

Applicant information pack

**Locum Consultant in Paediatrics with Special
Interest in Diabetes**

Ipswich Hospital

ESNEFT



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SECTION 1

JOB DESCRIPTION – GENERAL DETAILS

Title:	Locum Consultant General Paediatrician
Location:	The Ipswich Hospital, part of East Suffolk and North Essex Foundation Trust
New or Replacement Post:	New post
Accountable to:	Chief Executive – Mr Nick Hulme
Professionally Accountable to:	Chief Medical Officer – Dr Angela Tillett
Responsible to:	Clinical Lead in Paediatrics – Dr Lauren Filby

Ipswich Hospital NHS Trust is a medium sized DGH, providing general paediatric and neonatal services in East Suffolk. The trust is merged with Colchester Hospital to form one joint Trust, the East Suffolk and North Essex Foundation Trust, ESNEFT.

Ipswich Hospital Children's Services is a fulfilling place to work, and in January 2020 was rated Outstanding by the CQC. A multi-million pound redevelopment of the Childrens Inpatient and Outpatient areas has started in 2022, making this an exciting time to join the team.

Applications are invited for the post of Locum consultant in paediatrics, for a period of 12 months.



The appointee would ideally have achieved SPIN competence in diabetes. However, a candidate with suitable general paediatric and neonatal experience with or without a well-developed sub-specialty interest in an alternative field aligned with the service needs of the Trust, would be considered. Potential candidates are encouraged to discuss this with the Clinical Lead.

The appointee will share general paediatric and neonatal responsibilities, including on call with consultant colleagues in an equitable fashion.

The post holder's duties will be primarily at the Ipswich Hospital, but their presence may from time to time be required in other parts of the Trust. With the merger of Colchester and Ipswich hospitals to be part of one Trust, there may be opportunities to cross-working across both sites in developing services.

Qualifications required are MRCPCH or equivalent, full GMC registration and inclusion on the Specialist Register of the General Medical Council in Paediatrics. Candidates are required to be up to date with APLS/EPALS, NLS and Level 3 Safeguarding.

Any candidates wishing to discuss the post should contact Dr Lauren Filby (Clinical Lead for Children's Services) email: lauren.filby@esneft.nhs.uk, or Caroline Exton, (Assistant General Manager for Children's Services) email: caroline.exton@esneft.nhs.uk. Please apply through NHS Jobs Website and choose location Ipswich.



SECTION 2

PERSON SPECIFICATION

CONSULTANT IN PAEDIATRICS

REQUIREMENTS	ESSENTIAL/ DESIRABLE	HOW TESTED
<p>QUALIFICATIONS/SPECIAL TRAINING</p> <ul style="list-style-type: none"> • Full registration with the GMC • CCT in paediatrics (entry on specialist register or entry expected within 6 months at time of interview) • MBChB or equivalent • MRCPCH or equivalent • APLS or EPLS • NLS 	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>	<p>CV</p> <p>CV</p> <p>CV</p> <p>CV</p> <p>CV</p> <p>CV</p>
<p>KNOWLEDGE/SKILLS</p> <ul style="list-style-type: none"> • Ability to manage a wide range of paediatric and neonatal problems, including Safeguarding • Proven clinical experience and training in paediatrics equivalent to 5 years in the specialist registrar or higher grade • Sub specialty experience in diabetes, SPIN or equivalent 	<p>E</p> <p>E</p> <p>D</p>	<p>Interview /CV</p> <p>Interview /CV</p> <p>Interview /CV</p>



<p>TEACHING</p> <ul style="list-style-type: none"> • Experience teaching undergraduates and postgraduates • APLS / EPLS / NLS instructor • Formal course in teaching methods (Teach the teachers) and in educational supervision 	<p>E</p> <p>D</p> <p>D</p>	<p>Interview /CV</p> <p>Interview /CV</p> <p>Interview /CV</p>
<p>MANAGEMENT</p> <ul style="list-style-type: none"> • Willingness to share management and administration duties with consultant colleagues • To demonstrate experience in clinical audit and an understanding of the principles of clinical governance • To have attended a management course and have some experience of management 	<p>E</p> <p>E</p> <p>D</p>	<p>Interview /CV</p> <p>Interview / CV</p> <p>Interview / CV</p>

<p>EXPERIENCE</p> <ul style="list-style-type: none"> • General experience in acute and community paediatrics, including child protection • Experience, or completion of SPIN in an area of Special interest aligned to the needs of the department. 	<p>E</p> <p>D</p>	<p>Interview /CV</p> <p>Interview / CV</p>
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<p>PERSONAL REQUIREMENTS</p> <ul style="list-style-type: none"> • Ability to work within a team • Enthusiasm to continue develop strong links with maternity and improve neonatal care within eth trust • Ability to communicate with patients and parents • Motivation to continue education and undergo appraisal and re-validation • Evidence of organisational ability • CPD as laid down by the RCPCH 	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>	<p>Interview</p> <p>Interview</p> <p>Interview /CV</p> <p>Interview /CV</p> <p>Interview /CV</p> <p>Interview</p>
<p>RESEARCH</p> <ul style="list-style-type: none"> • Evidence based approach to clinical practice • Critical reading skills • Presentations at national and International meeting • Experience of research • Publication of peer-reviewed research 	<p>E</p> <p>E</p> <p>D</p> <p>D</p> <p>D</p>	<p>Interview</p> <p>Interview</p> <p>Interview / CV</p> <p>Interview / CV</p> <p>Interview / CV</p>



OTHER REQUIREMENTS		
• Ability to fulfil requirements of post	E	Interview
• Demonstration of flexible working practice	E	Interview
• Ability to travel to meet the requirements of the post	E	Interview
• Be fit for the duties of the post	E	Interview
• Honest and reliable	E	Interview / CV
• Show caring attitude to patients and staff	E	Interview / CV
• Willingness to undertake additional professional responsibilities.	E	Interview
• Computer skills	D	Interview
• Committed to Leadership skills.	E	Interview
• Committed to work within Trust policies	E	Interview



SECTION THREE

DUTIES OF THE POST

3.1 Duties specific to the job:

1. To participate in the Consultant of the week rota according to departmental requirements - usually on a 1 in 9 basis. There is usually one Consultant on call, covering general paediatrics in the morning and general paediatrics and neonates in the afternoon and an additional consultant on call for neonates in the morning. We have established a full Consultant of the week system on both sides for the morning ward rounds for improved continuity.
2. To participate in weekend and night on call cover. Weekends are annualised, with winter weekends currently operating with two consultants, and summer weekends with one consultant. This currently equates to 1 in 7 weekends. Weekday nights are a 1 in 10 rota (equates to around 1-3 per month).
3. To share outpatient responsibilities with a minimum of 3 General paediatric clinics a week, depending on acute commitments.

Further discussion re exact composition of the role can be clarified and discussed with the Clinical Lead prior to application and will be reviewed in line with the prior experience of the appointee.

4. To share child protection/safeguarding work when "Consultant of the week"
5. To share work related to relevant committees, working groups, educational supervision and training of staff within the department.



3.2 Role

Within the department, there is an acute Consultant of the week on a 1:9 rota with no scheduled clinical responsibility during the week. Some weeks provide General on call in the mornings and cover to General Paediatrics and the level 2 Neonatal unit in the afternoons. We continue to monitor our compliance with Facing the Future and NHS England Seven Day Services Clinical Standards.

This post will share weekday overnight Consultant on call duties, and weekend duties.

1 week in 12 the post holder will be the neonatal consultant of the week, where morning activity is NNU ward round and afternoon activity is approximately two outpatient clinics through the week.

During the remaining weeks, time will be spent in paediatric outpatient clinics, carrying out clinics and elective work.

3.3 General duties and responsibilities

The successful candidate will join a team of senior medical and nursing staff committed to providing a high quality service to children and their families in East Suffolk.

The common aim is to develop the paediatric department in all aspects of clinical service plus teaching and research.

The following is a summary of the likely scheduled activities of the post holder:

a) General Paediatrics and Outpatients

The appointee will be expected to provide a high quality service to the Trust with responsibility for the diagnosis, management and treatment of all patients referred to the specialty along with other Consultants.

b) Area of Special Interest

There will be time within the job plan to develop local guidelines, referral pathways, to liaise with tertiary centre specialists, to attend appropriate Network and CPD events and to offer advice and expertise to Colleagues regarding management of other patients with the relevant conditions.



The final details of this part of the role will be determined once the expertise and experience of the post holder is known.

c) Junior Medical Staff

To share responsibility for the training, management, mentorship and supervision of junior medical staff with dedicated time set aside to perform this activity on a regular basis. Similarly, to contribute to postgraduate teaching and continuing medical educational activity both locally and nationally.

In the GMC survey, trainees consistently rate Ipswich Hospital highly, and many trainees return for higher training and as Consultant Colleagues.

We have a fully equipped Simulation Centre in Ipswich Hospital, and a full and vibrant package of training available to ESNEFT staff, and the region.

d) Audit

To participate in audit and continuing medical education (including self development and maintaining accreditation). There is a requirement for regular appraisal to be undertaken by the Divisional Chair or Clinical Lead responsible for these services.

e) Appraisal/Job Planning

Appraisal and job planning would be necessary and to be undertaken with the clinical lead.

f) Resuscitation

He/ she will be expected to have up-to-date resuscitation skills in neonates and paediatrics, with valid APLS or EPLS and NLS certification.

g) Child Protection/Safeguarding

The post holder is expected, along with consultant colleagues, to participate in the assessment and management of children suspected of being a victim of non- accidental injury. Safeguarding responsibility will be that of the 'Consultant of the Week' with support from the named doctor and nurse where appropriate.



i) General Practitioners

Communication with Primary Care staff is a vital part of the post. The post holder should be available to give advice, often informal, to GPs, HVs or other colleagues when requested.

j) Major Accident

In the event of a major accident the post holder will participate in the activation of the Trust 'MAJAX' Policy.

k) National Service Framework for Children

The post holder will work to standards set out in the National Service Framework, For Young People and Maternity Services.

l) Research and Development

There is the opportunity to perform clinical research and development. Given the nature of the paediatric oncology role, completion of GCP would be desirable.

m) Continuing Professional Development

Adequate time is allowed for teaching, travelling, administration etc. The Trust encourages medical staff to attend courses and conferences where this will help career development and be beneficial to the Trust. All consultants are expected to comply with the continuing professional development requirements of the RCPCH.

o) Administrative Support

Office accommodation, IT access and secretarial support will be provided as for all paediatric consultant staff on an equitable basis. It is likely that office accommodation will be shared with other consultant paediatricians and will be flexible for the first phase of the redevelopment.



3.3 Job plan

Consultant Job Plan (Non-consultant of the week)

On Call 1 in 10 weekdays
 1 in 7 weekends
 1 in 6 consultant for the week

This is a full-time consultant 10 PA contract. This is a possible job plan and will therefore be agreed at the time of the appointment or start of the post – depending on the area of special interest of the appointee. With the introduction of EWTD and recent increase in Tier 2 rota, there is a possibility of decreased weekend tier 3 cover. This would alter the job plan.

Example job plan

	Time	Location	Work	Freq	External work	SPA or DCC	PAs
Monday							
	09.00-13.00	IH	Diabetes Outpatient Clinic including 25% admin Alternate week may be additional Diabetes DCC	Alternate weeks		DCC	1
	1300-1400	IH	NNU Psychosocial meeting	weekly		DCC	0.25
	1400-15.30	IH	SPA, Service development, guidelines, mandatory training, audit	weekly		SPA	0.375



	15.30-17.00	IH	Educational supervision	weekly		SPA	0.375
Tuesday							
Possible day off when not on 'on call weeks' – may be substituted to an alternative day							
Wednesday							
	0900-1300	IH	General Clinic including 25% admin	weekly		DCC	1.0
	1300-1400	IH	Psychosocial ward round	weekly		DCC	0.25
	14.00-17.00	IH	Clinical admin including ward reviews of patients	weekly		DCC	0.75
Thursday							
	09.00 – 13.00	IH	Diabetes Clinic including 25% admin	weekly		DCC	1
	13.00-14.00	IH	Clinical Education meeting	weekly		SPA	0.25
	14.00-16.00	IH	Elective reviews or MDT	weekly		DCC	0.75
	16.00-17.00	IH	SPA	weekly		SPA	0.25
Friday							



	0830-0930	IH	Consultant meeting	weekly		SPA	0.25
	0930-1300	IH	General clinic including 25% admin	weekly		DCC	0.875
	13.00-15.00	IH	Safeguarding peer review, alternates with clinical admin	Alternate weekly		DCC	0.5
	15.00-16.30	IH	Allocated SPA time, mandatory training, CPD	weekly		SPA	0.375
Total DCC	$6.375 + 1.7 = 8.075$						
Total SPA	$1.5 + 0.375 \text{ (ed sup)} = 1.875$						



Weekend						
Share according to on-call rota usually 1 in 8						
Predictable emergency on-call work	09.00-13.30 weekends & 17.00-19.00 weekdays	IH	Ward rounds & emergency attendance	1:8		DCC
Unpredictable emergency on-call work	Variable	On-site, at home on the telephone and travelling to and from site	Emergency attendance	1:8		DCC
TOTAL AVERAGE PAs / wk						10.0

2. Job content – the above job plan is a guideline, and the exact breakdown will comply with:

Programmed activity	Number
Direct clinical care (including on-call)	8.5
Supporting professional activities	1.5
Other NHS responsibilities	
External duties RCPCH/University	
TOTAL PROGRAMMED ACTIVITIES	10.0



3. On-call availability supplement

Agreed on-call rota	1:8
Agreed category	A
On-call supplement e.g.	5%

Consultant of the Week

During this week, the consultant will be responsible for admissions to the paediatric ward and/or neonatal unit. There is a daily ward round following the morning handover, with the afternoon allocated to acute clinical issues prior to the afternoon handover to the evening staff.

Other clinical activities eg outpatient clinics are cancelled during the week of paediatric cover, but will take place in the afternoons of the week of neonatal cover.



SECTION FOUR

Department of Child Health

The Ipswich Hospital is an expanding 800 bed (689 acute beds and 108 community beds) district general hospital serving a population of 400,000 people of whom 125,000 live in the county town of Ipswich. The birth rate is around 3,400 deliveries per annum.

Paediatric services within the district are at present divided between The Ipswich Hospital (as part of ESNEFT) (Acute), Suffolk Community Healthcare (Community) and CAMHS (Child Psychiatry). Some medical staff, working within the Community PCT, also work or train in The Ipswich Hospital. Acute services and the child development centre are based within The Ipswich Hospital but child development clinics, special schools, and most of the community therapists are based in the community under the administrative charge of Suffolk Community Healthcare.

Ipswich Hospital and Colchester Hospital NHS merged to form The East Suffolk and North Essex NHS Foundation Trust (ESNEFT) in 2019. This has created opportunities for cross site development of services.

In January 2020, the Care Quality Commission rated the Ipswich Hospital Children's Services Outstanding. They praised the caring nature of the service, the partnership with parents/carers, the leadership of the service and the learning from governance.

PROVISION OF CHILDREN'S SERVICES

Acute Paediatric Services within Ipswich Hospital

The Clinical Delivery Group (CDG) of Child Health is part of the Women and Children's Division, which sits within Group 2 in the organisation alongside Theatres and Anaesthetics and Specialist Surgery.

The CDG Management Team manages resources for children's services within the Hospital including neonatal services.

Size of department



- Admission to Paediatric Assessment Unit – 5,000 per year
- Admission to Paediatric Ward 2200 per year
- Number of A&E Attendances for under 16 year olds - 18000 per year
- Number of deliveries, including home births, 3400 per year
- Number admitted to SCBU 560 babies
- Neonatal Intensive Care Days 446 days / year
- Neonatal High Dependency Days 966 / year
- Special Care Days 4084 / Year
- Neonatal Ventilation Days: 101 days / year
- CPAP/ High Flow Oxygen days: 865 / year

1. The Children's Unit

There are approximately 2,200 inpatient cases admitted per year to the children's unit, 5000 children seen on PAU, 400 day cases and approximately 7,000 children are seen as outpatients.

The unit currently comprises a six-bedded Paediatric Assessment Unit, a 24 bed Children's ward with 6 isolation cubicles. The beds are used flexibly to accommodate paediatric medical and surgical patients. There is an HDU room, to allow intensive monitoring of children. There is also the Raedwald day surgical unit within the Garrett Anderson Centre.

We have excellent working relations with the adult ITU staff at the hospital and admit critically sick children there for stabilisation, prior to transfer to PICU (usually Addenbrooke's Hospital, Cambridge).

The department aims to provide comprehensive care for all patients under the age of 16 years but liaises closely and transfers, when appropriate, to Addenbrooke's Hospital those patients who require regional services. Where Addenbrooke's are unable to offer regional services (for example, cardiology or nephrology), or if they require supra-regional services, patients are transferred to or discussed with hospitals outside the region, usually London.



In April 2022, work started to rebuild the children's inpatient areas, investigation and assessment unit and children's outpatients. This exciting 7 million pound project will modernise the area, create more isolation cubicles, dedicated HDU bay, double the outpatient department space, and co-locate the PAU with the ward.

2. Neonatal Unit (NNU)

This is a 18-bed unit which consists of two fully equipped intensive care cots, three High Dependency cots and 13 Special Care cots. The unit moved in 2010 to accommodation on the ground floor of the maternity block. The current Neonatal unit is modern, spacious and with excellent equipment and infrastructure to support a dynamic and developing unit.

The number of deliveries at the Ipswich Hospital is currently around 3400 per year. The unit works as a level 2 unit within the Norfolk, Suffolk and Cambridge Perinatal Network and cares for babies 27 weeks gestation and above. The number of intensive care days in 2015 was 492, high dependency days 564 and special care days 4285. Ipswich undertook 112 days of ventilation (43 babies) 140 days of CPAP and 510 High Flow Oxygen. These numbers remained constant over the past 5 years.

We also have a neonatal outreach service, which supports babies at home who are tube feeding and in Oxygen.

We are working towards closer links and joint working with Colchester Neonatal Unit, sharing best practice, guidelines and service development as part of ESNEFT.

3. Paediatric Outpatients

Over 7000 children are seen each year by the department and most are managed in the Paediatric outpatient department. This is located next to the Paediatric ward and assessment unit. As well as general Paediatric clinics, the following sub specialist paediatric clinics are currently held:

Diabetes clinics, baby follow up clinics, neurology/epilepsy clinics, asthma clinic, complex respiratory, allergy clinic, urology clinic, echocardiography clinic, orthopaedic, ENT, dermatology, endocrinology, rheumatology, cystic fibrosis and oncology, chronic fatigue .

The following clinics are also undertaken with the department working well to provide a joint service for more complex problems needing a tertiary opinion:

Monthly: Respiratory/Cystic Fibrosis Dr McShane, Addenbrookes



Bimonthly: Cardiac, Dr Mathur (Evelina Children's Hospital (Guys))

Bimonthly: Endocrine, Dr Williams, Addenbrookes

Quarterly: Neurology, Dr Chitre, Addenbrookes

Bimonthly: Urology, Paediatric Surgeons from Norfolk and Norwich

Bimonthly: Plastic surgery Mr Clibbon, Norfolk and Norwich

Bimonthly: Paediatric Surgery Mr Tsang / Mr Mathur, Norfolk and Norwich

Bimonthly: Oncology/Haematology Dr Murray/Dr. Kelly, Addenbrookes

Monthly: Genetics, Dr Patterson, Addenbrookes

Diabetes team

The diabetes team consists of one full time and one part time Consultant Paediatricians with an interest in diabetes, 2 FTE Paediatric Diabetes Nurses (0.5 vacant post), 1.5 FTE Paediatric Dietitians and 0.4 FTE Psychologist.

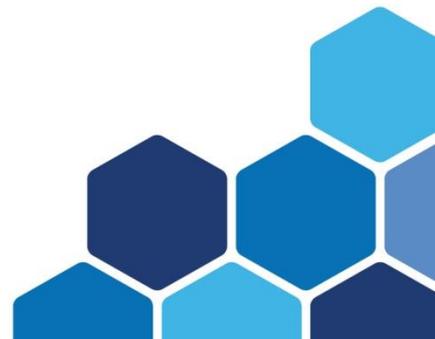
The diabetes clinics are run in an MDT format with additional clinics monthly for transitional diabetes and for new patients.

The team are expanding use of pumps, CGM, partial closed loop systems and are actively involved in various aspects of Quality Improvement work. They have regular MDT meetings, team education meetings and arrange a range of educational sessions for new and existing patients. They provide an in house diabetes on call service for their patients.

Any candidates with a diabetes interest are encouraged to contact Dr Jackie Buck via email Jackie.Buck@ESNEFT.nhs.uk.

Emergency Department

Ipswich Hospital has a new purpose built emergency department with a separate paediatric area that is located next to the Paediatric Department in the Garrett Anderson Centre. There is a designated paediatric bay within the resuscitation area.



We work closely with the emergency department and over 18000 children under 16 yrs of age are treated each year. Children are initially reviewed by the ED staff, and referred for paediatric opinion as necessary. GP referrals to the paediatric team are seen on PAU.

An appropriately trained nursing team staffs the paediatric area. There are proposals for the development of an urgent care centre that will result in new pathways of entry into the hospital. This work is due to start in August 2021.

The safeguarding team reviews the A&E attendance records of all children attending the department.

Community Paediatric Services

Community paediatric medical services are provided by staff employed by Suffolk Community Health care.

The junior doctors rotate with the acute paediatric department and participate in the out of hour's middle grade on-call rota.

The Children's Community Services have paediatric occupational therapists, physiotherapists, speech and language therapists, community children's nurses, and nurses for children with learning disabilities, who are all housed together within St Helen's House, Ipswich. Facilities for general assessment, child development and clinics for school age children local to this area also take place here. There are links with local Sure Start. The audiology service is based at St Helen's House.

The community services are responsible for providing health services in-put into the school health services as a whole and the special schools within the Ipswich area. In addition to the school health service, community paediatric services are involved in training and supervision of the child health surveillance programme for the district that is principally the responsibility of primary care. Child development services, and, in particular, pre-school assessment are based on the Hospital site in the assessment unit, East Suffolk Child Development Unit

4.2 PAEDIATRIC MEDICAL STAFFING:

Dr Filby is Children's Services Clinical Lead for Ipswich site.
Dr Buck is Paediatric Diabetes lead for Ipswich site.

Ipswich Hospital MEDICAL STAFFING LIST

CONSULTANT STAFF



The paediatric department currently has 10 whole-time equivalent consultant (2 consultants are job sharing).

Dr J. Buck	General paediatrics, diabetes and endocrinology, Audit Lead.
Dr R. Cowie	General paediatrics, Oncology,
Dr M James	General paediatrics, paediatric haematology, Clinical Lead for Neonatology
Dr P Desai	General paediatrics, cardiology, and allergy. Undergraduate Tutor
<i>Dr I Rose</i>	General paediatrics, respiratory medicine, sleep medicine, allergy and cystic fibrosis.
Dr D Fernando	(part time) General paediatrics and Oncology Lead
Dr A McDonald	(part time) General paediatrics, diabetes and endocrinology, RCPCH College Tutor
Dr L Filby	General paediatrics, HDU and acute paediatrics lead, Clinical Lead
Dr P Pai	General paediatrics and Neonatology, rheumatology, governance lead for Neonates
Dr K Moodley	General paediatrics and Neurology, Lead for Epilepsy
Dr. A. Mathew	General paediatrics, cardiology

Specialist Registrars

Five hospital Specialist Registrars and two community registrars contribute to the on call rota. One ANNP and one APNP contribute to the registrar rota.

Associate Specialists

One full time AS, Dr D Herath, who contributes to the acute middle grade rota and one Associate Specialist, Dr I Burgess, who mainly works in out patients specialising in chronic fatigue syndrome and in urinary problems as well as working part time in the community.

Advanced Nurses



Two APNPs work in the paediatric department full time and two ANNPs work on the NNU full time. Training is ongoing of a second ANNP.

Junior Hospital Doctors

Five ST 1-3 trainees in Paediatric

Three FY2 in Paediatrics

One emergency medicine trainee who is undertaking a six month Paediatric attachment at ST3 level.

Six GPVTS trainees

4.3 CLINICAL GOVERNANCE

Clinical Governance is the framework through which the Trust and its staff are accountable for the quality of patient care. It comprises the systems and processes for monitoring and improving services and should include:

- A patient centred approach, which treats patients with courtesy, involves them in decisions and keeps them informed.
- Accountability for quality, which ensures that clinical care, is up to date and effective and that staff are up to date in their practice.
- High standards and safety.
- A programme of continuous improvement in services and care.

It is important to remember that the Governance agenda is mandatory and all staff has a personal responsibility to promote safe standards of care and services as an integral part of activity.

4.4 HEALTH AND SAFETY

All medical and dental staff employed by the Trust are expected to comply with Trust Policy and management instruction with regard to Health and Safety and to Fire Prevention and, in particular, not to do anything that endangers themselves or others.



4.5 CONTINUOUS PROFESSIONAL DEVELOPMENT AND STUDY LEAVE

The Trust encourages its Consultant medical staff to actively engage in their education and development and the grant of study leave is in line with the conditions of service for Medical and Dental staff. Funding for CPD is available through the training budget held by the Postgraduate Department. We are keen for all Colleagues to have areas of their career that they wish to develop, strengthen and to gain more expertise.



SECTION 5

APPLICATION INFORMATION

5.1 Application

Applications are welcomed from those wishing for personal reasons to work part time or those wishing to job share. If such persons are appointed, modification of the job content will be discussed on a personal basis in consultation with consultant colleagues.

Applications to be submitted in the form of

- i. **A completed application form**, submitted via the NHS Jobs website www.jobs.nhs.uk, giving names of three referees and confirmation that you are on the Specialist Register of the General Medical Council, or state the date at which you were awarded, or expected to be awarded, your CCT (or equivalent).

SECTION 6

TERMS & CONDITIONS OF SERVICE

- i) The posts are governed by the terms and conditions of the Consultant Contract for England 2003 and the Trust's policies and procedures.
- ii) The post is offered on a full time basis but candidates who wish to work on a maximum part time or part time basis may also apply.
- iii) The basic salary scale is currently £77,913 rising to £105,042 per annum. (Effective 1st April 2018).
- iv) Annual leave entitlement is 32 days per annum plus 8 bank/statutory holidays. Arrangement to take annual leave must be made with clinical colleagues; clinical lead and the local rota master should be notified accordingly.



- v) Study/professional leave, sick leave, special leave and relocation expenses are in accordance with point (i) above.
- vi) The successful candidates will be expected to hold a higher qualification such as MRCPCH or equivalent.
- vii) Candidates should be on the specialist register, hold the certificate of completion of specialist training, or expect to do so within six months of the interview for the appointment.
- vii) The appointment is subject to pre-employment medical screening.
- viii) The successful applicant will be required to undergo an enhanced Disclosure with the Criminal Records Bureau.
- viii) A job plan for the posts prepared in accordance with Paragraph 30A, 30B and 61 of the terms and conditions of service for Hospital, Medical and Dental staff will be agreed with each appointee, based on the location agreed. This will include 10 PA's. A draft is attached.
- x) Wide experience, suitable qualifications and accreditation are essential and the appointees will be required to live within reasonable access of their hospital base.
- xi) For further information and informal discussions, candidates are invited to make contact with:

Dr Lauren Filby
Lead Consultant in Paediatrics
The Ipswich Hospital NHS Trust
Heath Rd
Ipswich
IP4 5PD

E-mail: lauren.filby@ESNEFT.nhs.uk
Tel: 01473 702182



GENERAL NOTES

CHANGES TO JOB DESCRIPTION

The duties outlined above are subject to changes, after consultation with post holder, which meet the needs of the service as a result of the full implementation of the Trust Plans.

INFORMATION TECHNOLOGY

Employees of the Ipswich Hospital NHS Trust are expected to develop the IT skills necessary to support the tasks included in their post. They will, therefore be required to undertake any necessary training to support this.

HEALTH AND SAFETY

The post holder is required to conform to Ipswich Hospital Policies on Health and Safety and Fire Prevention, and to attend related training sessions as required.

MAJOR INCIDENTS

As the Trust is a receiving hospital for major incident casualties, the post holder is required to conform to Ipswich Hospital protocols and to attend related training sessions as required.

CONFIDENTIALITY

In the course of their duties, employees will have access to confidential material about patients, members of staff and other Health Service business. On no account must information relating to identifiable patients be divulged to anyone other than authorised persons, for example, medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If there is any doubt whatsoever, as to the authority of a person or body asking for information of this nature, advice must be sought from a superior officer. Similarly, no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe these rules will be regarded as serious misconduct, which could result in serious disciplinary action being taken including dismissal.

POLICIES AND PROCEDURES

The duties and responsibilities of the post will be undertaken in accordance with the policies, procedures and practices of Ipswich Hospital that the Trust may amend from time to time.



INFECTION CONTROL

It is the personal responsibility of the post holder to adhere to Ipswich Hospital policies and procedures outlined in the Infection guideline and any other Infection Control policies, procedures and practices which may be required from time to time.

NO SMOKING POLICY

In recognition of the Trust's commitment to health promotion and its health and safety responsibility, the Trust has a no smoking policy that prevents all staff from smoking whilst on duty.

EQUAL OPPORTUNITIES

Ipswich Hospital has a duty to ensure that no existing or potential employees receive less favourable treatment on the grounds of sex, sexual orientation, race, colour, nationality, ethnic origin, religion, marital status, age or disability, or are disadvantaged by conditions or requirements that cannot be shown to be justifiable. This also applies to patients – the Trust has a duty to ensure patients have the right to equal access, care and treatment. All employees are expected to comply with this policy.

DATA QUALITY

The information that you record as part of your duties at the Trust must be 'fit for purpose', reliable and easily accessed by appropriate/authorised personnel. To achieve this standard the information must be: Accurate, Legible (if hand written), Recorded in a timely manner, Kept up-to-date, appropriately filed.

All staff must monitor and take responsibility for data quality throughout the areas of the system used locally, all users maintain timely input, and ensuring that data is checked with the patient, and staff (in relation to their staff record), whenever possible, and to support initiatives to improve data quality.

N.B. Recorded information includes: patient information entered in case notes and entered on any computerised care records system, financial information, and health and safety information e.g. incident reporting and investigation, personnel information recorded in personnel files etc.



Failure to adhere to these principles will be regarded as a performance issue and will result in disciplinary action.

FREEDOM OF INFORMATION ACT 2000

As an employee of ESNEFT, you are required to recognise a request from the public for Trust information and treat the request in accordance with the Trust's Freedom of Information Act 2000 Policy & Procedures.

Failure to comply with this requirement could result in action being taken against the Trust by the Information Commissioner (the overseeing body for the Freedom of Information Act 2000).

