

Royal Cornwall Hospital



Job Description Locum Consultant Respiratory Medicine



1. Job Details: 156-MS-3879

Title:	Locum Consultant in Respiratory Medicine
Reports to:	Specialty Lead Medical Director
Accountable to:	Royal Cornwall Hospital, Truro, Cornwall and associated sites
Reporting Location:	sites
Remuneration:	In accordance with NHS pay scales

2. Job Purpose

- To provide, with consultant colleagues, the clinical leadership within the Department of Respiratory Medicine to maintain the highest clinical standards relevant to the specialty.
- To share with colleagues, responsibility for continuous improvement within the specialty.
- To participate in the teaching and training of junior medical staff and the wider multi-disciplinary team.
- To provide with consultant colleagues an in-patient and out-patient service for the department of Respiratory Medicine and to participate in the general medicine on-call rota.
- To actively participate in both specialty and trust matters concerning clinical governance and audit.
- To participate in yearly appraisal and five yearly revalidation.
- To attend meetings and represent the team as appropriate.
- To have responsibility for ensuring active participation in continuing medical education (CME.)



The post-holders will be joining a team of seven consultant chest physicians and will be based at the Royal Cornwall Hospital, Truro taking the total to 8.

We are a flexible team and although this post is offered as a 10 PA appointments, we would strongly encourage interested applicants to discuss less than full time working or fixed term appointments with us.

In addition the opportunity exists for the right candidate to use 1 PA of activity for research or educational activities.

Background Information

Cornwall is the county occupying the South Western peninsula of the British Isles. It extends from the river Tamar in the east to Lands End in the west. Three-quarters of its boundary comprises some of the most beautiful and spectacular coastline in the country, reflected in the facts that tourism is a major industry and that the population increases significantly during the summer holiday season.

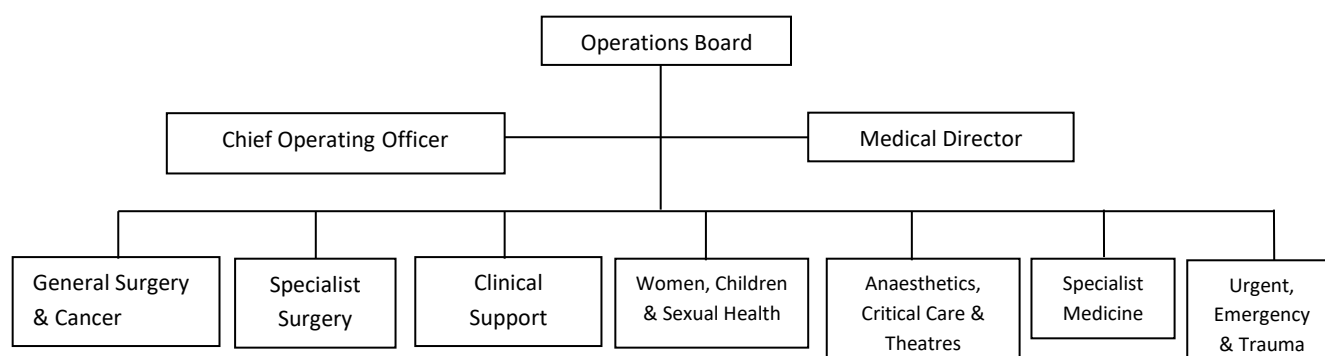
Cornwall provides an outstanding quality of life and many opportunities for outdoor activities, with its sailing waters, surfing beaches and rugged coastal pathways for walking and cycling to more relaxing pastimes as there is a thriving arts and theatre scene as well as an interesting variety of eating places, with fine dining provided by some of Britain's world famous chefs; there is something to suit all tastes outside of hospital life.

The main hospital site is situated on the western edge of the city, with easy access to the A30, the main trunk road serving Cornwall, linking with the M5 at Exeter, and the A38 to Plymouth. Truro has excellent primary and secondary schools and is on the main railway line linking Penzance to Paddington. Newquay airport is twenty miles away with daily connections to many cities throughout the UK and abroad.

The Royal Cornwall Hospitals Trust is an independent NHS Trust formed in April 1992. It serves a population of approximately 400,000 people. The trust has 1,000 beds and covers three hospital sites. Most of the services are provided at the main Royal Cornwall Teaching Hospital in Truro, including all inpatient respiratory services. With some in-patient eldercare services, out-patient and day care services at the West Cornwall Hospital along with an urgent care centre and GP services. St Michaels provides largely surgical day care, out-patient and neurology rehabilitation services.



Respiratory medicine is part of the Specialist Medicine Care Group. Organisationally the Care Group reports into the Chief Operating Officer. The Care Group comprises individual specialties – respiratory medicine, cardiology, eldercare, , diabetes and endocrinology, nephrology and neurology. A clinical specialty lead, service lead (manager, currently Paul Eddy) and matron (Sarah Budden) manage each specialty, reporting into a Care Group Clinical director (currently Frances Keane), general manager (currently Rachael Pearce), and Clinical Matron (currently Sarah Lear).


Care Group – Facilities Wards

Wellington	Specialty: Thoracic Medicine 26 beds (Six Higher dependency beds for NIV)
Kerensa	Specialty: Eldercare - 25 beds
Roskear	Specialty: Respiratory, Cardiology - 28 beds
Eden	Specialty: Gynae, Urology, Renal, Resp
Cardiac Investigation Unit	Specialty : Cardiology, 19 beds
Grenville	Specialties: Endocrine, Renal - 24 beds
Phoenix	Specialty: Stroke, Neurology - 25 beds
Coronary Care Unit	Specialty: Coronary Care - 10 beds
Wheal Prosper	Specialty: Endocrine/Resp 12 single side rooms
Tintagel	Specialty: Eldercare – 25 bedded
WCH Penzance (two wards)	Specialty: Care of the Elderly – 53 beds



5. Principal Accountabilities

Work Programme, Duties and Responsibilities

The post-holder will share the in-patient management of respiratory patients with the seven existing consultants. In-patients are predominantly managed on Wellington and Roskear Wards (shared with cardiology), with responsibility for 6 beds on the Wheal Prosper isolation ward and for 6-8 medical outliers on Eden ward.

Both Wellington has an Acute respiratory unit to provide NIV with 1:2 nursing care. Respiratory have responsibility and named consultant ownership for patients with primarily respiratory problems on the acute medical unit.

Inpatient work is currently rotated two weeks out of seven, the addition of these posts will change this provision to 2 in 8/9 weeks. At any one time the inpatient beds are shared between two consultants who each conduct two full ward rounds a week and visit the wards for about three hours on the other mornings to see any new admissions, expedite discharges and see those patients deemed to need a senior review. One consultant is responsible for Wellington ward and Wheal Prosper plus non AMU referrals, and the other is responsible for Roskear, Respiratory patients on AMU and medical outliers on Eden.

We provide 7 day working for respiratory medicine with one consultant undertaking specialist weekend review between 8am and 2pm, Saturday and Sunday. This involves attending Wellington, Roskear (non-cardiology patients), AMU, Eden and Wheal Prosper to see new admissions or referrals, expedite discharges and see those patients deemed to need a senior review, including the ARU on Wellington. This weekend follows the Wellington ward week to ensure continuity. The consultant then only works 3 out of the 5 days the following week, for example having the Monday and Tuesday off the following week, but alternative days can also be agreed.

This is part of annualised job planning and not taken out of annual leave. Alternative time in lieu can be considered.

This is currently 1 in 7 weekends but will decrease with appointments to 1 in 8-9.

Job plans are annualised, so that in non ward weeks, there is a day off and following the respiratory weekend on call (8am- 2pm), there are two days off; so that during off ward weeks consultants work 4 days out of 5 delivering undergraduate medical student teaching, bronchoscopy lists and outpatient clinics. Leave is taken when off wards and swapped where necessary to ensure a minimum of 3 consultants at any one time are present to cover inpatient work, the cancer service, teaching and bronchoscopies.

We have recently introduced a fast track cancer service with dedicated pre clinic CT slots and 1 of 4 consultants assigned as the lung cancer consultant of the week, supported by a navigator and clinical nurse specialists, with no ward or other clinic commitments in this time. We are advertising for a clinical fellow post to support the service also. Lung Health Checks are rolling out in Cornwall, with the service expected to start locally in Autumn 2023.



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We have an established day case pleural service supported by an experienced pleural nurse who performs some procedures independently and a pleural clinical fellow post as well as the specialty trainees, under the supervision of Dr Soar.

There is a new integrated respiratory team initially established in the east and west of the county and now recruiting to expand to cover the whole region with respiratory physiotherapy, speech therapy, respiratory nursing, dietetic, occupational therapist and council and voluntary sector staff all working together.

We have specialist nurses and physiotherapists within RCHT for Cystic fibrosis, domiciliary NIV and asthma/COPD, lung cancer and pleural services with an aim to recruit to an ILD post.

The successful applicant will normally be expected to participate in the General Medical on call rota. There is a 1 in 26, evening weekday and evening weekend on call commitment. When on call the consultant conducts a post take review from 18.00 to 21.00 before participating in the evening handover, consultants can then review any patients identified at handover in need of senior review and are job planned until 22.00 to allow for this. They are then required to be available but not resident through the night.

The job plan is 10PA's (1 PA for on call commitments) and a minimum of 1.5SPA for established consultants, with additional SPA for educational, research or leadership activities agreed in annual job plan review) and 7.5 PA's direct clinical care sessions consisting of outpatient appointments, ward commitments, bronchoscopy lists, on call activities and clinical administration. Out-patient templates meet the RCP recommendations with 30 minutes for a new patient and 15 minutes for a follow up, where appropriate telephone clinics have been developed and encouraged. Templates vary by clinic specialty, for example a 3 hr clinic may have 3 new and 6 follow up, 4 new and 4 follow up or 6 news.

Development of a subspecialty interest will be actively encouraged and supported and depending on the successful candidate's interests and experience. Existing consultants have interests in asthma, bronchiectasis, CF, ILD, sleep and NIV, lung cancer, pleural, TB and integrated care, but candidates wishing to further develop any of these areas would be welcomed and supported at whatever level of experience they have.

The formal job plan will be agreed between the appointee and specialty lead and care group management and will be based on the provisional job plan below. The current working week is divided up into 2 weeks on ward and 5 weeks off wards (increasing to 2 in 8/9 weeks with appointments). Annual leave is taken during off ward weeks.



The job plan will cover all aspects of the consultant professional practice including clinical work, teaching, education and managerial responsibilities. It will provide a clear schedule of commitments, both internally and externally. In addition it will include personal objectives, including details of their links to wider service objectives, and details of the support required by the consultant to fulfil the job plan and objectives **(The draft Job plan details below are subject to approval by the Royal College of Physicians) .**

On wards (2 in 8) Weekend 1/8 only

	Mon am	Mon pm	Tues am	Tues pm	Wed am	Wed pm	Thurs am	Thurs pm	Fri am	Fri pm	Sat (1/8)	Sun (1/8)
Activity (hours)	WW (4)	WW (2.5)	WW (4)	WW (2.5)	WW (4)	WW (2.5)	WW (4)	WW (4)	WW (4)	MDT (2)	6	6

Timetabled direct clinical work (DCC) = 31.25
Other DDC non timetabled (Admin (6) plus general medical on call (4)) = 10
Supporting professional activities worked flexibly = 10

Total PA = 10.3 DCC + 2.5 SPA = 12.8

Off Wards (6 in 8)

	Mon am	Mon pm	Tues am	Tues pm	Wed am	Wed pm	Thurs am	Thurs pm	Fri Am	Fri pm
Activity (hours)	Admin	SPA	OPA (4)	BRONCH (4)	Off	Off	Teaching /bronch	OPA (4)	Admin/SPA	MDT (2)

Timetabled direct clinical work (DCC) = 22
Other DDC non timetabled (Admin (6) plus general medical on call (4)) = 10
Supporting professional activities worked flexibly = 7.7
Other activity teaching = 2.3

Total PA on wards 12.8, off wards 9.1. Average over 8 week cycle - 10PA's
Additional PA's are negotiable

WW = ward work (rounds, referrals)

MDT = Multidisciplinary meeting

BRONCH = Bronchoscopy

TEACH = undergraduate teaching counted as SPA

Continuing Professional Development

The applicant is expected to participate in professional continuing medical education; study leave is provided for this purpose, and the appointee will be entitled to apply to the Trust Study Leave Committee for contribution to funding of this activity.



Revalidation and CPD

RCHT supports both revalidation and CPD for all doctors within the Trust. GMC Revalidation requires a recommendation from your designated body (RCHT) that there are no concerns regarding your practice. In order to support this recommendation the trust requires you to provide it with a copy of your full appraisal & Multi-Source Feedback history.

Mentoring

The Trust has a comprehensive mentoring programme which is open to all new appointees. A senior consultant will be nominated as a mentor for newly appointed Physicians.

Audit

The trust and the department are committed to medical audit as an essential part of quality improvement and patient safety. Consultants are expected to complete audits in line with GMC requirements and have time within their SPA allocation to enable this. Support is available from the trust audit department. Relevant audits are reviewed at the weekly education meeting and monthly governance meeting.

Office/Secretarial Staff Support

The successful candidate will be provided with an office which will be a shared facility with one of the other consultants, and secretarial support. A dedicated computer with internet/intranet access will be provided in the appointee's office.

Emergency Medicine

General medical patients are usually admitted for assessment in the Medical Admissions Unit (MAU), and then transferred on a daily basis, to the care of the appropriate medical specialty team. The post-holder's patients will thus be a mixture of respiratory and general medicine patients.

Junior Medical Staff

There are two or more ST3 or above in the department.

There is also a pleural clinical fellow, ST3 equivalent.

Junior medical staff on the wards include three foundation doctors (F1/2) and 2 CT1/2. Their work is ward based with a little outpatient clinic time to support training.

Specialty Profile

The Specialty of Respiratory Medicine is centered on the Royal Cornwall Hospital, Truro. However, we serve a rural population and where appropriate we try to deliver services to people as close to their homes as possible. We therefore hold outpatient clinics in Redruth, Bodmin, St Austell, Newquay, Penzance as well as Truro.



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Staffing

Consultant Chest Physician
Consultant Chest Physician
Consultant Chest Physician
Consultant Chest Physician
Consultant Chest Physician
Consultant Chest Physician
Specialty Doctor
Trust Doctor in CF

Dr. Jonathan Myers
Dr. James Pickering
Dr. Meme Wijesinghe
Dr. Sarah Coulter
Dr. Matthew Berry
Dr. Ben Soar
Dr Sarah Deacon
Dr. Susheela Banerji
Dr. Justine Robertson

Matron
Service Lead (Manager)
Wellington Ward Manager
Roskear Ward Manager

Sarah Budden
Paul Eddy
(Interim) Charlotte Uren
Shelley Jackson

Financial dimensions for Respiratory Medicine

Medical	611,362
Nursing	1,201,565
Other staff technical	42,104
Admin	Central Fund
Non Pay	1,300,783
TOTAL	3,155,8141

Other Medical Staff

Specialty Registrar	2
Cancer/Pleural Clinical	2
Fellows	
CT1/2	2
F1/2	3
TOTAL	9

Specialist nurses

CF	1.0
NIV	2.0
COPD/asthma	3.0
Pleural	1.0
Sleep	1.0

Other Staff

Nursing	48
Professional and Technical	1
Administrative and Clerical	5
Management – Service Lead	1



Workload Profile

Table 1: Inpatient Admissions

Specialty	Emergencies	Electives
Respiratory Medicine	1,600	130

Table 2: Outpatient Attendees

Specialty	New patients	F/U patients	Totals
Respiratory Medicine	3,180	4,470	7,650

- 1 Figure includes patients seen in non-consultant led clinics.
- 2 Outpatient activity covered by Royal Cornwall Healthcare Trust.

Clinical Governance

At Divisional level there is a Governance and Quality Board, which meets monthly. This is a multidisciplinary meeting with medical, nursing and management representatives.

The specialty holds its own Clinical Governance meeting every month during Tuesday lunchtime so that all can attend. An alternate monthly TB MDT also occurs in other Tuesday lunchtime slots. Specialty mortality review is incorporated into this session.

Lung cancer MDT

A two hour, weekly MDT meeting is held and attended by chest physicians, lung cancer CNS, thoracic radiologists, visiting thoracic surgeon from Plymouth, clinical oncologist, and histopathologist. Non-cancer radiology is discussed at the end of this meeting according to clinical need.

Specialty Meetings

There is a regular weekly educational meeting over Tuesday lunchtime when the governance and TB meetings are not scheduled. All medical staff attend these meetings which are presented mainly by the junior medical staff. In addition there is a fortnightly specialty business meeting. All consultants attend along with the service lead, senior nurse, ward managers and respiratory specialist nurse.

Facilities

Bronchoscopy

There are two bronchoscopy lists held each week in the well-equipped endoscopy unit. Capacity is sufficient that patients can almost always be bronchosoped within a week of the decision to do so and often on the next list. EBUS is performed weekly with two consultants assigned to each EBUS list. Rapid onsite evaluation (ROSE) is present to enhance cytological yield and accuracy.



Pulmonary Function Testing

A full time Pulmonary Physiologist conducts full lung function tests. Other assessments provided by the physiologist and/or specialist nurses and healthcare assistants include spirometry, FENO, reversibility testing, nebulized antibiotic challenge testing, arterial blood gas sampling, LTOT assessment, home sleep studies, fitness to fly assessment, exercise oximetry, skin prick allergy testing, venepuncture and mouth pressure measurement.

Radiology

A responsive and well equipped radiology department provides rapid access to high quality imaging modalities including CT, MRI, nuclear medicine including SPECT and ultrasound. An interventional radiology service is able to perform all commonly requested procedures. PET scanning is available at RCHT with a mobile scanner.

Information Technology

The group has placed PCs in all of its wards. This gives ward-based access to all of the trust's core systems (PAS, Clinical Imaging by PACS, Maxims with histopathology, haematology, biochemistry, case note tracing etc.) as well as to the Intranet and Internet. The group aims to give access to its guidelines and protocols to all clinical staff via these and all other PCs in the trust.

6. Communications and Working Relationships

Internal

- Chief Executive
- Medical Director
- Team working within the divisional/specialty managers and administrative staff
- Specialty Leads, Divisional Directors and Divisional Managers.
- Clinical leads of site specific multidisciplinary teams.
- All doctors and multi disciplinary teams throughout the Trust.

Links with other departments.

Surgery

There are close links with our surgical colleagues in the cardiothoracic directorate in Derriford Hospital, Plymouth and also with other surgical providers chiefly Royal Brompton and Harefield Hospitals. Regional networks are integral to our management of cystic fibrosis and lung cancer. Networks are being developed in other areas such as difficult asthma, home non-invasive ventilation and interstitial lung disease

Intensive care unit

There is an excellent ten bedded intensive care unit with an attached HDU. There is close co-operation between the ICU anaesthetists and the respiratory department.



Continuing Medical Education and Teaching

The division has a weekly lunchtime educational meeting (Thursday) with an average attendance of approximately 80 medical staff. The meeting is an excellent forum for medical grand rounds, presentation of items of clinical governance etc.

The post-holder is expected to participate in the teaching and training of junior staff, medical students and other clinical staff groups. The post-holder will also have supervision responsibilities for junior medical staff within the specialty.

Department of Medical Education

The RCHT Department of Medical Education consists of the following personnel with sessional time for education:

Director of Medical Education	Dr. L Moulton
Senior Manager Medical Education	Ms J. Gilbert

The department is based in the Postgraduate Centre. This is a busy, purpose built education centre which opened in 1983 on the Truro site. It is single storey, detached brick building with a tiered lecture seating 150, a projection room, two seminar rooms, conference room, suite of offices, store rooms, undergraduate administrator's office, skills station, dining room and a spacious fully equipped kitchen. The main users are doctors and dentists but the accommodation is open to veterinary surgeons, nurses, physiotherapists, radiographers and other disciplines within the NHS. The accommodation is also available for hire by organisations outside the NHS.

West Cornwall Hospital has a postgraduate facility with two large conference rooms, one of which also houses journals and library books. The centre is staffed by the senior manager medical education and there are four full time staff.

Each College and Specialty has their own clinical tutors who work closely with the department of Medical Education. There is a Teachers Group that is multi-professional, which meets every two months to develop generic teaching skills. The Department works closely with the Education and Training Department which offers excellent courses in management and IT skills and also with the Practice Development Department.

University of Exeter Medical school (UEMS)

The campus at Truro is an integral part of UEMS in partnership with the Royal Cornwall Hospitals Trust.

The innovative undergraduate curriculum, combining both the science and the art of medicine, is integrated from the outset, incorporating basic science and clinical teaching in community and secondary care settings, mainly in small groups, using enquiry-based learning. A robust system of Service Level Agreements (SLAs) is in place to ensure that the vast majority of teaching activity is captured in job plans and funded appropriately.



The University is part of the Russell Group, and a significant expansion in student numbers means that in addition to clinical students in Years 3 to 5, from 2020 Truro will have its first cohort of Year 2 students. This means that there are new exciting possibilities for those clinicians with an interest in education/ academia.

The Knowledge Spa accommodates the academic and educational needs of the medical students and the Faculty of Health of Plymouth University [nursing and allied health professionals]. There is a substantial library for health professionals, and the public, as well as research space and incubation units for health-related businesses. The European Centre for Environment and Human Health, part of UEMS, is located within the extension to the Knowledge Spa. Together with the undergraduate medical programme and postgraduate taught programmes, the Centre makes up the Truro Campus of the University of Exeter. This world leader in environment and health research also has laboratory space at the Penryn Campus of the University.

Consideration will be given to a suitable applicant being awarded a senior honorary academic title with UEMS. Subject to academic performance a joint academic / clinical appointment might be possible in the future.

The Care Group has a significant teaching commitment to the Medical School and the post-holders will contribute towards this, the exact nature and timing of which to be agreed with the Speciality Director.

For further information and discussion relating to the University of Exeter Medical School, please contact Dr. Simon MacIntosh

Consideration will be given to a suitable applicant being awarded a senior honorary academic title with UEMS. Subject to academic and/or educational performance, a joint academic / clinical appointment may arise, in line with the UEMS REF and TEF strategy.

The Directorate has a significant teaching commitment to the Medical School. It is anticipated that the post-holders will contribute towards this, the exact nature and timing of which to be agreed with the Speciality Director.

7. Job Description Agreement

Signature
Post-holder

Date

Signature
Divisional Director

Date

Signature
Chief Executive

Date



Health and Safety and Risk Management

In carrying out their duties the employee is required to take responsible care to avoid injury or accident, which may be caused by work. These duties must be performed in accordance with the Directorate/Trust's Health and Safety Policy, which is designed to secure safety in working practice and in handling materials and equipment.

Hospital Policies

The Royal Cornwall Hospitals NHS Trust is a dynamic organisation; therefore changes in the core duties and responsibilities of the role may be required from time to time. These guidelines are not a term or condition of contract.

We expect all our staff to share the values that are important to the Trust and behave in a way that reflect these. In keeping with the Trust's Standards of Business Conduct for Employees and the Equal Opportunities Policy, the post-holder is at all times expected to take responsibility for their own actions, support multi-disciplinary and partnership working and develop a working environment of courtesy, fairness and mutual respect.

The post-holder will have access to confidential information, which may only be disclosed to parties entitled to receive it. Unauthorized disclosure is a disciplinary offence.

The Royal Cornwall Hospitals NHS is a regulated organisation and as such, all post-holders must have their criminal record checked. You will be asked at interview if you have any criminal convictions and a police check on the existence of a criminal record will be made if you are the preferred candidate for appointment to the post. You are required to comply with the regulations of the Human Rights Act 1998 during the course of your employment.

This job description will be subject to annual review and amended to meet the changing needs of the Trust.

This job description is subject to the Terms and Conditions of service of Royal Cornwall Hospitals NHS Trust.

Please note:**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 record check from the Disclosure and Barring Service before the appointment is confirmed. This will include details of cautions, reprimands, final warnings, as well as convictions.

If this post requires participation in exposure prone procedures, you will be required to undergo blood borne virus screening as appropriate.



LOCUM CONSULTANT IN RESPIRATORY MEDICINE

ATTRIBUTES	REQUIREMENTS		METHOD OF ASSESSMENT
	ESSENTIAL CRITERIA	DESIRABLE	
Qualifications	Full GMC Registration and a licence to practice Appropriate Royal College Membership	Higher degree, e.g. MD or PhD. Entry on the GMC Specialist Register via: CCT (proposed CCT date must be within 6 months of interview) CESR or European Community Rights GMC specialist registration	Pre-employment checking procedure. CV
Experience	Competency in the management of all aspects of Respiratory Medicine.	Management course. Teaching (medical students, peers, MDT).	CV and interview



		Experienced in clinical audit and clinical governance and the benefits of how this improves the quality of care provided to patients and ensuring this is embedded in clinical practice.	.
Practical and Intellectual skills (including any special Knowledge)	<p>Strong clinical and personal credibility.</p> <p>Excellent communication and interpersonal skills; adapts style depending on audience.</p> <p>Conceptual and analytical skills.</p> <p>Speak fluent English to at least I.E.L.R.S level 7.5.</p> <p>Excellent IT skills.</p>		CV, interview and references.
Disposition/ Adjustment/ Attitude	<p>Flexible in approach and able to adapt quickly to changing priorities.</p> <p>Able to operate as an agent of change and ability to work collaboratively with peers, MDT.</p> <p>Attention to detail in all professional tasks.</p>		CV and interview.



<p>Additional circumstances</p>	<p>A Disclosure and Barring Service check satisfactory to the organisation.</p> <p>Current and valid visa to allow work in the UK, if applicable.</p> <p>Occupational Health clearance.</p> <p>Receipt of three satisfactory references.</p> <p>To live no more than 10 miles or 30 minutes travel from Royal Cornwall Hospital.</p> <p>The post-holder must have access to their own transport and the ability to travel within and outside of the county, sometimes at short notice, when required.</p>		<p>Pre employment checks.</p>
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Prepared by: Matthew Berry

