JOB DESCRIPTION

1. THE POST – Consultant in Stroke Medicine

Title of Post: Consultant in Stroke Medicine
Main site of activity: Charing Cross Hospital
Responsible to: Soma Banerjee, Consultant Stroke Physician
Chief of Service: Mr David Peterson, Stroke and Neurosciences
Accountable to: Professor Orchard, Divisional Director of Medicine

Imperial College Healthcare NHS Trust Values

We are absolutely committed to ensuring that our patients have the best possible experience within our hospitals. We are looking for people who are committed to delivering excellent patient care, whatever their role, and who take pride in what they do. We place a high value on treating all patients, customers and colleagues with respect and dignity, and seek people who strive for excellence and innovation in all that they do.

We value all of our staff and aim to provide rewarding careers and benefits, fulfilling work environments and exciting opportunities.

As an organisation we expect everyone to be:

- **Kind** - We are considerate and thoughtful, so you feel respected and included.
- **Collaborative** - We actively seek others’ views and ideas, so we achieve more together.
- **Expert** - We draw on our diverse skills, knowledge and experience, so we provide the best possible care.
- **Aspirational** - We are receptive and responsive to new thinking, so we never stop learning, discovering and improving

1.1 Background to the Post

Applications are invited for a Stroke physician with sound experience and training in Stroke Medicine to join the Imperial Stroke Centre team to support existing colleagues in this busy service. The successful applicant will be within the Division of Medicine and will be expected to participate in the management of the hyper acute and acute stroke service in accordance with national and international clinical guidelines and will rotate through these parts of the service. The appointee will work closely and in partnership with the rest of Medicine and with Neurosciences. They will be expected to contribute to the existing stroke research effort at Imperial. This post replaces an existing Stroke post. Clinical teaching, at undergraduate and post-graduate level, will be an important aspect.

2. Division of Medicine

2.1 An Overview

The following Directorates will sit within the Medical Division: Renal, Specialist Medicine, Emergency Medicine and Elderly Care, Infection and Stroke and Neurosciences. Stroke and Neurosciences will maintain the coherence between Stroke and Neurology, Neurophysiology and Neuro-Surgery.

The Division of Medicine is committed to the academic health sciences centre vision of delivering breakthroughs in research directly to our patients and stepping up to world-class clinical care and patient experience.
already have numerous examples of clinical excellence, delivered within a financially sound environment, complemented by a range of high-quality research activities, extensive teaching programmes and highly regarded training posts. Our challenge is to harness our talents, partnerships and new critical mass for the benefit of our patients.

2.2 The Work of the Department

The Stroke Service on the Charing Cross site provides 24 hours per day, 7 days per week support and hyper acute care for all acute stroke patients (and mimics) and those with “high-risk” TIA, including those requiring neurovascular intervention. We provide thrombolysis (24/7) as well as thrombectomy (9-5) for appropriate patients. The thrombectomy service is being expanded to provide 24 hour cover. The Hyper acute Stroke unit (HASU) has 24 beds and there is an adjacent 22-bedded Acute Stroke unit for early assessments and rehabilitation.

The Stroke Service offers a same-day full investigation service for “high risk” TIA patients Monday to Friday, with the weekend and after-hours service available.

The Imperial stroke lead sits on the renamed pan-London Stroke Strategic Clinical leadership group. Imperial are actively engaged with the London Inner Cluster commissioners in expanding and improving existing community rehabilitation.

Training and research are central to our mission. We have now trained many accredited stroke physicians. We take a leading role within the North West London Academic Health Science Network. Our Professor of Stroke Medicine has closely overseen the expansion of our academic profile, and under his leadership we have attained Hyperacute Stroke Research Centre status. We hold a weekly Academic meeting where Research Study accrual numbers are reviewed and new studies presented and discussed. Thrombolysis and thrombectomy cases are reported weekly and selected cases discussed in detail in our monthly Thrombolysis/Thrombectomy review.

Our Stroke Clinical Specialist Nurses lead on nursing aspects of stroke thrombolysis. All of our nurses receive specific training in hyper acute stroke care on a regular basis. Specialist stroke therapists are available every weekday, with a weekend review service. We have access to neuro-rehabilitation in a variety of settings.

Stroke services at Imperial College Healthcare are very well supported by Imaging and Therapies in the Investigative Sciences and Clinical support Division. We have access to weekend MRI and thrombectomy services are currently being expanded. We hold weekly Stroke Neuro-imaging meeting where cases and further investigations are fully discussed.

There is a monthly Stroke Quality Board and a Management meeting where performance is reviewed. Senior multi-professional attendance at these ensures a cohesive management structure and robust governance. There is weekly teaching and training for all grades of staff and a commitment to medical student teaching.

2.3 Service Activity

Since the opening of the new service (December 2009) and the pan-London implementation of the London Model of Stroke care (July 2010), we are admitting approximately 2000 patients per year.

The length of stay has fallen dramatically since the implementation of the London Model, with rapid access to all major investigations, helped by access to weekend MRI. HASU length of stay is ~3 days. Approximately 50% of all patients are discharged home from the HASU with appropriate support and all are reviewed in the Stroke Follow up clinics. We hold daily morning multi-disciplinary meetings to enable any discharge issues to be identified and addressed without delay.

Mortality figures are much lower than national averages at 4.5% inpatient mortality across the service. Thrombolysis rates, currently around 15% have increased with the HASU/SU model implementation and compare with other London HASUs. Door to needle times are rigorously monitored and the median is < 45 minutes with 50% reaching the < 30 minute target.

Direct admission is the standard pathway for all stroke patients. A small number of patients with specific needs, whose clinical condition demands, will be treated where the best interests of the patient lie. All patients will be
seen by a Consultant Neurologist and/or a Consultant Stroke physician on a daily basis. Twice daily ward rounds occur on the hyper acute unit 7 days per week.

We keep the quality of our service under continuous close scrutiny. We have participated in every Stroke Sentinel Audit (Royal College of Physicians) topping the 2009 Organisational audit and coming 3rd in the 2010 Clinical audit. We participated in the Royal College Royal College of Physicians SINAP stroke audit, and topped the National results in the final quarter of 2012. Otherwise we have been placed 2nd or 3rd nationally in each quarter since early 2011. We have a dedicated audit data collector and these national audits have been superseded by SSNAP, which is exceptionally comprehensive and demands high service standards, which we are achieving and keep under close scrutiny.

We have been regularly monitored by the Cardiac and Stroke Network, together with the Commissioners, against the portfolio of Performance Standards developed by Health Care for London. New arrangements are to be made with the new commissioning arrangements but the basic requirements will remain unchanged. These are reported back to the Trust Directors, Commissioners and NHS England. The AHSC has developed an internal suite of outcome measures (the Score Card) against which each Directorate is assessed at Trust Board Level and finally there is an active programmed of internal audit within the stroke service itself.

### 2.4 Clinical Staffing (to include key research/practice interests)

**Current Stroke Services:**
There are 46 beds in total for Stroke patients at Imperial. Daily TIA outpatient clinics take place and weekly stroke follow-up outpatient clinics occur.

**Consultant staff**

**Consultant Stroke Physicians**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Roland Veltkamp</td>
<td>Stroke Chair and Professor of Neurology</td>
<td>Part Time 0.4 NHS 0.5 College</td>
</tr>
<tr>
<td>Dr Soma Banerjee</td>
<td>Consultant Stroke Physician, Head of Specialty</td>
<td>Part Time 0.8 NHS</td>
</tr>
<tr>
<td>Dr Omid Halse</td>
<td>Consultant Stroke Physician</td>
<td>Full time</td>
</tr>
<tr>
<td>Dr Marius Venter</td>
<td>Consultant Stroke Physician</td>
<td>Full time</td>
</tr>
<tr>
<td>Dr Lucio D’Anna (locum)</td>
<td>Consultant Stroke Physician</td>
<td>Full time</td>
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The service also benefits from input from following Consultant services

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Specialty</th>
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</thead>
<tbody>
<tr>
<td>Dr Harri Jenkins</td>
<td>Head of specialty</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr Amrish Metha</td>
<td>Consultant</td>
<td>Neuro-Radiology</td>
</tr>
<tr>
<td>Dr Kyriacos Lobotesis</td>
<td>Consultant</td>
<td>Lead for Interventional Neuro-Radiology for Stroke</td>
</tr>
<tr>
<td>Dr Paul Bentley</td>
<td>Consultant</td>
<td>Neurology</td>
</tr>
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**Junior Supporting Staff:**

**Specialist Registrars (SpRs)**
There are five approved Stroke training SpR posts currently across Imperial.

**Other grades:**
The post will be supported by a full team of junior doctors.
On the Charing Cross Site there is 1 FY1, 2 FY2’s, 1CMT, 3 Trust doctors and 3 Vocational (GP) Trainees to provide a compliant 24/7 rota.

Neurology:
A Consultant Vascular Neurologist together with a Neurology SpR is available for daily input into services on the CXH site.

After hours:
After hours cover is currently provided by Acute Neurology SpRs and Stroke SpRs with consultant support.

Other support:
Clinical Nurse Specialists, a senior Pharmacist, an audit coordinator and also senior therapy leads working across both sites.

2.5 Research Activities
Professor Veltkamp has brought a variety of interests including stroke issues to the stroke/cardiology interface. Under his academic leadership, we have attained Hyperacute Stroke Research Centre status, and are routinely involved in recruiting patients to several international trials. We have a dedicated research team, and actively involve our registrars in research activities, including training and inclusion onto delegation logs for trials.

2.6 Teaching Activities
The post-holder will be expected to undertake regular clinical teaching for medical students and all grades of medical trainees; to undertake specific teaching on stroke-related topics across the Trust; to support paramedical and nursing teaching and to participate in training days for general practitioners. The post-holder will be encouraged to support such training for hospitals elsewhere in the NWL region.

2.7 Relationship with other Directorates/Staff
At Imperial a multidisciplinary approach to stroke management is regarded as a prerequisite for excellence of patient care. The direct delivery of stroke care is maintained by a close working partnership between dedicated stroke physicians and neurologists. The medical staff works closely with nurses and therapists, with regular Multidisciplinary Team meetings. Neurology and stroke radiology is reviewed at a weekly Neuroradiology Meeting attended by neuro-radiologists, neurologists, stroke physicians and training grade staff of all disciplines.

Imperial College Healthcare has the largest carotid intervention programme in the UK and each week the cases of potential candidates for carotid intervention are reviewed at a Neurovascular Multidisciplinary Meeting. The stroke thrombolysis programme has been developed in close collaboration with colleagues in A&E, neuroradiology and haematology. In addition we have developed new interventional services for the hyperacute management of ischaemic stroke, which has involved very close working relationships with our interventional neuroradiology colleagues.

The post holder is expected to work in a professional and courteous manner with nursing, paramedical and clerical staff, and surgical and other medical colleagues, and the managerial staff. It will be crucial for the post holder to facilitate excellent relationships between Medicine and Neurosciences, and with Neuro Imaging. He or she will also work closely with academic clinicians in the Directorate of Stroke and Neurosciences.

The Trust supports the requirements for Continuing Professional Development and education as laid down by the Royal College of Physicians and is committed to providing time and financial support for these activities.

3. Key Result Areas, Main Duties and Responsibilities

3.1 Provide High Quality Care to Patients Stroke Medicine
- The post holder must be medically qualified and maintain GMC specialist registration.
- To develop and maintain the competencies required to carry out the duties required of the post.
- To ensure prompt attendance at agreed direct clinical care Programmed Activities.
- To ensure patients are involved in decisions about their care and to respond to their views.
3.2 Research, Teaching and Training
- Where possible to collaborate with academic and clinical colleagues to enhance the Trust’s translational research portfolio, at all times meeting the full requirements of Research Governance.
- To provide high quality teaching to medical undergraduates and members of other health care professions as required by the /Clinical Director.
- To act as educational supervisor and appraiser as delegated by the Divisional Director/Clinical Director to ensure external accreditation of training post.

3.3 Performance Management
To work with medical, nursing and managerial colleagues to ensure high performance in the following areas:

3.4 Medical Staff Management
- To work with colleagues to ensure junior doctors’ hours are compliant in line with EWTD and New Deal.
- To ensure that adequate systems and procedures are in place to control and monitor leave for junior medical staff and to ensure that there is appropriate cover within the clinical areas, including on-call commitment.
- To participation in the recruitment of junior medical staff as delegated by the Divisional Director
- To participate in team objective setting as part of the annual job planning cycle.
- To be responsible for the annual appraisal of all doctors in training, Trust doctors and non-consultant grades as delegated by the Divisional Director/Clinical Director/General Manager.

3.5 Governance
- To review clinical outcomes in designated area using external benchmarking data. Participate in clinical audit, incident reporting and analysis and to ensure resulting actions are implemented. You will be expected to support the junior staff with their audits.
- To work closely with the Directorate, Patient and Public Involvement panels in relation to clinical and services developments.
- Participate in ensuring Stroke NICE requirements are reviewed, implemented and monitored
- To ensure clinical guidelines and protocols are adhered to by junior medical staff and updated on a regular basis.
- To keep fully informed about best practice in the speciality areas.
- To role model good practice for infection control to all members of the multidisciplinary team.

3.6 Strategy and Business Planning
- To participate in the business planning and objective setting process for the directorate and Trust where appropriate.
- To represent the Trust at appropriate clinical networks/other external clinical meetings, as delegated by the Divisional Director/Clinical Director.

3.7 Leadership and Team Working
- To demonstrate excellent leadership skills with regard to individual performance, clinical teams, the Trust and when participating in national initiatives.
- To work collaboratively with all members of the multi-disciplinary team and Imperial College as required.
- To chair regular meetings for the specialties.
- To resolve conflict and difficult situations through negotiation and discussion, involving appropriate parties.
- Adhere to Trust/departmental guidelines on leave including reporting absence.

3.8 Mentoring Schemes
- Access to mentoring for newly appointed consultant colleagues is available and supported by the Trust

4.0 Research Opportunities
The post holder will be expected and supported to develop research initiatives, appropriate to previous experience and complementary to those programmes that exist within the wider research framework of the Directorate and Trust.

Excellent research opportunities are available throughout the Trust and with Imperial College. A number of funding opportunities are available from the Biomedical Research Centre, the Trust Research Committee and from NIHR. In addition there are opportunities for research funding from the Medical Research Council, BBSRC, the Wellcome Trust and other medical charities.

An Honorary Academic Appointment with Imperial College Faculty of Medicine will be offered if research and/or teaching is undertaken.

The Trust supports and has facilitated a large number of Honorary Academic appointments with Imperial College Faculty of Medicine. Opportunities should be discussed with the Divisional Director

5.0 Teaching Opportunities

The post holder will be required to participate in the existing programme for the teaching of medical students. He/she will also be responsible for participating in all departmental teaching programmes for SpR level, SHO level and paramedical personnel.

6. Administrative duties

There is a requirement to ensure that clinical coding and validation is undertaken on a weekly basis.

7. Job Plan

A formal job plan will be agreed between the appointee and Divisional Director, on behalf of the Medical Director, this is not designed to be exhaustive. The post holder and Divisional Director/ Chief of Service will review the Job Plan annually in line with the provisions in Schedule 3 of the Terms and Conditions. Either may propose amendment of the job plan.

<table>
<thead>
<tr>
<th>Individual Job Plan</th>
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<tbody>
<tr>
<td><strong>PA Descriptor</strong></td>
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<tr>
<td><strong>DCC</strong></td>
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<tr>
<td>Outpatient clinics</td>
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<tr>
<td>Ward rounds</td>
</tr>
<tr>
<td>MDT (please specify)</td>
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<tr>
<td>Other DCC (please specify)</td>
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<tr>
<td></td>
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<tr>
<td><strong>SPA</strong></td>
</tr>
<tr>
<td>Education roles (total)</td>
</tr>
<tr>
<td>Research roles (total)</td>
</tr>
<tr>
<td>CPD (mandatory 1 SPA)</td>
</tr>
<tr>
<td>Specialty audit lead (please specify)</td>
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<tr>
<td>Specialty governance lead (please specify)</td>
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<tr>
<td>Other SPA (please specify)</td>
</tr>
<tr>
<td><strong>Managerial Duties</strong></td>
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<tr>
<td>Please list e.g. special committees, complaints</td>
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<tr>
<td><strong>Additional NHS Responsibilities</strong></td>
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<tr>
<td>Please list e.g. Clinical Director</td>
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<tr>
<td><strong>External Duties</strong></td>
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<tr>
<td>Please list</td>
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<tr>
<td><strong>TOTAL</strong></td>
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</tbody>
</table>
*The post-holder will join the out of hours stroke thrombolysis and thrombectomy rota, running on a 1 in 12 basis.

Please note that all existing and new stroke consultants will be expected to contribute equally to the delivery of the clinical service. All consultants will rotate equally through 4 posts within the stroke service.

See below for sample timetables for each of the 4 rotatory posts (HASU 1, HASU 2, 9S posts 1 & 2). Distribution of clinics, ward rounds, oncalls and managerial duties between the 4 posts is explained.

**Timetable – HASU 1 Consultant (all new hyper-acute admissions)**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday to Friday</strong></td>
<td>0900–1300</td>
<td>HASU</td>
<td>HASU ward round (WR) and 2 MDTs</td>
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<td></td>
<td>1330 - 1730</td>
<td>HASU</td>
<td>Discharge WR, ward work, family meetings, new patients and evening handover</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1300 – 1400</td>
<td>Academic meeting</td>
<td>Stroke academic meeting</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1145 - 1330</td>
<td>MDTs</td>
<td>Neuroradiology MDT and Vascular MDT</td>
</tr>
</tbody>
</table>

**Outline Timetable - HASU 2 Consultant (old admissions, ITU, ward referrals, TIA, clinic and on-call Tuesday)**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0900-1300</td>
<td>HASU ITU Outliers</td>
<td>HASU ward round (WR), medical and ITU reviews</td>
</tr>
<tr>
<td></td>
<td>1400 - 1730</td>
<td>Clinic</td>
<td>TIA FU clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0900-1700</td>
<td>HASU A+E</td>
<td>HASU WR ITU WR On-call for stroke, thrombolysis and thrombectomy</td>
</tr>
<tr>
<td></td>
<td>1300 – 1400</td>
<td>Academic meeting</td>
<td>Stroke academic meeting</td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Location</td>
<td>Work</td>
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<tr>
<td>Monday</td>
<td>0900–1130</td>
<td>9S</td>
<td>Stroke unit (SU) ward round (WR)</td>
</tr>
<tr>
<td></td>
<td>1300–1400</td>
<td>9S</td>
<td>Stroke MDT</td>
</tr>
<tr>
<td></td>
<td>1400–1700</td>
<td>SPA</td>
<td>CPD</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0900–1130</td>
<td>9S</td>
<td>SU ward round</td>
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<tr>
<td></td>
<td>1300–1500</td>
<td>SPA</td>
<td>Educational supervision for 2 trainees each</td>
</tr>
<tr>
<td></td>
<td>1500–1700</td>
<td>SPA</td>
<td>HASU/SU management</td>
</tr>
<tr>
<td>Wednesday</td>
<td>0900–1130</td>
<td>9S</td>
<td>Stroke unit (SU) ward round (WR)</td>
</tr>
<tr>
<td></td>
<td>1145 - 1330</td>
<td>9S</td>
<td>Neuroradiology meeting &amp; Vascular meeting</td>
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<tr>
<td></td>
<td>1330-1730</td>
<td>9S</td>
<td>9S Stroke Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>0900–1130</td>
<td>9S</td>
<td>Stroke unit (SU) ward round</td>
</tr>
<tr>
<td>Post 1</td>
<td>0900 - 1700</td>
<td>A+E</td>
<td>On-call for stroke, thrombolysis and thrombectomy</td>
</tr>
<tr>
<td>Post 2</td>
<td>1300-1700</td>
<td>SPA</td>
<td>CPD, audit, mandatory training and appraisal</td>
</tr>
</tbody>
</table>
**Programmed Activities (10 PA’s)**

The appointee will rotate between the 4 components of the post; the HASU (2 posts) and the two posts on the Stroke unit (SU). HASU (1) covers all acute admissions on HASU and ITU: HASU (2) covers non-acute HASU patients, ITU outliers, the Emergency Department, internal CXH referrals and the clinics. The SU posts cover the SU ward patients, as well as oncalls and clinics. The post-holder will spend time in blocks of ~6 weeks in either CXH HASU or SU. The overall post will be an 8 DCC: 2 SPA configuration.

Direct Clinical Care, DCCs: 8 PAs per week include clinical activity, clinically related activity, predictable and unpredictable emergency work.

Supporting Professional Activities 2 SPAs: include audit, clinical governance, CPD, research, educational supervision of junior staff and CPD

The post holder will be expected to participate in the out of hour’s Stroke (thrombolysis/thrombectomy) on call rota at a frequency of 1 in 12.

The post holder will be supported in his/her role by Stroke SpRs and Neurology SpRs as well as 9 SHO posts providing an in-house stroke rota on the CXH site.

Adequate arrangements for consultant cover to enable continuing medical education are available.
## PERSON SPECIFICATION

**Post:** Consultant in Stroke Medicine  
**Stroke Lead:** Professor Roland Veltkamp  
**Chief of Service:** Mr David Peterson

<table>
<thead>
<tr>
<th>Attributes/skills</th>
<th>Essential</th>
<th>Desirable</th>
<th>Measurement</th>
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<tbody>
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<td><strong>Qualifications</strong></td>
<td>On GMC registered Medical Practitioner</td>
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<td>Application form</td>
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<tr>
<td>Higher qualifications</td>
<td>GMC specialist registration or within 6 months of being admitted to the GMC's specialist register</td>
<td>MD, PhD</td>
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<tr>
<td><strong>Knowledge/Skills</strong></td>
<td>- Extensive experience in stroke medicine.</td>
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<td>Application/ interview</td>
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<tr>
<td>Clinical expertise in Specialty/sub specialty</td>
<td>- Experience in hyper acute stroke care and trained and experienced in thrombolysis.</td>
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<td>- Familiarity with newer cranial imaging modalities.</td>
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<td>- Comprehensive knowledge of current issues in General Medicine.</td>
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<td>- IT skills and computer literacy</td>
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<tr>
<td><strong>Leadership/Management skills</strong></td>
<td>- Able to take responsibility, show leadership, make decisions, exert appropriate authority</td>
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<td>Application/ interview</td>
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<tr>
<td></td>
<td>- Have proven skills in leading, motivating, developing and managing the performance of colleagues.</td>
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<td>- Knowledge of finance/budgets</td>
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<td></td>
<td>- Management of staff</td>
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<tr>
<td>Teaching &amp; Training</td>
<td>-Experience of teaching and training undergraduates/postgraduates and junior medical staff</td>
<td>Application/interview</td>
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<tr>
<td>Audit</td>
<td>-Understanding of principles of clinical audit</td>
<td>Application/interview</td>
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<tr>
<td>Academic achievements research/publications</td>
<td>-Evidence of achievement appropriate to appointment at consultant level at ICHT</td>
<td>Application/interview</td>
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<tr>
<td>Language</td>
<td>-Are able to speak and write English to the appropriate standard necessary to fulfil the job requirements</td>
<td>Application/Interview</td>
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<td>Interpersonal Skills</td>
<td>-Excellent written and spoken communications, ability to build rapport, work with others. Persuade, negotiate</td>
<td>Interview</td>
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<td></td>
<td>-Empathy, understanding, listening skills, patience, social skills appropriate to different types of client</td>
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<td></td>
<td>-Able to change and adapt, respond to changing circumstances and to cope with setbacks or pressure</td>
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<td></td>
<td>-Able to work as part of a team</td>
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<tr>
<td>Probit</td>
<td>-Honesty, integrity, appreciation of ethical dilemmas.</td>
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<td></td>
<td>-Must be able to demonstrate and model the key Trust values of respect, care, innovation, pride and achievement</td>
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<tr>
<td>Physical requirements</td>
<td>-Occupational health clearance for the role specified</td>
<td>Occupational health Interview</td>
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### SECTION 3

**THE ORGANISATION**

1. **IMPERIAL COLLEGE HEALTHCARE NHS TRUST**

Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St. Mary’s NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine of Imperial College London. One of the largest NHS trust in the country, we have come together to establish the UK’s first academic health science centre (AHSC). The Trust has an annual turnover of over £950 million, approximately 10,000 staff, and it see over 500,000 patients a year.

The creation of the AHSC, a partnership between the NHS and Imperial College London, is a major advance for patient care, clinical teaching and scientific invention and innovation. The fusion of the different strands of our work and the achievements that can now be realised will lead to significant benefits for patients and greater advances in healthcare than could be delivered apart.

Imperial College Healthcare NHS Trust already has a world-leading reputation. Hammersmith and St Mary’s hospitals have two of the highest clinical ratings in the country, rated second and third best Trusts for clinical performance, quality of care and safety.

The Trust was awarded the status of a generic Biomedical Research Centre by the National Institute of Health Research (NIHR) in 2006 for its excellence in translational and clinical research – one of only 5 in the UK.

Imperial College London has a campus on all main sites and is increasingly integrated with all the clinical specialties. The Clinical Sciences Centre of the Medical Research Council (MRC) is also based at Hammersmith Hospital providing a strong foundation for clinical and scientific research.
2. THE AHSC VISION AND MISSION

The vision for our academic health science centre (AHSC) is that the quality of life of our patients and local populations will be vastly improved by taking the discoveries that we make and translating them into medical advances - new therapies and techniques - and by promoting their application in the NHS and around the world, in as fast a timeframe as is possible.

Our mission is to make our AHSC one of the top five AHSCs in the world within the next ten years, channeling excellence in research to provide world-class healthcare for patients.

Achieving this challenging mission will significantly improve the quality of healthcare for the local community, London and the UK as a whole, and enhance the UK’s position as a global leader in biomedical research and healthcare.

Chairman Sir Richard Sykes
CEO Ian Dalton
Medical Director Dr. Julian Redhead
Chief Financial Officer Richard Alexander
Director of Nursing Professor Janice Sigswo
Director of Research Professor Jonathan Weber

We need all our staff to work together to fulfil the promise of the AHSC, and all staff need to be inspired to share in making discoveries and finding new ways of treating patients. We are tearing down institutional barriers to enable this to happen, and devising new ways of working between doctors, scientists, nurses, administrators and managers. We have already made a start with our innovative Divisional Structure.

The clinical services of the Trust are organised into 4 Divisions which are clinician led and have the autonomy to organise themselves into optimum vehicles for the delivery of world class, integrated research and healthcare.

<table>
<thead>
<tr>
<th>Divisions</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Professor Tim Orchard</td>
</tr>
<tr>
<td>Surgery, Cancer and Cardiovascular</td>
<td>Dr Katie Urch</td>
</tr>
<tr>
<td>Women’s, Children’s and Clinical Support</td>
<td>Dr TG Teoh</td>
</tr>
</tbody>
</table>

Each Division has a Director of Research (usually a Head of Division) and a Director of Education, who will work with the Divisional Director to ensure that opportunities for translational research and postgraduate education for all staff are maximised.

3. IMPERIAL COLLEGE LONDON

Imperial College London is a science-based institution with a reputation for excellence in teaching and research. Sir Keith O’Nions joined as the Rector of Imperial College on the 1st January 2010 and the Chairman of the Court and Council is Baroness Eliza Manningham-Buller.

3.1 The Mission

Imperial College embodies and delivers world class scholarship, education and research in science, engineering and medicine, with particular regard to their application in industry, commerce and healthcare. We foster interdisciplinary working internally and collaborate widely externally.

3.2 Strategic Intent

- To remain amongst the top tier of scientific, engineering and medical research and teaching institutions in the world
- To develop our range of academic activities to meet the changing needs of society, industry and healthcare
- To continue to attract and develop the most able students and staff worldwide
• To establish our Business School as one of the leading such institutions in the world
• To communicate widely the significance of science in general, and the purpose and ultimate benefits of our activities in particular.

3.3 Formation and History

Imperial College was established in 1907 in London’s scientific and cultural heartland in South Kensington, as a merger of the Royal College of Science, the City and Guilds College and the Royal School of Mines. St Mary’s Hospital Medical School and the National Heart and Lung Institute merged with the College in 1988 and 1995 respectively and Charing Cross and Westminster Medical School and the Royal Postgraduate Medical School merged on 1 August 1997, thereby creating the Faculty of Medicine. The Kennedy Institute of Rheumatology became a Division of the Faculty of Medicine in 2000. In addition to the Faculty of Medicine there are the Faculties of Engineering, Natural Sciences, and Medicine and the Tanaka Business School.

In July 2007 the Queen granted a new royal charter which declared Imperial College an independent university in its own right, awarding its own degrees. Until then Imperial was an independent constituent part of the University of London, awarding University of London degrees.

3.4 Staff and Students

The academic and research staff of 3,184 includes 66 Fellows of the Royal Society, 74 Fellows of the Royal Academy of Engineering, 76 Fellows of the Academy of Medical Sciences, one Fellow of the British Academy, four Crafoord Prize winners and two Fields Medalists. Fourteen Nobel Laureates have been members of the College either as staff or students.

The College has over 13,019 students, of whom 34 percent are postgraduate. Twenty nine percent of students come from outside the European Union. External assessment of the College’s teaching quality in many different subject areas has been judged to be of high standard. The proportion of women students has increased to 36 percent of the total.

3.5 Research

The quality of the College’s research has been judged consistently to be of the highest international standard and the proportion of income from research grants and contracts is one of the highest of any UK university.

The concentration of research in science, engineering and medicine gives the College a unique and internationally distinctive research presence. Interdisciplinary working is fostered at the College through its institutes and centres, which include the Institute of Biomedical Engineering, the Grantham Institute for Climate Change and the Energy Futures lab. Their strength lies in the expertise drawn together from across Imperial to tackle some of the world’s greatest problems.

Imperial’s enterprise culture ensures that discoveries in the lab are quickly translated to the market place. The technology transfer company Imperial Innovations draws upon a pipeline of technology emanating from Imperial’s research. In 2006-07 the company had equity holdings in 74 companies. The College made 366 invention disclosures to the company during the same period.

3.6 Teaching and Learning

The College’s overall educational aim is to ensure a stretching and exhilarating learning experience. While maintaining its traditional emphasis on single honours degree courses, Imperial also aims to give students the opportunity to broaden their experience through courses relevant to student and employer needs.

All Departments visited by the Higher Education Funding Council for England (HEFCE) for assessment of their teaching have scored between 21 and 24 points (out of 24) or in the previous system, have been judged excellent.
The Graduate School of Life Sciences and Medicine is the focus of postgraduate education and research in these areas. It maintains, enhances and monitors quality, and disseminates best practice, whilst initiating and developing new programmes, particularly those with an interdisciplinary slant.

### 3.7 Location

The College now has one of the largest operational estates of any UK University. It includes seven central London campuses: the main South Kensington Campus, Charing Cross Campus, Chelsea and Westminster Campus, the Hammersmith Campus, the Northwick Park Campus, the Royal Brompton Campus and St Mary’s campus; there are also two campuses outside London: the Silwood Park and Wye Campuses.

### 3.8 THE FACULTY OF MEDICINE

The Faculty of Medicine is one of Europe’s largest medical institutions – in terms of its staff and student population and its research income. It was established in 1997, bringing together all the major West London medical schools into one world-class institution. It maintains close links with a number of NHS Trusts with whom it collaborates in teaching and research activities.

Although on several sites, its academic divisions function as one Faculty, fully integrated within the College.

There are six academic Schools, Institutes and Departments:

<table>
<thead>
<tr>
<th>Schools, Institutes and Departments</th>
<th>Head of School/Institute/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Medicine</td>
<td>Professor Gavin Screaton</td>
</tr>
<tr>
<td>Department of Surgery and Cancer</td>
<td>Professor Jeremy Nicholson</td>
</tr>
<tr>
<td>Institute for Clinical Sciences</td>
<td>Professor Amanda Fisher</td>
</tr>
<tr>
<td>National Heart and Lung Institute</td>
<td>Professor Kim Fox</td>
</tr>
<tr>
<td>School of Public Health</td>
<td>Professor Elio Riboli</td>
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</tbody>
</table>

### Faculty Centre

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal</td>
<td>Professor Sir Anthony Newman Taylor</td>
</tr>
<tr>
<td>Deputy Principal &amp; Director of Education</td>
<td>Professor Jenny Higham</td>
</tr>
<tr>
<td>Deputy Principal of Research</td>
<td>Professor Jonathan Weber</td>
</tr>
<tr>
<td>Director of the Graduate School of Life Sciences &amp; Medicine</td>
<td>Professor Andrew George</td>
</tr>
</tbody>
</table>

In addition to the structure above, the research activity of the Faculty is divided into strategic Research Themes that aim to provide a forum in which collaboration between the many academic staff of the Faculty can be developed and nurtured, and external links across the College and the wider research community can be established.
SECTION 4

MAIN CONDITIONS OF EMPLOYMENT

Terms and Conditions of – Consultant (England) 2003 and amendments are applicable to this appointment. Copy of which is available from the NHS Employers website

Salary scale:   As per advert

London Weighting:  As per advert

Consultant staff are accountable to the Chief of Service or Divisonal Director for their day to day activities, including the quality of their clinical work.

Hours of Work
The hours of work for this post are 40 per week (10 Programmed Activities). Trust arrangements for adherence to the EU Working Time Directive are in place. Consultants are required to participate in monitoring working hours. Those working in excess of 48 hours per week have the option to opt out of the total hours monitoring aspect of the working time directive.

Additional Programmed Activities
The Trust may offer you additional programmed activities over and over the standard 10. The remuneration for this is covered by clause 21 of your main contract of employment, and Schedules 13 and 14 of the Terms and Conditions – Consultants (England) 2003, as amended from time to time. The additional Programmed Activity is not pensionable. Additional Programmed Activities are not subject to pay protection arrangements.

Additional Increments
Increments over and above the minimum of the salary scale will only be given for previous consultant level experience or where training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification. Time spent doing a higher qualification or additional years spent doing clinical work, research or sub-specialty training does not count towards additional credit (see Schedule 12 of the Terms and Conditions).

**Relocation Expenses**
The successful applicant would be required to live less than ten miles or half an hour from the main hospital. Where a move is necessary to take up a post within the Trust, relocation expenses may be paid. Contact the Medical Personnel Department for further details.

**Clinical Excellence Award**
Consultants with at least one year service will have the opportunity to apply for the new Clinical Excellence Award which is administered in line with the ACCEA guidelines.

**On-Call Availability Supplement**
If you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions.

**Pension**
Membership of the NHS Pension Scheme is available to all employees over the age of 16. Membership is subject to the regulations of the NHS Pension Scheme, which is administered by the NHS Pensions Agency. Employees who subsequently wish to terminate their membership must complete an opting out form - details of which will be supplied upon you making a request to the Trust’s Pensions Manager, based in payroll. A contracting-out certificate under the Pension Schemes Act 1993 is in force for this employment and, subject to the rules of the Scheme, if you join the Scheme your employment will be contracted-out of the State Earnings Related Pension Scheme (SERPS).

**Annual Leave**
Schedule 18 of the Terms and Conditions sets out the entitlement for annual leave (Inclusive of Statutory two days) as follows:

<table>
<thead>
<tr>
<th>Number of years of completed service as a consultant</th>
<th>Up to seven years</th>
<th>Seven or more years</th>
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<tbody>
<tr>
<td>32 days</td>
<td>34 days</td>
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</table>

**Fee Paying Services and Private Professional Services**
In carrying out any Fee Paying Services or Private Professional Services, consultants will observe the provisions in Schedule 9 of the Terms and Conditions in order to help minimise the risk of any perceived conflicts of interest to arise with their work for the NHS.

Fee Paying Services should not be carried out during your Programmed Activities except where the consultant and his/her Clinical Manager have agreed otherwise. Where this agreement exists, you will remit to us the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your NHS duties. Schedule 11 of the Terms and Conditions refers.

Subject to the provisions in Schedule 9 of the Terms and Conditions, consultants may not carry out Private Professional Services during your Programmed Activities.

**Appraisal and Clinical Governance**
The National Appraisal Scheme for Consultant Medical Staff (Department of Health Circulars AL (MD) 5/01 and AL (MD) 6/00) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

Equal Opportunities
The Trust aims to promote equal opportunities. A copy of our Equality Scheme is available from the Human Resources department. Members of staff must ensure that they treat other members of staff, patients and visitors with dignity and respect at all times and report any breaches of this to the appropriate manager.

Medical Examinations
All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract.

Disclosure and Barring Service
Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a Disclosure and Barring Service check before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the Disclosure and Barring Service website at https://www.gov.uk/government/organisations/disclosure-and-barring-service

Fitness to Practice
Prior to making an appointment to a post, the Trust needs to establish if applicants for such positions have ever been disqualified from the practice of a profession or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country, and whether they are currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country.

Professional Registration/Licence to Practice
Staff undertaking work which requires professional/state registration/licence are responsible for ensuring that they are so registered/licensed and that they comply with any Codes of Conduct applicable to that profession. Proof of registration/licence to practice must be produced on appointment and, if renewable, proof of renewal must also be produced.

Work Visa/ Permits/Leave to Remain
If you are a non-resident of the United Kingdom or European Economic Union, any appointment offered will be subject to the Resident Labour Market test (RLMT). The Trust is unable to employ or continue to employ you if you do not obtain or maintain a valid Right to Work (leave to remain).

Safeguarding children and vulnerable adults
Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of the specific duties relating to their role.

Confidentiality

Health and safety
The post holder must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of themselves and others and to ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

Conflict of Interests
You may not without the consent of the Trust engage in any outside employment and in accordance with the Trust’s Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust.

In addition the NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation, other NHS or voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such
interests with the Trust, either on appointment or subsequently, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.

**Code of Conduct**

All staff are required to work in accordance with the code of conduct for their professional group (e.g. Nursing and Midwifery Council, Health Professions Council, General Medical Council, NHS Code of Conduct for Senior Managers).

**NHS Constitution**

The NHS Constitution establishes the principles and values of the NHS in England. You should aim to maintain the highest standards of care and service, treat every individual with compassion and respect, take responsibility for the care you provide and your wider contribution, take up training and development opportunities provided, raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, involve patients, their families and carers fully in decisions, be open if anything goes wrong and contribute to a climate where the reporting of, and learning from, errors is encouraged. You should view the services you provide from a patient’s standpoint and contribute to providing fair and equitable services for all.

The above is a brief summary; you are encouraged to access the full document at: www/nhs.uk/constitution

**Infection control**

It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policy in relation to the prevention of the spread of infection and the wearing of uniforms.

**Clinical staff** – on entering and leaving clinical areas and between contacts with patients all staff should ensure that they apply alcohol gel to their hands and also wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staff are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust’s Incident Reporting Policy.

**Non clinical staff and sub-contracted staff** – on entering and leaving clinical areas and between contacts with patients all staff should ensure they apply alcohol gel to their hands and be guided by clinical staff as to further preventative measures required. It is also essential for staff to wash their hands frequently with soap and water.

Staff have a responsibility to encourage adherence with policy amongst colleagues, visitors and patients and should challenge those who do not comply. You are also required to keep up to date with the latest infection control guidance via the documents library section on the intranet.

**Clinical Governance and Risk management**

The Trust believes everyone has a role to play in improving and contributing to the quality of care provided to our patients. As an employee of the Trust you are expected to take a proactive role in supporting the Trust’s clinical governance agenda by:

- Talking part in activities for improving quality such as clinical audit
- Identifying and managing risks through incident and near miss reporting and undertaking risk assessments
- Following Trust policies, guidelines and procedures
- Maintaining your continue professional development

All Clinical staff making entries into patient health records are required to follow the Trust standards of record keeping

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to co-operate with any investigation undertaken.
Information Quality Assurance
As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions.

Freedom of Information
The post holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity.

Management of a Violent Crime
The Trust has adopted a security policy in order
- to help protect patients, visitors and staff
- to safeguard their property

All employees have a responsibility to ensure that those persons using the Trust and its services are as secure as possible.

No Smoking
The Trust operates a non-smoking policy.

Professional Association/Trade Union Membership
It is the policy of the Trust to support the system of collective bargaining and as an employee in the Health Service you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.