Consultant Anaesthetist with interest in regional techniques and Orthopaedics/Trauma

Job Description

10 Programmed Activities

September 2017
Section 1 – Full details of the post

A. Job plan

These 10PA posts comprise 8.5PA direct clinical care and 1.5 Supporting Professional Activity (SPA) appointments. We are looking for dedicated and enthusiastic anaesthetists, committed to maintaining and developing the highest standards in patient care.

Section 2  General details of the post

<table>
<thead>
<tr>
<th>Title:</th>
<th>Consultant in Anaesthetics with Orthopaedics/Trauma/Regional special interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Lewisham and Greenwich NHS Trust. University Hospital Lewisham and Queen Elizabeth Hospital Woolwich</td>
</tr>
<tr>
<td>New or Replacement Post:</td>
<td>2 new posts</td>
</tr>
<tr>
<td>Prime responsibility:</td>
<td>To work in the trust’s team of 45 Anaesthetic Consultants, to provide elective and emergency anaesthetic care to our adult and paediatric patients</td>
</tr>
<tr>
<td>Accountable to:</td>
<td>Medical Director (Dr Liz Aitken)</td>
</tr>
<tr>
<td>Reports to:</td>
<td>Surgical Divisional Director (Mr Midhat Siddiqi) through Clinical Directors (Dr Catherine Roulson (UHL) and Dr David Lee (QEH))</td>
</tr>
<tr>
<td>Works with:</td>
<td>Consultants in the Anaesthetic Department Other consultant colleagues in the Trust and the senior management of the hospital</td>
</tr>
</tbody>
</table>
| Key tasks: | • To maintain the highest clinical standards in the management of patients under her or his care  
• To join colleagues in the smooth running of anaesthetic services in our Trust  
• To participate in teaching, audit, management and Clinical Governance  
• Ensure active participation in continuing professional development (CPD) |
## Section 3 Person Specification

<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>ESSENTIAL</th>
<th>DESIRABLE</th>
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| **Qualifications** | • MBBS or equivalent  
• Full Registration with GMC  
• Registered on GMC Specialist Register; in anaesthesia or within six months of receipt of Certificate of Completion of Training (CCT) at time of interview  
• FRCA or equivalent | | |
| **Clinical Experience** | • Clinical training and experience equivalent to that required for gaining UK CCT in Anaesthesia  
• Ability to take full and independent responsibility for clinical care of adult and paediatric patients | • Evidence of extended period of additional subspecialty training in anaesthetic techniques relevant to Orthopaedic Surgery.  
• Additional experience relevant to departmental profile | |
| **Clinical Audit** | • Understand the principles of Clinical Audit  
• Evidence of participation in audit projects with specific relevance to subspecialty interest | • Evidence of leadership of audit projects that changed practice  
• Ongoing interest in clinical audit | |
| **Teaching Experience** | • Experience of teaching basic skills to undergraduates  
• Ability to teach clinical skills to trainees of all levels  
• Ability to supervise audit projects | • Teaching certificate or equivalent  
• Evidence of attendance at specialist courses to improve teaching  
• Experience in the field of simulation training | |
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<thead>
<tr>
<th>Management and Administrative Experience</th>
<th>Evidence of ability to organise rotas, programmes or events</th>
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<tbody>
<tr>
<td></td>
<td>Ability and willingness to work within the Trust Clinical Governance framework</td>
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<td></td>
<td>Awareness of the current organisation of the NHS and the proposed changes to the service</td>
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<tr>
<td></td>
<td>Evidence of attendance at a management course aimed at senior trainees or consultants</td>
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<tr>
<td>Research Experience</td>
<td>Understanding of research principles and scientific method</td>
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<td></td>
<td>Ability to apply research outcomes to clinical problems</td>
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<tr>
<td></td>
<td>Evidence of participation in research projects in the field of subspecialty interest</td>
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<td></td>
<td>Evidence of presentations at professional society meetings</td>
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<td></td>
<td>Ongoing interest in clinical research</td>
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<td></td>
<td>Publications in peer-reviewed journals</td>
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<tr>
<td>Other Attributes</td>
<td>Ability to work in a multidisciplinary team</td>
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<td></td>
<td>Good interpersonal skills</td>
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<td></td>
<td>Enquiring, critical approach to work and a commitment to the practice of evidence based medicine</td>
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<td></td>
<td>Caring attitude to patients and relatives of patients</td>
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<td></td>
<td>Conscientious and diligent</td>
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<td></td>
<td>Ability to communicate effectively with colleagues, patients, relatives, nurses, allied health professionals, administrative staff and other agencies</td>
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<td></td>
<td>Commitment to Continuing Professional Development and the requirements of Clinical Governance and Audit</td>
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<td></td>
<td>Willingness to undertake additional professional responsibilities at local, regional or national levels</td>
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<td></td>
<td>Evidence of leadership and team building</td>
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<td></td>
<td>Evidence of adaptability and flexibility</td>
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<td></td>
<td>Creative and innovative</td>
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B. Anaesthetic Directorate

Lewisham Healthcare NHS Trust merged with QEH Woolwich in October 2013. The anaesthetic department runs separate on-call rotas for the two hospitals, but is a single department in supporting the trusts elective activity across three sites (UHL, QEH and QMS Sidcup – no inpatient services).

Surgical services supported by the Anaesthetic Department at Lewisham and Greenwich NHS Trust

Trauma and Orthopaedics

The Orthopaedic Department undertakes a wide range of elective upper & lower limb procedures including primary and revision joint replacement surgery. There is an established enhanced recovery programme for patients undergoing lower limb arthroplasty and the majority of upper limb procedures are done as day cases. The Anaesthetic Department has a long track record of providing innovative regional anaesthesia and analgesia techniques. Use of ultrasound guided nerve block procedures is embedded as routine practice. 2017 will see all the trust's arthroplasty surgery consolidated on the UHL site, with an expanded day surgery commitment at QEH.

There are also dedicated trauma lists on both inpatient sites covered by consultant anaesthetist sessions to ensure patients with trauma are managed in line with national guidelines. The Emergency Departments admit approximately 10 patients per week with fractured neck of femur. These patients are jointly managed by an ortho-geriatric team. The local major trauma centre is at Kings College hospital and patients are repatriated from there to continue their recovery and rehabilitation. It is expected that the successful candidate will take an active role in helping further development of the trust's trauma and elective surgical pathways.

General Surgery

The Directorate of General Surgery has developed major expertise in Gastroenterology, Oncology and Vascular Surgery. The Directorate enjoys a close working relationship with the Regional Bowel Screening Unit for management of diseases of the gastrointestinal tract. Both QEH Woolwich and UHL Lewisham are now recognised cancer units for colorectal cancer. The Department of Surgery is committed to the provision of minimally invasive and laparoscopic techniques. The Riverside Treatment Centre has one of the highest day case surgery rates in the country, including laparoscopic cholecystectomy. Since 2014 Bariatric surgical procedures have been carried out at UHL with gastric sleeve and bypass procedures performed increasingly frequently. We plan to increase day surgery provision at QEH in 2017.

Perioperative Care

Nurse led clinics occur daily at both UHL and QEH Woolwich and there is an increasing need for consultant clinics on both sites. This service has been recently revised and there are now regular clinics on the UHL and QE sites. Active participation in perioperative care pathways is expected to be supported by the successful applicant.

Ear Nose & Throat

Nine consultant surgeons provide a regional ENT service for Lewisham, Greenwich, Bexley, Sidcup and Dartford and serve an adult and paediatric population of more than one million. Individual consultants have particular expertise in otology, neuro-otology, laryngology, rhinology and head & neck surgery. All surgical procedures are carried out at The Lewisham Hospital, the vast majority as day cases.
Women’s Health

At QEH Woolwich the Labour ward is extremely busy and has 12 delivery rooms through which there are approximately 4500 deliveries per year. The social and ethnic diversity of the local population means that on both sites there are greater than average numbers of high risk pregnancies. Approximately 28 – 30% of women are delivered by Caesarean section.

In both hospitals there is a well-established 24-hr epidural service. Approximately 25% of labouring women receive patient controlled epidural analgesia and mobilisation is encouraged when not contraindicated. There is active ongoing obstetric anaesthesia audit.

The anaesthetic services provided are:
- 24 hour epidural & pain service
- Anaesthesia for elective cases – currently 5 lists per week undertaken in a dedicated theatre
- Emergency obstetric cases - staffed 24/7 and separated from elective care
- Pre-assessment clinic for complex patients
- Teaching & training of anaesthetic trainees – ST3 & 5 and CT2 grade

Lead obstetric clinicians, Dr Short (QE) and Dr Agarwal (UHL), co-ordinate teaching, training, audit and service improvement initiatives which are implemented cross site.

At Lewisham there is a 16-bed gynaecology ward and 60 maternity beds, which have enabled the number of deliveries performed annually to rise to approximately 4000 and further increases in line with the expanding local population are anticipated. Lewisham Clinical Commissioning Group supports the expansion of obstetric services on the site. The labour ward has 10 delivery rooms with space for increased numbers when required. The labour ward incorporates its own operating theatre with a recovery and an enhanced dependency area. Elective Caesarean lists staffed by consultant anaesthetists take place on three weekday afternoons.

A team of obstetric anaesthetists meet together regularly to develop the service and improve standards. There are opportunities to further develop antenatal high dependency care, obstetric audit, labour ward management and the provision of up to date best practice guidelines.

Lewisham hospital opened a six room, midwifery led Birthing Unit in June 2010 which has proved very popular.

Paediatric Surgery

At QEH paediatric trauma, general emergencies and resuscitation are covered, however the trust's main base for paediatric surgery since merger continues to be at Lewisham. Despite complex, emergency and neonatal surgery relocating from UHL to the Evelina Children’s Hospital in 2010 UHL continues to provide a major paediatric day stay surgical service in refurbished accommodation for the children of South East London and much of Kent. There are eight general surgical paediatric lists each week with dedicated paediatric anaesthetists and also regular lists for paediatric orthopaedic and ophthalmic surgery as well as a high volume of paediatric ENT work.

Acute and Chronic Pain Service

An acute pain service was set up at UHL fourteen years ago and continues to support the extensive use of plexus and central neuraxial blocks within the hospital. One consultant session per week is allocated to the acute pain round. Three specialist nurses and an admissions coordinator support the acute and chronic pain teams. The two chronic pain consultants are responsible for 4 outpatient sessions, 2.5 procedure sessions in the Riverside Treatment Centre and 2 nurse led pain clinics per
week. There are advanced plans to expand this UHL based service further and to integrate with the sister service at Woolwich.

At the QEH site the Pain team (acute & chronic) comprises of 2 consultants, 2 Nurse Specialists and a full-time secretary. This team undertakes 5 chronic pain outpatient clinics/week and 3 intervention lists/week. Acute pain services comprise nurse specialist availability 5 days / week 08.30-17.00 and a Consultant ward round 2.5 sessions / week

**C Critical Care Directorate at Lewisham and Greenwich**

**The Critical Care Units – UHL and QE**

At Lewisham there has been considerable positive change in Critical Care following the move to a new Critical Care Unit in the Riverside wing in December 2006. The unit consists of 17 single bed cubicles and 4 negative pressure rooms to provide isolation of immune compromised patients or patients with communicable diseases. The unit has a number of design features that are aimed to prevent hospital acquired infections, while it also provides privacy and dignity of individual patients.

Current bed provision is for eight level 3 care beds but can flexibly increase to ten level 3 beds if required. In addition, we currently have eight level 2 care beds. Furthermore, we have two level 2 care beds that are staffed on a 24-hour-notice basis for elective surgery on 4 days of the week.

The Critical Care Unit admits between 850 and 1000 patients per year. The case mix is typical of a general Critical Care Unit, with some 300 ventilated patients per year. Approximately 30% of the admissions to the unit are admitted following surgery.

At QE the unit is somewhat older in design but consists of nineteen flexibly used beds and regularly has more than ten level 3 patients at a time. QE admits a similar casemix but slightly larger number of patients. The main difference is a lower number of elective cases and more level 3 admissions at QE than at UHL reflecting the more acute nature of the Woolwich site. This has historically led to a more stretched service on the Woolwich site, but a major expansion in consultant numbers is planned for 2017 which should see a more comprehensive service developing.

**Staffing**

The medical care is provided on each site by 9 residents from a range of backgrounds. Three are anaesthetic trainees, two are ICM trainees and four are Clinical fellows. In addition there is one Foundation Year trainee per site who have no on call commitments. The trainee medical staff rota is compliant with the European Working Time Directive.

There are currently ten Critical care Consultants, as outlined this number is very likely to increase as a result of the trust’s 2017 business plan. The Clinical Director is Dr Richard Breeze.
Anaesthetic Staff

Consultants – UHL on call

<table>
<thead>
<tr>
<th>Name</th>
<th>Special Interests/Responsibilities</th>
</tr>
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<tbody>
<tr>
<td>Dr Manju Agarwal</td>
<td>Obstetrics lead</td>
</tr>
<tr>
<td>Dr Iram Ahmed</td>
<td>Paediatrics/Trauma</td>
</tr>
<tr>
<td>Dr Richard Arnold</td>
<td>Paediatrics/Equipment</td>
</tr>
<tr>
<td>Dr Richard Breeze</td>
<td>Clinical Director Critical Care</td>
</tr>
<tr>
<td>Dr Noelene Dasey</td>
<td>Adult/Colorectal</td>
</tr>
<tr>
<td>Dr Perlugi Di Vadi</td>
<td>Chronic Pain Management</td>
</tr>
<tr>
<td>Dr Swinda Esprit</td>
<td>Adult/Ostetrics</td>
</tr>
<tr>
<td>Dr Luca Fruggeri</td>
<td>Anaesthetics – locum consultant</td>
</tr>
<tr>
<td>Dr Michaela Heller</td>
<td>Critical Care/Preassessment</td>
</tr>
<tr>
<td>Dr Mick Jennings</td>
<td>Critical Care/Rota coordinator</td>
</tr>
<tr>
<td>Dr Emma Jackson</td>
<td>Paediatrics/Ostetrics</td>
</tr>
<tr>
<td>Dr Kate Klocker</td>
<td>Adult/Regional</td>
</tr>
<tr>
<td>Dr Colm Lanigan</td>
<td>Adult/Acute pain</td>
</tr>
<tr>
<td>Dr Remigiusz Lecybyl</td>
<td>Chronic Pain</td>
</tr>
<tr>
<td>Dr Sylvia Leonardi</td>
<td>Obstetrics/ERAS/Audit</td>
</tr>
<tr>
<td>Dr Beenu Madhavan</td>
<td>Obstetrics/Regional Anaesthesia</td>
</tr>
<tr>
<td>Dr Ann Marsh</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr George Mathew</td>
<td>Governance/Regional Anaesthesia</td>
</tr>
<tr>
<td>Dr Ashraf Molokhia</td>
<td>Critical care/FICM tutor</td>
</tr>
<tr>
<td>Dr Martin Mostert</td>
<td>Adult/Colorectal</td>
</tr>
<tr>
<td>Dr Nirmala Kongbrailatpam</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr Milena Romano</td>
<td>Anaesthetics – locum consultant</td>
</tr>
<tr>
<td>Dr Cathy Roulson</td>
<td>Paediatrics/Ostetrics</td>
</tr>
<tr>
<td>Dr Oliver Rose</td>
<td>Critical Care/College tutor</td>
</tr>
<tr>
<td>Dr Krish Srinivas</td>
<td>Airway/Ostetrics</td>
</tr>
<tr>
<td>Dr Amit Soodan</td>
<td>Adult/Bariatrics</td>
</tr>
<tr>
<td>Dr Vilma Uzkalniene</td>
<td>Anaesthetics – locum consultant</td>
</tr>
<tr>
<td>Dr Khaliq Waqas</td>
<td>Locum consultant – Critical care</td>
</tr>
<tr>
<td>Dr Fatima Ali</td>
<td>Anaesthetics – locum consultant</td>
</tr>
</tbody>
</table>

Trainees at UHL

10 Specialist Registrars
Years ST 3 to 7
1 Specialist Registrar seconded to ICU for each 3-month period.

10 Senior House Officers
1 ICM, 4 ACCS and 5 CT 1 or 2 trainees
Each SHO is seconded to ICU for a 3 or 6 month period – 2 for each period.

8 Clinical Fellows / SAS Grade Anaesthetists
Covering resident obstetric anaesthetic tier

4 Critical Care Residents
Stand alone posts to total 9 critical care residents

1 FY 2 Critical Care

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Consultants – QE on call

Dr David Lee
Dr Suparna Das
Dr Hans Sauer
Dr Sanjay Gupta
Dr Samson Nallamilli
Dr Viji Vijay
Dr Buzz Shephard
Dr Chirag Patel
Dr Danielle Factor
Dr Charlotte Highton
Dr Asootosh Barry
Dr Jonathan Short
Dr Dhanesh Chavda
Dr Dimytro Leschinskiy
Dr Concilia Dipura
Dr Andrew McKechnie
Dr Vishal Salota
Dr Dan Harding
Dr Mason Pannell
Dr Peter Roberts
Dr Ahmed Zaki
Dr Ashraf Roshdy
Dr Mahmoud Noureldin

Special Interests/Responsibilities

Clinical director
Obstetrics
Obstetrics
Obstetrics
Airway / Obstetrics
Pain medicine
Adult/Colorectal
Simulation training
Regional / Rota co-ordinator
RCoA Tutor / Obstetrics
Obstetric lead
Clinical governance
Audit co-ordinator
Bariatrics/Airway
Obstetrics
ICU / anaesthetics & Deputy Medical Director
ICU & anaesthetics
ICU
ICU – locum
ICU - locum
ICU - locum

There are 8 SAS grade anaesthetists at QEH

SAS Grade Anaesthetists

8 SAS grade Anaesthetics

Trainees at QEH

8 CT grade Anaesthetics
3 CT grade ACCS
5 ST grade Anaesthetics

Training grade anaesthetists are currently allocated to one or other of the two hospitals. There is a weekly joint teaching programme for trainees and some cross site working occurs to ensure training modules can be satisfactorily completed

Section 2  Responsibilities of the post

Clinical Duties

1. Assist in the provision of a safe, effective and efficient Anaesthetic Service, and with the proper functioning of the Anaesthetic Department. This will include some flexibility of fixed commitments.
2. Although on call duties will be undertaken solely at one of the two sites some theatre sessions may occur cross site when necessary.
3. Assist in the provision of services of the Critical Care Directorate.

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4. Participate in the Directorate's clinical meetings.

Clinical Management & Teaching

1. Participate in the professional supervision, management, support and teaching of Anaesthetic and Critical Care Trainees.
2. Organise and participate in teaching sessions for under and post-graduate medical staff and other health professionals.
3. Undertake appropriate ‘mentoring’ and appraisal of junior medical staff.
4. Organise junior staff duties, including allocation and supervision of clinical work ascertained.

Clinical Audit and Clinical Governance

1. Participate in the Clinical Audit programme of the Critical Care Unit in accordance with Unit and Trust policy
2. Comply with the Trust's Clinical Governance processes as stipulated by the Divisional and Medical Directors from time to time
3. The post holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities.

Continuing Professional Development

1. Participate in continuing professional development at local and national level
2. Implement audit and research findings as appropriate in clinical practice
3. Prepare and participate in an annual appraisal in accordance with Trust policy
4. Demonstrate willingness to undertake additional professional responsibilities at local, regional or national levels

Policy, Planning and Management

1. Contribute to the development of clinical, treatment and organisational protocols.
2. Review and develop policies for clinical practice and effectiveness.
3. Support the Trust in its aim to provide the best possible care to patients.
4. Participate in all aspects of the Directorate and Hospitals affairs, including attendance at relevant Consultant and Directorate meetings and to represent the department on appropriate committees/working parties when required.
5. Monitor, with appropriate managers, performance indicators for the service and implement action as necessary.
6. Assist when necessary in the effective handling of patient complaints.

Outline Job plan
Initially the 10PA plan would consist of 8.5PA of direct clinical care (DCC) and 1.5PA of supporting professional activity (SPA). One programmed activity is included for on call activity. The overall commitment in the job plan will be annualised with regard to sessions worked.

The job plan outlined below in appendix 1 is intended to demonstrate what a typical week will look like. There are some slight differences currently between those posts with on call commitments at QEH as compared to UHL. The weekly layout of the job may ultimately change slightly but the
substance of the sessions and the DCC/SPA split will not. Applicants are reminded of the need to be sure of which post they are applying for particularly in terms of the site of the on-call commitment.

Participation in a regular Saturday trauma list is required on a pro rata basis. This is already established at QEH. The DCC PA activity undertaken covering this contributes to the DCC PA component of the annualised job plan.

General Information about the Trust

Trust Profile
Lewisham and Greenwich NHS Trust was established in October 2013, following the integration of Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital in Woolwich. The Trust provides a comprehensive portfolio of high quality acute healthcare services to a critical mass of more than c.526,000 people living across the London Boroughs of Lewisham, Greenwich and North Bexley together with a broad portfolio of community services, primarily, but not exclusively, for those living in Lewisham. We are responsible for NHS services at University Hospital Lewisham, Queen Elizabeth Hospital in Woolwich and in a number of community settings throughout Lewisham. In addition, we provide some services at Queen Mary’s Hospital in Sidcup. The Trust employs more than 6,000 staff on both the hospital and community sites, which makes us one of the biggest employers in South East London.

University Hospital Lewisham itself is in the centre of the London Borough of Lewisham and provides a wide range of elective and emergency healthcare to an urban residential population including people from a broad sweep of socio-economic and ethnic backgrounds. The Trust also provides some emergency and tertiary elective services to residents of neighbouring Primary Care Trusts, particularly Greenwich, Bexley and Bromley. The hospital site, University Hospital Lewisham, is a campus for the Guy's, King's and St Thomas' School of Medicine.

Our health professionals also provide care to adults and children across a range of health centres, community clinics, and in patients’ own homes within the borough of Lewisham. Adult services include community matrons, district nurses, the diabetes team, the Home Enteral Nutrition (HEN) Team who provide care to people who need to be fed by a feeding tube, and the sexual and reproductive health team. Services for children and young people include health visiting, occupational therapy, physiotherapy and speech and language services.

Queen Elizabeth Hospital is located in Woolwich, Greenwich and provides a broad portfolio of primarily acute services for those living in Greenwich and North Bexley. The site currently houses over 520 beds, 7 main theatres, 2 day theatres and state-of-the art imaging and laboratory facilities.

All consultants will have secretarial support and access to office space including IT facilities. Newly appointed consultants will be able to participate in the Trust’s mentoring service.

Management Structure
The Trust Board is responsible for policy and the Trust Management Executive is responsible for operational management. The Trust Chief Executive is Tim Higginson and the Trust Board Chair is Elizabeth Butler. The Medical Director is Dr Elizabeth Aitken, Consultant in Care for the Elderly.

Lewisham and Greenwich NHS Trust has five clinical divisions, each led by a director who is a practicing healthcare professional. These divisions are:

- Women’s and Sexual Health (Mr Nigel Perks)
- Children services (Dr Tina Sajjanhar)
- Long Term Conditions and Cancer (Dr Louise Dolan)
- Acute and Emergency Medicine (Dr David Sulch)
• Surgery, Anaesthetics & Critical Care (Mr Midhat Siddiqui)
• Clinical Business Units (Dr John Miell)

This structure helps us to draw upon the knowledge of experienced healthcare professionals in the community and hospital, who work closely together. Our focus is on providing the best services where they are needed – be it a hospital, community health clinic or in a patient’s own home.

Medical Services
The Trust provides the full range of acute general hospital services: medical, surgical and emergency services for the local community. We also provide a range of specialist surgical services: ear, nose & throat, vascular and paediatric day care surgery, and services for patients with cystic fibrosis.

As well as hospital services, Lewisham and Greenwich NHS Trust has over 700 staff members in the community, providing and supporting a range of adults’ and children’s services.

University Hospital Lewisham has 500 beds including a well-equipped 14-bed Critical Care Unit providing level 3 and level 2 care, a 5-bed Cardiac Care Unit and a 46-bed Medical Admissions Unit with 8 monitored beds providing level 1 care. The hospital has 12 operating theatres of which 2 are dedicated paediatric theatres, 1 is a dedicated obstetric theatre and 1 is a temporary Vanguard theatre.

Queen Elizabeth Hospital currently houses over 520 beds, 7 main theatres, 2 day theatres and state-of-the-art imaging and laboratory facilities.

Academic Activities and Research
The Trust has a well-developed partnership with Kings Health Partners (KHP), an Academic Health Science Centre (AHSC) for South East London and works closely with them in the delivery of local clinical services, research, education and training activities. The Trust is part of the London (South) Comprehensive Local Research Network and of the South London Academic Health Science Network (AHSN). The Trust plays a part in the well-established clinical networks, predominantly for specialist services, including Cancer, Cardiac, Stroke, Maternity and Neonatal services, across South East London. Participating in these networks provides access for local people to tertiary centres for high quality specialist care whilst ensuring patients are able to receive much of their care closer to home.

Location, Housing and Transport
There is a wide variety of housing available in the North Kent area and many of the consultant staff live in nearby Blackheath, Bromley, Beckenham or Greenwich where there are good state and public schools as well as a variety of shopping centres.

University Hospital Lewisham
Most of the hospital wards overlook the Ravensbourne River and Ladywell Park with lawn tennis courts and a recreation area. The hospital is located on Lewisham High Street and is very well served by public transport: bus, rail and DLR. Ladywell station is only five minutes’ walk from the hospital through Ladywell Park and provides a convenient quarter hourly train service. Ladywell Station is on the railway line between Hayes in Kent and London Bridge or Charing Cross in Central London. Lewisham Station is 10 minute walking distance or a short bus ride away from Lewisham Hospital. Trains from Victoria, Cannon Street and London Bridge Stations run through Lewisham Station to all areas of Kent. The DLR terminates at Lewisham Station.

Bus routes to Lewisham High Street are as follows:
208-Orpington via Bromley, 54-West Croydon, P4-Brixton, 199-Canada Water, 47- Deptford, 284-Grove Park Cemetery, 75-Croydon via Sydenham, 122-Crystal Palace/Plumstead, 136-Peckham/Grove Park, 185-Victoria, 484-Camberwell.
Furthermore, a cycle-to-work scheme is actively promoted by the Trust.

**Queen Elizabeth Hospital**
The hospital is located on Stadium Road and is well served by public transport: bus and rail. Charlton, Woolwich Dockyard, and Woolwich Arsenal are only a short bus ride away from the hospital. All stations are a short train journey from London terminals.

Buses stopping outside or close to the hospital, include: 161, 178, 244, 291, 386, 469, 486.

### General Conditions of Appointment

**Main conditions of service**

In September 2003 a new national contract for NHS consultant medical staff was agreed between the Department of Health and the BMA. All appointments are offered on these new Terms & Conditions of service (full details of these are available from the Medical Personnel department). The basic salary for a whole time consultant reflects a commitment of ten programmed activities per week. Salary for part-time appointments will be paid on a pro rata basis.

**Occupational Health:** All appointments are subject to Occupational Health clearance and will only be confirmed when this has been given.

**Salary:** Appointment will be offered at an appropriate point on the Consultant’s scale.

**Superannuation:** The post is superannuable unless you opt out of the scheme or are ineligible to join and your remuneration will be subject to deduction of superannuation contributions in accordance with the National Health Service Superannuation Scheme.

#### Annual Leave:

<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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<tr>
<td>32 *</td>
<td>34 days*</td>
<td>Pro rata for part time staff</td>
</tr>
</tbody>
</table>

*Inclusive of 2 statutory days

Both annual leave and study leave require six weeks notice to be given in advance and are subject to the service needs and the clinical director’s approval, which shall not be unreasonably withheld. Departmental leave arrangements and the weekly rota are accessible via a web-based e-rostering system. Annualised job plans will apply to these posts.

**Study Leave:** 10 days per annum

**Residency:** The post holder will be required to live within 10 miles by road or within 30 minutes travelling time from the hospital. Medical Personnel can supply the Trust’s Relocation Policy

**Responsibilities:** The list of duties given is not an exhaustive list and the post holder may be asked to undertake other duties in line with this grade of post as may be required by the Clinical Director from time to time.

**Annual Appraisal:** All Consultants in the Trust have an annual review of their job plans and appraisals with the Clinical Director which incorporates CPD requirements. This is conducted in line with National Guidelines.

**Office Space and Secretarial Support:**
The Consultant will be provided with a shared office and there is shared secretarial support.
Section 5 Application and Visiting Information

Applications for the post should be submitted in the form of the completed online application form and returned to the HR contact for this post:

Clair Arnold
Deputy Medical Staffing Team Leader
Women and Childrens/Surgery/ESC/CC and Foundation Doctors
Education Centre, Queen Elizabeth Hospital Woolwich
Lewisham and Greenwich NHS trust
T: 020 8836 6753
E: clair.arnold@nhs.net

Further information can be obtained from the Clinical lead for this post:

Dr Catherine Roulson Clinical Director for Anaesthesia UHL  T: 020 8333 3000 ext 3413
Dr David Lee Clinical Director for Anaesthesia QEH  T: ext 0208 836 6000 ext 5595
Example working week Consultant Anaesthetist 10 PA job plan

7.5 PA per week consists of total of approximately 6 theatre/preassessment clinic sessions weekly. On call commitment 1:16 attracting 1 PA. Working Saturday and Sunday weekend. Friday worked singly. Weekend trauma sessions to be incorporated in annualised sessions. Total 8.5 PA of DCC per week

<table>
<thead>
<tr>
<th>Day</th>
<th>Am</th>
<th>Pm</th>
<th>PA allocation</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td>Elective Orthopaedic Surgery /Flexible 1 in 2</td>
<td>1.25</td>
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<tr>
<td></td>
<td></td>
<td>Elective Orthopaedic Surgery /Flexible 1 in 2</td>
<td>1.25</td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
<td></td>
<td>Trauma / Orthopaedics</td>
<td>1.25</td>
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<td>Trauma / Orthopaedics</td>
<td>1.25</td>
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<tr>
<td>Thursday</td>
<td></td>
<td>Flexible 3 of 4 weeks</td>
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<tr>
<td></td>
<td></td>
<td>Elective gynaecology</td>
<td>1.25</td>
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<tr>
<td>Friday</td>
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<td></td>
<td></td>
<td>SPA</td>
<td>1.0</td>
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<tr>
<td>Saturday</td>
<td></td>
<td>1 in 16 commitment to existing planned trauma list</td>
<td>0.25</td>
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<td>Sunday</td>
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<td>General on call rota 1 in 16</td>
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<td></td>
<td>Additional SPA activity</td>
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<tr>
<td></td>
<td></td>
<td>Total PA</td>
<td>9.9</td>
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