

Consultant Job Description

Grade: Consultant Respiratory Physician – Respiratory Medicine with an interest in lung cancer

Department: Respiratory Medicine

Reports to: Clinical Director for Respiratory Medicine

Job Summary:

Portsmouth Hospitals University NHS Trust is seeking an enthusiastic, forward-thinking Consultant Physician in Respiratory Medicine.

The post offers an exciting opportunity for either a recently trained or established respiratory consultant to gain expertise and / or develop a sub-specialty service within our busy and visionary department. We would welcome especially a colleague who brings skills in lung cancer.

Key Responsibilities:

Departmental responsibilities include:

- Provision of regular lung cancer clinics and engagement in local cancer MDT.
 - Provision of bronchoscopy, pleural and other specialist diagnostic services.
 - Provision of inpatient care to both respiratory and general medical patients.
 - Supervision of trainees, providing advice on management and reviewing treatment plans.
 - Provision of specialist advice and opinion to general practitioners and to other consultants.
 - Participation in education programmes for trainees, medical students, physiotherapists, nursing staff and other specialist staff.
 - Participation in the clinical governance activities of the department.
 - Being an active member of the respiratory team, encouraging multi-professional working.
 - Management of the trainees in the firm, providing appraisal and necessary feedback.
 - Contribution to the overall management of the respiratory service, undertaking projects and programmes of work as delegated by the clinical director.
 - Participation in respiratory (NIV) on call service and general medical on call.
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Person Specification

Qualifications

Essential

- Full GMC registration with licence to practice at time of interview
- MRCP or equivalent
- Entry on the GMC Specialist Register for Respiratory and G(I)M via
 - CCT (expected CCT date must be within 6 months of interview)
 - CESR or European Community Rights

Desirable

- Higher degree or diploma in relevant clinical, research, educational or managerial subject
- Prizes and honours.
- ALS training
- Completed Educational Supervisor training.

Clinical Experience

Essential

- Leading G(I)M “acute take”
- Acute respiratory work
- Respiratory High Care Unit work
- Chest Clinic work

Desirable

- Expertise in a sub-specialty area of respiratory medicine (particularly lung cancer).

Clinical Skills

Essential

- Bronchoscopy, chest drain and pleural aspiration skills to “competency”
- Respiratory physiology – clinical experience
- Understanding of clinical risk management.
- Prior experience of lung cancer working within the NHS

Desirable

- Experience of thoracic ultrasound, level 1 or 2 certification
- Ability to undertake endobronchial ultrasound bronchoscopy

Knowledge

- Able to demonstrate appropriate level of clinical knowledge
- Knowledge and use of evidence-based practice
- IT skills
- Effective, confident presentation ability
- Experience in and outside speciality

- Record of organisation experience e.g. Rotas, Specialist meetings, undergraduate or postgraduate examinations

Respect and Dignity (Non-judgemental approach to patients, respects the privacy and dignity of individuals, demonstrate an understanding of equal opportunities)

Quality of Care (Able to organise oneself and prioritise clinical need, understanding of NHS Clinical Governance, understanding of the principles of research, research experience, evidence of audit design, conduct and action, good communication skills, evidence of ability to communicate effectively, clearly and empathically with patients, probity).

Working Together (Evidence of experience of and ability to work in multi-professional teams, record of effective teaching, understanding of educational supervision, record of attendance at educational skills training, completed SpR/StR management course or equivalent, leadership skills and interpersonal skills).

Efficiency (Decisiveness/accountability, flexibility, thoroughness, resilience, initiative/ drive/ enthusiasm, evidence of understanding of constraints on resources)

Strategic approach (clarity on objectives, clear on expectations)

Relationship building (communicate effectively, be open and willing to help, courtesy, nurtures partnerships)

Personal credibility (visibility, approachable, back bone, courage, resilience, confidence, role model, challenge bad behaviour, manage poor performance, act with honesty and integrity)

Passion to succeed (patient centred, positive attitude, take action, take pride, take responsibility, aspire for excellence)

Harness performance through teams (champion positive change, develop staff, create a culture without fear of retribution, actively listen and value contribution, feedback and empower staff , respect diversity)

Job holders are required to act in such a way that at all times the health and well-being of children and vulnerable adults is safeguarded. Familiarisation with and adherence to the Safeguarding Policies of the Trust is an essential requirement for all employees. In addition, all staff are expected to complete essential/mandatory training in this area.

Print Name:

Date:

Signature:

Consultant Job Plan

Name:	Consultant Physician – Respiratory Medicine
Primary Speciality:	Respiratory Medicine with an interest in lung cancer
Secondary Speciality:	Respiratory Medicine with an interest in lung cancer

Job Content

The working pattern will consist of alternating periods ‘on’ and ‘off’ the wards, so representative job plans are provided for both phases. The timetables below are examples only and do not indicate the activity that will be pursued in any specific session. Detailed timetabling will be agreed with the Clinical Director after appointment.

As many departments, our working pattern has changed due to the Covid-19 pandemic. Currently we provide no front door unselected general medical take presence but provide out-of-hours telephone support. This is shared equally between consultants in the department. This may be subject to change, including potentially a return to front-door unselected take and any successful candidate must be willing to contribute to this in the future.

The department’s working pattern will fluctuate around individual consultants’ commitments, so consultants’ timetables are flexible. Consultants should exercise discretion in rebalancing the allocation of DCC according to clinical needs and to provide averaged annual service. Further changes, developed by consensus, should be anticipated as the department evolves.

Various commitments arise less often than fortnightly and are therefore not shown for the sake of simplicity. When these occur, they replace other direct clinical care sessions.

An example of a current timetable is given below for 7.5 PAs. The opportunity to take up additional PAs may be offered.

The respiratory department has 4 inpatient wards, totalling 94 beds include 18 high care beds. There are 4 respiratory firms which average between 24-28 patients. Out-patient clinics typically have 3 new and 7 follow-up patients. There will be a period of advice and guidance for lung cancer patients where the consultant will be expected to triage around 8 new referrals per day and telephone the patients with normal CT scan results who do not need clinic appointments. A procedure session would have 4 slots which can be taken up by bronchoscopy or pleural procedures.

The job includes 1.5 PA of SPA during which the candidate will be expected to complete activities required for revalidation, continuing professional development and audit.

Sample timetables below are for a 7.5 PA week.

Weekend Respiratory working (1:13 frequency) and on call evening working supporting medical inpatients (1:19 frequency) is job planned 3 hours per week.

Sample timetable “on wards” 14 weeks per year

	Session	Work	Category
Monday	Am	Ward round	DCC (4 hours)
		Lunchbreak	
	pm	Clinic	DCC (4 hours)
Tuesday	am	Ward round X-ray meeting	DCC (3.5 hours) DCC (0.5 hours)
		Lunchbreak	
	pm	Admin	DCC (4 hours)
Wednesday	am	Ward Round	DCC (4 hours)
		Lunchbreak	
	pm	Clinic	DCC (4 hours)
Thursday			
Friday	am	CPD/department meeting/Clinical governance	SPA (3 hours)
	pm	CPD/department meeting/Clinical governance	SPA (3 hours)

Sample timetable “off wards”

	Session	Work	Category
Monday	am	Clinic	DCC (4 hours)
		Lunchbreak	
	pm	Admin	DCC (4 hours)
Tuesday	am	Procedures	DCC (4 hours)
		Lunchbreak	
	pm	Advice and guidance	DCC (4 hours)
Wednesday	am	Lung cancer MDT & lung cancer clinic	DCC (5 hours)
		Lunchbreak	
	pm	Half day for on call commitment	DCC (3 hours)
Thursday			
Friday	am	CPD/department meeting/Clinical governance	SPA (3 hours)
	pm	CPD/department meeting/Clinical governance	SPA (3 hours)

SUMMARY OF PROGRAMMED ACTIVITY	Number
Supporting Professional Activities	1.5
Direct Clinical Care (including unpredictable on-call)	6
Other NHS Responsibilities	

External Duties	
TOTAL PROGRAMMED ACTIVITIES	7.5

1. ON-CALL AVAILABILITY SUPPLEMENT

Agreed on-call rota (e.g. 1 in 5):	1 in 19
On-call supplement (%):	A at 3%

2. OBJECTIVES – TRUST, SPECIALTY AND PERSONAL

Objectives (and for Specialty and Personal, how these will be met)
<p>Trust</p> <ol style="list-style-type: none"> 1. Ensure that, based on the needs of the patients and their families, care is delivered to the highest standard, maintaining the patient's dignity at all times. Wherever possible, the aim is to promote independence and restore healthy living. 2. Assist in establishing and maintaining a high quality environment for patients and staff, which delivers excellent care to patients and supports the achievement of all local and national access targets. 3. Through personal leadership and influence, contribute to maintaining the highest standards of clinical and environmental hygiene, to assure infection control standards and eliminate hospital acquired infections. 4. Assist in promoting and developing the culture of a learning organisation, that is fully committed to providing excellence in both health and customer care, and to providing continuous improvement. 5. Participate in Continuous Professional Development, thus enabling the Trust to enhance its reputation for high quality education, learning and development, and research. 6. Use all resources wisely and promote a culture of value for money and return on investment.
<p>Specialty</p> <p>N/A</p>
<p>Personal</p> <p>N/A</p>

3. SUPPORTING RESOURCES

Facilities and Resources required for the delivery of duties and objectives	Description
1. Staffing support	Secretarial staff to support clinical and administrative commitments.
2. Accommodation	
3. Equipment	Desk in shared-use office, equipped with PC connected to intranet, internet and printer; telephone.
4. Any other required resources	

4. ADDITIONAL NHS RESPONSIBILITIES AND/OR EXTERNAL DUTIES

Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with:

In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibly. Such work should be discussed and supported within the department and by the Medical Director.

5. OTHER COMMENTS AND/OR AGREEMENTS

Detail any other specific agreements reached about how the job plan will operate (for example, with regard to Category 2 fees, domiciliary consultations and location flexibility):

An annual report detailing evidence of SPA will be required.

6. AGREEMENT

Doctor:	
Name	
Signature	
Date of Agreement	
Clinical Director:	
Name	
Signature	
Date of Agreement	

Additional Departmental Information

Grade: Consultant Respiratory Physician – Respiratory Medicine with an interest in lung cancer

Department: Respiratory Medicine

Reports to: Respiratory Clinical Director

Additional Information:

Portsmouth Hospitals University NHS Trust is a provider of acute health services under contract to a range of purchasers in the Hampshire basin and Western South Downs. The catchment is in excess of 650,000 people. The area served by the Trust is on the Solent and English Channel, including the City of Portsmouth and the Boroughs of Gosport, Fareham and Havant; it extends from Warsash in the west to Emsworth on the Sussex border and its northern boundaries encompass Petersfield and Liss. With the exception of the rural north, it is essentially an urban population having grown up around the Royal Naval establishments in Portsmouth and Gosport. It now provides a wide range of modern high-tech industry and the facilities associated with a commercial port and cross-Channel ferry terminal.

Portsmouth is a thriving Naval city, steeped in history, on the South Coast. It is ninety minutes from central London and has good transport links, including regular ferries to France and Spain. The major airports are easily accessible. It has some of the best water-sports facilities in Europe and sandy beaches are within easy reach. Developments within the city and on the Gosport side of the harbour suggest a vibrant future for the area. Inland from the hospital is the beautiful and relatively unspoilt countryside of rural Hampshire. Close-by is the New Forest and the recently designated National Park of the South Downs. The area combines the advantages of city life with pleasant villages and seaside towns. There are a number of first-rate schools, both in the state and private sectors, and it is an excellent place to raise a family.

Portsmouth Hospitals University NHS Trust has a vision to be recognized as a world-class hospital, leading the field through innovative healthcare solutions, focusing on the best outcomes for our patients, delivered in a safe, caring and inspiring environment.

Services have been consolidated at the Queen Alexandra site within a PFI build. These include Respiratory Medicine, Respiratory High-care, Medical Assessment Unit, Emergency Medicine, Critical Care, Coronary Care, Interventional Cardiology, Gastroenterology, GI Endoscopy, Diabetes and Endocrinology, Renal and Transplant Services, Radiotherapy and Oncology, Neurology, Neurophysiology, Acute Stroke services, Elderly Medicine, Rheumatology, Rehabilitation, Trauma and Orthopaedic Surgery, General Surgery and subspecialties, Plastic Surgery, Urology, Day Surgery, Ophthalmology, ENT, Audiology, Maxillofacial Surgery, Orthodontics, Paediatrics, Neonatal Intensive Care, Maternity and Gynaecology, Breast Screening, together with comprehensive Imaging, Nuclear Medicine and Pathology departments. Dermatology and Genitourinary Medicine visit from another site within the Trust.

The Job

The post offers an exciting opportunity for either a recently trained or established respiratory consultant with expertise or experience in Lung cancer to join our busy and visionary department within a newly appointed University Hospital.

The successful applicant will join five other respiratory consultants working within the lung cancer services. Pleural clinics are run by 2 consultants and supported by a pleural specialist nurse. Ultrasound is available in clinic, where on-the-spot diagnostic aspirations are performed.

Video-thoracoscopy is performed by the respiratory physicians; Portsmouth is a training centre for medical thoracoscopy, with over 25 years' experience. There is also an IPC ambulatory chest drain service (for which we run nationally available training courses) and have recently started undertaking pleural biopsies.

The Department

The Respiratory Centre

The Respiratory Centre at Portsmouth is one of the largest units in the country. The patient-base is 1% of the UK population, providing an exceptional range of clinical experience. The department has a complement of 20 Consultant Respiratory Physicians, including a full-time academic post and a Respiratory Intensivist with additional Respiratory sessions. There is a well-established multi-disciplinary ethos, including a team of specialist respiratory nurses, a superintendent physiotherapist and team, a specialist lung-function and sleep team and a closely integrated business/secretarial/clerical staff. The department has a strong record of delivery in research and innovation, with a wide interest in educational activities.

The Respiratory Centre includes purpose-built respiratory outpatient facilities, a respiratory day-case ward and bronchoscopy suite, lung function laboratories, administrative and secretarial support, with office-space for the entire team. Chest imaging facilities are immediately adjacent.

Respiratory in-patients in Portsmouth

All respiratory consultants participate in the on call at QAH (approx. 1:19). Upwards of 80% of our inpatient caseload is primarily respiratory.

Respiratory out-patients in Portsmouth

New referrals are all respiratory patients. Clinics are supported by respiratory nurse specialists, clinic nurses and health-care support workers as appropriate. There is comprehensive lung-function testing, including cardio-pulmonary exercise testing. Specialist clinics include: lung cancer, ILD, asthma, COPD, bronchiectasis, TB, pleural, PE, pulmonary hypertension, sleep and NIV. The department has a dedicated outpatient department with extensive facilities to deliver face to face and remote consultations.

Asthma and Cough Services

The NHSE specialist commissioned Portsmouth Severe Asthma Service (PSAS) based at Queen Alexandra Hospital delivers innovative, patient-centred care for patients with difficult or severe asthma across 5 counties as part of a

regional network. Portsmouth Hospitals University NHS Trust (PHU) have developed an acute partnership with the Isle of Wight NHS Trust and there will be opportunity to expand services on the Isle of Wight (IoW) in the future.

The asthma multi-disciplinary team includes 3 respiratory consultants with a subspecialty interest in Severe Asthma, a lead asthma nurse, 3 specialist asthma nurses, 2 specialist respiratory physiotherapists, a dietician, a psychologist, a pharmacist, a severe asthma MDT co-ordinator and a dedicated asthma administrator. The service provides care for patients with associated eosinophilic conditions including a dedicated EGPA clinic.

There are 5 consultant clinics each week alongside an expanding nurse-led service and clinics provided by other members of the asthma MDT. The service provides support for over 200 patients on biologic therapies for severe asthma. Specialist testing including sputum, bronchoalveolar lavage and nasal inflammometry, oscillometry, airway acidification, bronchial hyperreactivity and cardio-pulmonary exercise testing are integrated in the service. The Department has won multiple awards for research and quality improvement and was selected by NICE as a model of adoption of exhaled NO in clinical practice.

Thoracic Procedures

The Respiratory Centre has a dedicated 6-bedded day-case ward to support procedures and also for provision of therapies, such as intravenous immunoglobulin, immunomodulators and other infusions. There is a dedicated operating room within the Respiratory Centre open 5 days a week for bronchoscopic procedures, chest drains, pleural vents and indwelling pleural catheters. Equipment includes 6 newly-commissioned bronchoscopes, dual-screen imaging, 3 EBUS scopes, 2 thoroscopes and full sterilising and storage facilities within the unit. We anticipate continuing expansion of our procedures service, which has seen an increase in the numbers and complexity of EBUS cases and development of other endobronchial interventions is expected. Our pleural service continues to grow.

Respiratory Oncology

Portsmouth is a Cancer Centre and the respiratory physicians in Portsmouth have a close working relationship with the oncologists. There are 10 consultant clinical oncologists and 5 consultant medical oncologists; 2 medical and 2 clinical oncologists have a specific interest in lung cancer and mesothelioma. There is an in-house palliative care consultant with supporting specialist nurses.

The multidisciplinary lung cancer clinic is run by five of the respiratory physicians, with 1 mesothelioma and 3 lung Cancer specialist nurses, 2 radiotherapists, 2 medical oncologists and one of the visiting thoracic surgeons. Portsmouth hosts a translational oncology research laboratory, where cell and molecular biology have potential to generate important information of direct clinical relevance to individual patients with lung cancer or malignant pleural effusions.

Sleep Medicine

Since our Sleep service was established 10 years ago, it has undergone rapid development and we see in excess of 1200 new cases per year, including referrals for a wide range of non-respiratory sleep disorders. We have an excellent multi-disciplinary team of nurses and physiologists who work closely with the rest of the Respiratory Department. Our sleep clinics are predominantly Nurse / Physiologist led, with access to a Consultant Sleep clinic for complex cases.

We have monthly sleep meetings that alternate between management of the service and departmental education as well as a monthly sleep MDT to discuss cases.

We provide overnight polysomnography, multiple sleep latency tests and maintenance-of-wakefulness testing. We have actigraphy monitoring for suspected circadian disorders and unexplained hypersomnia.

Bronchiectasis

Our bronchiectasis service has over 400 patients with complex bronchiectasis under active follow-up. We run a weekly consultant-led multidisciplinary clinic with a specialist physiotherapist and Clinical Nurse Specialist. We deliver our own outpatient IV antibiotic and replacement IV immunoglobulin services. The service has an active interest in research.

COPD

We have a newly appointed multidisciplinary COPD Specialist team with role of delivering COPD Best Practice Care to our annual 1500 acute COPD admissions. We have a specialist COPD clinic with access to the Lung Volume Reduction MDT at Southampton. The department is active in COPD research and innovation.

Pleural diseases

Pleural clinics are run by 2 consultants and supported by a mesothelioma specialist nurse. Ultrasound is available in clinic, where on-the-spot diagnostic aspirations are performed. Video-thoracoscopy is performed by the respiratory physicians; Portsmouth is a training centre for medical thoracoscopy, with over 25 years' experience. There is also an IPC ambulatory chest drain service (for which we run nationally available training courses). Pleural tissue is being harvested for a research tissue bank and there are several research projects into pleural disease. 3 dedicated ultrasound machines are used to facilitate all pleural procedures and to support diagnosis on the wards and in clinic, in addition to endobronchial ultrasound. A clinical fellow post in Pleural disease supports the service.

Community Respiratory Integrated Service (CRIS)

PHT provides consultant expert support, including virtual ward-rounds, telephone-advice and education for community respiratory nurses. This currently includes 0.5 PA of consultant time, with supervision of oxygen assessment services and nurse-led admission-avoidance schemes.

Non-invasive ventilation

We look-after 350 patients who are maintained on home NIV. This service is supported by a Superintendent Respiratory Physiotherapist and as well as 2 Consultants with an interest in NIV, one of whom is triply accredited as an Intensivist. We support a handful of patients who receive home tranche ventilation. Our 18 inpatient NIV-unit beds are supervised by each of the respiratory consultants, during their ward spells.

Physiology

We have a thriving Physiology team which includes trainee Scientists and Practitioners, as well as BSc and MSc students on rotation. There are 2 sets of computerised spirometry/gas transfer equipment, one linked to a whole-body plethysmograph including mouth-pressure measurements. There is bicycle-based cardiopulmonary exercise testing with on-line gas sampling and computerised analysis. There are dedicated blood gas machines in clinic and on the Respiratory High-Care unit. Pharmacological bronchial challenge testing with Methacholine, FeNO analysers and

skin allergen testing are routinely available along with muscle function, field exercise tests and fitness to fly assessments.

TB

A Respiratory Physician and Band 7 Clinical Nurse Specialist head this service, which provides TB case management, contact tracing, DOTs, screening for high-risk groups in community clinics and BCG vaccination. Our close co-operation within the team and with different partners in the community is exemplary within Wessex for offering a first-class service. The service has representation on local, regional and national networks.

Thoracic imaging

There is a twice-weekly imaging meeting attended by several radiologists, including two of our three dedicated Thoracic Radiologists. At least one Thoracic Radiologist attends the weekly lung cancer multi-disciplinary meeting. There are three CT scanners in Portsmouth, 3 MRI scanners and a nuclear medicine department with planar, SPECT and PET-CT scanners. There is close collaboration in the provision of thoracic ultrasound. The Respiratory service enjoys direct access to dedicated CT and image-guided biopsy slots. We have one static and one portable ultrasound machine.

Research and Innovation

The department has an excellent track record of clinical research and innovation and has multi-centre projects currently funded by the NIHR (lasertrial.co.uk), British Lung Foundation (<http://www.respect-meso.org>), Small Business Research Initiative, Wessex Academic Health Science Network, Asthma UK, MRC and industry. There are currently 5 clinical research fellows, 5 research & innovation nurses and 4 basic clinical scientists attached to the Department under the supervision of Professor Anoop Chauhan, who is Professor of Respiratory Medicine at the University of Portsmouth and the Trust Director of R & D.

Our research participation provides unparalleled access to new biological therapies and research participation extends to ILD, bronchiectasis, COPD, health services and pleural disease (www.respect-meso.org). The research and innovation programme is also supported by the Wessex CRN and AHSN.

Teaching

Portsmouth enjoys an enviable reputation for its teaching and all consultants are expected to play an active part in education for all professional groups. Undergraduates from University of Portsmouth Medical School and Southampton University Medical School are attached regularly to the department. The appointee will be expected to fulfil the Royal College of Physicians' recommendations for CME/CPD as a minimum.

Consultant Staff in Respiratory Medicine

Dr Alex Hicks (Clinical Director for Respiratory Medicine)
Dr Suresh Babu
Professor Anoop Chauhan (Director of Research & Development)
Dr Sarah Scrivener
Dr Ben Green
Dr Ellie Lanning (Deputy Divisional Director for Medicine and Urgent Care)
Dr Kay Adeniji (Consultant Intensivist)
Dr Tom Brown
Dr Clare Bradley
Dr Anna Donaldson
Dr Claire Roberts
Dr Rachelle Asciak
Dr Kamran Tariq
Dr Rachel Mercer
Dr Georgina Stait (Military)
Dr Michael Ball
Dr Daniel Neville
Dr Fiona Thompson
Dr Ben Irving (Locum Consultant)
Dr Emily Harvey
Dr Thomas Jones
Dr Maxine Zahra Montefort

Dr Robin Clark is also a sessional consultant

Secretarial Support & Office Accommodation

Office accommodation (room shared with other consultants) is available in the Respiratory Centre. The incumbent will share a secretary and, in addition, will be supported by medical audio-typists and clerical officers. The secretarial staff work as a mutually supportive team. The Trust offers a mentorship scheme which is available to all new Consultants.

Other Medical Staff

7 Specialist Registrars (NTN training posts in the Wessex rotation)
3 Trust Grade Registrar
Clinical Research Fellows
10 "Senior House Officers" of FY2, S/CT 1 and S/CT 2 grades
6 F1 (Pre-Registration) Trainees
2 x ACPs

Wider Outpatient Dept Establishment

1 x WTE	Band 8a	Lead Nurse / Lead ILD CNS
1 x WTE	Band 7	Sleep Lead
1.4 x WTE	Band 6	Sleep
1 x WTE	Band 7	Lung Health Check Programme
2 x WTE	Band 6	TB
1 x WTE	Band 7	Bronchiectasis/Home IVs
1 x WTE	Band 7	Asthma Lead
3 x WTE	Band 6	Asthma
1 x WTE	Band 6	ILD
1 x WTE	Band 7	COPD Specialist Team Lead
1 x WTE	Band 6	COPD
0.6 x WTE	Band 8a	Mesothelioma Lead
1 x WTE	Band 7	Lung Cancer Lead
2.56 x WTE	Band 6	Lung Cancer
0.8 x WTE	Band 6	Pleural/Mesothelioma
1 x WTE	Band 6	Lead Nurse Day Ward
4 x WTE	Band 5	Ward/ Bronchoscopy/Clinic
3 x WTE	Band 3	Ward/ Bronchoscopy/Clinic

1 x WTE	Band 8b	Lead for Lung Health Check Programme / Business Manager
1 x WTE	Band 6	Deputy Service Manager
1 x WTE	Band 6	Lung Health Check Support Manager
1.25 x WTE	Band 8a	Superintendent Respiratory Physiotherapist
1.37 x WTE	Band 6	Respiratory Physiotherapist
1 x WTE	Band 8a	Respiratory Clinical Physiologist
1 x WTE	Band 7	Respiratory Clinical Physiologist
0.6 WTE	Band 6	Respiratory Clinical Physiologist
3 x WTE	Band 5	Respiratory Clinical Physiologist
1 x WTE	Band 7	Sleep Clinical Physiologist
1 x WTE	Band 6	Sleep Clinical Physiologist
1 x WTE	Band 4	ATO
0.5 WTE	Band 2	ATO
6 x WTE	Band 4	Co-ordinators/Pathway Navigators
3 x Part Time	Band 3	Medical Secretaries
5.2 x WTE	Band 2	Administrative and Clerical Staff

Status of the post

This is a less than full-time post.

Individual responsibility

Individual responsibilities are timetabled by consensus, with spells 'on' and 'off' ward-cover. Outpatient and bronchoscopy duties are weighted toward "off-ward" periods, which also include a shared commitment to the managing Respiratory patients on the Medical Assessment Unit.

Prior to the Covid-19 outbreak the department contributed to a rota supporting the unselected medical take, responsible for 10 weeks of a 26 week rota. We ceased to participate in this rota as our inpatient bed-base grew. However, there may be a return to this work as the Respiratory consultant workforce expands and any successful candidate must be prepared to do acute general medicine in the future. The overnight medical cover continues for 20 weeks of the year and is shared equally.

Any successful applicant must be aware that there may be a return to "front-door" medicine in the future which will be shared equally within the department and would fit within job planned hours.

Clinical Governance

The appointee will be expected to attend an induction process and will be subject to annual appraisal, which will be conducted initially by the Clinical Director for Respiratory Medicine or a deputy. A mentor will be appointed. The department supports fully regular clinical audit and clinical governance as a means of delivering high-quality clinical care. The department is involved in a number of ongoing audit projects and the appointee will be expected to participate in local and national audits, together with other initiatives concerning clinical governance. The appointee is expected to satisfy and maintain the requirements for revalidation, including as a minimum the RCP guidance for CPD.

Management

The post holder will be expected to work with local managers and professional colleagues in the efficient running of services and will share with consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, the post-holder is expected to observe agreed policies and procedures drawn up in consultation with the profession on clinical matters and follow the standing orders and financial instructions of the Portsmouth Hospitals NHS Trust. In particular, managers of employees of the Portsmouth Hospitals NHS Trust are expected to follow the local and national employment and personnel policies and procedures. All medical and dental staff are expected to comply with the Portsmouth Hospitals NHS Trust Health and Safety Policies. The post-holder will be expected to ensure that there are adequate arrangements for hospital staff involved in the care of patients to be able to contact him/her when necessary.

Safe-guarding

Employees must act in such a way that, at all times, the health and well-being of children and vulnerable adults is safeguarded. Familiarisation with and adherence to the Safeguarding Policies of the Trust is an essential requirement for all employees. In addition, all staff are expected to complete essential/mandatory training in this area.

Infection Control

In compliance with the Trust's practices and procedures associated with the control of infection, you are required to:

- Adhere to Trust Infection Control Policies, assuring compliance with all defined infection control standards at all times.
- Conduct hand hygiene in accordance with Trust policy, challenging others to do so.
- Challenge poor practice that could lead to the transmission of infection.

Residence

Residence within 10 miles or 30 minutes by road from QA Hospital is required, unless alternative arrangements are agreed with local management and consultant colleagues. The post-holder must normally have a current driving licence and his/or private residence must be maintained in contact with the public telephone service.

Rehabilitation of offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions as this could result in dismissal or disciplinary action from the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied.

Professional and Study Leave

Leave will normally be granted (pro rata) within the recommended standard of a maximum of 30 days in any 3 years for professional purposes within the UK in accordance with National and local guidelines on such leave.

Medical clearance

Appointment to this post is subject to satisfactory medical clearance. If appointed, you will be required to complete a simple medical questionnaire.

Commencement of duties

The post commences not later than 3 months after appointment at interview unless a special agreement has been made between the appointee and the Portsmouth Hospitals NHS Trust. If you consider it is unlikely that you will be able to take up the post on that date, you must point this out at the time of your application. Applicants must hold specialist registration in Respiratory and G(I)M, or be within 6 months of anticipated CCT date on the day of interview.

Visiting Arrangements

The Trust will reimburse expenses within the UK for one pre-interview visit for any short-listed candidate.

Those who wish to visit the hospital should contact Dr Alex Hicks at Queen Alexandra Hospital, telephone number 02392 286000 Ext. 4198. Due to the high volume of recruitment and our desire to treat all applicants fairly it is not possible to meet with the Chief Executive, Mrs Penny Emerit, prior to the Appointments Advisory Committee.

However, arrangements to meet with Dr John Knighton Chief Medical Officer can be made by contacting his PA on 02392 286342. Both Mrs Emerit and Dr Knighton are extremely committed to and supportive of this appointment and to appointing the right candidate; as part of the induction programme, the successful applicant will have an opportunity to meet with them.

Interview

The Advisory Appointments Committee will interview for this post. A date will be notified to successfully sifted applicants. The process will include a presentation from each candidate, instructions for which will include a presentation from each candidate, instructions for which will be given after shortlisting.