



The Shrewsbury and
Telford Hospital
NHS Trust

CONSULTANT ANAESTHETIST WITH AN INTEREST IN CRITICAL CARE

INFORMATION FOR CANDIDATES



Our Vision and Values

The Shrewsbury and Telford Hospital NHS Trust is an organisation that strives to provide high quality, safe care for our patients in an environment which our staff are proud to work in

Our Vision:

“To provide excellent care for the communities we serve”

Our Values:



About our Vision

We believe that by adhering to our Vision and working with our Values in mind we can behave in a way which will ensure the right results for the people that matter most – our patients and their families.

About our Values

Our Trust Values provide a guide for our daily lives which we are all expected to uphold, both at work and when we are representing the Trust.

Our Values were developed by staff and our patients, so they represent what is important to us within the organisation and the way we should all behave towards patients, carers, visitors, partners and each other.

You will see our Values throughout the Trust; they are not just words on a page, they represent what we are about here at SaTH. We want patients and their families to say that the care and service they receive from all of us is consistently high-quality, safe, effective and personalised, so the feelings behind the Values shouldn't come as a surprise to anyone working in the NHS.

The reason why it is important that they are clearly written down is so we all know what's expected, and none of us are surprised if we are asked to explain any unacceptable behaviour.

Contents

About the Trust	4
Main Duties & Responsibilities	5
Job Description	6
The Post	7
General Conditions	13
Person Specification	17

About the Trust

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid Wales.

Encompassing some of the most picturesque parts of England and Wales, the Trust's catchment stretches from the Cambrian Mountains in the west, to Newport and the fringes of the Black Country in the east. The main towns include: Bridgnorth, Ludlow, Market Drayton, Oswestry, Shrewsbury and Whitchurch (in Shropshire); Newport, Telford and Wellington (in Telford & Wrekin); and Newtown and Welshpool (in Powys) – all beautiful and unique.

Our main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury which are located 20 minutes' drive apart. Together they provide 99% of our activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

We also provide services such as consultant-led outreach clinics at the Wrekin Community Clinic, Telford, the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen and the Bridgnorth, Ludlow and Whitchurch Community Hospitals.

We employ over 7000 staff, and hundreds of staff and students from other organisations also work in our hospitals. At The Shrewsbury and Telford Hospital NHS Trust (SaTH), there are around 300 volunteers who support patients, their families and colleagues. That net is cast even wider if you include the many charities and organisations whose volunteers also support the Trust including the Lingen Davies Cancer Appeal which is based at the Royal Shrewsbury Hospital.

Our priority is to deliver the best possible diagnostic facilities and high-quality clinical care in a clean, supportive setting. We are committed to ensuring every patient receives effective treatment with respect and dignity.

The Shrewsbury and Telford Hospital NHS Trust continues to work with our partners in health and social care in Shropshire, Telford and Wrekin and mid Wales to develop patient-focused services that meet the needs of our communities.

Plans have been given the go ahead to transform local hospital services for the half a million residents of Shropshire, Telford & Wrekin and mid Wales to make sure two vibrant hospitals and the wide range of services they provide for people locally are kept in the county. This landmark decision will result in better care for patients, secure the £312m on offer from HM Treasury and develop both hospital sites to deliver state of the art facilities in which staff will be proud to work and patients will choose to be treated.



Main Duties and Responsibilities

Clinical

- Provide high quality Critical Care services as part of the cross-County team
- To develop enhanced clinical skills, especially in the assessment and management of acutely ill patients.
- To have excellent team-working skills with the abilities and professional attitude to work well in a multi-professional team.
- To deliver clinical and quality targets agreed both nationally and locally with clinical teams and commissioners.
- To follow patients throughout their clinical pathways.

Organisational

- To work with local managers and professional colleagues in the employing Trust in the efficient running of the service.
- To be subject to the provisions of the Terms and Conditions of Service, be required to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters and to follow the local and national employment and personnel policies and procedures.
- To participate in the Continuous Professional Development and the Trust's appraisal scheme.
- To be aware of the responsibility of all employees to maintain a safe and healthy environment for patients, visitors and staff and attend all relevant health and safety training.
- Ensure that all Trust-wide standards are maintained to improve the quality of total care to all who come into contact with services provided by Shrewsbury and Telford hospital NHS Trust.

This job description is not intended to be exhaustive. The post holder will be expected to carry out any reasonable duties requested of them, appropriate to the grade and role of the post. Duties and responsibilities may vary from time to time in light of changing circumstances and in consultation with the post holder.



Job Description

Job Title:	Consultant Anaesthetist with an Interest in Critical Care
Grade:	Consultant
Division:	Surgery, Anaesthetics and Cancer
Responsible to:	Divisional Medical Director
Professionally Accountable to:	Medical Director / Responsible Officer
Hours:	10 Programmed Activities
Duration:	Permanent
Salary:	£105,504 - £139,882 (YC72 Point 00 - YC72 Point 19)

Job Summary

An exciting opportunity has arisen at the Shrewsbury and Telford Hospital NHS Trust for an enthusiastic, highly driven Consultant with a passion for intensive care medicine to complement and develop existing services through the provision of specialist knowledge & expertise.

An ICM CCT is not essential and potential candidates are directed to page 19 of the FICM document "Critical Staffing #1 A best practice framework for safe and effective Critical Care staffing". The post holder is therefore required to have full registration with the General Medical Council & a valid licence to practice and be on the specialist register for Intensive Care Medicine or be within 6 months of CCT or equivalent at the time of interview.

The Post

There is no lack of variety and interesting opportunities for a prospective postholder to get involved in. The Trust offers surgical specialities in the form of Urology, Orthopaedic Trauma, Ophthalmic surgery, Vascular Surgery, Obstetrics and Gynaecology, Head & Neck Surgery, some Paediatric Surgery and ENT surgery. We also have a busy pre-operative assessment service that not only includes daily pre-operative assessment clinics but also CPEX testing.

The post holder will be expected to deliver elective theatre sessions on both hospital sites.

The colorectal surgery department is mainly based on the Shrewsbury site and is the 10th largest colorectal cancer unit in the UK (ACPGBI data) with 10 colorectal consultants and 6 upper GI consultants who together cover the busy on-call rota. All six upper GI surgeons do bariatric surgery.

RSH is a major contributor to the NELA project with over 300 emergency laparotomies a year and is also an approved site for the FLOELA trial looking at goal directed fluid therapy in the same cohort of patients.

Enhanced recovery is a key part of departmental practice and SATH has made a commitment to continually improve the service. The colorectal department is in the process of acquiring a surgical robot.

The Trust has recently invested and acquired a suite and Intuitive da Vinci Xi robotic system to perform robotic surgery in various specialities. This creates an exciting opportunity to get involved in anaesthetic service provision and planning in colorectal, urology and gynae-oncology robotic surgery.

There is a separate Intensive Care Rota on the Royal Shrewsbury site.

The Anaesthetic Departments

Princess Royal Hospital

The Princess Royal Hospital includes Medical, Orthopaedic and Trauma, Gynaecology and Paediatric wards, the Consultant Maternity unit, a Day Surgical and Ambulatory Care Unit, Accident and Emergency Department, Critical Care Unit and Coronary Care Unit.

There are 8 operating theatres which provide orthopaedic, ENT, maxillo-facial, breast, gynaecological and paediatric surgery. Four new dedicated Day Surgery theatres "The Elective Hub" will be opening in June 2024. There are two theatres within the delivery suite.

PRH Anaesthetic Rota Structure

There are 3 tiers of on-call Anaesthetic/Critical Care cover (all full shift):

- Emergency theatre covered by the CT&ST 1&2s
- Obstetric Anaesthetic cover is provided by ST3+ and Specialty Doctors
- General Anaesthetist Consultants work on-call for Theatres/Maternity and Critical Care cover (6pm-8am only)

Royal Shrewsbury Hospital

The Royal Shrewsbury Hospital has 9 operating theatres close to the Critical care unit. Most of the theatre workload is general, colorectal, upper GI/Bariatric, urological, vascular, and trauma orthopaedic surgery with smaller numbers of ENT, ophthalmic, gynaecological and max fac surgery undertaken.

RSH Anaesthetic Rota Structure

There are 2 tiers of on-call Anaesthetic cover:

- Emergency theatre covered by the CT & ST 1/2s
- Consultant Anaesthetist cover for the Emergency Theatre 24/7

Areas of Special Interest

Consultants	Areas of Special Interest
Dr Chris De Klerk	Clinical Director for Anaesthesia, Vascular Anaesthesia, Trust Lead for Sedation
Dr Chris Mowatt	Clinical Lead for Intensive Care, Elected board member of the Association of Anaesthetists
Dr Shelly Jurai	Clinical Director for Anaesthesia, Paediatric Anaesthesia, Head and Neck
Dr Gauri Dashputre	Lead for Obstetric Anaesthesia, Head and Neck, Difficult Airway
Dr Omu Davies	Interest in Intensive Care
Dr Saiprasad Annadurai	Lead for paediatric anaesthesia, Head and Neck
Dr Asis Behura	General anaesthesia, Lead for preoperative assessment
Dr Rajesh Shivanna	Lead for Enhanced Recovery Pathway, Interest in Orthopaedics and Paediatrics
Dr Vivek Eli	College Tutor, General and Obstetric anaesthesia, Head and Neck
Dr Sudheer Jillella	Paediatric Anaesthesia and Head and Neck
Dr Kumar Kada	Educational Supervisor for Foundation trainees, General and Obstetric Anaesthesia
Dr Edwin Borman	Preoperative Assessment and General Anaesthesia
Dr James Moon	Intensive care and CPEX
Dr Fiona Jutsum	Interest in Intensive care and vascular anaesthesia
Dr Mike Dixon	Interest in Intensive Care and vascular anaesthesia
Dr Ashley Miller	Interest in Intensive Care, Trust lead for organ donation, Elected ICS council member, Chair of CUSIC committee, Co-chair of FUSIC committee
Dr Yee Cheng	Obstetric Anaesthesia
Dr Rob Law	General Anaesthesia and CPEX
Dr Stuart Booth	Interest in Intensive Care and ITU Governance
Dr Lorien Branfield	Obstetric anaesthesia, Human Factors, medical education and simulation
Dr Gordon Kulemaka	IT Clinical Lead / Rota master, Interest in colorectal anaesthesia
Dr Karuna Ferdinand	Interest in Vascular and Paediatric anaesthesia
Dr Simon Leach	Interest in colorectal anaesthesia, pre op assessment and College Tutor
Dr Paul Jones	Keele University Tutor, Colorectal Anaesthesia
Dr Robin Hollands	Orthopaedic Trauma Lead
Dr Louise Sykes	Interest in bariatric and colorectal anaesthesia
Dr Andreas Zafiropoulos	Interest in Vascular Anaesthesia and pre op assessment
Dr Szilvia Bertok	Interest in colorectal, max-fax and ENT
Dr Sam Liu	Pre-op Assessment, Robotic Surgery Lead
Dr Nikki Faulkner	Intensive Care

Other staff members of the Anaesthetic Department are:

Associate Specialist	2.0 WTE
Specialists	12.0 WTE
Locally Employed Doctors	9.0 WTE
Speciality Doctors	9.0 WTE
Full time secretaries	2.5 WTE

Specialist Core Trainees - on rotation from Stoke-on-Trent School of Anaesthesia - 10 WTE

Specialist trainees - a rotation exists between Shrewsbury, Telford, and Wolverhampton - 7 WTE

Critical Care

The Critical Care Service

Our cross-site department is flexible, inclusive, and friendly, and we value family life; recognising the balance that we need to strike between work and home. We have a progressive, inclusive and dedicated team with representatives that work at a national level on the board of the Intensive Care Society and the Association of Anaesthetists. Colleagues are actively publishing books and academic papers and you will also be supported to develop in your areas of interest. Work is varied with both emergency and elective activity, with RSH being the busiest centre for emergency laparotomies in the West Midlands.

The Critical Care Service is supported by an energetic and enthusiastic multi-disciplinary team including our Outreach Team and our Rehabilitation Team. Two Intensivists participate in follow-up clinics.

Equipment used in the Critical Care areas is standardised and includes Hamilton Medical ventilators, including the new multi-mode high-end S6 platform, Nikkiso/Fresenius (dialysis) and Aquarius (haemofiltration) renal replacement units, multiple GE Ultrasound machines, LiDCO Rapid.

Head injured adults needing Surgery or admission to a Neurosurgical unit are generally transferred to the Neurosurgical Unit at the University Hospital of North Midlands based in Stoke-on-Trent. Paediatric patients requiring Intensive Care are transferred to PICUs in Stoke-on-Trent or Birmingham. Our Emergency Departments are a designated Trauma Units. Major Trauma patients may pass through the Units en-route to Regional Trauma Centres.

The Consultant members of the Critical Care Service are responsible to the Medical Director. All Consultants are expected to provide support to trainees and actively contribute to training and continuity of service at a senior level.

The Critical Care Service - RSH

RSH has 14 physical Critical Care beds split 8/6 between the 'ITU' and 'HDU' areas respectively. Isolation capacity has been significantly increased recently with the installation of 4 negative flow bespoke sized Bioquell pods, with 2 more planned, resulting in a total of 9 isolation rooms out of the 14 bed spaces. The bed base can be used flexibly to accommodate level 2 and level 3 patients to a dependency of 8.0. Dialysis water outlets are present in several of the 'ITU' bed spaces giving the ability to provide short dialysis therapy sessions for non-renal critical care patients. Haemofiltration is also available, with citrate anticoagulation use due to be established imminently.

The case mix of the RSH Unit is slightly more surgical than the average DGH Critical Care area, as the majority of major elective and emergency surgical admissions occur on the Shrewsbury site. Admissions pre-Covid had been steadily rising to 710 in 19/20. In general, the ICNARC risk adjusted mortality data has been stable and low to average compared with peer DGH Units over a number of years.

The Critical Care Service - PRH

PRH currently has 11 physical Critical Care beds split 6/5 between the 'ITU' and 'HDU' areas respectively. Isolation capacity has also been significantly increased recently with the installation of 2 negative-flow Bioquell pods, with 2 more to be installed imminently, resulting in a total of 6 isolation rooms out of the 11 physical bed spaces. As with the RSH Unit, the beds can be used flexibly to accommodate level 2 and level 3 patients, to a dependency of 6.0. There are several haemodialysis points within the Critical Care areas, and so both haemodialysis and haemofiltration can be provided to our non-renal critical care patients.

The case mix of the PRH Unit is slightly more medical than the average DGH Critical Care area, due to the absence of emergency general surgical admissions at Telford. The site provides services for medical patients (including respiratory and cardiology), plus orthopaedic/trauma patients, women and children. Admissions pre-Covid had been steadily rising with 345 admissions in 19/20 and like RSH, the ICNARC risk adjusted mortality data has been stable and low to average compared with peer DGH Units over a number of years.

Both hospitals have appropriate access to the other's Critical Care beds if there are speciality needs that require

clinical transfers to occur in stable patients (e.g., colorectal, gastroenterology, ENT).

Critical Care Staffing

There is 7 day-a-week Intensivist cover for both sites. Night cover at RSH is provided by an Intensivist, whereas for PRH this is currently provided by a Consultant Anaesthetist who has access to phone advice from the RSH Intensivist, as per GPICS V2.

The successful applicant will work cross-site in Critical Care by being included as a new member of the 1 in 9 rolling rota. They would join a group of 10 Consultant Intensivists/Anaesthetists providing our cross-country service. All on call commitments are based at the Royal Shrewsbury Hospital with a day/night split rota, meaning the successful applicant would work 2 in 9 weekends. We expect to move to a 1 in 10 rota at The Royal Shrewsbury Hospital with the full 7-day Intensivist cover for The Princess Royal Hospital continued with the appointment of new colleagues.

Critical Care also covered by a mix of non-Consultant staff, with at least one ST3+ or Specialty Doctors rostered for the Unit 24/7, providing middle grade critical care and anaesthetic/airway skills. Other staff who make an active contribution to our medical rota include other ST trainees, 2 ACCPs, plus an FY1 trainee and IMT medical trainees.

Current Consultant Intensivist Staff

Dr Chris Mowatt	Clinical Director for Critical Care Editor Fundamentals of Anaesthesia, Former Elected board member of the Association of Anaesthetists, Chair Association of Anaesthetists Education Committee
Dr Stuart Booth	Critical Care Mortality Lead Shropshire & Staffordshire Collaboration ACCERG Medical Lead
Dr Omu Davies	Critical Care Follow-up Clinics
Dr Mike Dixon	Equipment Lead, Vascular Anaesthesia
Dr Fiona Jutsum	ICNARC Lead Critical Care Follow-up Clinics Vascular Anaesthesia
Dr James Moon	ICM Tutor CPEX
Dr Ashley Miller	Critical Care Ultrasound Specialist Elected ICS council member, Chair of CUSIC committee, Co-chair of FUSIC committee Trust lead for organ donation & Fluid Management
Dr Nikki Faulker	Consultant

Job Plan

A formal job plan will be agreed between the successful candidate and their Clinical Director and consultant colleagues, on behalf of the Medical Director within 3 months of starting in post. A full-time job plan is based on a 10 PA working week. The job plan will be reviewed annually and is a prospective agreement that sets out the consultant's duties, responsibilities, and objectives for the coming year. It covers all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It will provide a clear schedule of commitments, both internal and external and will include personal objectives, detailing links to wider service improvements and trust strategic priorities.

For a full-time contract, the job plan will be divided on average per week (pro-rata for a part time post) as:

- 7.5 Programmed Activities (PAs) of Direct Clinical Care - includes clinical activity, clinically related activity and predictable and unpredictable emergency work. 1.9PA is currently allocated for on-call.
- Rota is 1 in 9 rolling pattern with 2 split day/night weekends to work in 9 weeks. Therefore, this attracts a 3% Category A on-call (return to work) payment.
- 2.5 Supporting Professional Activities (SPAs) - includes CPD, audit, teaching and research. It is expected that the applicant will fulfil a significant SPA role for Critical Care e.g. M&M Lead, CCOT Link Intensivist.

The allocation of PAs is reviewed and may be subject to adjustment when a further diary exercise is undertaken or if the service demands a review of the team job plan.

Any applicant who is unable, for personal reasons, to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with other consultant colleagues.

Timetable

The following provides scheduling details of the clinical activity and clinically related activity components of the appointee's standard working week. There may be some flexibility on the ratio of Critical Care to allied base specialty, which should be discussed in advance of interview.

Week	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1 (A)	Critical Care RSH 8am - 2pm	Critical Care RSH 8am - 6pm	Critical Care RSH 8am - 2pm	Critical Care RSH 8am - 6pm	Critical Care RSH 8am - 2pm	Critical Care on-call RSH 8am - 6pm	Critical Care on-call RSH 8am - 6pm
2	SPA Day	SPA day	All Day List	½ Day List			
3 (B)	Critical Care RSH 8am - 6pm	Critical Care RSH 8am - 2pm	Critical Care RSH 8am - 6pm	Critical Care RSH 8am - 2pm	Critical Care RSH 8am - 6pm		
4	SPA Day		All Day List	½ Day List			
5 (C)	Critical Care PRH 8am - 6pm	Critical Care PRH 8am - 6pm					
6	SPA Day	SPA day	All Day List	½ Day List			
7	SPA Day	SPA day	All Day List	½ Day List			
8 (N)	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am	Night time off-site on-call cover RSH 6pm to 8am
9	SPA day		All Day List	½ Day List			

This timetable is indicative only and the formal job plan will be agreed between the successful applicant and their clinical director within 3 months of starting in post.

Rota Structure

There are 3 tiers of on-call Anaesthetic cover:

- The first on-call is provided by the CTs (1/2) (full shift pattern)
- The second on-call is provided by the STs (3+) and by three specialty doctors, working full shifts.
- There is a separate rota with specialist obstetric anaesthetists covering the labour ward out of hours
- The third on-call cover is provided by the Consultant Anaesthetists from home

Teaching of trainees and undergraduate

Teaching for the anaesthetic Core and Specialist Trainees is currently undertaken jointly between Shrewsbury and Telford.

Primary Fellowship candidates have a whole day teaching session every two weeks, half of the time in Stoke-on-Trent, and the remainder of the time rotated around the other member hospitals of the Stoke-on-Trent School of Anaesthesia (Burton-on-Trent, Stafford, Sandwell, Walsall, and Wolverhampton.)

Final fellowship candidates attend teaching sessions and courses run at Stoke-on-Trent.

Undergraduate teaching is undertaken in conjunction with Keele University Medical School. The Medical School consistently achieves a high rating in the National Student Survey having achieved joint first place from 2014 – 2017, and second place in 2018 and 2019. Students with an interest in Anaesthesia are encouraged to attend the consultant lists for teaching.

There is a Post Graduate Centre within the hospital with a well-stocked library containing periodicals, journals and standard textbooks. The library is open into the evenings and staffed by full time librarians. All staff have access to computer facilities both here and within their offices in the anaesthetic department.

Overall Responsibility of the post

The Consultant members of the Anaesthetic Department are responsible to the Medical Director, Dr John Jones. All Consultants are expected to provide support to the trainees and actively contribute to training and also for continuity of service at a senior level.

General Conditions

Annual Leave

Doctors upon first appointment to the Consultant grade shall be entitled to annual leave at the rate of 32 days a year.

Doctors who have completed a minimum of 7 years' service as a Consultant shall be entitled to annual leave at the rate of 34 days per year.

The rate of annual leave will be based on a full time contract of 10 PAs. Additional PAs above 10 PAs will not accrue additional entitlements to annual leave over and above the full time allocation. For consultants working part-time, the full time entitlement will be pro-rated in accordance with the contracted PAs.

Study and Professional Leave

Professional and Study leave includes but is not restricted to participation in:

- Study, usually but not exclusively or necessarily on a course or programme;
- Research
- Teaching
- Examining or taking examinations
- Visiting clinics and attending professional conferences
- Training

The appointee will be entitled to 30 days of Study/Professional Leave across a 3 year fixed period with a set budget.

Research

It is usual for the Trust to be participating in many research projects at any time. Every effort would be made to accommodate a particular research interest you may have, particularly if trainee members of the department could be incorporated in the methodological and practical stages.

Audit

Great importance is placed upon audit within the Shrewsbury and Telford Hospital NHS Trust and you will be expected to contribute to this as part of your role. The Trust has a fully staffed Audit Department at both hospitals with extremely well-organised teams.

Appraisal, Revalidation and Mentorship

- The Trust has the required arrangements in place, to ensure that all Doctors have an annual appraisal with a trained appraiser and supports all Doctors going through the revalidation process.
- The Trust supports the Royal College of Physicians Guidance on provision of mentors for new Consultants, in line with GMC recommendations. This will be provided within the Trust.
- We will require you to register SaTH as your designated body via the GMC to ensure that you are set up on the Premier IT Revalidation e-Portfolio (PReP) Revalidation System. We will complete this as soon as possible upon your commencement with the Trust.
- The Trust also supports the requirements for continuing professional development and is committed to providing time and financial support for these activities.
- A formal review of the job plan will be performed at least annually. Appropriate educational and training needs will be supported by the Trust, as agreed with the LNC (for example, the approval and funding of study leave). An annual

job plan review at individual and departmental level is being introduced. You will be expected to participate in this exercise.

- We will require you to register SaTH as your designated body via the GMC to ensure that you are set up on the Equiniti Revalidation System. We will complete this as soon as possible upon your commencement with the Trust.
- The Trust also supports the requirements for continuing professional development and is committed to providing time and financial support for these activities.

Accommodation

The Trust offers single residential accommodation for medical staff depending on availability. The Trust only provides single accommodation so private rental would need to be arranged for family accommodation.

Other Facilities

There is an active Doctors Mess run by the Junior Doctors Mess Committee which organise social events, parties, outings etc. There are on-site fitness centres (a membership fee is payable) available to all members of staff.

Office and Secretarial Support

The post holder will have full-time secretarial support with an adequately equipped office that will include a computer with access to Trust IT facilities.

Staff Benefits

There are a number of staff benefits schemes which attract tax reductions if joined. This includes a discount on the staff car parking charge, staff gym membership, on-site crèche/childcare provision and access to NHS Discounts schemes.

Health & Safety

As an employee of the Trust you have a responsibility to:

- Take reasonable care of your own health and safety and that of any other person who may be affected by your acts or omissions at work, and ensuring a COVID secure workplace for the team.
- Co-operate with the Trust in ensuring that Statutory Regulations, Codes of Practice, Local Policies and Departmental Health and Safety Rules are adhered to.
- To not intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.

Infection Prevention and Control

The prevention and management of acquired infection is a key priority for the Trust. Any breach of Infection Control Policies is a serious matter which may result in disciplinary action. As an employee of the Trust you have a responsibility to:

- Ensure that your work methods are compliant with the Trust's agreed policies and procedures and do not endanger other people or yourself.
- Be aware of Infection Prevention and Control Policies, Practices and Guidelines appropriate for your duties and you must follow these at all times to maintain a safe environment for patients, visitors and staff.
- Maintain an up-to-date knowledge of Infection Prevention and Control, Policies, Practices and Procedures through attendance at annual mandatory updates and ongoing continuing professional development.
- Challenge poor infection prevention and control practices of others and to report any breaches,

using appropriate Trust mechanisms (e.g. incident reporting policy).

Information Governance

The Trust is committed to compliance with Information Governance standards to ensure that all information is handled legally, securely, efficiently and effectively. You are required to comply with the Trust's Information Governance policies and standards. Failure to do so may result in action being taken in accordance with the Trust's Disciplinary Procedure.

- **Confidentiality and Security** - Your attention is drawn to the confidential nature of information collected within the NHS. Whilst you are employed by the Trust you will come into contact with confidential information and data relating to the work of the Trust, its patients or employees. You are bound by your conditions of service to respect the confidentiality of any information you may come into contact with which identifies patients, employees or other Trust personnel, or business information of the Trust. You also have a duty to ensure that all confidential information is held securely at all times, both on and off site.
- **Disclosure of Information** - The unauthorised use or disclosure of information relating to the Trust's activities or affairs, the treatment of patients or the personal details of an employee, will normally be considered a serious disciplinary offence which could result in dismissal. Upon leaving the Trust's employment and at any time thereafter you must not take advantage of or disclose confidential information that you learnt in the course of your employment. Unauthorised disclosure of any of this information may be deemed as a criminal offence. If you are found to have permitted the unauthorised disclosure of any such information, you and the Trust may face legal action.
- **Information Quality and Records Management** - You must ensure that all information handled by you is accurate and kept up-to-date and you must comply with the Trust's recording, monitoring, validation and improvement schemes and processes.

Professional Standards and Performance Review

As an employee of the Trust you have a responsibility to:

- Participate in statutory and mandatory training as appropriate for the post.
- Maintain consistently high personal and professional standards and act in accordance with the relevant professional code of conduct.
- Take responsibility for the maintenance and improvement of personal and professional competence and to encourage that of colleagues and subordinates.
- Participate in the Trust's appraisal processes including identifying performance standards for the post, personal objective setting and the creation of a personal development plan in line with the NHS Knowledge and Skills Framework outline for the post.

Safeguarding Children and Vulnerable Adults

We all have a personal and a professional responsibility within the Trust to identify and report abuse. This may be known, suspected, witnessed or have raised concerns. Early recognition is vital to ensuring the patient is safeguarded; other people (children and vulnerable adults) may be at risk. The Trust's procedures must be implemented, working in partnership with the relevant authorities. The Sharing of Information no matter how small is of prime importance in safeguarding children, young people and vulnerable adults.

As an employee of the Trust, you have a responsibility to ensure that:

- You are familiar with and adhere to the Trust's Safeguarding Children Procedures and Guidelines.
- You attend Safeguarding Awareness Training and undertake any additional training in relation to safeguarding relevant to your role.

Social Responsibility

The Trust is committed to behaving responsibly in the way we manage transport, procurement, our facilities,

employment, skills and our engagement with the local community so that we can make a positive contribution to society. As an employee of the Trust, you have a responsibility to take measures to support our contribution and to reduce the environmental impact of our activities relating to energy and water usage, transport, and waste.

Continuous Improvement

The Shrewsbury and Telford Hospital NHS Trust is committed to creating a culture that puts Continuous Improvement at the forefront of our transformational journey and our aim is to empower colleagues at all levels have the confidence, capability, passion, and knowledge, to test changes and make improvements at SaTH and in the communities we serve.

Following a successful five-year partnership with the Virginia Mason Institute in the USA, SaTH continues to further develop and embed the Trust's approach to Continuous Improvement at all levels of the organisation. You will be supported by an Improvement Hub, which will provide the necessary expertise to support you make improvements, while also providing training at various stages of your time at SaTH, as part of your continuing professional development.

No Smoking Policy

There is a no smoking policy in operation within the Trust. Smoking within the Trust's premises or within the Trust's grounds is not permitted.

Miscellaneous

This job description is an outline of the key tasks and responsibilities of the post and is not intended to be an exhaustive list. The job may change over time to reflect the changing needs of the Trust and its services as well as the personal development.





Person Specification

The following pages contain a description of the qualifications, skills, experience, knowledge and other attributes a candidate should ideally possess to successfully perform this role.

QUALIFICATIONS

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> • MBBS, MbChB or equivalent medical qualification. • FRCA accreditation • Must have completed a minimum of 'Intermediate' or 'Step 1' or 'Stage 1' training in ICM or equivalent (as assessed by the FICM Equivalence Committee) with affiliate Fellowship of the Faculty of ICM or possess (or would be eligible for) the Fellowship by Assessment FFICM or Associate Fellowship (AFICM) of the Faculty of Intensive Care Medicine. • Non ICM CCT holders must meet the requirements laid down by the FICM • Must be able to demonstrate a commitment to ICM with on-going learning in it. • Higher degree (e.g. MD or PhD) or evidence of higher education • Critical Care ultrasound skills or accreditation 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓

ENTRY CRITERIA

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> • Full Registration and a licence to practise with the General Medical Council (GMC) • Entry on the General Medical Council (GMC) Specialist Register for Intensive Care Medicine and/or Anaesthesia, via one of the following: <ul style="list-style-type: none"> - Certificate of Completion of Training (CCT) (the proposed CCT date must be within 6 months of the interview) - Certificate of Eligibility for Specialist Registration (CESR) - European Community Rights <p>Ability to offer expert clinical opinion on range of problems both emergency and elective within ICM specialty</p> • Ability to take full and independent responsibility for clinical care of patient • Paediatric experience • Willingness to undertake additional professional responsibilities at local, regional, or national levels • Structured Judgement Review (SJR) training or experience 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	

<ul style="list-style-type: none"> • Evidence of achievement of competencies in line with GMC standards in Good Medical Practice including: <ul style="list-style-type: none"> - good clinical care - maintaining good medical practice - good relationships and communication with patients - good working relationships with colleagues - good teaching and training - professional behaviour and probity - delivery of good acute clinical care 	✓	
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GENERIC CAPABILITIES FRAMEWORK

Professional Values & Behaviours

ESSENTIAL CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> • Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists). • Demonstrates the underpinning subject-specific competences i.e., knowledge, skills and behaviours relevant to the role setting and scope. • Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment. • Critically reflects on own competence, understands own limits, and seeks help when required. • Communicates effectively and able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management. • Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g., using interpreters and making adjustments for patients with communication difficulties • Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely. • Adheres to professional requirements, participating in annual appraisal and reviews of performance and progression. • Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity. 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	

<ul style="list-style-type: none"> • Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty. 	✓	
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Leadership & Team Working

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> • Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex, or unpredictable and seeking to build collaboration with, and confidence in, others. 	✓	
<ul style="list-style-type: none"> • Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others. 	✓	
<ul style="list-style-type: none"> • Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and inter-professional team working. 	✓	
<ul style="list-style-type: none"> • Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way. 	✓	
<ul style="list-style-type: none"> • Demonstrates ability to challenge others, escalating concerns when necessary. 	✓	
<ul style="list-style-type: none"> • Develops practice in response to changing population health need, engaging in horizon scanning for future developments. 	✓	

Patient Safety & Quality Improvement

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> • Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary. 	✓	
<ul style="list-style-type: none"> • Demonstrates understanding of the basic principles of audit, clinical risk management, evidence-based practice, patient safety and clinical quality improvement initiatives 	✓	
<ul style="list-style-type: none"> • Applies basic human factors principles and practice at individual, team, organisation, and system levels. 	✓	
<ul style="list-style-type: none"> • Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals. 	✓	
<ul style="list-style-type: none"> • Advocates for, and contributes to, organisational learning. 	✓	
<ul style="list-style-type: none"> • Reflects on personal behaviour and practice, responding to learning opportunities. 	✓	

Safeguarding Vulnerable Groups

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> Recognises and takes responsibility for safeguarding children, young people, and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action. 	✓	
<ul style="list-style-type: none"> Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care. 	✓	

Education & Training

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and relevant generic capabilities. 	✓	
<ul style="list-style-type: none"> Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning. 	✓	
<ul style="list-style-type: none"> Identifies and creates safe and supportive working and learning environments. 	✓	
<ul style="list-style-type: none"> Takes part in patient education. 	✓	

Research & Scholarship

CRITERIA	ESSENTIAL	DESIRABLE
<ul style="list-style-type: none"> Keeps up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection. 	✓	
<ul style="list-style-type: none"> Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects. 	✓	
<ul style="list-style-type: none"> Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making. 	✓	
<ul style="list-style-type: none"> Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation 	✓	
<ul style="list-style-type: none"> Locates and uses clinical guidelines appropriately. 	✓	

