

**IMPERIAL COLLEGE HEALTHCARE NHS TRUST**

**FACULTY OF MEDICINE, IMPERIAL COLLEGE LONDON**

**JOB DESCRIPTION**

**Trust Grade**

**1. THE POST**

The Department of Anaesthesia at Imperial College Healthcare NHS Trust is offering a 12-month clinical fellowship in upper GI anaesthesia. This is a fantastic opportunity to gain experience in the peri-operative care of patients undergoing major abdominal and thoracic surgery, as part of a dynamic and friendly multi-disciplinary team.

Patients travel from all over the world to have their upper GI surgery at ICHT, and our outcomes are renowned internationally. The trust has also consistently met UK government targets for cancer surgery.

The fellowship will predominantly be based at the St. Mary’s Hospital site in Paddington (one of 5 sites which make up ICHT) where the tertiary Upper GI Surgery service for West London is currently based. It is predominantly an acute site and also hosts the Major Trauma Centre for the region.

**2. IMPERIAL COLLEGE HEALTHCARE NHS TRUST**

Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St. Mary’s NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine of Imperial College London. One of the largest NHS trust in the country, we have come together to establish the UK’s first academic health science centre (AHSC). The Trust has an annual turnover of over £950 million, approximately 10,000 staff, and it see over 500,000 patients a year.

The creation of the AHSC, a partnership between the NHS and Imperial College London, is a major advance for patient care, clinical teaching and scientific invention and innovation. The fusion of the different strands of our work and the achievements that can now be realised will lead to significant benefits for patients and greater advances in healthcare than could be delivered apart.

Imperial College Healthcare NHS Trust already has a world-leading reputation. Hammersmith and St Mary’s hospitals have two of the highest clinical ratings in the country, rated second and third best Trusts for clinical performance, quality of care and safety.

The Trust was awarded the status of a generic Biomedical Research Centre by the National Institute of Health Research (NIHR) in 2006 for its excellence in translational and clinical research – one of only 5 in the UK.

Imperial College London has a campus on all main sites and is increasingly integrated with all the clinical specialties. The Clinical Sciences Centre of the Medical Research Council (MRC) is also based at Hammersmith Hospital providing a strong foundation for clinical and scientific research.

Imperial College Healthcare NHS Trust is one of the largest education, training and research centres nationally; it is the clinical partner of the Imperial Academic Health Science Centre. All of our staff are actively encouraged to become involved with education and/or research, in addition to their clinical role. There is an annual review of job plans, with potential educational or research PAs available for dedicated education, training or research time. These PAs are awarded ad personam, relate to specific workload with metrics and are subject to annual performance review.

# 3. The AHSC vision and mission

The vision for our academic health science centre (AHSC) is that the **quality of life** of our patients and local populations will be **vastly improved** by taking the discoveries that we make and translating them into **medical advances** - new therapies and techniques - and by promoting their application in the NHS and around the world, in as fast a timeframe as is possible.

Our mission is to make our AHSC one of the **top five AHSCs in the world** within the next ten years, channeling excellence in research to provide world-class healthcare for patients.

Achieving this challenging mission will significantly improve the quality of healthcare for the local community, London and the UK as a whole, and enhance the UK's position as a global leader in biomedical research and healthcare.

Chairman Sir Richard Sykes

CEO Dr Tracey Batten

Medical Director Dr Julian Redhead

Chief Financial Officer Mr Richard Alexander

Director of Nursing Professor Janice Sigsworth

AHSC Director & Director of Research Professor Jonathan Weber

We need all our staff to work together to fulfil the promise of the AHSC, and all staff need to be inspired to share in making discoveries and finding new ways of treating patients. We are tearing down institutional barriers to enable this to happen, and devising new ways of working between doctors, scientists, nurses, administrators and managers. We have already made a start with our innovative Divisional Structure.

The clinical services of the Trust are organised into 4 Divisions which are clinician led and have the autonomy to organise themselves into optimum vehicles for the delivery of world class, integrated research and healthcare.

**Divisions**  **Director**

Medicine and Integrated Care Professor Tim Orchard

Surgery, Cancer and Cardiovascular Professor Jamil Mayet

Women’s, Children’s and Clinical Support Professor TG Teoh

Each Division has a Director of Research (usually a Head of Division) and a Director of Education, who will work with the Divisional Director to ensure that opportunities for translational research and postgraduate education for all staff are maximised.

**4. IMPERIAL COLLEGE LONDON**

Imperial College London is a science-based institution with a reputation for excellence in teaching and research. Professor Alice Gast joined as President of College on 1st September 2014, and in succession to Baroness Eliza Manningham-Buller, the Chairman of the Court and Council appointed May 2015 is Sir Phillip Dilley.

Professor Gast has been appointed under the new leadership model announced in April 2012. The new structure incorporates two senior posts, the President and the Provost. As President, Professor Gast will lead the College’s strategy, including the development of its new 25 acre campus Imperial West, and its links to government, industry, philanthropists and alumni.

**The Mission**

Imperial College embodies and delivers world-class scholarship, education and research in science, engineering and medicine, with particular regard to their application in industry, commerce and healthcare. We foster interdisciplinary working internally and collaborate widely externally.

**Strategic Intent**

* To remain amongst the top tier of scientific, engineering and medical research and teaching institutions in the world
* To develop our range of academic activities to meet the changing needs of society, industry and healthcare
* To continue to attract and develop the most able students and staff worldwide
* To establish our Business School as one of the leading such institutions in the world
* To communicate widely the significance of science in general, and the purpose and ultimate benefits of our activities in particular

The academic and research staff of 3,569 includes 66 Fellows of the Royal Society, 74 Fellows of the Royal Academy of Engineering, 76 Fellows of the Academy of Medical Sciences, one Fellow of the British Academy, four Crafoord Prize winners and two Fields Medalists. Fourteen Nobel Laureates have been members of the College either as staff or students.

The College has over 15,500 students (9,000 Undergraduate, 5,500 Postgraduate and 1,000 visiting). There are students from over 120 countries. Over 50 percent of students come from countries outside the UK. There are 3,800 academic and research staff with more than 30% if staff from outside of the UK.

In *THE* World University rankings 2014-15, College is ranked 3rd in Europe and 9th in the world with the Faculty of Medicine ranking 3rd in Europe and 4th in the world in the clinical, pre-clinical and health subject areas.

External assessment of the College’s teaching quality in many different subject areas has been judged to be of high standard.

**Research**

The quality of the College’s research has been judged consistently to be of the highest international standard and the proportion of income from research grants and contracts is one of the highest of any UK university.

Imperial is home to the greatest concentration of high-impact research of any major UK University. REF’s new impact measure ranks Imperial’s research highest of any major university. Moreover, eight of Imperial’s 14 REF-assessed research areas are top or joint-top for “outstanding” or “very considerable” impact.

The concentration of research in science, engineering and medicine gives the College a unique and internationally distinctive research presence. Interdisciplinary working is fostered at the College through its institutes and centres, which include the Institute of Biomedical Engineering, the Grantham Institute for Climate Change and the Energy Futures lab. Their strength lies in the expertise drawn together from across Imperial to tackle some of the world’s greatest problems.

Imperial’s enterprise culture ensures that discoveries in the lab are quickly translated to the market place. The technology transfer company Imperial Innovations Limited is responsible for managing and commercializing Imperial College Intellectual Property (IP) and draws upon a pipeline of technology emanating from Imperial’s research. In 2011, Imperial College Healthcare NHS Trust appointed Imperial Innovations as its representative Technology Transfer partner, with the current contractual relationship running until February 2015.

In 2013/14 there were 18 AHSC patents filed, the average per year over the past five years was 12 patents with a grand total 61. In 2013/14 there were 116 AHSC invention disclosures. The average per year over the past 5 years was 118 disclosures with a grand total of 588.

Since 2005, the Group has raised £206 million in proceeds from investors, which has enabled it to invest in a portfolio of spin-out companies. In 2013, the Group received a loan facility for £30 million from the European Investment Bank, providing funds for investment in healthcare ventures. Since the IPO in 2006, Innovations has invested £160.9 million, and its portfolio of companies has raised investment of over £750.0 million. The Group has holdings in 93 portfolio companies.

**Teaching and Learning**

The College’s overall educational aim is to ensure a stretching and exhilarating learning experience. While maintaining its traditional emphasis on single honours degree courses, Imperial also aims to give students the opportunity to broaden their experience through courses relevant to student and employer needs.

The Graduate School of Life Sciences and Medicine is the focus of postgraduate education and research in these areas. It maintains, enhances and monitors quality, and disseminates best practice, whilst initiating and developing new programmes, particularly those with an interdisciplinary slant.

**Location**

The College now has one of the largest operational estates of any UK University. It includes seven central London campuses: the main South Kensington Campus, Charing Cross Campus, Chelsea and Westminster Campus, the Hammersmith Campus, the Northwick Park Campus, the Royal Brompton Campus and St Mary’s campus; there are also two campuses outside London: the Silwood Park and Wye Campuses.

**THE FACULTY OF MEDICINE**

The Faculty of Medicine is one of Europe’s largest medical institutions – in terms of its staff and student population and its research income. It was established in 1997, bringing together all the major West London medical schools into one world-class institution. It maintains close links with a number of NHS Trusts with whom it collaborates in teaching and research activities. FoM has 20 Wellcome Trust (WT) Investigators (highest in the UK) and 20 National Institute for Health Research (NIHR) Senior Investigators among its staff and contains 29 externally funded, peer reviewed research centres. The AHSC partners have pioneered many of the major medical advances of the 20th century including vaccines; (Wright, 1913, typhoid vaccine), antibiotics (Fleming, 1927, Penicillin), clinical imaging (Bydder and Young, 1990) and biological therapy (Maini and Feldman, 1998, anti-TNF). The Faculty is led by the Dean), Professor Gavin Screaton. There are three Vice Deans

Vice Dean Education & Institutional Affairs Professor Jenny Higham

Vice Dean Research Professor Jonathan Weber

Vice Dean Health Policy and Engagement Professor Ara Darzi

Although on several sites, its academic divisions function as one Faculty, fully integrated within the College. There are five academic Schools, Institutes and Departments:

**Schools, Institutes and Departments Head of Department**

Department of Medicine Professor Martin Wilkins

Department of Surgery and Cancer Pofessor Jeremy Nicholson

Institute for Clinical Sciences Professor Amanda Fisher

National Heart and Lung Institute Professor Kim Fox

School of Public Health Professor Elio Riboli

**SECTION 2**

**THE POST**

**Title of Post:** Clinical Fellowship in Upper GI Anaesthesia

**Main site of activity:** St Mary’s Hospital

**Responsible to:** Dr Ben Graham, Clinical Lead for St Mary’s

**Accountable to:** Dr Helgi Johannsson, Clinical Director for Theatres & Anaesthesia

**Background to the Post**

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Patients travel from all over the world to have their upper GI surgery at ICHT, and our outcomes are renowned internationally. The trust has also consistently met UK government targets for cancer surgery.

The fellowship will predominantly be based at the St. Mary’s Hospital site in Paddington (one of 5 sites which make up ICHT) where the tertiary Upper GI Surgery service for West London is currently based. It is predominantly an acute site and also hosts the Major Trauma Centre for the region.

It is designed to either be run in its own right as a 6 or 12-month block, or joint with our bariatric fellowship on a 6 month rotation. Arrangements can be made to accommodate flexi-time trainees interested in the role. The fellowship could be as an OOPE, subject to approval by your School and Local Education Training Board.

The current Upper GI team comprises of 2 consultant surgeons, 3 consultant anaesthetists, a full time surgical fellow and a dedicated team of specialist nurses, dieticians, physiotherapists and coordinators. We work especially closely with our critical care and bariatric colleagues.

The current Upper GI service includes between 4 and 6 clinical surgical sessions a week, usually on Monday and Tuesday, excluding bariatrics. A usual list consists of a ‘minor’ case for example a staging laparoscopy, and a ‘major’ case – typically an oesophagectomy or gastrectomy. We perform approximately 80 major cases a year. Our surgeons have a specialist interest in radical lymph node dissections, minimal access surgery and nutrition via feeding jejunostomies

**Duties and responsibilities**

The post holder will work under the supervision of Dr Peter Williamson and Dr Alison Knaggs, as well as other clinical consultant anaesthetists within the department. The fellow will be involved in protocol and guideline development as well as be instrumental in continued audit and research processes.

The aim of the fellowship is to disseminate good practice, assimilate new ideas, and strengthen the service to improve outcomes for our patients. This opportunity is open to all those who are ST5 or senior and attained their full FRCA or equivalent qualification. Those close to finishing their training will derive most worth, as the end-point is independent practice for major surgery with distant consultant supervision.

The clinical workload would include:

* Pre-operative assessment of complex patients undergoing major surgery
* Involvement in prehabilitation programmes and the “PREPARE” initiative
* Providing anaesthesia and analgesia peri-operatively for:
	+ Open 2 & 3 stage oesophagectomies including trans-hiatal approaches
	+ Minimal access oesophagectomies o Open & laparoscopic gastrectomies
	+ Nissen’s fundoplications with heart and/or lung transplants
	+ Para-aortic and retroperitoneal lymph node dissections
* Follow-up and troubleshooting of patients on the Adult Intensive Care Unit (AICU) and High Dependency Unit (HDU)
* Participation in multi-disciplinary meetings and relevant surgical clinics

This role also includes a service commitment on the St. Mary’s Senior Registrar on-call rota (currently 1:8) and other elective/emergency work undertaken by the trust e.g. a defined number of emergency, orthopaedic or gynae lists. Transferrable skills acquired in major upper GI surgery can be applied to Major Trauma cases seen when on-call.

**Technical and clinical skills you can acquire:**

* Airway management with concomitant severe reflux
* Thoracic epidural anaesthesia and analgesia, including tunnelled epidurals
* Both volatile and total intravenous anaesthesia with EEG monitoring
* Invasive monitoring, including subclavian lines
* One-lung ventilation by means of double-lumen tubes and bronchial blockers
* Intra-operative fluid management of major cases
* Management of major intra-operative haemorrhage
* Prevention of peri-operative neuropraxia in extended cases
* Management of chest drains
* Minimising risk of post-operative cardiorespiratory complications
* Risk / benefit decision making regarding extubation of major cases
* A global perspective on Enhanced Recovery for Upper GI surgery patients

**Audit, leadership & research responsibilities:**

* ICHT has strong existing clinical governance processes and a completed internal audit is expected during the tenure
* We are also an Academic Health Science Centre and as such are focussed on delivering advances in research to improve patient care
* Duties will also entail representing the anaesthetics department at Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and London Cancer Alliance (LCA) pan-London meetings
* CLAHRC is National Institute for Health Research (NIHR) backed and financial backing is available for appropriate studies
* Study leave entitlement and requests will be subject to the same processes as Imperial School of Anaesthesia Trainees, see their website for details

**Teaching & learning opportunities:**

* A global perspective on Enhanced Recovery for Upper GI surgery patients
* ICHT is affiliated with both Imperial School of Anaesthesia (ISA) and Imperial College (IC), as such teaching junior anaesthetists and medical students is part of your commitment to the post
* You will be given access to learning material in the anaesthetics department library, the Imperial College library, and relevant on-line resources
* Departmental anaesthetics teaching runs twice a week and covers a variety of topics

**Completion Outcomes & Competencies**

**Learning objectives:**

Pre-operative

* Be competent to assess suitability for major combined abdominal/thoracic surgery, including one-lung ventilation
* Be able to appreciate the importance of pre-operative risk stratification, including specialist investigations
* Understand the role of the MDT in preparing patients for surgery

Intra-operative

* Be comfortable with conduct of anaesthesia for major upper GI procedures with distant consultant supervision, including:
	+ - Thoracic epidural analgesia
		- TIVA with EEG monitoring
		- Techniques for lung isolation and one-lung ventilation
* Manipulating nasogastric and orogastric tubes

Post-operative

* Be able to make a risk / benefit decision regarding extubation of major upper GI cases
* Understand the typical post-operative course after major upper GI surgery, including management of cardiorespiratory complications
* Be able to support patients back to functional recovery as part of the multi-disciplinary team

Non-clinical

* + Conduct a relevant internal audit relating to the upper GI service
	+ Engage as a member of the multi-disciplinary team
	+ Teach more junior anaesthetists and medical students as appropriate
	+ Contribute to the enhanced recovery programme for upper GI

**Relevant higher competencies in Royal College of Anaesthetists curriculum**

**Thoracic competencies:**

CT\_HS\_14 Demonstrates understanding of ventilatory issues through appropriate airway and ventilatory management including the ability to utilise ventilatory strategies to minimise barotrauma or re-expansion pulmonary oedema

CT\_HS\_15 Demonstrates the correct management of chest drains

CT\_HS\_16 Prepares a post-operative management plan for patients who have had thoracic procedures which demonstrates an understanding of the physiological and physical changes that occur following thoracic surgery [include a rational approach to postoperative pain management and the use of multimodal therapies]

**General competencies:**

GU\_HS\_01 Demonstrates focussed preoperative evaluation of patients of all ASA grades who are at risk of post-operative morbidity, including the implementation of risk stratification methods such as scoring systems and measures of functional capacity [including basic interpretation of cardiopulmonary exercise testing results}

GU\_HS\_03 Demonstrates safe and effective peri-operative anaesthetic care to patients of all ASA grades requiring major intra-abdominal surgery covered in this unit of training under distant supervision including, but not exclusively those requiring complex colo-rectal, gynaecological, bariatric and urological surgery

GU\_HS\_05 Demonstrates the ability to be an effective member of a multi-disciplinary team managing elective and emergency general surgery, urology and gynaecology lists, safely and effectively. This implies demonstrating essential generic communication, teamwork, leadership and professional skills, as well as those specific to the perioperative anaesthetic care of patients

GU\_HS\_06 Demonstrates the ability to participate effectively in the post-operative care of the patient as part of a multi-disciplinary team

**Regional competencies:**

RA\_HS\_01 Demonstrates the ability to develop a peri- operative management plan and perform safely and effectively a number of the following blocks under distant supervision using either/or peripheral nerve stimulation or ultrasound guidance including thoracic epidural anaesthesia

RA\_HS\_06 Demonstrates ability to lead discussions on appropriateness of a regional technique for surgery and post-operative analgesia

**SECTION 3**

**MAIN CONDITIONS OF SERVICE FOR MEDICAL STAFF**

The post holder will be indemnified by the Trust for all NHS work undertaken as part of his/her contract of employment.

The post holder is encouraged to take out adequate defence cover as appropriate to cover him/her for any work that does not fall within the scope of the indemnity scheme (contract of employment).

**Hours per week:**  37.5

**Rotas:** Registrar general on-call rota

**Salary scale:** £30,002 – £47,647

**London Weighting:** £2,162

Trust arrangements for adherence to the EU Working Time Directive are in place.

###### Clinical Governance and Risk Management

The Trust believes everyone has a role to play in improving and contributing to the quality of care provided to our patients. As an employee of the Trust you are expected to take a proactive role in supporting the Trust’s clinical governance agenda by:

- Talking part in activities for improving quality such as clinical audit

- Identifying and managing risks through incident and near miss reporting and undertaking risk assessments

- Following Trust polices, guidelines and procedures

- Maintaining your continue professional development

All Clinical staff making entries into patient health records are required to follow the Trust standards of record keeping.

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to co-operate with any investigation undertaken.

###### Information Quality Assurance

As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions.

###### Freedom of Information

The post holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity.

**Management of a Violent Crime**

The Trust has adopted a security policy in order to:

- help protect patients, visitors and staff

- safeguard their property

All employees have a responsibility to ensure that those persons using the Trust and its services are as secure as possible.

**Pension Scheme**

Membership of the NHS Pension Scheme is available to all employees over the age of 16. Membership is subject to the regulations of the NHS Pension Scheme, which is administered by the NHS Pensions Agency. Employees who subsequently wish to terminate their membership must complete an opting out form - details of which will be supplied upon you making a request to the Trust’s Pensions Manager, based in payroll. A contracting-out certificate under the Pension Schemes Act 1993 is in force for this employment and, subject to the rules of the Scheme, if you join the Scheme your employment will be contracted-out of the State Earnings Related Pension Scheme (SERPS).

**Health and Safety at Work**

a) It is the duty of every employee while at work not to intentionally or recklessly interfere with anything provided in the interest of health and safety, including anything provided in pursuance of statutory provision.

b) It is the duty of everyone while at work to take reasonable care of the Health and Safety of themselves and other persons who may be affected by acts or omissions at work.

c) It is the duty of every employee while at work to co‑operate with the employer in ensuring that all statutory and other requirements are complied with.

**Statutory Medical Examination**

All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract.

**Professional Registration/Licence to Practice**

Staff undertaking work which requires professional/state registration/licence are responsible for ensuring that they are so registered/licensed and that they comply with any Codes of Conduct applicable to that profession. Proof of registration/licence to practice must be produced on appointment and, if renewable, proof of renewal must also be produced.

**Disclosure and Barring Service**

Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a Disclosure and Barring Service check before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the Disclosure and Barring Service website at <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

**Equal Opportunities**

The Trust believes that all employees have the right to be treated with dignity and respect. Failure to comply with or adhere to the Trust’s Equal Opportunities Policy will be treated as misconduct under the Trust’s Disciplinary Policy and Procedure.

The Trust requires that in return you treat others with dignity and respect and that you do not harass or otherwise discriminate against any other member of staff, patient or visitor to the Trust or employees of any associated employers or contractors of the Trust on the grounds of race, colour, sex, age, disabilities, religious beliefs or sexual orientation.

**Fitness to Practice**

Prior to making an appointment to a post, the Trust needs to establish if applicants for such positions have ever been disqualified from the practice of a profession or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country, and whether they are currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country.

## Car Parking and Public Transport

There are pay and display and permit holders only car parks at all hospital sites. Information on transport links is available at http://www.imp..nhs.uk/maps/map.htm

**Security**

Employees are required to wear security badges at all times.

Variation

The job description gives a general outline of the duties of the post and is not intended to be an inflexible or finite list of tasks. It may be varied, from time to time after consultation with the post holder.

**Professional Association/Trade Union Membership**

It is the policy of the Trust to support the system of collective bargaining and as an employee in the Health Service you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.

**Work Visa/ Permits/Leave to Remain**

If you are a non-resident of the United Kingdom or European Economic Union, any appointment offered will be subject to the Resident Labour Market test (RLMT). The Trust is unable to employ or continue to employ you if you do not obtain or maintain a valid Right to Work (leave to remain).

**Safeguarding children and vulnerable adults**

Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of the specific duties relating to their role.

**Confidentiality**

The post-holder must maintain confidentiality of information about staff, patients and health service business and be aware of the Data Protection Act (1984) and Access to Health Records Act (1990).

**Conflict of Interests**

You may not without the consent of the Trust engage in any outside employment and in accordance with the Trust’s Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust.

In addition the NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation, other NHS or voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.

##### Code of Conduct

All staff are required to work in accordance with the code of conduct for their professional group (e.g. Nursing and Midwifery Council, Health Professions Council, General Medical Council, NHS Code of Conduct for Senior Managers).

**NHS Constitution**

The NHS Constitution establishes the principles and values of the NHS in England.  You should aim to maintain the highest standards of care and service, treat every individual with compassion and respect, take responsibility for the care you provide and your wider contribution, take up training and development opportunities provided, raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, involve patients, their families and carers fully in decisions, be open if anything goes wrong and contribute to a climate where the reporting of, and learning from, errors is encouraged.  You should view the services you provide from a patient’s standpoint and contribute to providing fair and equitable services for all.

The above is a brief summary; you are encouraged to access the full document at: www/nhs.uk/constitution

**Infection control**

It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policy in relation to the prevention of the spread of infection and the wearing of uniforms.

**Clinical staff** – on entering and leaving clinical areas and between contacts with patients all staff should ensure that they apply alcohol gel to their hands and also wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staff are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust’s Incident Reporting Policy.

**Non clinical staff and sub-contracted staff** – onentering and leaving clinical areas and between contacts with patients all staff should ensure they apply alcohol gel to their hands and be guided by clinical staff as to further preventative measures required. It is also essential for staff to wash their hands frequently with soap and water.

Staffs have a responsibility to encourage adherence with policy amongst colleagues, visitors and patients and should challenge those who do not comply. You are also required to keep up to date with the latest infection control guidance via the documents library section on the intranet.

**No Smoking**

The Trust operates a non-smoking policy.

Preliminary Visits

Candidates may discuss the post and arrange visits with Dr Ben Graham, Clinician Lead St Mary’s Hospital, or Dr Helgi Johannsson, Clinical Director, on 020 3312 1248.

**SECTION 4**

**PERSON SPECIFICATION**

**Post Title:** Clinical Fellowship in Upper GI Anaesthesia

**Responsible to:** Dr Ben Graham, Clinical Lead for St Mary’s

**Accountable to:** Dr Helgi Johannsson, Clinical Director for Theatres & Anaesthesia

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| --- | --- | --- | --- |
| **Attributes/skills** | **Essential** | **Desirable** | **Measurement** |
| QualificationsHigher qualifications | On GMC registered/ licensed Medical PractitionerPrimary Medical Qualification MBBS or equivalentIntermediate Level training Certificate (Anaesthetics)FRCA or equivalent | Sign off for higher cardiothoracicsATLS/ETC (European Trauma course) | Application/Interview |
| Clinical skills | Able to demonstrate a broad range of advanced clinical and assessment skillsClinical experience of the critical care patient throughout the patient pathway | Simulation training and instructorship | Application/Interview |
| Audit | Understanding of the application of audit and research to clinical practice | Peer reviewed publicationsKnowledge and previous experience of peri-operative medicine and Enhanced Recovery Programmes | Application |
| Language | Good understanding of English, both written and oral |  | Application/Interview |
| Communication Skills | Excellent oral and written communicationAbility to assume lead roles in education of medical professionalsAbility to facilitate cross-disciplinary communications and develop collaborative working relationships | Ability to line manage and/or supervise more junior staffGood presentation skills | Application/Interview |
| Reliability | Ability to work to set priorities, targets and objectives |  | Application/Interview |
| Flexibility | Ability to work flexibly as requiredGood time management |  | Application/Interview |
| Resilience | Ability to work under pressure in occasionally stressful environment |  | Application/Interview |
| Thoroughness | Awareness of own limitations |  | Application/Interview |
| Drive/Enthusiasm | Self-motivated and able to use own initiative |  | Application/Interview |
| Probity | Honesty, integrity, appreciation of ethical dilemmas.Must be able to demonstrate and model the key Trust values of kind, expert, collaborative and aspirational. |  | Application/Interview |
| Physical requirements | Occupational health clearance for the role specified |  | Occupational health Interview |
| Team Work | Good team playerApproachable manner |  | Application/Interview |