THE LEEDS TEACHING HOSPITALS NHS TRUST

DEPARTMENT OF ACUTE MEDICINE

JOB DESCRIPTION

CONSULTANT DIABETES & ENDOCRINOLOGY MEDICINE

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

2. OBJECTIVES OF THE POST

- To assist in the development and provision of the diabetes foot service across Leeds. This will include liaison with colleagues working in primary care and delivery of the out-patient service.
- To assist in the provision of out-patient clinics in diabetes, to ensure we meet our objectives of a responsive and high quality service, seeing patients with disease complexity that necessitates secondary care management.
- The successful candidate will be one of the team looking after in-patients under the care of the diabetes and endocrinology team, including on-call cover. It is likely that, subject to review, rather than looking after G(I)M in-patients the incumbent will be asked to provide holistic support of diabetic foot in-patients across the Trust, including regular ward rounds with the multi-disciplinary team.
- To contribute to the out-of-hours provision of acute medicine on a rota alongside consultant colleagues from acute medicine, respiratory medicine, cardiology and infectious diseases.
- The precise duties and responsibilities of the post may be varied depending on circumstances and subject to negotiation with the Lead Clinician and Clinical Director.
• To show clinical leadership in patient care, service development and clinical governance. In particular to show leadership in attention to reducing length of stay of in-patients and their risk of HCAI, falls and pressure ulcers

• To work co-operatively and effectively as part of the wider acute medicine directorate team, being held to account for clinical, service development and training outcomes.

• To contribute to the education and training of staff from a variety of disciplines, particularly in the management of diabetes and endocrine conditions.

• To work closely with the colleagues in related clinical areas, in particular the acute medicine department, other medical and acute surgical specialties and with colleagues in primary care.

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
  o achieving the best clinical outcomes within the resources available
  o waiting times
  o 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 with the Medical Director, Mr David Berridge, (Operations).

Service specific
As part of the consultant body you will be expected to contribute to all aspects of the work of the department.

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 specialties 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 ) within 12 months of appointment
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 Lead Clinician / Clinical Director. Any job plan review may result in a revised prospective job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area.

5.1 **Proposed Job Plan** (Job Plan A “off ward” - Job Plan B “off ward”)

**Job Plan A (off-ward)**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PA’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Outpatient clinic</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1400</td>
<td>SJUH</td>
<td>Patient Admin</td>
<td>DCC</td>
<td>0.25</td>
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<tr>
<td></td>
<td>1400-1700</td>
<td>SJUH</td>
<td>Foot ward round</td>
<td>DCC</td>
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<tr>
<td>Tuesday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Diabetic foot clinic</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1300-1700</td>
<td>SJUH</td>
<td>CPD Mandatory training/teaching/research</td>
<td>SPA</td>
<td>1</td>
</tr>
<tr>
<td>Wednesday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Outpatient clinic</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>SJUH</td>
<td>Patient Admin</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td>Thursday</td>
<td>0800-0900</td>
<td>SJUH</td>
<td>Diabetic MDT</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Diabetic foot clinic</td>
<td>DCC</td>
<td>1</td>
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<td></td>
<td>1300-1400</td>
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<td>Patient Admin</td>
<td>DCC</td>
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<td>1400-1800</td>
<td>SJUH</td>
<td>In-reach diabetic service</td>
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<td>Outpatient clinic</td>
<td>DCC</td>
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</tr>
<tr>
<td></td>
<td>1400-1600</td>
<td>SJUH</td>
<td>Clinical admin/audit/governance</td>
<td>SPA</td>
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<tr>
<td>Predictable emergency on-call work</td>
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<td></td>
<td></td>
<td>DCC</td>
<td>0.75</td>
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<tr>
<td>Unpredictable emergency on-call work</td>
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<td></td>
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<tr>
<td><strong>TOTAL PA’S</strong></td>
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<td></td>
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<table>
<thead>
<tr>
<th>Programmed Activity</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Direct clinical care (including unpredictable on-call)</td>
<td>8.50</td>
</tr>
<tr>
<td>Supporting professional activities</td>
<td>1.50</td>
</tr>
<tr>
<td>Other NHS responsibilities</td>
<td></td>
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<tr>
<td>External Duties</td>
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<td><strong>TOTAL PROGRAMMED ACTIVITIES</strong></td>
<td><strong>10</strong></td>
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</tbody>
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### Job Plan B (on ward)

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PA’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Ward Round</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1700</td>
<td>SJUH</td>
<td>Ward work</td>
<td>DCC</td>
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<tr>
<td>Tuesday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Ward Round</td>
<td>DCC</td>
<td>1</td>
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<tr>
<td></td>
<td>1300-1700</td>
<td>SJUH</td>
<td>Alternate weeks 1 PA Diabetic Outpatients or 1PA in-reach</td>
<td>DCC</td>
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<tr>
<td>Wednesday</td>
<td>0900-1300</td>
<td>SJUH</td>
<td>Ward Round</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1500</td>
<td>SJUH</td>
<td>Ward work/admin</td>
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<tr>
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<td>1500-1700</td>
<td>SJUH</td>
<td>Teaching/Training/Research</td>
<td>SPA</td>
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<td>Thursday</td>
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<td>Ward work/relatives</td>
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<td>CPD Mandatory Training</td>
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<tr>
<td>Friday</td>
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<tr>
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<td>1400-1600</td>
<td>SJUH</td>
<td>Clinical admin/audit/governance</td>
<td>SPA</td>
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<tr>
<td>Saturday</td>
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**Predictable emergency on-call work**

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<tr>
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<th>DCC</th>
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**Unpredictable emergency on-call work**

**TOTAL PA’S**

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<table>
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<tr>
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<th>Number</th>
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<tbody>
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**TOTAL PROGRAMMED ACTIVITIES**

<table>
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<th>10</th>
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On-call availability supplement

Agreed on-call rota e.g. 1 in 5: 1 in 7.5
Agreed category (delete): A
On-call supplement e.g. 5%: 5%

Predictable On-Call Commitments

There are 3 types of on-call duties for this post.

1) A week at a time on call for diabetes and endocrinology and the 2 general medical wards. Includes being available for phone calls all week including out-of-hours and then undertaking week-end morning ward rounds of the 2 wards for newly transferred patients, potential discharges and sick patients. This will initially be no more than 1 in 8 weeks.

2) Weekday consultant evening shift on acute medical floor 5 – 8pm (and on-call for acute medicine city-wide overnight). This is currently subject to review and may change over the next few months. These are shared between all consultants on the acute medicine admissions rota so work out at currently no more frequent than 1 in 17.

3) Week-ends on the medical admissions unit (MAU) consisting of a morning ward round (and not on call after the morning ward round)
Frequency of 1 in 17

   Overall week-end commitment for ward rounds:
   Currently no more than 1 in 17 weeks and 1 in 8 weeks = 1 in 5.5

   Overall out-of-hours commitment for on-call telephone, return to base availability:
   Currently no more than 1 in 17 weeks and 1 in 8 weeks = net 1 in 7.5 nights

As a 1:7.5 the post attracts a category A on-call availability supplement of 5%

Ward cover

This post is partly to facilitate the development of on ward / off ward model. The post holder will be “on” wards 2 weeks and “off” wards for 6 weeks. During the weeks on ward the post holder will spend an estimated 6.5 PAs a week on the ward and 2 PAs providing out-patient or in-reach care, in addition to 1.5 SPAs. During the “off” ward period the post holder will concentrate on outpatient and in-reach diabetic services without clinical responsibility for general medical wards.

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 into 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. The Trust has the required arrangements in place, as laid down by the Royal College of Physicians, to ensure that all doctors have an annual appraisal with a trained appraiser and supports doctors going through the revalidation process.

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 an important part.

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 and will have access to an adequately equipped office, including IT facilities.

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. 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 shortlisted for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Further more, 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.

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

The post is available on a full or part time basis or as a job share.

8. ENQUIRIES

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

- **Dr Steve Bush**  
  Clinical Director for Acute Medicine CSU  
  0113 2065583

- **Dr Emma Ward**  
  Lead Clinician for Diabetes and Endocrinology  
  0113 2065014

- **Ms Jo Wood**  
  General Manager for Acute Medicine CSU  
  0113 2066583
Acute Medicine CSU

Clinical Director  Dr Steve Bush
General Manager  Joanne Wood
Head of Nursing  Joanne Regan
Lead Clinician (elderly)  Dr Graham Sutton
Lead Clinical (acute med)  Dr Morag Arundel
Lead Clinician (D&E)  Dr Emma Ward
Service Manager  Nikoo Atraki
Business Managers  Julia Thorpe
                    Adam Cole
Matrons  Bev Brown (Acute medicine)
           Alison Raycraft (Elderly medicine)
           Mashid Heydari (Elderly medicine/ Discharge Wards)
           Clare Hale (D&E and general medicine)

The Diabetes and Endocrinology department

Diabetes and Endocrinology specialties are part of Acute Medicine Clinical Service Unit (CSU) and this CSU includes the departments of elderly medicine, infectious diseases and acute medicine.

The centralised department of diabetes and endocrinology is based in the Diabetes Centre in Beckett Wing at St James’s University Hospital. Diabetes clinics take place within this centre, whilst all Endocrinology clinics are hosted in a dedicated out patient suite and day case unit within the Chancellor Wing.

These areas were all refurbished and modernised when the department centralised in 2010.

The consultants in diabetes and endocrinology contribute to the in-patient care of general medical and diabetes/endocrine in-patients who are housed on two wards (J19 and J21). These are based in Gledhow Wing at St James’s University hospital, which also houses 4 respiratory medicine wards, the infectious diseases ward and 6 elderly medicine wards.

The consultants in diabetes and endocrinology also contribute to the rota for the care of patients admitted on the acute medical take (and as physician on call for the Trust). The acute medical wards (J26 and J27) and the acute elderly medicine wards (J25 and J29) are based in Chancellor Wing and near to the emergency department, radiology and critical care units.

Together the acute medical floor admits approximately 40 to 70 patients per day. In addition there are some direct admissions to acute cardiology, gastroenterology and respiratory medicine which by-pass the acute medical floor.
There are currently 8 NHS consultants in diabetes and endocrinology:

- Dr Emma Ward (Lead clinician for diabetes, endocrinology)
- Dr Jonathan Bodansky
- Dr Stephen Gilbey
- Dr Michael Mansfield
- Dr Robert Murray
- Dr Steve Orme
- Dr Afroze Abbas
- Dr Anjali Santhakumar

And there are two academic Leeds University posts:
- Dr Ramzi Ajjan
- Dr Eleanor Scott

The acute medicine directorate includes 4 consultants in infectious diseases, 6 consultants in acute medicine, and 20 consultants in elderly medicine of whom 4 specialise in acute elderly medicine admissions.

The department of diabetes and endocrinology has close links with the Division of Cardiovascular and Diabetes Research, based in the Leeds Institute of Genetics, Health and Therapeutics at the University of Leeds. Increasing recruitment into collaborative portfolio clinical research has been recognised by increasing NIHR support for a number of staff including 4 research nurses.

The department of diabetes and endocrinology at LTHT is the largest training department in the Yorkshire deanery area with up to 7 specialist registrars. The department is also well-staffed with FY1 doctors, FY2 doctors and core trainees in medicine. There are weekly meetings for case reviews, teaching presentations, X-rays, endocrine dynamic test results review. There are monthly clinical governance meetings.

The department currently has two undergraduate ‘firms’ during the academic year. Third year and fifth year medical students from the University of Leeds work on the wards and join in out-patient clinics with participation in regular teaching sessions.

The department is hard working and friendly with consultant colleagues having offices in close proximity and sharing educational, training and service development work.

The department provides clinical services in all the major branches of diabetes and endocrinology including diabetic foot disease, antenatal diabetes, diabetic renal disease, genetic diabetes, cystic fibrosis-related diabetes, young adult diabetes and; transitional diabetes (with paediatric colleagues), lipid disorders, pituitary endocrinology, osteoporosis and bone disease, late effects of malignancy, neuroendocrine tumours and antenatal endocrinology. For many of these subspecialties it attracts tertiary referrals from outside the 750,000 who live in Leeds.

The foot service has forged close links with Vascular surgery, radiology and microbiology and incorporates a weekly MDT.