CONSULTANT in Respiratory Medicine with special interest in lung cancer (and/or pleural disease)

Job Description

Trust Profile

Great care can change everything. Like you, everyone here at Sandwell and West Birmingham Hospitals NHS Trust wants to be a part of truly brilliant, integrated care. And just like you, we're ambitious about what we do. We're always seeking ways to do more and be better for our patients.

Bring your dedication and determination here, and you'll be surprised by just how great your career can be. We like to think we offer you the best of both worlds. We’re a welcoming and friendly place that’s devoted to our community. But our plans and ideas for the future - yours and ours - are huge.

First, let us tell you what we’re building on. It’s a firm foundation, of which we’re very proud.

We are an integrated care organisation with an outstanding reputation for teaching, education, research and innovation. Our 7,200 staff are here for 530,000 local people when they need us.

City Hospital in Birmingham is home to the Birmingham and Midland Eye Centre, the Pan-Birmingham Gynaec-Cancer Centre and our Sickle Cell and Thalassaemia Centre. It’s also the regional base for the National Poisons Information Service.

At Sandwell General Hospital in West Bromwich, you’ll find inpatient, paediatrics, most general surgery and our stroke specialist centre.

At the Trust, we also have significant academic departments in cardiology, rheumatology, ophthalmology and neurology.

We have intermediate care hubs at Rowley Regis and at Leasowes in Smethwick, which is also the base for our Birth Centre.

Our community teams throughout Sandwell provide integrated services for children in schools, GP practices and at home. They also offer both general and specialist home care for adults in hospices and nursing homes.
In spring 2019, we will open the brand new Midland Metropolitan Hospital - the perfect demonstration of our vision for the future. And we are investing in far more than buildings.

We are dedicated to investing in you. It matters to us that you enjoy the training, support and opportunities you need to fulfil your total potential and build the career you really want.

To make that happen, we’ve trebled our training budget. We’ve developed new career path frameworks and new ways to recognise your achievements.

Because you’re part of our family, we want the best for you.

Our newest hospital

A community of half a million is eagerly anticipating the brand new Midland Metropolitan Hospital. It will be worth the wait. Its opening in Spring 2019 will be the beginning of a fresh chapter in our ambitious journey to be the nation’s leading provider of integrated care.

As well as being the closest adult hospital to Birmingham’s busy city centre, Midland Metropolitan Hospital will offer dedicated maternity and children’s services. Crucially, it will bring together teams who provide acute, emergency care, in line with the views expressed in our public consultation.

This exciting new building has been designed with room to grow. What’s more, we are retaining buildings and wards at Sandwell Hospital for future development.

The majority of patient services will still be provided at Sandwell Hospital, the City Hospital site and Rowley Regis. City Hospital will house three key facilities: the Birmingham Treatment Centre providing outpatient, day case and diagnostic services. The Birmingham and Midland Eye Centre, and the Sheldon Block will provide intermediate care services. The Sandwell site will house the Sandwell Treatment Centre, intermediate care beds, and a new 24-hour urgent care centre.

All of which mean that our communities will benefit from truly excellent facilities in the years ahead.

In 2016-17, nearly 6,000 women gave birth with our help. 526,945 people attended outpatient clinics. There were 199,437 patient attendances plus 33,265 attendances seen under GP triage at our emergency departments with over 38,994 people admitted for a hospital stay.

We undertook 45,950 day case procedures, whilst more than 650,000 patients were seen by community staff.

Each year we publish a quality account to outline to local people how our services compare to our aims and to others.
The latest data shows that:

Harm-free care: We achieved 95.4 per cent coverage for VTE assessment in 2016/17.

Safe stays: Our overall readmission rate within 30 days of discharge from April 2016 to February 2017 was 7.2 per cent.

**GENERAL DESCRIPTION OF THE POST**

The post is a replacement post due to the retirement of a colleague. A speciality interest in lung cancer would be preferred and there are opportunities to be involved in the expansion and development of the pleural service. The department has developed a medical thoracoscopy and indwelling pleural catheter service and are looking to build on this. The applicant would also support general respiratory outpatients and may contribute to the sleep and NIV service depending on the interests of the applicant.

The post will initially be based primarily at City Hospital. However the Trust will be reconfiguring its services in preparation for the implementation of the Right Care Right Here Programme and the postholder may therefore be required to work at any of the Trust’s sites. As an integrated care organisation some clinics/sessions may be carried out in community and primary settings with the consent of the consultant.

**Facilities and Resources of the Respiratory Department.**

The respiratory units at City and Sandwell hospital have a sophisticated Respiratory & Sleep Physiology Service compromising a comprehensive range of respiratory physiological measurements/assessment including routine lung function measurements, whole body plethysmography, overnight oximetry, comprehensive cardiopulmonary exercise testing, bronchial challenge testing and muscle function testing. In addition there is a large, established sleep and ventilation service currently providing in excess of over one thousand limited channel home studies and caring for in excess of 4000 patients and a Home Oxygen Assessment & Review Service (HOSAR).

We provide over one thousand limited channel home studies and initiate CPAP therapy. Home ventilation services are provided with weekly NIV clinics.

Along with Critical Care Unit on both acute sites there is a well-established critical care outreach service which initiates acute NIV. An acute NIV bay has recently been established on the respiratory ward on Sandwell site.

Respiratory nurse specialists including lung Cancer nurse specialists contribute to the running of the department. In addition, a community respiratory outreach service have been established by Heart of Birmingham (HOB) PCT in close collaboration with the secondary care team. This will work in close conjunction with the Primary Care Respiratory clinics.

Respiratory outpatient clinics are located at the outpatients dept within the Birmingham Treatment Centre and at the Sandwell chest clinic. Bronchoscopy lists are shared with colleagues and carried out in the Endoscopy Units at Sandwell and City Hospital. EBUS is
regularly offered at City Hospital and a thoracoscopy and indwelling pleural catheter service has been established at Sandwell Hospital.

The firms’ juniors staffing comprise of 4 SpRs on the West Midland Scheme, 4 year two CMT/F2, and 4 F1 appointees working at Sandwell and City Hospital. There is sometimes a flexible trainee SpR.

We currently have 7 Chest Physicians working Cross Site between Sandwell and City Hospital, and are looking to expand this number with an 8th consultant post due to be advertised. Dr Guy Hagan is the specialty Lead. Other Consultants are Dr Rajasekaran, Dr Nathani, Dr Abuussiriwil, Dr Ahmed, Dr Sahal and the replacement post. The post will allow the successful candidate to join the remaining Chest Physicians and there will be opportunities to develop subspecialty interests. The current work force of Chest Physicians are providing a wide range of speciality work which includes Lung Cancer, Sleep related respiratory disorders, interventional bronchoscopy, Thoracoscopy, Interstitial Lung Disease, tuberculosis, non-invasive ventilation, Bronchiectasis, Asthma, COPD, Hospital at Home Service and a Pulmonary Rehabilitation Programme.

The trust serves some of the hot spots of tuberculosis with incidences of >90/100,000. City Hospital treats around 160 active TB cases in a year which is highest for a single centre in the region and along with Sandwell the trust treats around 250 active TB cases in a year. There are 3 negative pressure rooms in the trust within the acute admissions unit and the Intensive care unit. The trust provides care for local and regional MDR TB patients and has an efficient Tuberculosis infrastructure with a total of 6 TB specialist nurses (3 in Sandwell and 3 from Birmingham), and is recognised by NHS England as a MDR-TB centre. There a TB clinic day on a Wednesday at City Hospital and on Fridays at Sandwell. The trust has an in house IGRA service. The trust admits a significant number of advanced stage complex TB cases as acute admissions. The Tb experience is unique for the juniors and is sought after by the trainees. There will be opportunities for continuing academic activities with research and reviews.

The Trust sees about 280 New Lung Cancer Patients in a year. This one of the highest number of Patients seen in any Trust in the West Midlands. Sandwell has the highest incidence of Lung Cancer in England. We have 3 specialist Nurses supporting Lung Cancer Patients. We have a weekly diagnostic X ray meeting and weekly Multidisciplinary Lung Cancer Meeting. The Cancer MDT is also attended by 2 Thoracic Surgeons from Heartland Hospital and 2 Oncologists from Queen Elizabeth Hospital to facilitate an efficient Cancer management Pathway.

A specialist bronchiectasis service provides care to one of the biggest cohorts of non-cystic bronchiectasis in the region. An outpatient antibiotic service and other integrated pathways are in place.

A specialist interstitial lung disease service is provided including joint clinics with the regional rheumatology departments

For Long Term Respiratory Conditions, we have Community Respiratory at Lyng Centre in West Bromwich which includes Physiotherapists, Specialist Respiratory Nurses, Dietician and Occupational Therapist. This team outreach Hospital patients through our specialist Nurses and provide a Hospital at Home Service as well as Pulmonary Rehabilitation Programme in the community.
PROPOSED WORK PROGRAMME

The working week for a full-time consultant is comprised of 10 programmed activities (PAs) each of which has a nominal timetable value of 4 hours. Programmed activities that take place outside the hours of 7am and 7pm Monday and Friday or at weekends or on public holidays will have a timetable value of three hours rather than four.

A job plan and work schedule will set out agreed arrangements for how work is organised, where it is located, what in general terms the work comprises and when it is to be performed.

For this post direct clinical care (work relating directly to the prevention, diagnosis or treatment of illness) includes emergency work (including whilst on-call), outpatient activities, multi-disciplinary meetings about direct patient care, and administration directly related to the above. Supporting professional activities (that underpin direct clinical care), include participation in training, medical education, continuous professional development, formal teaching, audit, clinical management and local clinical governance activities.

Supporting Professional Activities are an essential part of the work of a doctor and the organisation is fully committed to supporting and paying for this work. Effective job planning will define the detail of what activities are to be delivered and how much time is to be given to undertaking these activities. A typical consultant is likely to require a minimum of 1.5 PAs for supporting professional activities to cover Continuous Professional Development (CPD) and General SPA (formal teaching activities outside clinical and education supervisory roles, participation in training, medical education, audit, research, annual appraisal and job planning leading to revalidation), local clinical governance activities, dealing with non-patient administration eg organisational communication and attendance, attendance at operational/staff meetings).

As part of a consultant’s SPA allocation it would be expected that an agreed proportion of the SPA time, over and above the CPD and General SPA would be used under the direction of the clinical director for work related to quality, governance, education, pathway design or service improvement. SPA time will be given for those consultants who are undertaking work in specific areas of responsibility directly linked with the business of the organisation, examples include lead roles in clinical governance activities (audit/guidelines, service development, risk management, quality improvement, research), operational clinical management (rota management, committee work) and education and training roles (post graduate clinical tutor, college tutor, head of academy).

A typical week might look as follows:

DCC = Direct Clinical Care PA
SPA = Supporting Professional Activities PA
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Category of PA</th>
<th>No. of Pas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9.00 – 1.00</td>
<td>City</td>
<td>Defined area of SPA responsibility</td>
<td>SPA**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1.00 – 5.00</td>
<td>City</td>
<td>Bronchoscopy/Thoracoscopy (alt weeks)</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9.00-1 pm</td>
<td>City</td>
<td>OPD (2ww and/or pleural disease)</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1.45 – 4.45</td>
<td>City</td>
<td>Lung MDT</td>
<td>DCC</td>
<td>0.75</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9.00 – 1.00</td>
<td>Cross Site</td>
<td>Ward Work/ITU/NIV (alt weeks)</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SPA (alt weeks)</td>
<td>SPA</td>
<td>0.5</td>
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<tr>
<td></td>
<td>1.00 – 5.00</td>
<td>City</td>
<td>NIV or general clinic</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td>Thursday</td>
<td>9.00 – 1.00</td>
<td>City</td>
<td>OPD (2ww, general) 3 out of 4 weeks</td>
<td>DCC</td>
<td>0.75</td>
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<tr>
<td></td>
<td>1.00 – 5.00</td>
<td>Sandwell/City</td>
<td>Admin</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td>Friday</td>
<td>9.00 – 1.00</td>
<td>Sandwell/City</td>
<td>Ward Round</td>
<td>DCC</td>
<td>1</td>
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<tr>
<td></td>
<td>1.00 – 5.00</td>
<td>Cross Site</td>
<td>SPA</td>
<td>SPA</td>
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<tr>
<td>Saturday</td>
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<td>Sunday</td>
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<tr>
<td>Additional agreed activity to be worked flexibly</td>
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<td></td>
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<tr>
<td>Predictable emergency on-call work</td>
<td>City</td>
<td>On Call</td>
<td>DCC</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unpredictable emergency on-call work</td>
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<td></td>
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<tr>
<td>Item</td>
<td>Activity</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>Total Direct Clinical Care</td>
<td>7.5</td>
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<td></td>
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<tr>
<td>Supporting Professional Activities (CPD and General SPA)</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Professional Activities (in defined areas of responsibility)**</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total Other NHS Responsibilities</td>
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<td></td>
<td></td>
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<tr>
<td>Total External Activities</td>
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<td></td>
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<tr>
<td>Total Travelling Time</td>
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<td></td>
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<tr>
<td>TOTAL PROGRAMMED ACTIVITIES</td>
<td>10</td>
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</tr>
</tbody>
</table>

* including unpredictable on-call

** if there is no defined area of responsibility in SPA then the 1 PA will be converted to DCC activity. The Divisional average for whole time consultants must remain at 2.5 PAs for SPA activity.

Respiratory Clinics are currently set up according to the Royal college guidelines i.e. Half an hour slot for every New Patient and 15 min for a follow up. On Sandwell site 3 consultants rotate to cover Ward Priory 5 with 18 Respiratory Patients with the NIV bay, and on City site 4 consultants rotate to cover two respiratory wards with negative pressure rooms. It is likely that the department will move to a 'on ward/off ward' model to cover all respiratory in patients on each site. Ward work requires daily Board round starting at 8:45 followed by review of new admissions on the appointed ward for each consultant. Two full Consultant ward rounds are expected per week.

The oncall commitment for this post is currently 1:13. On call is general medicine, though a separate respiratory take may develop in MMH. The on call availability supplement is currently Category A and currently classed as low Frequency with an on call availability supplement of 3 % currently payable.

There may be opportunity for the postholder to undertake additional Programmed Activities. This would be discussed and agreed with the postholder following appointment.

The Trust has developed a New Consultant Leadership Programme and mentoring for new consultants can be arranged as appropriate.

**CONSULTANT OFFICE AND SECRETARIAL SUPPORT**

There is office accommodation for all consultants in a shared room separate from the main department. There is secretarial support for this post (0.5 wte)

**KEY DUTIES OF THE POST**

1. To collaborate and work to maintain respiratory services in line with strategic requirements.

2. To provide, with the other Consultants in the specialty, routine and emergency respiratory services to the Trust, operating a system of mutual out-of-hours cover, and cover for annual, study and professional leave.
3. To provide a consultation and advisory service to medical colleagues in other specialties in the Trust

4. To develop a special interest to complement those of the existing Consultants in the respiratory department in accordance with the priorities of the Trust.

5. To develop appropriate services and techniques required to fulfil clinical needs, within available resources.

6. To take responsibility for the professional supervision and appraisal of junior medical staff, in conjunction with colleagues.

7. To participate in the education and training of junior doctors, medical students, nurses, paramedics and general practitioners.

8. To participate in the training and assessment of specialist registrars rotating through the department.

9. To liaise with medical staff in other specialties and participate in clinical meetings and postgraduate activities in the Trust.

10. To maintain and develop good communications with general practitioners.

11. To participate in research in accordance with priorities agreed within the Clinical Groups and the Trust within available resources.

12. To contribute to the development of respiratory services, treatment guidelines and the promotion of greater knowledge of the management of respiratory conditions in primary care.

13. To demonstrate a firm commitment to the principles of clinical governance, including:

   - Developing and maintaining appropriate systems and practice to ensure effective clinical audit in respiratory medicine.
   - Attending and contributing to the Trust's Clinical Governance Programme.
   - Participating in the Trust's Clinical Incident Reporting system.
   - Developing a programme of personal continuing professional education and development, within available resources and within the workload and priorities of the service, as agreed with the Clinical Director and Group Director and in accordance with the Royal College requirements. The Trust will provide the necessary support for this.
CLINICAL MANAGEMENT STRUCTURE

The clinical management structure is made up of 6 clinical groups as shown below:

**CLINICAL GROUPS**

<table>
<thead>
<tr>
<th>Medicine &amp; Emergency Care</th>
<th>Surgical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medicine</td>
<td>Vascular &amp; General Surgery</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Endocrine Surgery</td>
</tr>
<tr>
<td>Clinical Haematology</td>
<td>Gastrointestinal Surgery</td>
</tr>
<tr>
<td>Clinical Immunology</td>
<td>Urology</td>
</tr>
<tr>
<td>Clinical Pharmacology &amp; Toxicology</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Elderly Care</td>
<td>Trauma &amp; Orthopaedics</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>Geriatric Medicine &amp; Rehabilitation</td>
<td>Critical care</td>
</tr>
<tr>
<td>Neurology &amp; Neurophysiology</td>
<td>C Ophthalmology</td>
</tr>
<tr>
<td>Oncology</td>
<td>ENT &amp; Audiology</td>
</tr>
<tr>
<td>RAID</td>
<td>Oral, Maxillo-Facial &amp; Dental Services</td>
</tr>
<tr>
<td>Renal Medicine</td>
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<tr>
<td>Respiratory Medicine</td>
<td></td>
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<tr>
<td>Stroke</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Women &amp; Child Health</th>
<th>Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics</td>
<td>Diagnostic Radiology</td>
</tr>
<tr>
<td>Neonatology</td>
<td>Interventional Radiology</td>
</tr>
<tr>
<td>Paediatric Medicine</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Breast Screening</td>
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<tr>
<td>Gynaecological Oncology</td>
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<tr>
<td>Genito-Urinary Medicine</td>
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</table>

<table>
<thead>
<tr>
<th>Community and Therapies</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Diabetes and Endocrinology</td>
<td>Haematology</td>
</tr>
<tr>
<td>Palliative Medicine</td>
<td>Immunology</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Biochemistry</td>
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</tbody>
</table>

The top tier of management for each clinical group consists of a Group Director, Director of Nursing and a Director of Operations. A Clinical Directorate structure is in place and each specialty has a Clinical Director. Sub-divisional management structures vary depending on the particular needs of the division. Named nursing, HR and finance specialists support the clinical groups management teams.

Respiratory medicine sits within the admitted care B directorate.

**Safeguarding – Children/Young People and Vulnerable Adults**

Every employee has a responsibility to ensure the safeguarding of children and vulnerable adults at all times and must report any concerns immediately as made clear in the Trust's Safeguarding Policies.
Infection Prevention and Control

The Trust is committed to reducing the risk of health care acquired infection. Accordingly it is essential that you adhere to all Trust infection control policies, procedures and protocols (to include hand decontamination, correct use of PPE (Personal Protective Equipment) and care and management of patients with communicable infections). You are required to report any breaches/concerns promptly using the Trust's incident reporting system.

GENERAL CONDITIONS OF SERVICE

1. The post is covered by the Terms and Conditions of Service for Consultants (England) 2003, as amended from time to time.

2. The appointment is subject to satisfactory Occupational Health and Disclosure and Barring Service check (formerly Criminal Records Bureau check).

3. A relocation package is offered, where appropriate, in accordance with the Trust’s Removal Expenses Policy.

4. The successful candidate will be expected to reside within a reasonable distance from their base hospital.

5. Any candidate who is unable for personal reasons to work whole-time will be eligible to be considered for the post; if such a person is subsequently appointed, modifications to the job plan will be discussed on a personal basis in consultation with consultant colleagues and the Medical Director.

6. The postholder must be included on the General Medical Council’s Specialist Register in Respiratory Medicine

7. It is the responsibility of all medical staff to ensure that they are appropriately registered with the General Medical Council. If registration lapses employment may be terminated.

8. All employees are expected to comply with appropriate Trust policies and procedures.

VISITS TO THE TRUST AND INFORMAL ENQUIRIES ARE WELCOMED. PLEASE CONTACT:

Respiratory Medicine Clinical Lead: Dr Guy Hagan 0121 507 4097
Clinical Director Dr Arvind Rajasekaran 0121 507 5835 (sec)

CONSULTANT IN Respiratory Medicine
WITH A SPECIAL INTEREST IN Lung Cancer

Person Specification

<table>
<thead>
<tr>
<th>CRITERIA FOR SELECTION</th>
<th>ESSENTIAL REQUIREMENTS</th>
<th>DESIRABLE/ADDITIONAL REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Justifiable as necessary for safe and effective performance)</td>
<td>(A clear definition for the necessary criteria)</td>
<td>(Where available, elements that contribute to improved/immediate performance in the job)</td>
</tr>
</tbody>
</table>

**Qualifications:**
- Entry on the Specialist Register in Respiratory Medicine (or entry expected within 6 months from the date of interview)
- MRCP or equivalent
- Higher Degree

**Clinical Experience:**
- Clinical training and experience equivalent to that required for gaining CCT in Respiratory and general internal medicine
- Ability to take full and independent responsibility for the management of acute medical emergencies
- Ability to take full and independent responsibility for the care of patients
- Experience and training in a busy inner city respiratory unit
- Experience with medical thoracoscopy and indwelling pleural catheters and desire to develop pleural service

**Professional and Multi-disciplinary team working:**
- Ability to work well with colleagues and within a team

**Management and Administrative Experience:**
- Ability to organise and prioritise workload effectively
- Ability to plan strategically and to exercise sound judgements when faced with conflicting pressures.
- Ability to motivate and develop the multi-disciplinary team, balancing departmental and personal objectives.

**Clinical Effectiveness**
- Experience of conducting clinical audit
- Ability to use the evidence base and clinical audit to support decision-making

**Teaching and Training experience:**
- Ability to teach clinical skills to medical and nursing staff and other disciplines.
- The ability to appraise junior doctors and other staff.
- Formal training in teaching
### Research, Innovation and Service Improvement Experience:
- Ability to apply research outcomes to clinical problems
- An awareness of current specialty developments, initiatives and issues.
- Knowledge and experience of the application of information technology to Respiratory Medicine
- Publications in relevant peer-reviewed journals in the last five years.
- Evidence of having undertaken original research

### Personal Attributes
- Energy and enthusiasm and the ability to work under pressure
- An enquiring and critical approach to work
- Caring attitude to patients
- Ability to communicate effectively with colleagues, patients, relatives, GPs, nurses, other staff and agencies.
- Commitment to Continuing Medical Education and Professional Development

### Other Requirements:
- Full GMC Registration
- Appropriate Immigration Status (where appropriate)
- An understanding of the current NHS environment, particularly in relation to reforms, initiatives and issues.

### Personal Circumstances
- Residence within a reasonable distance of SWBH Trust Hospital
- Ability to undertake clinical commitments at any of the Trust’s sites.

Approved by: ..........................................…................. (name) ............................... (date)
Royal College Regional Adviser