

# Consultant Candidate Pack



## About us:

North Bristol NHS Trust is a centre of excellence for healthcare in the South-West in several fields and is also one of the largest hospital trusts in the UK. We have links to the University of Bristol, the University of Bath, and the University of the West of England. Our annual turnover is £870 million, and we have 12,000 staff delivering healthcare across Southmead Hospital Bristol, Cossham Hospital, Bristol Centre for Enablement and within the local community of Bristol and South Gloucestershire. We aim to deliver excellent clinical outcomes and a great experience for everyone who uses our services: exceptional healthcare, personally delivered. We treat some of the most difficult medical conditions, in an increasingly complex patient population.



Our vision is to realise the great potential of our organisation by empowering our skilled and caring staff to deliver high-quality, financially sustainable services in state of-the-art facilities. Clinical outcomes will be excellent and with a spirit of openness and candour we will ensure an outstanding experience for our patients.

## Our hospitals



- Southmead Hospital Bristol
- Cossham Hospital
- Bristol Centre for Enablement
- Frenchay – Brain Injury Rehabilitation Unit

## Our vision, mission, and values

NBT Cares is the focal point for our new Values. Cares stands for Caring, Ambitious, Respectful and Supportive

- Caring – because it underpins everything we do for our patients and the way we care for one another
- Ambitious – because it signals that we always want to improve what we do on behalf of our patients and one another
- Respectful – because every individual has an important role to play
- Supportive – because we're a team and deliver together

## Our values:



## Our Trust Strategy:

Our new Trust strategy launched in February 2023, and Patient First is the approach we are adopting to implement this strategy. The fundamental principles of the Patient First approach are to: 2023 Trust Strategy. The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

- have a clear strategy that is easy to understand at all levels of NBT
- reduce our improvement expectation at NBT to a small number of critical priorities
- develop our leaders to know, run and improve their business
- become a Trust where everybody contributes to delivering improvements for our patients.



## Where are we now

As evidenced by our response to the Covid-19 pandemic we, as a nation, have never been more-proud of the NHS. This pride is very much felt here at NBT, not only in our services but in the high standards of care provided and the staff who deliver them. We launch this Quality Strategy after a period of sustained and widespread improvement. This was highlighted in 2019 when we achieved an overall 'Good' rating from the Care Quality Commission, we were also rated as 'Outstanding' in the Caring and Well Led domains. All our clinical core services are rated as 'Good' with End-of-Life Care rated as 'Outstanding.'

Ratings for the whole trust					
Safe	Effective	Caring	Responsive	Well-led	Overall
Good ▲ Sept 2019	Good ▲ Sept 2019	Outstanding ▲ Sept 2019	Requires improvement ◆◆ Sept 2019	Outstanding ▲ Sept 2019	Good ▲ Sept 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Our culture of continuous improvement has led to many examples of excellent services and teams and recognition of these are given in many ways, the most prominent of which is our annual Exceptional Healthcare Awards. We will continue to build on our philosophy of sustained improvement and continue to demonstrate high quality, safe care with excellent patient outcomes and feedback. Continuous improvement will be underpinned by an open and fair safety culture in which everyone is comfortable with speaking up when things are not right, learns when things do not go to plan and from practice that results in excellence. Our learning will be strengthened by working in partnership with patients, carer givers and families to reduce any future harm.

## Education, training, and development

As a responsible employer we care deeply for the people who work here and are committed to ensuring we have a highly skilled and motivated workforce. Not only is this the right thing to do, but it is also fundamental to our success. We will continue to embrace our responsibility for developing the workforce of the future in collaboration with other local care providers, the Universities and Health Education England. We want this to be the start of an ongoing conversation with our workforce and we will:

- Continue our roles in undergraduate and postgraduate training of health care professionals, providing high quality clinical placements and excellent teaching facilities

- Work with others to establish new roles that increase the opportunities people have, to join the health workforce and make maximum use of available skills
- Expand our excellent apprenticeship programmes
- Support and promote the continuous development of all our staff so that each can maximise their potential

## Continuous improvement

We cannot predict all the changes required of our services in the years ahead and so we must continue to invest in the capability of our people to enable them to address new challenges as they arise. We must create an organisation that is agile in responding to new challenges.

We are proud of our culture which encourages our workforce to continually improve and expect to continuously innovate what we do in the years ahead. Effective working in complex teams is a core reason for our recent successes at NBT. We will continue to develop team working capabilities using our award winning Perform methodology.

We intend that this will be embedded in every part of our organisation. We will develop high levels of capability by using data to identify challenges that require action and to support effective change. We will bring together the change management expertise in the Trust to maximise the transformation resource available to our services.

The capability in the Programme Management Office and the Quality Improvement team will be continuously reviewed to ensure that we have the correct mix of skills for delivering the improvements we need.

## Research & Digital Transformation

We are a well-established research centre with a multidisciplinary infrastructure that supports a broad range of clinical research. Working collaboratively with care providers across the geographical areas, we seek to ensure that everyone we meet has equal access to research, conscious of inclusivity, minimising environmental impact, developed, and delivered by a highly skilled, committed workforce. Delivering excellent clinical research is important for us as it supports improving patient outcomes as well as attracting and retaining talented staff. We will continue to:

- Increase our capability to deliver research that is important to, and prioritised by, patients
- Continue to be a key contributing member of Bristol Health Partners and the West of England Clinical Research Network to enhance our combined strengths.
- Ensure access to cutting-edge treatments with appropriate safeguards that improve patient outcomes
- Provide support and expertise for clinicians who wish to develop their own research

Improve patient safety and care by rapidly adopting evidence-based research outcomes Innovation and technology in the future the adoption of technology and digital solutions will be fundamental to our transformation. The road to embracing digital since has seen us:

- Remove digital friction, implement enabling technologies, ensure technology is aligned to roles, and enable high quality data at the point of care.
- Digitise patient interactions, and the automation of related processes, enabling the sharing our data across the system.
- Reflect our growing wealth of data back to decision-makers at all levels of the Trust through self-serve Business Intelligence.

A huge amount has been delivered, notably the launch of CareFlow Connect & Vitals in 2020, and a CareFlow Patient Administration System in July 2022 – all which support a new electronic patient record for NBT. With the Trust recently approving a 2-year extension of this strategy, the immediate future is likely to be as momentous as we launch a joint single digital maternity system with University Hospitals Bristol & Weston Foundation Trust (UHBW), and also introduce CareFlow Medicines Management which will bring many safety benefits through electronic prescribing.

This transformation is enabled by the Trust's IT Division, but clinically led – in particular, through NBT's four senior informatics officers. This ensures that clinicians both understand and embrace digital innovation, whilst ensuring it's informed and driven by the needs of staff and patients with a focus on standardisation, integration, and interoperability.

Longer term, our digital transformation will be defined through Bristol's two acute Trusts working to a single vision – an 'Acute Provider Collaborative' - led by the Joint Chief Digital Information Officer for both NBT and UHBW.

## Employer of choice

There is no part of society that the NHS does not reach, and we should never underestimate the responsibility we have to the people we serve and care for. At the same time, we are nothing without the people who work for us. Without the vast array of skills and capabilities of our staff we would not be able to provide the very personal care we do or achieve the bold ambitions we have set out in our strategy. We can only be successful by continuing to employ talented people with a commitment to providing excellent care. We need to recognise that working in a busy hospital can be tough and the wellbeing of the people who work here can be challenged. If we want our staff to feel healthy, happy, and well, we need to be totally committed to creating an environment for work that allows our people to thrive and deliver their very best for our patients.



As a large and established employer, we seek to provide a great place to work. To achieve that it is important we recognise that people are leading increasingly busy lifestyles with many conflicting demands. People want to work more flexibly and the idea of a set working base with set working patterns is increasingly outdated.

We will continue to work with our staff to ensure an appropriate balance between flexibility in employment options and the need to provide 24/7 services. We strive to support our staff to make working at NBT fit well with their lives, be that by:

- Providing onsite childcare services
- A comprehensive travel to work offer
- Onsite facilities for staff including catering and fitness classes
- Hospital Arts and Sustainability programmes

Our ambition is to become a truly inclusive Trust, where people feel a sense of belonging and identity. To achieve this, we have adopted an approach called Valuing You through which we will create equality of opportunity for all. We will provide a broad training and development offer for all our staff, so they are supported in their continuous development. Our comprehensive health and wellbeing offer is key by supporting our staff to be fit and healthy themselves, so we can provide better care for our patients. We recognise the pressure inherent in providing health care and we will continue to improve the support we provide for our staff's health and wellbeing, building on the programmes we have already established

As a new consultant within NBT will ensure that you receive a comprehensive induction and onboarding programme which will include access to a mentor, and our New Consultant Programme, where we will give you the opportunity to network with other consultants who are new to the Trust, meet and develop key working relationships with members of the Office of the Medical Director as well as other Executive members.

In addition, we offer all our consultants a generous study leave package comprising of up to 30 days over three years and up to £1000 per year study leave budget.



# Job Description

**Job Title:** Locum consultant in Infection (Infectious Disease and Microbiology)

**Pay Scale:** Medical and Dental Consultant

**No of PAs:** 10

**Responsible to:** Specialty Leads for Infectious Disease and Microbiology

**Professionally accountable to:** Clinical Director

**Base/Department:** Infectious Disease

**Locations:** Southmead Hospital, Bristol Royal Infirmary, Weston General Hospital

**Job Plan:** An indicative job plan is contained below.

## Summary of the role:

This locum consultant post is a joint appointment between the Department of Infectious Disease and the Department of Infection Sciences (Microbiology) at Southmead Hospital, Bristol. Duties will include blocks on the ward, consults, clinics, the virtual ward and microbiology with the precise mix determined by the needs of the departments and interests of the appointee. The post is based at Southmead Hospital but with a commitment to some sessions at Weston General Hospital and Bristol Royal Infirmary.

Duties of post (in conjunction with other members of the team):

- Consultant care to patients on the designated ID ward bed-base – the ward is a combination of those with infection and general medical conditions. There is no acute medical on call commitment.
- Provision of consult advice with continuing responsibility for the care of patients with infection to all departments within the Trust in liaison with consultant colleagues in microbiology and infectious disease.
- To take part in the activities of analytical microbiology, and clinical consultation services at the Southmead and Weston General sites.
- To participate in all aspects of antimicrobial stewardship for the Trust, to support the Antimicrobial Stewardship Lead.



- To promote infection control practice and give site-specific Infection Prevention and Control advice where required in day to day care when providing clinical service and when on call.
- Provision of specialist clinical advice to GPs & hospital colleagues within the region.
- To participate in constructing policies for the Trust as required.
- Participate in outpatient clinics.
- Provision of in-reach and specialty advice to the Acute Medical Unit and Emergency Department with the aim of avoiding admissions and giving early senior specialist input to patient care.
- Participation in emergency planning, training and delivery in relation to potential infectious disease threats.
- Provide prospective cover for colleagues leave - reciprocal cover will be provided for the appointee.
- Participation in a 1 in 6 on call rota for the ID department providing out of hours telephone advice and on site at Southmead for weekend/bank holiday for ward rounds on the ID ward and consult support to the acute medical unit. In the second half of 2024 this rota will include the high consequence infectious disease (HCID) service which will require on site attendance within 6 hours of referral of a confirmed HCID patient.
- To take a flexible approach to cross-site and cross-departmental working. The role is based at Southmead Hospital but cross-site working to the Bristol Royal Infirmary and Weston General Hospital will be required.
- Liaise in a timely manner with trust clinical staff, medical microbiologists, general practitioners and health protection consultants concerning the diagnosis and management of patients, and control and prevention of infections.
- Laboratory commitments include day-to-day supervision of diagnostic methods and examination of specimens, authorisation and interpretation of results.
- Contribute to quality assurance performance within the department, including taking part in all relevant national external quality assurance (NEQAS) programmes.
- Contribute to achieving and maintaining full accreditation with UKAS, or an equivalent agency.
- Participation in medical IQA and Governance meetings as required.

## The Departments:

Infection care at North Bristol NHS Trust is provided by the Department of Infectious Disease and Severn Infection Sciences together with the Department of HIV Medicine. We provide a comprehensive inpatient and outpatient service to the local community and

region, serving a local population of around 500,000 with a regional catchment in excess of 1 million.

- The Department of Infectious Disease is part of the Division of Medicine. There are currently 9 consultants accredited in Infectious Disease delivering 5.1 WTE to the Department. It provides inpatient ward based care, consults across the organisation, and delivers general infection and tuberculosis clinics.
- Severn Infection Sciences, based on the Southmead site, is a collaboration between NBT and the UK Health Security Agency (UKHSA). It provides diagnostic laboratory services for North Bristol Trust, University Hospitals Bristol and Weston Foundation Trust and the Royal United Hospital Trust, Bath as well as their associated GP practices, annually processing over 600,000 bacteriology specimens and 350,000 virology specimens. There are 9 consultant microbiologists based at Southmead delivering services to NBT and Weston General Hospital. In addition there are 3 consultant virologists delivering a regional service, 5 consultant microbiologists at University Hospitals Bristol and Weston and 5 in Bath. The laboratory is housed on the Southmead site, providing one of the largest, most automated laboratory services in the UK. The North Bristol population served for GP services is approximately 500,000. There is an emergency out of hours service for technical diagnostic work, and the Southmead site normally operates from 8.00am to 8.00pm on a flexible technical rota system.
- The Department of HIV Medicine cares for over 1100 patients, predominantly from Bristol but also North Somerset and South Gloucester. The Consultant sessions are currently provided by 2 Immunology consultants and 2 ID consultants with excellent support provided by three specialist nurses (who see over half the patients and deliver the PEPSI service) and two GUM Consultants who have sessions in Bristol and Taunton. There are close links with the GU service in Bristol, and the HIV teams in Gloucester, Bath and Taunton. Most of the patient cohort are well controlled and on six monthly follow up. When ward admission is required for HIV related causes the clinic team manage the patients on a rotational basis with ID and GUM trainees.

Very close relations exist between the Medical Microbiologists, and physicians in the Infectious Diseases Department, with regular joint clinical discussions, joint weekly handover meetings to discuss interesting and complex cases, a joint journal club and joint training opportunities for all infection trainees. Looking to the future, we plan to build on these strong foundations further. Our vision is to have a joint Infection Sciences department made up of specialists from all Infection disciplines, providing seamless patient care whilst maintaining specialist skills and areas of expertise.

### ***Inpatient services***

The inpatient ID ward is located on ward 27b, a 32 bed ward with an additional 6 beds in a ventilated, lobbied respiratory isolation suite. Infectious Disease runs around 36 beds between 2 consultant led teams.

The case mix includes tuberculosis, respiratory infection, complex HIV, discitis, imported infection, general community infection, fever of unknown origin and general medical cases. Ward rounds take place every weekday with more focused consultant-only rounds

at weekends and bank holidays. Patients admitted with HIV and its complications are cared for by physicians from the HIV team – there is scope for involvement in this rota. Bristol-based patients requiring admission for the management of MDR-TB or complex non-pulmonary TB are admitted to Southmead. There are weekly meetings with HIV and microbiology colleagues in which complex cases are discussed and a shared ID/HIV radiology meeting.

ID and Infection Sciences together deliver a comprehensive consult service and contribute to MDTs across the site providing bedside review where required. The work is diverse with clinical services provided at Southmead including: Acute Internal Medicine, General Surgery, Vascular Surgery, Accident & Emergency (which is the centre for the regional trauma network), Orthopaedics, Obstetrics & Gynaecology, Neonatal Intensive Care, Respiratory Medicine, Renal Medicine including transplant, HIV Medicine, Urology, Plastic Surgery, Burns and Neurosurgery/Neurology. There is a 48 bedded Intensive Care Unit specialising in the care of patients with trauma, burns and head injuries, as well as other patients requiring high dependency and intensive care. The Infection Sciences team provide a range of advice and consult services including MDTs for neurosciences, burns, vascular surgery, Hospital at Home (OPAT), renal medicine and bone/joint.

### ***Outpatient services***

- General infection - there are two general consultant outpatient lists each week. Patients include those being followed up from the ward and primary care referrals of those with possible non-acute infection such as returning travellers (e.g. eumycetoma, strongyloides, schistosomiasis), those being investigated for fever of unknown origin, uncommon community acquired infections and patients referred for the exclusion of Lyme disease.
- Tuberculosis – the TB service for Bristol is delivered in partnership with the Bristol TB nurses and colleagues at the Bristol Royal Infirmary. The three organisations operate to a single set of standards and meet regularly for MDTs and peer review. The weekly tuberculosis clinic at Southmead sees new referrals, ward follow ups and those with possible or confirmed latent infection. We are a regional referral centre for complex and multi-drug resistant tuberculosis.
- Urgent care – we work closely with the same day emergency care centre (SDEC) offering same or next day reviews for urgent ambulatory cases, e.g. possible malaria.
- HIV – clinics take place on most weekdays and are delivered by experienced specialist nurses and HIV physicians. There is scope for involvement in this service for suitable applicants.
- The microbiology team deliver a number of additional clinics in partnership with host services including prosthetic joint infection and spinal metalwork infection.

## ***Facilities***

Consultant desks are located on level 6 of the Brunel building co-located with ID registrars, HIV nurses and ID/HIV secretarial team. There are 2 hot desks for use by the ward team on level 2 of the main building. Microbiology consultants are based in the pathology department where further hot-desking facilities are available.

## **Team structure:**

### *Divisional Management Team (Infectious Disease):*

Clinical Director – Dr Ella Chaudhuri and Dr Jarrod Richards (joint appointment)

General Manager – Mr Ben Hewlett

Head of Nursing – Annie Langford

### *Infectious Disease consultants*

Dr Izak Heys (Consultant in Infectious Diseases & General Internal Medicine)

Dr Mahableshwar Albur (Consultant in Infectious Diseases & Medical Microbiology)

Dr Ed Moran – Specialty Lead (Consultant in Infectious Disease & General Internal Medicine)

Dr Ankur Gupta-Wright (Consultant in Infectious Disease & General Internal Medicine)

Dr Jessica Barrett (Consultant in Infectious Disease & General Internal Medicine)

Dr Alex May (Consultant in Infectious Diseases & Medical Microbiology)

Dr Julia Colston (Consultant in Infectious Diseases & Medical Microbiology)

Dr Megan Jenkins (Consultant in Infectious Disease & General Internal Medicine)

### *Secretarial Support team*

Ms Lynne Brown, Ms Denise Bennett, Ms Sue Hawyllar

### *Immunology/HIV consultants*

Dr Mark Gompels – Specialty Lead (Consultant in Immunology and HIV)

Dr Sarah Johnston (Consultant in Immunology and HIV)

Dr Philip Bright (Consultant in Immunology and HIV)

*Divisional Management Team (Core Clinical Services):*

*Clinical Director* – Dr Albert Power

*General Manager* – Sarah Robinson

*Severn Infection Sciences, Microbiology consultants*

Dr Isabel Baker – Specialty Lead (Consultant in Infection-Medical Microbiology)

Dr Elizabeth Darley (Consultant in Infection-Medical Microbiology)

Dr Mahableshwar Albur (Consultant in Infectious Diseases & Medical Microbiology)

Dr Gaya Nayar (Consultant in Infection-Medical Microbiology)

Dr Jason Biswas (Consultant in Infectious Diseases & Medical Microbiology)

Dr Julia Colston (Consultant in Infectious Diseases & Medical Microbiology)

Dr Roshina Gnanadurai (Consultant in Infectious Diseases & Medical Microbiology)

Dr Mbiye Mpenge (Consultant in Infection – Medical Microbiology)

Dr Georgina Beckley (Consultant in Infection – Medical Microbiology)

*Secretarial Support team*

Miss Joanne Cook and Mrs Josephine Poad

*Other key Infection Sciences staff*

Dr Elizabeth Johnson – Head of National Mycology Reference Lab (Consultant Clinical Scientist)

Dr Matt Donati – Lead for Virology (Consultant Virologist)

Microbiology consultants based at UHBW: Dr Martin Williams, Dr Rajeka Lazarus, Dr Phil Williams, Dr Irasha Harding (on sabbatical), Dr Ed Barton (locum)

## **Communications and Relationships:**

The post holder will be expected to have excellent communication skills, both written and verbal, to enable effective communication about medical topics with patients and colleagues. The post holder will be empathetic and sensitive to patients needs and able

to explain things clearly – particularly complex or sensitive information. The post holder will be required to work in partnership with colleagues of all disciplines, external links to the Trust and service users, to ensure the creation of a high quality service. The post holder will be expected to commit to shared goals in the department by building effective teams and partnerships and valuing the roles and contributions of others.

### **Key working relationships:**

Internal: consultant and administration colleagues as listed above, nursing teams on ward 27b and outpatients, laboratory staff.

External: consultant colleagues at UHBW and staff at local community provider organisations.

### **Responsibility for Patient Care:**

The post holder will have continuing responsibility for the care of patients in his or her charge and for the proper functioning of the service and will undertake the administrative duties associated with the care of patients and the running of the clinical department. The post holder will be required to work in partnership with colleagues of all disciplines, external links to the Trust and service users, to ensure the creation of a quality service.

### **Responsibility for financial / physical resources and policies:**

The post holder will be expected to adhere to Trust policy and procedures as well as contributing to policy and service development. The post holder should have enough understanding of NHS financial management in order to provide the best service possible. They will minimise waste, improve services, and promote effective use of resources available.

The Post holder should understand the roles and policies of local and where relevant national agencies involved in healthcare.

### **Responsibility for People Management:**

The Post Holder will be expected to provide compassionate leadership to their clinical teams. This may include multi-agency teams within Primary and Secondary Care. They will be responsible for the supervision of junior staff within their team and will lead by example and with compassion. They are expected to share with Consultant colleagues in the medical contribution to management.

As of right to be a member of the following and to attend them with due regularity:-

- Bacteriology Management Group
- Analysis and Reporting meeting

To be managerially accountable for clinical microbiology and laboratory activities to the Clinical Lead in Infection Sciences.

The appointee will be expected to be fully involved in the developments of the specialty, to take account of the Trust and UKHSA policies, including Risk Management Strategy and developments in Clinical Governance.

There is a Consultant Appraisal Scheme in place in NBT according to the GMC Revalidation requirements.

## **Teaching and Supervision of Junior Medical Staff & Students:**

We aim to support the development of all our doctors, whilst maintain an environment where patient and staff safety is paramount. A key element of that is ensuring high quality clinical and educational supervision. The postholder will be responsible for the professional supervision and management of junior medical staff. Where appropriate, the postholder will be named in the educational contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers. Time will be allocated within job plans to support this activity.

There are currently 11 whole time equivalent registrar posts in medical microbiology and infectious disease/microbiology and two in ID/gen med in the Severn region. There are currently also 4 academic clinical fellows and one academic clinical lecturer. At any one time around 5-8 of these will be based at Southmead with 2-4 placed in ID, 3 in microbiology and 1 in virology. Trainees from Exeter are occasionally placed at Southmead for their ID inpatient training. All training is delivered jointly with weekly seminars and journal clubs for all medical staff working in infection, and monthly regional joint ID/micro training sessions for registrars.

All consultants participate in the undergraduate teaching of medical students and collaborate with academic staff at University Hospitals Bristol and within the North Bristol Academy to ensure the smooth delivery of the course and examinations.

The post holder should participate in postgraduate teaching of junior doctors training in Infection specialties including Combined and Higher Infection Trainees, and professional supervision and management of junior medical staff. The post holder will be expected to participate in teaching e.g. in the form of Journal Clubs, Grand Rounds and as part of the Bristol programme of formal teaching of trainees as well on an ad hoc basis, where appropriate.

## **Research and Development:**

At NBT we have a well-established Quality Improvement programme and the post holder will contribute to this. There are also opportunities for clinical audits both locally and nationally the post holder will support more junior staff with this activity.

Many members of the three departments are involved in research, either through portfolio studies (e.g. vaccine trials, Recovery, ISARIC), drug trials (e.g. HIV, antibiotic) or leading their own projects and have a good track record of publications. There are excellent links to the University of Bristol and Infection Sciences is well known for its expertise in antimicrobial chemotherapy (particularly



antimicrobial assays), external quality assurance and research in new antibiotics and pharmacokinetics and pharmacodynamics.

The postholder can request up to a maximum of 30 days study leave within a 3-year period (pro rata for part-time posts) as stated in the Terms and Conditions of Service.

## **Partnership working:**

The post holder will be required to work in partnership with colleagues of all disciplines, external stakeholders and service users, to ensure the creation of a quality service. They will commit to shared goals in the department by building effective teams, valuing the roles and contribution of others.

The Departments of Infectious Disease and Severn Infection Sciences are currently hosted in different Divisions. There is recognition that there are a number of common skills and the potential for significant synergy. The two departments work closely together with some consultants rotating between the two services. We anticipate the service delivery becoming increasingly unified with consultants from the departments working across both as their experience allows. Recent consultant posts in Severn Infection Sciences rotate between the two trusts, some ID accredited consultants based in Infection Sciences do weeks on the ward if desired, and ID dept consultants may deliver micro consult services at UHBW from time to time. It is anticipated that such rotational working will become the norm in the future.

## **Equality and Diversity:**

At NBT our culture is one of true inclusivity and aims to positively eliminate discrimination by promoting a diverse and inclusive culture. As a minimum the post holder will ensure that their own actions support diversity and equality and they will comply with policies, accept differences and treat all with dignity and respect.

## **Personal Development:**

At NBT we are committed to supporting all staff with their personal and career development and also developing our aspiring leaders. Access to relevant study leave will be available, subject to discussion and agreement of the department clinical lead.

## Main conditions of service:

This appointment is subject to the terms and conditions – Consultants (2003) and any current amendments. The post holder will be expected to be aware and comply of local policies and procedures as well as comply with all Trust standing orders and standing financial instructions. All offers of employment are subject to pre-employment clearances.

## Job Plan:

A formal job plan will be reviewed between the Post Holder and Specialty Lead within three months after commencement in post. The exact timetable will be flexible, arranged in discussion with the Specialty Lead.

The job plan will be reviewed prospectively and at least annually. This will be a positive agreement that sets out a Consultant's duties, responsibilities and objectives for the coming year.

## Pre-interview visits:

Prospective candidates are encouraged to visit the Trust and meet members of the management team prior to interview. Appointments can be made for a visit at any point prior to the date of interview.

Please contact:

Dr Ed Moran, Clinical Lead for Infectious Disease, [ed.moran@nbt.nhs.uk](mailto:ed.moran@nbt.nhs.uk) or via secretary on 0117 9505050

Dr Isabel Baker, Clinical for Infection Sciences, [isabel.baker@nbt.nhs.uk](mailto:isabel.baker@nbt.nhs.uk) or via secretary on 0117 4146273

# Draft job plan – Infectious Disease

(to be confirmed and agreed with post holder within three months after commencement)

The below relate to weeks delivering service to the ID ward. Weeks in the consult service are annualised and comprise a balance of ward rounds, MDTs, clinics and providing telephone advice etc. These will have a similar 8.5PA DCC commitment. The department delivers 7 day working on the ward and there will be an approximately 1 in 6 weekend/bank holiday commitment to morning ward rounds. The job plan will adapt to account for this. Time off in lieu will be provided where weekend working requires it. Additional responsibilities such as educational supervisor roles, governance lead etc. are funded in addition to the 1.5 core SPA. There is an average of 1 in 6 on call by phone for clinical management advice.

Day	Time	Location	Work	Categorisation	No. of PAs
Monday	0800-1300	Ward	Ward round	DCC	1.25
	1300-1400	Office	SPA	SPA	0.25
	1400-1600	Ward	Ward supervision	DCC	0.5
Tuesday	0800-1300	Ward	Ward round	DCC	1.00
	1300-1400	Seminar room	HIV team meeting	SPA	0.25
	1400-1600	Outpatients	TB clinic	DCC	0.75
Wednesday	0800-1200	Outpatients	General ID clinic	DCC	1.00
	1200-1300	Seminar	Reg training	SPA	0.25
	1300-1600	Ward	Ward round	DCC	0.75
Thursday	0800-0900	Ward	Ward round	DCC	0.25
	0900-1100	Seminar	Micro and X ray MDT	DCC	0.50
	1100-1300	Ward	Ward round	DCC	0.50
	1300-1500	Office	Clinical admin	DCC	0.50
	1500-1600	Office	SPA	SPA	0.25
Friday	0800-1300	Ward	Ward round	DCC	1.25
	1300-1400	Seminar	Team meeting	DCC	0.25
	1400-1600	Office	SPA	SPA	0.5
Saturday				See below	
Sunday				See below	
Predictable emergency on call work					
Unpredictable emergency on call work (Max per week until 31 March)					
Total PAs					10
On call weekends will be between 0.5 and 1PA subject to departmental discussion and service needs. Time off in lieu will be provided from the weeks when on consult service.					

<u>Programmed activity</u>	<u>Number</u>
Direct clinical care (including unpredictable on-call)	8.5
Supporting professional activities	1.5
<b>Total Programmed Activities</b>	<b>10</b>

## Draft job plan – Microbiology

Microbiology activities are annualized. Below is the weekly rota of clinical activity.

Other clinical responsibilities (clinics, etc.), CPD and other related supporting activities continue in 'non-clinical' weeks.

Day	Consultant A	Consultant B	All Duty Medical Staff
Monday	09:00 Handover*  11:30 ICU Ward Round  14:00 Bedside Consults	09:00 Handover*   15:30 Burns MDT, bedside consults	Lab liaison/result validation/telephone consults
Tuesday	11:30 ICU Ward Round  14:00 Bedside Consults	12:00 Hospital at Home/OPAT MDT  14:30 Neurosurgery MDT, bedside consults	Lab liaison/ result validation/telephone consults
Wednesday	11:30 ICU Ward Round  13:00 Journal Club  14:00 Bedside Consults including Renal Ward Round	13:00 Journal Club  14:00 NICU Ward Round, bedside consults	Lab liaison/result validation/telephone consults
Thursday	09:00 Combined Infection meeting*  11:30 ICU Ward Round  14:00 Bedside Consults	09:00 Combined Infection meeting*  11:30 Vascular MDT  14:00 Bedside Consults	Lab liaison/result validation/telephone consults
Friday	11:30 ICU Ward Round  13:00 Grand Round  14:00 Bedside Consults	11:00 Hospital At Home/ OPAT MDT 13:00 Grand Round  14:00 Bedside Consults	Lab liaison/result validation/telephone consults

\* All consultants attend if available

## PERSON SPECIFICATION

### Assessment at Shortlisting stage

Category	Essential	Desirable	Scoring Matrix
<u>Qualifications And Registration</u>	<p><b>MRCP or equivalent and FRCPath or equivalent</b></p> <p>Full and Specialist registration (and with a license to practice) with the General Medical Council (GMC) or be eligible for registration within six months of interview.</p> <p>Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT.</p> <p>Ideally CCT (or equivalent) should be in Medical Microbiology and Infectious Diseases.</p>	<p>MD.MSc, PhD, DTM&amp;H</p> <p>Dip HIV med</p>	Qualifications
<u>Training And Experience</u>	<p>Recent experience and familiarity of UK hospital systems and practices (or equivalent). Experience of running an ID inpatient ward.</p> <p>Training in prevention diagnosis and treatment of infective conditions.</p>	<p>Managing complex TB and HIV cases.</p> <p>Experience in the management, organisation and delivery of OPAT services.</p> <p>Experience in Infection Control/Decontamination; completed HIS hospital infection control course.</p> <p>Experience in a Lead role for Medical Education.</p>	Experience
<u>Further Training, Management, Audit</u>	<p>Evidence of recent CME/ reasonable training progression at this stage of career.</p> <p>Experience in audit and quality improvement</p> <p>Knowledge of contemporary NHS management issues. Knowledge of political context within which we operate. Able to demonstrate leadership capability within multi-disciplinary teams and across organisations</p>	<p>Completion of a general management course or programme.</p> <p>Demonstration of involvement in directorate management</p>	Knowledge and Experience
<u>Research, Teaching, Publications</u>	<p>Proven teaching ability.</p> <p>Willingness to undertake teaching of medical undergraduates &amp; postgraduates. Able to be educational supervisor for infection trainees. Ability to gain the trust and confidence of colleagues and patients.</p>	<p>Proven track record in research.</p> <p>Ability to gain the trust and confidence of colleagues and patients. Ability to teach effectively</p> <p>Evidence of relevant publications in peer reviewed journals.</p> <p>Demonstration of involvement in clinical directorate management.</p>	Skills
<u>Personal Requirements (e.g. Communication Leadership Skills, Flexibility)</u>	<p>Ability to lead a team and form effective harmonious working relationships within and between teams. Ability to inspire, motivate and develop junior medical staff. Ability to work independently as well as part of the Directorates. To balance individual requirements against those of the Directorate and Trust as a whole.</p>		Other

	Good written communication skills. Evidence of the ability to communicate with patients, colleagues and staff at all levels.		
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