



Bedfordshire Hospitals
NHS Foundation Trust

Luton & Dunstable University Hospital
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Locum Consultant Physician in General Medicine with a Special Interest in Diabetes and Endocrinology

(10 PAs)

April 2024

Medical Workforce: 📞 01582 718257

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1. Job Description - General Details

Title: Locum Consultant in General Medicine, Diabetes and Endocrinology

Location: Based at Luton and Dunstable University Hospital

Posts: 2 posts (10 PA's each)

Accountable to: Chief Executive - Mr David Carter

Professionally Accountable to: Mr P Tisi - Medical Director

Responsible to: Clinical Director for Diabetes and Endocrinology,
Dr Shiu-Ching Soo

Key tasks:

- Maintenance of the highest clinical standards in the management of all patients presenting to the Hospital.
- To share, with colleagues in the Diabetes and Endocrinology Department the management of all adult patients with Diabetes and Endocrine disorders referred to the Trust. In addition, the post-holder will have the following acute and general medical responsibilities: on a rota with colleagues, the senior input into the Emergency Assessment Unit, Medical base wards.
- To actively participate in both departmental and Trust matters concerning Clinical Governance and audit.
- To have responsibility for and actively participate in continuing professional development (CPD).

2. Person Specification

	ESSENTIAL	DESIRABLE
Training	Training and experience equivalent to that required for UK CCT (or within 6 months of it being issued). Up to date ALS.	
Registration	Entry on GMC Specialist Register in General (Internal) Medicine and Diabetes/Endocrinology or eligibility to enter it within 6 months from the time of the interview and hold a Licence to Practice.	
Qualifications	MB ChB or Equivalent. MRCP	MD or equivalent Higher Degree or evidence of relevant research Ability to supervise postgraduate research.
Clinical Experience	Evidence of thorough and broad training and experience in General Medicine and Diabetes/Endocrinology. Able to offer expert clinical opinion on all aspects within general medicine and Diabetes/Endocrinology. Able to take full and independent responsibility for delivering service without direct supervision.	Expertise and leadership in a sub-specialty area of Diabetes and Endocrinology eg. Diabetes in young adults/ adolescent, insulin pump therapy.
Clinical Effectiveness	Understanding of clinical governance and ability to demonstrate ongoing CPD.	Evidence of implementing relevant evidence based medicine.
	Experience of guideline appraisal.	Implementation of evidence based guidelines.
	Participation in relevant local audits.	Participation in relevant national audits.
	Ability to interpret and apply clinical research.	Recent published clinical research in peer reviewed journal.
Professional interest	An interest which improves the core clinical service for patients with acute medical and diabetic/endocrine problems presenting to the Trust.	
Teaching	Knowledge and ability to teach all grades of trainees and medical students. Understands learner centred teaching.	Has attended Teaching the Teachers or similar course.
Job specific	Able to organise and prioritise workload.	
	An understanding of accountability for patient care.	
	Ability to work as part of a multidisciplinary team	Experience of team leadership.
Management	Evidence of management experience or training.	
	Time management skills. IT literacy.	Ability to share departmental management duties e.g. staff rotas.
Personal skills	Caring, honest and reliable.	
	Able to foster good working relations with staff.	
	Excellent verbal and written skills in English.	
	Ability to co-operate in a democratic team environment.	
	Able and willing to work with consultant colleagues in equitable sharing of clinical, non-clinical and on-call duties.	
Clinical governance	Able to demonstrate a broad understanding of the principles and elements of clinical governance.	
Standards	Has a thorough knowledge and understanding of "Good Medical Practice" from the GMC.	
Domicile	Ability to attend hospital within 30 minutes for purposes of on-call emergencies.	
Police check	Satisfactory DBS check.	
General health	Satisfactory Trust health screening prior to appointment.	

3. Duties of the Post - Consultant in Diabetes & Endocrinology

3.1. General

The appointees will join the well-established department of Diabetes and Endocrinology as part of a service development plan, including the introduction of a Consultant led trust-wide diabetes in reach. The successful candidates will complement the consultant capacity to enable an effective and seamless service for diabetic and endocrinology patients, in in patient and out-patient settings.

Any sub-speciality interest of relevance to a DGH diabetes/endocrinology department will be considered, as is an enthusiasm for teaching, audit and research.

A Needs Based Care (NBC) medicine model has been introduced where timely allocation is predicated on a patient's clinical need and not on age. Early allocation of patients to a speciality team according to their clinical need, improved continuity of care across seven days, with minimal handovers and an identified single responsible consultant is associated with safer practice, improved clinical outcomes and higher levels of patient and workforce satisfaction.

Weekly work commitments will be within the European directives on working hours and will also be influenced by the Royal College of Physicians recommendations, the new consultant contract and specified in the Job Plan. The senior diabetologist in the department will act as the mentor for the new consultants, along with the other consultants in their absence. The department enjoys a very close working relationship and all clinical issues are openly discussed at formal and informal meetings.

The allocation of programmed activities will be based on 8.5 for direct clinical care and 1.5 for supporting professional activities. The detailed job plan will be agreed in consultation with the Clinical Director and the Consultants in the Department, with the approval of the Medical Director and Chief Executive or his/ her representative.

The job plan will be a prospective agreement that sets out a consultant's 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 and managerial responsibilities. It will provide a clear schedule of commitments, both internal and external. In addition, it will provide personal objectives, including details of links to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

The pattern of work may change in the future to meet local changing needs and annual review meetings will take place in line with the new Consultant Contract, job planning and appraisal arrangements.

3.2. Locum Consultant in Diabetes and Endocrinology

The post holders will work with the other Consultants to provide speciality diabetes/endocrinology advice and support to patients within the Trust.

The speciality commitment of this post includes the provision of specialist and general clinics with the associated administration. Currently some of the clinics have dedicated SpR support depending on SpR availability. There is no requirement for formal Educational Supervision of a SpR. Clinics are

3.5 hours with 30 minutes of urgent administration (1.0 PA). An additional 1.5 hours of administration per clinic is allocated.

They will attend multi-disciplinary departmental meetings and will be expected to help support and train the SpRs and other junior medical staff in diabetes/endocrinology/general medicine, and the Clinical Nurse Specialists. Additional SPA in line with Medical Education commitments will be discussed and agreed when the Job Plan is reviewed at 3 months.

Where possible, the post-holders will be encouraged to develop a research interest, compatible with the background of the department and its facilities. Audit will be a mandatory part of the role.

The Diabetes & Endocrinology Clinical Service Line has close links with local General Practitioners and there is an active teaching program for them, and also for all grades of doctors within the Trust. The post holder will be encouraged to continue teaching and training at all levels. Where a consultant takes part in regular teaching other than “on the job” teaching this will be negotiated as part of the job plan review process and additional PAs allocated.

Luton & Dunstable Hospital and Bedford Hospital Trusts have merged to form the Bedfordshire Hospitals Foundation NHS Trust since April 2020. The diabetes/endocrine teams at both hospitals have a long standing close working relationship and have many shared projects and objectives. At present there is no expectation that there is cross site working for consultants in the specialty for direct clinical care duties.

3.2.1. Acute and General Medicine

The General Medical responsibility of this post is to provide ward-based care for one of the general medical wards and other patients admitted under the team, in outlier wards. This in-patient duty is shared with another consultant physician in the team. Currently there are 4 other consultant physicians in the team to share this General Medical ward-based care duty for the team’s designated base ward. This will increase with further recruitment to support the implementation of the Needs Based Care model and seven day working in general medicine.

Currently the Acute Medical responsibility of the post is to participate in the ‘B’ rota, which is a 1:13 rota. The ‘B’ rota consultant provide out of hours general medical cover (up to 78 years of age) together with the physicians of the Department for Medicine for the Elderly (over 78 years - the ‘C’ rota’). Together, the ‘B’ and ‘C’ rota physicians are also available to be called back into the hospital out of hours to deal with clinical problems. This commitment will be reviewed as the Needs Based Care model becomes more established.

These posts will participate in the ‘B’ rota and share the ward based in-patient General Medical work. If review of Acute Medical services leads to change in the Acute Medical duty of this post from ‘B’ rota to ‘A’ rota participation, a corresponding reduction of the ward-based in-patient General medical duty component of the post will be made and adjusted correspondingly.

The acute and general medicine rotas will be subject to review as Needs Based Care implementation progresses.

3.2.2. Diabetes & Endocrinology Clinical Service Line

The Diabetes & Endocrinology Department currently consists of four full time (substantive) and one part time (locum) Consultants in General Medicine and Diabetes & Endocrinology. They have general medial commitments as described above.

3.2.3. The Diabetes Service

The Diabetes service is led by Dr Soo with support from Dr Wong, Professor Banerjee and Dr Lim.

A dedicated Diabetes Centre accommodates the multidisciplinary diabetes specialist team and all its activities including group patient education sessions. The diabetes clinical information system DIAMOND is fully employed by all members of MDT to document all clinical activities and patient consultations, and generates clinic letters. DIAMOND has benefited from a recent upgrade with improved functionality to support service delivery.

The team offers a full range of adult diabetes services and work closely with other specialist often in joint clinic in providing MDT care for young adults, pregnancy including gestational diabetes, diabetic foot disease, insulin pump, elderly care.

There are two local community diabetes services (Luton and Bedfordshire). Luton & Dunstable Hospital is the joint provider for the Bedfordshire integrated community diabetes service (Beds ICDS) with Bedford Hospital. Since the merger between Luton & Dunstable and Bedford Hospital Trusts, the Beds ICDS has come under single leadership of a Diabetes Nurse Consultant. Luton integrated community diabetes service is provided by Cambridge Community services. There is close liaison and joint working between both community teams and with hospital teams with well-established fortnightly MDT meetings.

The service is fully engaged with the commissioners in local implementation groups and is already working jointly in partnership in many projects. This includes the National Diabetes Treatment and Care Programme e.g. structured education, treatment targets.

Dr Soo leads in the diabetes pregnancy service. Dr Wong leads in young adult service and insulin pump service. The foot care service is led by the Prof Banerjee, liaising with the Podiatry team, orthopaedics and vascular surgery teams, together they provide a weekly Multi-Disciplinary Foot Team clinic and foot ward round. Paediatric diabetes is looked after by specialists in the respective department, with regular Joint Transition Clinics for patients moving into the adult service. The Renal Team from Lister hospital provides support for diabetes kidney disease.

There is an active in-patient diabetes service, with daily in-reaching DISN (diabetes in-patient specialist nurses) ward rounds on Emergency Admissions Unit (EAU) and Medical Short Stay Units (MSS). The Diabetes In-reaching component of this post, is part of the implementation of the Needs Based Care model and will further enhance the current DISN service to across the whole Medicine Division. There is also a consultant led internal referral service offering specialist assessment and advice to diabetes in-patients under care of other specialties.

The department was successful in obtaining additional funding from the National Diabetes Treatment Care Programme to expand the Diabetes In-patient Nurse and Multi-Disciplinary Foot Teams. The in-patient diabetes team has won several prestigious national awards for their innovative work. Quality improvement projects are running to improve perioperative care, in-patient maternity care and insulin safety. There is very cooperative working with Bedford Hospital

diabetes team. A cross-site In-Patient Diabetes Management Committee is set up to ensure good hospital wide stake holder engagement in improving in-patient diabetes care. This committee reports to the Trust SCOB (Specialist Committee Oversight Board) and has excellent support from Medical Director and senior leadership.

Patients in this service have direct access to support from Clinical Psychology. The service is provided by ELFT (East London Foundation Trust) and is a fully commissioned referral based service for patients in Luton and Bedfordshire.

3.2.4. The Endocrinology Service

Professor Banerjee, supported by Dr Soo, Dr Wong and Dr Lim currently provides the endocrine service. The area provides a huge number of new referrals for endocrine problems. The department has facilities for dynamic testing and radiological diagnostic facilities. There are 2.6 wte endocrine specialist nurses that provide further support in consultant clinics, nurse led new and follow up clinics and facilitates dynamic endocrine testing.

Pituitary Neurosurgical referrals are sent to Cambridge and UCL (Queen Square) with Pituitary MDT link and the department works very closely with the two units. Post operatively patients are repatriated back for ongoing endocrinology assessment and treatment. Thyroid cancer patients are seen by an MDT from Mount Vernon Hospital. There is a three monthly Joint Adolescent Endocrine Clinic with Dr Nathwani, Consultant Paediatrician.

There is a locally run Adrenal MDT covering selected cases from neighboring Bedford Hospital. A specific Endocrine hypertension clinic is run by Specialist nurse. There is also a Pregnancy clinic run by the Specialist Nurse team managing known and new endocrine diagnosis.

3.2.5. Outpatient Clinic Attendances

Diabetes	New (No. patients)	Follow-up (No. patients)
2023/24	1111	4298
2022/23	1182	3471
2021/22	1247	4160

Endocrinology	New (No. patients)	Follow-up (No. patients)
2023/24	1234	4062
2022/23	1117	3649
2021/22	874	4064

3.2.6. Department Consultant Staff

Consultant	Post	Sub-Specialty interest
Dr Shiu-Ching Soo	Clinical Director and Consultant	Diabetes and Endocrinology Lead for Diabetes Pregnancy Service
Professor Ritwik Banerjee	Consultant	Endocrinology and Diabetic Podiatry
Dr Kah Fai Wong	Consultant	Diabetes and Endocrinology

		Lead for young adult service and insulin pump service
Dr Chung Thong Lim	Consultant	Diabetes and Endocrinology
Dr Oraizi Syed Jafery	Locum Consultant	Diabetes and Endocrinology
Vacant	Locum Consultant	GIM with interest in Diabetes and Endocrinology

3.3. Job Plan for 10 Programmed Activities (PAs)

The job plan will be a prospective agreement that sets out a consultant's 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 and managerial responsibilities. It will provide a clear schedule of commitments, both internal and external. In addition, it will provide personal objectives, including details of links to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

A 10 PA week divides into a minimum of 8.5 PAs for clinical activity and a minimum 1.5 PAs for Supporting Professional Activity (SPA) in agreement with the Clinical and Divisional Directors. The Academy of Medical Royal Colleges estimates that 1 to 1.5 SPAs per week is the minimum time required for a consultant to meet the needs for CPD for revalidation purposes. CPD activities encompass clinical, personal, professional and academic activities. If required and agreed additional SPA time above 1.5 should be linked to organisational objectives, such as, research, clinical management or medical education roles. The Job plan allocation for Clinical Activity and SPA will be reviewed three months after appointment. A diary exercise will provide evidence of activities. Thereafter review will be annual.

Schedule 10 Fee Paying Services (as per Terms and conditions – Consultants (England) 2003) work may be undertaken within the Terms and conditions of Service and may be discussed and revised at time of review.

We welcome applications from candidates who wish to work less than full time.

3.4. Provisional timetable for this 10 PA post.

The General Internal Medicine (GIM) in-patient commitment and the Diabetes specialty in-reaching commitments will rotate in blocks of 4 weeks, to be shared with other consultant colleagues in the department (1:5 frequency). Elective out-patient work commitment in Diabetes and Endocrinology, will be adjusted accordingly during blocks of GIM /Diabetes in-reaching.

Weekend commitment (other than B rota on-call/ post take ward round) for specialty support, is provided for during the GIM block, in the form of phone support (from home or on-site if doing weekend base ward round) for DSN on both Saturday and Sunday.

Additional duties currently include B rota GIM on-call and post take ward round; ward referrals and providing clinical support for the wider diabetes MDT team, are shared flexibly and equitably with other consultant colleagues in the department.

The pattern will be subject to change, in order to fit in with the requirements of the Needs Based Care model in the provision of Acute/ General Internal Medicine and Diabetes specialty in-reaching, as well as availability of out-patient clinic spaces.

3.4.1. Example timetable during GIM block (4 weeks):

	Morning	Midday	Afternoon	Evening
Monday	Board round and ward round (1.0 PA) 8:30 – 12:30	Medical meeting/ clinical governance meeting (0.25 SPAs) 12:30- 13:30	2 nd Ward round/ (0.5 PAs)15:00 – 17:00 Clinical admin (0.5PAs)13:30- 15:00, 17:00 – 17:30	
Tuesday	Board round and ward round (1.0 PA) 8:30 – 12:30	Hospital Grand round (SPA) (0.25 SPAs) 12:30-13:30	OP clinic (diabetes/ endo) (1.0 PA) 13:30 – 17:30	
Wednesday	Board round and ward round (1.0 PA) 8:30 – 12:30		SPA Monthly Clinical Service Line business meeting Bimonthly specialty academic/ clinical meeting (1.0 SPA) 13:30 – 17:30	
Thursday	Board round and ward round (1.0 PA) 8:30 – 12:30		2 nd Ward round/ (0.5 PAs) 15:00 – 17:00 Clinical admin (0.5PAs) 13:30- 15:00, 17:00 – 17:30	
Friday	Board round and ward round (1.0 PA) 8:30 – 12:30		OP clinic (diabetes/ endo) (1.0 PA) 13:30 – 17:30	
Saturday	Weekend morning board round and ward round (either Sat or Sunday) (2.0 PAs)09:00 – 15:00 Phone support for in-reaching DSN (incorporated in above)			
Sunday	Weekend morning board round and ward round (either Sat or Sunday) (2.0 PAs) Phone support for in-reaching DSN (0.33 PAs) 11:00- 12:00			

Total No. PAs - 12.83

3.4.2. Example timetable during Diabetes in-reaching block (4 weeks):

	Morning	Midday	Afternoon	Evening
Monday	Diabetes in-reaching/ ward referrals (1.0 PAs) 8:30 – 12:30	Medical meeting/ clinical governance meeting (0.25 SPAs) 12:30- 13:30	Rest	
Tuesday	Diabetes in-reaching/ ward referrals (1.0 PAs) 8:30 – 12:30	Hospital Grand round (SPA) (0.25 SPAs) 12:30- 13:30	OP clinic (diabetes/ endo) (1.0 PAs) 13:30 – 17:30	
Wednesday	Diabetes in-reaching/ ward referrals (1.0 PAs) 8:30 – 12:30		SPA Monthly Clinical Service Line business meeting Bimonthly specialty academic/ clinical meeting (1.0 SPA) 13:30 – 17:30	
Thursday	Diabetes in-reaching/ ward referrals (1.0 PAs) 8:30 – 12:30		OP clinic (diabetes/ endo) (1.0 PAs) 13:30 – 17:30	
Friday	Diabetes in-reaching/ ward referrals (1.0 PAs) 8:30 – 12:30		Clinical admin (1.0 PAs) 13:30 – 17:30	

Total No. PAs - 9.5

3.4.3. Example timetable during Elective Out-patient block (8 weeks):

	Morning	Midday	Afternoon	Evening
Monday	OP clinic (Diabetes/ endo) (1.0 PA) 8:30 – 12:30	Lunchtime medical meeting/ clinical governance meeting (0.25 SPAs) 12:30- 13:30	Clinical admin (0.75 PAs) 14:30- 17:30 Ward referrals (0.25 PAs) 13:30- 14:30	
Tuesday	OP clinic (Diabetes/ endo) (1.0 PA) 8:30 – 12:30	Hospital Grand round (0.25 SPAs) 12:30- 13:30	Sub-specialty service work (0.25 PAs) 13:30- 14:30	
Wednesday	Clinical admin (0.5 PAs) 09:00- 11:00 Sub-specialty service work 11:00- 13:00 (0.5 PAs)		SPA Monthly Clinical Service Line business meeting Bimonthly specialty academic/ clinical meeting (1.0SPA) 13:30 – 17:30	
Thursday	Rest		OP clinic (diabetes/ endo) (1.0 PA) 13:30 – 17:30	
Friday	OP clinic (Diabetes/ endo) (1.0 PA) 8:30 – 12:30		Clinical admin (0.75 PAs) 14:30- 17:30 Ward referrals	

			(0.25 PAs) 13:30- 14:30	
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Total No. PAs - 8.83

3.4.4. Job plan Summary

Rota Timetable	No. weeks	No. PAs (per week)	Total No. PAs
GIM Block	4	12.83	51.32
In-Reaching Block	4	9.5	38
Outpatient Block	8	8.83	70.64
Total	16		159.96
Mean No. PAs across job plan = (159.96/16) (9.99) 10 PAs			

3.5. On Call & Emergency Duties

There are no additional 'On Call' or emergency duties above those listed in the provisional timetable in section 3.5. Clinicians required to work overnight or during weekends will be given compensatory rest.

3.6. Administrative

The appointee will be encouraged to take an active role in any relevant committees or sub-committees approved by the Trust.

They will be asked to help produce, maintain and update departmental clinical management guidelines in line with evidence based best practice.

Leave is granted in line with Trust Policy.

The successful candidate will have dedicated desk space, within shared office accommodation, with an internet enabled computer and shared secretarial support.

Dr Soo will be responsible for the administration of the department as Clinical Director for Diabetes and Endocrinology. She will represent the department at the Trust Board meetings.

4. Medicine Clinical Service Lines

The Trust has recently re-organised the structure into Clinical Service Lines (CSLs). Each Clinical Service Line has a Clinical Lead/ Clinical Director (CD), Head of Nursing (HON) and General Manager (GM). In addition there is dedicated support from finance, information and HR teams. Each CSL has a monthly service line meeting to provide a forum for discussion and decision making including issues of clinical performance, clinical governance, finances and general service line business. Executive Review Meetings are established to foster continuous improvement of services in terms of quality, performance and financial effectiveness. There is a GIM forum for CDs/ Clinical leads to discuss common issues.

4.1. Emergency Assessment Unit

An Emergency Assessment Unit (EAU) of 22 beds has been established to receive GP and ED specialty referrals. General Practitioner referred patients and patients referred from the Accident and

Emergency Department will be assessed by the EAU medical staff. Short stay patients in Medicine and Medicine for the Elderly (DME) who are expected to be discharged within 8 hours will be managed on the EAU, and within 48 hours in the Short Stay Wards. Patients requiring longer stay or care in a specialist ward will be transferred to the appropriate unit within 48 hours of admission.

A number of management protocols are in place and some suitable patients will follow a pathway direct to the appropriate specialty service e.g. coronary care and acute stroke patients. Patients referred to surgical specialties are seen in a separate Emergency Surgical Unit (ESU).

4.2. Same Day Emergency Care (SDEC)

The SDEC has been established to handle ambulant GP expected referrals for assessment and further management of predetermined pathways (for certain conditions). The SDEC also facilitates early discharge by allowing urgent follow-up of protocol-compliant conditions, and works closely with the nurse-led Hospital@Home service. These two developments have led to a reduction in length of stay and helped manage our bed base.

4.3. Diagnostic Support Services

There are first class support services, including haematology, histology, cytology, clinical chemistry and medical microbiology services.

The Imaging Department currently has 18 Consultant Radiologists, covering all aspects of imaging, including non-vascular intervention. There are also 8 trainee posts (specialist registrars and senior clinical fellows). The department has 2 CT scanners and is currently procuring a third. There are 3 state-of-the-art MRI scanners, a SPECT-CT scanner and a new interventional suite, as well as several digital X-ray rooms. The department delivers a 7-day service. This is a progressive unit, with developing interests in future technology and is involved in piloting the use of Artificial Intelligence in imaging.

4.4. Information Technology

The Trust runs an electronic medical records system. The majority of investigations are now ordered through ICE. All radiology operates through PACS. All hospital-typed clinical correspondence (which is dictated electronically) and case notes are held on Evolve as electronic notes. Notes written in outpatients are scanned into Evolve and destroyed, as are the inpatient clinical records once the patient is discharged. Letters from outside the Trust are also scanned into the relevant section of the notes. Bed management, electronic observations record, electronic prescribing and handover/ take list functions are provided by the Nerve Centre system.

4.5. Teaching/Undergraduate/Post Graduate Medical Education

The Director of Medical Education is Prof Banerjee and there are College Tutors in Anaesthetics, Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Pathology, Radiology, Surgery and local tutors in all other specialties.

As the Luton and Dunstable Hospital is a University Hospital teaching is an integral component of the role. The job includes teaching and training on the wards and in outpatients (On the Job teaching and training). The successful candidates are expected to share in planning of the department's induction,

departmental teaching and training programs for junior medical staff, CNS and medical students. Where a consultant takes part in regular teaching other than “on the job” teaching this will be negotiated as part of the job plan review process and additional PAs allocated.

The department has an active postgraduate teaching programme and the successful candidate will be expected to contribute to the teaching commitment for the junior doctors. There is a regular induction course for all new junior staff. There is a continuing responsibility for the teaching and proper training of the junior medical staff.

Learning from mortality reviews, incidents, complaints and litigation, along with audit presentations are a key part of the teaching and quality improvement programme. Theatres and clinics are cancelled across the division for a half day every other month to enable all teams to come together. The appointee will be expected to attend and contribute to these meetings.

4.6. Mentoring

The new appointee will be assigned a senior consultant who will act as mentor dealing with professional and pastoral difficulties which may arise.

At Bedfordshire Hospitals we recognise that people are happier when they are valued, supported and developed and we have invested in an Associate Medical Director of Medical Advocacy to realise those aims for our consultants. Through our mentoring programme we offer all our new consultants a mentor external to their department to support them in this transition period. In addition we run a New Consultant Development programme which blends workshops and presentations with discussion, offering a chance to network with other consultants new to the Trust. Further leadership development and support is available to you at all times throughout your consultant career and we actively encourage participation in NHS Leadership Academy events.

4.7. Continuing Medical Education/Continuing Professional Development

The Trust is committed to supporting CME / CPD for consultants. There is a Training and Education Task Force at which this specific item is discussed in depth. It is expected that consultants will attend meetings and courses in their area of special interest and that the appointee will register for the CME / CPD programme within the specialty.

4.8. Revalidation

The Trust is committed to supporting medical Revalidation. There is a Responsible Officer (RO) who is fully supported by a team of appraisers and a Revalidation Support Officer, with systems in place to ensure and support annual appraisal and 360/ MSF in line with GMC and NHS-England requirements. The RO and CEO are required to confirm to NHS-England annually that Medical Appraisal & Revalidation are adequately supported. A minimum of 1.5 SPA sessions are allocated to all consultant posts to support Revalidation related activities.

4.9. Quality, Governance and Risk

There is a strong clinical governance system in place in the Directorate. The appointee will contribute to Quality, Risk & Clinical Governance within the department in line with national and Trust strategy/ guidance and CQC requirements and based on evidence and best practice.

The consultant will be responsible for the implementation, monitoring and audit of risk management activity. These issues are discussed at the Clinical Management Team meetings. In addition, the consultant will have individual accountability/responsibility to maintain a safe place of work and safe clinical practice. The identification of potential hazards or risks is a central component of such responsibility.

For the purpose of clinical governance, the appointee will collaborate with other departments and sub-specialists in the region to ensure the highest standards are maintained.

The appointee will be encouraged to develop clinical audit and to have regular departmental audit meetings. In addition, the appointee will be expected to establish agreement with their colleagues concerning management of the workload of the Department.

4.10. Medicolegal

Consultants are expected to investigate complaints and risks on behalf of the Chief Executive Officer and liaise with HM Coroner and other legal advisers over relevant matters. They are also expected to identify and appropriately refer vulnerable adults according to Trust safeguarding policy. Consultants are responsible for the strict control of release of confidential information to third parties and investigation of complaints of malpractice or medical negligence.

4.11. Research

Research interests are encouraged. The hospital has academic links with Bedfordshire University and Hertfordshire University. Dr Nisar is the Director of Research and Development. The new University of Hertfordshire Postgraduate Medical School has been opened with the remit of actively supporting Consultants in pursuing their research interests and to become involved in multi centre research trials.

We are keen to encourage research activity within the Urology Department and candidates with relevant research experience are encouraged to apply. The department has a dedicated research nurse who is able to identify and support relevant national studies/trials. The appointee is encouraged to develop his/her own research interests and to become involved in multi-centre research trials.

4.12. Annual Leave Arrangements and Cover

The appointees will be expected to take annual leave, or other authorised absences, between periods of ward duties, or arrange a mutually convenient swap with colleagues. Outpatient clinics must be cancelled at a minimum of 8 weeks' notice.

Prolonged periods of leave or absence beyond three weeks must be discussed with the Clinical Director and General Manager and leave with locum cover may then be granted in line with existing Trust policies and directives at the discretion of the Clinical Director and General Manager.

Any intended deviation from these arrangements must be discussed with, and approved in advance by the Clinical Director.

4.13. Study Leave

The Trust is committed to supporting CME/CPD for Consultants. Consultants will be allocated 30 days study/professional leave over a 3-year period along with an associated budget for the funding of Study leave.

4.14. Private Patient Facilities

The Cobham Clinic is a thirteen bedded Private Patient facility on the first floor of the surgical block. Two fully equipped consulting rooms are also available for out patients.

4.15. Management Arrangements

Regular attendance at the monthly Clinical Service Line Meetings is an essential requirement to ensure the smooth running of the department. The appointee will be expected to participate in both the planning and development of services and to contribute to the organization and direction of the Department's services to meet the challenges of the NHS review and Trust strategy.

Consultant medical and dental staff play a major role in determining how clinical services are to be developed by the Trust for the local population and will include liaison with the Clinical Commissioning Groups.

5. Application Information

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 can be submitted by visiting the NHS Jobs Website.

6. Further information and visiting arrangements

Telephone contact is welcomed. To discuss the post and to arrange an informal visit to the Hospital by appointment please contact Dr Shiu-Ching Soo, Consultant Diabetologist, Clinical Director or Dr Ritwik Banerjee, Consultant Endocrinologist.

The hospital switchboard number is 01582 491166.

Candidates should note that canvassing any member of the Appointments Committee or The Bedfordshire Hospital NHS Foundation Trust Board will disqualify them from appointment. This should however, not deter candidates from approaching any person for further information about this post.

7. General Information about Luton & Dunstable University Hospital NHS Foundation Trust

The Luton and Dunstable University Hospital NHS Foundation Trust and Bedfordshire Hospital NHS Trust merged on 1st April 2020 to become Bedfordshire Hospitals NHS Foundation Trust. The Luton and Dunstable University Hospital is a medium size general hospital with approximately 660 inpatient beds. It serves a highly diverse geography close to London, is a highly performing Trust with flagship emergency services and a reputation for consistent operational and financial delivery.

The hospital provides a comprehensive range of general medical and surgical services, including Emergency Department and maternity services for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 90,000 admitted patients, over 400,000 outpatients and Emergency Department attendees and we delivered over 5,300 babies.

The L&D has developed a range of specialist services including cancer, obesity, neurophysiology and oral maxillofacial (jaw) surgery. We have the responsibility for treating the most premature and critically ill newborn babies across the whole of Bedfordshire and Hertfordshire in our tertiary level Neonatal Intensive Care Unit (NICU). We also have one of the country's largest breast screening centres.

All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital site. The Trust provides community musculo-skeletal services (MSK) at three locations across the catchment area, including our new Orthopaedic Centre and the chronic obstructive pulmonary disease (COPD) and diabetes services for South Bedfordshire.

Our Vision is:

To attract the best people, value and develop them so that the teams they work in deliver outstanding care to patients



Our Values are:

Teamwork – We work mindfully and collaboratively to create a well-organised, professional, and supportive atmosphere that achieves the best possible outcomes for all

Honesty & Openness – We are open, authentic and have integrity in all we do, reflecting on our actions to improve the quality of care and experience we deliver

Respect – We respect colleagues, patients and carers by actively listening, responding and providing everyone with a voice to create a positive work atmosphere

Inclusivity – We are fair and inclusive, giving access for all by considering and valuing difference and appreciating the diversity within our community and workforce

Valuing People – We value patients, colleagues and carers as individuals by showing care and empathy, working to create a culture where we look after each other's wellbeing

Excellence – We share knowledge, information and support each other to develop, innovate and learn. Always looking at ways we can improve the care, safety and experience of our patients and the sustainability of our hospitals

As a University Hospital medical education continues to be a priority to deliver excellence in teaching and research and ensure that all staff have access to appropriate education and facilities to maintain their competence.

The Trust has a strong and robust clinical management culture; all clinical services are managed by Clinical Directors, General Managers and Head of Nursing.

The Trust will continue to participate actively in the development of new networks of care to meet the needs and expectations of our population at the same time as focussing our energy on maintaining our record of delivering the best care to our community.

For further information: [Annual Reports and Key Documents - Bedfordshire Hospitals NHS Trust](#)

8. Main Conditions of Service

- 8.1.** The appointment will be subject to the Terms and Conditions – Consultants (England) 2003 as approved by the Trust Board and as amended by the Board from time to time.
- 8.2.** The appointment is on a whole-time basis. A candidate who is unable for personal reasons to work full-time will be eligible to be considered for this post. The ability to work part-time only should be indicated when applying and, if such a person is appointed, modification of the job plan will be discussed and agreed between yourself and the clinical director/general manager.
- 8.3.** If the consultant appointed chooses to contract on a whole-time bases and wishes to undertake private practice, this private work must be carried out in accordance with the Code of Conduct for Private Practice.
- 8.4.** Consultants are expected to provide cover for colleagues for leave and other authorised absences from duty upon a mutually agreed basis.
- 8.5.** Arrangements for annual leave: This is arranged by mutual agreement of consultant colleagues and approval of the Clinical Director, in accordance with standard Trust/NHS regulations. It is essential that as a minimum eight weeks notice is given to allow for proper planning and prevent cancellations of patients' appointments / surgery.
- 8.6.** All Consultants have a continuing responsibility for the care of patients in their charge and for the proper functioning of their department, and are required to undertake the administrative duties associated with that responsibility.
- 8.7.** The successful candidate will be required to reside within ten miles or 30 minutes travelling time of the Luton & Dunstable University Hospital NHS Foundation Trust.
- 8.8.** The Trust requires the appointee to have and maintain full and specialist registration with a licence to practice with the General Medical Council. Medical and Dental Staff are advised to continue to be members of one of the medical defence organisations.
- 8.9.** The present salary scale is £93,666 - £126,281 per annum. The successful candidate will commence on the minimum of the scale unless advised differently during the appointment process.
- 8.10.** This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applications are, therefore, not entitled to withhold information about convictions which, for other purposes, are "spent" under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by The Bedfordshire Hospitals NHS Foundation Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.
- 8.11.** Health Questionnaire – Prior to taking up appointment, the successful candidate will be required to pass a Health Assessment from the Occupational Health Department and provide

evidence of Hepatitis B status from a United Kingdom Trust or Public Health Service Laboratory.

8.12. The Trust is committed to carefully screen all applicants who will work with children and vulnerable people and the successful applicant will therefore be required to obtain a Disclosure & Barring Service Check (Police Check). Further information can be obtained from the Medical Workforce Department.

8.13. On appointment, removal expenses may apply to this appointment, which should be claimed within one year of starting in post. For further information, please contact the Medical Workforce Department on 01582 718257.

9. General Notes

9.1. 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.

9.2. Health and safety

The post holder is required to conform to The Bedfordshire Hospitals NHS Foundation Trust Policies on Health and Safety and Fire Prevention, and to attend related training sessions as required.

9.3. Major incidents

As the Trust is a receiving hospital for major incident casualties, the post holder is required to conform to The Bedfordshire Hospitals NHS Foundation Trust Policy on Major Incidents and to attend related training sessions as required.

9.4. 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.

9.5. Policies and procedures

The duties and responsibilities of the post will be undertaken in accordance with the policies, procedures and practices of The Bedfordshire Hospitals NHS Foundation Trust may amend from time to time.

9.6. Infection control

It is the personal responsibility of the post holder to adhere to The Bedfordshire Hospitals NHS Foundation Trust's policies and procedures outlined in the Infection Control Manual and any other Infection Control policies, procedures and practices which may be required from time to time. This is to help achieve the Trust's objective of NO AVOIDABLE INFECTIONS.

9.7. No smoking policy

In recognition of the Trust's commitment to health promotion and its health and safety responsibility. The Trust is a smoke free site.

9.8. Equal opportunities

The Bedfordshire Hospitals NHS Foundation Trust's duty is 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.

9.9. 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.

Recorded information includes: patient information entered in case notes and entered on any computerised care records system, financial information, 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.

9.10. Freedom of Information Act 2000

As an employee of The Bedfordshire Hospitals NHS Foundation Trust, 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).