

CONSULTANT IN ANAESTHETICS

Base Site - West Cumberland Hospital, Whitehaven

North Cumbria Integrated Care NHS Foundation Trust

Example Job Plan for a full time 10PA contract can be found in Appendix 1.
Applications are welcomed from candidates wishing to work either full or part-time.

On-call commitment: 1:8, Category A 3%
Contribution 28 nights per annum to non-resident 3rd on-call rota

Visiting arrangements:

We strongly encourage interested applicants to visit the Trust and meet prospective colleagues, and to view the area and all of its attractions.

Arrangements for visiting may be made by contacting:

Dr Lewis Walker
Clinical Director Anaesthetics
Telephone 01228 814196
Email: lewis.walker@ncuh.nhs.uk

Additional information can be found on the Trust's website at [Home :: North Cumbria Integrated Care \(ncic.nhs.uk\)](http://Home::NorthCumbriaIntegratedCare.ncic.nhs.uk)

Interview/Assessment Dates

Candidates are asked to hold the date of **tbc** We hope to be able to accommodate assessments and interviews on this date. However, if this does not fit in with your own timetable, please let us know.

Job Summary

Consultant Anaesthetist with a primary base at the West Cumberland Hospital.

The department of anaesthetics works across the Trust, although all Consultants have a site base for their on-call. There is an expectation that all anaesthetists will be willing and able to work sessions in both hospitals to enable all to maintain a full range of anaesthetic skills.

The case mix and anaesthetic on-calls are different at both sites and consequently are described separately below.

The Department Of Anaesthetics

WEST CUMBERLAND HOSPITAL

The major redevelopment and new build at WCH, including a new theatre complex and ITU, opened in October 2015. Ongoing £40 million re-development works commenced in 2021.

The Anaesthetic department provides a service for elective and emergency surgery, intensive and high dependency care, maternity, acute and chronic pain, pre-assessment and resuscitation described in more detail below.

The anaesthetic department currently works a flexible rota; however areas of clinical interest, in terms of clinical theatre sessions, can be agreed. Fixed days of working can be agreed through the Trusts Flexible working policy.

Theatres

The anaesthetic department at WCH provides anaesthetic services for elective surgery in 6 inpatient and 1 day surgery theatre, plus an obstetric theatre. Anaesthesia is provided for general surgery, urology, gynaecology, orthopaedics, ophthalmic surgery and dentistry with a concentration on day surgery, and short stay surgery.

In terms of emergency cover the department provides anaesthetic services for 24/7 emergency obstetric theatre, A&E, and intensive care, as well as ventilated patient transfers as required, most commonly to the Cumberland Infirmary and North East of England.

ITU/HDU

There are 6 beds on the combined ITU/HDU, which are all single room facilities. WCH ICU also shows good performance as reflected by ICNARC data. A full range of monitoring and organ support for critically ill patients is available, including circulatory, respiratory and renal support. There is a significant medical case-mix. Staffing is consultant led with 1st call provided by a speciality doctor.

An active Critical Care Outreach Service which is delivered by a team of experienced nursing staff.

There is cross-site working between ICU at WCH and CIC with contribution from CIC consultants to WCH staffing to reflect the high medical demand of the ICU plus the increased need for patient transfer for major surgery at CIC. The provision of 24/7 intensive care consultant led service is a high priority for WCH and is reflected in the move to cross-site working and in this advertisement. Resident staffing is supported by ongoing recruitment of Advanced Critical Care nurse Practitioners.

Maternity Unit

The department provides cover for elective and emergency obstetric procedures and there is a 24-hour epidural service for pain relief in labour. Approximately 1300 babies are born at the WCH each year.

Acute and Chronic Pain Services

The well-established Acute Pain Service is delivered by a Clinical Nurse Specialist and a nursing Sister.

Chronic Pain Services are supported in a multi-disciplinary team alongside nursing, psychology and physiotherapy colleagues.

Pre Assessment Service

A Nurse Led Pre-assessment service has been developed run alongside Consultant led clinics.

Educational Activities

A departmental Educational and Audit Meeting is held monthly, with quarterly joint meetings between CIC and WCH.

Appropriate use of Study Leave is encouraged.

Admin Support

The department at WCH has a full time secretary, Ms Geraldeen Benson, and a further part time secretary supports the chronic pain service.

Cumberland Infirmary, Carlisle

The Anaesthetic department provides a service for elective and emergency surgery, intensive and high dependency care, maternity, acute and chronic pain, pre-assessment and resuscitation described in more detail below.

The anaesthetic department currently works a flexible rota; however areas of clinical interest, in terms of clinical theatre sessions, can be agreed. Fixed days of working can be agreed through the Trusts Flexible working policy.

Theatres

The anaesthetic department at CIC provides anaesthetic services for elective surgery in 6 inpatient, and 3 day surgery theatres, as well as a separate “NCEPOD” theatre and obstetric theatre.

In terms of emergency cover the department provides anaesthetic services for 24/7 emergency operating theatre, A&E, obstetrics, and intensive care, as well as ventilated patient transfers as required, most commonly to the North East.

The Clinical Director for Anaesthetics is Dr Lewis Walker

ICU

There are 9 bed spaces, including a cubicle, with current staffing for up to 8 patients, admitting approximately 750 patients per year.

The unit has 10 consultants with daytime and on call sessions in ICU. Senior nursing is provided at band 7 and there is a Nurse Educator. Trainee resident staffing is provided by 8 anaesthesia trainees and 2 ACCS trainees from the Northern Deanery. Further expansion will involve recruitment of 2 trust grade doctors at CT1-2 level working similar patterns to the ACCS trainees. Trainees work a shift system and the additional two trainees will provide dedicated resident cover for the ICU from 0800 hours to 2030 hours seven days a week. Night-time cover is provided by an anaesthetic trainee.

The unit is approved by the FICM for all levels of intensive care training and has a Faculty Board Tutor. The ICU also has a 24/7 band 7 critical care outreach service to facilitate both admission to and discharge from the ICU as well as numerous educational and audit initiatives. ICU consultants and trainees also attend the Anaesthetic division monthly audit meetings.

The Clinical Director for Intensive Care is Dr Tom Sams

Staffing

The department currently comprises 24 full time Consultant anaesthetists, of who 20 participate in 2 separate on-call rotas to cover ICU, and theatres and maternity combined.

There are 8 anaesthetic trainees on rotation from the Northern Deanery across the full range of their training from CT1 to ST6, these trainees participate in an on-call rota to provide one resident anaesthetist in the hospital.

The department currently has 2 ACCS trainees, who are able to provide some additional cover for ICU some evenings and day-time at weekends. We hope to expand the numbers of ACCS.

Anaesthetic Services

All anaesthetic consultants at CIC work flexibly in time and theatre location, with rotas published 6 weeks in advance. This enables consultants to maintain their skills across a wide range of specialities. For more complex areas – for example ICU, vascular, upper GI, and major ENT a smaller pool within the body of Consultants with special interests will work flexibly to provide cover for elective lists. This flexible working enables the department to provide a high quality out-of-hours service across the full range of specialities, including paediatric anaesthesia – as required, despite there being only 2 Consultants on-call.

Surgical specialities

We provide anaesthetic services for a wide range of surgical specialities from day-case to complex surgery. Surgical specialities include general surgery, vascular, urology, ophthalmology, obstetrics and gynaecology, trauma and orthopaedics, maxillo-facial, ENT, and community dentals.

Obstetrics

There are approximately 1800 deliveries a year at CIC, with a Caesarean section rate of about 28%. There are 3 elective LSCS lists per week that are staffed by a Consultant anaesthetist. There is an antenatal anaesthetic assessment service, with a clinic once a fortnight. There is a 24/7 obstetric epidural pain relief service.

Paediatrics

Anaesthetic services are provided for straightforward paediatric surgery, mainly ENT and dentals down to an age of 1 year, or 10kg, this, along with CPD enables members of the department to maintain their skills for management of paediatric emergencies that inevitably present.

Pre-assessment

The department staffs and supports an active anaesthetic pre-assessment service, with a combination of nurse and Consultant led clinics

Emergency Theatre and Trauma

There is a staffed emergency list Monday to Friday 08:00-18:00, with a separate staffed trauma list all day 7 days a week.

Outside these hours there is an on-call service, with two resident trainee anaesthetists in the hospital covering all areas – theatres, obstetrics, ICU, and A&E including transfers if an anaesthetist is required. They supported by 2 on-call Consultants.

Education and Training

Anaesthetic trainees at CIC come from the Northern Deanery, and we also have 2 ACCS trainees as well as regular foundation doctors and medical students rotating through the department. We have had good feedback for the training provided in the department, both by clinical and educational supervisors. There are educational supervisors within the department for anaesthetic trainees and foundation doctors. Intensive care is approved for intermediate level training. All new Consultants are encouraged to undertake the training provided by the Health Education North East to enable them to become Educational Supervisors.

Recruitment of international Medical Training Initiative doctors has been a success over recent years, with up to 5 MTI doctors working alongside deanery doctors in training.

A regular weekly tutorial is provided for trainees within the department, and all Consultants contribute to this programme. Consultants within the department also contribute to the Primary and Final FRCA courses run by the Northern Deanery, and are actively involved in trainee recruitment including short-listing and interviewing for all levels of trainee.

There is a regular monthly audit and governance meeting within the department, with a quarterly cross-site meeting with WCH. All members of the department are expected to attend and contribute actively to these meetings.

Members of the department are involved in running, and instructing on locally provided ALERT, IMPACT, ACLS, EPLS, ALS and ATLS courses, as well as instructing on these courses and APLS elsewhere.

Secretarial Support/Office Accommodation

Secretarial support will be available to the successful candidate. Office accommodation and a personal computer with internet access will also be provided.

Main Terms and Conditions of Service

This post is a Trust appointment and will be subject to the new Terms and Conditions – Consultants (England) 2003 as amended from time to time. The Trust has established a Joint Negotiating Consulting Committee for negotiating changes to terms and conditions of service, which will then be incorporated into the handbooks and become part of your employment contract.

Candidates appointed to an NHS Consultant for the first time will be offered a salary on the minimum scales except where a higher salary is justified by taking into account any previous consultant level experience recognised by the Trust for this purpose.

Any offer of employment with the Trust will be subject to satisfactory pre-employment checks as defined in Health Service Circular 2002/008

- references
- qualification/registration verification
- occupational health clearance
- DBS clearance
- identity verification
- eligibility to work in the U.K

and in accordance with Department of Health guidelines relating to 'Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers'.

Your private residence shall be maintained in contact with the public telephone service and shall be not more than 30 minutes or 10 miles by road from the base unit (Cumberland Infirmary, Carlisle) unless specific approval is otherwise given by the Trust.

Your principal hospital, for the purposes of reimbursement of travelling expenses, will be Cumberland Infirmary, Carlisle.

Professional Registration

It is the responsibility of individual doctors to hold current GMC/GDC Registration with a current licence to practise.

Professional Code of Practice

As a Registered professional, you are required to abide by the GMC's 'Good Medical Practice' (Regulating doctors, ensuring good medical practice) or the GDC's Standards of Dental Practice. Disreputable behaviour, even if it is not directly connected to your professional practice, or failure to abide by the principles outlined by your code of practice mentioned above could put your registration as well as your continuing employment at risk. You should be aware that any breaches of your code of practice will be investigated in line

with Trust policy, and action taken where appropriate, including reporting the misconduct to the GMC/GDC/NCAS.

Health & Safety Management Responsibilities

The Trust recognises it's duties under the Health and Safety at Work Act 1974 to ensure as far as reasonably practicable, the health, safety and welfare at work of all employees. In addition, the business of the Trust shall be conducted so far as to ensure that patients, their relatives, contractors, voluntary workers, visitors and members of the public having access to Trust premises and facilities are not exposed to risk to their health and safety.

Managers have a duty to ensure that safe systems of work are used within their areas of responsibility and must investigate accidents and incidents, arrange annual risk assessments and ensure all staff attend appropriate health and safety training.

All employees have a duty to take reasonable care for their own health and safety, and that of others who may be affected by their activities; to co-operate with the Trust by complying with all health and safety rules and safe systems of work; and to inform their line manager of any work situation, or practice which may be considered a danger to health and safety.

Travel and Subsistence

Travel and subsistence expenses will be reimbursed for preliminary visits in addition to interview expenses only to those candidates selected for interview. Reimbursement is restricted to two such visits, whether they are made before or after the constitution of the short list is known. In the case of candidates traveling from abroad, traveling expenses are normally payable only from point of entry to the United Kingdom

Appendix 1

EXAMPLE JOB PLAN

Confidential

On-call

Agreed on-call rota	1 in 8
Agreed category A or B	A

Programmed summary

activity

Direct Clinical Care	8.5
Supporting professional activities	1.5 +
Additional special responsibilities	Tbc
Other external duties and activities	
Additional clinical sessions above 10 offered by Trust (optional)	
Total programmed activities	10

Consultant Anaesthetists work as a team to undertake their clinical and related duties for the Trust. Individuals' job plans vary in accordance with their skills and interests as well as their role within the department.

The successful candidate will be offered four fixed, recurring theatre or clinic sessions per week (ie 5 PAs of Direct Clinical Care) to facilitate service and personal development. The speciality and area of these sessions will be agreed subsequent to discussion with the clinical director, taking into account the successful candidates interests. At present this can be accommodated across the spectrum of clinical activity within the department as the department transitions to more fixed patterns of working. The balance of DCC sessions in a week will be flexible. Fixed days of working can be agreed through the Trusts Flexible working policy.

The standard Job Plan is for 10PAs comprising of 8.0 Direct Clinical Care PAs, of which job diaries have shown 2PA required for predictable and unpredictable on-call and a minimum of 1.5 Supporting Professional Activity PAs (1.5 is standard with an option of additional SPAs for additional responsibilities, for example; 0.25 SPA for trauma lead, 0.5 for obstetric lead, 1 SPA for pre-assessment lead).

Direct Clinical Care

6.0 PAs per week in 'routine' DCC activity made up of a combination of some or all of the following:

All day operating list	2.5 PAs
Half day operating list	1.25 PAs
Clinics, including clinic admin time	1.25 PAs
Daytime On Call	2.5 Pas

In addition a further average of 2 PAs per week allocated for provision of out of hours on call cover on a 1 in 8 rota:

Predictable (weekday evenings and weekend mornings)	1.0 PA
Unpredictable	1.0 PA

Anaesthetists' duties when covering operating lists include pre- and post-operative ward work. Depending on when patients are admitted, this work is usually done on either the same day as the list, or the preceding day. The PA calculation is therefore based on an average notional 0800 – 1800 working day.

Daytime on call runs from 0800 – 1800, during the week, with change-over at 08:30 Saturday, Sunday and bank holidays.

There are predictable periods of on call activity during early evening on weekdays and in the mornings at weekends.

Routine and on-call duties are shared between Consultants according to an agreed and published rota. Every effort is made to make efficient use of the staff available whilst maintaining on call cover. Rotas will normally be published 6 weeks in advance and after that

any change in time of sessions should be agreed by individual and the department. Location and nature of lists or clinics may be changed at shorter notice if the anaesthetist concerned is informed.

Supporting Professional Activities

This time is used for CPD, audit, teaching, training, departmental meetings, clinical governance, administration, appraisal, job planning, mandatory training and so on, some of which can be undertaken flexibly, in various locations. Also included are the duties undertaken by individuals in their respective departmental roles (e.g. Clinical Leads, Educational Supervisors). These roles will be detailed in the individuals' personal job plans.

There is a separate allowance for some duties, for example College Tutor and Clinical Director. Again these will be detailed in individuals' personal job plans.

Objectives

The objectives of the team job plan are to:

- Provide the best possible Anaesthetic service with the staff and resources available.
- Provide high quality training for junior medical staff and others
- Contribute to the ongoing development of the service
- Ensure that CPD meets personal development and service needs
- Facilitate the full engagement of all professionals in developing the clinical governance function, including professionals from related clinical teams.

On-call working (WCH base): 1 in 8 consultant on call roster covering obstetric anaesthesia and intensive care medicine (including return to working for clinical need and telephone advice whilst on-call etc). In addition, there will be a contribution of 28 nights per annum to a 3rd on- call roster. This rota is a hybrid of consultant and non-consultant staff and offers support in the event of multiple simultaneous clinical emergencies.

Note: The job plan is subject to review once a year with the Consultant, Clinical Manager, Clinical Director or Clinical Lead.

The successful candidate will be encouraged to develop any particular interest she or he has and a timetable will be agreed in advance, to reflect the particular interests of the applicant, the specialist interests of the existing Consultants, and the needs of the Trust.

This job description may change in the future to take account of further changes in light of Service Development and the consultant contract.

Other Duties: Flexible Commitments

The remainder of the appointee's professional time will be deployed flexibly on other clinical duties, administration, teaching, research, clinical audit, continuing medical education and professional development. (Details of this part of the Job Plan arrangements will be agreed with the successful applicant).

Out of Hours Responsibilities including on-call commitments

The Consultant will participate in the Category A consultant on-call rota plus a contribution to the 3rd on-call rota, which attracts a combined availability supplement of 5%. It should be noted under the Terms and Conditions Consultants (England) 2003, schedule 2, paragraph 1, it states that a Hospital Consultant has continuing clinical and professional responsibility for any patient admitted under his or her care.

Appendix 2

PERSONAL SPECIFICATION CONSULTANT IN ANAESTHETIA AND INTENSIVE CARE

Item	Essential	Desirable
Qualifications and Training	<p>Valid Registration with the General Medical Council.</p> <p>Fellow of Royal College of Anaesthetists or equivalent</p> <p>Completed Higher Specialist Training in Anaesthetics or evidence of equivalent competency (approved by PMETB/GMC).</p> <p>On the Specialist Register for the above, or be within 6 months of being admitted to the Register at the time of interview.</p> <p>Evidence of day time and/or on call experience in ICU and maternity during the last 2 years, either at ST6-7 or consultant level.</p>	<p>Other relevant medical and non-medical training/degree.</p> <p>Other relevant postgraduate qualification.</p> <p>Instructor status in either ATLS/APLS/ALS</p> <p>Evidence of recent and on-going CPD in intensive care</p>
Skills/Knowledge	<p>Excellent communication skills with patients, colleagues, managers and other staff</p> <p>Knowledge of Audit process & Clinical Governance</p> <p>Ability to organise workload efficiently</p> <p>A special interest to complement that of the existing post-holders</p> <p>A commitment to, and experience of teaching</p>	<p>Qualifications in teaching/instructing.</p> <p>Experience of development of teaching resources.</p>
Experience	<p>High level of clinical experience and competence in a wide variety of fields of anaesthesia</p>	<p>Experience and understanding of District General Hospital practice</p>

Research and Teaching Experience	<p>Ability to apply research outcomes to clinical problems</p> <p>Commitment to continuing medical education, appraisal and clinical governance.</p>	<p>Publications in peer reviewed journals.</p> <p>Experience of teaching to undergraduates and postgraduates.</p>
Personality and Disposition	<p>Ability to work as part of a multi-disciplinary team</p> <p>Enquiring, critical approach to work.</p>	<p>Willingness to undertake additional professional responsibilities at local, regional and national levels</p>
Personal circumstances	<p>Able to participate in on- call and emergency cover.</p> <p>Ability to travel to fulfil the requirements of the post</p> <p>Able to be based within 30 minutes of the base hospital.</p>	