

Heart, Lung and Critical Care Clinical Group

Harefield Hospital; Royal Brompton Hospital; St Thomas' Hospital; Guy's Hospital

Job Profile

Locum Consultant in Respiratory and Transplant Medicine

Harefield Hospital

**site
Harefield Hospital**

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A System of Care

Guy's and St Thomas' NHS Foundation Trust comprises five of the UK's best-known hospitals – Guy's, St Thomas', Evelina London Children's Hospital, Royal Brompton and Harefield – as well as community services in Lambeth and Southwark, all with a long history of high quality care, clinical excellence, research and innovation.

We are among the UK's busiest, most successful foundation trusts. We provide specialist care for patients including heart and lung, cancer and renal services as well as a full range of local hospital and community services for people in Lambeth and Southwark.

We have a long tradition of clinical and scientific achievement and – as part of King's Health Partners – we are one of England's eight academic health sciences centres, bringing together world-class clinical services, teaching and research.

Royal Brompton and Harefield hospitals joined Guy's and St Thomas' in February 2021 and is the largest specialist heart and lung centre in the UK and among the largest in Europe. We provide treatment for people with heart and lung disease, including rare and complex conditions, offering some of the most sophisticated treatment that is available anywhere in the world.

Our integrated approach to caring for patients from before birth, through childhood, adolescence and into adulthood and old age has been replicated around the world and has gained Royal Brompton and Harefield an international reputation as a leader in heart and lung diagnosis, treatment and research.

We are working in partnership with King's Health Partners, to deliver our vision of creating a new centre of excellence, which will be the global leader in the research into and treatment of heart and lung disease, in patients from pre-birth to old age.

We have around 22,700 staff, making us one of the largest NHS Trusts in the country and one of the biggest employers locally. We aim to reflect the diversity of the communities we serve and continue to develop new and existing partnerships with local people, patients, neighbouring NHS organisations, local authorities and charitable bodies and GPs.

We strive to recruit and retain the best staff as the dedication and skills of our employees lie at the heart of our organisation and ensure that our services are of the highest quality, safe and focused on our patients.

Clinical Group mission and approach.

Our mission is to be the UK's leading specialist centre for heart and lung disease. We will achieve this mission through a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, heart failure and advanced lung diseases. Our approach is based on:

- The continual development of leading-edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions

Remaining an autonomous specialist organisation is central to preserving and building our strong clinical and organisational record. However, we are equally convinced of the importance of effective partnerships particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

Organisation

The Heart, Lung and Critical Care Clinical Group Board are constituted as follows:

Non-Executive Members	Executive Members
Baroness Sally Morgan (Chair)	Dr Ian Abbs, Chief Executive
Mr Simon Friend (Deputy Chair)	Mr Lawrence Tallon, Deputy Chief Executive
Dr Felicity Harvey, CBE	Mrs Avinderjit Bhatia, Chief Nurse and Vice President of the Florence Nightingale Foundation
Heart, Lung and Critical Care Clinical Group	
Dr Richard Grocott-Mason, Chief Executive	Dr Mark Mason, Medical Director
Mrs Joanna Carter, Director of Nursing	Mr Robert Craig, Director of Development and Operations
Mr Trevor Mayhew, Associate Director of Finance	Ms Saira Shah, Director of Workforce (HR)
Mr Luke Blair, Head of Communication and Public Affairs	Mr Piers McCleery, Director of Strategy and Corporate Affairs
Mr David Shrimpton, Managing Director, Private Patients	Mr Dan Pembroke, Chief of Staff

The Heart, Lung and Critical Care Clinical Group is a formal sub-committee of the Guy's and St Thomas' NHS Foundation Trust Board, with delegated responsibilities and decision-making rights for the strategic and operational running of its services. These are set out in the Guy's and St Thomas' Scheme of Delegation, and the Trust's Standing Financial Instructions provide the delegation limits with regards to financial decisions.

The Guy's and St Thomas' NHS Foundation Trust Board of Directors holds legal accountability for the Trust including all aspects of the Heart, Lung and Critical Care Clinical Group. The Clinical Group Board provides assurance to the Guy's and St Thomas' NHS Foundation Trust Board of Directors on the overall operational, quality and safety and financial performance of the Heart, Lung and Critical Care Clinical Group, and on the development and delivery of the Trust's strategy for its heart and lung services.

1.4 Harefield Hospital Site

Harefield Hospital (HH) is a regional centre for cardiology and cardiothoracic surgery, and an international centre for adult heart and lung transplantation. It is one of a small number of UK cardiac centres assisting in development of implantable mechanical ventricular assist devices in the management of end-stage heart failure. It also provides a primary intervention service for acute coronary syndromes to selected Trusts and the London Ambulance Service, in outer West London and the Home Counties. It has approximately 1,185 staff, 180 beds with 5 operating theatres, and 4

catheter laboratories.

Harefield Hospital Leadership team

Ian McGovern, Deputy Medical Director, Harefield Heart and Lung Directorate
Vicky Gerovasili, Clinical Lead for Respiratory Transplant Medicine
Fernando Riesgo Gil, Clinical Lead for Cardiology Transplant Medicine
Derval Russell, Harefield Hospital Director
Sunil Bhudia, Clinical Director, Harefield Hospital
Michael White, General Manager, Harefield Hospital
Peter Doyle, Deputy Director of Nursing Harefield Heart and Lung Directorate

1.5 Royal Brompton Hospital Site

The Royal Brompton Hospital (RBH) is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults (Cardiology, Cardiothoracic Surgery, Radiology, and Thoracic Medicine) and Paediatrics. It has approximately 2,081 staff, 296 beds, 6 operating theatres, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. A state-of-the-art diagnostic and imaging centre is due to open in the autumn of 2021. The Hospital benefits from a joint cardiac and respiratory clinical research facility and has strong links both with King's College London/ King's Health Partners and the National Heart and Lung Institute at Imperial College.

1.6 Clinical Governance and Quality

The Clinical Group has an extensive programme of clinical governance and quality. The programme is delivered through the organisation's systems and processes for monitoring and improving services, including sections for:

- Clinical audit and information
- Clinical risk management
- Research and development office
- Infection prevention and control
- Patient feedback
- Clinical Quality and Improvement

Consultant appraisals form an integral part of the process with each consultant undertaking annual appraisal with their line manager. There is also a programme of mandatory training undertaken by all staff.

1.8 Regulation

The Trust was inspected by the Care Quality Commission during Autumn 2018 and the inspection report was published in February 2019. Overall, the Trust was rated by the CQC as 'Good'. Within this rating, Harefield Hospital was rated as 'Good' and the Royal Brompton Hospital as 'Good' and identified several areas of outstanding practice.

1.8 Research and Development

The Group structure for managing research changed in April 2017, with oversight for research being placed within the clinical divisions. In response to this, a new structure was implemented incorporating both operational and strategic aspects. To ensure appropriate delivery and oversight, new Cardiac and Respiratory Research Committees have been established with oversight and focus of operational running of the core facilities.

1.9 King's Health Partners

As part of the wider Trust, the RB&HH Clinical Group partners with King's Health Partners, which provides further opportunities for collaboration and honorary positions for our research experts. King's Health Partners is a very strong and productive collaboration between Guy's & St Thomas', King's College Hospital, South London & Maudsley NHS Trust and King's College London as the academic partner.

King's College London is a leading Russell Group, multi-faculty university with a wide spectrum of academic activities covering medicine, the life sciences, nursing, dentistry, pharmacy, psychiatry, physical sciences, engineering, arts and humanities, business, social sciences and law. The vast majority of medical research and educational activities – including all cardiovascular and respiratory activities - are based within the Faculty of Life Sciences & Medicine, which is one of the largest and most successful centres for biomedical research and education in the UK. It employs almost 1,900 staff (full time equivalent), of which there are 440 academic staff and 800 research staff.

RB&HH colleagues have been invited to affiliate and work with staff within the Life Sciences & Medicine Faculty and at King's College more widely. There are numerous opportunities for exciting collaborations in research, education, innovation for example and tremendous strengths and benefits from these synergies, which are just being explored, RB&HH colleagues are also able to obtain honorary appointments with King's College London too. All partners in the Kings Health Partnership share the same vision of creating a unique and world-leading centre of clinical-academic excellence for cardiovascular and respiratory patients.

1.10 Mentorship

All new Consultants at the Royal Brompton and Harefield Hospitals will be provided a detailed and focussed Trust and Departmental Induction upon their arrival. As part of the local induction, a Professional and Management Mentor will be allocated, with whom the appointee will meet for regular meetings.

2.0 Clinical Services at Harefield Hospital

2.1 General Overview

The Trust's surgical programme makes it one of the largest Cardiothoracic Units in the UK, with the largest Transplant & VAD programme in the UK. The Trust supports a wide catchment area having longstanding referral relationships with clinicians in Beds & Herts, Bucks, Berks, Surrey and the Southwest Peninsula, as well as providing tertiary and quaternary services to referrers across the UK.

Harefield Hospital provides both Cardiac and Thoracic Surgical services including Transplantation and Mechanical Support System (MCS).

At Harefield there are currently 189 beds in the Hospital:

- Critical Care: 24 ITU beds, 5 recovery beds and 10 HDU beds
- Transplant unit: Rowan ward and Fir Tree ward 34 beds, including 10 Transplant HDU beds
- Surgery & Private Patient, Maple, Cedar & Juniper Wards: 60 beds including 4 HDU beds
- Acute Cardiac Care Unit, Oak & Acorn wards: 40 beds
- Cherry Tree Day case ward: 16 beds

2.2 Harefield Trust's Cardiac Surgery & Transplant Services

The Heart Division, Harefield provides a comprehensive service for patients requiring cardiothoracic surgical intervention including:

- Heart & lung failure surgery
- Coronary artery bypass surgery
- Aortic valve surgery
- Mitral valve surgery
- Minimally invasive cardiac surgery
- Aortic surgery

2.3 Surgical Staffing at Harefield

Ms Maria Monteagudo-Vela	(T/M/C)
Mr Espeed Khoshbin	(T/M/C)
Mrs Mohamed Osman	(T/M/C)
Mr Sunil Bhudia	(C) Cardiac Surgery Lead
Mr Toufan Bahrami	(C)
Mr Jullien Gaer	(C)
Mr Shahzad Raja	(C)
Mr Fabio De Robertis	(C)

Thoracic Surgery

Mr Vladimir Anikin (Adult)
Miss Emma Beddow (Adult)
Mr Nizar Asadi (Adult)
Mr Jonathan Finch (Adult)

Speciality Doctors in Transplantation (Organ Retrieval, Surgery) and MCS

Ms Diana Garcia Saez	(T/M)
Mr Bartlomeij Zych	(T/M)

Surgical Junior Staff at Harefield Hospital:

There are 13 clinical fellows (eight cardiac surgery (2 StRs with NTN), five thoracic surgery (1StR with NTN)), 6 surgical transplant fellows, and 6 Core Trainees (may include ST1/2s).

2.4 Transplant Unit Staffing

Dr Vicky Gerovasili, Consultant Chest & Lung Transplant Physician

Dr Martin Carby, Consultant Chest & Lung Transplant Physician

Dr Anna Reed, Consultant Chest & Lung Transplant Physician,

Dr Kavita Dave, Consultant Chest & Lung Transplant Physician

Dr Fernando Riesgo Gill, Consultant Cardiologist, Transplant & VAD

Dr Owais Dar, Consultant Cardiologist, Transplant & VAD Physician

Dr Andrew Morley-Smith, Consultant Cardiologist, Transplant & VAD Physician

The Transplant Unit has both Cardiology and Respiratory SpRs, together with a team of 7 staff physicians and ST1/2s in Physician training programmes, providing support to the dedicated Transplant wards and clinics.

2.5 The Transplant Programme

The Transplant Programme is based entirely at Harefield Hospital. It is one of five National Centres for Heart, Lung and Heart-Lung Transplantation, all of which are also commissioned to provide a "Bridge-to-Transplant" VAD service. Funding arrangements for cardiothoracic organ transplantation and VAD services are the responsibility of NHS England's Highly Specialised Service (HSS) Commissioning Team.

More than 3000 transplants have been carried out since the programme started in January 1980 with a surviving population of just over 1000 patients up to 31 years post-transplant. The unit currently undertakes approximately 75-90 transplant operations per annum. The unit has successfully developed a Non-heart beating programme for Lung Transplant and is developing Ex-vivo lung perfusion transplant programmes to expand the donor pool. The UK's only Live Donor Lobar Lung Transplant programme was launched in 2016 following HTA approval and NHS BT support.

Since 2020 the unit is working in collaboration with NHS Blood & Transplant (NHSBT), Papworth Hospital Trust and Wythenshawe Hospital in Manchester in a national retrieval service evaluation to retrieve and safely transplant hearts from donors who died following circulatory death (DCD) using normothermic ex-vivo support, which allows monitoring and assessment prior to recipient transplantation. This is to support national expansion of the heart donor pool.

The programme is funded to provide VAD implants under the auspices of the Bridge-to-Transplant programme and this volume has grown to currently 76 on going patients who are managed in the community supported by a specialist VAD nursing team.

The Transplant service continues to undergo change and development in response to:

- National guidance affecting transplant practice, including NHS England, NHSBT, CTAG, HTA and NICE guidance
- Shortage of suitable donor organs donated organs and the recommendations of the National

Organ Donor Taskforce and NHSBT's 2020 vision

- NHSBT and NHS England - especially in relation to development of mechanical circulatory support Services
- The European Working Time Directive
- Succession planning for senior clinical staff.

3.0 Support Services

Invasive and Interventional Cardiology

The Cardiology department has four catheter laboratories providing all aspects of invasive angiography, interventional (PCI), pacing and electrophysiology, and biopsy/pacing. Since March 2004, Harefield Hospital has provided a 24/7 Primary Angioplasty Service, receiving around 1200 patients per year as part of the programme. The service continues to expand and has recently been recognised as providing one of the best "door to balloon" times in the UK. The hospital also has a well-established tertiary and quaternary device service delivering close to 300 complex devices per annum including Implantable Cardiac Defibrillators, Cardiac Resynchronisation Therapy and device extraction including the use of laser extraction.

Non-Invasive Cardiology

A comprehensive service is provided which includes stress testing, echocardiography, transoesophageal echocardiography, nuclear cardiology, ambulatory monitoring, 24-hour tapes, ECG's full outpatient cardiac facilities and pacing clinics.

Imaging

The specialist Cardiothoracic Imaging services at Harefield Hospital are of high quality with rapid access to CT. The Department has two 64-slice CT scanners. There is access to both Cardiac and general nuclear medicine scanning on site. MRI services are available with a state of the art on-site unit.

Imaging Services

There are 4 consultant cardiologists currently leading and providing imaging services: Dr Shelley Rahman Haley (Clinical Lead in Echocardiography), Dr Aigul Baltabaeva (Echo and CMR, 0.6WTE), Dr Joyce Wong (Clinical Lead in CMR) and Dr Kshama Wechalekar (Interim Cross-site Clinical Lead for Nuclear Medicine). In addition, there is a busy cardiac CT service led by Dr Ed Nicol and Thoracic Radiology services led by Dr Paras Dalal.

Echocardiography

The Echo Department has a throughput of approximately 14,000 scans/year. In addition to the technical lead/department manager, Mrs Ruth Chester, there are a further six band 7 and one band 6 physiologists. All echocardiographers work only in echo, and the department provides a 6-day/week technical service. The Echo service includes 2 and 3 dimensional transthoracic and transoesophageal services, pharmacological and exercise stress, contrast echo and transcranial Doppler. The stress service is led by Dr Baltabaeva and boasts a new fully-equipped lab with a state-of-the-art tilting bicycle ergometer. The department also provides cover for echo-guided catheter-lab based

procedures including device closure lists once/month, and percutaneous valve interventions (including Mitraclip) as required. The consultants cover theatres as required (mainly for complex valve work) and attend up to 5 MDTs weekly (Joint Cardiology/Cardiothoracic, Complex Aortic Surgical, TAVI, Transplant and Mitral). The department is also committed to the rapid access assessment of patients with possible endocarditis. Dr Rahman Haley has established links with Mount Vernon Centre and runs a Friday morning clinic which is part of the Trust's cardio-oncology service (Lead: Dr Alex Lyon, RBH). There is a sonographer-led valve follow-up service running once/week and elective TOE lists 3 times/week with studies performed under light conscious sedation. The Echo department participates in a large number of local, national and international single and multi-centre studies. Studies currently recruiting include REDUCE-FMR and CASA-AF, and recently completed studies include SERCA-LVAD. There are also ongoing studies within the trust reflecting the research interests of the imaging consultants, including projects on strain imaging in VAD patients and RV function in the transplant population.

Cardiovascular Magnetic Resonance

The Harefield CMR department was established in 2010, performs about 1,500 CMR scans a year, and continues to grow. CMR consultants include Dr Joyce Wong (consultant cardiologist), Dr Tarun Mittal (consultant radiologist) as well as Dr Aigul Baltabaeva (consultant cardiologist). The current service is delivered in the new Imaging Centre (opened 2017) with a 1.5T Siemens Aera. The service is staffed by a Band 8 cross-sectional superintendent radiographer, a Band 7 and a Band 6 dedicated CMR radiographer, and an HCA. The workload is co-ordinated by 3 imaging booking administrators and an imaging secretarial team. The CMR department is aiming towards offering a 7 day service. CMR data are discussed at all relevant MDTs (Joint Cardiology/Cardiothoracic, PCI, Complex Aortic Surgical, Transplant and Mitral). The CMR department also supports a same-day service for specialist clinics including the new cross-site inherited cardiomyopathy clinic, as well as the cardiac oncology service. Research interests include predictors of outcome in our primary angioplasty, advanced heart failure, valve disease and transplant populations.

Cardiac CT

The CT department has a decade of experience in cardiac CT and performs approximately 1,200 CTs per month across the trust, with activity split fairly equally between the two campuses. Of these CT studies 350-400 are cardiac CT examinations and the great majority are contrast enhanced angiograms. The patient mix is complex and includes rapid access chest pain patients through to post transplant and adult congenital cardiac patients. There are two GE CT scanners, one in the new purpose built imaging centre. Cardiac and aortic CT data is presented at all relevant MDTs and forms a key component of the multi-modality assessment pathway.

The nuclear medicine services at all sites sit within the heart assessment unit of the heart divisions for each site together with echocardiography, magnetic resonance imaging and cardiac CT. There is close cooperation with radiology on the Harefield site and with the lung assessment unit at Royal Brompton, which include general radiology, non-cardiac ultrasound and CT. There are directors of cardiology for each site, a cross-site director of heart assessment and a cross-site director of radiology. Each site department of nuclear medicine has a clinical lead and a business manager, and there is a plan for cross-site lead for strategy, research and teaching.

Laboratory Medicine including specialist Transplant Immunology and Histopathology

The full range of laboratory services is provided on-site, across the Trust, or by arrangement with other NHS laboratories. Jackie Donovan is the Consultant Head of the Immunosuppression Monitoring

Service and also provides a national monitoring service for Sirolimus. Paul Brookes is the Consultant Head of the Tissue Typing Service. The Histopathology Service in the Trust is led by Professor Andrew Nicholson, Consultant Histopathologist and Professor of Respiratory Pathology, National Heart and Lung Division, Imperial College, London.

Respiratory Physiology

The Department provides a comprehensive range of investigations.

4.0 Summary Aims for 2021/22

The transplant and cardiac surgery service objectives for the year are as follows:

- To meet the challenges of the elective recovery programme and reduce the backlog of patients waiting for surgery
- To improve quality and outcome after heart and lung transplantation utilizing a double scrubbing model with two senior surgeons in complex transplants
- To introduce a fully funded extracorporeal membrane oxygenation (ECMO) retrieval service (cardiac & respiratory)
- To expand the Ex-vivo lung perfusion (EVLP) programme to support the expansion of Lung Transplantation volumes
- To support and expand the national donation after circulatory death (DCD) programme including direct thoracic procurement using abdominal NRP
- To work with other MCS centres to develop a national clinical network for provision of mechanical circulatory support services to the UK population
- To work with local providers to ensure our survivor programme is offered the high standards of extended care.
- To refine clinical protocols to improve the delivery of efficient and effective clinical care to all transplant and MCS patients.
- To optimise theatre productivity and reduce on the day surgery cancellations through improved optimisation of patients preoperatively
- Improve flow of patients through critical care ensuring beds are available for patients that need them

Royal Brompton and Harefield Hospitals

(Harefield Hospital)

JOB DESCRIPTION

1. Post

This post is a fixed-term 1 year 2 PA Consultant post in Respiratory Medicine and Transplant Medicine to support the service, with the possibility to extend if funding was present

The post holder will be expected to demonstrate commitment to training, research (especially, but not exclusively in the field of Lung Failure, Heart and Lung Transplantation, Intensive Care and ECMO) and the organisation of the Transplant Programme.

2. Location

This is a Trust appointment and the main base is Harefield Hospital, Hill End Road, Harefield, Middlesex, UB9 6JH. The post-holder will be appointed to the service of Royal Brompton and Harefield Clinical Group as part of GSTT NHS Foundation Trust as a whole and may be required to work at Royal Brompton or any of the Trust's associated sites as determined by the duties of the post or as reasonably directed.

3. Accountability

3.1 In respect of the consultant contract, the post holder will be professionally accountable to Dr Ian McGovern, Divisional Director, Harefield, who is responsible for appraisal of the post holder. On a day to day basis, the post holder will be responsible to the Clinical leads of the department.

3.2 The post holder will have professional responsibility to the Medical Director and Director of Research and Academic Affairs for clinical governance and research undertaken within the hospital.

4.0 Job Purpose

4.1 To provide clinical services in Heart and Lung Transplantation, Mechanical Circulatory Support and lung clinical management, in accordance with clinical and legal requirements and in keeping with the international role of the Trust.

4.2 The department provides cardiothoracic transplant and VAD services for patients referred from around the South and West of the UK. Currently around 300 new patients are evaluated for suitability for lung transplantation each year, which takes place in 3 stages through screening of referrals, outpatient assessment and inpatient assessment and then ongoing surveillance of individuals on the current transplant waiting list currently of around 60 patients.

4.3 Lung transplant activity is increasing year on year and the appointee will join the current physician in managing the lifelong follow-up of transplant recipients as well as the assessment workload. This involves multi-disciplinary intensive care unit management post-operatively, inpatient management and life-long outpatient follow-up according to NCG standards.

- 4.4 The appointee will participate in and contribute to the proper functioning and efficient running of the transplant directorate and participate in medical audit. It is expected that the appointee will show a commitment to continuing medical education (CME).

5.0 Clinical Responsibilities

- 5.1 To provide a responsive clinical service to referring Physicians.
- 5.2 To work as a full member of the multi-disciplinary heart and lung transplant team, including participation in the medical rota for transplantation, and the weekly Transplant MDT meeting.
- 5.3 To actively participate in the on-going development of the programme's ECLS service and be responsible for patients on ECLS.
- 5.5 To undertake regular ward rounds to ensure timely safe discharge of patients whenever possible.
- 5.6 The post-holder will be required to contribute to consultant physician cover for the Transplant Unit.
- 5.7 To participate fully in the management of the Clinical Division, and to undertake specific tasks, as agreed with the Clinical Director(s) to improve the management of clinical services.
- 5.9 To be involved in training the team of junior medical staff (including staff physicians) within the Transplant and cardiac surgery services. This will entail teaching, career counselling and guidance in the development of the careers of junior staff.

6.0 Professional Responsibilities

- 6.1 To seek and maintain professional qualifications.
- 6.2 To maintain current knowledge of evolving best practice lung clinical care pathway management and related areas appropriate to carrying out these duties, and to participate in a recognised programme of continuing medical education and professional development.
- 6.3 To liaise with departments of transplantation nationally and internationally, and to foster collaboration with medical equipment, computing and pharmaceutical industries.
- 6.4 To set and maintain high professional standards.
- 6.5 Post holder will have equity in responsibilities, professional duties, and working conditions with existing consultant colleagues.

7.0 Research Responsibilities

- 7.1 Royal Brompton and Harefield Hospitals undertake research of the highest quality in heart and lung disease, which is of relevance to patient care and public policy. Further information about the research activities in the Trust can be found on <http://www.rbht.nhs.uk/research>
- 7.2 Opportunities for research exist and it is expected that the post holder will initiate, lead and co-ordinate activities within the field of lung failure, heart and lung transplant, MCS and an additional area of interest subject to the postholder's individual interests.
- 7.3 It is expected that the post holder will attract research workers and external funding.
- 7.4 It is anticipated that any established research interests of the post holder will be continued and developed.
- 7.5 No research project can commence until it has been properly costed and agreed by both the Research Office and an appropriate Clinical Director, nor, for a project involving patients, without Ethics Committee approval.

8.0 Training and Education

- 8.1 Apart from informal teaching of junior staff working directly with him/her, the postholder will be expected to make a positive contribution to postgraduate medical education within the organisation as a primary responsibility, and undertake teaching of and support for junior doctors as necessary.
- 8.2 Teaching responsibilities will include co-operation with the programmes organised by the National Heart and Lung Institute Division of the Imperial College of Science, Technology and Medicine. It is expected that the postholder will devote the equivalent of at least one session per week to this.

9.0 Managerial and Administrative Responsibilities

- 9.1 To participate in the Clinical Audit programme and Clinical Governance.
- 9.2 To assist with the administration of the Heart Division as designated by the Divisional Director and approved by the Harefield Hospital Director (Mrs Derval Russell) and the Harefield General Manager (Mr Michael White)
- 9.3 To assist in the management of junior and research medical staff and of technical staff according to Trust policies and in line with the requirements of the clinical service.
- 9.4 To maintain effective communication and working relationships with medical, scientific, management, technical and nursing staff, as required for performing the responsibilities of this post. This includes electronic communication within the department, the Trust, and with national and international colleagues.
- 9.5 To assist with the development plans and objectives for the Heart Division and positively contribute to and support the business strategy.

10. Office Accommodation and Secretarial Support

- 10.1 Office accommodation and secretarial support will be provided. Harefield Hospital site is undergoing ongoing development and your office accommodation location may change over time to accommodate the developments.

11. Staff Appraisal & Revalidation

- 11.1 The Trust approach is based on the principle that appraisal and revalidation is an essential part of good practice in managing people. It enables the organisation to ensure employees are able to assist in meeting organisational aims through the process of managing performance and identification of development needs. It also gives staff the opportunity to discuss their performance and development needs with their manager and ensures that they are clear about what they are trying to achieve both in their current role and for the future.

- 11.2 The organisation therefore has a basic requirement of such good practice, which can be audited to ensure that it is achieved. This standard is outline below:

Managers will meet with staff they directly manage, at least once per year on a formal basis, with informal progress reviews at least every six months.

A record of the discussions will be made using the online Appraisal Software.

There is a clear and current agreement about the job plan the employee is expected to do covering the purpose, aims, responsibilities and tasks. Every member of staff will have work-based objectives which link to organisational standards and the business plan of their directorate/department.

- 11.3 Every employee should have a Personal Development Plan (PDP) outlining short and long-term learning and development aims and actions to meet these. The Head of Department, who will also ensure fairness and consistency, will appropriately monitor appraisal to ensure all staff in their area are having an appraisal. The Human Resource department will be responsible for monitoring compliance across the Trust.

All staff who carry out appraisal will be given support and training as required.

12.0 Conditions of Service

- 12.1 The post is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003)
- 12.2 The post is for 2 programmed activities and will be paid according for 2 PAs fixed term for 12 months.
- 12.4 A London Weighting allowance is payable pro-rata'd for 2PAs.
- 12.5 The annual leave year will run from 1st April to the succeeding 31st March. Arrangements for taking annual leave should be discussed and agreed at least six weeks in advance. Any annual leave to be carried over is subject to the General Council Conditions of Service (sect. 1, para 10-14).

- 12.6 The successful applicant will be required to reside not more than 10 miles from Harefield Hospital, unless otherwise agreed with the Trust Board. For on-call commitment, the post holder is expected to be communicable via phone or pager at all times and is able to reach the hospital within 1 hour of being called.
- 12.7 As a whole-time Consultant, the post holder has the right to engage in private practice but will be subject to the provisions governing the relationship between NHS work, private practice and fee paying services set out in the terms and conditions of employment – Consultants (England) 2003. Any arrangements must also conform to the Trusts Standing Financial Instructions, and the guidance set out in the department of Health paper "The Management of Private Practice in England and Wales" (March 1986).

13. Conditions of Appointment

- 13.1 The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations 2005.
- 13.2 Full registration of the General Medical Council will be required, as will inclusion, or eligibility for inclusion, on the specialist register of the General Medical Council.
- 13.3 The Trust Board will indemnify the post holder for all National Health Service work undertaken as part of the contract of employment. Adequate defence cover as appropriate should be taken out by the post holder to provide cover for any work undertaken outside the scope of the indemnity scheme.
- 13.4 Due to the nature of the work of this post it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption Order 1986). Applicants are therefore not entitled to withhold information about convictions including those, which are for other purposes spent under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust.

14.0 Additional Information

- 14.1 Confidentiality
- During the course of your employment you may have access to, see or hear information of a confidential nature and you are required not to disclose such information, particularly that relating to patients and staff.
- 14.2 Data Protection
- In order to comply with the Data Protection Act 1998 you must not at any time use personal data held by the Trust for any unauthorised purpose or disclose such as data to a third party.
- 14.3 You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Trust, unless expressly authorised to do so by the Trust.

14.4 Health and safety

You must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of yourself and others and ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

14.5 Diversity

You are at all times required to carry out your responsibilities with due regard to the Trust's diversity policy and to ensure that staff receive equal treatment throughout their employment with the Trust.

14.6 Risk management

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and, when requested, to co-operate with any investigation undertaken.

14.7 Conflict of interests

You may not without the consent of the Trust engage in any outside employment. In accordance with the Trust's conflict of interest policy, you must declare to your manager all private interests, which could potentially result in personal gain as a consequence of your employment in the Trust. Interests that might appear to be in conflict should also be declared to your manager.

In addition, the NHS Code of Conduct and Standards of Business Conduct for NHS Staff (HSG 93/5) requires you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation or other NHS voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position that may give rise to a conflict between your private interest and your NHS duties.

14.8 Code of Conduct for Professionally Qualified Staff

All staff are required to work in accordance with their professional group's code of conduct (e.g. NMC, GMC, DoH Code of Conduct for Senior Managers).

14.9 Disclosure and Barring Service checks (DBS)

Any applicant who is short-listed for this post will be asked to complete a disclosure form as the post-holder will be required to have contact with vulnerable adults or persons under the age of 18. The successful candidate will be subject to a criminal record check from the Disclosure and Barring Service prior to the appointment being confirmed. The disclosure will include details of cautions, reprimands, and final warnings, as well as convictions if applicable.

14.10 The Trust operates a no-smoking policy.

Note:

The above description is not exhaustive, and may be altered to meet the changing needs of the post and of the directorate. The post holder will be expected to be flexible and to co-operate in accordance with the changing requirements of the directorate and of the Trust.

FURTHER INFORMATION

Applicants are encouraged to view the Department and discuss the post.

Further information can be obtained from:

Vicky Gerovasili

Clinical Lead for Respiratory Transplant Medicine Transplantation and Mechanical Circulatory Support Service

01895823737

Email: v.gerovasili@rbht.nhs.uk

PERSON SPECIFICATION

Job Title: Locum Consultant in Respiratory & Transplant Medicine

Department: Heart Division, Harefield Hospital

Date: June 2021

CRITERIA	D / E	Assessed by
Qualifications / Training Full GMC registration MBBS or equivalent Higher degree (MD, PhD or equivalent) MRCP or equivalent On the Specialist Register of The GMC for Respiratory Medicine or within 6 months of eligibility at the time of interview. Holder of Certificate of Completion of Training (CCT) in respiratory medicine, or within six months of award of CCT or equivalent by date of interview	E E D E E E	A A A / I A A / I A / I
Experience Sub-specialist interest in lung transplantation Experience in managing patients prior and post lung and heart/lung transplantation, including long term follow-up Experience in bronchoscopy, transbronchial biopsy and airway intervention Experience in extracorporeal life support Experience in intensive care treatment Advanced life support training Research experience with significant publication record and contributions to major professional conferences	E E E E E E D	A / I / R A / I / R A / I A / I A / I A A / I
Skills, Knowledge and Abilities Ability to conduct clinical audit Ability to initiate & supervise research Knowledge of Extracorporeal Life Support and intensive therapy management Good interpersonal and communications skills in line with the Trust's Core Behaviours (see appendix one) IT skills and computer literacy	E E E E D	A / I / R A / I A / I A / I A / I
Other Willing to work at both Royal Brompton Hospital and Harefield Hospital sites, and other Trust sites as required.	E	I

Key: E = Essential D = Desirable A = Application I = Interview R = References

Appendix One: Values and Behaviours

Our Values

At the core of any organisation are its values; belief systems that are reflected in thought and behaviour.

We have three core patient-facing values and four others that support them.

Our three core values are:

- **We care**
We believe our patients deserve the best possible specialist treatment for their heart and lung condition in a clean, safe place.
- **We respect**
We believe that patients should be treated with respect, dignity and courtesy and they should be well informed and involved in decisions about their care.
- **We are inclusive**
We believe in making sure that our specialist services can be used by everyone who needs them, and we will act on any comments and suggestions that can help us improve the care we offer.

And the following values support us in achieving them:

- **We believe in our staff**
We believe our staff should feel valued and proud of their work and know that we will attract and keep the best people by understanding and supporting them.
- **We are responsible**
We believe in being open about where our money goes, and in making our hospitals environmentally sustainable.
- **We discover**
We believe it is our duty to find and develop new treatments for heart and lung disease, both for today's patients and for future generations.
- **We share our knowledge**
We believe in sharing what we know through teaching, so that what we learn can help patients everywhere.

Core behaviours for all Trust staff

All staff will commit to:

- Act with honesty and integrity at all times
- Demonstrate respect for others and value diversity
- Focus on the patient and internal and external customer at all times
- Make an active contribution to developing the service
- Learn from and share experience and knowledge
- Keep others informed of issues of importance and relevance
- Consciously review mistakes and successes to improve performance
- Act as ambassadors for their directorate and the Trust
- Be aware of the impact of their own behaviour on others

- Be discreet and aware of issues requiring confidentiality

In addition, all managers and supervisors will:

- Value and recognise the ideas and contributions of all team members
- Coach individuals and teams to perform to the best of their ability
- Delegate work to develop individuals in their roles and realise their potential
- Give ongoing feedback on performance, and effectively manage poor performance
- Provide support and guidance to all team members
- Encourage their team to achieve work/personal life balance
- Actively listen to comments/challenges and respond constructively
- Lead by example, setting high standards
- Ensure that there are sufficient resources for their team and rebalance priorities accordingly
- Provide a safe working environment

Appendix A:

Provisional Job Plan

Day	Time	Work	No. of PAs	DCC or SPA
Thursday (Flexible)	9:00-11:30	Transplant MDT, Clinical Governance and Admin	0.6	DCC
	11:30-13:00	Audit, Training, Research	0.4	SPA
	13:00-17:00	Transplant Clinic	1.0	DCC
Total PAs			2	DCC 1.6 SPA 0.4

- Direct Clinical Care (DCC): 1.6 PAs on average per week (includes clinical activity, clinically related activity, predictable & unpredictable emergency work)
- Supporting Professional Activities (SPA): 0.4 PAs on average per week (includes CPD, audit, teaching & research)

PAs above the 2 PA basic contract are optional and subject to annual job planning review with the Divisional Director.

PAs above the 2 PA basic contract are optional and are subject to annual job planning review with the Divisional Director and Director of Transplantation and Mechanical Circulatory Support.

Important Notes:

- This timetable should be regarded as an outline. Details will be agreed between the successful post holder and the Clinical Director and is subject to alteration.
- Time will be allocated for research, education, clinical audit and administrative duties following discussion with the post holder.
- The post holder's job plan will be reviewed annually with the Clinical Director. This will present several opportunities, one of which is to enable the post holder to review his/her weekly timetable with a view to alterations, which would be of benefit to the Trust and/or meet the professional needs of the post holder.