**NHS Ayrshire and Arran**

**NHS Locum Specialist Doctor**

**(Fixed Term 24 months)**

**Medical Microbiology**

**(Supporting portfolio pathway formerly known as CESR route)**

## Job Description



This post will complement the current team of 3 Consultant microbiologists to support the delivery and development of clinical and laboratory Microbiology services within Ayrshire. The post is based within Diagnostic Services of NHS Ayrshire & Arran at University Hospital Crosshouse (UHC), near Kilmarnock and University Hospital Ayr (UHA), in Ayr. The Microbiology Department provides an area-wide clinical and laboratory service to all inpatient areas, primary care and community services. The population of Ayrshire is approximately 384,000.

NHS Ayrshire and Arran provides a wide range of health care services. Acute services are provided at University Hospital Crosshouse and University Hospital Ayr (UHA), including infectious diseases beds at UHC. Inpatient maternity and paediatric services are also located on the UHC site. Our primary care services are provided by a variety of clinics and community health settings throughout the area, including the islands of Arran and Cumbrae. Tertiary care services, such as neurosurgery and cardiothoracic surgery are primarily provided by NHS Greater Glasgow and Clyde and the Golden Jubilee National Hospital. Inpatient care for high consequence infectious diseases is provided at Monklands Hospital in NHS Lanarkshire. The Ayrshire and Arran health Board provides full support to portfolio pathway formerly known asCESR (Certificate of Eligibility for Specialist Registration) route and specialist registration if needed.

Applications from UK, EU and non-EU candidates will be welcomed. If you are an international doctor from outside of the UK and Republic of Ireland, you can apply for medical posts that may qualify for sponsorship under a skilled worker visa. A health and care worker visa allows health and care professionals to come to the UK to do an eligible job within the NHS. If you require a Work Visa, please seek further guidance on current immigration rules, which can be found on the UK government home office website.

**Living in the Area**

Situated in the South West of Scotland on the Firth of Clyde, Ayrshire is a scenic area with 80 miles of varied coastline. We are ideally placed, offering easy access to Glasgow, the national motorway network via the M77 and ferry services to West Coast Islands. There are excellent rail and bus links to Glasgow and elsewhere. Glasgow and Prestwick International airports are close by, providing access to the rest of the UK and beyond.

Ayrshire offers a variety of living environments. There are three main towns, Kilmarnock, Irvine and Ayr, which provide plentiful shopping and leisure amenities and affordable housing. There are also many picturesque villages close to the hospital which offer a more relaxed rural environment. Nearby coastal Troon is a popular place to live. There are high quality state and private schools.

The area offers a wide variety of leisure opportunities. There are over 50 quality golf courses, including Turnberry and Royal Troon, the latter being the venue for the 2016 Open Golf Championship. There is access to sailing on the West Coast and islands. There are several fine beaches and abundant pleasant countryside for walking and cycling (see below). There are many good restaurants, country inns and hotels in the area, with high quality seafood a speciality.

The ferry port of Ardrossan, which is a twenty minute drive from University Hospital Crosshouse, is the departure site for the regular CalMac ferries to the Isle of Arran, a 55 minute crossing. This picturesque island is a popular weekend and holiday destination for walking, cycling, golfing and relaxing in beautiful surroundings. There are also ferries to Kintyre from Ardrossan and to Cumbrae from Largs.

Take a walk along the coast, find out more about our National Bard and see how it’s made. There are plenty of great things to do in Ayrshire & Arran, here are just a few of them:

* Culzean Castle & Country Park
* Dundonald Castle
* Dean Castle & Country Park
* Brodick Castle & Country Park
* Kelburn Castle & Country Estate
* Burns Monument Centre / Birthplace Museum / Burns Cottage / Souter Johnnies Cottage
* Crossraguel Abbey
* Dumfries House
* Vikingar
* The Isle of Arran Distillery & Visitor Centre
* The Scottish Maritime Museum
* Ayr Race Course
* Heads of Ayr Farm Park
* Dark Sky Observatory
* Walking – Ayrshire Coastal Path, The River Ayr Way, Ayr Gorge, The Smugglers Trail, Goat Fell
* Cycling -National Cycling Network Routes – 7, N73 / Mountain Bike Trails
* Regional Sports Facilities

Find out more at: https://www.visitscotland.com/destinations-maps/ayrshire-arran/

https://www.visitscotland.com/ebrochures/en/what-to-see-and-do/ayrshireandarran/ http://www.exploreayrshire-arran.com/ http://whatsonayrshire.com/

http://www.visitsouthernscotland.co.uk/folder-21-ayrshire-and-arran http://www.craftscotland.org/visit-craft/ayrshire-arran/

For a more city-based lifestyle many staff choose to commute to Kilmarnock from the southern fringes of Glasgow and neighbouring East Renfrewshire. From these areas the hospital is a pleasant, approximately 30 minute motorway drive. This is usually relatively quiet against the busier traffic flow direction. There is also a direct bus service. South Glasgow and East Renfrewshire offer high quality housing, education and leisure facilities and easy access to nearby Silverburn shopping centre. There is easy access by road and public transport to Glasgow city centre, with all its cultural, shopping and sporting attractions. East Renfrewshire has the top-performing state schools in Scotland.

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**Laboratory Services**

The laboratory services, including microbiology, are primarily located at UHC and form part of the Women, Children and Diagnostics Directorate, which has an Associate Medical Director and a Health Care Manager. The laboratories have two joint Clinical Directors and four department managers. There are four major laboratories - histopathology, microbiology, biochemistry and haematology.

# The Microbiology Department

We process around 245,000 samples per year and provide an extensive range of bacteriology, serology and mycology services, including liquid mycobacterial culture. Our department has significantly expanded its Containment Level 3 facility and molecular diagnostic capacity in response to the COVID-19 pandemic. Most of the referred work relates to molecular virology and is performed at the Specialist Virology Laboratory in Glasgow. The department is UKAS accredited and participates in relevant external quality assurance schemes. UKAS assessment was last completed in May 2025.

The department makes extensive use of automation in susceptibility testing (BioMérieux Vitek 2), serology and molecular diagnostics (Abbot Alinity), and blood cultures (BD BACTEC FX). A Bruker MALDI-TOF is used for most bacterial identification, with a Seegene Starlet and Cepheid GeneXpert providing additional molecular diagnostic capacity. We have recently implemented Rapid Antimicrobial Susceptibility Testing (RAST) for blood cultures and support respiratory viral point of care testing (POCT) on Arran. We plan to expand molecular testing to include *Mycobacterium tuberculosis*, *Mycoplasma genitalium* and enteric pathogens.

The department has a stable IT system and uses Clinisys WinPath Enterprise as its Laboratory Information Management System.

**Staff**

|  |  |
| --- | --- |
| **Medical Staff** | **Specialist Interests** |
| Dr Paul Robertson, Consultant Microbiologist (0.8 FTE) | *S. aureus* bacteraemia, quality improvement, staff wellbeing |
| Dr Rob Nelson, Consultant Microbiologist (1.0 FTE) | Orthopaedic infection, *C. difficile* infection |
| Dr Ursula Altmeyer, Consultant Microbiologist and Antimicrobial Stewardship Lead (1.0 FTE) | Antimicrobial stewardship, urinary tract infection, critical care |
| Dr Sharon Irvine, Locum Consultant in Microbiology, Infectious Diseases and General Medicine (On call support) | Imported infection, VHF |

The department establishment is 4.1 FTE, with a current vacancy of 1.3 FTE.

We have a Head of Service Laboratory Manager and two Lead Scientists with Advanced Practitioner role. In addition, we have 6.5 WTE Senior Biomedical Scientists, 19.6 Specialist Biomedical Scientists and 21 WTE Medical Laboratory Assistants. Medical staff are based within the lab, allowing for good lines of communication with the scientific team. Office space is available as needed in the IPCT department (located in a separate building a short walk from the laboratory) and on the UHA site.

**Activity**

**Laboratory workload in 2023**

|  |  |
| --- | --- |
| **Type of activity** | **Samples per year** |
| Bacteriology | 171,500 |
| Serology | 36,600 |
| Mycology | <100\* |
| Molecular (primarily SARS CoV2) | 25,500 |
| Send away tests | 9,700 |

\* Mycology service is not fully re-mobilised.

40% of clinical samples are from primary care; 60% from secondary care.

The medical staff staff respond to around 6000 clinical enquiries per year.



We anticipate significant changes will be needed in all microbiology services to meet the health care needs brought about by changing demographics, the rising demand for infection service data and expertise, the impact of combined infection specialist training, and the evolution of microbiological diagnostics. This process has been accelerated by the COVID-19 pandemic. We believe the answer to these challenges lies not primarily in regionalization, but in pooling local infection expertise (MM and ID) as much as is possible and supporting local microbiology laboratories, who best understand local contexts, in order to give timely and meaningful results.

We plan to develop an expanded, single point of contact combined infection service to allow greater resilience and provide infection care that better meets the Caring For Ayrshire ambitions, including the development of an COPAT service for the board. We are keen to capitalize on our expanded molecular diagnostic capacity and expertise, to expand our clinical liaison services with a more comprehensive bloodstream infection service and to encourage consultant peer support and educational opportunities with expanded departmental meetings. We would like to expand our clinical liaison service into areas that do not currently have dedicated links (e.g. paediatrics or primary care) and expand our infection control doctor role.



# Proposed Weekly Programme

The job plan will **initially** be balanced at 9 DCC to 1 SPA.

As this is a new post the **exact job plan will be agreed** with the successful candidate.

A weekly departmental schedule and indicative job plan are shown below. Days worked can be subject to discussion and some regular remote working is encouraged. Activities with fixed time commitments will be carried out as detailed in the work programme *e.g.* MDTs. Other DCC and SPA activities are shown with indicative timings within the weekly programme and will be discussed with the appointee.

The job plan will be reviewed with the successful candidate no later than 3 months following appointment and where possible discussion may take place in advance of appointment. Job plan review thereafter will be no less frequent than annually. The agreed job plan will include all the consultant’s professional duties and commitments, including agreed Supporting Professional Activity.

Specialty: Microbiology

Principal place of work: Microbiology Department, University Hospital Crosshouse Contract: Fixed term for 24 months

Total no. of programmed activities: 10

**Weekly Departmental Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** | Handover  Lab huddle | Bone infection MDT | Lab huddle | Medical staff’ education/business meeting (alternating)  HDU round | Handover  Lab huddle |
| **pm** | ITU round | ITU round  SAB round  SAB MDT (fortnightly)  HDU round | ITU round | ITU MDT  Ayr Complex Infection Round | ITU round  IPCT weekend handover |

**INDICATIVE WEEKLY PROGRAMME – Normal Week**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Timetable** | | **Direct Clinical Care (hours)** | | | | **Supporting Professional Activities (hours)** | | | |
|  | Description | Clinical  Work/Advice | Admin | Lab  Work | Total | Audit | CPD | Research | Total |
| Mon a.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Mon p.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Tues a.m. | Lab QI | 0 |  | 4 | **4** |  |  |  |  |
| Tues p.m. | Ward round | 3.5 | 0.5 |  | **4** |  |  |  |  |
| Wed a.m. | Infection Control | 4 |  |  | **4** |  |  |  |  |
| Wed p.m. | MDT/Admin | 2 | 2 |  | **4** |  |  |  |  |
| Thurs a.m. | “Specialty interest” | 4 |  |  | **4** |  |  |  |  |
| Thurs p.m. | SPA |  |  |  |  | 1 | 2 | 1 | **4** |
| Fri a.m. | Ward round | 3.5 | 0.5 |  | **4** |  |  |  |  |
| Fri p.m. | Meetings/Duty support | 4 |  |  | **4** |  |  |  |  |
| Sat a.m. | Off |  |  |  |  |  |  |  |  |
| Sat p.m. | Off |  |  |  |  |  |  |  |  |
| Sun a.m. | Off |  |  |  |  |  |  |  |  |
| Sun p.m. | Off |  |  |  |  |  |  |  |  |
| **TOTALS** |  | 28 | 3 | 5 | **36** | 1 | 2 | 1 | **4** |
| ***NB Full-time = 10 Programmed Activities (ie 9 x DCC and 1 SPA)*** | | | | | | | | | |

**INDICATIVE WEEKLY PROGRAMME – On call Weekend**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Timetable** | | **Direct Clinical Care (hours)** | | | | **Supporting Professional Activities (hours)** | | | |
|  | Description | Clinical  Work/Advice | Admin | Lab  Work | Total | Audit | CPD | Research | Total |
| Mon a.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Mon p.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Tues a.m. | Lab QI | 0 |  | 4 | **4** |  |  |  |  |
| Tues p.m. | Ward round | 3.5 | 0.5 |  | **4** |  |  |  |  |
| Wed a.m. | Infection Control | 4 |  |  | **4** |  |  |  |  |
| Wed p.m. | MDT/Admin | 2 | 2 |  | **4** |  |  |  |  |
| Thurs a.m. | “Specialty interest” | 4 |  |  | **4** |  |  |  |  |
| Thurs p.m. | SPA |  |  |  |  | 1 | 2 | 1 | **4** |
| Fri a.m. | Ward round | 3.5 | 0.5 |  | **4** |  |  |  |  |
| Fri p.m. | Meetings/Duty support | 4 |  |  | **4** |  |  |  |  |
| Sat a.m. | Lab 10-12 | 1 |  | 1 | **2\*** |  |  |  |  |
| Sat p.m. | Lab 12-14:30 | 1.5 |  | 1 | **2.5\*** |  |  |  |  |
| Sun a.m. | Lab 10-12 | 1 |  | 1 | **2\*** |  |  |  |  |
| Sun p.m. | Lab 12-13:00 | 1 |  |  | **1\*** |  |  |  |  |
| **TOTALS** |  | 32.5 | 3 | 8 | **46\*\*** | 1 | 2 | 1 | **4** |
| ***NB Full-time = 10 Programmed Activities (ie 9 x DCC and 1 SPA)*** | | | | | | | | | |

**INDICATIVE WEEKLY PROGRAMME – Post-On call**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Timetable** | | **Direct Clinical Care (hours)** | | | | **Supporting Professional Activities (hours)** | | | |
|  | Description | Clinical  Work/Advice | Admin | Lab  Work | Total | Audit | CPD | Research | Total |
| Mon a.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Mon p.m. | Duty day | 3.5 |  | 0.5 | **4** |  |  |  |  |
| Tues a.m. | Lab QI | 0 |  | 4 | **4** |  |  |  |  |
| Tues p.m. | Ward round | 3.5 | 0.5 |  | **4** |  |  |  |  |
| Wed a.m. | Infection Control | 4 |  |  | **4** |  |  |  |  |
| Wed p.m. | MDT/Admin | 2 | 2 |  | **4** |  |  |  |  |
| Thurs a.m. | “Specialty interest” | 4 |  |  | **4** |  |  |  |  |
| Thurs p.m. | SPA |  |  |  |  | 1 | 2 | 1 | **4** |
| Fri a.m. | Off\* |  |  |  |  |  |  |  |  |
| Fri p.m. | Off\* |  |  |  |  |  |  |  |  |
| Sat a.m. | Off |  |  |  |  |  |  |  |  |
| Sat p.m. | Off |  |  |  |  |  |  |  |  |
| Sun a.m. | Off |  |  |  |  |  |  |  |  |
| Sun p.m. | Off |  |  |  |  |  |  |  |  |
| **TOTALS** |  | 20.5 | 2.5 | 5 | **28** | 1 | 2 | 1 | **4** |
| ***NB Full-time = 10 Programmed Activities (ie 9 x DCC and 1 SPA)***  ***\* Lieu day is flexible, subject to department commitments*** | | | | | | | | | |

**Notes on the Programme**

**Travel:** Any travel allocation will be included within the Total Programmed Activities and will be determined by location at which Direct Clinical Care and Supporting Professional Activities are carried out.

**On call arrangements**: The out of hours service is a 1:4 rota at an appropriate banding equating to the relative % of basic salary respectively. Remote access facilities are available to enable work to be carried out from home, when appropriate.

**Supporting Professional Activities**: A minimum of 1 SPA is included in the indicative job plan, amounting to 168 hours per annum which shall normally be sufficient to reflect activities such as revalidation, appraisal, personal audit, and professional development\* (occurring outwith the 30 days of study leave entitlement in any three year period). Time permitting, it may also cover minimal teaching, training and non-clinical administration. Any additional allocation will require to be evidenced as mutually beneficial and required by the department. Adjustment to the programme to incorporate additional SPA will require other activities to be reviewed to accommodate any increase as necessary. It will be requested that SPAs are delivered at the normal place of work, unless there are mutual advantages to it being performed elsewhere. The exact timing and location of SPAs, and flexibility around these, will be agreed during the 1:1 meeting with the Clinical Director/Associate Medical Director and included in the prospective job plan.

\*The appointee will be expected to participate in clinical audit and to be registered for continuing professional development (CPD) with The Royal College of Pathologists (or equivalent body, *e.g.* The Royal College of Physicians) and to fulfil requirements for annual certification and for appropriate revalidation. Time, facilities and financial support for study leave and CPD are available.

**Arrangements for annual and study leave:** It is expected that two doctors will normally be available during normal working hours and that annual and study leave arrangements will be agreed to ensure this arrangement.

**Private Practice:** If the post-holder wishes to undertake any private practice, they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Medical Director.

All specialist doctors will have 1 SPA as a minimum to support job planning, appraisal and revalidation. However the final balance of SPA and DCC activity will be agreed between the appointee and clinical manager prior to contracts being agreed.

There may be a requirement to vary the DCC outlined in the indicative timetable when the final balance of DCC and SPA is subsequently agreed.



You will be accountable to the Clinical Director and Divisional General Manager (or delegated AGM), who will agree your job plan. Together with consultant colleagues, you will support the provision of a comprehensive, efficient, and cost-effective clinical microbiology and virology service to the organisation and other users of the service including Health Protection Scotland and the Infection Prevention and Control Team.

**Duties and Responsibilities**

The main duties and responsibilities of the post include:

* Providing a comprehensive microbiology & virology service
* Supporting colleagues to provide an on-call service
* Deputising for the infection control doctor, where appropriate
* Contributing towards antimicrobial stewardship
* Complying with RCPath recommendations on appraisal and CPD
* Contributing to undergraduate andpostgraduate medical education where applicable
* Adhering to NHS Ayrshire and Arran’s Policies on Clinical Governance

You will be expected to provide clinical advice by phone and e-mail, manage positive blood cultures and other urgent clinical samples, attend ward rounds, multi-disciplinary team meetings and relevant management and governance meetings, and to provide occasional support to laboratory scientific staff and members of the infection prevention and control team.

As a specialist doctor, you are expected to work in close co-operation with other microbiology Medical staff, Medical staff and junior doctors in other specialties, and managerial and professional colleagues with the aim to provide the highest standard of clinical care.

Subject to the provisions of the Terms and Conditions of Service, you will be expected to observe NHS Ayrshire and Arran’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of NHS Ayrshire & Arran.

We have regular representation on national groups, such as the Scottish Microbiology and Virology Network, Scottish Antimicrobial Prescribing Group and Scottish Infection Control Doctors forum. You would be encouraged to participate in these.

You will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients to be able to make contact with you when necessary.

You will be required to comply with NHS Ayrshire and Arran’s Health and Safety Policies.

**Resources**

The new appointee will have office space and appropriate IT support - including facilities for remote working. There will be access to administrative support as required for your duties and responsibilities.

**Clinical Liaison Service**

The department has moved towards a clinically-oriented service. Most of the laboratory reporting is carried out by the Lead Scientists with Advanced Practitioner role, you would be expected to support this work.

You will be expected to liaise in a timely manner with clinicians, hospital staff, general practitioners and health protection Medical staff concerning the diagnosis and management of patients, and control and prevention of infections**.**

You will take an appropriate share of responsibility for departmental commitments.

We have strong links with critical care and there are daily rounds in ICUs at University Hospital Crosshouse and a weekly ICU grand-round at University Hospital Ayr. We participate in weekly antimicrobial stewardship and S.aureus bacteraemia ward rounds, and twice weekly medical and renal HDU ward rounds. The department participates in multidisciplinary meetings for orthopaedic infection (weekly), tuberculosis (monthly), and endocarditis (quarterly). You will be expected to participate in and develop these areas.

You will be expected to participate in laboratory and clinical audit. The appointee will also be expected to provide advice to the clinical units supported in developing clinical guidelines, investigation protocols, laboratory SOPs, and guidance on the appropriate use of antimicrobials.

**Laboratory Support**

All doctors will be expected to contribute to the following:

* authorisation and interpretation of results referred by BMS staff
* involvement in policy and SOP preparation
* quality assurance performance within the department, including taking part in all relevant national external quality assurance (NEQAS) programmes
* achieving and maintaining accreditation with UKAS
* business planning, including the assessment and introduction of new methods, and forward planning for staff and equipment requirements.
* complying with health and safety and security requirements and with agreed SOPs and investigational algorithms.

**Infection Prevention and Control**

The Infection Prevention and Control Team (IPCT) consists of an Infection Control Manager, a Lead Infection Control Nurse and 6.0 WTE Infection Control Nurses. The Infection Prevention and Control Doctor, has 5 programmed activities per week in that role with one programmed activity provided by a deputy.

All Medical staff will be expected to support good infection prevention and control practice in NHS Ayrshire and Arran in line with local and national guidance and provide assistance to the IPCT as required.

Out of hours Infection Control advice has been provided by the Microbiology consultant team but this is currently under review.

**Antimicrobial Stewardship**

NHS Ayrshire and Arran is committed to improving the rational use of antimicrobial therapy. The local Antimicrobial Stewardship programme is overseen by the Antimicrobial Management Group (AMG), a subgroup of the Area Drugs & Therapeutics Committee; the group approves guidelines and formulary changes on behalf of the ADTC. A smaller Antimicrobial Management Team (AMT), which consists of the senior antimicrobial pharmacist, a consultant microbiologist, a clinician, and the Infection Control Manager, carries out work as directed by the AMG, involving appropriate stakeholders as required. A member of the AMT also attends meetings of the Scottish Antimicrobial Prescribing Group.

**Out of hours working**

Out of hours working is currently under review and subject to change. Up until recently, Medical staff participated in a 1 in 4 out of hours rota. Weekday evenings being covered remotely, providing clinical and infection control advice and liaison as needed. Two to three calls after 5pm was typical, with overnight calls rare.

Weekend working has a required resident component (10:00 to 14:30 on Saturdays and 10:00 to 13:00 on Sundays) in order to deal with positive blood cultures and other urgent results, authorise results, provide ITU liaison, and support laboratory scientific staff as needed.

Out of hours working is remunerated with an 8% availability supplement, with a day in lieu to be taken the week following weekend work plus an additional 3 hours time in lieu per weekend worked.

Out of Hours service is currently paused but we plan to resume weekend resident on-call as soon as possible.

**Annual Appraisal & Job Planning**

You will be required to participate in annual appraisal. Job planning is linked closely with, but is separate to, the agreed appraisal scheme. The job plan review will take into account the outcome of the appraisal discussion and reflect the agreed personal development plan.



The Terms and Conditions of Service are those determined by the Terms and Conditions of the Specialist Grade (Scotland) as amended from time to time. The distance that a doctor can reside from the principal base hospital, where travel time is seen as more important than mileage, is subject to the agreement of the Executive Medical Director, but it is usually anticipated that a journey that takes no more than 30 minutes for any emergency situation would be acceptable.



**Post of**: Specialist Doctor in Microbiology

**Location**: University Hospital Crosshouse

**Qualifications:**

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| * MBChB/MBBS or equivalent medical qualification * FRCPath part 1 or Equivalent * Be in a position to commit to portfolio pathway (CESR) application at the time of the interview | Full FRCPath |
| * Full GMC Registration with a Licence to Practice at time of appointment * Evidence of achievement of Foundation competences by time of appointment in line with GMC standards/ Good Medical Practice including:   + Good clinical care   + Maintaining good medical practice   + Good relationships and communication with patients   + Good working relationships with colleagues   + Good teaching and training   + Professional behaviour and probity   + Delivery of good acute clinical care * At least 10 years previous post graduate NHS experience in clinical Microbiology (Non UK candidates shall have equivalent experience and competencies to UK) * Minimum 6 years speciality doctor experience * Evidence of meeting the criteria set out in the Specialist grade generic capabilities framework. * Eligibility to work in the UK |  |

**Skills/Knowledge/Competence**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Essential** | **Desirable** |
| **General Experience:**   * Expertise in generalist field | * Strong basic medical and microbiological knowledge commensurate with completion of general medical training * Specialist knowledge of Microbiology * Ability to deal with acute medical problems * Ability to communicate effectively with all levels of staff and patients * Ability to work efficiently and timeously * IT literacy |  |
| **Team Working** | * Effective Team Player |  |
| **Development** | * Evidence of relevant Continuing Professional Development * Ability to provide a complete employment history * Evidence of satisfactory career progression * No unexplained career breaks |  |
| **Teaching & Training** | * Ability to deliver high quality   Teaching. | * Interest in medical   education and training. |
| **Research & Publications** |  | * Evidence of publications |
| **Clinical Audit** | * Evidence of participation in audit |  |
| **Management and Administration** | * Proven organisational skills   All applicants to have demonstrable skills in written and spoken English adequate to enable effective communication about medical topics with patients and colleagues demonstrated by one of the following:   * + a) that applicants have undertaken undergraduate medical training in English; or   + b) have the following scores in the academic lnternational English Language Testing System (IELTS) – Overall 7, Speaking 7, Listening 6, Reading 6, Writing 6. * If applicants believe they have adequate communication skills but do not fit into one of these examples they must provide supporting evidence | * Understanding of resource management and quality assurance. |
| **Personal and Interpersonal Skills** | * A willingness to accept flexibility to meet the changing needs of the NHS in Scotland * Effective communicator * Open and non-confrontational | * Knowledge of recent changes in the NHS in Scotland |