Emergency and Specialty Medicine CSU

JOB DESCRIPTION

CONSULTANT Genitourinary Medicine (Sexual Health & HIV)

1. BACKGROUND

Leeds Teaching Hospitals is one the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1 billion. Our 15,000 staff ensure that every year we see and treat 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 200,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites — all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

1. The best for patient safety, quality and experience
2. The best place to work
3. A centre of excellence for specialist services, education, research and innovation
4. Hospitals that offer seamless, integrated care
5. Financially sustainable

This is a substantive appointment for a Consultant in GU Medicine, working across HIV services and the integrated STI & contraception service, Leeds Sexual Health.

This post will join the Consultant team delivering the HIV outpatient service across networked sites +/- virtual inpatient ward round, and integrated GUM and SRH multidisciplinary team at Leeds Sexual Health (LSH). The post-holder will provide outpatient HIV and integrated sexual health care. There will be opportunities to contribute to inpatient MDT care/Outreach & Prevention programmes, HIV MDTs, undergraduate & postgraduate teaching programmes, departmental research programmes, integrated STI & contraception care and procedures, and STIf nursing competency training.

The post will be based at Leeds General Infirmary/ St James’s Hospital and networked HIV clinics, and Leeds Sexual Health city centre hub and spoke clinic sites across the city.
The Genitourinary Medicine service comprises the centralised HIV outpatient service based at Brotherton Wing Clinic, LGI which opened in October 2015; and the integrated Leeds Sexual Health service whose city centre hub clinic opened in December 2015 at the Merrion Centre, with further spoke clinics at Armley, Beeston, Chapeltown and Burmantofts. Each department also houses offices and teaching areas. July 2015 saw the start of a 5-8 year contract with Leeds Local Authority to provide the integrated sexual health service following a successful tender process in 2014/15. This saw integration with Contraception and Sexual Health services and third-sector provision as part of a consortium between LTH, Leeds Community Healthcare Trust and Yorkshire MESMAC.

Leeds Sexual Health provides 60,000 contacts for sexual health and contraception care with mixed clinics comprising walk-in and booked appointments with self-referral and triage for emergency cases. There is 6-day opening at the new city centre hub including 8am-8pm access Monday-Thursday, plus further spoke sites operational around the city. Leeds Local Authority is the only high prevalence area in Yorkshire & Humber having exceeded HIV population prevalence of 2/1000 since 2012, and as such the department has built up a reputation as a centre of expertise for HIV/AIDS. LTH is the West Yorkshire HIV network regional centre with a local HIV cohort of 1300 and network cohort of 2500. Most of these patients are outpatients but there is a significant in-patient workload which is managed on Ward J20 at St James’s Hospital, led by the ID consultant team, with registrar and junior support from a combination of ID & GUM teams. After a successful HIV tender process in 2016/17, LTH also commenced a hub & spoke HIV outpatient service to Dewsbury & Wakefield in August 2017.

2. **OBJECTIVES OF THE POST**

2.1 To provide timely outpatient and limited inpatient care for people with a wide range of sexually transmitted diseases, HIV and other genitourinary conditions & contraception needs

- Be involved with undergraduate and postgraduate teaching and educational supervisor to doctors in training in the department as necessary
- Care of outpatients on a 1:11 Saturday clinic rota at LSH 11am-3pm
- Contribute to Specialist Multi-disciplinary team meetings
- Lead on STIf competency training for nurses as the department works towards 100% dual accreditation (post 1)

OR

- Lead on Outreach & prevention with the development of HIV Pre Exposure prophylaxis (PreP) clinics with the rollout of the 3-year HIV PreP IMPACT trial at all level 3 services from winter 2017 (post 2).
- Contribute to clinical governance, management and clinical audit within both services

2.2 To link with Consultant colleagues in other relevant site specialist teams within both services and across the trust and service sites.

2.3 No on-call requirement but 1:11 Saturday clinic rota and a rotating Duty Consultant weekly rota for clinical queries and StR teaching.

2.4 To contribute to research, teaching and new developments within both departments. The post holder will be encouraged to facilitate and contribute to the current clinical research programs on going in the department.

Additionally the following are core values which relate specifically to this post: a non-judgmental, expert approach to individual care and to supervising care provided by the wider MDT with strong team-working skills and a focus on continuous improvement and service user involvement.
3. REQUIREMENTS OF THE POST

3.1 Service Delivery

*General*

The Trust expects consultants to deliver clinical service as agreed with commissioners and other stakeholders. This will include:

- meeting the objectives of the post (see above)
- continuously improving the quality and efficiency of personal and team practice
- working with other staff and teams to ensure that the various criteria for service delivery are met, such as
  - achieving the best clinical outcomes within the resources available
  - waiting times
  - infection control standards

Consultants in LTHT are line managed by their specialty Lead Clinician working in conjunction with a Business Manager. This specialty team is then managed alongside a number of other specialties in a Clinical Service (or Support) Unit (CSU) led by a Clinical Director as the responsible person, and supported by a full time General Manager and a full time Head of Nursing.

The Clinical Director and their team report operationally to the Deputy Chief Executive / Chief Nurse (Deputy CEO / CN). The Clinical Director will work closely with the Deputy CEO / CN team which includes the Medical Director for Operations, Nurse Director for Operations, four Assistant Directors of Operations (ADOs) and a Performance Team, with each ADO aligned to specific CSUs.

Professionally, consultants report to Dr Yvette Oade, Chief Medical Officer and Mr David Berridge, Deputy Chief Medical Officer / Medical Director (Operations).

*Service specific*

The appointee must be able to demonstrate a high level of clinical experience and competence in all aspects of GU Medicine (Sexual Health & HIV) and appropriate experience in contraception and in particular undergraduate and postgraduate training. It is desirable that the candidates have experience in the conduct of clinical trials.

The post-holder will be expected to have the specific contraception competencies/ diploma specific to their curriculum for completion of their CCT in GU Medicine and appropriate to the person specification. Training will be offered for any additional competencies needed in post e.g. Letters of competence in subdermal implants or coil insertion, appropriate to the aims of 100% dual training of the workforce.

See person specification document for further details.

3.2 Quality

The Trust has a programme of activities that are designed to help consultants improve the quality of the service they offer. This includes a range of activities shown below as examples – not all activities can be undertaken every year! Consultants are expected to routinely engage in relevant activities in their specialty that are focussed on quality improvement. This participation should be reflected at annual appraisal and job planning and will be discussed in specialities as part of clinical governance programmes and meetings.
Clinical Audit and standard setting
- Clinical audit projects
- Development and application of agreed clinical guidelines
- Ensuring compliance against relevant national specifications, e.g. NICE guidelines
- External Peer review and relevant national audits.

Clinical outcome review
- Mortality and morbidity review
- Monitoring of outcomes reflected in routinely collected data
- Participation in clinical coding review and improvement

Improving patient safety
- Participation in Trust-wide programmes
- Implementation of local improvements as defined in e.g. mortality review

Improving service effectiveness and efficiency
- Service or system improvement projects, including small scale change, lean or other recognised improvement methods
- Conducting or considering reviews of the evidence to plan better service delivery
- Where agreed, working with commissioners to match service delivery with requirements of relevant populations

Improving the patient experience
- Implementing service improvements on the basis of individual or service feedback from patients or carers
- Raising the profile and impact of patient participation in decisions about their own care
- Involvement in understanding and improving the ethical basis of care provided

3.3 Research
The Trust’s Research Strategy encourages all clinicians to participate in high quality, nationally-recognised clinical research trials and other well-designed studies, with a particular emphasis on work supported by the National Institute for Health Research. The Trust has a number of major programmes in experimental medicine and applied health research, developed in partnership with the University of Leeds, which reflect particular strengths described in the Strategy and clinicians are encouraged to participate in these programmes.

The Trust also supports bespoke academic development and participation programmes linked to the Research Strategy, including academic mentoring and embedding of clinicians within the major research programmes.

Sessional time required for any participation in research activity will be agreed on commencement and kept under review, but not all consultants will require such sessional time.

3.4 Teaching
The Trust is a Teaching Hospital and therefore considers the active participation of consultant and other medical staff in teaching and training to be part of our core activities. Not all consultants will have regular and substantial teaching commitments but all will be involved in related activities from time to time, if only through informal opportunities, for example as part of service quality improvement (see above). It is therefore expected that all consultants will be familiar with the principles of effective teaching and will enable the service and colleagues to fulfil their obligations to learn and teach about effective care.
The remainder of this section concentrates on teaching and training for medical colleagues, but the Trust actively supports and encourages consultant medical staff to participate in and deliver teaching and training to any colleagues, within and outside of the Trust, where this is agreed as an appropriate time commitment.

**Undergraduate medical teaching**

The Trust actively promotes links with the University of Leeds, School of Medicine for teaching medical undergraduates and all consultant medical staff are required to participate to the level agreed within their service.

Where it is agreed by the Clinical Director that the postholder will be significantly involved in delivering undergraduate medical teaching, the following requirements have been agreed with School of Medicine, University of Leeds.

The University of Leeds will award the honorary title of Honorary Senior Lecturer to the person appointed to the role in recognition of their willingness to participate in undergraduate teaching in support of these arrangements. The honorary title will be awarded for a probationary period of 5 years and renewal of the Title will be on evidence of meeting the full criteria (i.e. during this year period, it is expected that a peer review and relevant training courses will have been undertaken as well as continuing to significantly contribute to learning and teaching) and will be renewed for a further period of 5 years.

This honorary title will entitle the consultant to privileges such as being a member of staff of the University, including the use of the Senior Common Room, the library (University and Medical and Dental) and inclusion on the circulation list for ceremonies, public lectures, concerts, etc.

In accepting the role, the appointee will undertake to satisfy the criteria for the award of an honorary University title, which will include:

a) Contribution to at least 2 or more of the following ‘teaching activities’ for a minimum period of 50 hours per annum:

- Lectures
- Ward Based teaching
- Administration / organisation / management of teaching
- Examinations / marking and assessing
- Student mentoring
- Small group teaching
- Personal tutor scheme
- Offering special study modules
- Admissions interviews

b) Show a commitment to learning and teaching by having attended at least 2 relevant courses over the last 5 years (as identified on an individual basis and as relevant in that particular field). This may include, for example, training in lecturing, student assessment or, peer reviewing.*

c) Participate in peer reviews, at least once in every 2 years.

*In accepting the responsibility to contribute significantly to undergraduate teaching, the appointee will undertake to attend courses in the following unless written certification of attendance at previous similar courses can be provided.
Thereafter the appointee will be expected to attend at least 2 approved courses in some aspect of learning and teaching in every 5-year period. It is not envisaged that he/she would need to repeat the same course(s) every 5 years, but to diversify their interest and breadth of experience on a continual basis:

i.  small group teaching  
ii.  appraisal techniques  
iii.  CPR refresher course

Postgraduate medical teaching

As with undergraduate teaching, consultants are expected to contribute to overall programmes of postgraduate teaching in their service. Where there is a lead or significant role agreed as part of the consultant's job plan, the following expectations apply:

Consultants will be expected to act as a clinical supervisor for any or specified junior doctors working with them. All consultants must undergo clinical/educational supervisor training from July 2016. Training is envisaged as needing renewal every 5 years.

Consultants may take up specific educational roles in the speciality which includes educational supervisor, college tutor, speciality educational lead and CSU educational lead. Where the current allocation for educational supervisors in 0.25 SPA per trainee (subject to change in further iterations of job planning guidance), the SPA allocation for the other roles are for negotiation with the CD.

If consultants have a role in either under- or post-graduate medical education, the GMC expects that evidence of the quality of this education is presented at annual appraisals and for revalidation.

3.5 Continuing Professional Development (CPD)

In the discharge of their responsibilities, the consultant will be expected to maintain and update their skills and knowledge through appropriate continuing professional development.

The Trust fully supports the requirement for CPD by the relevant Royal College and the GMC. This essential component of a consultant's professional activities will be reviewed during the appraisal process. Time and financial support for these activities will be allowed in accordance with the Trust policy.

3.6 Leadership

All consultants are senior members of the Trust's staff and are therefore seen by colleagues as leaders. Consultants are expected to make allowance for this, given that the most powerful leadership influence they exert is the example they set.

In addition, the Trust places great emphasis on the role of doctors in leading service improvement and change, both in their normal daily role of delivering care and in relation to specific issues. It is expected that a consultant will lead on specific areas of priority for their service from time to time, as part of their consultant duties. Such departmental or specialty leadership roles would be agreed, for example, in respect of leading or co-ordinating:

- clinical governance
- quality improvement
- appraisal
- research
- teaching
The Trust supports these activities as part of the normal job plan commitments of any consultant.

On appointment, all consultants will be encouraged to participate in the activities established by the Trust to support doctors in their new role, such as the New Consultants’ Network and a formal mentoring programme (see below).

4. STANDARDS OF CONDUCT AND BEHAVIOUR

All consultants are required to work to the standards set out by the General Medical Council in Good Medical Practice. This includes protecting patients when you believe that a doctor’s or other colleague’s conduct, performance or health is a threat to them. If, after establishing the facts, it is necessary, you must follow the Trust’s procedures in this matter and inform your Clinical Director in the first instance.

5. JOB PLAN AND WORKING ARRANGEMENTS

The job plan review will take place annually, normally with the Clinical Director or Lead Clinician for GU medicine. The annual job plan review may result in a revised job plan. There may be an interim review of the job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area; especially with on-going service reconfiguration.

5.1 Proposed Job Plan

The post consists of

Post 1:
6.0 PAs with 4.4 PAs of direct clinical care (DCC) and 1.6 PAs of supporting professional activity (SPA). These PAs will be delivered in LSH hub and spoke sites, and LTHT/networked sites for HIV care.

Post 2:
6.0 PAs with 4.4 PAs of direct clinical care (DCC) and 1.6 PAs of supporting professional activity (SPA). These PAs will be delivered in LSH hub and spoke sites, and LTHT/networked sites for HIV care.

*Additional Research-funded time may be available pending research grant application outcomes (via departmental Research Lead Dr Janet Wilson).

This job plan will fit together with colleagues’ job-plans with a careful rota of clinical sessions, to ensure robust cover. For example, on a 1:5 Duty Consultant of the week rota the post holder will share with a colleague to ensure cover across the week for senior advice, HIV virtual ward round contribution and StR teaching alternately (1:10).

Each LSH session is usually represented by 1PA DCC (unless e.g. short procedure list or shorter SH session as indicated). This assumes maximum 3.5 hours of patient contact & 0.5 hour of administrative work, or pro rata equivalent. Each HIV clinic is represented by 3-4 hrs patient contact & 1.5-2 hours admin time pro rata.

The HIV inpatient MDT currently takes place on a Tuesday but this may again rotate as Leeds takes on the Wakefield/Dewsbury services and there may need to be further reconfiguration, across the network and inpatient-leading Infectious Diseases team.

There is a well-established HIV network weekly virology MDT on a Tuesday with ready access for those unable to attend through a well protocolised case discussion format and timely, weekly minuted discussion and feedback re: decisions. This is
necessary for all non-algorithmic compliant antiretroviral drug decisions or as requested by clinicians. Staff can already flex attendance with time elsewhere should they wish to attend in person. There are also well-established MDTs for HIV in Pregnancy, Under 25 HIV+, and TB.

The multiple sites now needing Consultant input, namely Leeds Sexual Health city centre hub & 4 spoke clinics, and Leeds city centre Brotherton Wing outpatient HIV clinic, input to HIV inpatient MDT at St James Hospital, Leeds and the Wakefield & Dewsbury outpatient HIV sites; mean that the Consultant workforce needs careful deployment across sites and across the week (with extended hours for evening clinics) to ensure spread of seniority across the service.
<table>
<thead>
<tr>
<th>Day</th>
<th>Time From</th>
<th>Time To</th>
<th>Location</th>
<th>Description of Activity</th>
<th>Categorisation</th>
<th>No. of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
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<td>Tues</td>
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</tr>
<tr>
<td>Wed</td>
<td>08:30</td>
<td>09:30</td>
<td>SJUH</td>
<td>HIV inptMDT (1 week in 5)+ 30 mins travel time</td>
<td>DCC</td>
<td>0.075</td>
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<tr>
<td>Wed</td>
<td>09:15</td>
<td>12:30</td>
<td>BWC LGI</td>
<td>HIV clinic (4 weeks in 5)</td>
<td>DCC</td>
<td>0.8125</td>
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<tr>
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<td>12:30</td>
<td>14:00</td>
<td>BWC LGI</td>
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<td>DCC</td>
<td>0.375</td>
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<tr>
<td>Wed</td>
<td>14:00</td>
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<td>LSH Beeston</td>
<td>travel 30mins</td>
<td>DCC</td>
<td>0.125</td>
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<tr>
<td>Wed</td>
<td>14:30</td>
<td>15:00</td>
<td>LSH Beeston</td>
<td>pt admin 30mins</td>
<td>DCC</td>
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<tr>
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<td>16:00</td>
<td>LSH Beeston</td>
<td>Joint IUD/procedure list SH session</td>
<td>DCC</td>
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<tr>
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<td>DCC</td>
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<td>08:30</td>
<td>12:30</td>
<td>BWC LGI/LSH</td>
<td>Snr Cons meeting/CPD/revalidation time/CG/audit HIV clinic admin</td>
<td>SPA</td>
<td>1</td>
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<tr>
<td>Thurs</td>
<td>12:30</td>
<td>13:00</td>
<td>BWC LGI</td>
<td></td>
<td>DCC</td>
<td>0.125</td>
</tr>
<tr>
<td>Thurs</td>
<td>13:00</td>
<td>16:30</td>
<td>LSH Merrion</td>
<td>SH session</td>
<td>DCC</td>
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<td>16:30</td>
<td>17:00</td>
<td>LSH Merrion</td>
<td>SH pt admin</td>
<td>DCC</td>
<td>0.125</td>
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<tr>
<td>Fri</td>
<td>09:30</td>
<td>12:00</td>
<td>LSH Merrion</td>
<td>SH session (walk-in/training) SH pt admin</td>
<td>DCC</td>
<td>0.625</td>
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<td>12:30</td>
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<td></td>
<td>DCC</td>
<td>0.125</td>
</tr>
<tr>
<td>Fri</td>
<td>12:30</td>
<td>13:30</td>
<td>LSH Merrion</td>
<td>Supervision</td>
<td>SPA</td>
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<td>14:30</td>
<td>LSH Merrion</td>
<td>STIF training lead CPD/revalidation time/CG/audit</td>
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<td>15:00</td>
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<td></td>
<td>SPA</td>
<td>0.125</td>
</tr>
<tr>
<td>Sat</td>
<td>11:00</td>
<td>15:00</td>
<td></td>
<td>1:11 Sat clinic rota</td>
<td>DCC</td>
<td>**taken in lieu</td>
</tr>
<tr>
<td>Sun</td>
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<td>Sun</td>
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<tr>
<td>Predictable Emergency On-Call Work</td>
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<td>DCC</td>
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<td>Unpredictable emergency on-call work</td>
<td>Variable</td>
<td>On site, at home on the telephone &amp; travelling to &amp; from site</td>
<td>DCC</td>
<td>0</td>
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**TOTAL PAs**

*6.0 contracted*
### Activity Summary

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<th>Programmed activity</th>
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<tr>
<td>Direct clinical care (including on-call)</td>
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<tr>
<td>Supporting professional activities</td>
<td>1.625</td>
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<tr>
<td>Other NHS responsibilities</td>
<td><em>see above comment</em></td>
</tr>
<tr>
<td>External duties</td>
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</tr>
<tr>
<td><strong>TOTAL PROGRAMMED ACTIVITIES</strong></td>
<td><strong>6.0</strong>*</td>
</tr>
</tbody>
</table>

**On-call availability supplement**  
No on-call

Saturday LSH clinics 11-3pm on a 1:11 rota (premium time after 7pm M-F/ Sat)  
**4 hrs premium time =1.33PA/11wks = 0.121 PA. This will be taken back in lieu as 5.33 hours mon-fri by arrangement with service.**
### Job content (timetable of weekly PA activity): post 2

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Description of Activity</th>
<th>Categorisation</th>
<th>No. of PAs</th>
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</thead>
<tbody>
<tr>
<td>Mon</td>
<td>09:00-12:30</td>
<td>LSH Merrion</td>
<td>SH session (walk-in/training) SH pt admin</td>
<td>DCC</td>
<td>0.875</td>
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<td></td>
<td>12:30-13:00</td>
<td>LSH Merrion</td>
<td></td>
<td>DCC</td>
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<tr>
<td></td>
<td>13:00-14:00</td>
<td>LSH Merrion</td>
<td>Outreach/Prevention lead Supervision</td>
<td>SPA</td>
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<td>14:00-15:00</td>
<td>LSH Merrion</td>
<td>travel to Armley SH pt admin time</td>
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<td></td>
<td>DCC</td>
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<td>LSH Armley</td>
<td>SH pt admin time SH session</td>
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<tr>
<td>Wed</td>
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<td>BWC LGI/LSH</td>
<td>HIV clinic admin CPD/revalidation time/CG/audit</td>
<td>DCC</td>
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<td></td>
<td>13:30-14:00</td>
<td>LSH Merrion</td>
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<td>SPA</td>
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<tr>
<td></td>
<td>14:00-14:30</td>
<td>LSH Merrion</td>
<td>SH pt admin time SH session: PreP</td>
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<tr>
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<td>BWC LGI/LSH</td>
<td>Srn Cons meeting/CPD/revalidation time/CG/audit HIV clinic</td>
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<td></td>
<td>12:30-16:00</td>
<td>BWC LGI</td>
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<td>DCC</td>
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<td></td>
<td>16:00-17:00</td>
<td>BWC LGI</td>
<td>HIV clinic admin</td>
<td>DCC</td>
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<td>Fri</td>
<td></td>
<td></td>
<td>Not at work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sat</td>
<td>11:00-15:00</td>
<td>1:11 Sat clinic rota</td>
<td>DCC</td>
<td>**taken in lieu</td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
<td></td>
<td><em>Agreed activity to be worked flexibly</em></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>*R&amp;D time dependent on grant funding</td>
<td>*ANR</td>
<td>*tbc</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Predictable Emergency On-Call Work</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>On site, at home on the telephone &amp; travelling to &amp; from site</td>
<td>DCC</td>
<td>0</td>
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<tr>
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<td>Unpredictable emergency on-call work</td>
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<tr>
<td><strong>TOTAL PAs</strong></td>
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<td></td>
<td></td>
<td></td>
<td><strong>6.0</strong></td>
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<tr>
<td>Programmed activity</td>
<td>Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------</td>
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<td></td>
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<tr>
<td>Direct clinical care (including on-call)</td>
<td>4.375</td>
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<td>Supporting professional activities</td>
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<tr>
<td>Other NHS responsibilities</td>
<td>*see above comment</td>
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<td>External duties</td>
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<tr>
<td>TOTAL PROGRAMMED ACTIVITIES</td>
<td>6.0*</td>
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</table>

**On-call availability supplement**

No on-call

Saturday LSH clinics 11-3pm on a 1:11 rota (premium time after 7pm M-F/ Sat)

**4 hrs premium time =1.33PA/11wks = 0.121 PA. This will be taken back in lieu as 5.33 hours mon-fri by arrangement with service.**
5.2 Accountability
See section 3, above. The postholder is managerially accountable for the use of resources to their Clinical Director and professionally accountable to the Chief Medical Officer through Clinical Directors. This may be amended in the light of the Trust’s management arrangements.

5.3 Mentoring
The Trust’s new consultant mentoring programme aims to:

• provide structured support for new consultants joining the Trust
• support the development of a culture of lifelong learning

The mentoring programme feeds in to the Trust’s systems and processes for appraisal. New consultants will be allocated a mentor when they join the organisation.

5.4 Consultant Appraisal and Medical Revalidation
All consultants should maintain their specialist registration with the GMC and comply with the standards expected by their Royal College (or equivalent) so that they are professionally ‘in good standing’. Regular appraisal is both the key activity underpinning revalidation and is also a contractual requirement for all consultant staff.

The Trust attaches considerable importance to this approach, which is intended to be of benefit to individual consultants and to support the highest possible standards in the delivery of healthcare and services. All consultants are therefore expected to undertake regular appraisal as decided by the Clinical Director of the service.

5.5 Leave Arrangements
All leave should be applied for in accordance with the Trust’s Leave Policy, normally giving eight weeks’ notice of any leave, other than in exceptional circumstances.

5.6 Training
During your employment, you agree to undergo whatever training the Trust deems necessary. This may include, but is not limited to, induction training, professional development and safe working practices. Funding of such training will be in accordance with the Trust’s Staff Development Policy, of which mandatory training is required.

5.7 Infection Control
All consultants must comply at all times with the Leeds Teaching Hospitals NHS Trust Infection Control policies, in particular by practising Universal Infection Control Precautions. Hand hygiene must be performed before and after contact with patients and their environment.

5.8 Secretarial Support
As part of the resource commitments to enable the postholder to fulfil their job plan, the appointee will have access to such secretarial assistance as is required.
5.9 Health & Safety
The Trust has a responsibility to provide a safe working environment for all staff. As an employee/supervisor/manager you are responsible for your own safety and that of others. This will require you to comply with the Trust arrangements for Health & Safety and Risk Management, in particular by following agreed safe working procedures, and reporting incidents using the Trust Incident Reporting system. As a supervisor/manager, you will be responsible for ensuring your team work in a safe manner and are competent to do so.

5.10 Equality & Diversity
The jobholder must comply with all policies and procedures designed to ensure equality of employment and that services are delivered in ways that meet the individual needs of patients and their families. No person whether they are staff, patient or visitor should receive less favourable treatment because of their gender, ethnic origin, age, disability, sexual orientation, religion etc.

The Trust's Equality and Diversity Policy ensures that barriers to employment for disadvantaged groups are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic group, religion, impairment, age, gender, sexual orientation or mental health status. Reasonable adjustments will be made for disabled applicants and post holders where required.

5.11 Smoking Policy
The Leeds Teaching Hospitals NHS Trust recognises the serious hazards to health caused by smoking and has adopted a strict no smoking policy. Under the terms of our policy, staff, visitors and patients will not be permitted to smoke at any time or in any part of Trust property, whether inside or outside the hospital buildings.

5.12 Rehabilitation of Offenders Act & DBS Check
This post involves access to patients during the normal course of duties and is therefore subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such you must reveal any information which you may have concerning convictions which would otherwise be considered as 'spent'.

An offer of appointment to this post would be subject to the express condition that the Leeds Teaching Hospitals Trust receives a Disclosure and Barring Services (DBS) Disclosure which will check the existence and the content of any criminal disclosure received. The Trust has the right to withdraw an offer or employment if not satisfied of a candidate's suitability for this position by reason of criminal record or antecedents, especially in cases where no declaration of criminal proceedings has been made on a candidate's application form or Criminal Declaration Form. The Trust reserves the right to determine this issue at its sole discretion. If you are successful in being short listed for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Furthermore, if appointed to this post you will be asked to complete a 'DBS Disclosure Application Form' which will be submitted to the DBS.
Leeds Teaching Hospitals NHS Trust has a Policy Statement on the Recruitment of Ex-offenders which is available on request.
5.13 Respect for Patient Confidentiality
As set out in GMC guidance (Good Medical Practice, paragraphs 20, 50, 69 and 73) the jobholder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

5.14 Patient and Public Involvement
The Trust has a statutory duty to involve patients and public in evaluating and planning services. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback.

6. TERMS AND CONDITIONS OF EMPLOYMENT

6.1 Conditions of employment are determined by the Leeds Teaching Hospitals Trust in accordance with the Terms & Conditions – Consultants (England) 2003, as amended from time to time in the light of national or local collective agreements.

6.2 The postholder, as a practitioner with continuing responsibility for the care of patients must be able to respond promptly to emergency calls from the Hospital.

6.3 A consultant is required to reside within a distance of 30 minutes or 10 miles by road from their principal place of work unless an employing organisation agrees that they may reside at a greater distance. This is only applicable if the job attracts an on-call commitment.

6.4 A consultant must be contactable by telephone in their contracted work time.

6.5 The consultant must ensure that there are clear and effective arrangements so that the employing organisation can contact him or her immediately at any time during a period when he or she is on call.

6.6 The postholder should note, however, that where the Trust agrees that the postholder may live further than ten miles from the hospital, the Trust will only reimburse travelling expenses up to a maximum of twenty miles return, in accordance with Trust Terms and Conditions of Service.

6.7 Assistance with relocation to the Leeds area may be provided to the successful candidate. A copy of the Trust’s Relocation Policy is available on request.

6.8 The normal NHS requirements for indemnity of medical and dental staff in cases of medical negligence apply.

6.9 Subject to the provisions of the Terms and Conditions of Service, the appointee is expected to observe the Trust’s policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Leeds Teaching Hospitals NHS Trust. In particular, where the postholder is responsible for managing employees of the Trust, they will be expected to follow the local and national employment and personnel policies and procedures.

6.10 The Trust is reconfiguring services and your base hospital may change during your employment, if and when your department transfers base, following consultation.
7. **CONTRACT**

These are x2 part time posts of 6PAs each.

8. **ENQUIRIES**

Prospective applicants are encouraged to visit the Departments and are invited to contact any of the following persons:

**Dr Amy Evans**  
Lead Clinician GU Medicine, Medical Co-Lead LSH, Consultant in GU Medicine  
Tel: 0113 3926249  
[amy.evans10@nhs.net](mailto:amy.evans10@nhs.net)

**Dr Sarah Schoeman**  
HIV Lead & WY HIV Network lead, Consultant in GU Medicine  
Tel: 0113 3926249  
[sarah.schoeman@nhs.net](mailto:sarah.schoeman@nhs.net)

**Dr Manisha Singh**  
Medical Co-Lead LSH, Consultant Sexual & Reproductive Health  
Tel: 0113 3920328  
[manisha.singh@nhs.net](mailto:manisha.singh@nhs.net)
Genitourinary (GU) Medicine (Sexual Health & HIV)

GU Medicine is within the EMS CSU.

The CSU brings together the core services providing Urgent Care in the Emergency Departments at Leeds Teaching Hospitals, and Leeds Sexual Health.

<table>
<thead>
<tr>
<th>General Manager</th>
<th>Joanne Wood</th>
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<tbody>
<tr>
<td>Head of Nursing</td>
<td>Breeda Columb</td>
</tr>
<tr>
<td>Head of Nursing</td>
<td>Joanna Regan</td>
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<tr>
<td>Matron</td>
<td>Robin Darby</td>
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<td>Matron</td>
<td>Anna Di Biasio</td>
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<tr>
<td>Matron</td>
<td>Chanele Keenan</td>
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<tr>
<td>Clinical Director</td>
<td>Stephen Bush</td>
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<tr>
<td>Clinical Lead (GU medicine)</td>
<td>Amy Evans</td>
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<tr>
<td>Clinical Lead</td>
<td>Jonathan Thornley</td>
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<tr>
<td>Clinical Lead</td>
<td>Helen Mollard</td>
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<tr>
<td>Clinical Lead</td>
<td>Sarah Davey</td>
</tr>
</tbody>
</table>

GU Medicine (Sexual Health & HIV)

Consultants
Dr Amy Evans, Lead Clinician
Dr Janette Clarke
Dr Janet Wilson
Dr Sarah Schoeman, HIV lead & WY HIV network Lead
Dr Emma Page
Dr Harriet Wallace (Locum)

Trainee & SAS Grade Medical Staff
There are 5 specialty registrar training posts, 2 Speciality Doctors, 1 CT2 (SHO) and 1 FY1. Educational supervision at 0.25 PA within GU medicine is incorporated in the current job plan. Undergraduate medical students rotate through the sexual health service and attend clinic intermittently. Contribution to the Gynaecology, Obstetrics and Sexual Health (GOSH) teaching programme would be expected on a rotational basis with the GUM/Contraception medical team and as commensurate with the teaching component of SPA time.

Designated staff
Within LSH we work as an integrated team with 1 SRH Consultant and 2 SAS grade Doctors. One SRH StR is expected. There is a skilled and designated health advisor, nursing and HCA establishment with advanced nursing practice, research nurses and nurse prescribing in place.
In BWC HIV service we work with Infectious Diseases Consultants & StR/research staff. There is an HIV pharmacist, an HIV Clinical Nurse Specialist team and Health advisers who rotate through the BWC HIV outpatients to maintain continuity between HIV and SH services.