CONSULTANT IN EMERGENCY MEDICINE

GLASGOW ROYAL INFIRMARY

INFORMATION PACK

REF: 23256D

CLOSING DATE: 8TH JULY 2011
Applications are invited for the above posts as Consultants in Emergency Medicine within Glasgow teaching hospitals. These posts represent an exciting opportunity to strengthen our established teams of Consultants in Emergency Medicine, providing senior care and leadership in Glasgow’s Emergency Departments. It is expected that the successful applicants will have a high clinical profile with the drive and initiative to achieve and sustain the highest standards of emergency medical care for the 300,000 new annual attendees across the city’s departments. The post at Glasgow Royal Infirmary is a replacement post, as is one of the posts at the Victoria Infirmary. The other posts are new and will further expand the provision of direct consultant delivered emergency care. Candidates are invited to apply for any or all of the posts.

Further information may be obtained from Mr A Ireland, Clinical Director, Emergency Medicine, Glasgow Royal Infirmary, telephone 0141 211 5166. Further information regarding the post at GRI may be obtained from Dr Scott Taylor, Lead Consultant, telephone 0141 211 4294; for the post at the Western Infirmary, Mr P T Grant, Lead Consultant Western Infirmary, telephone 0141 211 2651; for posts at the Victoria Infirmary, Mr Ian Anderson, Lead Consultant, South Glasgow or Dr. J. Gordon, Consultant Emergency Medicine, South Glasgow, telephone 0141 201 5306.

Applicants must have full GMC registration, a licence to practice and be eligible for inclusion in the GMC Specialist Register. Those trained in the UK should have evidence of higher specialist training leading to CCT or eligibility for specialist registration (CESR) or be within 6 months of confirmed entry from the date of interview. Non-UK applicants must demonstrate equivalent training. This post requires PVG Scheme Membership/Disclosure Scotland Check.

To obtain an application pack for this vacancy visit our website at www.nhsggc.org.uk/medicaljobs. Alternatively email your address and the job reference number to nhsggcrecruitment@nhs.net or call 0845 3000 831.

The interview date for the substantive posts will be 25th July 2011

Closing date for substantive post will be 8th July 2011
Acute Services Division
Emergency Care and
Medical Services Directorate

Information pack - for the post of

Consultant in Emergency Medicine

Glasgow Royal Infirmary (1 post)

REF: 23256D
GLASGOW – A GREAT PLACE TO LIVE AND WORK

Today Glasgow is a compact, vibrant and modern city. In fact Glasgow’s scale comes as a surprise to some people. It has the largest suburban rail network outside London and is second only to the UK Capital as a retail centre.

There are top-ranking schools, excellent leisure facilities, beautiful golf courses and elegant accommodation across all price ranges.

The night life and restaurants are renowned and its opera, theatres, art galleries and museums offer plenty of cultural stimulation. Greater Glasgow and Clyde Valley are one of the world’s most thrilling and beautiful destinations.

Be entertained in one of Europe’s top cultural capitals by its year-long calendar of festivals and special events and enjoy outstanding shopping, superb bars and restaurants - all located within a stone’s throw of some of the country’s finest parks and gardens.

What’s more, we are easily accessible by air, rail and road so getting here could not be easier. From Glasgow, the West of Scotland’s jewels are within easy reach. Loch Lomond is just 45 minutes drive, a little further to the Argyll peninsula – or over the sea to Arran, Skye, Iona and Mull.

GREATER GLASGOW & CLYDE ACUTE SERVICES DIVISION

The Acute Operating Division is the largest group of adult acute hospitals in Scotland – offering many opportunities to ensure job satisfaction and career development.

Glasgow and Clyde Acute Services

20 Hospitals
5,800 beds
£1,230m income
26,500 wte staff

The Divisional Management Offices are situated within the Management Building, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF.

The Division operates a No Smoking Policy within its premises.

The Acute Division brings together all acute services across the city and Clyde under a single management structure led by the Chief Operating Officer. The Division is made up of eight Directorates of clinical services each managed by a Director and clinical management team along with a Facilities Directorate. These are:

Emergency Care and Medical Services
Surgery and Anaesthetics
Rehabilitation and Assessment
In the Emergency Care and Medical Services and Facilities directorates the General Managers combine a city wide role with a local sectoral role for one of three sectors in the city – north and east, west and south.

Health services in Glasgow are on the verge of dramatic and exciting change, brought about by the recently approved Acute Services Review [now termed the Hospital Modernisation Programme). This ten-year £700 million strategy will see the transformation of acute services across the city including the replacement of out-dated Victorian buildings and the creation of one-stop/rapid diagnosis and treatment models for the vast majority of patients.

Core adult acute care is currently delivered from six sites within Glasgow. The Western Infirmary and Gartnavel General Hospital operate in tandem delivering acute care in the west-end of the city. In the north-east of the city acute care is delivered from Stobhill Hospital and Glasgow Royal Infirmary. The Victoria Infirmary serves the south-east and the Southern General Hospital the south-west of the city.

The Hospital Modernisation Programme will ensure that walk-in/walk-out hospital services are provided for the majority of patients. The pattern of service provision will shift to reflect moves towards ambulatory care. Currently 85% to 90% of patient encounters with acute hospital services are on a walk-in/walk-out same day basis.

These include out-patient attendances, diagnostic tests, imaging procedures, and a range of day surgery procedures. In future, these services will be provided from ambulatory care centres designed to deliver the streamlined process of care, which patients want - to be seen quickly by the appropriate specialist, to undergo clinical investigation, and to receive treatment without delay.

Now is a particularly exciting time to be joining Greater Glasgow’s health service. We are investing more than £750 million over the next decade – the largest single investment programme in the history of Scotland’s NHS – giving our hospitals and those in the south of Glasgow 21st century accommodation for 21st century medicine.

The plans for North Glasgow seek to ensure that the local access to health services will continue whilst our services are reorganised to enable patients to receive the best treatment from appropriately skilled and supported clinical teams – be that as an inpatient, day case or outpatient.

The ambulatory care centres in the north east and south side of the city are located in new purpose-built hospitals at the existing Stobhill Hospital and next to the current Victoria Infirmary. Both have Minor injuries units with consultant input.

Services for children are currently provided centrally from the Royal Hospital for Sick Children, Yorkhill. However, the children’s hospital will also relocate from Yorkhill to a new £100 million building on the Southern General Hospitals site over the next five years to sit alongside and be fully integrated with maternity and adult services.
The redesign and redevelopment of Glasgow’s acute services will address many of the pressures currently facing the hospital service. The new services will be provided in modern facilities rather than in 19th century buildings not designed for modern healthcare.

The purpose-designed facilities will enable the one-stop/rapid diagnosis and treatment models required for the future. Continuity of service will improve with the elimination of the need for patients’ notes and results to be moved from building to building.

Concentration of services will allow the requirements of junior doctors hours and issues arising from increasing sub-specialisation of medicine to be addressed through the creation of larger staff teams and sustainable rotas for both junior and senior staff.

The formation of larger clinical teams will make sure that programmes of work, including the need to cover emergencies without interfering with waiting list and ambulatory care sessions, can be planned effectively. The concentration of in-patient services on fewer sites will help strengthen specialist services and maximise the capacity of the service.

With an annual budget of one billion pounds this is a particularly exciting time to be joining Greater Glasgow’s Health Service. Over the next decade there is planned investment of more than £750 million, this is the largest single investment programme in the history of Scotland’s NHS – giving the North and South Hospitals accommodation for 21st Century health care.

Emergency Care and Medical Services

The specialties included in this Directorate are:

- Emergency Medicine (A&E) services
- Acute Medicine
- Cardiology
- Respiratory Medicine
- Gastroenterology
- Endocrinology/Diabetes
- Infectious Diseases
- Rheumatology
- Dermatology

This Directorate also includes management of the out-of-hours GP service.

Acute medicine is managed by general managers on a sector basis with a lead strategic role for a citywide specialty.

Full adult Emergency Medicine (A&E) services are provided at the Western Infirmary, Glasgow Royal Infirmary, the Victoria Infirmary and the Southern General Hospital.

Valuing our staff
The Division is committed to extending training and development opportunities to all staff and is actively developing multi-disciplinary training, extending the role of on-line learning, and recognises the importance of developments in technology for both staff and patients.

We Offer:

- Policies to help balance commitments at work and home and flexible family friendly working arrangements
- Excellent training and development opportunities
- Free and confidential staff counselling services
- A central Glasgow location, with close access to motorway, rail and airport links
- On-site library services
- Subsidised staff restaurant facilities on each site
- Access to NHS staff benefits/staff discounts
- Easy access to city centre shopping facilities
- Access to discounted First Bus Travel
- Active health promotion activities
- Bike User Group
- Good Public Transport links
- Commitment to staff education and life-long learning/development opportunities
- Excellent student support

**Glasgow Royal Infirmary**

Glasgow Royal Infirmary is a major teaching hospital complex forming part of NHS Greater Glasgow and Clyde, and associated with the Faculty of Medicine of the University of Glasgow. It is a large general hospital (approx. 900 beds), providing most medical specialities to the North and East Districts of Glasgow and is a secondary and tertiary referral centre for a large part of the West of Scotland.

**Description of the Department**

Glasgow Royal Infirmary Emergency Department is one of the busiest departments in Scotland with annual attendances estimated at approximately 100000-110000 (8% paediatrics) since March 2011 when the redesigned Emergency Department/Emergency Complex absorbed the closure of Stobhill Hospital. This includes an Acute Assessment Unit for GP referrals (Acute Physician led), a Short Stay Area, a clinical decision area, and an expanded minors area. We manage a diverse and varied caseload from major trauma associated with a large City through to minor injuries.

The Emergency Department is a state of the art facility which is co-located with emergency medical receiving. It has a well equipped 6 bay resuscitation area and a full range of IT and technical support for delivering cutting edge clinical care including a new CT Scanner and...
ultrasound. It has active shopfloor Consultant involvement till late evening (10pm+) on weekdays (daytime at weekends 4pm+).

The Emergency Department medical staff, under the supervision of the Emergency Medicine Consultants, are responsible for the immediate assessment and management of all self-referred patients and all patients requiring resuscitation, both GP and self referred. ENP-led Minor Injury Services are established at GRI. Consultant-led soft tissue clinics are provided.

The main thrust of the Consultants’ clinical activity is treating patients on the “shop floor” as they present. In addition, they are expected to supervise and teach junior medical and nursing staff. The Consultants also participate in research, audit and other educational activities. It is expected that the successful applicant will participate fully in the management of Emergency Medicine Services in North-East Glasgow.

A minor injury service has been introduced on each of the sites and there is a dedicated Minor Injury Unit within a brand new purpose built Ambulatory Care Hospital (ACH) at Stobhill Hospital. Emergency Nurse Practitioners assess and treat patients with minor limb injuries, wounds requiring dressings/sutures, minor burns, foreign bodies or minor injury to ears and nose. Clinical support to the MIU from the GRI senior ED staff and there is a Friday morning EM Consultant MIU meeting.

**Description of post - GRI**

**Title:** Consultant in Emergency Medicine (1 post)

**Relationships**

<table>
<thead>
<tr>
<th>Name</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr R Crawford</td>
<td>GRI</td>
</tr>
<tr>
<td>Mr A Ireland</td>
<td>GRI (Clinical Director EM NHSGGC)</td>
</tr>
<tr>
<td>Dr S Taylor</td>
<td>GRI (Lead Consultant GRI EM)</td>
</tr>
<tr>
<td>Dr N Dignon</td>
<td>GRI</td>
</tr>
<tr>
<td>Dr T Kelliher</td>
<td>GRI</td>
</tr>
<tr>
<td>Dr C Fitzpatrick</td>
<td>GRI</td>
</tr>
<tr>
<td>Vacancy</td>
<td>GRI</td>
</tr>
</tbody>
</table>

**Numbers and grades of Medical Staff**

<table>
<thead>
<tr>
<th>Grade of Doctor</th>
<th>GRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Trainees</td>
<td>7 (inc 1 seconded)</td>
</tr>
<tr>
<td>Associate Specialist</td>
<td>2</td>
</tr>
<tr>
<td>Specialty doctor</td>
<td>1</td>
</tr>
<tr>
<td>GP Trainees</td>
<td>11</td>
</tr>
<tr>
<td>ACCS</td>
<td>2</td>
</tr>
<tr>
<td>FY2</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Assistants</td>
<td>11 Sessions per week</td>
</tr>
</tbody>
</table>
Duties of the Post

Clinical Commitments

The post holder will be based initially at Glasgow Royal Infirmary where their main clinical activity will take place. In addition, the consultants undertake 2 return clinics per week in the Minor injury Unit.

These posts will enable a consultant presence within the department from 0800 until 2200 Monday to Friday and 0800 to 1600 at weekends. The on-call commitment on weekdays will be 1:6.5 (Monday-Thursday) between GRI and 1:7 at weekends based at GRI.

'Moving into the future this work pattern will change and a consultant presence will be required 24 hours 7 days per week. This will be part of the regular job plan and will be remunerated at the premium rate in the consultant contract (time and a third) or the PAs affected reduced from 4 hours to 3 hours as per the 2004 Consultant Contract'

A key priority for the successful applicant will be assisting colleagues to achieve and sustain the Scottish Government National Unscheduled Care 4 hour ED Target.

The Consultants at Glasgow Royal Infirmary also have responsibility for the in-patient management of head injuries not requiring neurosurgical intervention. There is a weekly Head Injury follow-up clinic which the successful applicant will share responsibility for with the other consultants.

Administration

The Consultant will undertake the administrative duties associated with the care of his/her patients and the running of his/her clinical department. In addition, the general administration workload of the directorate is divided between all consultants under the direction of the Lead Clinician and Clinical Director. This includes participation in committees and working groups convened by the Division, health board and other bodies as required.

In addition to the duties mentioned above, duties at other hospitals administered by the Board may be necessary.

Job Plan

The appointment is full-time and contracted as 10 Programmed Activities comprising 9 Direct Clinical Care sessions and 1 SPA session.

Sample timetable shifts for 10PA – sessions are not fixed and vary from week to week

<table>
<thead>
<tr>
<th>DAY</th>
<th>SHIFT</th>
<th>PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>am  ED Majors: 0800-1300</td>
<td>1.25</td>
</tr>
<tr>
<td>b</td>
<td>am  Clinic / admin: 0900-1300</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>pm  ED Minors: 1310-1700</td>
<td>1</td>
</tr>
<tr>
<td>c</td>
<td>pm/eve ED Majors: 1300 – 2200 then oncall</td>
<td>2.5</td>
</tr>
<tr>
<td>d</td>
<td>Post on-call day</td>
<td></td>
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<tr>
<td>---</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>am Ward Round</td>
<td>0.67</td>
</tr>
<tr>
<td></td>
<td>pm Ward Round</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPA between ward round am and pm</td>
<td>1</td>
</tr>
<tr>
<td>f</td>
<td>am ED Majors/Minors: 0900 – 1300</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>pm ED Majors/Minors: 1300 – 1500</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Sat / Sun 0800 - 1600 then oncall</td>
<td>Weekend is 6PA worked 1 in 7. 6 / 7 = 1PA average / 42 weeks</td>
</tr>
</tbody>
</table>

'Moving into the future this work pattern will change and a consultant presence will be required 24 hours 7 days per week. This will be part of the regular job plan and will be remunerated at the premium rate in the consultant contract (time and a third) or the PAs affected reduced from 4 hours to 3 hours as per the 2004 Consultant Contract'

A split of 9:1 between direct clinical care PAs and supporting professional activities is now standard for all new consultant job plans within NHSGG&C. The one SPA minimum will reflect activity such as appraisal, personal audit and professional development occurring outside study leave time. Once the candidate has been appointed more SPA time may be agreed for activities such as undergraduate and postgraduate medical training which takes place outside direct clinical care, as well as research and/or management. These activities must be specifically and clearly identified and be agreed with the candidate and desired by the department.

**Main conditions of Service**

The appointment is superannuable under the NHS (Scotland) Superannuation Scheme unless you opt out in favour of some other arrangement. Your remuneration will be subject to deduction of Superannuation contributions in accordance with the Scheme. Details of the Scheme are given in the Scheme Guide, copies of which are available from the Human Resources Department. Superannuable pay will include basic salary (up to 10 programmed activities, but not any extra programmed activities above this level), on-call availability supplements, discretionary points, distinction awards and any other pay expressly agreed to be superannuable.

You have 3 pension options as follows:

(i) To join the NHS superannuation scheme. Employees in the NHS scheme are “contracted out” of the State Earnings Related Pension Scheme and pay a lower rate of National Insurance Contributions. (The NHS Scheme is explained in the attached booklet).

(ii) To participate in the State Earnings Related Pension Scheme

(iii) To take out a Personal Pension. This is a private agreement with the pension provider, which will be an organisation such as a Bank, Building Society or insurance Company.
New entrants to the National Health Service who are whole time and aged sixteen but under seventy (sixty five in the case of members of the special classes and Mental Health Officers) will, however, be taken automatically into membership of the NHS scheme unless they elect not to join.

The employment is subject to 3 months notice on either side subject always to the appeal and other provisions of section 10 of the Consultant Grade (Scotland) Terms and Conditions of Service of Hospital Medical and Dental Staff (Scotland).

In terms of NHS Circular 1989 (PCS) 32 dealing with Medical Negligence, the Division does not require you to subscribe to a Medical Defence Organisation. Divisional indemnity will cover only Divisional responsibilities. It may, however, be in your interests to subscribe to a defence body in order to ensure you are covered for any work, which does not fall within the scope of the indemnity scheme.

Private residence shall be maintained by you in contact with the public telephone service. Reimbursement of certain telephone charges may be payable on application to the Division.

For all new entrants to the Division a medical examination will be required prior to confirmation of the appointment. You will also be required prior to provide evidence of your immune response to Hepatitis B.

**Salary Scale:**

NHS Greater Glasgow & Clyde does not negotiate salary placements. On commencement the salary will be in line with paragraph 5.1 of the terms and conditions of the new Consultant Contract. Appointees start on the scale minimum except in the circumstances of paragraphs 5.1.2 – 5.1.7 of the terms and conditions of service.

Dependent upon present place of residence, the Division may require the successful candidate to remove home to a distance acceptable to the Division, normally within 10 miles of the base hospital. In such circumstances removal expenses may be payable in accordance with the Consultant Grade (Scotland) Terms and Conditions of Service of Hospital Medical and Dental Staff (Scotland). In some cases, however, an existing residence more than 10 miles distance from the base hospital will be acceptable to the Division and in this case removal expenses will not be met. Either way, the position will be made clear to the successful candidate who should contact the Medical Staffing section immediately after an offer of appointment to discuss domicile requirements.

This post requires PVG Scheme Membership/Disclosure Scotland Check.

Study leave will be in line with the new consultant contract. The Department does not have an individual study leave budget per consultant. Study leave has to be agreed by the lead consultant and departmental rota runner.

**Enquiries and arrangements to visit Departments**

Enquiries and further information can be obtained from Dr S Taylor, Lead Consultant GRI Emergency Medicine, or Mr A Ireland, CD, Glasgow Royal Infirmary (Tel: 0141 211 4294).

Shortlisted candidates are invited automatically by the Director of Personnel to visit the hospitals concerned. If candidates, on their own initiative, have visited the hospital prior to shortlisting they will only be allowed expenses for that prior visit if they are subsequently shortlisted. Candidates should make their preliminary visit to the hospital either on the same day or the day before the interview.
HOW TO APPLY

To apply for these posts please include 12 CVs and names and addresses of 3 Referees, along with the following documents;

Application Form (Parts A & B)
Equal Opportunities Addendum Form
Declaration Form Regarding Fitness to Practice
Immigration Questionnaire

Alternatively please visit www.nhsggc.org.uk/medicaljobs and click on the “How to Apply” tab to access application for and CV submission information.

RETURN OF APPLICATIONS

Please return your application by email to nhsggcrecruitment@nhs.net or to the recruitment address below;

NHS Greater Glasgow and Clyde Recruitment Services
5th Floor, Tara House
46 Bath Street
Glasgow
G2 1HJ

CLOSING DATE

The closing date for application will be 8th July 2011

INTERVIEW DATE

The interview date will be 25th July 2011
### PERSON SPECIFICATION
CONSULTANT IN EMERGENCY MEDICINE (REF: 23256D)

<table>
<thead>
<tr>
<th>CONSULTANT IN EMERGENCY MEDICINE REQUIREMENTS</th>
<th>ESSENTIAL Requirements necessary for safe effective performance in the job</th>
<th>DESIRABLE Where available, elements that contribute to improved, immediate performance in the job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications and Training</td>
<td>▪ FCEM or equivalent&lt;br▼ Applicants must have full GMC registration, a licence to practice and be eligible for inclusion in the GMC Specialist Register. Those trained in the UK should have evidence of higher specialist training leading to CCT or eligibility for specialist registration (CESR) or be within 6 months of confirmed entry from the date of interview. Non-UK applicants must demonstrate equivalent training.</td>
<td>▪ APLS / ALS / ATLS instructor&lt;br▼ It is hoped that one of the 6 appointments for the ECMS directorate may have Sub-specialty accreditation in Paediatric Emergency Medicine</td>
</tr>
<tr>
<td>Clinical Specialty Skills</td>
<td>▪ Demonstrates competence in the management of full range of Emergency Medicine presentations</td>
<td>▪ Management training&lt;br▼ IT skills</td>
</tr>
<tr>
<td>Skills, knowledge and aptitude (e.g. communication or organisations skills, proven work record)</td>
<td>▪ Evidence of working in a multi-disciplinary team&lt;br▼ Ability to organise and prioritise complex demands&lt;br▼ Evidence of teaching and training skills for junior doctors&lt;br▼ Effective communication skills</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>▪ Broad experience of Emergency Medicine&lt;br▼ Evidence of active involvement in relevant clinical audit&lt;br▼ Experience of Major Incident Management</td>
<td>▪ Evidence of participation in relevant research&lt;br▼ Evidence of research publications&lt;br▼ Evidence of innovative service developments</td>
</tr>
<tr>
<td>Personal Skills</td>
<td>▪ Commitment to good team working and relationships&lt;br▼ Ability to provide clinical leadership to the multidisciplinary team&lt;br▼ Enthusiastic and ability to work under pressure&lt;br▼ Supportive and tolerant&lt;br▼ Caring attitude to patients</td>
<td></td>
</tr>
<tr>
<td>Special Requirements</td>
<td>▪ Flexibility to respond to changing service needs</td>
<td></td>
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</table>