Emergency Medicine

Glasgow Royal Infirmary

STR Locum Appointment For Training/ Clinical Fellow

ST3+ Level.

Ref: 35991D

Closing date:
Noon on 20th February 2015.

Enquiries to:

Mr Alastair Ireland,
Clinical Director for Emergency Medicine for GGC
0141 211 1205

OR

Dr Donogh Maguire,
Clinical Lead for Emergency Medicine
0141 211 4602
### CLINICAL COMMITMENTS

<table>
<thead>
<tr>
<th>Job Ref</th>
<th>35991D</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>STR LOCUM APPOINTMENT FOR TRAINING /CLINICAL FELLOW IN EMERGENCY MEDICINE (ST3+)</td>
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<tr>
<td><strong>Specialty</strong></td>
<td>EMERGENCY MEDICINE</td>
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**Remit**

You will be matched to roles on the middle grade rota with a remit to see an undifferentiated case load of the full spectrum of Emergency Medicine presentations ranging from Minor Injury and Major Illness to Resus cases. We are very fortunate to enjoy a good relationship with our colleagues in Intensive Care, and other in house specialties.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Acute Services</th>
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<tr>
<td>Service</td>
<td>Emergency Care And Medical Services</td>
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<tr>
<td>Department</td>
<td>Emergency Department</td>
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<tr>
<td>Base</td>
<td>Glasgow Royal Infirmary, G4 0SF</td>
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<tr>
<td>Health Board</td>
<td>NHS Greater Glasgow And Clyde, <a href="http://www.nhsggc.org.uk">www.nhsggc.org.uk</a></td>
</tr>
</tbody>
</table>

**Responsible/Accountable To**

Mr Donogh Maguire Lead Consultant in Emergency Medicine

**Enquires to**

Enquiries and further information can be obtained from Dr Donogh Maguire, Lead Consultant in Emergency Medicine, Glasgow Royal Infirmary. Tel: 0141 211 4294

**Visits to Department**

Please contact Maureen McDowall on 0141 211 4294 (or by email to Maureen.McDowall@ggc.scot.nhs.uk) with whom visiting arrangements can also be made

**Working Hours**

48 Hours per week. Full shift within a Band 1A compliant rota

**On Call**

The rota is full shift. There is no on-call component

**Mentor**

The applicant will be mentored and supervised by a member of the consultant team, allocated on appointment

**Tenure**

Fixed Term to 4th August 2015

### HOW TO APPLY

Please email your CV and names and addresses of 3 Referees, along with the following documents; (click on the hyperlinks to open) to nhsggcrecruitment@nhs.net

- **Application Form and Equal Opportunities Addendum Form**
- **Declaration Form Regarding Revalidation and Fitness to Practice**
- **Immigration Questionnaire**

Alternatively please visit www.nhsggc.org.uk/medicaljobs and click on the “How to Apply” tab.
Key priorities for the successful applicant will be delivery of high quality assessment and management of selected emergency patients attending Glasgow Royal Infirmary whilst assisting colleagues to maintain safe flow within the department. The hospital is fully committed to achieving and sustaining the Scottish Government’s National Unscheduled Care 4 hour ED Target. Our staff have direct admitting rights to acute medicine, cardiology, acute surgery, orthopaedic and gynaecology wards and strive to manage patients to admission with a single ED assessment rather than relying on specialty consults. We are continually refining our pathways in collaboration with specialty colleagues.

The Consultants currently operate a floor Consultant rota to ensure a senior presence in the department up to midnight on weekdays and until 5-6 pm at weekends. The duty consultant has the remit of supervising and assisting in the initial management of all patients presenting to the department including those managed by trainees and nurse practitioners and will support middle grade staff in their role. The duty consultant is expected to take a lead role in the resuscitation of critically ill or injured patients.

In addition to the new patients presenting to the department there are two soft tissue injury review clinics per week on Tuesday and Thursday mornings. There are also twice daily ward rounds to manage the in-patient head injuries who are cared for by emergency medicine.

The conditions of service are those laid down and amended from time to time by the Hospital and Medical & Dental Whitley Council.

**THE REQUIREMENTS:** Please view the detailed person specification on page 9

Holding both GMC Registration and a licence to practice you must have completed 4 years post graduate training in addition to 2 years post graduate training which included rotations in Emergency Medicine and acute specialties such as Intensive Care Medicine or Anaesthesia.

General professional training in a range of specialties including Emergency medicine is essential and you must demonstrate competence in the management of full range of Emergency Medicine presentations.

All applications must have successfully completed a minimum of 4 months previous training in an approved Emergency Medicine Post. Non UK applicants must demonstrate equivalent training and should visit [http://www.collemergencymed.ac.uk/](http://www.collemergencymed.ac.uk/) or click the link for further guidance.
The main thrust of clinical activity is treating new patients, (from minor injuries to resuscitation room cases), on the “shop floor” as they present. In addition, middle-grade doctors are expected to supervise and support junior medical and nursing/ENP staff, and liaise with other specialties when appropriate.

In addition, the appointee will be liable for duty in occasional emergencies and unforeseen circumstances, and may rarely need to attend as part of the mobile medical team for pre-hospital management of trauma.

Although supported by consultants for the majority of the working week, doctors on the middle grade rota will often have a lead role in the resuscitation room and are expected to be trained and familiar with Advanced Life Support management of medical, traumatic and (occasional) paediatric emergencies.

In addition they support the consultant staff in ensuring safe but efficient flow of patients through the department through supervision of doctors on the junior rota.

Administrative duties involve participation in daily checks of resuscitation equipment, liaison with the procurator fiscal and GPs in the event of sudden death, review of radiographic reports and recall of patients in the event of missed injury.

You will have a continuing responsibility for the care of patients in their charge, and for the proper functioning of the Department and will undertake the administrative duties associated with the care of patients and the running of the clinical department. In addition to the duties mentioned above, duties at other hospitals administered by the employing authority may be necessary.

Middle grades are encouraged to gain experience of management of the department by participation in reviews of serious clinical incidents and complaints, rota management and staff recruitment and other clinical governance activities.

There is a comprehensive induction programme. New trainees requiring familiarisation with our way of working usually have the opportunity to shadow other members of the team for the first 2 weeks. Sometimes an introductory period on the junior rota is helpful to fully embed local practice before stepping up to the middle grade rota.

A clinical and educational supervisor will be designated and a programme of workplace based assessments will be undertaken in line with College of Emergency medicine training requirements enabling participants to fulfil the requirements of the Annual Review of Competence Progression (ARCP) interview which all trainees undergo via the Scotland Deanery, West Region. Click this link or visit http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/our-deanery/west-region.aspx
NHS Greater Glasgow and Clyde is one of the largest National Health Service providers and employers in the UK. In partnership with local authorities we are responsible for the health needs of a population of 1.2 million people, almost a quarter of the entire Scottish population; Glasgow itself has a population of nearly 600,000. The geographical area covered by NHS Greater Glasgow and Clyde is diverse; it covers both urban and rural locations in the Glasgow and Clyde area.

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, the largest single investment programme in the history of Scotland’s NHS – giving the North and South Glasgow Hospitals accommodation for 21st Century health care.

Our Hospital Modernisation programme is a £750 million strategy that 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. This will greatly improve the experiences of patients, and staff working environments. Significant investment in acute hospital services means radical changes to Greater Glasgow and Clyde’s healthcare. Resources are currently being concentrated on three other sites (at Glasgow Royal Infirmary, Gartnavel and Southern General Campuses) to create centres of excellence for surgical, medical and emergency care.

**THE ACUTE OPERATING 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. We enjoy close links with Glasgow’s three universities, and make a significant contribution to teaching at both undergraduate and postgraduate teaching. Research also enjoys a high profile within the organisation.

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 (Minor Injuries Unit and Acute Care and Diagnostics Hospital), and Glasgow Royal Infirmary. The Victoria Infirmary serves the south-east and the Southern General Hospital the south-west of the city.

**GLASGOW ROYAL INFIRmary**

Glasgow Royal Infirmary, in the east of the city, provides a wide range of district general hospital, regional, supra-regional and national acute clinical services. Between 2010 and 2015, further work will ensure the Royal Infirmary will be fully equipped to serve as the main inpatient hospital for the north and east of the NHSGGC area.

Since 2001 the Princess Royal Maternity and the Jubilee Building have been opened, providing accommodation for a new A & E department, a coronary care unit, an acute medical receiving unit and an orthopaedic surgery inpatient unit. The Canniesburn Plastic Surgery & Burns Unit has been located in the new building. It has six dedicated operating theatres and specialist inpatient and outpatient services.
THE EMERGENCY DEPARTMENT

Glasgow Royal Infirmary Emergency Department is currently one of the busiest departments in Scotland. In March 2011 the redesigned Emergency Department/Emergency Complex absorbed the closure of Stobhill Hospital. The expanded emergency department at Glasgow Royal Infirmary now incorporates an Acute Assessment Unit for GP medical referrals, a Rapid Assessment Unit, and an expanded Minor Injuries area. We manage a diverse and varied caseload from major trauma associated with a large city, acute medical and surgical presentations, through to minor injuries. We have been the principal receiving hospital in 3 recent major incidents and have well rehearsed procedures for dealing with multiple casualties.

The Emergency Department deals with between 220-280 patients per day in 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 equipment. It has active shopfloor emergency medicine consultant involvement until midnight on weekdays, and until 4pm on weekends.

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, whether GP or self referred. ENP Minor Injury Services are already established at GRI. Consultant-led soft tissue clinics are provided twice weekly. Head injured patients are managed in an Emergency Department led ward, with twice daily ward rounds.

EQUIPMENT AND SUPPORTING SERVICES

In addition to 3 Emergency Department x-ray rooms, our medical staff have immediate access to CT scanning (there is a dedicated CT scanner within the department and 24/7 radiology reporting) and office hours access to MRI.

There is a modern portable ultrasound machine with echo capability and many of our senior staff are trained in its use. In addition to near patient blood gas analysis, full emergency laboratory facilities are rapidly accessible via a vacuum pod system for samples with a 30-45 minute turnaround for most results.

Medical staff work closely with our nursing colleagues. At all times there is a senior nurse who is floor coordinator with another responsible for departmental flow. There are 1-2 triage nurses, 8-10 floor nurses and 1-2 expanded role nurse practitioners managing minor injury cases at any given time. Our Health Care Support workers are trained in cannulation and venepuncture and obtaining ECGs.
EMERGENCY MEDICINE DEPARTMENT
STR Locum Appointment For Training/Clinical Fellow

TRAINING PROGRAMME OVERVIEW

This post will guarantee exposure to the full range of presentations likely to attend an Emergency Department with many opportunities to lead resuscitation cases as well as undertake invasive procedures including arterial and central venous cannulation, rapid sequence intubation, tube thoracostomy and on occasion emergency department thoracotomy.

Middle grade trainees attend a monthly one day regional training day rotated around the nine hospitals participating in the Training programme.

Middle grade trainees are also encouraged to attend quarterly meetings of the Sub-Committee of Emergency Medicine of the health board’s Area Medical Committee discussing the issues challenging the service at the time and enabling networking opportunities with other trainees and consultants from the other NHSGGC hospitals.

There is also a quarterly board-wide Emergency Medicine Clinical Governance meeting providing another educational forum at which middle grade trainees often present serious clinical incidents. At GRI there is a monthly Trauma M&M meeting with surgical, ITU and anaesthetic colleagues.

CLINICAL DIRECTOR

Mr Alastair Ireland

Appointed in 1996, Mr Ireland has been the CD for Emergency Medicine for the Glasgow City Hospitals since 2006 and Honorary Clinical Associate Professor at the University of Glasgow (School of Medicine) since 2012. His main interests are in designing systems to improve patient flow and he is also involved in a number of research projects as well as leading on Emergency Medicine Clinical Governance for the city.

LEAD CLINICIAN

Mr Donogh Maguire

Dr Maguire (FRCSEd, MRCP, DIMC, FCEM) completed higher training on the West of Scotland rotation in 2005. He has been Clinical Lead for Emergency Medicine at Glasgow Royal Infirmary since 2012. His current area of focus lies in Patient Safety and service improvement initiatives such as Ambulatory Emergency Care. He is also strongly involved in the department’s research activity.
Consultant members of the Department:

**Consultants in Emergency Medicine:**
- Mr Rudy Crawford (Chair of GRI Major incident committee)
- Mr Alastair J Ireland (Clinical Director)
- Dr Donogh Maguire (Lead Consultant)
- Dr Scott Taylor (GRI hospital sub-dean)
- Dr Neil Dignon (GRI Scottish Trauma Audit Group lead)
- Dr Ryan Connelly (Trauma M&M lead)
- Dr Tadhg Kelliher (lead for head injury ward and induction programme)
- Dr Claire Fitzpatrick (Lead for Paediatrics and Child protection)
- Dr Fiona Ritchie (Sepsis and airway management)
- Dr Stephen Boyce (Dual accredited in Sports and Exercise Medicine)
- Dr Colin Bell (Locum – paediatrics and Child protection)

**Associate Specialists in Emergency Medicine:**
- Dr Jennifer Devine
- Dr John Burns

**Middle Grade Staff:**
- 1 LAT ST3+ / Senior Clinical Fellow (this post)
- 4 ST4-6
- 2 Specialty Doctors (one vacancy at present)

**Junior Staff:**
- 19 doctors of FY2, GPST, and ACCS grades

**RECENT ACHIEVEMENTS**

The department consistently delivers a high standard of clinical teaching and in reflection of this we have earned a Teaching Excellence Award for the last two consecutive years.
The Glasgow and Clyde region is one of Europe’s most exciting and beautiful destinations and combines the energy and sophistication of a great international city with some of Scotland’s most spectacular scenery within easy reach. Glasgow itself is easily accessible as it is served by two international airports, a fast rail link to London and the north of England and excellent motorway links to Edinburgh and the rest of Scotland. Glasgow and Clyde doesn’t just offer you a huge choice of leisure activities – it offers you more time to pursue them. With short commuting times – and its proximity to the great outdoors – working in Glasgow and Clyde will give you more time to call your own.

Today Glasgow is a compact, vibrant and modern city of contrasts and with more than 90 parks and Gardens boasts more green spaces per capita than any other European city. In fact Glasgow’s scale and variety 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. Glasgow also has a wealth of culture and leisure activities. Glasgow offering residents unrivalled opportunities to relax. As well as this, Glasgow has an abundance of places to visit, with Loch Lomond just 40 minutes from the city Centre, and with the vast areas around it, it’s rarely crowded. Add this to high quality housing, good schools, thorough transport links – and you can understand why people here enjoy a unique standard of living.

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.

As one of Europe’s top cultural capitals Glasgow provides a 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, Glasgow is 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.

The following links will provide more information on Living and Working in Glasgow City and useful links for transport, and short and longer term accommodation

http://peoplemakeglasgow.com/
http://peoplemakeglasgow.com/discover/neighbourhoods-districts
http://www.visitscotland.com/accommodation/
http://www.talentscotland.com/live
http://www.talentscotland.com/live/living/information-about-living/housing
http://www.travelinescotland.com/welcome.do

Please note that these links are not an endorsement by NHSGGC of any service or product
## Person Specification

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<thead>
<tr>
<th>Category</th>
<th>Essential</th>
<th>Desireable</th>
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<tbody>
<tr>
<td>Qualifications and Training</td>
<td>Full registration with GMC and a Licence to Practice</td>
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<tr>
<td>Training</td>
<td>4 years postgraduate training</td>
<td>APLS / ATLS provider</td>
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<td></td>
<td>2 years postgraduate training in relevant specialty posts</td>
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<td></td>
<td>At least 4 months previous training in approved Emergency Medicine post</td>
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<td></td>
<td>ALS provider</td>
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<tr>
<td>Clinical Specialty Skills</td>
<td>Demonstrates competence in the management of full range of Emergency Medicine presentations</td>
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<tr>
<td>Experience</td>
<td>General professional training in acute specialties including Emergency medicine</td>
<td>Experience of Major Incident Management</td>
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<td></td>
<td>Competence in the management of full range of Emergency Medicine presentations</td>
<td>Evidence of involvement in relevant clinical audit</td>
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<td>INTERPERSONAL SKILLS REQUIRED</td>
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<td></td>
<td>• Caring disposition</td>
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<td></td>
<td>• The ability to communicate and liaise effectively with patients and their relatives using a variety of methods and to respond to questions and queries.</td>
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<td></td>
<td>• The ability to communicate effectively with clinical colleagues, colleagues in other disciplines and support staff</td>
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<td></td>
<td>• The ability to be able to work harmoniously with all levels of staff on an individual and multi-disciplinary basis</td>
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<td>• The ability to take responsibility and show evidence of leadership</td>
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<td>• The ability to adapt and respond to changing circumstances</td>
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<td>• The ability to work under pressure and cope with setbacks</td>
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<td></td>
<td>• An awareness of personal limitations</td>
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**TERMS AND CONDITIONS OF SERVICE**

The conditions of service are those laid down and amended from time to time by the Hospital and Medical & Dental Whitley Council.

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>Fixed Term</th>
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<tr>
<td><strong>GRADE AND SALARY</strong></td>
<td>StR LAT/Clinical Fellow</td>
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<td></td>
<td>- If appointed as an StR (Locum Appointment for Training) the salary range will be: £30,302 to £47,647 per annum (pro rata)</td>
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<td></td>
<td>- If appointed as a Clinical Fellow the salary range will be: £30,302 to £40,090 per annum (pro rata)</td>
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<td>New Entrants to the NHS will normally commence on the minimum point of the salary scale, (dependent on qualifications and experience). Salary is paid monthly by Bank Credit Transfer.</td>
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<td><strong>HOURS OF DUTY</strong></td>
<td>Full Time 48.00 hours</td>
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<tr>
<td><strong>SUPERANNUATION</strong></td>
<td>New entrants to NHS Greater Glasgow and Clyde who are aged sixteen but under seventy five will be enrolled automatically into membership of the NHS Pension Scheme. Should you choose to &quot;opt out&quot; arrangements can be made to do this via:</td>
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<td><a href="http://www.sppa.gov.uk">www.sppa.gov.uk</a></td>
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<tr>
<td><strong>REMOVAL EXPENSES</strong></td>
<td>Assistance with removal and associated expenses may be given and would be discussed and agreed prior to appointment.</td>
</tr>
<tr>
<td><strong>EXPENSES OF CANDIDATES FOR APPOINTMENT</strong></td>
<td>Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imbursement shall not normally be made to employees who withdraw their application or refuse an offer of appointment.</td>
</tr>
<tr>
<td><strong>TOBACCO POLICY</strong></td>
<td>NHS Greater Glasgow and Clyde operate a Smoke Free Policy in all premises and grounds.</td>
</tr>
<tr>
<td><strong>DISCLOSURE SCOTLAND</strong></td>
<td>This post is considered to be in the category of “Regulated Work” and therefore requires a Disclosure Scotland Protection of Vulnerable Groups Scheme (PVG) Membership.</td>
</tr>
<tr>
<td><strong>CONFIRMATION OF ELIGIBILITY TO WORK IN THE UK</strong></td>
<td>NHS Greater Glasgow and Clyde (NHSGGC) has a legal obligation to ensure that its employees, both EEA and non EEA nationals, are legally entitled to work in the United Kingdom. Before any person can commence employment within NHS GGC they will need to provide documentation to prove that they are eligible to work in the UK. Non EEA nationals will be required to show evidence that either Entry Clearance or Leave to Remain in the UK has been granted for the work which they are applying to do. Where an individual is subject to immigration control under no circumstances will they be allowed to commence until the right to work in the UK has been verified. ALL applicants regardless of nationality must complete and return the Confirmation of Eligibility to Work in the UK Statement with their completed application form. You will be required provide appropriate documentation prior to any appointment being made.</td>
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<tr>
<td><strong>REHABILITATION OF OFFENDERS ACT 1974</strong></td>
<td>The rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as “spent” after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are “spent” under the provision of the act in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by NHS Greater Glasgow and Clyde. Any information given will be completely confidential.</td>
</tr>
<tr>
<td><strong>DISABLED APPLICANTS</strong></td>
<td>A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential. NHS Greater Glasgow and Clyde guarantees to interview all applicants with disabilities who meet the minimum criteria for the post. You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview.</td>
</tr>
<tr>
<td><strong>GENERAL</strong></td>
<td>NHS Greater Glasgow and Clyde operates flexible staffing arrangements whereby all appointments are to a grade within a department. The duties of an officer may be varied from an initial set of duties to any other set, which are commensurate with the grade of the officer. The enhanced experience resulting from this is considered to be in the best interest of both NHS Greater Glasgow and Clyde and the individual</td>
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<tr>
<td><strong>EQUAL OPPORTUNITIES</strong></td>
<td>The postholder will undertake their duties in strict accordance with NHS Greater Glasgow and Clyde’s Equal Opportunities Policy.</td>
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<tr>
<td><strong>NOTICE</strong></td>
<td>The employment is subject to one months’ notice on either side, subject to appeal against dismissal.</td>
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<td><strong>MEDICAL NEGLIGENCE</strong></td>
<td>In terms of NHS Circular 1989 (PCS) 32 dealing with Medical Negligence the Health Board does not require you to subscribe to a Medical Defence Organisation. Health Board indemnity will cover only Health Board responsibilities. It may, however, be in your interest to subscribe to a defence organisation in order to ensure you are covered for any work, which does not fall within the scope of the indemnity scheme.</td>
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