

Job Description

Consultant Rheumatologist

Table of Contents

Summary: Outline and Purpose of the Post	Page 3
Department of Rheumatology	Page 3
Job Description and Job Plan	Page 6
Person Specification	Page 11

CONSULTANT RHEUMATOLOGIST

Summary: Outline and Purpose of the Post

A vacancy has arisen in the Rheumatology Department and we are looking to appoint a consultant rheumatologist to join our growing and expanding service. The post holder will join a team of rheumatologists and metabolic bone clinicians at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH). There will also be an opportunity to develop a special interest (for e.g., in Metabolic bone disease) in other aspects of rheumatology and related services and to participate in the consultant on-call rota for perioperative medicine, but this is not essential.

RJAH provides services for a population well in excess of 750,000 people from Shropshire, Mid Wales, North Wales, Merseyside, Cheshire, Stoke-on-Trent and Staffordshire. The hospital receives secondary and tertiary referrals from an even wider area.

Department of Rheumatology

The Rheumatology unit serves a population in excess of 550,000 across Shropshire, Mid and North Wales and South Cheshire, offering inpatient, day case and out-patient services from RJAH and outreach clinics. It is a friendly, progressive department, recognised by the Trust for its patient-centred approach and high quality care. It has a financial service line in surplus and has successfully worked in partnership with another provider to win a service tender in the east of the county. The department holds monthly MDT meetings, radiology meetings and patient case reviews and holds quarterly academic meetings with external speakers. The full range of adult rheumatological conditions, including metabolic bone disease is managed here. Transitional clinics for younger patients with rheumatic disorders are in development.

The 7 Rheumatology Consultants are supported by a specialist multi-disciplinary team of nurses, therapists, pharmacists and administration staff.

Acute in-reach and ward consultations are provided at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH), Telford. Outreach clinics are provided at Royal Shrewsbury Hospital, Whitchurch and Ludlow Community Hospitals in Shropshire and Newtown Hospital in Powys. RJAH consultants and a specialist nurse provide the Rheumatology service based at TeMS in Telford, run by Shropshire Community Health Trust. This is part of an integrated community based MSK service which includes orthopaedic, therapy, pain and orthotic services.

There are 2 rheumatology beds on Sheldon Ward, and patients have access to the full range of diagnostics and rehabilitation facilities including hydrotherapy. Drug Infusions and ultrasound guided injections are provided in the Rheumatology Day Case Unit. The Unit currently has approximately 650 patients on biologic agents and this number is increasing steadily.

Seven nurse specialists conduct out-patient clinics alongside the consultants, operate a patient telephone helpline service and supervise the administration of biologic drugs and submission of data to the BSR Biologics Register. Another specialist nurse manages the infusion service team for metabolic and biologic drugs and runs metabolic out-patient clinics alongside the consultants.

There are excellent physiotherapy and occupational therapy facilities at Oswestry with specialist practitioners in rheumatology with expertise in specific fields like hand therapy and MSK rehabilitation. The rheumatology physiotherapist has developed specialist expertise in Ankylosing Spondylitis, and monitors patients on biologics. The Rheumatologists are able to refer patients to the therapy teams at Shrewsbury and Telford hospitals. The rheumatologists and metabolic physicians have access to excellent orthopaedic services. The Consultant in Care of the Elderly Medicine runs Falls clinics and provides general medical cover and rehabilitation service at RJAH. Mentoring for the appointee will be provided by the Clinical Lead in Rheumatology and the Clinical Chair for Specialist Unit.

The job plan is flexible and will be reviewed annually and there will be opportunities to increase the SPAs to provide more support and development for specialist interests and/or cover research activities. There will be a mixture of new and follow-up patients which usually comprises of either 6/7 new in a new patient clinic or 12 follow-ups in a follow-up clinic. In-reach for Shrewsbury and Telford is equally covered and shared between 3 consultants. Further development and increase in activity will be considered following appraisal with clinical Lead.

Department Staff:

- Consultants:
Dr Ayman Askari, Clinical Lead for Rheumatology
Dr Chadi Rakieh, Clinical Lead for Metabolic Bone
Dr Roshan Amarasena
Dr Omar El-Gaby (based at Telford)
Dr Rameez Arif
Dr Roger Bucknall
Dr Amol Sagdeo
- Specialty Doctors
Dr Julia Flint
Dr Zaw Ya
Dr Raghvendra Prasad Patil
- Registrar
- Specialist Nurses
Sandra Hooper
Julie Huxley
Emma Devitt
Nicola Drury
Kate Williams-Davies
Lucy Richmond
- Nurse Support
Lorraine Ridge
- Specialist Physiotherapists and OT
- Specialist rheumatology Pharmacist
- Secretarial and Booking Staff

The team is supported by Managers in Rheumatology and Metabolic Service under Specialist Unit.

Diagnostic Facilities

There is a full radiology service including 2 MRI scanners, ultrasound and nuclear medicine, with a focus of expertise on musculoskeletal imaging. There is a weekly Rheumatology Ultrasound Clinic for early inflammatory arthritis. Bone densitometry is provided at RJAH, with general and specialist laboratory support facilities on-site.

District services provided on-site include care of the elderly inpatient beds (managed by this Trust); Diagnostic Assessment and Rapid Treatment (DAART) unit run by Shropshire Community Health Trust as well as a midwife-led maternity unit managed by Shrewsbury and Telford Hospital NHS Trust (SaTH).

Other services include physiotherapy (including on-site hydrotherapy) and occupational therapy, orthotics, rehabilitation engineering, plus speech therapist and dietician posts linked with Shropshire and Telford Hospitals Trust.

Specialist Unit**Medical Staff**

Sheldon Ward has 15 beds allocated to Care of the Elderly services with an experienced ward-based rehabilitation team. The doctors form the perioperative on call rota for the hospital.

Staff

- Consultant Physician
- 2 Associate Specialists
- 5 Specialty Doctors
- GP Trainees X 3

Other Hospital Services

Other hospital services include the Midlands Centre for Spinal Injuries (MCSI), Leopold Muller Arthritis Research Centre, neuromuscular disorders, ORLAU (Orthotic Research and Locomotor Assessment Unit), gait laboratory, spinal disorders centre, and paediatric orthopaedic rehabilitation. All orthopaedic subspecialties are provided including acute hand surgery, complex revision arthroplasty and bone tumour service.

Training and Education

RJAH is world renowned as a postgraduate teaching institution and provides for the West Midlands orthopaedic specialist registrar training program and spinal injuries rehabilitation medicine training. Shropshire based GP trainees rotate to RJAH. There are Rheumatology and Paediatric Neurodisability SpR based at RJAH, regular radiology SpR placements take place and anaesthetic attachments are also arranged here.

The Institute of Orthopaedics is an independent charitable body which is responsible for funding much of the research and postgraduate educational activity. Comprehensive library facilities, available 24 hours a day and on-line, are situated within the Institute building together with a well-equipped lecture theatre. Medical photography/illustration provision is exemplary.

The appointee is expected to contribute to the training and teaching of nursing, medical and other staff involved in delivering inpatient and outpatient medical care. Job holders will be expected to ensure they remain validated and committed to updating their CPD (Continuing Professional Development) and they must also commit to revalidation. The team are extremely experienced and a mentor (normally the clinical lead or a senior member of the team) will be assigned to you to support you in your induction and throughout your employment.

Research

There are several research teams at the hospital with interests that include aspects of rheumatology, metabolic bone disease, muscle disorders, joint reconstruction, rehabilitation and spinal injuries as well as orthopaedics. The hospital has the Leopold Muller Arthritis Research Centre on site. There are formal research and academic links with Keele University and with the clinical services at the University Hospital of North Staffordshire, Stoke-on-Trent.

Shropshire and the Local Hospitals

The population of Shropshire and mid-Wales together exceeds 600,000. Shropshire and Telford Hospitals NHS Trust is based on two main sites - the Princess Royal Hospital, Telford and the Royal Shrewsbury Hospital with a number of local hospitals serving the rural areas. The Wrexham Maelor Hospital, located some 20 minutes north of RJAH also provides full DGH services. A strategic review of health and health care services within Shropshire, Telford and Wrekin is in progress – changes to the provision of both acute and community based services are likely to emerge.

Shropshire is the largest inland county in England in the most western part of the West Midlands Region, bordering mid- and north Wales. It is a beautiful, predominantly rural county with low population density and some dramatic landscapes. There is good reasonably priced housing stock, a wide choice of schools and research of recreational opportunities. There is quick access to the national motorway system, south via M54 motorway, which starts just outside Shrewsbury, or north to Chester and M53/M56. There are reasonable rail links from Gobowen via Shrewsbury or Chester to the national network, and direct trains to Birmingham International.

Job Description and Job Plan

Job Details

Title: Consultant Rheumatologist

Contract: The post is available on a full time basis (10 programmed activities) with an additional remuneration if the post holder opts to join the Consultant Medical rota.

Department: Rheumatology

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

Registration Requirement:

It is a condition of your employment that you are, and remain a fully registered medical practitioner and are included on the Specialist Register held by the General Medical Council (GMC), and continue to hold a license to practice.

Organisational Arrangements:

Accountable to:

Medical Director	(professionally)	Dr Ruth Longfellow
Clinical Chair	(reporting)	Mr Birender Balain
Clinical Lead	(reporting)	Dr Ayman Askari
Operational Manager	(managerially)	Miss Kelsie Roberts

Responsible for:

Delivery of patient care through Rheumatology service

Main Duties and Responsibilities

The 2003 Consultant Contract defines the categories of work as:

- Direct clinical care (DCC)
- Supporting professional activities (SPA)
- Additional NHS responsibilities
- External duties

This section covers the main duties and responsibilities of the post and outlines the allocation of programmed activities to direct clinical care and supporting professional activities. A detailed job plan will be agreed with the appointee in line with the consultant contract terms and conditions and the Trust's relevant job planning and other guidance policies. Additional NHS responsibilities and external duties cannot be agreed prospectively but considered after appointment and agreed at subsequent job planning reviews.

Clinical Care

- Provision of rheumatology clinical activity, predominantly related to early diagnosis and the ongoing management of inflammatory arthropathies and osteoporosis
- There will be scope for developing an area of special interest.
- Liaise constructively with other healthcare and social care providers to ensure effective inter-specialty and interdisciplinary team working.
- Provision of rheumatology inreach at Royal Shrewsbury Hospital and Princess Royal Hospital to see ward referrals.
- If the candidate is interested, there is an opportunity to join the medical on-call for inpatients at RJAH which is currently shared between 3 consultants providing supervision to a team of senior middle grade doctors. The on-call does not involve Acute unselected take and is solely for supervision of the medical issues that arise for the inpatients at RJAH. An additional 0.5 PA session will be added with a supplementary banding, should the candidate opt for on-call.

JOB PLAN: Programmed Activity Allocation

The allocation of programmed activities to direct clinical care and supporting professional activities is tabled below. The following scheduling provides potential applicants with an indication of the current weekly scheduling of direct clinical care activities. The scheduling of these activities is subject to alteration by the Trust, in accordance with clinical development or changes in service delivery and following discussion with the post holder through the Trust's job planning process.

Scheduling and Flexibility

Most PAs will be scheduled within a fixed timetable with clinical activity linked with that of various wards or clinics, multidisciplinary team, and other colleagues. The weekly timetable below is an indicative template subject to amendment.

Weekly Timetable							
		Time	Activity	Location	Hours	DCC	SPA
Monday	AM		Outpatient Clinic	RJAH	4	1	
	PM		MDT Meetings	RJAH	4	1	
Tuesday	AM		Outpatient Clinic	RJAH	4	1	
	PM		Patient Admin	RJAH	4	1	
Wednesday	AM		Travel from RJAH to location		0.75	0.2	
	AM		Outpatient Clinic	RSH/Telford/Whitchurch	3.25	0.8	
	PM		Outpatient Clinic/Ward referral	Euston House/PRH/RSH	3.25	0.8	
	PM		Travel from location to RJAH		0.75	0.2	
Thursday	AM		SPA	RJAH	4		1
	PM		Patient Admin/Audit Research/Advice Guidance/SPN Supervision	RJAH	4	1	
Friday	AM		Out-Patient Clinic	RJAH	4	1	
	PM		SPA	RJAH	4		1
Weekly Average PAs						8	2
TOTAL							10

Clinic sites include Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH), Oswestry; Royal Shrewsbury Hospital (RSH), Shrewsbury; Princess Royal Hospital (PRH)/Euston House, Telford; Whitchurch Community Hospital, Whitchurch and Ludlow Community Hospital, Ludlow.

The appointee will be expected to see 6/7 new patient referrals or 12 patient follow-up appointments per clinic (or pro rata for mixed).

Inpatient admissions are very infrequent in Rheumatology, however in the small number of in-patient admissions there is ample time for the consultant to review in their Patient Administration sessions with the support of the Specialty Doctor.

Patient administration time is allocated for reviewing results, dictation of clinic letters, reporting and correspondence.

Office and Secretarial Support

The appointee will have a shared office with personal computer, facilitating access to the Trust Electronic Patient Record (EPR) and imaging (PACS) systems, hospital intranet and internet resources. They will have medical secretarial support. The administration staff works as a team to support the department and the appointee will have a named medical secretary to support.

On Call

The Medicine Division provides a medical on-call rota of middle grade doctors for perioperative medicine. Consultant-led medical advice is provided by the rheumatology and Care of the Elderly consultants. The post holder can choose to join this rota if he or she has experience in general internal medicine (MRCP or

equivalent plus regular updates in general medicine/acute medicine), which will mainly involve telephone advice and occasional out-of-hours visits to the hospital. There will be additional remuneration for this role.

Clinical Governance

To ensure that the requirements of clinical governance are met, the post holder will be expected to:

- support effective systems of clinical governance, contribute to the collection, processing and analysis of data necessary to support clinical and service audit.
- participate in trust schemes for risk assessment, critical incident review, adverse drug reporting, audit meetings, patient surveys.
- maintain standards of record keeping; help to facilitate the implementation and development of electronic patient record systems, as a means of sustaining/improving the quality of clinical information and effecting audit/improved patient care in practice.

Professional Self-Regulation and Continuing Professional Development

The post holder will take responsibility for his/her own continuing professional education/development in accordance with guidelines set out by the appropriate college or professional body, maintain knowledge and skills in relevant areas of professional responsibility, and safeguard professional standards of conduct and practice.

Appraisal (and Revalidation)

Undertake annual appraisal and job plan review with the clinical manager in accordance with the Trust policy. Maintain appropriate records to facilitate the appraisal process and, when clarified, the relevant documentation to satisfy revalidation procedures.

Mentoring

Any of your consultant colleagues will be happy to offer clinical support and guidance to ensure you are well supported especially in the first year of appointment.

Revalidation

The Trust has the required arrangements in place to ensure that all surgeons have an annual appraisal with a trained appraiser and supports surgeons going through the revalidation process.

Job Planning

Participation in the job planning process with the clinical manager is an essential requirement, based on a partnership approach as set out in Schedule 4 of the terms and conditions of service for doctors.

Education and Training

Contribute to the training and teaching of the Rheumatologist Specialist Nurses (eg as they are undertaking the prescribing qualification), medical and other staff involved in delivering inpatient medical care. (There are no undergraduate teaching requirements).

Management and Service Development

The post holder will demonstrate and develop clinical leadership. He /she will contribute to the necessary developments and improvements in clinical services to meet clinical activity demands, ensure efficient use of NHS resources, implement relevant clinical guidance and best practice and improve/innovate the configuration of clinical services. Also, he/she will develop measures of quality and clinical activity relevant to patient centred musculoskeletal medical care.

Main Conditions of Service

The post is covered by the 2003 National terms and conditions of service for Consultants.

Subject to the provisions of the terms and conditions of service, the post holder will be required to observe the Trusts agreed policies and procedures drawn up in consultation with the profession of clinical matters and to follow the local and national employment and personal policies and procedures.

The appointment will be subject to a satisfactory medical examination and Criminal Records Bureau Disclosure.

RISK MANAGEMENT AND NHSLA GOOD PRACTICE

Risk Management involves all staff to identify circumstances and practices which put patients at risk of harm, and then acting to both prevent and control these risks. Staff are required to improve the quality of care by identifying, reporting and analysing actual and potential adverse events through the trust's Clinical Incident Reporting system.

Central to every clinician's practice should be the control and reduction of risk by changing clinical and organisational practice in order to eliminate or reduce adverse events.

All clinical staff are required to familiarise themselves with the Trust's Clinical Risk Management Strategy and all other Clinical Risk policies and guidelines, including the Trust's Complaints Procedure. (These documents are available on the Trust's Intranet Site).

HEALTH AND SAFETY

All employees of the Trust have a statutory duty of care for their own personal safety and that of others who may be affected by employee's acts or omissions. Employees are required to co-operate with management to enable the Trust to meet its own legal duties and to report any circumstances that may compromise the health, safety and welfare of those affected by the Trust undertakings.

This requires the following:

- Compliance with the Health and Safety at Work etc Act 1974 and the Management of Health and Safety Regulations 1999 and any other relevant safety regulation.
- Being familiar with and following the provisions of the Trust's Health and Safety Policy and all other policies, procedures and safety rules of the Trust and your specific work place.
- Co-operating with all measures the Trust takes to maintain a safe working environment. This includes using manual handling equipment, wearing personal protective equipment, etc.
- Compliance with all instruction and training given by members of the Trust relating to health and safety.
- Bringing to the attention of the Trust any situation considered to be a serious and imminent danger; also reporting any other perceived shortcoming in the Trust's health and safety arrangements.

INFECTION CONTROL

It is the responsibility of all medical staff, in accordance with The Health Act 2006, to:

- Ensure high standards of hand hygiene and that good practices in infection control are promoted and maintained in their area of control.
- Co-operate with all efforts to reduce and/or eliminate the risk of spread of undesirable/infectious organisms.
- Adhere to the appropriate policies regarding screening, admission and transfer of potentially infectious patients.
- Report to their Manager and Occupational Health all incidents of sharps injuries where the sharp is contaminated with blood or serum.
- Participate in any screening programmes initiated by the Director of Infection Prevention and Control.

- Protect the health and safety of patients and other staff by informing their Manager and/or Occupational Health before reporting to work with transmissible harmful/potentially harmful conditions.

Infection control should be routinely covered within the annual appraisal process.

CONFIDENTIALITY AND INFORMATION SECURITY

As a Trust employee, you are required to uphold the confidentiality of all records held by the Trust, whether patient records of Trust information. This duty lasts indefinitely, and will continue after you leave the Trust employment. Please ensure that you are aware of, and adhere to, the standards described in the Trust's Confidentiality Policy as you are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment), and the practice business and this obligation shall continue indefinitely.

A breach of this requirement will be regarded as gross misconduct and as such will be grounds for dismissal, subject to the provision of the disciplinary procedure.”

This does not affect your rights and obligations under the Trust's Openness Policy.

RECORDS MANAGEMENT

As an employee of the Trust, you have a legal responsibility for all records (e.g. including patient records, financial, personal and administrative) that you create or use as part of your work within the Trust. The records may be paper, electronic, microfiche, audio, videotapes or x ray images etc. All such records are considered public records (under the Public Records Act 1958). You must consult your manager if you have any doubt as to the correct management of the records with which you work.

GENERAL

This job description does not attempt to describe all the tasks the post holder will undertake. It does indicate the degree of authority, range of duties covered and the flexibility required for the job.

This job description may be amended in consultation with the post holder as developments evolve, and as part of the appraisal process.

You have a responsibility for ensuring that you are committed to maintaining a high quality service to patients by continual development of practice in the light of research evidence, National Service Frameworks, NICE Guidance and Clinical Guidance and by audit against clinically relevant standards.

This job description is not an exhaustive list of duties as the post-holder will also be expected to undertake any other duties commensurate to the banding.

PERSON SPECIFICATION: CONSULTANT RHEUMATOLOGIST

	Essential	Desirable
Qualifications	Full GMC Registration with license to practice and with no restrictions on practice Entry on the GMC Specialist Register in Rheumatology, via CCT or CESR - Proposed CCT/CESR date must be within 6 months of interview European Community Rights Primary Medical Degree MRCP (or Equivalent)	Further higher qualification. General Internal Medicine
Experience Skills and Competencies	Currently practicing Demonstrable competency in the management of patients with rheumatic disease and the delivery of those services. Wide experience in aspects of rheumatology.	Involvement in the development of, or experience of establishing and developing rheumatology services – in acute and/or community settings. Current general medicine clinical practice including managing patients in high dependency setting.
Training	Comprehensive general professional training through medical specialties. Higher professional training in Rheumatology.	Training in aspects of osteoporosis. Community or population based clinical services – organisation and evaluation.
Academic achievement, research and publication. Teaching experience.	Exposure to research; some teaching, presentation and publication experience.	Academic training together with research and publication. Involvement with assessment, appraisal and postgraduate education.
Audit, Clinical governance, Information Technology, Management	Audit used in practice; exposure to clinical governance, routine computer and internet usage.	Evidence-based practice and guideline development experience. Interest in development of electronic patient record systems.
Clinical leadership	Basic understanding and practice of clinical leadership [with reference to the clinical leadership framework: personal qualities, working with others, managing services, improving services, setting direction] Demonstrates what makes teams work effectively	Competence, demonstrated through experience, in managing & improving clinical services; setting direction for service developments. Practical experience of clinical service evaluation and review.
Attributes	Good communication skills; ability to work under pressure; team working and people management skills essential. Ability to organise resources effectively – including self.	Team enhancing leadership skills. Service and specialty development.