

Job Description

Consultant Vascular Surgeon

April 2024



NHS
Somerset
NHS Foundation Trust

January 2024

Kindness, Respect, Teamwork
Everyone, Every day

1 DETAILS OF THE POST

1.1 General Description

Somerset and North Devon Vascular Network is a successful, progressive and ambitious Vascular Network with an excellent reputation for providing a comprehensive range of vascular specialist services. Vascular services for all patients in Somerset and North Devon are provided through the hub site in Taunton with spoke services at North Devon District Hospital, Yeovil District Hospital and community hospitals around Somerset and North Devon.

The Taunton site is the site of centralised elective and emergency vascular surgery and host provider of NAAASP screening for Somerset and North Devon. The South West of England has an increasingly elderly population with the highest proportion of over 65 year olds in the UK. The increasingly elderly population and high life expectancy of the local population has led to a significant vascular workload with the Network performing in excess of 300 index arterial surgical reconstructions and 300 angioplasties per annum.

This is a replacement post, due to retirement and reduction of hours of existing staff. The appointee will join the 6 vascular consultants, Mr Paul Evers, Mr Andrew Stewart, Mr Ian Hunter, Mr James Coulston, Mrs Katy Darvall and Ms Natasha Chinai to provide a Vascular Surgical Service for the population of Somerset and North Devon (circa 800,000). The post holder will be predominantly based at Musgrove Park Hospital in Taunton, but will also form part of a 4 consultant team delivering outpatient and day case vascular services at North Devon and Somerset community hospital sites. The post attracts a total of 10 PAs and includes being on call (1 in 7) for the Somerset and North Devon Vascular Network.

In line with recommendations from the Royal College of Surgeons:

- (a) The post will be reviewed within 1 year of appointment and the time allocated within the job plan for supporting professional activities (SPAs) will be reconsidered. Additional SPAs are awarded for extra responsibilities as appropriate.
- (b) There will be equity with colleagues, in terms of work duties, programme and support.
- (c) Secretarial and office facilities will be equitable with colleagues. (Secretaries work in teams for each subspecialty.)
- (d) When working off site, emergency cover for the appointee's patients at Musgrove Park Hospital will be provided by consultant colleagues and the "on call" team.

The Vascular Unit is supported by Nurse Practitioners and Vascular Nurse Specialists who work closely with the surgical team to provide care for vascular patients with integration of specialist leg ulcer nursing care across primary and secondary care.

We have a dedicated Vascular Surgery Department in Musgrove Park Hospital with vascular outpatient facilities including access to specialist POAC including CPET, a 4 bed dressing/treatment bay and procedure room for local anaesthetic endovenous interventions.

A stand-alone vascular duplex service with 2 duplex rooms, diabetic podiatry service with podiatry treatment room, network administration, consultant offices, MDT co-ordination and NAAASP screening are all co-located within our Vascular Department

1.2 Person Specification: Qualifications & Selection Criteria

	Essential	When Evaluated	Desirable	When Evaluated
Qualifications & Attainments	<ul style="list-style-type: none"> • Full GMC Registration • Entry on the GMC Specialist Register via <ul style="list-style-type: none"> • Vascular Surgery CCT (or equivalent) or CESR (CP) - proposed CCT/CESR (CP) date must be within 6 months of interview • CESR or • European Community Rights • An appropriate higher Vascular surgical qualification eg (Intercollegiate Vascular Surgery Examination) 	CV CV CV	<ul style="list-style-type: none"> • PhD/MD in vascular surgery • MSc or equivalent 	CV CV
Clinical Experience	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining UK CCT in vascular surgery • Ability to offer expert clinical opinion on range of problems, both emergency and elective within vascular surgery • Ability to take full and 	CV CV CV	<ul style="list-style-type: none"> • Expertise in, Endovascular Aneurysm Repair and Endovascular interventions 	CV, IV, Ref

	independent responsibility for clinical care of patients <ul style="list-style-type: none"> Expertise in vascular and endovascular surgery 	CV		
Clinical Skills	<ul style="list-style-type: none"> Understanding of clinical risk management Competent to work without direct supervision where appropriate Clear, logical thinking showing an analytical/scientific approach Ability to mentor staff (medical, nursing and allied healthcare) 	IV IV, Ref CV, IV CV, IV	<ul style="list-style-type: none"> Experience of clinical risk management Evidence of adequate operative experience 	CV
Knowledge	<ul style="list-style-type: none"> Appropriate level of clinical knowledge Shows knowledge of evidence-informed practice Shows awareness of own limitations 	Ref IV IV, Ref	<ul style="list-style-type: none"> Demonstrates breadth of awareness of issues Understanding of NHS, clinical governance and resource constraints; management/ financial awareness; experience of committee work 	CV, IV CV,IV

	Essential	When Evaluated	Desirable	When Evaluated
Organisation & Planning	<ul style="list-style-type: none"> • Ability to prioritise clinical need • Ability to work constructively with hospital management to maximise utilisation of resources and work to National standards • Ability to organise oneself and own work • Evidence of participation in audit • Willingness to take a lead in developing/managing a clinical area • Willingness to take an active part in performance management of the service 	Ref IV, Ref CV CV, IV	<ul style="list-style-type: none"> • Management training and experience • Information technology skills • Active involvement in audit 	IV, CV CV CV,IV
Teaching Skills	<ul style="list-style-type: none"> • Evidence of teaching • Well experienced in post graduate, particularly multidisciplinary, teaching and training • Willingness to take an active role in teaching, training and development of junior staff. 	CV, IV, CV,IV	<ul style="list-style-type: none"> • Enthusiasm for teaching • Ability to supervise postgraduate research • Exposure to different groups/teaching methods • Higher qualification in medical education 	CV, IV CV, IV CV,IV CV,IV

Academic/ Research	<ul style="list-style-type: none"> • Willingness to practice evidence based medicine • Willingness to contribute to department teaching and training needs • Willingness to participate actively in clinical research activities 	CV, IV CV,IV	<ul style="list-style-type: none"> • Research experience, presentations, publications & prizes • Experience in development and implementation of guidelines • Desire to develop an active research programme and provide supervision for higher research qualifications 	CV, IV CV, IV CV, IV
Career Progression	<ul style="list-style-type: none"> • Progression of career consistent with personal circumstances 	CV		

	Essential	When Evaluated	Desirable	When Evaluated
Personal Skills	<ul style="list-style-type: none"> • Able to communicate with clarity in written and spoken English; ability to build rapport, listen, negotiate • Ability to take responsibility, show leadership, make decisions, exert appropriate authority • Able to see patients as people, empathise, work co-operatively with others, open and non-defensive, sense of humour • Good interpersonal skills • Evidence of being a successful multidisciplinary team player • Non-judgemental approach to patients and colleagues regardless of their sexuality, ethnicity, disability, religious beliefs or financial status • Flexibility, able adapt to rapidly changing circumstances • Resilient, able to work under pressure, cope with setbacks, self aware • Thorough, self-disciplined, 	<p>CV, IV, Ref</p> <p>IV, Ref</p> <p>CV,IV,Ref</p> <p>CV, IV, Ref</p> <p>CV, IV, Ref</p> <p>Ref</p> <p>IV, Ref</p> <p>IV, Ref</p>		

	punctual, excellence in time management <ul style="list-style-type: none"> Shows initiative, drive, curiosity and enthusiasm Honest, respects confidentiality 	IV, Ref CV, IV, Ref, IV, Ref		
Physical Requirement	<ul style="list-style-type: none"> Meets professional health requirements 	Pre-employment health screening		

Notes : CV = Curriculum Vitae/ Application Form IV = Interview Ref = Reference P = Presentation

Any attributes which are evaluated on the basis of the application form alone may be further explored at the interview stage.

1.3 Duties

The appointee will be expected to perform the following duties:

a) **Vascular Surgery**

- To develop, with the present Vascular Surgeons, a full range of specialist vascular emergency, elective and outpatient services to the Trust's and network's catchment population, and help to develop further specialised Vascular services.
- To work with the existing vascular team to ensure timely high standard care, striving for excellence of clinical outcomes and optimised patient experience.
- To work flexibly to ensure comprehensive cover for both elective and emergency vascular patients, the efficient use of the team's resources and on-going development of the team and its members.

b) **Emergency On-call and Cover for Colleagues**

- To participate in the Somerset and North Devon Vascular on-call rota (1 in 7).
- To provide cross cover for on call, elective commitments where possible, and continuing care of patients for colleagues away on leave across the Network locations.

c) **Education and Research**

- To contribute to the academic life of the Department of Vascular Surgery and the Trust.
- To contribute to the teaching of junior medical staff, medical students, specialist nurses and other Divisional staff .
- To undertake and promote research initiatives within the Department.

d) **Clinical Governance**

- To be aware of and comply with the Trust's policies and ensure that their requirements, along with nationally recognised professional standards, are incorporated into clinical practice.
- To be responsible for accurate submission of all index procedures to the National Vascular Registry.
- To contribute actively to the Department's Clinical Audit programme.
- To be responsible for personal continuing professional development and participate in the Trust's system of annual appraisal for senior medical staff.

e) **Administration**

- To undertake all necessary administrative duties associated with the care of his/her patients in a timely fashion.

g) **Management**

- To be accountable to the Clinical Director, and the Clinical Service Lead Vascular Surgery for the effective and efficient use of resources under his/her control.
- To attend and contribute to Vascular Network/Service meetings

- To contribute to planning the development of Vascular Surgical services.
- To take part in an annual review of Vascular Surgical services to arrange changes in job plans as may be mutually agreed with the consultants, and if necessary, after appropriate discussion with the Clinical Director and/or Medical Director.

(h) **Appraisal/Revalidation**

- To participate in all required annual updates and mandatory training
- To undergo annual appraisal and participate in the revalidation processes as stipulated by the General Medical Council

(i) **MDT**

- To actively participate in vascular MDTs

1.4 **Provisional Programme: Full Time Consultant Vascular Surgeon**

The following is a provisional consultant job plan. Emergency (1:7) and non-emergency weeks will be timetabled separately with an additional flexible component to the timetable providing an equal share of cross cover of sessions made available from emergency weeks and statutory leave. This programme is designed both to cover the emergency workload and to maximise utilisation of resources.

Day	Time	Activity	Frequency	Category	PAs
Monday	0800-0900 1100-1130	Team meetings	6:6 (including hot week)	DCC	0.375
	0900-1100	Ward round	3:7 (including hot week)	DCC	0.215
	1130-1230	XR MDT	6:6 (including hot week)	DCC	0.25
Tuesday	0730-1930	North Devon clinic, ward reviews, day surgery including travel	1:6 elective weeks	DCC	0.435
Wednesday	0800-1830	Inpatient theatre	3:6 elective weeks	DCC	1.125
	1230-1830	Bideford clinic including travel	1:6 elective weeks	DCC	0.214
Thursday	0730-1930	North Devon vascular and diabetic foot clinics including travel	1:6 elective weeks	DCC	0.435
	0830-1330	Day surgery	1:6 elective weeks	DCC	0.179
	1130-1930	North Devon diabetic foot clinic including travel	1:6 elective weeks	DCC	0.29
Friday	0830-1230	Musgrove clinic	3:6 elective weeks	DCC	1.71
	1400-1600	AAA MDT	3:6 (including hot week)	DCC	0.25
	1400-1500	XR MDT	3:6 (including hot week)	DCC	0.125
Flexible DCC (community hospital clinics and cross cover)	Annualised (delivered in 6:7 elective weeks)			DCC	0.5
Administrative	Elective and emergency weeks			DCC	1
Predictable on call	1:7 annualised (see below) Includes daily ward rounds, priority theatre, on call admin and urgent patient reviews			DCC	1.07
Unpredictable on call	1:7 Annualised			DCC	0.41
SPA	Elective and emergency weeks			SPA	1.5
					10.1

“Hot”/ On call week

	AM Time	Activity	PM Time	Activity	Frequency
Mon	0800-0900 0900-1100 1100-1130 1130-1230	Team Meetings Ward Round Theatre planning meeting Vascular/X ray Meeting	1330-1830	Vascular Priority List*	*See below
Tues	0800-1000	Ward round	1330-1830	Vascular Priority List*	*See below
Wed	0800-1000 1230-1300	Ward round Microbiology MDT	1330-1830	Vascular Priority List*	*See below
Thurs	0800-1000	Ward round	1330-1830	Vascular Priority List*	*See below
Fri	0800-1000	Ward round	1330-1830 1400-1600 1400-1500	Vascular Priority List* AAA MDT XR meeting	*See below 1:2 1:2
Sat	0800-1000	Ward round			
Sun	0800-1000	Ward round			

*There are usually 1-2 priority lists per 5 day working week.

On call is provided through a 4/3 on-call split, with separate on call ‘blocks’ running from Friday 8am to Monday 8am and then Monday 8am to Friday 8am, with each individual consultant’s sessions separated by 2-3 weeks. All elective scheduled DCC sessions are cross covered 1:7, freeing the on call surgeon from this activity. Vascular priority lists are designated on a week-by-week basis, dependent upon elective list allocation/cover.

The job plan has a flexible allocation to deliver cross cover of dropped sessions (for on call activity, professional and annual leave) and to include an annualised allocation of community hospital clinics. This is nominally 0.5 but may be higher by negotiation. It is expected that all consultants provide an equitable and evenly distributed contribution to ensure safe and efficient cover/utilization of vascular outpatient and treatment resources. As part of the North Devon team the postholder will be expected to ensure delivery of vascular sessions as outlined in the Service Level Agreement and at all times ensure a minimum safe level of service at this network site.

We expect consultants to work with each other, the Clinical Service Lead and the Clinical Director to adjust their job plans in line with the needs of the service and their own areas of particular expertise. Except in emergencies or where agreed with their manager, consultants are responsible for fulfilling the duties and responsibilities and undertaking the Programmed Activities set out in their Job Plan.

The Job Plan will be reviewed annually, which will provide the post holder with the opportunity to review and influence his/her contribution to the service and service development. Personal objectives are agreed as part of the annual job planning process to set out what should reasonably be achieved. These objectives are not contractually binding in themselves, but consultants have a duty to make all reasonable efforts to achieve them.

1.5 Facilities and Support

The appointee:

- a) **Medical Staff** – set out in the table in para 3.
- b) **Beds** – will have access to beds on Montacute Ward North wing, which is dedicated (but not exclusively) to vascular surgery.
- c) **Office** – will share an office in the vascular Dept at Musgrove Park, with members of the existing team.
- d) **Administration** – will be provided with administrative support from the existing secretarial team.

2 THE VASCULAR UNIT

The successful candidate will join the six current vascular consultants Mr Paul Evers, Mr Andrew Stewart, Mr Ian Hunter, Mr James Coulston, Mrs Katy Darvall and Ms Natasha Chinai. They provide services, including surgery for aortic, carotid, peripheral vascular and venous disease, to the population of Somerset & North Devon, and the surrounding catchment (~ 800,000). The Network also provides emergency vascular care for the populations of Somerset and North Devon.

All inpatient arterial interventions have been centralised to the ‘hub’ Taunton site since 2017.

The Trust’s Vascular Surgical Service benefits particularly from the excellent facilities of the Diagnostic Imaging Department (e.g. MRI and CT scanning, angiography, and interventional techniques) and the critical care (ITU 12 beds/HDU 6 beds) facilities. In collaboration with our interventional radiology colleagues we have established an Endovascular Aneurysm Repair programme, and perform approximately 40 elective infrarenal EVARs per year, many with challenging anatomy and requiring complex grafts such as branched iliac endografts. A new surgical theatre suite, including a hybrid theatre, and critical care facility is under construction to be opened in early 2025.

The work of the surgeons is supported by the skilled ward nursing teams and complemented by Vascular Nurse Specialists, who run leg ulcer clinics, provide specialist inpatient wound care, integrated community ambulatory leg ulcer care and advice/education to District and Practice Nurses. The Trust employs 4 vascular scientists, to deliver a comprehensive duplex ultrasonography service including dedicated carotid duplex slots to maximise the efficiency/effectiveness of the working relationship between vascular surgery and the stroke service, minimising delays to urgent carotid surgery.

The Somerset and North Devon Aortic Aneurysm Screening Programme (NAAASP) commenced in February 2011. The programme office is based in Musgrove Park Hospital with screening of a cohort of 5700 per year at local GP practices across the region, regularly achieving some of the highest attendance figures in England.

3 MEDICAL STAFF

Consultants	Associate Specialists	F1	CT	Specialty Registrars
Mr P S Evers Mr A H R Stewart Mr ID Hunter Mr JE Coulston Mrs KA Darvall Ms NM Chinai	Mr M Ajit Mrs V Tuff	4	2	2 Vascular StRs 1 General Surgery StR

Trainees

Foundation and core trainees participate in a shared F1 on call and cover doctor rota for general surgery, vascular surgery and urology
Higher surgical trainees in general surgery, including those allocated to a vascular placement participate in a shared on call rota

3.2 Other Clinical Facilities/Services Used by the Department

a) Operating Theatres and Recovery

The current 5 general inpatient Operating Theatres and 10 bed Recovery Unit at Musgrove Park are situated in the Old Building, close to the main surgical wards. Theatre 3 is the vascular theatre with vascular lists provided Monday-Friday. One of the theatres has been developed into a fully integrated laparoscopic suite and one for robotic surgical use.

There is a dedicated emergency theatre which is staffed for 24 hour care every day of the week.

The new theatre facility is due to open in 2025 including a 75m² Siemens ARTIS Pheno equipped hybrid operating theatre suite

b) Critical Care

The fully staffed, 12-bed ITU is close to the main Theatres. 6 High Dependency beds are available adjacent to the ITU. Beds are booked for specific major elective cases. The Unit was expanded/upgraded in 2019 and will be replaced with further expansion in a newly built critical care facility in 2025.

c) Adult Wards

Adult surgical inpatient beds are provided in the new Jubilee Building on Barrington, Hestercombe and Montacute Wards, with en-suite WCs and showers and integrated hoisting.

d) Children's Ward

The 34 bed (including 2 High Dependency beds) ward with a Paediatric Assessment Unit provides excellent facilities and a high standard of care. It was rebuilt and refurbished in 1991. It is located in the Old Building, accessible to the General Theatres.

e) Day Surgery Centre

The Day Surgery Centre is a dedicated 30 bed Centre including 6 Paediatric beds built on a separate site close to the main hospital complex. The two theatre Centre was opened in July 1994 and enables a high turnover of Day Cases. A 3rd theatre and expanded patient waiting/recovery opened in January 2004. A 4th theatre was opened in 2015 and modular ophthalmic theatre suite in 2021.

f) Parkside

Parkside, the Trust's own 10-bedded private patient ward is located in the Old Building close to the Children's Ward and is accessible to the General Theatres.

It was built and opened in 1990 and has successfully contributed significant income to help fund NHS developments in the Trust.

g) Community Outpatient Departments

The vascular service has several community based out-patient clinics in Minehead, Bridgwater, Chard, Burnham on Sea, Glastonbury and Bideford. The vascular service provides twice weekly out-patient clinics in Yeovil District Hospital and North Devon District Hospital, including ward rounds to review any vascular inpatient referrals. In addition, day case vascular surgery and interventional radiology are delivered and supported in North Devon.

h) Interventional radiology/ radiology investigations

There is a close working relationship with the Department of Diagnostic Imaging, which is located in the Duchess building. The vascular unit is supported by 6 interventional radiologists Dr Richard Keogan, Dr Tim Ward, Dr Kajendran Balasubramanian, Dr Katharine Lewis, Dr Hilary White and Dr Michael Ashcroft. An on-site 24/7 interventional radiology rota is in place, shared with Royal Devon and Exeter NHS Foundation Trust.

A comprehensive diagnostic imaging service including CT, MRI, and CT/PET amongst other services. The main radiology interventional suite has been reconfigured to facilitate Endovascular Aneurysm Repair (EVAR), prior to the development of the new hybrid theatre surgical build.

Venous and arterial duplex, CT and MR angiography are also provided at Yeovil District Hospital and North Devon District Hospital.

Twice weekly Vascular/X-ray multidisciplinary meetings allow the review of peripheral arterial and aneurysm cases.

4 ORGANISATIONAL STRUCTURE

4.1 Surgery and Critical Care Service Group

Vascular surgery sits within a sub-surgical service group supported by a Clinical Director which includes vascular surgery, upper and lower GI surgery, and gastroenterology

4.2 Management

a) Directorate Senior Management Team

Dr Mike Walburn	Medical Director
Dr Helen Hopwood	Associate Medical Director
Mr Fred Cock:	Service Group Director
Ms Mel Shultz	Associate Director of Patient Care
Mr Edward Smyth	Clinical Director for Acute Surgery, Vascular & Gastroenterology
Mrs Rebecca Whittaker	Deputy Service Group Director
Mrs Johannah Taswell	Service Manager

The Clinical Director has 3 sessions a week devoted to their management role. They are supported in their role by the Speciality Leads (for each clinical service within the Service Group, each of whom will have sessional time for this).

The Matron is managerially responsible for the Ward Sisters and Non-ward based nurses in the Service Group, and is supported by the Associate Director of Patient Care.

The Service Group Director is accountable for the Service Manager and works to support all clinical services within the Service Group.

b) Service Management

The Vascular Surgery Department is led by the Clinical Service Lead, Mr Andrew Stewart, Clinical Service Manager, Mrs Lorna Hewart and Vascular Governance Lead, Mrs Vanessa Tuff, supported by the Directorate Management team. The Service holds bi-monthly Vascular Service/Network meetings.

c) Ward Management

Ward Sisters are managerially responsible for all staff based in their wards and for the resources used there.

CONSULTANT POSITIONS

NOTES FOR ALL APPLICANTS

Please read these notes before sending your application.

OFFERS OF EMPLOYMENT

Any offer of employment made will be subject to clearances that are satisfactory to Somerset NHS Foundation Trust including References, Occupational Health Screening, Criminal Records Bureau checks and Work Permit/Right to Work in the UK. These are explained in more detail below.

OCCUPATIONAL HEALTH SCREENING

As an integral part of our selection process you will be required to complete a confidential Health Questionnaire, and if necessary, you may also be asked to attend our Occupational Health Department for a confidential health interview to check your fitness in respect of employment. Any offer of employment will be subject to satisfactory health clearance.

REFERENCES

The Trust requires 3 references for Consultant appointments. You must give names and addresses of two people from whom references may be obtained. It is in your own interest to seek their approval before quoting them as referees. One of these people should be your present or most recent employer and the other one a previous employer or another person who can provide a credible comment on your ability to do the job applied for.

Members of your immediate family, your relatives or spouse are not acceptable as referees. If you do not want your referees contacted prior to interview please mark the box on your application, however, please note that should you be successful at interview, this may delay you starting employment.

CRB CHECKS

This position will be subject to an enhanced CRB Disclosure check.

LANGUAGE COMPETENCY & COMMUNICATION SKILLS NECESSARY TO DO THE JOB SAFELY & EFFECTIVELY

All applicants, whatever their nationality or country of origin, will be expected to supply evidence of their competence to communicate in English to the standard required by the post for which they are applying.

CAR PARKING

A car-parking permit will be available from Q Park upon application, with terms and conditions applicable.

HEALTH & SAFETY/SECURITY

It is the duty of every employee to work in such a way that accidents to themselves and to others are avoided, and to co-operate in maintaining their place of work in a tidy and safe condition, thereby minimising risk. Employees will therefore, refer any matters of concern through their respective line managers. Similarly, it is each person's responsibility to ensure a secure environment and bring any breaches of security to the attention of their managers.

INFECTION PREVENTION AND CONTROL

The Trust regards infection control as an essential requirement in the provision of a safe service to all its patients. All members of staff will be expected to follow the Trust

policies in relation to Infection Control and all staff have a duty to make themselves aware of these policies and how they affect them. Decontamination of hands is regarded as an integral part of the provision of the service and in particular staff in clinical areas that are in patient contact must decontaminate their hands between patients. Staff who are observed not complying with this policy should be expected to be challenged and action may be taken in line with the Trust's Disciplinary policy.

EQUAL OPPORTUNITIES

Somerset NHS Foundation Trust has given its full commitment to the adoption and promotion of the key principles of equal opportunities contained within current legislation and the Trust's Equality Scheme and the Bullying and Harassment policy. All staff hold personal responsibility for the application of these policies on a day-to-day basis and should not undertake any acts of discriminatory practice during the course of their employment. Similarly, all staff have a responsibility to highlight any potentially discriminatory practice to their line manager, human resources department or trade union/professional associations.

Copies of the policies are available in the Trust policy database.

NON-SMOKING POLICY

Somerset NHS Foundation Trust operates a Non-Smoking Policy which restricts smoking in the workplace. Employees are required to observe the rules laid down in the policy and failure to do so may result in disciplinary action being taken. Musgrove Park is a Smoke Free Site

CONFIDENTIALITY/DATA PROTECTION

Any matters of a confidential nature, including particular information relating to patients, their treatment and diagnosis, individual staff records, details of contract prices and terms must under no circumstances be divulged or made available to any unauthorised person(s). It is the responsibility of all staff to be aware of their obligations in respect of the Data Protection Act 1998.

RESEARCH AND DEVELOPMENT

The Trust supports and encourages the conduct of high quality research. It has a highly active research function with currently over 45 principal investigators supported by a strong research team, comprising clinical trials unit staff and research office managers and administrators. The department were engaged in over 300 non-commercial (mainly NIHR) trials and 39 commercial trials. The Clinical Trials Unit supports patient recruitment and follow-up in many of the studies undertaken at Musgrove Park studies.

Most departments have some involvement in research, with a strong research performance in haematology, urology, neurology, cardiology, paediatric and adult oncology, stroke and multiple sclerosis, Parkinson's disease, spinal surgery, respiratory medicine and diabetes. Furthermore, Taunton is a lead site for a multi-centre trial in haematology and hosts the Coordinating Centre and Director of the Research Design Service (South West).

CLINICAL QUALITY, AUDIT & EFFECTIVENESS

Clinical Audit is a vital function throughout the trust and there is a Clinical Audit Department set up to assist and support clinicians to improve patient care through the comparison of actual practice against agreed documented, evidence-based standards. In addition, there is a strong focus on continuous quality measurement at all levels, to provide assurance of good practice and to drive continuous quality improvement, with regular quality reports being delivered to the Trust Board.

The Trust has also been a highly successful participant in the Safer Patient's Initiative, ensuring that patient safety and high-quality outcomes underpin all clinical care at Musgrove Park Hospital.

APPRAISAL AND CONTINUING MEDICAL EDUCATION

The Trust has an Appraisal Scheme for Senior Medical Staff and recognises the importance of continuing medical education and encourages medical staff to give priority to their continuing professional development. Thirty days of study leave over each 3-year period are available for this. Funding of appropriate CME is supported in line with the Trust's Study and Professional Leave Policy. There is an online Appraisal Portfolio package and 360 degree patient/colleague feedback system

MENTORSHIP

The Trust promotes a supportive working environment and has an active mentorship programme in place. Each new Consultant will be offered a mentor (if they wish to have one) shortly after commencing at the Trust.

MUSGROVE PARK ACADEMY

There is an active Academy Centre with 6 administrative staff. Within the Academy there is a well stocked library with a full-time librarian and the usual audiovisual aids and research facilities. These include computer facilities for Medline searches and Internet. All Trust Doctors have access to email and the Internet. An extension to the Academy was completed in April 2005 to provide 6 skills training rooms, 9 on-call facilities for medical students and junior doctors, a clinical skills lab, extension to the existing library, improved computer learning facilities and improved social/rest areas. The Academy was further extended in 2022.

UNDERGRADUATE MEDICAL EDUCATION

Musgrove Park Academy is committed to the delivery of multi-professional education. It is affiliated to the Universities of Bristol and Plymouth and organised across two sites at Taunton and Yeovil.

The first medical undergraduates commenced training in the Academy in September 2004, with an earlier expansion in student numbers from September 2003 in Anaesthetics, Care of the Elderly, Dermatology, Paediatrics, Orthopaedics and Obstetrics. Academy Unit Co-ordinators and Tutors deliver the curriculum in each discipline in both primary and secondary care.

Agreement has been reached for multi-professional use of both the Academy and the existing adjacent Somerset College of Art and Technology facilities. An Academy website has been set up, and communication channels have been established between exiting Academy staff and Bristol and Plymouth medical undergraduates.

POSTGRADUATE MEDICAL EDUCATION

The Department of Postgraduate Medical Education supports doctors in training both in the hospital and in general practice. It is also responsible for implementing the changes in postgraduate medical education. The Foundation Programme for pre-registration House Officers began in August 2005 and introduction of the MMC Single Training Grade began in August 2007. A Director of Postgraduate Medical Education and Foundation Programme Directors co-ordinate and oversee the training programmes. Specialty training is organised by College and Specialty Tutors and is delivered throughout the week. Pre-examination courses are held regularly and, from time to time, the Musgrove Park Academy hosts Royal College examinations.

The department is also responsible for managing the study leave budget for all doctors in training on behalf of the Deanery.

TERMS AND CONDITIONS OF THE POST

The Terms and Conditions of Service will be those for Hospital Medical and Dental staff. The salary scale offered to Consultant Medical and Dental staff is in line with the Terms and Conditions –Consultants (England) 2003 contract.

The successful candidate will be offered the option of a full-time, part-time or job-share contract, but applicants should raise the request to work part time or job share as part of the application process.

The successful candidate will be required to have and maintain full registration with the General Medical Council. They should be on, or within 6 months of being admitted to the GMC's Specialist Registrar on the date of the Advisory Appointments Committee.

Removal and Relocation Package

The Trust does not offer a relocation package routinely for new Consultants. The appointee will normally be expected to reside within 15 miles the Trust.

Lease Cars

The applicant should be able to drive and have a car or be able to use a lease car. The successful applicant may be required to participate in the Trust lease car scheme if annual business travel exceeds 3,500 miles.

Hepatitis B and Hepatitis C

For employment positions involving Exposure Prone Procedures (EPP's) the successful candidates will be required to provide UK documentary evidence that they are Hepatitis B surface antigen (HbsAg) negative on an identity validated sample (IVS) of blood and that they have natural or acquired immunity to Hepatitis B. If not immune to Hepatitis B then the IVS of blood demonstrating that they are negative to HbsAg must have been taken within the past year and will be repeated annually. In addition, any individual who commenced a training post after August 2002 will be required to provide UK documentary evidence from an IVS of blood demonstrating that they are not infected with Hepatitis C i.e. Hepatitis C antibody negative. If Hepatitis C Antibody positive then please contact Somerset Occupational Health for further assessment. These provisions are all to meet the requirements of the Department of Health. Further information can be found on the Department of Health website (www.dh.gov.uk) If you have any queries please contact Somerset Occupational Health. Status for TB, Rubella and Varicella zoster will also be assessed.

MMR

The Department of Health (DH) has recommended that all new health care workers should be offered MMR (mumps, measles, and rubella) vaccine at the time of recruitment, unless they have a record to show they have previously had a full course of the vaccine. This will protect the staff member from contact with these infections at work and protect patients from the risk of infection while in hospital. In order to protect the highest risk groups of patients and staff we will be vaccinating new employees who have not previously had a course of MMR vaccination.

FURTHER INFORMATION

Candidates are asked to note that canvassing of any member of the Advisory Appointments Committee or Somerset NHS Foundation Trust Board will disqualify them from appointment. This should not deter candidates from approaching any person for further information about the post.

Informal enquiries and visits are welcomed and should be made to:

Mr Andrew Stewart, Clinical Service Lead,	Tel. No. (01823) 343200
Mr Edward Smyth, Clinical Director for	Tel. No. (01823)
Acute Surgery, Vascular & Gastroenterology	
Dr Helen Hopwood, Associate Medical Director	Tel. No. (01823) 342206

All doctors are subject to a satisfactory Criminal Records Bureau Check as a condition of their employment.

Attention is also drawn to the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, which allows convictions that are spent to be

disclosed for this purpose by the police and to be taken into account in deciding whether to engage an applicant.

FINALLY

The following links provide more information about the hospital and our locality.

<http://www.tsft.nhs.uk/WorkingHere/tabid/521/Default.aspx>

www.heartofsomerset.com

www.tantondeane.gov.uk