

CONSULTANT in General and Colorectal Surgery (including Cancer)

Job Description

Trust Profile

About us

At Sandwell and West Birmingham NHS Trust everyone matters, and our patients matter most. As one of the largest provider organisations in the NHS, with an annual income of over £630 million, we employ over 7,000 colleagues. The Trust provides community and acute services to nearly 700,000 people in an urban centre that demands massive regeneration and has substantial premature mortality.

We do many things well; the Trust has won awards for staff wellbeing and sustainability and we have recently adopted the Fundamentals of Care framework which is part of the Trust's strategic objective for patients and supports building better care and experience for both patients and colleagues. This approach is about everyone in our organisation working together to deliver high quality care. We all play a part in how care is delivered, regardless of the role we do.

The Trust is an education provider of note and is looking to grow further our research portfolio on a multi-national basis.

Our organisation

We provide services from two main acute sites: the City Hospital on Birmingham's Dudley Road site and from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick. The Trust includes the Birmingham and Midland Eye Centre (BMEC a supra-regional eye hospital), the regional specialist centre for Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service, all based at City. The Trust has three Emergency Departments, at City Hospital, Sandwell General and an eye ED at BMEC.

Our Vision and Strategic Plans

Our new acute hospital, the Midland Metropolitan University Hospital (MMUH), opens in 2024 and will provide care to our local population from first class, purpose-built premises. The development of the new hospital will play an important role in the regeneration of the wider area and in improving the lives of local people and reducing health inequalities.

Our future strategic objectives will take account of the context of integrated care system and integrated care place development and the national plans for the NHS in England.

They will also reflect the needs of the organisation in terms of restoration and recovery, as well as our key priority, to deliver the Midland Metropolitan University Hospital.

The strategic objectives cover:

1. **Our People** – to cultivate and sustain happy, productive and engaged staff
2. **Our Patients** – to be good or outstanding in everything we do
3. **Our Population** – to work seamlessly with our partners to improve lives

Values

We have developed a new set of values and are currently working with colleagues across the Trust to agree the behavioural framework to go alongside these.

- Ambition
- Respect
- Compassion

Investing in the future

Serving a community of nearly 700,000 people, our ambition to be renowned as the best integrated care organisation in the UK is an ambitious one. We manage four GP practices and have one of the largest UK sub contracted community portfolios. Through place based redesign, we will concentrate on the first and last 1000 days of life over the next few years. We are forming governance structures to oversee this with an independent Chair already appointed.

Our public health ambitions and long term provider to provider arrangements with some significant primary care businesses give us the opportunity to redesign care pathways in both planned and urgent care this year.

We deployed a new electronic patient record in 2019, and have an ambitious digital road map that will put us as leaders in digital healthcare delivery.

Midland Metropolitan University Hospital

A community of half a million is eagerly anticipating the brand new Midland Metropolitan University Hospital.

The opening will be the beginning of a fresh chapter in our ambitious journey to be the nation's leading provider of integrated care.

As well as being the closest adult hospital to Birmingham's busy city centre, Midland Metropolitan University Hospital will offer dedicated maternity and children's services. Crucially, it will bring together teams who provide acute, emergency care, in line with the views expressed in our public consultation.

This exciting new building has been designed with room to grow. What's more, we are retaining buildings and wards at Sandwell Hospital for future development.

The majority of outpatient services will still be provided at Sandwell Hospital, the City Hospital site and Rowley Regis.

City Hospital will house three key facilities: the Birmingham Treatment Centre providing outpatient, day case and diagnostic services. The Birmingham and Midland Eye Centre,

and the Sheldon Block will provide intermediate care services. The Sandwell site will house the Sandwell Treatment Centre, intermediate care beds, and a new 24-hour urgent care centre.

All of which mean that our communities will benefit from truly excellent facilities in the years ahead.

This means that our acute care offer will be enhanced by the opening of the new hospital, which will enable workforce development and planning for consultant-led seven day services bringing two acute sites into a single state-of-the-art hospital. Consequently, the new hospital is an exciting prospect for those who wish to join our organisation to redesign pathways and lead the Trust in delivering transformed services in the new setting.

For more information about the new hospital, please visit <https://www.swbh.nhs.uk/midland-metropolitan-university-hospital/>

Organisation Structure

The Trust Board comprises seven Non-Executive Directors and seven Executive Directors, including the Chief Executive Officer, five of whom are voting directors.

Sir David Nicholson	Chairman
Richard Beeken	Chief Executive
Johanne Newens	Chief Operating Officer
Dr Mark Anderson	Chief Medical Officer
Mel Roberts	Chief Nursing officer
Dinah Mclannahan	Chief Finance Officer
Kam Dhami	Chief Governance Officer (Non-voting)
Frieza Mahmood	Chief People Officer (Non-voting)

In addition to our Board, five further directors form part of the Chief Executive's leadership group:

Daren Fradgley;	Chief Integration Officer
Martin Sadler;	Executive Director of IT and Digital
Ruth Wilkin;	Executive Director of Communications
Rachel Barlow;	Chief Development Officer
David Baker;	Chief Strategy Officer

The Trust delivers its services through five Clinical Groups:

- Primary Care, Community and Therapies
- Women's and Child Health
- Medicine and Emergency Care
- Surgical services
- Imaging and Pathology

Social media



SWBHnhs1



SWBHnhs



SWBHnhs



SWBHnhs

#SWBHstory
#SWBHfamily

The story of our Trust

You can find out what makes us tick by looking at our website www.swbh.nhs.uk and our social media channels where you will see some of the following content:

[Sandwell & West Birmingham NHS Trust - YouTube](#)

[SWB NHS Trust \(@SWBHnhs\) / Twitter](#)

[SWB NHS Trust \(@SWBHnhs\) / Twitter](#)

[#SWBHstory - Twitter Search / Twitter](#)

GENERAL DESCRIPTION OF THE POST

This post is a replacement role for the post of Consultant General & Colorectal Surgeon. We are looking for enthusiastic and dynamic general and colorectal surgeon who is confident in providing a wide range of colorectal practice (including cancer surgery), general and emergency surgery and endoscopy. The successful applicants will become part of a team of 8 consultant colorectal surgeons (2 benign), 4 consultant upper GI surgeons and 2 consultant general surgeons.

Cancer surgery forms a key role for these posts. The successful candidate would be a key member of the MDT. Our trust has recently acquired a Da Vinci Xi dual console robot with one surgeon trained. We will have access to Robotic theatres for up to 3 days a week and the ambition of department is to have more robotic surgeons. Experience and proven track record in robotic surgery would be particularly desired.

Experience in laparoscopic gall bladder and hernia surgery would be beneficial but not essential. As a department we would support development of services and any specialist interest would be encouraged. JAG accreditation in lower GI endoscopy would be desirable.

The General Surgery department is complemented by 4 colorectal cancer/stoma specialist nurses, 3 pelvic floor specialist nurses, 6 Specialist Registrars (StR with NTN), 5 Trust Grade registrars, 2 research registrars, 6 SHO equivalents and 1 Surgical Care Practitioner. You will be joining a team with a well-established laparoscopic Colorectal practice with >85% of elective resections performed by laparoscopic approach with a low conversion rate.

Operations including malignant and benign colorectal resections are routinely performed through minimal invasive approach) in addition to routine general surgical procedures such as laparoscopic cholecystectomy, laparoscopic hernia repairs, complex abdominal wall repair and benign proctology (including VAAFT) are routinely performed in the department.

The department would be very happy to support delivery or development of any subspecialty interest including academia. In addition, mentoring support is offered to all new starters both at a departmental level and by the trust.

We also have a busy functional bowel service supported by ano-rectal physiology, endoanal ultrasound, regular MDT and three specialist functional bowel nurses.

We have a well established Enhanced Recovery Programme and monitored level 1 beds on the surgical ward supported by Anaesthetics, ITU, pain service and geriatrics. We have a Straight-to-test service for 2 week wait referrals supported by the colorectal specialist nursing team and we support novel ways of working and the use of IT and digital services to improve patient care including virtual clinics.

Together with upper GI, colorectal and general surgical colleagues the post holder will also provide emergency general surgical cover for the trust, with 14 consultant surgeons contributing to the on-call service. All colleagues are required to work across the trusts main sites, although all elective general/ upper GI /colorectal surgical inpatient activity takes place on the Sandwell site. The post will be based Cross site. However the Trust will be reconfiguring its services in preparation for the implementation of the Right Care Page

6 of 17 Right Here Programme and the post-holder may therefore be required to work at any of the Trust's sites.

Facilities and Resources of the General Surgery Department.

Over the past several years the general surgical department have reconfigured its services and all inpatients activity now takes place on the Sandwell site. Within general surgery, endoscopy, daycase/short-stay surgery and out-patients take place on both City and Sandwell sites with some outpatient activity at the Rowley Regis site. In November 2015 the City site SAU closed and an enlarged SAU opened on the Sandwell site. City Hospital retains medical services, gynaecology and the regional gynaecology-oncology unit, as well as an emergency department.

Both sites have an ITU and acute medical admissions unit. To support this re-organisation systems and pathways have been put in place to divert all emergency GP referrals and ambulance admissions with abdominal pain to Sandwell and transport City ED referrals to Sandwell SAU for assessment as required. In exceptional circumstances emergency general surgical treatment will take place at City Hospital.

The Surgical Assessment Unit (SAU) is comprised of a 24 bed ward and an adjoining ambulatory assessment area – the Surgical Emergency Assessment Unit (SEAU). An emergency daily "hot clinic" is run through the SEAU for review of ambulatory primary care or ED referrals with dedicated ultrasound slots to reduce overnight stay and facilitate rapid access to diagnostics for emergency patients. The department has around 60 beds over 2 wards (Lyndon 2 ward and Priory 2 ward). In addition, there is also a 20-bedded Day Surgical Unit/Admissions Unit and associated day-case theatres, and the use of beds in the Intensive Therapy Unit and Paediatric Wards. A newly expanded 8 bedded higher dependency (Level 1) area provides care to higher-risk post-operative and emergency patients and is co-located on Priory 2 ward.

We are further supported through close working relationships with allied specialities including the trusts regional gynaecology-oncology department where we support their tertiary complex pelvic and peritoneal cancer resections and our gastroenterology colleagues who provide support with ERCP, endoscopy, stenting, the Inflammatory Bowel Disease service which include joint clinics, IBD CNS support and regular MDT meetings.

We work closely with our anaesthetic and critical care teams to provide award winning peri-operative assessment and support to patients and have developed a novel and very proactive geriatrics liaison service with our supportive elderly care team.

In addition, we have good access to on-site interventional radiology with a 7 day out-of-hours service shared with trusts within the local black country ICS.

Elective Paediatric surgical services are provided by two consultants with a specialist interest. Basic emergencies are dealt with by the on-call surgeon in liaison with the paediatric team. More complex surgical problems are transferred to Birmingham Childrens' Hospital with whom we have a good working relationship.

Departmental Staffing

Consultants

General and Upper GI

Mr Edward Harper (Clinical Director)	Upper GI Surgery
Mr Yogesh Kumar	Upper GI Surgery
Mr Dham Mobarak	Upper GI Surgery
Mr Abdul Sillah	Upper GI Surgery
Mr Vijay Korwar	Upper GI Surgery

General and Colorectal

Mr Anil George
Mr Rajnish Mankotia (Benign)
Mr Rajeev Peravali (Clinical lead)
Mr Shantanu Rout (Trust Cancer Lead)
Mr Diwaker Sarma
Mr Chris Thompson (Royal College Tutor)
Mr Vijay Thumbre

Doctors in Training (Current)

6 Specialist Registrars (StR, NTN)
5 Clinical fellows (JSD Higher)
1 CT1
3 Trust Grade (JSD Lower)
1 FY2
11 FY1s

Teaching, quality improvement and research

The Trust has a very good reputation for undergraduate and postgraduate teaching with strong links to the University of Birmingham and Health Education West Midlands. The post holder would have opportunities to be a Clinical and/or Educational Supervisor to trainees at core and registrar level. The department offers regular teaching locally to juniors and the post holder would be encouraged to support this activity. There is also an opportunity to engage with the new simulation training lab. Active involvement in quality improvement activity is encouraged and expected. This is supported by the trusts monthly Quality Improvement Half Days where elective activity is cancelled to allow for shared learning from incidents and development of the department's and Trust's quality improvement activity.

The Trust is home to a number of University departments. The department, trust and ICS are now actively seeking to develop the research portfolio with in surgery. We have active links with the University of Birmingham, The University of Wolverhampton and Aston University. Any candidates wishing to develop a research or academic practise would be welcomed, encouraged and supported.

The General Surgery Department is actively involved with Clinical Trials currently delivering several studies with further in set up and has established links local universities. The newly opened clinical trials unit is supported by a team of research nurses.

PROPOSED WORK PROGRAMME

The working week for a full-time consultant is comprised of 10 programmed activities (PAs) each of which has a nominal timetable value of 4 hours. Programmed activities that take place outside the hours of 7am and 7pm Monday and Friday or at weekends or on public holidays will have a timetable value of three hours rather than four.

A job plan and work schedule will set out agreed arrangements for how work is organised, where it is located, what in general terms the work comprises and when it is to be performed.

For this post **direct clinical care** (work relating directly to the prevention, diagnosis or treatment of illness) includes emergency work (including whilst on-call), outpatient activities, multi-disciplinary meetings about direct patient care, and administration directly related to the above. **Supporting professional activities** (that underpin direct clinical care), include participation in training, medical education, continuous professional development, formal teaching, audit, clinical management and local clinical governance activities.

Supporting Professional Activities are an essential part of the work of a doctor and the organisation is fully committed to supporting and paying for this work. Effective job planning will define the detail of what activities are to be delivered and how much time is to be given to undertaking these activities. A typical consultant is likely to require a minimum of **1.5** PAs for supporting professional activities to cover Continuous Professional Development (CPD) and General SPA (formal teaching activities outside clinical and education supervisory roles, participation in training, medical education, audit, research, annual appraisal and job planning leading to revalidation), local clinical governance activities, dealing with non-patient administration eg organisational communication and attendance, attendance at operational/staff meetings).

As part of a consultant's SPA allocation it would be expected that an agreed proportion of the SPA time, over and above the CPD and General SPA would be used under the direction of the clinical director for work related to quality, governance, education, pathway design or service improvement. SPA time will be given for those consultants who are undertaking work in specific areas of responsibility directly linked with the business of the organisation, examples include lead roles in clinical governance activities (audit/guidelines, service development, risk management, quality improvement, research), operational clinical management (rota management, committee work) and education and training roles (post graduate clinical tutor, college tutor, head of academy).

A typical week might look as follows:

DCC = Direct Clinical Care PA

SPA = Supporting Professional Activities PA

Proposed Job Schedule

Day	Time	Location	Work	Category of PA	No. of Pas
Monday	0900-1300	BTC	OPD	DCC	1
	1330-1730	BTC	SPA	SPA	1
Tuesday	0900-1000	SGH	WR	DCC	0.25
	1300-1700	SGH	OPD	DCC	1
Wednesday	0900-1300	SGH	Theatre	DCC	1
	1300-1700	SGH	Theatre	DCC	1
Thursday	0800-0900	SGH	MDT	DCC	0.25
	0900-1300	SGH	Patient admin.	DCC	1
Friday	0900-1300	SGH	ENDOCOPY	DCC	1
	1330-1530		SPA	SPA	0.5
Saturday					
Sunday					
Additional agreed activity to be worked flexibly		On – call rota 1 week in 7			
Predictable emergency on-call work				DCC	1.5
Unpredictable emergency on-call work				DCC	0.5
Total Direct Clinical Care*					8.5
Supporting Professional Activities (CPD and General SPA)					1.5**
Supporting Professional Activities (in defined areas of responsibility).					
Total Other NHS Responsibilities					
Total External Activities					
TOTAL PROGRAMMED ACTIVITIES					10

* including unpredictable on-call

** For a 10 PA job the allocated SPA is 1.5. There is up to 1 further SPA available for defined roles, teaching, educational supervision, Governance etc. This will be disused at job plan review 6-12 months following commencement of the post.

The on-call commitment for this post is currently - 1 in 7 day cover (4 and 3 split) and 1 in 14 night cover. The on call availability supplement is currently Category A and currently classed as medium Frequency with an on call availability supplement of 5 % currently payable.

There may be opportunity for the postholder to undertake additional Programmed Activities. This would be discussed and agreed with the postholder following appointment.

The Trust has developed a New Consultant Leadership Programme and mentoring for new consultants can be arranged as appropriate.

The Trust is committed to supporting their consultants to achieve GMC revalidation. The Trust uses an electronic medical appraisal portfolio (PReP) that helps consultants provide the necessary evidence for GMC revalidation.

CONSULTANT OFFICE AND SECRETARIAL SUPPORT

There is office accommodation for all consultants in a shared room separate from the main department. There is full secretarial support for this post.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and surgical colleges and is committed to providing time and financial support for these activities.

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.

MENTORING

Trust will offer a mentorship scheme to the new appointee to help them settle into work as easily as possible

TRAVELLING BETWEEN SITES

It is not anticipated that travelling between sites will be necessary during elective activity. Job plans will be arranged so that on any given day, activity will be at a single site.

WARD ROUNDS

We run a consultant of the week system. All in patients are seen as part of the consultant of the week ward round seven days a week. 0.25 PA is also provided in the job plan for consultants to see their own patients and support the Consultant of the week where necessary.

KEY DUTIES OF THE POST

1. To collaborate and work to maintain General and Colorectal services in line with strategic requirements.
2. To provide, with the other Consultants in the specialty, routine and emergency General and Colorectal services to the Trust, operating a system of mutual out-of-hours cover, and cover for annual, study and professional leave.
3. To provide a consultation and advisory service to medical colleagues in other specialties in the Trust
4. To develop a special interest to complement those of the existing Consultants in the General and Colorectal in accordance with the priorities of the Trust.
5. To develop appropriate services and techniques required to fulfil clinical needs, within available resources.
6. To take responsibility for the professional supervision and appraisal of junior medical staff, in conjunction with colleagues.
7. To participate in the education and training of junior doctors, medical students, nurses, paramedics and general practitioners.
8. To participate in the training and assessment of specialist registrars rotating through the department.
9. To liaise with medical staff in other specialties and participate in clinical meetings and postgraduate activities in the Trust.
10. To maintain and develop good communications with general practitioners.
11. To participate in research in accordance with priorities agreed within the Clinical Groups and the Trust within available resources.
12. To contribute to the development of General and Colorectal services, treatment guidelines and the promotion of greater knowledge of the management of General and Colorectal conditions in primary care.
13. To demonstrate a firm commitment to the principles of clinical governance, including:
 - Developing and maintaining appropriate systems and practice to ensure effective clinical audit in General and Colorectal surgery.
 - Attending and contributing to the Trust's Clinical Governance Programme.
 - Participating in the Trust's Clinical Incident Reporting system.
 - Developing a programme of personal continuing professional education and development, within available resources and within the workload and priorities of the service, as agreed with the Clinical Director and Group Director and in accordance with the Royal College requirements. The Trust will provide the necessary support for this.

CLINICAL MANAGEMENT STRUCTURE

The clinical management structure is made up of 5 clinical groups as shown below:

CLINICAL GROUPS

Imaging Breast Screening Diagnostic Radiology Histopathology Interventional Radiology Microbiology Nuclear Medicine	Medicine & Emergency Care Acute Medicine Cardiology Clinical Pharmacology & Toxicology Elderly Care/ Geriatric Medicine & Rehabilitation Emergency Medicine Gastroenterology Haematology & Oncology Neurology & Neurophysiology RAID Renal Medicine Respiratory Medicine Stroke
Primary Care, Community & Therapies Chemical Pathology/ Biochemistry Clinical Immunology Dermatology Diabetes and Endocrinology Palliative Medicine Rheumatology Sexual Health	Surgical Services Anaesthetics Clinical Ophthalmology Critical care Clinical Ophthalmology Endocrine Surgery ENT & Audiology Gastrointestinal Surgery Oral, Maxillo-Facial & Dental Cancer Services Plastic Surgery Trauma & Orthopaedics Urology Vascular & General Surgery
Women & Child Health Breast Surgery Gynaecology Gynaecological Oncology Neonatology Obstetrics Paediatric Medicine (Acute & Community)	

The top tier of management for each clinical group consists of a Group Director, Group Director of Nursing and a Group Director of Operations. A Clinical Directorate structure is in place and each specialty has a Clinical Director. Sub-divisional management structures vary depending on the particular needs of the division. Named nursing, HR and finance specialists support the clinical groups management teams.

General Surgery sits within the Surgical Services. The Clinical Director is Mr Edward Harper. The Group Director of Operations is Shinade Coughlin. The Clinical Lead for General Surgery is Mr Rajeev Peravali.

GENERAL INFORMATION

Library & Information Services

The two multi-disciplinary libraries at City and Sandwell Hospitals include a large IT section, with access to all standard databases, together with Internet access. There are also slide and video programmes and interactive CD ROM facilities. 24-hour access is available to all medical staff.

Research

The appointee will be encouraged to undertake appropriate research. Clinical and laboratory facilities and support, including statistical advice, are provided within the Trust and at the University of Birmingham sub-units on the City Hospital Site.

All research undertaken by Consultants should conform to the rules of Good Research Governance and all research projects involving patients or their records (including those originating elsewhere) must have approval from the Research Ethics Committee and Research and Development Directorate.

Teaching

The post holder will be required to participate fully in the education and training of medical students, trainee doctors, paramedical, nursing and other appropriate personnel.

An appointment as an Honorary Senior Clinical Lecturer of the University of Birmingham is routinely sought, and a number of our Consultants do hold such posts. Postgraduate teaching of the junior staff is significant and the appointee will be required to contribute to the outstanding reputation of City and Sandwell Hospitals as leading teaching hospitals of the West Midlands.

There are modern Education Centres on the City and Sandwell Hospital sites, which are the focal point for teaching and training. Postgraduate clinical meetings are held in the Centre on a daily basis.

Prescribing & Therapeutics

The Trust encourages the safe and rational use of medicines. The Drug & Therapeutics Committee (DTC) oversees prescribing and therapeutics in the Trust. The Committee determines which drugs are available for prescribing within the Trust, and whether the prescribing of a specific drug should be restricted in any way. Consultants may apply to the DTC for drugs to be made available within the Trust. They may use drugs not previously approved by DTC, but only for a specific patient, and only after they have discussed and agreed the use with an officer of DTC or with the Medical Director.

Safeguarding – Children/Young People and Vulnerable Adults

Every employee has a responsibility to ensure the safeguarding of children and vulnerable adults at all times and must report any concerns immediately as made clear in the Trust's Safeguarding Policies.

Infection Prevention and Control

The Trust is committed to reducing the risk of health care acquired infection. Accordingly it is essential that you adhere to all Trust infection control policies, procedures and protocols (to include hand decontamination, correct use of PPE (Personal Protective Equipment) and care and management of patients with communicable infections). You are required to report any breaches/concerns promptly using the Trust's incident reporting system.

GENERAL CONDITIONS OF SERVICE

1. The post is covered by the Terms and Conditions of Service for Consultants (England) 2003, as amended from time to time.
2. The appointment is subject to satisfactory Occupational Health and Disclosure and Barring Service check (formerly Criminal Records Bureau check).
3. A relocation package is offered, where appropriate, in accordance with the Trust's Removal Expenses Policy.
4. The successful candidate will be expected to reside within a reasonable distance from their base hospital.
5. Any candidate who is unable for personal reasons to work whole-time will be eligible to be considered for the post; if such a person is subsequently appointed, modifications to the job plan will be discussed on a personal basis in consultation with consultant colleagues and the Medical Director.
6. The postholder must be included on the General Medical Council's Specialist Register in General Surgery.
7. It is the responsibility of all medical staff to ensure that they are appropriately registered with the General Medical Council. If registration lapses employment may be terminated.
8. All employees are expected to comply with appropriate Trust policies and procedures.

VISITS TO THE TRUST AND INFORMAL ENQUIRIES ARE WELCOMED. PLEASE CONTACT:

Clinical Director: Mr Edward Harper

Clinical Lead: Mr Rajeev Peravali

Please contact via secretary: Wendy Blackford, wendyblackford@nhs.net, 0121 507 3393

Consultant in General and Colorectal Surgery

Person Specification

CRITERIA FOR SELECTION <small>(Justifiable as necessary for safe and effective performance)</small>	ESSENTIAL REQUIREMENTS <small>(A clear definition for the necessary criteria)</small>	DESIRABLE/ADDITIONAL REQUIREMENTS <small>(Where available, elements that contribute to improved/immediate performance in the job)</small>
Qualifications:	<ul style="list-style-type: none"> • Entry on the Specialist Register in General Surgery (or CCT expected within 6 months from the date of interview) • FRCS or equivalent 	
Clinical Experience:	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining CCT in General and Colorectal Surgery. • Ability to take full and independent responsibility for the management of acute surgical emergencies. • Ability to take full and independent responsibility for the care of patients with benign and malignant colorectal problems. 	<ul style="list-style-type: none"> • Special interest that complements the existing consultants • Training in robotic surgery
Professional and Multi-disciplinary team working:	<ul style="list-style-type: none"> • Ability to work well with colleagues and within a team 	
Management and Administrative Experience:	<ul style="list-style-type: none"> • Ability to organise and prioritise workload effectively • Ability to plan strategically and to exercise sound judgements when faced with conflicting pressures. • Ability to motivate and develop the multi-disciplinary team, balancing departmental and personal objectives. 	
Clinical Effectiveness	<ul style="list-style-type: none"> • Experience of conducting clinical audit • Ability to use the evidence base and clinical audit to support decision-making 	
Teaching and Training experience:	<ul style="list-style-type: none"> • Ability to teach clinical skills to medical and nursing staff and other disciplines. • The ability to appraise junior doctors and other staff. 	<ul style="list-style-type: none"> • Formal training in teaching

Research, Innovation and Service Improvement Experience:	<ul style="list-style-type: none"> • Ability to apply research outcomes to clinical problems • An awareness of current specialty developments, initiatives and issues. 	<ul style="list-style-type: none"> • Publications in relevant peer-reviewed journals in the last five years. • Evidence of having undertaken original research • Academic interest with the desire to lead an academic department within the Black Country ICS.
Personal Attributes	<ul style="list-style-type: none"> • Energy and enthusiasm and the ability to work under pressure • An enquiring and critical approach to work • Caring attitude to patients • Ability to communicate effectively with colleagues, patients, relatives, GPs, nurses, other staff and agencies. • Commitment to Continuing Medical Education and Professional Development 	
Other Requirements:	<ul style="list-style-type: none"> • Full GMC Registration with Licence to Practise • Appropriate Immigration Status (where appropriate) • An understanding of the current NHS environment, particularly in relation to reforms, initiatives and issues. 	
Personal Circumstances	<ul style="list-style-type: none"> • Residence within a reasonable distance of Sandwell and City Hospitals. • Ability to undertake clinical commitments at any of the Trust's sites. 	

Approved by:**Mr Gordon Pereira** (name) ...**26th July 2023**..... (date)
 Royal College Regional Adviser