

CONSULTANT in FETO-MATERNAL MEDICINE

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
Simon Sheppard	Interim Chief Finance Officer
Kam Dhami	Chief Governance Officer (Non-voting)
James Fleet	Chief People Officer (Interim covering Frieza Mahmood)

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
Vacancy;	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](#)

GENERAL DESCRIPTION OF THE POST

Facilities and Resources – Directorate of Maternity & Perinatal Medicine.

The Trust remains fully committed to developing its Maternity Services. As such, it has invested significantly in the Directorate and will continue to do so to promote an exceptional standard. The successful applicant will be joining a dynamic, evolving team which is driven to develop excellence of service for women.

Maternity and neonatal services, currently provided on the City Hospital site following a successful reconfiguration of the Trust's services in 2011, will be completely incorporated into the new Midland Metropolitan Hospital. There are ~5000 deliveries within the Maternity Unit and it is anticipated that this will increase to 6000+ (following this hospital move) and a large level 2+ NNU, which is well recognised within the Staffordshire, Shropshire & Black Country New-born Network. We have full capability to provide HDU and ITU care to our mothers where required and 24 hour dedicated obstetric anaesthetic services on Delivery Suite. There is a nationally recognized co-located midwifery-led birthing unit within City Hospital Maternity Unit. The postholder will have support enabling them to develop the necessary skills to provide effective leadership to the large teams involved/working on delivery suite. There are already well-functioning risk management and delivery suite forums and an established, nationally recognised clinical morning handover meeting to facilitate good communication and monitor outcomes. The Unit has a lead clinician, midwives & faculty for providing PROMPT emergency obstetric training to all our staff on an annual basis and runs regular obstetric/neonatal skills-drills sessions for staff training.

Maternal medicine and all antenatal services have been completely redeveloped since 2011 with the provision of a wide range of dedicated, dual consultant run specialist clinics, often in conjunction with medical physician colleagues. These cover all the main obstetric medical co-morbidities. The postholder will join an expanding team of dedicated obstetricians (with expertise in Maternal and Fetal Medicine) and allied professionals providing these specialist services and will be expected to develop their own clinical interests.

The Fetal Medicine Unit was newly developed and equipped in 2010 and provides a full range of FM diagnostic and screening services. Last year the FMU saw more than 850 new referrals from a population that has a high incidence of fetal congenital & chromosomal abnormalities and familial/metabolic genetic disease as well as fetal growth restriction and other obstetric complications. This post joins a dedicated Fetal Medicine team comprising of 3 other consultants, 2 fetal medicine midwives, 4 screening midwives and secretary. The FMU uses a dedicated GE 10 machine (with a full range of 3/4D volume acquisition, STIC, TUI and other scanning modalities) and Viewpoint FM database. The successful candidate will be expected to contribute to and develop their own research output and to represent the FMU and Trust at national and international meetings. In addition, they will be mentored and supported to increase their clinical and

managerial responsibility within the Fetal Medicine Unit. The unit has well established links to allied regional services, such as clinical genetics, paediatric cardiology and surgery, and has an excellent record in managing all our FM cases, including delivery, at City Maternity Unit. In addition, the FMU has developed strong governance structures, including a fortnightly FM/Perinatal Medicine clinical MDT meeting and in-house publication of an annual report.

There are 7 dedicated obstetricians, 6 dedicated gynaecologists, 5 consultants in obstetrics and gynaecology and 7 gynaecological oncologists at City Hospital with a full complement of junior staff.

The job plan is full time. Applicants are required to have CCT or equivalent and entry on the GMC Specialist Register in Obstetrics and Gynaecology; full GMC registration, MRCOG (or equivalent) and RCOG accredited ATSM qualification in Advanced Labour Ward Practice is essential (others such as Advanced Antenatal Practice or Fetal Medicine are desirable).

The post is based at City Hospital and will, in the future, move with all Maternity services to Midland Metropolitan. However, the Trust will be reconfiguring its services in preparation for the implementation of the Right Care Right Here Programme and the postholder may therefore be required to work at any of the Trust's sites.

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).

There may be opportunity for the postholder to undertake additional Programmed Activities under 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). 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.

A typical week might look as follows:

DCC = Direct Clinical Care PA

SPA = Supporting Professional Activities PA

Proposed Job Plan- Feto-Maternal Medicine Cons – 2024/25					
Day	Time	Location	Work	Category of PA	No. of PA
Monday	9 -1pm	City	Administration	DCC	1.0
	1.30-5.30pm		SPA		1.0
Tuesday	8.30am- 12.30	City	El CS list- alternate weeks; Prospective cover	DCC	0.62
	1.30 pm- 5.30 pm	City	ANC – Special Interest		1
Wednesday	9 -1pm	City	FM Scanning Clinic	DCC	1.0
	1.30-5.30pm	City	FM Scanning Clinic	DCC	1.0
Thursday	8.30 am – 8.30pm (1 in 2.7 weeks)	City	City Labour Ward/Obstetric cover	DCC	1.32
		City	Non-resident on call Obstetrics (1 in 2.7 weeks)		
Friday	8.30 am -8.30 pm.		Labour ward 1:9 weeks	DCC	0.48
	1.30-5.30pm	City	SPA (1:2 weeks)		0.5
Saturday & Sunday	8.30 am – 13.30. 18.30-20.30	City	Labour Ward 1:9	DCC	0.66
Additional agreed activity to be worked flexibly					
Predictable emergency on-call work					
Unpredictable emergency on-call work				DCC	1.0
Total Direct Clinical Care*					8.0
Total Supporting Professional Activities					1.5
Supporting Professional Activities – Area of defined responsibility / per week					0.5
Total External Activities					
Total Travelling Time					
TOTAL PROGRAMMED ACTIVITIES					10.00 /wk.

** if there is no defined area of responsibility in SPA then the 1 PA weekly will be converted to DCC activity. The Divisional average for whole time consultants must remain at 2.5 PAs for SPA activity.

The post includes on- call – (frequency as detailed in the job plan)- a dedicated day covering Delivery Suite / Maternity Unit which is split into a 12 hr session resident on the Unit and a 12 hr session as non-resident on- call. There is a similar on-call on Fridays (1 in 9) and at weekends (1 in 9 with 7hrs resident on Sat/Sun). The on-call availability supplement is currently Category A and classed as High Frequency with an on-call availability supplement of 3 % currently payable.

In addition, there is a dedicated all-day Fetal medicine scan list each week and a dedicated 1PA session to develop an interest/responsibility which complements the current consultant body or is in line with the Directorate's clinical, governance or managerial requirements.

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

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CONSULTANT OFFICE AND SECRETARIAL SUPPORT

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

KEY DUTIES OF THE POST

1. To collaborate and work to maintain Obstetric and Maternal services in line with strategic requirements.
2. To provide, with the other Consultants in the specialty, routine and emergency Obstetrics services to the Trust.
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 specialty and 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 Directorate and the Trust within available resources.
12. To contribute to the development of Obstetric & Maternal Medicine services, treatment guidelines and the promotion of greater knowledge of the management of maternal 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 Obstetrics.
 - 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 Divisional 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.

Obstetrics sits within Women & Child Health. The Group Director is Niten Makwana.

The Group Director of Operations is Jade Osbourne. The Clinical Director is Mrs. Lakshmi Thirumalaikumar.

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. The Trust has an active, academic Research & Development Department with close links to University of Birmingham and more recently the University of Aston. Obstetric and Fetal medicine research has significantly increased over the last 10 years with participation in many regional & national NIHR funded studies and the establishment of 2 dedicated research midwife posts. Clinical and laboratory facilities and support, including statistical advice, are provided within the Trust. There is a new dedicated Research Hub at Sandwell Hospital for the use of all specialties/researchers.

The Directorate also has representation on the Birmingham & Black Country CLRN board to participate in and promote regional research innovation in Child and Reproductive Health (REACH network).

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 always ensure the safeguarding of children and vulnerable adults 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 Obstetrics & Gynaecology.
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:**

Group Director: Dr Niten Makwana – 0121 507 6022

Clinical Director: Mrs. Lakshmi Thirumalaikumar– 0121 507 5380

CONSULTANT in Obstetrics

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 Obstetrics & Gynaecology (or entry expected within 6 months from the date of interview) • Completion of RCOG Fetal Medicine ATSM or RCOG- Subspeciality Accreditation (or equivalent) in Maternal & Fetal Medicine • Completed MOET / PROMPT training. 	<ul style="list-style-type: none"> • Higher Degree (MD or PhD)
Clinical Experience:	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining CCT in Obstetrics & Gynaecology • Ability to take full and independent responsibility for the management of acute medical emergencies. • Ability to take full and independent responsibility for the care of obstetric, maternal medicine and fetal medicine patients. 	<ul style="list-style-type: none"> • Special interest that complements the existing consultants – Hypertensive disorders of pregnancy / Management of Multiple pregnancies/ Reduction in Perinatal Mortality • To develop own interests
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 medical 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"> • Knowledge and experience of the application of information technology to Fetal medicine • Publications in relevant peer-reviewed journals in the last five years. • Evidence of having undertaken original research • Up to date GCP training
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 • 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 City Hospital • Ability to undertake clinical commitments at any of the Trust's sites. 	

Approved by: (name) (date)
 Royal College Regional Adviser

