Consultant Neonatologist (10 PA), Infection Control Lead, Research Co-lead

Neonatal Directorate – Birmingham Women’s and Children’s NHS Foundation Trust
(Birmingham Women’s Hospital, BWH)

Organisational Relationships

Reports To: Neonatal Clinical Director
Professionally Accountable to: Medical Director

Responsible for:
- Diagnosis, treatment and continuing care of all newborn infants born in or referred to this hospital
- Teaching of undergraduate students, junior medical and other staff. Support for research and development activities of the department
- Share in the administration of the department.
- Lead for Infection control
- Co-Lead on Clinical Research activities
- Contribute to Neonatal Echocardiography and cranial ultrasonography Service
- Support Consultant Neonatology service to surgical neonates at Birmingham Children’s Hospital
- Shared responsibility for VLBW/high risk OP follow up service

Liaises with: Senior staff across the Trust including Executive Directorate, Consultants, Finance, IT, Human Resources and Clinical staff at BWH and BCH

JOB SUMMARY

This is a substantive consultant post which will be support the services provided by the current Consultant group. The role includes 7.5 programmed activities (PA) of direct clinical care, 1 PA for infection Lead and Research Co-Lead roles and 1.5 PA for other supporting professional activities.

The post holder will:

- Be a key member of the Trust’s senior medical team.
- Work closely with the Clinical Director, Consultant Neonatologists, Directorate Manager and senior nursing team to ensure that the objectives of the Directorate are achieved and key neonatal strategies are implemented.
• Lead for infection control

• Work with the Research nurses and fellows to contribute to ongoing clinical research

• Participate in the support service for general Surgical neonatal patients at Birmingham Children’s Hospital

• Participate in the outpatient follow up of neonates through the Clinic system

• Support existing consultants in delivering a neonatal echocardiography and cranial ultrasonography service

**Key Tasks**

• Maintain high clinical standards in management of well and ill newborns

• Share with colleagues the responsibility for day to day management of the NICU and all associated work

• Share on call commitment for NICU on a basic 1 in 9/10 basis, covering separate day intensive care, non intensive care, and night neonatal rotas. Consultant cover is required on a 24 hour, 7 day week basis, and changes may be necessary to support the service in case of unexpected absences which all consultants are expected to support. Resident cover when covering daytime intensive care is from 0830 am to 10 pm. Responsibilities of the Post are within a 10 PA, resident on call contract (see Job plan for details)

• The night rota is non-resident

• Infection control Leadership which would include chairing infection control meetings, HIV clinics, maintaining infection database

• Significant Research contribution to the directorate

• Teaching and training of junior staff, neonatal nursing staff, visiting medical staff, midwives and medical student

• Participate in Health Education West-Midlands activities like ARCP’s and regional training days

• Participate in South West Midlands New-born Network activities

• Maintain appropriate CPD and mandatory training

• Participate in clinical governance, appraisal and revalidation where indicated

**Neonatal Directorate**

• This is a stand alone Directorate within a specialist acute Trust.

• Designated Neonatal Intensive Care Unit (NICU) within the West Midlands Perinatal Centre.

• A Consultant Neonatologist daily visiting service supporting BCH neonatal surgery at the Birmingham Women’s Hospital was established in 2011 supported by a reciprocal service at BWH delivered by Neonatal surgeons, also the admission of selected pre and post operative neonates to the Unit at BWH
From 2016, we have a total of 41 cots, 12 intensive care, 9 high dependency and 20 special care. Activity levels for ITU and HDU are high and this is one of the busiest units in the country with a complex and varied case mix. There is a separate Transitional Care ward for 12 mothers and their babies (16 cots in total).

The service is located in a new purpose built Neonatal Centre, opened in September 2010, with the clinical service, teaching suite and Out-Patient service all co-located. All services are offered except ECMO and on-site surgery. There are dietetic, SALT, surgical nursing, clinical psychology and physiotherapy visiting services.

8200 deliveries per year on site including foetal medicine referrals, more than 1000 admissions to neonatal unit and 450 to the transitional care ward. Pre and postoperative surgical babies are nursed on the Unit.

>4000 intensive care days are delivered per annum.

Large tertiary Fetal Medicine Centre with referrals from within and without the West Midlands which undertakes the following:

- Detailed ultrasound scanning (in the first, second and third trimesters) for the diagnosis and confirmation of fetal abnormality.
- Fetal cardiac (heart) ultrasound scanning for the screening and diagnosis of fetal heart abnormality (between 11-14 weeks and at >18 weeks).
- Investigation, therapy and management of suspected or known fetal abnormality.
- Co-ordination of the regional Chorionic Villus Sampling (CVS) service.
- Monitoring and treatment of women with Rhesus disease / Rhesus alloimmunisation.
- Diagnosis and treatment of Feto-fetal transfusion (twin-twin transfusion syndrome) syndrome, offering fetoscopic laser ablation.
- Pre-pregnancy counselling service for women with maternal medical conditions or previous fetal abnormality.
- Combined fetal medicine / genetics clinic.
- Investigation into the causes of recurrent miscarriage and later pregnancy loss.

Antenatal cardiology and surgical cases from across the West Midlands and beyond are delivered at Birmingham Women’s Hospital for stabilisation and transfer to Birmingham Children’s Hospital with post-operative care at Birmingham Women’s Hospital. All Regional cases of antenatally diagnosed congenital diaphragmatic hernia are delivered on site.

Exceptional Perinatal Pathology Services.

Commitment to enhancing neonatal care by the implementation of high quality evidence based practice, family centred care, and development towards compliance with DH Toolkit quality standards.

Active multi-disciplinary audit, incident, governance and standards groups.

Human milk bank on site, serving the region and beyond.

Neonatal Directorate: Network and Regional Responsibilities

There are close working relationships with Maternity Services, Fetal Medicine, Radiology and Laboratory Services and Birmingham Children’s Hospital Specialist Services.

BWNFT NICU is commissioned to supporting the medical care of sick newborn babies from the South West Midlands Newborn Network at Birmingham Children’s Hospital.
Commitment to work within and support the development of the Southern West Midlands Neonatal Network and West Midlands Strategic Clinical Network for Women and Children (WMM&CSCN).

**Clinical Team**

**Consultant team:**

- Dr Anju Singh: Clinical Director, Respiratory Lead
- Dr Vishna Rasiah: Cardiology Lead, Clinical Lead SWMMNN
- Dr Gemma Holder: Clevermed Clinical Lead
- Dr Robert Negrine: Clinical Tutor, Education and Training Lead
- Dr Matthew Nash: Lead for Transitional Care, College Tutor, Lead for Mortality reviews
- Dr Amrit Dhillion: Consultant Neonatologist, Neonatal Transport
- Dr Manobi Borooah: Consultant Neonatologist, Neurology lead
- Dr Debbie Derbyshire: Consultant Neonatologist (LTFT)

**Academic Lead**

- Professor Andy Ewer: Honorary Consultant Neonatologist

**Trainees:**

- Five Trainees
- 1 Middle grade Transport Fellow: Full time (rotating post additional trainee)
- 1 Research Fellow: Participates in middle grade Medical Rota
- 1 Middle grade clinical fellow
- 7 Trainee ST2/3 doctors
- 1 junior clinical fellow

- 6 ANNPs: 2 Participate in middle, 4 in junior Medical

**Nursing Leadership**

- Amrat Mahal: Head of Nursing
- Clair Finnegan: Matron
- Susan McDonald: Clinical Governance
- Jenny Bradford: Lead Clinical Nurse Educator
- Precious Ngymbo: Capacity Nurse Lead
- Angela Reid: Productive Ward Lead

**Neonatal Directorate Manager**

- Mrs Sushmita Jha

**Obstetric Consultants**

**Materno-Fetal Medicine**

- Professor M Kilby
- Dr TA Johnston
- Mr W Martin
- Dr Sam Pretlove: (Maternity Clinical Director)
- Mr P Thompson
- Ms Tara Selman
- Mr A M Pirie
- Dr Nina Johns: (Delivery Suite Lead)
- Dr Ellen Knox
- Dr R Singh: (Maternity Deputy Clinical Director)
Principal Duties and Responsibilities

1. Clinical

This post provides excellent clinical experience in a very busy and varied service. Appropriate mentorship and “second on call” supervision of acute NNU clinical service will initially be provided as required.

The service is consultant led. Duties are based on an “on service week” divided into 4 weekdays and a 3 day weekend, supervising care on the NICU and junior staff, liaising with obstetricians and with sub-specialist staff from BCH, support for parents and staff, and transitional care supervision.

Day time duties are 0830 to 2200 and night time on-call are 21:00 – 09:00 on a one in nine/ten basis. There is a “non intensive cover” week, (“second on”) 9am to 5pm Monday to Friday with additional clinical duties to provide support to the First-On consultant and manage antenatal counselling referrals, Special Care, Postnatal and Transitional care babies. The service also provides visiting support for surgical babies in the Birmingham Children’s Hospital.

The Maternity Directorate has committed consultant obstetricians. There is close communication at Consultant level between maternity and neonatal services to manage referrals and demand within the available resources. The Delivery Suite Group (DSG) is a multidisciplinary team meeting monthly to develop shared protocols and guidelines and share learning and feedback, so contributing to a very high standard of perinatal care.

There is shared responsibility for administration and development of services, training of medical and nursing staff, and staff appraisal. Services will include liaison with colleagues, managers and community nurses; co-operation with mortality and morbidity recording and governance processes; co-operation with collaborative audit, participation in clinical governance and risk management.

Clinicians will have high risk or general baby follow-up clinics weekly when not on service.
2. Education / Training

The University Department of Obstetrics and Gynaecology is based at the Trust, and a number of medical students pass through on obstetric clinical attachment when neonatology is taught. Neonatal undergraduate teaching currently runs over a 1-week block, eight times annually. Consultant involvement in this process is expected. Postgraduate educational supervision of Junior paediatric staff is shared. There is also some responsibility for neonatal nurse teaching.

Within the Trust there are regular educational meetings involving neonatal consultants:
- Monday 1.00- 14.00 Junior Doctor Presentation
- Tuesday 8 am fortnightly Echocardiography teaching meetings
- Tuesday 1.00 p.m. weekly Grand Round - junior staff presentation
- Wednesday 1.00 p.m. weekly Consultant Led teaching
- Wednesday 2pm monthly Nutrition Group
- Thursday 9am to 10am weekly Foetal medicine meeting
- Thursday 1.00- 14.00 Monthly Neuroradiology teaching
- Thursday 1.00 p.m. weekly Consultant Led Teaching/ Simulation/ journal club
- Friday 1400 hrs monthly Perinatal Mortality Meeting

There are departmental Clinical Audit meetings, Consultant Meetings, and Directorate meetings as well as a Clinical Improvement Group and Incident Reporting and Root Cause Analysis (RCA) meetings in addition to other specialty groups which will require attendance.

3. Research

Professor Ewer is Director of Research and Development for BWH and provides a neonatal perspective to Obstetric and Fetal Medicine clinical trials in collaboration with Prof Mark Kilby, Prof Jon Deeks, Dr Sara Kenyon and Prof Arri Coomarasamy.

The Neonatal Centre at Birmingham Women’s Hospital is committed to developing and delivering high quality research in newborn care at a local, national and international level and participation in research by medical students, nurses and all levels of medical staff is strongly encouraged.

The Research team at BWH has contributed significantly to important trials including BOOST II (8th highest recruiting centre in UK), I2S2 (4th highest recruiting centre in UK) and SIFT (currently 3rd highest recruiting centre in UK). These studies are coordinated by a team of research nurses with additional nurse research champions and led by consultant principle investigators.

BWH has been lead centre for 2 national trials – the PulseOx study (which recruited over 20 000 babies and led to changes in practice internationally, and the DOVE study which recruited over 1300 patients and is currently being analysed.

Since 2002, nine clinical research fellows have been in appointment and have participated in the SpR on-call rota with half of their time protected for research. This has resulted in strong collaborations with other specialties including Fetal Medicine, Physiology, Epidemiology and Paediatric Cardiology.

The Clevermed (Badger.net) neonatal electronic patient record system has been in use since April 2009 and has recently become the main means of recording patient information. Individual consultants have always been encouraged to develop personal research interests and it is expected that they will undergo appropriate training in Good Clinical Practice in Research (GCP).

4. Management and Clinical Governance

The post holder will be expected to:
Take part in management and administrative duties within the Directorate.
Contribute to management in the wider areas of the hospital.
Supervise the work, training and education of junior staff.
Work with colleagues to ensure ongoing development and implementation of standards.
Participate in the departmental programme of clinical audit and guideline
Participate in other clinical governance activities (case reviews, clinical risks, learning from excellence activities)
To ensure, where possible, all care is evidence based and patient focused.
Lead on infection control which would include chairing infection control meetings, HIV clinics, maintaining infection database
Ensure timelines are met when communicating with GPs, clinical and nursing colleagues.
Ensure rigorous risk management is undertaken within the Directorate
Support the Trust in maintaining and improving standards.
Contribute to ongoing Research
Maintain effective communication within the Directorate.
Attend at least 50% of relevant meetings as agreed with the Clinical Director
Maintain own mandatory training according to the Trust TNA.

5. CPD
This is an integral part of the post and involves active support of consultant education meetings. It is the Consultant’s responsibility to ensure they take entitled study leave as part of their personal development plan. Annual appraisal and revalidation will be undertaken.

6. Administrative Support
Office (Hot office facilities) with computers with full internet access will be provided. Secretarial support is on a shared basis with clinical colleagues.

7. Infection Control
The Trust is committed to minimising any risks of healthcare associated infection to patients, visitors and staff. All employees are required to be familiar with and comply with Infection Prevention and Control policies relevant to their area of work and must attend Infection Control training commensurate to their role.
Generic Job Plan (for 10 PA post: detail is under review but will continue to follow a 10 week cycle).

1st on

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PAs</th>
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<tr>
<td>Monday</td>
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<td>0900-100 FM Ward Round</td>
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<td>Ward round and clinical care</td>
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<td>DCC</td>
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<td>Handover and clinical admin</td>
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<td>Predictable emergency on-call work</td>
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Special care ➔ Standard 9-5 day

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<td>Handover Round</td>
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<td>BWH</td>
<td>SC/TC Cover, FM referrals</td>
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<td>Tuesday</td>
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<td>13:00 – 17:00</td>
<td>BWH</td>
<td>SC/TC Cover, FM referrals</td>
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<td>Wednesday</td>
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<td>BWH</td>
<td>SC/TC Cover, FM referrals</td>
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<td>Thursday</td>
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### Weekday 4 nights

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<tr>
<td>Monday –Thursday</td>
<td>21:00 – 09:00</td>
<td>NICU</td>
<td>On call night</td>
<td>DCC</td>
<td>3.83 x4</td>
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<tr>
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### Weekend 3 Days

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<tbody>
<tr>
<td>Friday</td>
<td>09:00 – 19:00</td>
<td>BWH NNU</td>
<td>Ward Round and clinical care</td>
<td>DCC</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>19:00 – 21:00</td>
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<td>0.67</td>
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<tr>
<td></td>
<td>21:00 – 22:00</td>
<td></td>
<td>Telephone handover</td>
<td>DCC</td>
<td>0.33</td>
</tr>
<tr>
<td>Saturday</td>
<td>09:00 – 21.00</td>
<td>BWH NNU</td>
<td>Ward rounds and clinical care</td>
<td>DCC</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>21:00 – 22:00</td>
<td>BWH NNU</td>
<td>Round and Telephone handover</td>
<td>DCC</td>
<td>0.33</td>
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<tr>
<td>Sunday</td>
<td>09:00 – 21:00</td>
<td>BWH NNU</td>
<td>Ward rounds and clinical care</td>
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<td>BWHNNU</td>
<td>Round and Telephone handover</td>
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### Weekend of nights

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<tbody>
<tr>
<td>Friday</td>
<td>0900- 13.00</td>
<td>BCH</td>
<td>Surgical Grand round</td>
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<tr>
<td>Friday- Saturday</td>
<td>21:00 – 09:00</td>
<td>NICU</td>
<td>On call night</td>
<td>DCC</td>
<td>4 x3</td>
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<tr>
<td>Friday</td>
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This part of the rota to be worked flexibly: All on 10 PA contracts will identify 1 day as a non-working day. All leave is taken in this part of the rota.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Monday</td>
<td>09:00 – 11:00</td>
<td>BWH/BCH</td>
<td>SPA / RCAs /DCC at BCH</td>
<td>SPA/ DCC</td>
<td>1.0</td>
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<tr>
<td></td>
<td>13:00 – 14:00</td>
<td>BWH/BCH</td>
<td>Trainee teaching</td>
<td>SPA</td>
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<td></td>
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<td>Directorate meeting</td>
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<td>monthly</td>
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<td></td>
<td>13:00-17:00</td>
<td>BWH/BCH</td>
<td>OP clinic</td>
<td>DCC</td>
<td>1.0</td>
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<tr>
<td>Tuesday</td>
<td>09:00 – 13:00</td>
<td>BWH</td>
<td>SPA / DCC at BCH</td>
<td>SPA/DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1300-1400 Trainee teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13:00 – 17:00</td>
<td>BWH</td>
<td>OP clinic</td>
<td>SPA</td>
<td>1.0</td>
</tr>
<tr>
<td>Wednesday</td>
<td>09:00 – 13:00</td>
<td>BWH / BCH</td>
<td>SPA/RCAs/ DCC at BCH</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>13:00-17:00</td>
<td>BWH</td>
<td>Teaching/ Audit</td>
<td>SPA</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OP clinic</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>09:00 – 10:00</td>
<td>BWH</td>
<td>Fetal Medicine</td>
<td>SPA</td>
<td>0.25</td>
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</tbody>
</table>
### Summary of DCCs for Job Plan

On a 10 PA job plan with a 7.5:2.5 split for 42 weeks of the year, should be contributing **315 PAs** to DCC (and 105 to SPA + Specialist role activity)

<table>
<thead>
<tr>
<th>Time</th>
<th>PAs</th>
<th>Cycles/year</th>
<th>TOTAL PAS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Days NICU week</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0900 - 2200</td>
<td>14.5</td>
<td>5.77</td>
<td>83.7</td>
</tr>
<tr>
<td><strong>TC support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0900-1300 Mon-Friday</td>
<td>5</td>
<td>5.77</td>
<td>28.85</td>
</tr>
<tr>
<td><strong>Long Day weekend</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0900-2200 Fri-Sun</td>
<td>12.17</td>
<td>5.77</td>
<td>70.20</td>
</tr>
<tr>
<td><strong>Week nights</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mon – Thurs</td>
<td>15.33</td>
<td>5.77</td>
<td>88.47</td>
</tr>
<tr>
<td><strong>Weekend nights</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fri-Sun</td>
<td>13</td>
<td>5.77</td>
<td>75.01</td>
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<tr>
<td><strong>BCH surgery</strong></td>
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<td></td>
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</tr>
<tr>
<td>08:30-12.30 Mon - Friday</td>
<td>5.0</td>
<td>5.77</td>
<td>28.85</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>298.13</strong></td>
</tr>
</tbody>
</table>
Other DCCs agreed:

1. **RCAs**
   6 per annum. \(\rightarrow 0.5 \text{ PA} = 3 \text{ PAs per annum}\)

2. **Clinics**

3. **Serious case reviews**

4. **Mortality Reviews**

5. **Echocardiography Service**

Attendance of Consultant Meetings, CIG and Audit meetings are part of SPA activity
Educational supervision of trainees is also a part of SPA activity.
TERMS AND CONDITIONS OF SERVICE

General

Successful candidates will be employed as a Neonatal Consultant at Birmingham Women’s Health Care Foundation NHS Trust Terms and Conditions of Service. A full copy of all Terms and Conditions may be obtained from the Human Resources Department or Directorate Manager / Directors office.

All employees are required to adhere to all relevant Trust Policies and Procedures including Health and Safety, No Smoking and Alcohol and Equal Opportunities Policies.

The salary for the post will be on the consultant scale in accordance with NHS salary scales.

The successful candidate must be fully registered with the General Medical Council.

The successful candidate must be on the Specialist Registrar (General Paediatrics and or Neonatal Paediatrics).

All appointments are made subject to satisfactory occupational health clearance and the successful candidate will be required to undergo occupational health screening prior to commencing work with patients.

Because of the nature of the work, this post is exempt from the provision of Section 4(2) of the rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974 (Exemption Order 1975). Applicants are therefore not entitled to withhold information about conviction including those which for other purposes are “spent” under the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and be considered only in relation to an application for positions to which the order applies.

This post has been designated as providing access to children and a police check on the existence of a criminal record will be necessary for the preferred candidate prior to appointment.

The successful candidate must have a mobile telephone in order to be contacted.

The successful candidate must be able to provide the on-call commitment and attendance in a timely and appropriate manner. The residential distance should be within 20 minutes.

Trust Equal Opportunities Policy – Statement of Intent

The Birmingham Women’s and Children’s NHS Trust is committed to promoting equality of opportunity for employees, job applications and the population it serves. The policy of the Trust is to ensure that no job applicant or employee receives less favourable treatment than another on the grounds of race, colour, nationality, ethnic origin, gender, religion, marital status, sexual orientation, responsibility for dependants, age, part time employment, political beliefs or disability, unless this is directly related to a genuine requirement of the job.

The Trust commits itself to take all steps necessary to remove any existing race or sex discrimination from its operations and to take lawful positive action to promote equal opportunities and facilities for disabled employees and other disadvantaged groups.

Applicants will be considered fairly and on the basis of their ability to do the job.

Health and Safety

All Trust employees are required to comply with relevant Health and Safety legislation and the Trust’s Health and Safety Policies. In accordance with sections 7 and 8 of the Health and Safety at Work Act 1974 employees must:-

- Take reasonable care of their own and others health and safety whilst at work.
- Co-operative with their employer to enable the employer to comply with the Act.
Not to intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.

Confidentiality

Your attention is drawn to the confidential nature of information collected within the National Health Service. The unauthorised use or disclosure of patient, client of other personal, confidential privileged information / date is a dismissible offence and in the case of computerised information could result in a prosecution for an offence or action for civil damages under the Data Protection Act 1984.

NHS Pension Scheme

Membership of the NHS Pension Scheme is voluntary and is open to any member of staff aged 16 years or over. This is a contributory scheme and both employees and employer are automatically made a member unless they decided not to join and make alternative arrangements. Pension contributions are deducted direct from pay unless the Payroll Department are notified of an individuals intention not to join to be completion of form SD502.

Further information on the benefits of the NHS Pension Scheme will be given to new employees on commencement.

Staff Benefits

A list of staff benefits is available from the Human Resources Department.

ADDITIONAL INFORMATION

Birmingham Women’s and Children’s Hospital (BWCNFT)
The Birmingham Women’s Hospital is an acute specialist Trust and has recently merged with Birmingham Children’s Hospital.

The hospital is sited on the Queen Elizabeth Campus and is adjacent to the University NHS Trust Hospital and to the Birmingham University Medical School, in Edgbaston, South Birmingham.

The Women’s Hospital provides both obstetric and gynaecological services for the South Birmingham District and is the Regional tertiary referral centre for these disciplines. It is the University Teaching Hospital housing the academic departments of Obstetrics and Fetal Medicine and Gynaecology. The Regional Neonatal Intensive Care Unit is an integral part of the hospital. An excellent Regional Clinical Genetics Service is based at the hospital as is the Regional Genetic Laboratory Service. The Regional Genetic Laboratory Service is the largest in the country, and one of the largest in Europe.

It is well served by public transport including the nearby University own railway station on the cross city line which runs from Redditch in the south to Lichfield in the north.

An 80 place day nursery for children of staff is available on the Queen Elizabeth site.

Birmingham Children’s Hospital (BWCNFT)
Birmingham Children’s Hospital is situated 3 miles away and is the regional paediatric referral centre. The neonatal programme has close working relationships with the Children’s as they provide specialist expertise, including cardiology, and neonatal surgery.

Queen Elizabeth Medical Centre
Birmingham Women’s Hospital forms part of the Queen Elizabeth Medical Centre Complex, of which the adjacent University Hospital Birmingham (UHB) is the main general teaching hospital and referral unit for adult specialities.
University of Birmingham
The University of Birmingham was founded through the initiative of the citizens of Birmingham at the turn of the 19th century. The university’s first Chancellor, Joseph Chamberlain, is commemorated by the 100 metre high clock tower, a famous landmark throughout Birmingham. The universities faculties have been disestablished and schools are now recognised as the primary centres in the university. There are four deans each representing a specified area of the university’s academic activities: Engineering; Arts and Social Sciences; Medicine; Dentistry and Health Sciences; and Sciences.

The Medical School
The University School of Medicine was founded in 1828 and currently has over 1,000 students and 515 academic staff. The annual turnover exceeds £45 million. The school has 7 Divisions – Medical Sciences (incorporating Physiology), Neuroscience (incorporating Pharmacology), Immunity and Infection (incorporating Anatomy), Primary Care, Public and Occupational Health, Reproductive and Child Health and Cancer Studies. The School was recently awarded the largest increase in medical student numbers of any single university as part of its Black Country Strategy bid to extend medical student teaching into this area and address health and healthcare inequalities and the shortage of GP’s in the region.

The School’s clinical links with NHS Trusts throughout the West Midlands complements its academic base. The school is dedicated to improving the quality of health care delivery, being responsive to Government policies, to achieve excellence in clinical practices and promoting the health of local people. The West Midlands is an area that has 5.5 million population, a diverse urban and rural mix and a high Jarman index score. The population presents a full range of medical and social problems and the university provides the intellectual leadership in teaching and research across the region.

The School was recently successful in open competition in its bid for a Wellcome Millennial Clinical Research Facility in partnership with the University Hospital Birmingham Trust.

The Area
Birmingham is Britain’s second city with a population approaching one million within the West Midlands conurbation of 2.5 million. The city has excellent road and rail links and a rapidly expanding international airport.

The city offers a host of social and sporting activities and entertainment. The International Convention Centre is the largest in Europe and includes the Symphony Hall for the City of Birmingham Symphony Orchestra, and visiting international orchestras. Adjacent is the International Indoor Arena and nearby are the Repertory Theatre, Town Hall, Museum and Art Gallery and the city Library, one of the largest in Europe. The city centre has been undergoing extensive redevelopment, especially around the extensive canal network and in the Broad Street/Brindley Place area, with the aim of making the city a more attractive and convenient area for pedestrians. The Birmingham Women’s Hospital is situated 3 miles from the city centre. In addition to the main Museum and Art Gallery, Edgbaston houses the Barber Institute of Fine Arts, the Botanical Gardens, Edgbaston County Cricket Ground and extensive sporting facilities.

There are three universities based in Birmingham – the University of Birmingham with its Medical School on the hospital site, and the University of Aston and the University of Central England, both of which have links with the medical sciences.

The city is well served with schools, both public and private. There are seven King Edward V1 Foundation Schools in the city, five of which are non-fee paying. Attractive housing is available in the city’s leafy suburbs and in adjoining areas.
### Consultant Neonatologist

#### Criteria/categories

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Essential</th>
<th>Desirable</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
|               | • Full GMC Registration  
|               | • MRCPCH  
|               | • CCT in Paediatrics  
|               | • MD/ PHD  | • CCT in Neonatal Paediatrics  
|               |            | • Formal Leadership and Service improvemen t training  | CV |

<table>
<thead>
<tr>
<th>Previous experience/ Special Knowledge</th>
<th>Essential</th>
<th>Desirable</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
| • Wide neonatal experience.  
| • Advanced clinical skills in neonatal medicine.  
| • Up to date APLS or NLS or equivalent training.  
| • Competent in Neonatal Echocardiography and cranial ultrasonography  | • Appraisal & assessment skills  
| | • APLS or NLS Instructor  
| | • Simulation training experience  | CV/ Interview |

<table>
<thead>
<tr>
<th>Skills/abilities and Special aptitudes</th>
<th>Essential</th>
<th>Desirable</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
| • Basic management skills.  
| • Good understanding of the structure and processes within the NHS including clinical governance.  
| • Training in teaching/education  
| • An understanding of research methodology and critical appraisal.  
| • Good organisational and time-management skills.  
| • Good IT skills.  | • Involvement in clinical governance.  
| | • Research experience  
| | • Evidence of publications/presentation  | CV/ Interview |

<table>
<thead>
<tr>
<th>Personal qualities/ Motivation to post</th>
<th>Essential</th>
<th>Desirable</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
| • Ability to develop good working relationships.  
| • Drive and enthusiasm,  
| • A flexible approach.  
| • Commitment to continuing personal development.  
| • Highly motivated to neonatology, and a team player.  | | | Interview |

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Essential</th>
<th>Desirable</th>
<th>Method of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To demonstrate ability to lead a multidisciplinary clinical team.</td>
<td>• Demonstrate a commitment to further develop leadership to</td>
<td>CV/ Interview</td>
<td></td>
</tr>
<tr>
<td>Practical requirement of the post e.g. hours of work, on call, travel</td>
<td>• Willing to re-locate as necessary to be able to provide to on-call commitment and attendance in a timely and appropriate manner. • Ability to work the hours required to ensure satisfactory performance of duties.</td>
<td>• Able to travel around the network as required.</td>
<td>Interview</td>
</tr>
<tr>
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</tbody>
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