

Chief registrar job description and person specification

Chief Registrar in General Surgery

Job description

Job title:	Chief De richnen
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Grade:	ST4 or above or Certificate of Eligibility for Specialist Registration (Combined Programmes) (CESR(CP)).
	Applications are open to both full time and less than full time trainees.
Division:	General Surgery
Role overview:	The chief registrar role is a leadership role for senior specialty trainees. The role provides 50% protected time to develop and implement local initiatives focusing on, for example, service improvement, engagement and morale, education and training, workforce and sustainability.
	Chief registrars benefit from access to a bespoke development programme provided by the RCP, which runs from September 2019 to June 2020 and comprises five 2-day modules that chief registrars are expected to attend.
Reporting, mentoring and educational supervision:	The chief registrar will report to and be mentored by a senior clinical leader in the Trust. The chief registrar will meet with their mentor every month for at least 1 hour.
supervision.	The chief registrar will have a named educational supervisor for their role, who may or may not be the same as their clinical supervisor.
	There will be formal educational oversight of the role, with an induction, educational agreement, personal development plan and regular appraisals.
Appointment	By interview.
Training status	All candidates must hold a national training number. This is an essential requirement. The chief registrar role may be undertaken in programme or out of programme (training or experience), to be determined locally by individual training needs and preferences. Any necessary extension to certificate of completion of training

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	 (CCT) date is also negotiated and approved locally, with involvement of the head of school where appropriate. Approval of the relevant specialist advisory committee will be required for OOPT requests. Trainees must discuss applications for chief registrar roles with their education supervisor and TPD in advance of applying. Permission to apply for the role must be obtained from the TPD.
	The principle requirement of the GMC is that the chief registrar role should be undertaken at a site approved by the GMC for training in the applicants' specialty.
Time commitment:	Minimum 12-month post
	50% protected time for chief registrar role; 50% clinical practice.
Job role and responsibilities:	The chief registrar job description is broad in scope in order to allow chief registrars and recruiting organisations to have autonomy and flexibility over the work the chief registrar undertakes. Chief registrars should focus on addressing key local challenges and priorities, which may include some or all of the following:
	 Providing a 'bridge' between senior clinical leaders, managers and the wider trainee workforce to improve communication, engagement and morale. Service improvement, for example redesigning pathways, implementing new technology and establishing new services to improve flow and outcomes for patients. Improving the quality of clinical and non-clinical education and training activities, and supporting/mentoring other trainees to engage in quality improvement. Involvement in workforce planning and improving the deployment of trainees to meet service needs and improve morale. Improving efficiency and reducing waste. Working across teams and boundaries to engage stakeholders in quality improvement and influence change.
	Involvement in and exposure to senior management and organisational decision-making
	The chief registrar should attend departmental and divisional management meetings to gain an understanding of management and the wider social, political and economic influences on healthcare delivery.
	Where possible and appropriate, they should attend Board meetings. They should lead any sessions on service development, improvement and transformation for which they have direct responsibility.

Clinical responsibilities:	50% protected time for chief registrar role 50% clinical practice On call commitments may vary and should be determined locally
Enrolment on RCP development programme:	The RCP delivers a bespoke development programme for chief registrars that comprises five 2-day modules held between September 2021 and June 2022 and delivered from the RCP's bases in either London or Liverpool.
	Travel and accommodation expenses for chief registrars' attendance at development programme modules cannot be reimbursed by the RCP.

Person specification

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Essential criteria	Desirable criteria
Qualification	· · · · · · · · · · · · · · · · · · ·
Full registration with General Medical Council	Additional relevant degree (intercalated,
Be fit to practice	masters or doctorate)
Hold a national training number	
Should be ST4 or above	
Should not already hold a CCT or be within 12	
months (ideally not within 18 months) of	
completion of training on intended start date	
Must have approval of TPD to apply	
Evidence of satisfactory / more than	
satisfactory progress through training,	
including annual review of competence	
progression (ARCP) outcomes	aal akilla
	cal skills
Evidence of clinical competencies in their	
specialty appropriate for their stage in	
training	
An appropriate knowledge base, and ability	
to apply sound clinical judgement to	
problems	
Ability to prioritise clinical need	
Ability to maximise safety and minimise risk	
Ability to work without supervision where	
appropriate Rese	arch
Understanding of research, including awareness of ethical issues	Evidence of relevant academic achievements,
	including publications / presentations
Understanding of research methodology and	
ability to use basic qualitative and quantitative methods	
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Knowledge of evidence-based practice	I management
Leadership and	
Evidence of effective team working and	Evidence of involvement in local
leadership, supported by multi-source	management systems
feedback or workplace-based assessments	Evidence of effective leadership (e.g.
Self-awareness, with knowledge of personal	evidence of leading innovations or
strengths and weaknesses, impact and areas	improvements)
for development	Understanding of the local and national
Interest in and knowledge of the importance	context of the NHS, including economic and
of leadership and management for clinicians	political influences
Quality/ service imp	
Understanding of clinical governance,	Evidence of a portfolio of audit / quality
including the basic principles of audit, clinical	improvement projects, including evidence
risk management, evidence-based practice,	that the audit loop has been closed and

patient safety and quality improvement initiatives Evidence of active involvement in quality improvement, audit, research or other activity that focuses on patient safety and clinical improvement and innovation Interest in / knowledge of the delivery of safe, effective healthcare services	evidence of learning about the principles of change management Evidence of publications / presentations / prizes in quality improvement or audit Good knowledge of the UK healthcare system, including education, research, service provision, regulation, career structures, medical politics and ethics Clear insight into issues facing UK healthcare services
Education and	
Evidence of interest in and experience of teaching Evidence of positive feedback on teaching approaches	Development of teaching programmes Participation in teaching courses Participation in degree or diploma courses in education Action learning sets / simulation instructor
Personal	skills
Communication Clarity in written / spoken communication Capacity to adapt language to the situation, as appropriate Active listening and empathy Ability to build rapport and communicate effectively with others Ability to persuade, influence and negotiate Ability to communicate effectively under pressure Problem solving and decision making Capacity to use logical / lateral thinking to solve problems / make decisions, indicating an analytical / scientific approach and, where appropriate, creativity in problem solving	Leadership skills gained within the NHS or elsewhere Writing experience: - clinical and/or non-clinical topics - peer-reviewed publications and/or other communication (e.g. blog, letters to journals) Evidence of altruistic behaviour, e.g. voluntary work
Organisation and planning Capacity to manage / prioritise time and information effectively Evidence of thoroughness (well prepared, self-disciplined / committed, punctual and meets deadlines) Capability to work with long timescales for delivery within agencies with differing priorities Coping with pressure and managing uncertainty	

Appendix One 1.0 GLOUCESTERSHIRE

Cheltenham and Gloucester lie at the head of the Severn Estuary, midway between London and South Wales. Gloucester is an old Roman fortification and an historic cathedral city. Cheltenham is a large Regency town renowned for its music, literary and cricket festivals and for the 'Cheltenham Gold Cup'. Gloucestershire is well known for its cultural and leisure activities and has many excellent state and private schools as well as colleges of higher education and its own university (the University of Gloucestershire).

Both Cheltenham and Gloucester are close to the M5 motorway, providing easy access to the university facilities of Bristol, Cardiff and Birmingham. Oxford lies 40 miles to the east on the A40.

Cheltenham and Gloucester are served by the Intercity network with easy access by train to Birmingham and the north and Bristol and the south west of the country. There is a direct Intercity service to London Paddington. The airports at Bristol and Birmingham are about an hour away and London Heathrow airport is less than 2 hours by road.

2.0 HEALTH SERVICES IN GLOUCESTERSHIRE

The NHS is undergoing major changes in its core structure. Most of these changes took effect on 1st April 2013, but some are still being implemented.

Gloucestershire Clinical Commissioning Group (CCG) is now the main commissioner of services in Gloucestershire and includes membership of lead GPs.

Within the Gloucestershire CCG area there are five main localities including Stroud, The Forest of Dean, North Cotswolds, Gloucester and Cheltenham.

The NHS Commissioning Board is responsible for overseeing delivery in the NHS as well as commissioning GP services and holding CCGs to account. They operate through Local Area Teams (LATs) and our LAT covers Gloucestershire, Bath, Swindon and Wiltshire, but operates out of Gloucestershire.

Gloucestershire Hospitals NHS Foundation Trust provides acute services to the population of Gloucestershire (600,000), as well as services to parts of Herefordshire and Worcestershire

We are the second largest employer in Gloucestershire, with more than 7,400 employees. Our success depends on the commitment and dedication of our staff. Many of our staff are world leaders in the fields of healthcare, teaching and research and we aim to recruit and retain the best staff possible.

Our patients are cared for by more than 2,100 registered nurses and midwives and 800 doctors. In addition, we employ more than 600 estates staff, 190 healthcare scientists and 425 health professionals, such as physiotherapists and speech therapists.

Gloucestershire Care Services NHS Trust provides a range of community based health and social care services such as District nursing, health visitors, and sexual health services and is responsible for the County's seven community hospitals in Stroud, Tewkesbury and the Cotswolds.

"gether NHS Foundation Trust provides mental health and learning disability services in Gloucestershire. This Trust works in partnership with Social Services.

The South Western Ambulance Service NHS Foundation Trust, which was formed on 1st February 2013 provides emergency and urgent care, patient transport services and out of hours services across Cornwall and the Isles of Scilly, Devon, Dorset, Gloucestershire, Somerset, Wiltshire and the former Avon.

3.0 GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The Trust was established in April 2002 to provide acute hospital services for the whole of Gloucestershire. The Trust employs approximately 8,000 WTEs.

The Trust currently manages two hospitals:

Gloucestershire Royal Hospital 580 plus 48 day beds (628) Cheltenham General Hospital 378 plus 33 day beds (411)

Over the course of a year the average activity for the Trust is more than 17,000 elective inpatient cases, 62,000 emergency inpatient cases, 74,000 day cases, almost 800,000 outpatients attendances and 125,000 A&E attendances. The Trust serves a population of almost 620,000 for acute care and a population of over 750,000 for cancer.

Gloucestershire Royal Hospital provides general hospital services predominantly to people living in the west of the county. Some services such as renal and haemodialysis, inpatient paediatrics, paediatric oncology, inpatient neurology, rheumatology, dermatology and ENT are provided for the whole county.

Cheltenham General Hospital provides general hospital services predominantly to people living in the east of the county and parts of south Worcestershire. Some services, such as ophthalmology are provided for the whole county. The Oncology Centre at Cheltenham General Hospital is the hub of the Three Counties Cancer Network being a centre of excellence for Gloucestershire, Herefordshire, Worcestershire and parts of Wales.

Both Cheltenham General and Gloucestershire Royal Hospitals have Emergency Departments with heli-pad access at GRH.

As a large acute Trust, Gloucestershire Hospitals NHS Foundation Trust attracts staff in all clinical and non-clinical disciplines. It is able to offer an excellent career structure, opportunities for flexible working and a wide range of services to support staff.

The Trust places great emphasis on improving patient access to services and reducing visits to hospital where possible through the provision of "one-stop clinics" where all tests, consultations and treatments are provided with only one visit to the hospital.

The Trust provides opportunities for the public to be involved through patient surveys, focus groups and a good working relationship with the Patients' Fora.

A Patient Advice and Liaison Service within the Trust provides the opportunity for patients, their relatives and friends to access clear and friendly information.

The Hospitals' Leagues of Friends, other support groups and organisations play an important role in the life of the service and are an effective link to the public.

The Trust enjoys strong and fruitful relationships with its partners in the Gloucestershire Health Community and in Social Services and other statutory organisations, working together to ensure the best health care for people in Gloucestershire.

The Trust received approval to become a Foundation Trust from July 2004.

4.0 LOCALITY HOSPITALS IN GLOUCESTERSHIRE

The county is currently well served by a large range of community hospitals, many of which provide outpatient, radiology, elective surgery, therapy and emergency services, as well as inpatient rehabilitation and intermediate care.

Dursley (The Vale)	20 beds
Cirencester	75 beds
Cinderford (The Dilke)	26 beds
Lydney	27 beds
North Cotswold (Moreton-in-Marsh)	22 beds
Stroud	44 beds
Tewkesbury	20 beds
Winchcombe	6 beds

Within the Gloucestershire ²gether Foundation Trust, community facilities are also provided for mental health services, mental health resource centres and in facilities offering services to people with learning disabilities.

Post dates

12 month post starting: Wednesday 2 August 2023 until Tuesday 6 August 2024.

<u>SALARY</u>

The salary for this post will be at the Specialist Registrar payscale on new 2016 junior doctors contract (MS04-MS08: £51,017 - £58,398, unless an approved OOP is received to retain MN37 if in training post as at 2 August 2016 & continued to do so. Additional hours & weekend paid, subject to confirmation of named rota.

Annual leave: 27/32 days (5/6 weeks & 2 days) per year dependent on previous service.

NO SMOKING POLICY

There is a Trust No Smoking Policy throughout all premises and ground.