# recruitcover final2.jpg`Job Description

**Job Title: Locum Consultant Paediatric Surgeon and Urologist**

**Location: Royal Aberdeen Children's Hospital**

**Hours: 40-hours per week**

**Ref No:**

**Closing Date:**



Job Title: Locum Consultant Paediatrician Surgeon and Urologist (with view to substantive appointment)

Location: Royal Aberdeen Children’s Hospital

Department: Combined Child Health Service

Hours: 40 hours per week (10 PA’s)

Contract: 12 month locum initially

## Introduction

Whole time or maximumpart time Locum Consultant Paediatric Surgeon/ Urologist is required for the Royal Aberdeen Children’s Hospital (RACH) for an initial period of 12 months. This post is an additional post and will join another 1.5 urologists in providing urology service to Grampian and the North of Scotland. The appointee will participate in a 1:5 on-call rota for neonates and general surgery and urology. The majority of elective activity will be in urology, but the post holder will need to contribute to general surgical activity both in hours and as part of on-call. The candidate would cover urological emergencies whilst on call and on an ad hoc basis at other times. In addition to urology training candidates should therefore be trained in all aspects of emergency General Paediatric Surgery, including Neonatal surgery.

Applicants should possess, or be within six months of receiving, the CCST in Paediatric Surgery at the time of the appointment, have had appropriate experience within a dedicated paediatric and neonatal surgical unit. Ideally, they will have had post CCST Urology training.

The job plan currently consists of 10 programmed activities/ week. Responsibilities for ward rounds, continuing care, outpatient clinics, administration, teaching, audit and research will be shared. This post is designated as full time. However, other more flexible arrangements such as part time, job share etc will be favourably considered. We welcome quality improvement initiatives and new ways of doing things and look forward to the successful candidate developing further existing services. The post holder can devote a proportion of their 2 SPAs to academic activity and can apply for dedicated funding from endowments for dedicated time. Alternatively, there are ample opportunities to apply for leadership roles or educational roles at both DME or Deanery or Medical school divisions.

## 2. General

### 2.1 Aberdeen, Aberdeenshire and the North of Scotland

This historic city stands between the Rivers Dee and Don and has many architectural splendours and the use of its sparkling local granite has earned Aberdeen the name of the Silver City. Aberdeen is recognised as the oil capital of Europe and has consequently undergone much development, but nevertheless retains its old-fashioned charm and character.

Aberdeen City and Aberdeenshire enjoy excellent communication services with an International Airport and Ferry port. There are plentiful air links with all the major European Hubs and flying time to London is just over one hour, which provides a plentiful supply of onward travel connections. Road and rail links to all points north and south are excellent.

Many new housing developments have taken place within Aberdeen City and surrounding villages providing a wide choice of housing within easy commuting distance of RACH.

Aberdeen City is well known for its rich provision of cultural amenities including His Majesty's Theatre, Music Hall, Art Gallery, and Museums. There are plenty of opportunities for indoor and outdoor sporting and leisure activities. Education facilities are excellent and in addition to Regional Education Authority schools, there are two fee-paying co-educational schools and one school for girls.

To find out more visit www.aberdeencityandshire.com

Beyond Aberdeen the Highlands and Islands of Scotland are tourist magnets and offer a unique appeal in terms of landscape, wildlife and outdoor activities.

### 2.2 The University of Aberdeen

The University of Aberdeen is a fusion of two ancient universities: Kings College founded in 1495 and Marischal College which dates from 1592. The University maintains an outstanding record in scholarship and supports a high level of teaching and learning underpinned by a first class portfolio of research programmes and currently has 10,000 matriculated students. The University of Aberdeen is the 2019 Times Scottish University of the Year. The Medical School at the University of Aberdeen is consistently among the top third of UK institutions.

The Institute of Medical Sciences is adjacent to the University Medical School on the Foresterhill site and brings together medical scientists and clinicians in a fully integrated research facility.

http://www.abdn.ac.uk/

***Division of Medical and Dental Education***

The Division of Medical and Dental Education (http://www.abdn.ac.uk/medicine-dentistry/medical-dental/) is the overarching organisation which encompasses the administrative and academic team that ensures delivery of all the School’s undergraduate programmes including the MBChB, BDS and Diploma in Physician Associate studies. The Division is led by Professor Rona Patey (Head of Division of Medical and Dental Education) and also includes staff in the Clinical Skills Centre, in Anatomy and in the Highland Medical Education Centre in Inverness.

An ethos of research, development and innovation is encouraged within the Division of Medical and Dental Education and teaching fellows make a major contribution to our research activities, presenting at educational conferences and publishing in educational journals (http://www.abdn.ac.uk/medical-education/research/). The Suttie Centre for Learning and Teaching in Healthcare (see http://www.abdn.ac.uk/suttie-centre/), a joint NHS Grampian and University of Aberdeen teaching and learning building on the Foresterhill campus, provides state of the art teaching facilities, including purpose built Anatomy and Clinical Skills facilities. In Inverness there is also a Clinical Skills Centre, located within the Centre for Health Science. This facility also contains the Centre for Rural Health (Research) and NHS Highland’s Research and Development department.

## 3 NHS Grampian

The NHS in Grampian provides for a total of approximately 560,000 people with circa 250,000 being within the City of Aberdeen and the remainder in peripheral towns and small rural communities across Aberdeenshire and Moray. There are approximately 90,000 children and young people under the age of 16 years.

NHS Grampian was established on the 1st April 2004 as a single system entity for the provision of health services across the whole of the Grampian region. NHSG replaced the previously separate health organisations of Grampian University Hospitals Trust (Acute Services), Grampian Primary Care Trust (Primary Care Services) and Grampian Health Board (Corporate Services). This single system was established in order to improve integrated services to the people of Grampian and to promote seamless care between professionals in all areas of NHS provision. NHS Grampian employs 16,000 staff and has a budget in excess of £900m.

NHS Grampian aims to maintain the tradition of clinical excellence and to encourage clinical staff to work in an environment where people are looking to innovate and are aware of, and contribute to, developments within their specialities. We are looking for staff who are excited by the prospect of involvement in the exchange of ideas within the national and international research community. NHS Grampian’s Research and Development Strategy has been developed to prioritise and stimulate research and development within NHSG’s fields of interest, complementing the research strategies of the Universities and Research Institutes in the area.

A Research and Development Directorate exists to support and facilitate research within NHS Grampian. Candidates should contact the Directorate to discuss their particular research area of interest.

NHS Grampian aims to devolve authority as much as possible to the component parts:

Three Community Health Partnerships (CHPs), based on geographical areas covering Aberdeen City, Aberdeenshire and Moray.

Acute Sector providing secondary and tertiary services.

Mental Health Sector.

## 4 Combined Child Health Service

The Combined Child Health Service is part of the Acute Sector and incorporates both acute and community services for children and young people under a single management structure. The service provides acute and community child health across Grampian and to some children from Tayside and Highland. Paediatric Services to Orkney and Shetland are commissioned from NHS Grampian by their respective Health Boards.

### 4.1 Royal Aberdeen Children's Hospital

The new Royal Aberdeen Children's Hospital was opened in January 2004. It is contiguous with Aberdeen Royal Infirmary with ready access to a wide variety of investigative facilities including head and body scanning, magnetic resonance imaging, biomedical physics and nuclear medicine and NHS laboratory services.

RACH contains its own Radiology Department with Paediatric Radiologists and in-house facilities for conventional radiology and ultrasound. Video Urodynamic facilities. The Pathology Department includes a dedicated Paediatric Pathologist. The anaesthetic department consists of 6 Consultant Anaesthetists who provide 27 Consultant sessions in paediatric anaesthesia and pain management. There is a well-established commitment within paediatric anaesthesia to teaching and research.

In addition to Paediatric Surgery and Urology RACH provides specialist inpatient and outpatient care in medical paediatrics (see below), orthopaedic surgery, plastic surgery, ENT, dermatology, orthodontics, ophthalmology and clinical genetics. Additionally, the hospital has its own Emergency Department under direct consultant supervision and is a designated Paediatric Major Trauma centre. Pharmacy, Dietetics, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Play and Social Work are all onsite.

Acute care is provided at RACH for children up to 16 years of age. There are approximately 8000 admissions to RACH each year of which two thirds are acute admissions. RACH has a total of 85 beds (72 in-patient beds and 13 day-case beds). The 10 bedded Paediatric Assessment Unit (PAU) is a short stay ward that receives the unscheduled medical paediatric and Emergency Department admissions. Children stay up to 24 hours and if not discharged are transferred to the medical ward. The 30 bedded Medical ward also receives elective admissions and directly admits patients with chronic conditions e.g. oncology, diabetes, cystic fibrosis. The 4 bedded High Dependency Unit is a facility for all medical and surgical specialities and offers up to Level 1 PICU care.

The Department of Community Child Health and a purpose built Child Protection Suite is located within RACH. This is the administrative base for the service, with children being seen at schools and clinics throughout Grampian.

There are currently four Paediatric Surgeons at RACH whose interests include Neonatal, Gastroenterology, Oncology, Urology and Thoracic surgery. The hospital is currently the only designated Paediatric major trauma centre in Scotland.

A new state-of-the-art Women’s hospital (The Baird Hospital) is currently under construction immediately opposite RACH and will open in 2022. The advent of the Baird Hospital is an excellent opportunity to further strengthen links with neonatal colleagues.

The University Of Aberdeen Department Of Child Health has laboratory and office accommodation within RACH and has access to all the facilities in the Institute of Medical Science on the Foresterhill campus. The administration of the Scottish Paediatric Research Network is based in Child Health. A clinical research unit within RACH is headed by a senior paediatric research nurse. The Medical Faculty has made significant investments in teaching technology including distance learning, computer assisted learning, video conferencing and tele-medicine.

Current research interests include:

* Botox A trial for Overactive Bladder
* Medicines for Children Network supporting a variety of trials to promote and develop the safe and effective dosing of medicines.
* Early origins of asthma
* Objective monitoring in childhood asthma
* Evaluation and re-organisation of acute and elective medical paediatric referral pathways

Aberdeen University currently supports around 180 undergraduate medical students in each year. The Aberdeen medical course includes paediatric teaching in the community spine from the first year, an introduction to RACH in Year 2, a 3 week block of lecture and small group teaching in paediatrics in Year 3, a block including 4 week clinical paediatrics in Year 4 (usually the penultimate year) and an optional further 8-week block in paediatrics in the final year.

**4.2 Paediatric Urology Service**

This is service is delivered by approximately 1.5 wte surgeons currently. The service is delivered locally in RACH but also in Elgin, Inverness and Shetland with a joint clinic service in Dundee. There is a Urology Nurse specialist as part of the service and a very close working relationship with the Paediatric Nephrology team. There are specialist urology, combined Spina Bifida and DSD clinics. There are facilities and equipment for video-urodynamics, biofeedback and neuromodulation. In addition, outreach Exstrophy clinics from Manchester with joint operating are done regularly. There are very good relationships with the adult Urology service. There is also an “informal” Paediatric Urology Network between the 4 regional paediatric hospitals in Scotland which meets via videoconference regularly to discuss complex cases.

**4.3 Paediatric Surgical Service**

There is full speciality surgical service including from Neonatal Surgery, Chest Wall Surgery, Open and Laparoscopic Gastroenterology surgery and Oncology. Each subspeciality has lead surgeon and a support surgeon to ensure expertise remains available and supported. Joint consultant operating is encouraged and frequent.

**4.4 Outreach Services**

There is a substantial commitment to regional outreach service delivery across the North of Scotland. Clinics are delivered in Elgin, Fraserburgh, Inverness, Orkney and Shetland with day case operating in Inverness and Shetland. Each surgeon has responsibility for an area and the new appointee will be a key part of this.

**4.5 Paediatric Sub-specialities**

Aberdeen has a number of well-established sub-specialities within medical paediatrics and provides a regional service to the Children in North East of Scotland. The Paediatric Oncology and Paediatric Gastroenterology teams each include three consultants and specialist nurses and provides the service for the North of Scotland. The respiratory and team in Aberdeen also provides supra-regional support to Tayside and Highland. In RACH, there are also well established teams within Diabetes, Renal, Endocrine, Neurology and Rheumatology. A palliative medicine service is expected to start in 2020. We have extensive links with other tertiary care centres within Scotland and England for smooth transition of care for complex patient needs and visiting consultants from these centres hold regular clinics to complement the local teams in certain specialities like Liver transplant, renal and complex rheumatology cases. The 5 Health Boards provide care to patients in one of the largest geographical areas in U.K hence the reason that Remote and Rural Medicine is an actively developed with extensive use of Video-conferences and the modular evolution and deployment of the electronic patient records at an advanced stage of development within the region.

### 4.6 Paediatric Managed Clinical Networks

The aim of the managed clinical networks is to provide high quality clinical care to children and young people under the age of 16 as close as possible to the patient’s home. In 2008 the Scottish Executive Health Department announced the provision of new funding for paediatric specialist services across Scotland. This amounted to £32 million over a 3 year period (2008 to 2010) of which £20 million would be recurring funds (depending on the demonstration of enhancement for those services benefiting from this funding).

Many paediatric services in Aberdeen are supported within either Managed Clinical Networks (MCNs) or Managed Service Networks (MSNs). National networks include those for Congenital Thoracic defects, DSD, oncology, nephrology and cardiology with regional North of Scotland networks for neurology, respiratory and gastroenterology, as well as other specialities. There is a team of 25 specialist children’s nurses in Aberdeen who support a range of specialities.

RACH is one of the recognised Children’s Cancer and Leukaemia Group Centres and participates in national trials and studies of therapy in leukaemia and other cancers. Renal failure and disease is managed in collaboration with the Scottish Paediatric Nephrology Unit in Glasgow who hold regular joint Nephrology clinics in Aberdeen. The principal external referrals made to other specialist paediatric hospitals in the UK are for cardiac and hepatic surgery and for bone marrow transplantation. Paediatric high dependency care is provided at RACH and Raigmore, Inverness and paediatric intensive care is provided in Edinburgh and Glasgow with a national retrieval system in place.

## 5 Tertiary Neonatal and Maternity Services

The Aberdeen Maternity Hospital, a purpose built building, opened in 1988 is the tertiary Maternity Hospital and Neonatal Unit for the Grampian area. It has 87 ante-natal and post-natal beds and the Neonatal Unit has 38 cots. There are 10 Intensive Care cots, 7 High Dependency and 19 Special Care cots plus 2 isolation cubicles. There are over 6,500 births in Grampian, 4,900 of which occur at AMH. Over 950 infants are admitted to the NNU per year, of which approximately 200 require intensive care. The neonatal unit is the regional cooling centre for the North of Scotland. The Regional Neonatal Surgical Centre is based in the Unit. The Hospital is also recognised for sub-specialty training in Feto-Maternal Medicine. There are facilities for High Frequency Oscillation, inhaled Nitric Oxide and whole body therapeutic hypothermia for neuro protection. Only infants requiring cardiac surgery or ECMO are transferred out with the Unit.

There are currently 8 consultant neonatologists based at the NNU providing both the neonatal service for Grampian and the transport service for the North of Scotland. The Unit is part of the National Scottish Neonatal Transport Service. The service is consultant led and consultant based. The Aberdeen transport team, in conjunction with the team from Dundee, provides a 24 hour Neonatal Transport Service for the North and North East Scotland and, the Orkney and Shetland Isles. The Service is supported by specially trained transport nurses and is involved in teaching and training on the national Transport and Stabilization courses.

## Surgical Consultant Staff Subspecialty/ Interest

Ms Melanie Clarke Colorectal and General

Mr Chris Driver Paediatric Urology and Oncology

Mr Yatin Patel Thoracic and Colorectal

Mr Adnan Salloum General and Urology

**Associate Specialist**

Ms Gillian Winter Trauma Lead and Simulation

**Anaesthetic Consultant Staff**

Dr Graham Wilson (Clinical Lead)

Dr Gordon Byers

Dr Kay Davies

Dr Zuzanna Kusnirikova

Dr Alan Barnett

Dr Swaphil Aswar

Dr Gil Gavel

**Orthopaedic Consultant Staff**

Ms Leanora Mills Surgical Service Director

Mr Tim Dougall

Mr Simon Barker

Mr Neil Forrest

Ms Claire Miller

Mr Mike Ready

**RACH Paediatric Consultant Staff: Subspecialty/ Interest**

Dr Marianne Cochrane Child Protection, Community Paediatrics, Unit Clinical Director

Prof S Turner Respiratory Medicine

Dr M Osman Respiratory Medicine

Dr C Middleton Respiratory Medicine

Dr S Bunn Gastroenterology and Nutrition

Dr S Kishore Gastroenterology and Nutrition

Dr I Chalmers Gastroenterology and Nutrition

Dr G Taylor Haematology and Oncology

Dr H Bishop Oncology, Division Clinical Director Diagnostics

Dr N Ahmad Oncology

Dr F Herd Oncology/Palliative Medicine

Dr A Mayo Diabetes and Endocrinology

Dr Alistair Revolta Diabetes

Dr Sun Diabetes

Dr C Oxley Renal, Endocrinology and Clinical Lead for Paediatrics

Dr G Malik Rheumatology

Dr D Rogahn Cardiology

Dr K Khor Cardiology

Dr D Serino Neurology ***(locum)***

Dr E Stephen Neurology

Dr Jackie Crum Community Paediatrics

Dr Ai Lin Lee Community Paediatrics

Dr J Nair Community Paediatrics

**Consultant Neonatologists**

Dr M. Ezzat

Dr P Kalous

Dr N. Kau

Dr M. Munro

Dr L. Psiouri

Dr S. Satas

Dr V Kristareddy

Dr C Vasanth (locum)

*Vacancy (appointment made)*

**Dr.Gray’s Hospital** **Sub-speciality/ Interest**

Dr S Wojcik\* Respiratory

Dr M Masand\* Neonatology

Dr S Parkinson\* Neuro-disability

Dr N Gadong\* Community

## The Post

### TITLE OF POST – Locum Consultant Paediatric Surgeon and Urologist – 1 year initially

The job attracts 10 PAs covering paediatric urology and surgery. This will comprise 8PA’s of Direct Clinical Care (DCC) and 2 SPA’s. The appointee for this post will be based at RACH and will contribute to service elsewhere in the North of Scotland including Highland and the Shetland and Orkney Islands. A further 2 EPA’s may be applied for outside of the Department in areas of additional service, education or research. There are many national and regional lead posts constantly advertised. There is also opportunity to apply for Clinical Director roles within the Combined Child Health Service or at Divisional level.

Paediatric Urology

* The appointee will undertake two weekly Urology/General clinics at RACH.
* The appointee will travel to an outreach clinic a maximum twice a month for a combined urology and general surgery clinic. This will be in Elgin and Fraserburgh or Peterhead.
* There will be a requirement to supervise video urodynamic studies and acquire screening privileges.

Acute General Paediatric Surgery

The appointee will work as part of a team of 5 Paediatric Surgeons at RACH contributing to the acute rota. A “surgeon of the week “system is planned to cover the daytime acute service and during this time normal weekly activities will be cancelled. The holder of this post will participate in the general out-of-hours on-call rota, currently 1:5.

The commitments to acute General Paediatric Surgery include:

* Taking part in the “surgeon of the week” (SOW) rota. Duties are 1:5, which include:
  + Undertake handover starts at 0800 daily
  + Business/teaching ward rounds morning and afternoon:
  + Provide continuous day time cover and support for the junior and nursing staff and be available to cover the CEPOD Emergency lists for general surgical cases.
  + Provide handover to the out-of-hours consultant at 1700 hours
* Taking part in the out of hours Paediatric Surgery Consultant on-call rota 1:5

Teaching and Professional Development

The appointee would be expected to take part in the undergraduate medical and physician associate teaching. They will undertake to teach and supervise doctors in training and complete competency assessments as needed. There is a well-established programme of professional development by the Paediatric and Neonatal units, and the post holder will be encouraged to support and teach on these as requested. The appointee will also be expected to attend and contribute to the monthly multi-disciplinary RACH Mortality and Morbidity meetings, which is part of an very active Patient Safety programme within the hospital.

Administrative

There are weekly departmental meetings and a monthly senior staff Paediatric Clinical Service Group meeting. There is an active audit program. The post holder will work with the Clinical management team in developing the Service.



**Person Specification**

|  |  |  |  |
| --- | --- | --- | --- |
|  | REQUIREMENTS | ESSENTIAL | DESIRABLE |
| A | Qualifications  Basic  Postgraduate | MB ChB or equivalent  CCST/CCT in Paediatric Surgery  Current APLS Provider | Higher degree PhD, MD or MSc  APLS instructor or equivalent  Post CCT Urology training |
| B | Experience | Must be able to demonstrate a high level of clinical experience and competence in Paediatric Surgery and Urology – including Neonatal Surgery -.  Experience and competency in acute paediatric surgery  Experience of delivering care in a regionally distributed service |  |
| C | Ability  Knowledge  Clinical Skills  Technical Skills | To be competent in the management of Paediatric urological conditions  Commitment to CPD in paediatric surgery and urology medicine  Evidence of knowledge of and competence in child protection – Level 2 equivalent | Good working knowledge of Paediatric Urodynamics |
| D | Motivation | Motivated to work closely with staff in the Combined Child Health Service and beyond to develop an effective and integrated service within a regional network of general and specialist paediatric and neonatal care |  |
| E | Personality | Good interpersonal and communication skills  Team player with multidisciplinary approach to patient care  Adaptable | Demonstrated ability to lead a multi-disciplinary team |
| F | Audit | Ability to initiate and implement audit cycles in relation to own work, team’s work and in service wide context.  Evidence of completed audit. |  |
| G | Research | Knowledge and experience of research methodologies | Published research or review paper.  Active or past contributor to research projects |
| H | Management Ability | Knowledge of management structures and management experience (clinical and educational) | Evidence of advanced organizational skill needed to run a service |
| I | Training and Teaching Experience | Teaching/training/ assessment/ curriculum management skills  Experience in postgraduate and/or undergraduate teaching |  |
| J | Other requirements | GMC Registration (Specialist Register). Satisfactory fitness for employment and for recognition and approval as a trainer with the GMC | Full UK Driver’s Licence. |

**CONSULTANT in Paediatric Urology and Surgery**

CONDITIONS OF APPOINTMENT

1. The appointment will be made by the Board on the recommendation of an Advisory Appointments Committee, constituted in terms of the National Health Service (Appointment of Consultants) (Scotland) Regulations, 1993 - NHS Circular 1993 No 994 (S.140) which will include University representatives. Any person suitably qualified and experienced who is unable for personal reasons to work full-time, will be eligible to be considered for the post.

2. (a) The whole-time salary, exclusive of any distinction award, will be a starting salary of £78,304 - £105,570 progression of salary is related to experience.

Appendix 8 of the contract sets out the code of conduct for private practice which applies to all interested parties. In general consultants will be free to undertake private practice as long as this is undertaken out with the agreed job plan and employers are informed, in writing, of private commitments. While employers have discretion to allow some private practice to be undertaken alongside a consultant’s NHS duties, such provisions of private service should not prejudice the interests of NHS patients or disrupt NHS services.

(b) Job plans must be agreed in association with the appropriate General Manager and Clinical Managers; for signature on behalf of the Chief Operating Officer. Changes will be discussed and agreed by these officers and yourself in line with Clinical Grouping service needs and changes in service requirements as well as at annual review.

3. The person appointed will be expected to take part in undergraduate and postgraduate teaching programmes. You will therefore be awarded appropriate Aberdeen University Honorary Status.

4. Consultants are expected to undertake research and development in their own field and to link with the University research areas.

5. Day to day arrangements for undertaking the specified duties of the post will be made in consultation with the Head of Service, other consultants in the department and with the Board.

6. The person appointed will have a continuing responsibility for the care of patients in his or her charge and will undertake the administrative duties associated with the care of his or her patients and an appropriate share in the running of the clinical department.

7. The person appointed will act as an adviser to the Board in Paediatric Surgery and Urology.

8. The person appointed will be expected to undertake domiciliary consultations as may be required by the Board.

9. The person appointed will be expected to undertake advisory ("pastoral") visits to hospitals in the Area.

10. The person appointed may undertake the diagnosis and treatment of patients occupying accommodation made available under Sections 57(1), 57(2) and 58 of the National Health Service (Scotland) Act 1978 at the above hospitals insofar as the patients have not made private arrangements for such treatment.

11. The Board, in partnership with the BMA Local Negotiating Committee has a study leave policy for all Career Grade Medical and Dental staff Policy available on request from the Human Resources Department.

12. The appointment will be superannuable if the person appointed so chooses. He or she will be subject to the regulations of the National Health Service Superannuation Scheme and the remuneration will be subject to deduction of contributions accordingly, unless he or she opts out of the Scheme.

13. The private residence of the person appointed should not normally be more than 10 miles by road from their principal place of work unless otherwise agreed locally. They must be contactable by phone.

14. NHS Grampian is legally liable for the negligent acts or omissions of employees in the course of their NHS employment. Medical staff are however advised to ensure that they have defence cover for activities not covered by the Board’s indemnity.

15. The officer appointed will be required to be registered on the General Medical Council’s Specialist Register.

16. As a result of guidance issued by the Scottish Office on "Protecting Health Care Workers and Patients from Hepatitis B" NHS Grampian is required to:-

Ensure health care workers who may be at risk of acquiring hepatitis B from a patient are protected by immunisation.

Protect patients against the risk of acquiring hepatitis B from an infected health care worker. Due to the nature of this post, any offer of appointment will be conditional upon the successful applicant either:-

* Undergoing a process of screening/immunisation/monitoring in accordance with the Board's Policy and Procedure, or
* Producing acceptable documentary evidence that he/she is not an infective risk to others.

In the event that he/she is an infective risk to others or if he/she fails to comply with the above requirements, the conditional offer of appointment will be withdrawn.

As a condition of his/her subsequent employment in this post he/she is also required to undergo further immunisation and monitoring at the intervals specified by the Board's Occupational Health Service in order to boost/maintain his/her level of immunity. Should he/she become hepatitis B e antigen positive and therefore an infective risk to others at any stage in the future the appointment will be subject to review in accordance with the Board's agreed Procedure for dealing with such situations where the post holder is involved in "Exposure Prone Procedures". This review may result in the post holder having to alter his/her clinical exposure to remove risk to patients and others. In circumstances where this is not a practical option, it will be necessary to provide industrial compensation for this prescribed industrial disease prior to the post holder leaving the Board's employment.

17. The appointment is made subject to satisfactory fitness for employment. The candidate will therefore be required to complete a pre-employment health screening questionnaire and may/will subsequently be required to attend for health screening.

18. Termination of the appointment is subject to three months' notice on either side.

1. The Board is required to instigate a check to be made with the Disclosure Scotland Office for any convictions recorded before an offer of appointment can be made (rehabilitation of Offenders Act 1974 amended 1985 and 1986) and (Disclosure of Criminal Convictions of NHS Staff with Substantial Access to Children 1989).

**NOTES TO CANDIDATES**

Canvassing in connection with appointments is not permitted but this does not debar candidates who wish to visit the hospitals concerned.

Informal enquiries should be made to:

Mr Chris Driver, Paediatric Urologist and Surgeon

Ms Leanora Mills, Surgical Service Director or

Dr Marianne Cochrane, Unit Clinical Director for Child Health

Telephone: switchboard on 0345 456 6000 requesting any of the above or Email:

chris.driver@nhs.net

Leanora.mills@nhs.net

marianne.cochrane@nhs.net

Acute Sector Management Team:

Dr Paul Bachoo Ms Fiona Francey

Medical Medical Director – Acute Services Acute Sector General Manager

NHS Grampian

3rd Floor West Wing, Ashgrove House

ARI Site

Contact: Lorna Wallace

Personal Assistant

Direct Line: 01224 552733

Apply for this post by visiting www.medicaljobs.scot.nhs.uk and search for Ref No quoted above. Closing Date: ...................

NHS Grampian has a process of induction for all newly appointed Consultants. You will have a local department induction and orientation led by your Head of Service. In addition we believe it important that you have an opportunity to meet with key personnel in NHS Grampian. This allows them to explain their role in the organisation and to discuss key information on the organisation and strategic planning processes we operate. We believe it important that all newly appointed Consultants even if they have previously worked in Grampian should have this opportunity once appointed to a Consultant post. Your Head of Service along with you will be responsible for ensuring this is undertaken. Heads of Service are supplied with the names of those you should meet.

NHS Grampian are obliged to bring to your notice that the Rehabilitation of Offenders Act 1974 provides for many people who have been convicted of certain criminal offences, the opportunity to have no need to refer to any conviction or circumstances relating to it in the course of daily lives. Certain convictions can, therefore, be regarded as “spent” after the lapse of a period of years under the terms of the Act. The National Health Service employment for which you are applying, however, has been excluded from the provisions of the Act and you are, therefore, required no withhold information about convictions which for other purposes are “spent” under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Board. Any information given, however, will be completely confidential and will be considered only in relation to the post to which this job description refers.

There is a Day Nursing facility for children of staff employed by NHS Grampian. ‘Little Acorns Day Nursery’ which has been specially designed can accommodate 24 children between the ages of 6 months and 5 years. Please contact the Nursery Manager on (01224) 557828 for further details.

**In The Interest Of Health Promotion We Operate a No Smoking Policy**

**MODEL JOB PLAN FORMAT**

**Name: Vacancy Specialty: Paediatrics Surgery and Urology   
Effective Date of Job Plan: On appointment Next Expected Review Date:**

**Contract: Permanent Locum – 12 months Full Time**

**Weekly PAs: 10 DCC: 8 SPA: 2 Weekly EPAs: TBC TOTAL HOURS: 40**

**Principal Place of Work RACH**

**On-Call Availability Supplement: 1 in 5 (4%)**

**Out of Hours Work: Predictable: 2 PAs Unpredictable: N/A**

**Managerially Accountable to: Dr Marianne Cochrane**

**Clinically Responsible to: Ms Leanora Mills**

**Indicative job plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **PA** | **Comments** | **Hospital** | **Type of work** |
| 1 day Emergency cover (1:5) | 2 PA |  | **RACH** | **DCC** |
| 2 OPD Clinic sessions (RACH and outreach) | 1.4 PA | Cancelled if on Emergency cover | **RACH and Elgin or Fraserburgh** | **DCC** |
| 1 day operating 3 out of 5 weeks | 1.6 PA |  |  |  |
| Simulation/ safety/ audit |  | Replace other activity | **RACH** |  |
| SPA | 2 PA |  | **RACH** | **SPA** |
| Admin / Travel (inc. Elgin etc) | 1 PA |  | **RACH** | **DCC** |
| Out of hours work | 2 PA |  | **RACH** | **DCC** |
| Urodynamics 1/ month |  | Replace other activity | **RACH** | **DCC** |

**Indicative Timetable (Days may vary)**

|  |  |  |
| --- | --- | --- |
| **Day** | **Hospital: RACH unless otherwise specified** | **Type of work** |
| **Monday**  **08.00-12.00**  **12.30-13.30**  **14.00-17.00** | **Handover, Ward Round, Out Patient Clinic (4/5 weeks)**  **Departmental meeting**  **SPA (4/5 weeks)**  **Replaced by Emergency Cover (1/5 weeks)** | **DCC**  **SPA**  **DCC**  **SPA** |
| **Tuesday**  **08.00-17.00** | **Handover, Ward Round,**  **Replaced by Emergency Cover (1/5 weeks)**  **Day off 4/5 weeks** | **DCC** |
| **Wednesday**  **08.00-17.00**  **13.00-14.00**  **14.00-17.00** | **Out patient Clinic 2/5 weeks – Outreach Clinic**  **Simulation/ safety/ audit 2/5 weeks**  **Grand Rounds**  **Simulation/ safety/ audit 2/5 weeks**  **Replaced by Emergency Cover (1/5 weeks)** | **DCC**  **DCC**  **SPA**  **DCC** |
| **Thursday**  **08.00-17.00** | **Handover, Ward Round,**  **All day Theatre 3/5 weeks**  **Replaced by Emergency Cover (1/5 weeks)**  **Day off 1/5 weeks** | **DCC**  **DCC** |
| **Friday**  **09.00-13.00**  **13.00-17.00** | **Handover, Ward Round**  **SPA 4/5 weeks**  **Replaced by Emergency Cover (1/5 weeks)** | **DCC**  **SPA** |
| **Weekday nights/Saturday/ Sunday** | **1: 5 On-call for Paediatric Surgery** | **DCC** |