Royal United Hospitals Bath
NHS Foundation Trust

Job Description

For

Consultant in Geriatric Medicine

(10PA baseline, negotiable)

GENERAL INFORMATION

The Royal United Hospitals Bath NHS Foundation Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire.

The Royal United Hospital

The Trust provides 759 beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services, and diagnostic and clinical support services.

The Trust employs around 5,100 staff, some of whom also provide outpatient, diagnostic and same day case surgery services at local community hospitals in Bath & North East Somerset, Somerset and Wiltshire. This fulfils part of the Trust's aim to provide high quality care to people in their local communities.

The hospital provides healthcare to a population primarily residing in the Bath & North East Somerset (BANES), Swindon & Wiltshire (BSW) Clinical Commissioning Group, as well as to a lesser extent Somerset CCG (Mendip area) and parts of South Gloucestershire CCG.

Management Structure

The Trust has a divisional structure. There are three clinical divisions, Medicine, Surgery and Women & Children's, supported by two additional divisions, Corporate Services and Estates & Facilities. Each Clinical Division is led by a senior management team, consisting of a medical Head of Division, Divisional Manager and a Head of Nursing. Each also has a Head of Governance in the senior divisional team. Anaesthesia, ICM and pain services sit within the division of surgery.

The senior management team meets with other divisional colleagues to discuss both operational and strategic issues for the specialities within the division.

Operational management decisions are made by the Management Board which consists of the executive directors and representatives from the three divisions.

The hospital is managed by a Trust board, which consists of a chair, five non-executive directors and seven executive directors. The day-to-day management of the hospital is the responsibility of the chief executive assisted by the executive directors, and supported by the three clinical divisions.

Executive directors: Chief Executive; Chief Operating Officer; Director of Finance; Director of Nursing; Medical Director, Director of People, and Director of Estates & Facilities.

JOB OUTLINE

Appointment

This is a great opportunity to apply for a Consultant post in Geriatric Medicine, working as part of the consultant team, with specialist interests open to negotiation depending on the expertise of the applicant. This post is based within the Older Persons' Unit at the Royal United Hospital (RUH) Bath, with sessions with the Acute Frailty Service, and the flexibility to include community, liaison and sub-specialist opportunities. This is an NHS locum post for one year, covering a colleague on sabbatical in New Zealand. However, substantive posts are being concurrently advertised, also with flexibility.

The employer is the Royal United Hospital Bath NHS Foundation Trust. Variations of the job plan will be considered in discussion with the candidate.

The Department of Geriatric Medicine

The department includes many specialist interests, including falls, movement disorders, dementia, surgical liaison & ortho-geriatrics, palliative care/advanced care planning as well as a strong focus on acute geriatric assessment with many developments to maximise our ability to assess and manage patients without admission. We recently initiated a **Hospital@Home** service with excellent feedback.

Our inpatient work is set within our 'Older Persons' Unit' (OPU) comprising:

- Older Persons Assessment Unit (OPAU) acute frailty unit (27 beds)
- Combe ward (26 beds, with particular focus on dementia management)
- Waterhouse ward (26 beds, with particular focus on Parkinson's inpatients)
- Midford-Older Persons Unit Short Stay (Midford-OPUSS) (27 beds)
- Cheselden ward (22 beds, for medically stable patients awaiting social care)
- The orthogeriatric service is provided on the well-established Hip Fracture Unit across the two orthopaedic wards, Forrester Brown ward and Pierce ward, which provides excellent frailty trauma care.

Our consultants contribute sessions as part of the **'Frailty Flying Squad'**, a multidisciplinary team of Medical Nurse Practitioners, Consultants and Therapists. This team is based in the Frailty Assessment Unit and in-reaches to ED and MAU to provide early CGA and senior review with the aim of early discharge where safe, or a clear management plan to prevent prolonged admissions where discharge the same day is not possible. This service also provides **Same Day Emergency Care** (SDEC) for frail patients where GPs or other community colleagues can refer patients for rapid MDT assessment to avoid admissions. Where needed, these services link directly with the **Hospital@Home** service**.**

As partof our departmental expansion, we will be expanding our current **surgical and trauma liaison** services for frail patients, with inpatient in-reach liaison to frail older medical inpatients outside the OPU.

The stroke team (which runs an Acute Stroke Unit, and 7-day thrombolysis and TIA service), stands as a separate department working collaboratively with the Older Persons' Unit.

The RUH catchment area has 6 **community hospitals**, which provide rehabilitation or step-up from home (to avoid acute hospital admission). Most patients here are managed by GPs with Consultant Geriatrician support. In addition to this, RUH Geriatricians and an advanced nurse practitioner provide **community sessions** to support MDTs and care homes to help manage more complex patients in partnership with local GPs and the wider MDT.

The RUH is one of the most **research active** DGHs, and our department supports a growing Parkinson's and Ageing research nurse team. Professor Celia Gregson is Professor in Clinical Epidemiology and works clinically on our hip fracture unit, and Dr Emily Henderson, Consultant Senior Lecturer, is running two national studies in Parkinson's, centred on the RUH and University of Bristol. We also benefit from an on-site charitable research institution focused on ageing, the RICE centre (Research Institute for the Care of Older People), which also hosts local memory services and from which Dr Tomas Welsh delivers national dementia research, in collaboration with University of Bath.

There are (besides this post) 16 other RUH Consultant Geriatricians (12.7 WTE) with their special interests and main activities listed:

Dr Veronica Lyell: orthogeriatrics; Clinical Lead for OPU
Dr Samantha Carvey: acute/short stay geriatrics and Hospital@Home
Dr Chris Dyer: dementia lead, community work, RUH Associate Medical Director
Dr Sara Evans: acute geriatrics, movement disorders
Dr Robin Fackrell: movement disorders, Associate Medical Director for the BSW STP Ageing Well programme
Dr Natalie Gaskell: surgical liaison; ortho-geriatrics
Professor Celia Gregson: ortho-geriatrics, academic (University of Bristol)
Dr Emily Henderson: movement disorders, academic (University of Bristol)
Dr Katrina Hicks: ortho-geriatrics
Dr Bethany Jackson: acute geriatrics, surgical liaison (currently on sabbatical in New Zealand)
Dr Alastair Kerr: acute geriatrics, falls, undergraduate Dean (University of Bristol & Bath Academy)
Dr Helen Milbourn: general geriatrics, community geriatrics
Dr Alasdair Miller: general geriatrics, community geriatrics
Dr Kate Peacock: general geriatrics, stroke, Director of Medical Education
Dr Genevieve Robson: acute geriatrics, lead for acute frailty development
Dr Tom Welsh: acute geriatrics, dementia, academic, Deputy Director RICE (Research Institute for Care of Older People)

Drs Louise Shaw, James Choulerton, Lukuman Gbadamoshi, Kate Peacock and Andrew Stone are stroke consultants.

There are 5 Specialist Registrars and 2 IMT3 posts recognised for training in Geriatric medicine and GIM, on the Severn Deanery rotation. We have an established clinical educational fellow role, which supports the new Complex Medicine for Older People medical student curriculum in our department. We also frequently have an acute medical StR based within our department.

Details of the Post

This post is in a dynamic, expanding department concerned with acute, liaison and community medicine for older people. The team is constantly looking for ways of improving the service and the quality of care it offers to patients. This post is flexible depending on the specialist interests of the successful applicant, but some potential formats are proposed:

1. Working with colleagues on the 27 bed Midford OPUSS ward which is an older persons' acute ward. A key focus here is on early Comprehensive Geriatric Assessment with the MDT and timely senior assessment to maximise quality and reduce length of stay. In addition there will be opportunities for community working and support to the developments on the OPAU, so the post is ideal for those with an interface interest.

2. Working with colleagues on the 26 bed Combe ward which is an older people's inpatient ward with a focus on dementia management. In addition, there are opportunities for community working, including liaison with Older Adult Mental Health inpatient facilities, dementia clinics and research opportunities in RICE, so the post could particularly suit an applicant with an interest in mental health and cognitive disorders.

3. Working with colleagues on the 27 bed Older Persons Assessment Unit (OPAU). A key focus here is on early assessment including with the Frailty Flying Squad, and we are developing 'hot clinics', GP direct admissions and ambulance liaison to maximise our ability to reduce unnecessary admission. This post would be ideally suited to an applicant with an interest in Acute Frailty.

4. Liaison work with colleagues on trauma and surgical wards. A key focus here is on early review and management of older persons' trauma presentations, as well as medicine for the older surgical patient. Our anaesthetic department has a proactive pain service including regional anaesthesia. The liaison service is newly expanding beyond our well-established Hip Fracture Unit, so this option would suit an applicant with a particular interest in surgical and trauma liaison geriatrics.

5. Working with colleagues on the 24 bed Waterhouse ward, which is an older people's inpatient ward with a focus on movement disorders. In addition, there are opportunities for outpatient movement disorders clinics, inpatient liaison work for admitted Parkinson's patients and research opportunities with our Parkinson's and Ageing research team with academic colleagues, so the post could particularly suit an applicant with an interest in Movement disorders.

Acute Work

Our wards have daily ‘whiteboard rounds’ and afternoon bullet rounds to facilitate timely discharge. You will work jointly with colleagues to ensure all senior decision making for the patients is conducted on a daily basis. Opportunities exist to review job plans in order to maximise continuity, patient flow and job satisfaction, and our department is committed to shared and collaborative job planning.

You will support junior grade doctors on the wards, as well as skilled medical nurse practitioners (all are either prescribers or working towards this) who provide extra skills and continuity. We have newly appointed 3 Physician Associates across the OPU. We manage our junior medical staff across the OPU to ensure staffing is maintained sustainably, with training at the forefront.

All our posts provide sessions as part of the ‘Frailty Flying Squad’, as described above. The current frequency is one session per fortnight (1pm -8pm) and this is included in the job plan, though the day of provision is flexible.

There is a daily ward round of new frailty admissions on the PTWR, delivered primarily by the OPAU consultants on OPAU. This post **does not** have on call out of hours commitments.

Weekends are worked on a 1 in 6 basis with 2 consultants carrying out short or long day cover each day. The frequency will reduce to 1 in 7 as soon as possible and later to 1 in 8 as our department expands.

There is the option of joining the General Medical on call rota which provides an evening ward round for medical (non-frail) admissions plus weekend cover 8-8 and on call out of hours, currently on a 1 in 24 rota. This is not part of the current job plan but could be included if the successful applicant wishes. Most of the geriatricians choose not to contribute to the General medical on call rota.

During working hours, all Consultants support a telephone Advice and Guidance service, currently ‘Consultant Connect’ but changing to ‘Cinapsis’, with fuller capacity for delivering and recording information. Currently the demands are minimal but will be job planned if the time commitment expands.

Work Programme

The work programme will be reviewed initially on a 3 monthly basis and agreed with the post holder, Divisional Manager and Lead Clinician.

Local procedures will be followed in the event of any disagreement over proposed changes, culminating in an appeal to the Trust Board.

Proposed Job Plan

The job plan will be a prospective agreement that sets out consultants' duties, responsibilities and objectives for the coming year. It will cover all aspects of a

consultant's professional practice including clinical work, teaching, research, education, clinical governance, private practice and any other responsibilities.

10 PA	Total Programmed activities (augmentation possible)
7.5-8.5 PA	Direct clinical care (inc 1PA for DCC admin)
1.5-2.5 PA	Supporting professional activities

In all RUH job plans 1.5 SPAs (pro rata to a minimum of 1PA for less than full time job plans) are automatic for ensuring consultants are up to date and prepared for appraisal, revalidation and can undertake appropriate mandatory and discretionary training plus Continuing Professional Development. A further 1 PA may be available for those who take on defined supporting activities such as development work, research, medical appraisal, lead responsibilities, and this could be additional or accompanied by reduction in DCC time in negotiation with the clinical lead. Clinical and Educational Supervision roles are remunerated as additional SPA time up to a maximum of 0.5 SPA.

Timetable

A job plan will be created to provide scheduling details of the clinical activity and clinically related activity components of the job plan that occur at regular times during each week including supporting professional activities. This will be reviewed 3 months following commencement in post.
Because the specific schedule will depend on the interests, skills and deployment of the applicant, a specific plan is not provided here. Most of our new10 PA job plans are now delivered within 4 days Monday to Fridays.

Day	**Description**		
Monday to Friday - usually over 4 weekdays – more PAs/days are possible	**General clinical activity**	Tailored to applicant, potentially including ward work/ liaison work/community work	**5.5 DCC**
	Clinical admin	Scheduled administrative time	**1 DCC**
	Frailty Flying Squad	Alternate weeks, 1 weekday session 1-8pm	**1 DCC**
	Non clinical activity	Appraisal & revalidation, mandatory training, CPD	**1.5 SPA**
(Sat/Sun) Predictable emergency weekend work	1 in 6 (two consultants on) with eventual reduction to 1 in 8	One short day 8-12.30 One long day 8-5 (includes Friday night 5-8pm when long day is Saturday)	**1 DCC**

TOTAL PA		Preference for starting at 11 PAs can be accommodated	**10**

Commencement of duties

We are ready for an appointee to start as soon as practicable but will work to accommodate other time frames for the right candidate.

The OPU team is prepared to be flexible in this job plan and try to accommodate interests of applicants and as a department we often alter our job plans for this purpose. Please contact Dr Veronica Lyell, Clinical Lead for OPU, to discuss the role and any questions. Job share and applicants considering working less than full time are encouraged to apply and the Clinical Lead is happy to discuss this with applicants.

Office and Secretarial Facilities

An RUH secretary will be shared with other OPU Consultants. The appointee will be provided with a shared office at the RUH. A computer with internet access and an e-mail account will be provided. There is mentoring support for new consultants from within the Trust.

Accountability

The Chief Executive is managerially responsible for the services provided by the Trust and the Lead Clinician is responsible for the provision of the service. The post holder will be responsible for the discharge of their contractual duties through the Lead Clinician to the Chief Executive.

The Foundation Trust will take direct responsibility for costs and damages arising from medical negligence in the treatment of NHS patients, where they (as employers) are vicariously liable for the acts and omissions of their medical and dental staff. However, it is strongly advised that the person appointed maintains defence body membership in order to cover any work, which does not fall within the scope of the hospital policy.

A medical professional indemnity scheme is available to cover compensation (including claimants' costs and expenses) arising from medical negligence in the treatment of private patients at the Royal United Hospital. It is a condition of this policy that all employed and non-employed consultants involved in the business of the Royal United Hospital shall be a member of a Medical Defence Organisation.

Health & Safety

Employees must be aware of the responsibilities placed on them under the Health and Safety at Work Act (1974) and any subsequent relevant legislation and must follow these in full at all times including ensuring that they act in line with all agreed procedures at all times in order to maintain a safe environment for patients, visitors

and staff. Failure to comply with these policies may result in disciplinary action up to and including dismissal.

Healthcare Associated Infections (HCAIs)

All Trust staff have a reasonability to act and follow all instructions to protect patients, staff and others from HCAIs. All staff are required to follow the NHS Hygiene Code and all Trust policies and procedures related to it and the Health Act 2006. Failure to comply with any of these may result in disciplinary action up to and including dismissal.

Medical Examination / Screening

At any stage of your employment you may be required to undergo a medical examination to confirm your fitness to undertake your duties. All medical and dental practitioners are appointed subject to medical screening. Vaccinations and immunisations except Yellow Fever may be obtained by contacting the Occupational Health Department at the Royal United Hospital on Extension 4064.

If this post has been identified as one involved with exposure prone procedures, satisfactory Hepatitis B status will be a condition of your employment with this Trust. You will be required to either undergo the immunisation process or produce written evidence of satisfactory Hepatitis B status prior to taking up this appointment.

As this appointment will provide substantial access to children, an enhanced Criminal Records Bureau check on convictions will also be necessary.

ACADEMIC FACILITIES

The Royal United Hospital has two centres for academic support. The Post Graduate Medical Centre has excellent lecture and meeting facilities and is soon to house a new surgical simulation suite. The Bath Academy Education Centre houses an excellent medical library, clinical simulation suite, resuscitation training and again has extensive meeting facilities.

In addition to these facilities the Wolfson Centre houses a number of departments that are linked to Bath University with whom the hospital has excellent links. Bath University has a School for Health where academics collaborate actively with hospital staff over a wide range of disciplines. The hospital is also closely linked with Bristol University Medical School.

Undergraduate and post graduate training is undertaken on site. Many consultants have honorary appointments at Bath and Bristol Universities. There are strong links with several other universities and several members of staff have honorary chairs. There is a long tradition of research and education at the hospital and a regular supply of undergraduate students. All locum consultants are expected to take part in these teaching activities.

There is an active research and development department which fosters and facilitates research in all medical disciplines.

Formal medical audit in the Department is in operation.

CLINICAL GOVERNANCE

The NHS Executive has defined Clinical Governance as:

"A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"

In line with Government requirements, the Trust has established a Clinical Governance Committee. The Chief Executive is the accountable officer and the lead is the Director of Nursing, who is responsible for ensuring that systems for clinical governance are in place and monitoring their continued effectiveness.

As part of the requirements of clinical governance, the Trust's Committee is ensuring that all hospital doctors participate in audit programmes, including, where appropriate, specialty and sub-specialty national audit programmes endorsed by the Commission for Health Improvement. The post holder will be required to undertake and contribute to relevant local and national audit.

Procedures are in place for all professional groups to identify and remedy poor performance, including critical incident reporting, professional performance and supporting staff to report any concerns they may have about colleagues' professional conduct and performance.

CONDITIONS OF SERVICE

National terms and conditions of service (Consultants (England) 2003) cover the post. Consultants 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 content will be discussed on a personal basis in consultation with Consultant colleagues. This post is open to applications from candidates who wish to job share.

Residence within either 10 miles of, or thirty minutes by road (e.g. from RUH) is a requirement of this post. The appointee must have telephone contact and have a current driving licence.

This post is subject to an Exception Order under the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974.

The post is subject to pre-employment checks such as Disclosure and Barring Service, Occupational Health, Visa clearance (where applicable) and satisfactory references.

You are required to be registered with the General Medical Council with a licence to practice/General Dental Council though out the duration of your employment and to comply with and abide by the relevant code of professional practice, as appropriate.

Annual Leave

6 weeks and two days per annum pro-rata to be approved by the Clinical Lead. Requests should be submitted at least six weeks before leave is required. Requests for annual leave over three weeks should be submitted three months before leave is required. Up to 5 annual leave days may be carried over from one leave year if relevant to the next with the agreement of the Clinical Lead.

Study and Professional Leave

Study and professional leave of up to 30 days, including off duty days within the leave period, in any three years is available in line with the Trust's Study/Professional Leave Policy for Consultants, Associate Specialists and Staff Grade Doctors. Leave will only be given where it has been formally approved by the Clinical Lead. A minimum of eight weeks' notice is required for any request.

The allocation of study leave is discussed at the annual appraisal. Leave requests, and any associated expenses, must be approved by the Medical Division in line with Trust policy.

Canvassing

Candidates should note that canvassing any member of the Advisory Appointments Committee or the RUH NHS Trust will result in their being disqualified (see Statutory Instrument 1983 No 276 para 8,1,b).

Policies and Procedures

The post holder is required to familiarise themselves with all Trust policies and procedures and to comply with these at all times. Failure to comply with any of these policies may result in disciplinary action up to and including dismissal.

Confidentiality and Data Protection

The post holder must maintain the confidentiality of information about patients, staff and other health service business and meet the requirements of the Data Protection Act (1998) at all times. The post holder must comply with all Trust Information and Data Protection policies at all times. The work of an NHS acute Trust is of a confidential nature and any information gained by the post holder in their role must not be communicated to other persons except where required in the recognised course of duty. Failure to comply with any of these policies may result in disciplinary action up to and including dismissal.

No Smoking

The Royal United Hospital, Bath NHS Trust is a Smoke Free hospital and site and all Trust staff are not permitted to smoke on any part of the site at any time. Failure to comply with this policy is likely to result in disciplinary action up to and including dismissal.

Equality and Diversity

The Trust has adopted a Managing Staff Diversity Strategy & Policy covering all of its staff and it is the responsibility of all Trust staff to comply with these requirements at all times. The key responsibilities for staff under this Strategy and Policy are set out in the Trust Code of Expectations for Employees. Failure to comply with these policies may result in disciplinary action up to and including dismissal.

Safeguarding Children

All Trust staff have a responsibility to safeguard children. All staff must be familiar with, and adhere to, the trust child protection procedures and guidelines, in conjunction with the Local Safeguarding children's board (LSCB) policies and procedures.
It is the responsibility of the post holder to be familiar with their role and responsibility around safeguarding children and to ensure that they have completed training at a level commensurate to their role.

Conflict of Interest

All Trust staff are required to identify and report any potential conflict of interest in line with the Trust Code of Expectations of Employees and other Trust policies.

Other Facilities

a) There is an active Bath Hospital Social Club, Gym (the Oasis), tennis courts and swimming pool all on the site.

b) There is a large employee car park on the hospital site, with an additional car park available for consultants and senior management. There is also a limited amount of garage accommodation available for renting.

c) The hospital is situated on the edge of the World Heritage City of Bath. There are good social and cultural facilities with the larger centre of Bristol being only 12 miles away. Bath has good transport links to the rest of the country and Bristol International Airport is only half an hour's drive away. Education in Bath is of a high standard and local schools consistently perform above the national average.

Candidates will be short listed for interview by the Advisory Appointment Committee following submission of an application within the defined time scale against the specification set out below. These criteria will be used throughout the appointment process to select the most suitable candidate. Candidates should ensure that the criteria are fully addressed in their applications.

Person Specification

Consultant in Geriatrics

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications **Basic** **Postgraduate**	Degree Full registration and licence to practice with the GMC. MRCP(UK) or equivalent Entry to the GMC specialist register (or expected within 6 months) via CCT, CESR or ECR routes.	Higher Degree Member of British Geriatrics Society C.C.T. General Medicine
Clinical Experience	Clinical training and experience equivalent to that required for gaining UK CCST in Geriatric Medicine Ability to offer expert clinical opinion in the field of Geriatric medicine Experience of Rehabilitation in a variety of settings Ability to take full and independent responsibility for clinical care of patients Demonstrable experience in discharge planning and frailty	Experience of working with community teams Experience working in acute setting in ED/ Frailty Assessment Unit Demonstrates ability to innovate and change current practices to improve the patient experience
Management and Administrative experience	Ability to advise on efficient and smooth running of a Geriatric Medicine service Ability to manage and lead medical team Clear application of audit in clinical practice	Ability to play a leadership role in developing medical services Understanding of key issues in the interface between secondary and primary/ intermediate care
Teaching Experience	Experience of supervising FY1s and SHOs Ability to teach clinical skills	Experience of teaching basic clinical skills to undergraduates Experience of supervising SpRs Ability to supervise postgraduate research

Research Experience	Ability to apply research outcomes to clinical and surgical problems	Publications in peer reviewed journals
Personal Attributes	Ability to work in a team Good interpersonal skills Enquiring, critical approach to work Caring attitude to patients Ability to communicate effectively with patients, relatives, GPs, nurses and other agencies Commitment to continuing medical education Willingness to undertake additional professional responsibilities at local, regional or national levels Driving licence	