner in suspected CSA.

All Community Paediatricians have a duty to liaise with social workers and other investigative agencies (e.g. South Wales Police) regarding children thought to be at risk from any form of abuse.

The Named Doctor will medically assess children on request following child protection case conferences.

2.5 Adoption and Fostering

Dr Peter Barnes acts as Medical Adviser to the Adoption Panels for Neath Port Talbot and Swansea. There are specialist LAC Teams in Swansea and Neath Port Talbot for Looked After Children. The department works closely with both Local Authorities to implement the 1989 Children Act and the Framework of Assessment for Children in Need and their

Families. The post holder will be expected to liaise closely with colleagues in Social Services as necessary.

2.6 Paediatric Medical Audiology

Dr Sharmi Sivakumaran provides a lead medical role, with audiological assessments carried out by the Audiology department.

2.7 Complex disability and palliative care / symptom control

Assessment and treatment pathways for children with complex needs are established in both Swansea and Neath Port Talbot when children are assessed by a multi-disciplinary team of community paediatricians, physiotherapists, occupational therapists, speech and language therapists, specialist health visitors in disability, specialist nurses in nutrition, epilepsy, palliative care, dietitians, community nurses and social workers. There is specialist medical input into the Audiology Service. A variety of clinics with other specialist consultants are held regularly on both sites e.g. joint neurology, CAMHS LD and joint orthopaedic clinics.

3. MAIN DUTIES AND RESPONSIBILITIES

JOB SUMMARY/JOB PURPOSE

To be a member of a team of health based personnel delivering Community Child Health services to children and their families, in conjunction with the Consultant Community Paediatrician and Specialty doctor colleagues.

To liaise and maintain close links with other health care personnel i.e. health visitors, general practitioners, clinic and school nurses, hospital paediatricians, audiologists, physiotherapists, occupational therapists, speech therapists, child and adolescent mental health professionals and the neurodevelopmental team.

To liaise with representatives of the Education Authority, Social Services Department and voluntary organisations.

Travelling between Hospital/Clinic sites may be required to undertake duties.

In exceptional circumstances it may also be necessary to undertake duties at other locations with the Health Board.

KEY TASKS AND RESPONSIBILITIES OF THE POST

3.1 Neurodevelopmental

To assess children seen in community clinics as a result of referral by health care professionals such as general practitioners, health visitors and other paediatricians or education staff such as teachers, ALNCoS and Educational Psychologists.

To receive referrals, assess, treat, and on refer (if appropriate) according to locally agreed multiagency pathways/guidelines children with suspected developmental learning difficulties, ADHD, DCD, ASD etc. This will be in conjunction with partner agencies and CAMHS.

3.2 Safeguarding

To medically assess children who are in Local Authority Accommodation on request and arrange for any referral or follow up appointment in respect of the medical and health needs of these children; with a written report for Social Services and close liaison with specialist LAC Teams as necessary.

To medically assess children on request following child protection case conference and make any appropriate on referrals. A written report will be required.

Liaise with social workers regarding children thought to be at risk from any form of abuse and other investigative agencies i.e South Wales Police.

Participate in the community on call day-time rota for children who may have been subject to physical abuse (non ambulant babies and children who require admission will be seen by hospital colleagues).

Write a report for referring agencies following an assessment for suspected child abuse.

Attend network meetings and case conferences when appropriate.

Attend court if this is necessary.

3.3 Educational Medicine

To inform the Local Education Authority of any children thought to have additional learning needs, in line with the Special Educational Code of Practice for Wales 2002.

Advise parents of available community services, including voluntary groups of services available for their children, especially for those with additional/special needs and those with behavioural difficulties.

Liaise with head teachers or ALNCo's for schools in the locality.

Offer medical advice to schools in relation to the health aspects of individual children which might impact on educational progress (remembering at all times that parental consent is necessary to divulge medical information.)

To see children on request following referral of children identified as having a medical condition which could affect their school progress.

Provide medical advice for a Child's Statement of Additional Learning Needs/Individual Development plan in line with the Special Educational Needs Code of Practice for Wales 2002, and the ALN Act (2018).

Provide medical advice for children who require home tuition or transport on medical grounds. Provide advice on children who persistently fail to attend school.

3.4 Public health

To provide support for emergency immunisation campaigns or other public health requests requiring clinical support i.e. major accidents or epidemics.

To promote health education for children and their families, whenever possible, working closely with other professionals in this field

3.5 Management

You will be required to participate in the Health Board's risk management process and in clinical audit and other clinical governance activities within the department, the service group and the Health Board. Adherence to Caldicot Principles is mandatory.

3.6 Clinical

All members of the Health Board's medical staff are required to adhere to the principles of good medical practice laid down in the guidance of 'Good Medical Practice' issued by the General Medical Council. This provides an outline of the duties of doctors who are registered with the GMC and in particular emphasises the responsibility of every doctor to ensure standards of good clinical care, share good practice, keep up to date with clinical skills, and to work in teams and maintain good relationships with colleagues in all disciplines. The Health Board is committed to the support of these principles and provides funds for education and development of all grades of staff.

3.7 Professional

You will be required to participate in the Health Board's Appraisal Scheme in conjunction with your Supervising Consultant, to identify training and development needs. You will be expected to participate in personal and professional development to fulfil Royal College CME requirements.

Doctors need to adhere to all Health Board and local policies which cover radiation exposures as currently outlined in IRMER regulations.

Subject to the terms and conditions of service the post holder will be expected to observe policies and procedures of the Health Board drawn up in consultation with the professions, where they involve clinical matters.

There must be no conflict of interest between NHS work and private work. All Specialty Doctors undertaking private practice must therefore demonstrate that they are fulfilling their NHS commitments.

For services provided which are subject to the payment of an additional fee as a general principle work undertaken during sessions will not attract the additional fee, if a fee is paid this must be passed to the Health Board. There are circumstances which allow the additional fee to be retained by an individual and as a general principle this is for work done in his/her own time, or during annual or unpaid leave. More information regarding this is provided within the Terms and Conditions of Service which are available from the Medical HR Department; however it is advisable to discuss with your Directorate/ Department if wishing to carry out any work that would be subject to an additional fee and can form part of the job planning process.

3.8 Education and training/Staff Management

There will be access to IT facilities. Training will be provided in these areas if required.

Access to a shared doctors' office will also be provided.

Appraisals (mandatory) to identify training and development needs will be timetabled on an annual basis.

You will be required to participate in the Health Board risk management process and in clinical audit and other clinical governance activities within the department

3.9 Study & Training Facilities

We place great importance on our University status and have strong educational links to the Colleges of Medicine in Swansea and Cardiff and the College of Human and Health Science in Swansea.

A staff Education Centre at Morriston Hospital, shared with the College of Medicine, with raked lecture theatres, seminar rooms and common rooms opened in 2015 as part of a substantial investment on the site to replace older facilities. There is a weekly hospital postgraduate lecture during the academic terms.

There is an active paediatric weekly journal club meeting, a weekly radiology meeting and monthly CPD, Peer review Safeguarding and Directorate Audit and Governance, participation in which participation is encouraged and expected.

Study leave is allowed in accordance with Whitley Council arrangements on the basis that adequate cover is arranged in advance with colleagues (in line with the inclusive contract).

4. Consultants and Senior staff in the specialty

The Clinical Director for Children & Young People services is Professor Sujoy Banerjee.

The Divisional Manager is Michelle Mason-Gawne.

The Head of Nursing post is Vicki Burridge.

Consultants – Community Paediatrics

Swansea (Hafan Y Mor Childrens Centre)

Consultants

Dr Surekha Tuohy, Neuro-disability and Epilepsy. Clinical Lead for Community Paediatrics.

Dr Peter Barnes, Medical Advisor Adoption and Fostering

Dr Anne-Marie Proctor, Named Doctor for Safeguarding, Neurodevelopmental interest

Dr Rebecca Balfour (Locum), Early Years Neurodevelopmental Disorders Lead

Dr Sharmi Sivakumaran, Neurodevelopmental and Neuro-disability and Medical Audiology Lead

Dr Jo Griffiths, Neuro-disability and Palliative care

Dr Shirley Jonathan, Neurodevelopmental interest

Specialty Doctors

Dr Hari Muddada

Dr Amy Founds

Dr Elinor White

Neath Port Talbot Childrens Centre

Consultants

Dr Veena Bisht, Neurodevelopment and Neuro-disability

Dr Sian Moynihan, Neurodevelopment and Neuro-disability, CSA

Specialty Doctor

Vacant Post

Named Doctor for Safeguarding

Dr Anne-Marie Proctor

Consultants – Acute Paediatrics (based at Morriston hospital)

Dr Pramodh Vallabhaneni, General Paediatrician, Clinical Lead, Undergraduate Education & Clinical Lead Child Health Specialty Attachment & Pathways to Medicine
Swansea University Medical School

Dr Christopher Bidder, General Paediatrician with Diabetes and Endocrinology interest

Dr Toni Williams, General Paediatrician with Gastroenterology and Nutrition interest

Dr Carwyn Daffyd, General Paediatrician with Respiratory Medicine and Cystic Fibrosis interest

Dr Arun Sadavisam, General Paediatrician with Nephrology interest

Dr Ingo Scholler General Paediatrician and HDU Lead

Dr Gareth Thomas, General Paediatrician with Neurology interest

Dr Helen Robbins, General Paediatrician

Dr Huma Mazhar, General Paediatrician with Respiratory and Allergy interest

Dr Dana Beasley, General Paediatrician with Rheumatology interest

Dr Katherine Frost, General Paediatrician with Diabetes interest

Dr Gayathri Kumarasinghe, General Paediatrician with Gastroenterology interest

Dr Katie Greenwood, Consultant Paediatrician with Respiratory interest

Dr Eliana Panayiotou, General Paediatrician with Allergy interest

Dr Matthew Ryan, General Paediatrician with Diabetes interest

Dr Ankita Jain, General Paediatrician with cardiology interest

Dr Rajesh Ranjan, General Paediatrician with neurology interest

Dr Geraint Morris, Consultant Paediatrician with cardiology interest and Clinical Apprenticeship Lead, *Swansea University Medical School*

Associate Specialist Doctor

Dr Puva Vamadevan Diabetes

Specialty Doctor

Dr Naeem Sethi

Consultant Neonatologists (Based at Singleton hospital)

Dr Sujoy Banerjee, Clinical Director Children & Young People Services, Honorary Professor,
Swansea University Medical School, Lead for Secondary Care Clinical Placements

Swansea GEM Programme

Dr Jo Webb, Clinical Lead

Dr Maha Mansour

Dr Arun Ramachandran

Dr Amit Kandhari

Dr Sreedhara Nittur

Dr Lucy Perkins

Dr Jamie Evans

Dr Vanessa Makri

Dr Katherine Burke

Dr Oliver Walker

5. GENERAL INFORMATION FOR APPLICANTS

If you are related to any member of staff in a senior officer position in the Health Board you should clearly indicate in your application the name of the officer to whom you are related and indicate the nature of the relationship. Deliberately concealing such a relationship would result in disqualification.

Whilst you must note that canvassing of any member of the Advisory Appointments Committee or the employing Health Board will disqualify you, we encourage applicants to seek further information about the post and you may wish also to approach University partners about academic opportunities.

Any offer of appointment will be subject to the receipt of three satisfactory references. The nature of the work of this post is exempt from the provisions of Section 4 [2] Rehabilitation of Offenders Act 1974 [Exemption Order 1975]. You are, therefore, not entitled to withhold information about convictions under the Act and, in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action by the Health Board. Any information will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Travelling expenses will be reimbursed for only one pre interview visit and only then if you are selected for interview. In the case of travelling from abroad, traveling expenses are payable only from the point of entry into the UK. In the event of the successful candidate declining the offer of employment, no expenses will be reimbursed.

Reimbursement for Relocation Expenses when appointed will be considered and will be in accordance with the Health Board policy at the time of appointment.

You will be required to declare at all times any financial interests you may have in respect of agencies with whom the Health Board may enter into contract for the supply of goods

and/or services. These will include the receipt of hospitality, funding for travel or conferences or goods in kind. Such interests should be communicated, in writing to Board Secretary and also declared on any application for study or professional leave.

The terms and conditions of service, including pay, are determined by the Medical and Dental Staff (Wales) Handbook and the General Whitley Council Conditions of Service and any changes to those conditions which the Minister for Health & Social Services may authorise from time to time.

The salary applicable is on the pay scale for Specialty Doctors in Wales and will be specified in your contract of employment.

Where it is agreed that the post will be filled on a part time basis, the job plan will be agreed accordingly.

If you wish to undertake private practice work you may do so, provided that you continue to meet all the obligations of your job description and personal job plan in regard to the discharge of your NHS work. There must be no conflict of interest between your NHS and private work which should be carried out in un-contracted time that is clearly identified in your job plan.

Your private residence shall be maintained in contact with the public telephone service and given the particular nature of your work you are required to live in a location which is within reasonable travelling time from your place of work as agreed with your Clinical Lead, unless specific approval is given in advance to your residing at a greater distance, by the Unit Medical Director.

Job Limitations

At no time should the post holder work outside their defined level of competence. If the post holder has concerns regarding this, they should immediately discuss them with their Lead Consultant / Clinical Director. All staff have a responsibility to inform those supervising their duties if they are not competent to perform a duty.

Confidentiality

In line with the Data Protection Act 1998, the post holder will be expected to maintain confidentiality in relation to personal and patient information, as outlined in the contract of employment. The post holder may access information only on a need to know basis in the direct discharge of duties and divulge information only in the proper course of duties.

Health & Safety

The post holder is required to co-operate with the Health Boards to ensure health and safety duties and requirements are complied with. It is the post holder's personal responsibility to conform to procedures, rules and codes of practice; and to use properly and conscientiously all safety equipment, devices, protective clothing and equipment which is fitted or made available, and to attend training courses as required. All staff have a responsibility to access Occupational Health and other support in times of need and advice.

Risk Management

The Health Board is committed to protecting its staff, patients, assets and reputation through an effective risk management process. The post holder will be required to comply with the Health Board's Health and Safety Policy and actively participate in this process, having responsibility for managing risks and reporting exceptions.

Safeguarding Children

The Health Board is committed to safeguarding children therefore all staff must attend the required level of safeguarding children training.

Records Management

The post holder has a legal responsibility to treat all records created, maintained, used or handled as part of their work within the Health Board in confidence (even after an employee has left the Health Board). This includes all records relating to patient health, financial, personal and administrative, whether paper based or on computer. All staff have a responsibility to consult their manager if they have any doubts about the correct management of records with which they work.

Job Description

This job description is not inflexible but is an outline and account of the main duties. Any changes will be discussed fully with the post holder in advance. The job description may be reviewed periodically to take into account changes and developments in service requirements.

No Smoking: To give all patients, visitors and staff the best chance to be healthy, all Health Board sites including buildings and grounds are smoke free.

6. DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH ACCESS TO CHILDREN AND VULNERABLE ADULTS

In order to minimise any possible risk of abuse of children or vulnerable adults a check will be made with the Disclosure and Barring Services (DBS) on the possible criminal background of the successful candidate for this post. The DBS is authorised to disclose in confidence to Swansea Bay Health Board's nominated officers, details of any criminal record, including cautions and bind over orders and "spent" convictions.

You will be required to undertake the Disclosure Check, although applicants should be aware that a refusal to comply with this procedure will prevent further consideration for the post. Any information disclosed will be treated in the strictest confidence and all circumstances will be taken into account before any decision is reached.

7. DETAILS FOR VISITING BEFORE INTERVIEW

For an informal discussion or a site visit please contact:

Dr Surekha Tuohy	Clinical Lead Community Paediatrics	01792 516481
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Mrs Michelle Mason-Gawne	Divisional Manager Childrens Service Group	01792 205666 ext 38912
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**NPT & SINGLETON SERVICE GROUP
CHILDREN & YOUNG PEOPLE SERVICES**

Job Title: Person specification for Specialty Doctor Community Paediatrics				
	Essential	Desirable	Application	Interview
Qualifications				
Full GMC/GDC Registration	√		√	
Enhanced CRB Check	√			
MBBCH or recognised equivalent	√		√	
Membership of Royal College of Paediatrics and Child health or equivalent by examination. DCH/DCCH or higher.		√		
4 years full-time postgraduate training (or part-time equivalent) at least 2 of which will be in a specialty training programme in a relevant specialty	√		√	
Or as a fixed term specialty trainee in a relevant specialty				
Or equivalent experience/competencies				
Experience				
Evidence of working effectively as part of a multidisciplinary team	√		√	√
Commitment to team approach and multi-disciplinary working	√			√
Up to date with current practices: <ul style="list-style-type: none"> Familiarity with clinical research methodology and evidence based practice Experience in clinical audit Experience in teaching & training Working as part of the management	√	√	√	√

team				
Liaison with other agencies	√			
Evidence of participation in, progressing and completing audit	√		√	√
Previous experience of working in the NHS/experience of NHS working practices and systems	√		√	√
<ul style="list-style-type: none"> • 3 years post registration experience as a medical practitioner at SHO/SG or higher • 6 months community paediatrics or hospital paediatrics including neonatology or general paediatric experience • Post qualification experience in general practice 	√	√	√	√
Skills & Abilities				
Understanding of clinical risk management and clinical governance	√		√	√
Ability to take independent decisions when necessary and to seek advice from senior doctors as appropriate	√		√	√
Ability to manage own time and workload	√			√
Experience of the assessment of emergencies	√		√	√
Able to work as a member of a team or on own initiative	√			√
Good verbal and written communication skills	√		√	√
Excellent interpersonal skills – ability to communicate sensitively with patients, relatives and staff	√			√
Teaching skill		√	√	
Understanding of information systems and technology	√			√
<ul style="list-style-type: none"> • Specific skills • Undertake child health 	√		√	√

surveillance <ul style="list-style-type: none"> • Experience in developmental assessments • Experience in child protection assessments • Experience in audiological assessments 	√			
	√			
		√		
Personal Attributes				
Flexible and adaptable to competing demands	√			√
Driving license/ability to travel between sites	√		√	
Ability to undertake on call/shift working		√		√
Commitment to modern practices	√			√

Specialty Doctor Community Paediatrics Draft Job Plan

	Sessions	Hours	Type of work
Session 1	1	4	Community Clinic (1DCC)
Session 2	1	4	PRA (1)
Session 3	1	4	Community Clinic (1 DCC)
Session 4	1	4	PRA (1)
Session 5	1	4	Clinical Meetings Journal meetings Teaching/peer review/departmental meetings (1 SPA)
Session 6	1	4	Community clinic/school clinic (1 DCC)
Session 7	1	4	PRA (1)
Session 8	1	4	Child Protection Rota (0.5 DCC)
Session 9	1	4	Referrals meetings (0.5) EYND, Peer review meetings (0.5)
Session 10	1	4	SPA

The duties described here are an example and can be flexed to suit the candidate.
An annual job planning review will take place between the post holder and the Clinical lead.

SPA; the activity undertaken should support the developments agreed as part of the PDP resulting from the appraisal process

In a typical full-time work programme of ten sessions per week, it is anticipated that the post holder will have in the order of two sessions per week for supporting professional activities included within this; the remaining sessions will be dedicated to direct clinical care. A full session is normally four hours duration.

Where traveling time has been indicated this may be dependent on where the successful candidate lives in relation to the hospitals.