WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

CONSULTANT PHYSICIAN IN ACUTE MEDICINE

JOB DESCRIPTION: 10PA Job

DETAILS OF THE POST

1 JOB OUTLINE

This is one of the three posts which has been generated with the expansion of 7 day working at Wrightington, Wigan and Leigh NHS Foundation Trust. The successful applicant will join colleagues to continue the development of improved delivery of emergency care to the acutely ill medical patient within the settings of the Emergency Floor.

2 BASE HOSPITAL

The Royal Albert Edward Infirmary Hospital, Wigan. You may be expected to perform occasional duties at Leigh Infirmary & at the Thomas Linacre Outpatient Centre.

3 PROFESSIONAL RELATIONSHIPS

ACUTE PHYSICIANS

Dr Kannappan (Acute medicine and Diabetes/Endocrinology and Clinical Lead)
Dr Gulliford (Acute medicine)
Dr Zafar (Acute medicine)
Dr Sathi (Acute Medicine & Rheumatology)
Dr Cairns (Acute medicine and gastroenterology and Clinical Director of Unscheduled Care)
Dr Campbell (Acute medicine and Care of the Elderly)
Dr R.Lee (Acute Medicine)
Dr Pearce (Acute medicine and diabetes)
Dr J Sajid (Acute Medicine)
Dr A Raza (Acute Medicine)

RESPONSIBLE TO:

Dr Alastair Cairns: Clinical Director, Unscheduled Care
Dr Sanjay Arya: Divisional Medical Director.

KEY RELATIONSHIPS

Consultants

Mr A Abbasi (Emergency Medicine)
Dr S Khan (Emergency Medicine)
Dr A Mahmood (Emergency Medicine)
Dr M Ahmad (Emergency Medicine)
Dr I Razzaq (Emergency Medicine)
Dr M Zia (Emergency Medicine)
Dr S Ahmed (Emergency Medicine)
Dr Smith (Gastroenterology)
Dr Begum (Gastroenterology)
Dr Banait (Gastroenterology)
Dr Prasad (Gastroenterology)
Dr Keld (Gastroenterology)
Dr Cairns (Gastroenterologist)
Dr Naqvi (Cardiology)
Dr Molajo (Cardiology)
Dr Arya (Cardiology)
Dr Bainbridge (Cardiology)
Dr Mudawi (Cardiology)
Dr Tymms (Diabetes and Endocrinology)
Dr O’Connell (Diabetes and Endocrinology)
Dr S Pearce (Diabetes and Endocrinology)
Dr I Aziz (Respiratory Medicine)
Dr S Madi (Respiratory Medicine)
Dr Sundar (Respiratory Medicine)
Dr Abdul (Respiratory Medicine)
Dr Bhaldrainthe (Care of Elderly)
Dr Herath (Care of Elderly)
Dr Malhotra (Care of Elderly)
Dr Balasubramanian (Care of Elderly)
Dr Kumar (Care of Elderly)
Dr Rehman (Care of Elderly and Acute Medicine)
Dr Gaber (Rehabilitation with an interest in neuro-rehabilitation)
Dr Eshiett (Rehabilitation with an interest in neuro-rehabilitation)
Dr Patel (Haematology)
Dr Gregory (Haematology)

Neurology and Renal services are provided by Salford Royal Foundation NHS Trust.

Associate Specialists

Cardiology (2)
Gastroenterology (1)

Specialty Trainees (StR’s)

There are specialist trainees in Respiratory (2), Cardiology (3), Diabetes and Endocrinology (1), Gastroenterology (2), Acute Medicine (1) and Care of the Elderly (2)
Specialty Doctors/Trust Grade Physicians

There are Specialty Doctors/Trust Grade physicians in the following specialties: Gastroenterology, Cardiology, Respiratory Medicine and Oncology, Diabetes & Endocrinology, and Haematology.

Core Medical Trainees/GPST1/2's

There are 20 posts, 11 of which are rotational posts between all sub-specialties of medicine. There are also 9 GP ST1/2 posts as well in the department of medicine

Foundation 1 and Foundation 2 Doctors

There are FY1 and FY2 posts which are rotational posts between all sub-specialties of medicine, surgery, orthopaedics and also in the general practice.

4 DUTIES OF THE POST

4.1 ACUTE MEDICINE

The successful applicants will join a team of physicians working on the emergency floor. The team currently consists of five full time acute physicians (Dr Gulliford, Dr Zafar, Dr Sajid, Dr Lee and Dr Raza) and 5 physicians who split their time between a specialty and the emergency floor (Dr Kannappan, Dr Cairns, Dr Campbell, Dr Sathi and Dr Pearce)

They will be based on the Emergency floor which consists of the two MAU, Ambulatory Assessment Area, Clinical Decisions Ward and Accident and Emergency and will be responsible for the delivery of care during the first 12-24 hours of each patient’s admission. Each day there is a formal morning ward round of all medical patients on the emergency floor by two acute physicians. Then throughout the day patients are “hot reviewed” as they arrive, with the junior doctors. The acute physicians also provide senior cover for the ambulatory assessment area which accepts ambulatory GP referrals direct to an organised clinic environment.

The acute physicians are part of a large team providing unscheduled care. The acute physicians are supported by the on call physician, on the emergency floor from 17.00 to 21.00, and then are on call overnight. With the appointment of these three consultants this arrangement will be reviewed to enable 7 day 12 hour consultant delivered service by the acute physicians.

In addition there are gastroenterology and cardiology in reach teams providing 7 day review of complex specialty patients. There is daily support from specialist nurses in several specialties including alcohol, cardiology, diabetes and palliative care. Social support is provided by the Access to community service team (ACST). Hospital at home provides opportunities for continuing some treatment including IV treatment after discharge.
COPD unit provides direct care for the majority of COPD patients; it also provides support and care for patients on the emergency floor and following early discharge.

VTE unit provides direct GP access to diagnosis and treatment for the majority of patients seen on the emergency floor with potential DVTs. The majority of patients with a potential PE are also managed as out patients with the support of the VTE.

The successful candidate will be expected to demonstrate effective clinical leadership to departmental staff and medical students and to effectively participate in Departmental meetings.

In addition to the on call team, the acute physicians are supported by 2 FY2, 1FY1 and 4 SHOs (CMT, GPVTS and ACCS) and 1 ST3+ (Acute Medicine).

The unit is currently responsible for the training of one Acute Medicine specialty trainee rotating on a six month attachment.

The unit is responsible for admissions of all unselected acutely ill adults. The patients are thereafter admitted to the most appropriate subspecialty ward based on their clinical diagnosis. They will then be looked after by the appropriate clinician of that ward.

Currently there is one acute medicine clinics each week (Dr Zafar) This provides an alternative to admission, or visit to ambulatory area and allows follow up of investigations and treatment of patients discharged early.

4.2 JOB PLAN

A draft Job plan is included in the pack. However this is simply an example of the type of job structure which could be developed. Initially the post holder would work to a 10 PA template but up an additional PA could be added with joint agreement.

4.3 ON CALL

With the appointment of these three consultants, the acute physicians will provide 7 day 12 hour cover on the emergency floor and overnight on call cover along with the general physicians.

4.4 GENERIC DUTIES

The post holder will be expected to fulfil an accepted clinical role of a Consultant Physician and play an active role in the day-to-day management of the service as well as that of the directorate.

In addition to accepting the normal Consultant responsibilities for the treatment and welfare of patients under the care of the service, the Consultant will be expected to develop and maintain the necessary excellent liaison and working
relationships with all other departments and agencies that are associated with the service both within and without the hospitals and the Trust.

The Consultant will be expected to play an active role in the continuing development of all aspects of clinical work of the department and the quality of the service and methods of auditing these. It is expected that the post holder will be central to the ongoing planning and development within the directorate.

4.5 ESSENTIAL DUTIES REQUIRED OF THIS POST

Clinical Governance

The appointee is expected to be committed to the improvement of quality of clinical care in the Directorate and to participate in incident reporting, risk management and directorate clinical governance meetings.

Appraisal

The appointee is expected to compile an annual portfolio with evidence of continuing professional development in accordance with the Trust’s appraisal process. He/she will be expected to participate in annual appraisal by the Clinical Director or other designated consultants and to produce a personal development plan which will be shared with the Responsible officer / Medical Director. The appraisal process will also be part of the information used to revalidate consultants by the GMC.

Audit

The department has an active audit programme. Division of Medicine undertakes multi-disciplinary audits one half day per month with presentations by junior medical staff, consultants and other members of the multidisciplinary team. All appointees will be expected to contribute, initiate and supervise audit projects. He/she will liaise with the audit speciality lead consultant. All audit projects, including Trust directed audit, are approved by the Clinical Effectiveness and Audit Committee. Participation in national audit is encouraged.

Continuous Professional Development/Continuous Medical Education

Taking study leave is a necessary part of continuing medical education/CPD. Applications for study leave must be submitted six weeks prior to the dates requested. There is a study leave entitlement of 10 days a year or 30 days over any three year period. Study leave is agreed by the Clinical Director and should be linked to the individual’s personal development plan. Evidence of CME participation will become part of the post holder’s portfolio.

Teaching

The post holder will be expected to participate in clinical teaching of undergraduate and junior medical staff within their supporting professional activities as required by the Division.
Clinical/ Educational Supervision

Consultants are required to supervise the education of doctors in training. The post holder will be involved with teaching and training junior doctors and should help with both their professional and personal development. Consultants must ensure that junior doctors in their care are not overwhelmed by clinical commitments or overburdened by responsibilities inappropriate to the experience required. Consultants are also responsible for the assessment and appraisal of trainees under their supervision and must keep the clinical and/or college tutor aware of problems that may arise.

5 RESEARCH & TEACHING

In addition to general clinical duties, the applicant will be encouraged to develop the area of Acute Medicine. The Royal College of Physicians is committed to developing the speciality of Acute Medicine and for this subspecialty to thrive. It is important to generate a research base and dedicated ST3+ training programme.

We feel that the successful applicant would be ideally placed to undertake clinical research in this area and the trust would actively encourage and support this. The trust has a well established clinical trials department with well forged links with commercial companies who are keen to tap in to the wealth of clinical data that we process each day. This generates income to allow interested clinicians to pursue additional research projects of their choice.

Since 2009, we have a year 5 Specialty Trainee in acute medicine attached to the team. Obviously the acute Physicians will have a key role in supervising the training and development of this doctor.

The successful applicant will also be involved in the training of other medical and nursing staff within the service as well as students and those attached for training from other related services. We would expect the post holder to be involved in clinical and educational supervision of junior medical staff.

There are Postgraduate Centres with libraries and internet / Medline access at both Royal Albert Edward Infirmary and Leigh Infirmary.

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

The Trust recognises that mentoring is an essential support mechanism for newly appointed specialists. The Trust has in place a Peer Mentoring Programme available to all Consultants and Specialty Doctors.

6 SECRETARIAL SUPPORT & OFFICE FACILITIES

Office accommodation with a computer with internet access will be available for the post holder along with a dedicated secretary.

7 MAIN CONDITIONS OF SERVICE
a) These will be in accordance with those approved by the Trust. Currently these are covered by the New Consultant Contract and Whitley Councils.

b) Any consultant who is unable, for personal reasons, to work full-time, will be eligible to be considered for this post. If such a person is appointed, modification of the job plan will be discussed on a personal basis in consultation with consultant colleagues.

c) The new consultant will be required to reside not more than ten miles or 30 minutes travelling time by road from their base hospital, unless specific approval is given to a greater distance.

d) The appointment is subject to a satisfactory medical report from the Trust’s occupational health consultant and other Pre employment checks in line with NHS Standards.

e) You will be paid in accordance with the Terms and Conditions for consultant medical staff and assimilated to the salary scale, taking account of all relevant consultant service.

f) Annual leave must be applied for at least 6 weeks in advance and approved by the Divisional Director. The annual entitlement is 32 days per year increasing to 34 after completing 7 years Seniority at Consultant level.

All medical staff under contract to Wrightington, Wigan & Leigh NHS Foundation Trust will be expected to comply with local policies and procedures, copies of which are available on the Trust’s internet site, from the Human Resources Department or from the Directorate General Manager, and will be expected to attend mandatory training sessions.

8 INFORMAL ENQUIRIES / VISITS

Informal visits to the hospital are encouraged and may be made direct with: Dr D.Kannappan (Phone- 01942773117), Clinical Lead, Dr A Cairns, Clinical Director of Unscheduled care (Phone01942 778576) and Dr S Arya (Phone 01942 822989) Divisional Medical Director.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Type of Work</th>
<th>Location</th>
<th>PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0800-1200</td>
<td>CME/audit</td>
<td>RAEI</td>
<td>1 SPA</td>
</tr>
<tr>
<td></td>
<td>1200-20:00</td>
<td>Emergency Floor sessions</td>
<td>RAEI</td>
<td>2 DCC</td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Hours</td>
<td>Activity</td>
<td>Doctor</td>
</tr>
<tr>
<td>---------</td>
<td>---------------</td>
<td>-------</td>
<td>----------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0800-1200</td>
<td>4</td>
<td>CME Audit</td>
<td>RAEI</td>
</tr>
<tr>
<td></td>
<td>1200 -1600</td>
<td>4</td>
<td>Emergency Floor session/clinic alt weeks</td>
<td>TLC</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1200 - 1600</td>
<td>4</td>
<td>Emergency Floor session</td>
<td>RAEI</td>
</tr>
<tr>
<td>Thursday</td>
<td>0830 -1030</td>
<td>4</td>
<td>Admin</td>
<td>RAEI</td>
</tr>
<tr>
<td></td>
<td>1200 – 1600</td>
<td>4</td>
<td>Emergency Floor session</td>
<td>RAEI</td>
</tr>
<tr>
<td>Friday</td>
<td>0800-1200</td>
<td>4</td>
<td>Emergency Floor session</td>
<td>RAEI</td>
</tr>
<tr>
<td></td>
<td>1200 – 1600</td>
<td>4</td>
<td>Emergency Floor session</td>
<td>RAEI</td>
</tr>
<tr>
<td>On call</td>
<td></td>
<td></td>
<td></td>
<td>RAEI</td>
</tr>
</tbody>
</table>