



JOB DESCRIPTION AND TERMS AND CONDITIONS:

REF: 19ab/214

POST: MacMillan Advanced Nurse
Community Cancer/Palliative Care

Please return all completed applications to:

**Resourcing Team
People & Change
NHS Highland, Argyll & Bute HSCP
Aros
Lochgilphead
Argyll
PA31 8LB**

[Email: recruitment.ab@nhs.net](mailto:recruitment.ab@nhs.net)

**AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME
JOB DESCRIPTION**

1. JOB IDENTIFICATION

Job Title:	MacMillan Advanced Nurse – Community Cancer/Palliative Care
Reports to (Managerial):	Local Area Manager
Accountable to (Professional):	Lead Nurse
Department, Ward or Section:	Cancer Services – Helensburgh & Lomond
Operational Unit/Corporate Department:	Argyll and Bute HSCP
Job Reference:	ARGLHLSBNURSMACM01
No of Job Holders:	1
Date:	September 2019

2. JOB PURPOSE

To provide expert clinical leadership within the cancer and palliative care nursing service by contributing to improving the health status of the local population, reducing the risk of developing cancer where possible, enabling people to live with and beyond their cancer diagnosis and treatment and maximising the remaining quality of life for those diagnosed with a life limiting illness.

To undertake advanced level assessment in order to address complex health care needs by using expert knowledge and clinical judgement to diagnose, initiate interventions and refer to other colleagues or services as appropriate.

To lead the co-ordination of care using evidence based practice to ensure effectiveness of outcomes.

To ensure that services are delivered effectively and efficiently against predetermined clinical performance targets.

This will be achieved by working within the five domains encompassing the 10 essential capabilities for Cancer Care (NES 2008) at advanced practice level :

- Knowledge and its application of cancer care skills in practice.
- The multi-professional approach working effectively in partnership with patients, their families and

carers, multi-professional teams and multi-agency teams.

- Practising ethically.
- Providing evidence-based biological and/or psychosocial care and interventions for cancer care.
- Keeping up to date with changes in practice, participating in life-long learning and personal and professional development of self and colleagues through supervision, appraisal and reflective practice. Developing services through leadership, management and supervision to develop the quality, effectiveness and efficiency of the service.

3. DIMENSIONS

Service Dimensions:

Description of clinical area including:

Population size: Highland wide approx 290,000, population of Cowal locality 14,014.

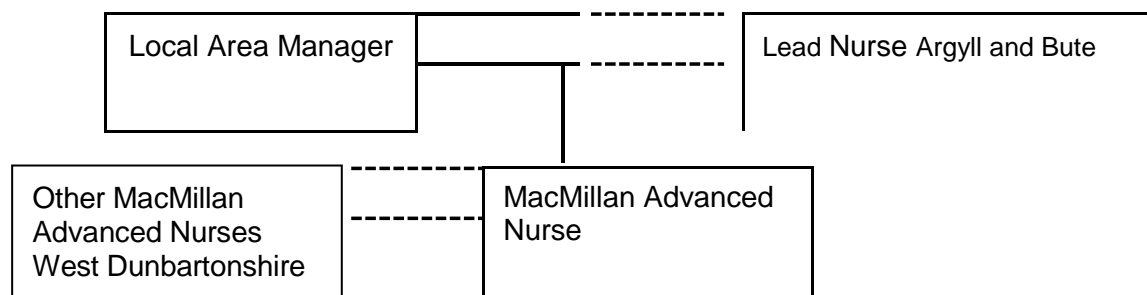
Hospitals: Cowal Community Hospital

Affiliated to area covered: Role covers patients from 7 GP practices.

GP practices: Specialist advice to all GPs as required.

District Health and Social Care Teams: Advanced knowledge and advice as required in care homes, patients' own homes, and other institutional settings.

4. ORGANISATIONAL POSITION



_____ Line Management
 - - - - - Key working relationship/clinical accountability

Postholders take an active part in the Specialist Palliative Care infrastructure of working with Specialist Palliative Care Nurses and other Specialist Colleagues.

1. ROLE OF DEPARTMENT

The role of Primary, Secondary and Community care services in relation to the management of patients with cancer is to practice within agreed clinical pathways promoting self management, minimising disease related complications and working toward shifting the balance of care; providing care as close to the patient's home as possible and to minimise admission to hospital, if appropriate.

The Advanced Cancer/Palliative Nurse provides a clinical nurse service in both the hospital and community environment to patients, carers, families and other health professionals where there is a diagnosis of cancer. The service works independently and autonomously at an advanced level of nursing practice, assessing, planning and implementing complex clinical care and judgments and taking lead responsibility for the care of agreed patient groups within the service.

The aim of the service is to provide a specialist cancer service for patients, their families and members of the multi-professional team within both the acute and community care setting by promoting and managing the complexities in the symptomatic and psycho-social wellbeing of patients and their families/carers.

As an integral part of the multi-professional team the aim is to also influence clinical practice, and to provide a consultative, leadership and educational role to professional colleagues. The postholder acts at all times within the requirements of the NMC's code of professional conduct and NHS Highland policies and procedures.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Advanced Clinical Practice:

- Demonstrates understanding of the impact of cancer on family dynamics and uses knowledge to assess and provide appropriate support and advice in complex situations.
- Demonstrates a high level of autonomy and decision making skills regarding nursing assessment, care interventions, referral and service provision.
- Utilise critical thinking and analytical skills, incorporating critical reflection, drawing on a diverse range of associated knowledge disciplines, higher level clinical judgement and problem solving in decision-making to determine person centred, evidence-based therapeutic interventions including, physical examination, ordering and interpreting diagnostic tests, assessment of the clinical effectiveness of medication regimes; prescribe and titrate medications.
- Assist patients to achieve optimum health and well being, taking account of patient choice, implications of lifestyle preferences, intellectual ability; promote self care disease management, knowledge and recognition of signs of disease progression and advising on appropriate use of routine professional care / advice and emergency services.
- Acts as an expert resource and role model in communicating significant news to individuals with cancer, their families and carers.
- Acts as a role model and resource to other health professionals in the assessment and provision of psychological and spiritual support to individuals with cancer, their families and carers ensuring care is person centred.
- Initiates and works collaboratively with the multi-professional, multi-agency team, integrating principles of case/care management, to plan, provide and co-ordinate care across different settings and organisational boundaries to ensure consistent, safe, effective and patient-centred care.
- Uses advanced knowledge and skills to assess, examine, diagnose and manage symptoms and side effects.
- Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making.
- Leads and advises the care team on the integration of evidence based assessment and care interventions within sphere of knowledge.
- Undertakes advanced assessment and provides specialist advice and education to other HCPs on the appropriate interventions for suspected disease progression, treatment related side effects and oncological emergencies.
- Contributes to the development of local, regional and national population-based health improvement programmes within own area of practice.
- Leads the development/implementation of anticipatory care planning and/or advanced care planning for appropriate patients.
- Leads and facilitates the development of innovative care practices, follow-up and future care for individuals with cancer, their carers and families.
- Manages, advises and offers support in highly complex situations in end-of-life care, creating an environment which supports dialogue about end-of-life care.
- Leads the implementation of recognised frameworks and pathways for end-of-life care.
- Influences the strategic direction of specialist services within own area of practice.

Clinical /Professional Leadership:

- Contributes to the development of local and regional policy and guidelines by demonstrating political and strategic astuteness within a multi-professional and multi-agency context.
- Leads and supports the development of strategies that support the implementation of guidelines and policy at local and regional level.

- Collaborates with multi-professional and academic colleagues, within and outwith own area of practice, to initiate research projects to further the body of knowledge.
- Facilitates the team in learning from significant event analysis and root cause analysis and develops, implements and evaluates action plans to support team.
- Shows a critical understanding of all the different roles in multi-professional and multi-agency teams and Managed Clinical Networks and demonstrates skilled leadership of cancer services in own area of practice to ensure patient-focused, responsive services.
- Leads and advises the care team on the integration of evidence based assessment and care interventions within sphere of practice, using extensive practice experience and contemporary knowledge.
- Leads the development/implementation of anticipatory care planning and/or advanced care planning.
- In conjunction with colleagues in GP practices, achieve agreed clinical and service standards establishing professional working relationships encouraging effective multi professional team working across care sectors.
- Utilising negotiating and influencing skills, proactively develop and sustain new partnerships and networks engaging professional colleagues and wider relevant organisation stakeholders to influence and improve health outcomes and achieve service quality as described within NHS Scotland Quality Strategy.
- Give and receive feedback in a constructive, open and honest manner.

Facilitating Learning:

- Leads on the identification and development of educational resources that meet the needs of the individuals with cancer, their families and carers.
- Ensures systems and processes are in place to promote professional development of staff and promote a positive learning environment.
- Works collaboratively to develop staff through professional development plans and team development to meet the needs of individuals with cancer, their families and carers.
- Leads the development of service-user focused education and information materials within area of practice both locally and nationally.
- Identifies and participates in the development and delivery of educational initiatives for health and social care providers that address the needs of individuals with cancer, their families and carers.
- Works in partnership with education providers to influence the development of education programmes.
- Ensures that areas of own practice and that of others within teams comply with legislative requirements related to care and management of individuals with cancer, their families and carers.
- Leads and contributes to the development of local and regional policy and guidelines by demonstrating political and strategic astuteness within a multi-professional and multi-agency context.
- Delivers patient education in groups and one-to-one sessions enabling patients / carers to appropriately practice self care, through the application of adult learning theories, designing and coordinating the implementation of education appropriate to individuals preferred approaches to learning, motivation, cognitive ability and developmental stage.
- Contributes to cancer and or palliative care pathways providing mentorship and coaching to multi-disciplinary colleagues, promoting a learning environment, evidence-based practice, succession planning and building capability and capacity.
- The postholder is accountable for own professional actions demonstrating resilience, determination and leadership in contexts that may be unfamiliar, complex and unpredictable.
- Continuously assesses and updates own professional education needs utilising the education framework within the Advanced Practice Toolkit, maintaining a current PDP.

Improving Quality and Developing Practice:

- Takes a proactive role in the identification of potential and actual challenges to seamless care and negotiates with others to agree solutions.
- Challenges existing ways of working and participates in the development and implementation of innovative systems of follow up and future care for individuals with cancer, their families and carers.
- Evaluates and synthesises research evidence to identify relevance and applicability to practice and implements research findings into practice.
- Undertakes and contributes to the design and conduct of research and audit in own area of practice.
- Collaborates with multi-professional and academic colleagues within and outwith own area of practice, to initiate research projects to further the body of knowledge.
- Strives continuously to improve practice and health outcomes to ensure consistence with or better than national and international standards through initiating, facilitating and leading change at individual, team, organisational and system levels.
- Identifies need for change taking cognisance of the implications of epidemiological, health inequalities, demographic, social, political and professional trends and developments; developing case for change, leading innovation and managing change.
- In conjunction with multi professional colleagues, audits and evaluates clinical practice at individual and systems levels, selecting and applying valid and reliable approaches and methods which are appropriate to needs and context, acting on findings.
- Develops robust governance systems by critically appraising and synthesising the outcomes of relevant research, evaluations and audits applying findings to improve practice contributing to the development and implementation of evidence-based protocols, documentation processes standards, policies and clinical guidelines.
- Alerts appropriate individuals and organisations to gaps in evidence and / or practice knowledge and, as either a principal investigator or in collaboration with others, supports and conducts research to enhance practice.
- Publishes and disseminates service and care delivery developments through presentations at conferences and articles in the professional press.
- Develops systems to collate clinical caseload activity data; utilises data in the evaluation of the development of the service.
- Participates in clinical supervision and seeks networking opportunities to further own professional knowledge and development.

7a. EQUIPMENT AND MACHINERY

- General office equipment including computers, e-mail, NHS Highland Intranet and Internet, word-processing, computing skills, results reporting, power point presentations, laptops, mobile phones.
- Assess patient's needs for electric pressure relieving mattresses and cushions, OT equipment, profiling beds, hoists, electric reclining chairs, bathing equipment, nebulisers.
- Basic car maintenance.
- Syringe Drivers, Cannula needles, syringes etc.
- Parenteral Lines.

7b. SYSTEMS

- Works as a practitioner within the statutes and guidelines laid down by the Nursing and Midwifery

Council (NMC).

- Maintain patient's records in accordance with NHS Highland standards and NMC guidelines.
- Complete monthly mileage returns.
- Complete monthly statistical forms regarding caseload analysis, education and administration data for local service information.
- Develop, monitor and revise office systems. Provide telephone answering machine checking service, including remotely from home.
- Works as a practitioner within the Guidelines and Standards of the Nursing and Midwifery Council and NHS Highland.
- Utilise computerised systems to support practice e.g. PAS, SCI-Clinical, Email, results reporting.
- Provides service activity reports to Line Manager.
- Participates and acts upon relevant statistics such as audit, to enhance delivery and quality of patient care.

8. ASSIGNMENT AND REVIEW OF WORK

- An open referral system operates. Referrals are received from GPs, community nurses, Hospital medical and nursing staff, social work, patients and carers.
- Workload is self-generated, prioritised and reviewed by the postholder according to patient and service needs utilising the nursing process (assessing, planning, implementing and evaluation).
- Education, learning and development needs are identified via TURAS and PDP&R process.
- Works within the statutes and guidelines of the NMC, National, Highland and locally agreed policies, protocols and procedures.
- Anticipate and develop strategies to resolve service challenges / needs, involving appropriate colleagues such as; peers, Lead Nurse, General Manager, Accountant, and Consultants / Clinical Director.
- Attends and participates in speciality meetings, staff meetings, and nurse development meetings.

9. DECISIONS AND JUDGEMENTS

- Make autonomous clinical decisions in the management of the caseload and individual patient care including admission to and discharge from caseload; planning and prioritising patient care and referral to other agencies taking account of the guidance of professional codes and employer's policies and procedures.
- Professionally accountable for his/her own actions without direct supervision.
- Clinically recognise own limitations in care provision and refer to other health professionals accordingly.
- Has the autonomy to refer to the specialist medical services, e.g.
 - Request domiciliary specialist medical consultations;
 - Request admission to Hospital, Hospice Day Therapy Unit;
 - Request urgent oncology consultations in emergency clinical situations.
- Autonomously identifies, prioritises and manages clinical governance and educational workload.
- Makes autonomous clinical decisions, identifying, analysing and synthesising relevant information, utilising knowledge, skills and experience of cancer management taking account of the guidance and standards of the NMC and National, NHS Highland and local policies, procedures and protocols.
- Recognises own limitations in the provision of clinical care and urgency of patient needs referring to other health care professionals accordingly.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Emotional demands of the job, supporting people of all ages, and their families and carers as they face life threatening illness, death and bereavement.
- Difficult communication issues - e.g. dealing with bad news.
- Inter-professional interface/working.
- Bereavement support.
- Demands of managing unrealistic expectations of colleagues, patients and carers.
- Lone working - making decisions in the absence of oncology/palliative consultants re chemotherapy/medication.
- Driving in bad weather and at times, over very difficult terrain, remote areas and most frequently alone.
- Demand of having no backfill to relieve for holidays/study/sickness.
- Developing and embedding a new model of service provision and level of nursing practice, across primary, community and secondary care.
- Risk of professional isolation due to specialist nature of the role.
- Developing and sustaining the service and nursing practice while responding to and meeting the varying needs of the patients, relatives and staff.
- Dealing with problems that have a high degree of complexity, providing advice to other health care professionals in the management of acute situations, using information delivered over the phone.
- Challenges associated with non-concordance of patients with prescribed treatment.
- Prioritising a varied and demanding workload across a wide geographical area.

11. COMMUNICATIONS AND RELATIONSHIPS

- Establish and maintain effective communication and liaison with patients, carers and professionals across the statutory and voluntary service network to promote seamless care to patients.
- Acting as patient advocate and facilitating discussion between patients/families/health care professionals to achieve best possible outcomes for patients. Working towards achieving a compromise or diffusing volatile situations.
- Deal with complex issues (e.g. breaking bad news, poor prognosis, and bereavement) and early recognition and intervention of actual/potential problems.
- Facilitate discharge meetings for patients with complex needs.
- Act as advisor and consultant to colleagues, both medical and nursing, at all levels.
- Attend formal 3-monthly meetings with the wider Macmillan Team to review service development progress and plan / respond to new organisational, discipline or health and social policy demands.
- Participate in meetings as appropriate with colleagues/managers/team leaders/lead cancer nurse for the purpose of developing, planning, managing, and implementing a quality cancer nursing service and nursing policies.
- Liaison with specialists in the cancer centres at Glasgow, Inverness, Aberdeen, Edinburgh and Dundee where patients may be attending for specialist treatments to ensure good collaborative working practices.
- Network locally, regionally and nationally by telephone, e-mail, attendance at conferences/seminars/meetings to discuss and share new innovations in practice and to develop clinical guidelines.
- Observe confidentiality in accordance with NMC and NHS Highland policies.
- Prepare and deliver formal and informal presentations/lectures/educational material to both professional and non professional audiences.
- Video conferencing with palliative care consultant and other members of the health care team throughout Argyll & Bute HSCP.
- Establish and maintain professional relationships with a wide range of health care professionals, third sector agencies, Hospital, Care Home and other care institutions to provide a planned, co-ordinated seamless service for patients.
- Identify potential and existing challenges in care options for patients, carers and staff, using negotiation and counselling skills to achieve reconciliation and the best outcomes for patients.
- Participate in clinical meetings with nursing and medical colleagues.
- Communicate with patients / relatives / carers face to face, by telephone and by email.
- Participates in regular meetings with colleagues such as Consultants, Nurses, AHPs, for the purpose of; planning, managing, evaluating and developing cancer services and improving patient care.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical and Environmental (on a daily basis)

- Driving over extensive geographical areas sometimes on poor roads, in diverse weather conditions.
- Demands of ensuring good liaison with other health care professionals who also cover extensive geographical areas.

Mental (on a daily basis)

- Required to have a wide ranging knowledge on many types of cancer and its management.
- Required to make decisions on pain management/symptom control/drug dosages.
- Must recognise patients' health care needs, which can be urgent and therefore require rapid decision making in order to provide appropriate clinical management.
- Assessment of patients and carers needs requires continuous mental concentration, which may be frequently interrupted by pagers/telephone calls/other persons.
- Lone working and the need to continually self-reflect on clinical decision making and knowledge and skill requisite to ensure safe practice.
- Working as a lone practitioner continually risk assessing situations to ensure personal safety
- Communicating, co-ordinating and negotiating across health care professions require diplomacy, concentration and skill.
- Confidence to react appropriately and manage unpredictable questions, behaviours and attitudes from audiences when delivering presentations/lectures.

Emotional (on a daily basis)

- Communicating sensitive/distressing information to patients and families.
- Demands of dealing with family and human dynamics.
- Demands of supporting people in crises such as cancer diagnosis and recurrence/death and dying/bereavement.
- Demands of supporting staff whilst caring for patients and families who are in difficult situations/crises.
- Demands of making decisions on appropriate clinical management, which may involve advising the prescribing of medication.
- Coping with unpleasant materials/odours, e.g. fungating wounds.
- Demands of dealing with patients/families that have unrealistic expectations/complaints about care.
- Demands of liaising with/confronting people who may be involved in patients' complaints.
- Demands of dealing with/confronting a colleagues/team member with regard to clinical decision making, performance or behaviour.
- Concentration, decision-making and organisational skills to cope with competing demands (emergency situations, answering constant telephone enquiries).
- Teaching and clinically supervising multidisciplinary staff, patients and carers.
- Dealing with the emotional effects of care for acutely and chronically ill patients and their families.
- Managing verbal abuse and challenging behaviour.
- Breaking bad news to patients, relatives and staff.

Environmental:

- Geographical distances involved in delivering care necessitate driving alone in urban and rural environments and occasionally in adverse weather conditions.
- Working within a range of NHS and non NHS settings.
- Exposure to bodily fluids.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

1. First level registered nurse.
2. Minimum 5 years post-registration experience, at least 2 years spent at Band 6 or above.
3. At least 4 years experience in a cancer or palliative care environment.
4. 1st level degree (Cancer and/or palliative care or other appropriate subject).
5. Higher degree MSc (Cancer and/or palliative care) or working towards.
6. Teaching experience essential.
7. Knowledge of, and ability to interpret and apply all relevant NHS Highland and professional policies, procedures and guidelines relating to national and local cancer issues.
8. Knowledge of processes involved in health and social policy development and of current policies and influences their impact on cancer and palliative care services.
9. Knowledge of the physical, social, emotional, psychological, cultural and societal effects of cancer, ageing, disability and chronic illness, and the ability to assess an individual's needs and behaviours and plan care within the broad context.
10. Communication, education and diplomacy skills to provide consultancy advice regarding clinical management to professional colleagues.
11. Competent in all clinical skills relevant to Clinical nurse specialist in Cancer and Palliative care;-
 - Has an extensive knowledge of cancer pathology and its treatments e.g. surgery, Chemotherapy, Radiotherapy, hormonal manipulation drugs, with both curative and palliative intent.
 - Has extensive knowledge and skills in the psychological and socio-economic effects of cancer on patients, families and carers.
 - High level of competence in the assessment and management of cancer pain with implementation of WHO Guidelines/Sign Guidelines.
 - Psychological assessment and intervention skills (non-directive interventions), exploratory skills (active listening, questioning, verbal and non-verbal communication, reflection), self understanding and action skills.
 - Knowledge of compatibility of drugs and doses and subcutaneous administration via syringe pumps and ability to teach and review education and training of procedure to others.
 - Health promotion and health education.
12. Understanding of the research process and ability to participate in research projects and the implementation and dissemination of research findings.
13. I.T. skills, Email, word processing, PowerPoint presentations, ability to search inter and intranet.
14. Knowledge and ability to successfully lead and manage change in working practices.
15. Extensive knowledge and skills enabling practitioner to work competently as a lone practitioner.

- 16. Good level of physical health and stamina, gross and fine motor fitness and dexterity, a sense of humour also essential.
- 17. Car Driver and basic car maintenance.
- 18. An efficient manager of time, of a team and of a clinical case-load.
- 19. Team Leadership / Line Management / Service development skills.
- 20. Independent Non Medical Prescriber and clinical assessment and history taking qualifications or willingness to undertake training.

14. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Job Holder's Signature:

Manager's Signature:

Date:

Date:

TERMS AND CONDITIONS OF SERVICE

The conditions of service are those laid down and amended from time to time by Agenda for Change.

TYPE OF CONTRACT	This post is permanent and worked on a full basis.
GRADE AND SALARY	<p>Band 7 £37,570- £37,570- £37,570- £37,570- £39,495- £39,495- £40,847- £42,268- £44,688 pro rata if part time</p> <p>New Entrants to the NHS will normally commence on the minimum point of the salary scale, (dependent on qualifications and experience). Salary is paid monthly by Bank Credit Transfer.</p>
HOURS OF DUTY	37.5 hours per week
ANNUAL LEAVE	The annual leave entitlement in a full year commencing 1st April to 31st March is 27 days, rising to 29 days after 5 years' service and 33 days after 10 years' service. There are 8 Statutory and Public Holidays in each leave year. (Pro rata for part-time staff)
SICK PAY SCHEME	<p>The Conditions of Service provide for operation of a scheme related to length of service.</p> <p>Staff should keep managers informed of the likely duration of absence and should telephone their line manager at their place of work regardless on the 4th day because a self-certificate will be required. Staff do not need a medical certificate for the first 3 days of sickness absence. For sickness absence of 4 to 7 days, a self-certificate (DSS form SC2) is required. These are available from GP practices and line managers and the self-certificate must be returned to the line manager within 7 days of the first day of incapacity. From the 8th day of sick absence the member of staff should go to their General Practitioner for a medical certificate which should be sent to their line manager without delay. When the medical certificate runs out, the member of staff should get another one if they are still not fit for work and again send it to their line manager. If staff do not follow this procedure then they will be considered to be 'absent without leave' and therefore will not receive any pay or sick pay for that period of absence.</p> <p>NHS Service – During 1st year: 1 months' full pay and 2 months' half pay. NHS Service – During 2nd year: 2 months' full pay and 2 months' half pay. NHS Service – During 3rd year: 4 months' full pay and 4 months' half pay. NHS Service – During 4th and 5th year: 5 months' full pay and 5 months' half pay. On completion of 5 years NHS Service: 6 months' full pay and 6 month's half pay.</p>
SUPERANNUATION	<p>Auto Enrolment</p> <p><i>All employees, eligible to join the NHS must be automatically included in the scheme from the first day of employment. Eligible employees will no longer be allowed to opt out of the scheme before they take up employment. They must be enrolled in the first instance.</i></p> <p><i>Those who are ineligible to join the scheme will be enrolled in NEST, again opt out can only occur once in the scheme.</i></p> <p><i>Further information can be found on the Pension Regulators website www.sppa.gov.uk</i></p>
	<i>Part A - Officer members (including GP Practice Staff who are not practitioners)</i>

From 1 April 2015 NHS pension scheme members will pay contributions at the rate in column 3 based on their previous year's whole time equivalent pensionable earnings which fall in the relevant banding in column 2 of the table below.

Tier	Whole time equivalent pensionable earnings	contribution percentage rate
1	Up to £15,828	5.2%
2	£15,829 to £21,601	5.8%
3	£21,602 to £27,089	7.3%
4	£27,090 to £49,967	9.5%
5	£49,968 to £71,337	12.7%
6	£71,338 to £111,376	13.7%
7	£111,377 and above	14.7%

Pensionable pay should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

In general the amount you will pay will be based on your previous year's earnings.

If you were employed part-time the amount is uprated to the whole time equivalent pay for that post.

If you change jobs during the current year or have a promotion or step down to a lower paid job your contribution rate will be reset in line with your new pay band.

For more detailed information please see SPPA circular 2015/04 available on the SPPA website.

Part B - Practitioners members

Tier	Whole time equivalent pensionable earnings	contribution percentage rate
1	Up to £15,828	5.2%
2	£15,829 to £21,601	5.8%
3	£21,602 to £27,089	7.3%
4	£27,090 to £49,967	9.5%
5	£49,968 to £71,337	12.7%
6	£71,338 to £111,376	13.7%
7	£111,377 and above	14.7%

Pensionable earnings should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

The contribution rates apply across both the old scheme (1995 and 2008 sections) and the new 2015 scheme

Practitioner members pay contributions at the rate in column 3 based on their total current year practitioner earnings from all sources which falls into the relevant band in column 2.

There is a calculator on the SPPA website where you can see what these changes mean for you. For more detailed information please see employers circular 2015/04 also available on the website. If you have any enquiries about which contribution rate you are paying please contact Practitioner Services Division of NHS National Services.

Changes to the NHS Pension Scheme from 1 April 2015 – for further information please visit the SPPA website [WWW.sppa.gov.uk](http://www.sppa.gov.uk) or email:

	nhspensionsreform@scotland.gsi.gov.uk
PERIOD OF NOTICE	You are required to give one months' notice on termination of employment.
NHS HIGHLAND SECONDMENT PIN POLICY - TERMS & CONDITIONS OF EMPLOYMENT	<ul style="list-style-type: none"> In circumstances where NHS Highland seeks to second an employee, that Secondee is entitled to maintain their terms and conditions of employment except where mutually agreed otherwise. In circumstances where an employee seeks a secondment opportunity, the advertised terms and conditions will apply. The employee should be made aware of any changes this may mean for their pay or terms and conditions. Where the terms and conditions for the secondment opportunity are more generous than those applying to the Secondee's substantive post the terms and conditions of the secondment post will apply for the secondment period. For secondments outside the Seconding Organisation, any alterations to the employment contract, including to pay or other terms and conditions of employment, need to be fully discussed and agreed, and detailed in the secondment agreement. Where secondment is to a post of a higher grade, at the end of the secondment the Secondee will go back to the post on the terms and conditions that would have applied had they not been on secondment. Credit will be given for time spent at a higher grade in the event of any subsequent promotion, where appropriate. <p>For further information please refer to the NHS Highland Secondment PIN Policy which is available on the NHS Highland Intranet page under Policies Library.</p>
PROFESISONAL REGISTRATION	It is essential that all staff employed by NHS Highland possess and maintain current professional body registration for the entire period of employment.
OCCUPATIONAL HEALTH SCREENING	<p>Shortlisted applicants not currently employed by NHS Highland will be required to complete a medical questionnaire, following which they may be required to attend the Occupational Health Service for screening. All appointees are expected to comply with NHS Highland's Immunisation Policy.</p> <p><i>Additional Health Clearance for EPPs</i></p> <p><i>If this post involves Exposure Prone Procedures (EPP's), additional health clearance will be needed. Additional health clearance means being non-infectious for:</i></p> <ul style="list-style-type: none"> <i>HIV (antibody negative)</i> <i>Hepatitis B (surface antigen negative or, if positive, e-antigen</i> <i>Negative with viral load of 10³ genome equivalent/ml or less); and</i> <i>Hepatitis C (antibody negative or, if positive, negative hepatitis C RNA).</i> <p><i>Additional checks must be completed before confirmation of an appointment to an EPP post, as the healthcare worker will be ineligible for appointment if found to be infectious.</i></p>
REMOVAL EXPENSES	Assistance with removal and associated expenses may be given and should be discussed and agreed prior to appointment.

EXPENSES OF CANDIDATES FOR APPOINTMENT	Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imburement shall not normally be made to employees who withdraw their application or refuse an offer of appointment.
SMOKE FREE POLICY	<p>Smoke Free Highlands</p> <p>Please be aware that smoking tobacco products or e-cigarettes is not allowed anywhere in NHS Highland properties, vehicles or grounds. All staff who smoke can access information regarding services provided by Occupational Health and locality based Stop Smoking Advisers for smoking cessation support - for more information please visit www.smokefreehighland.co.uk.</p> <p>All NHS Highland employees will have the same part to play when maintaining the Smokefree Policy. It will be everyone's role to enforce the policy by reminding people that NHS Highland provides a smoke-free environment and that they cannot smoke anywhere inside it's buildings or in it's grounds.</p> <p>When selecting new staff NHS Highland does not discriminate against applicants who smoke but applicants who accept an offer of employment will in doing so agree to observe and familiarise themselves with NHS Highland's Smokefree policy</p>
CONFIDENTIALITY	<p>In the course of your duties you may have access to confidential material about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature you must seek advice from your superior officer. Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe this rule will be regarded by your employers as serious misconduct which could result in serious disciplinary action, including dismissal, being taken against you.</p> <p>The unauthorised disclosure of official business under consideration by NHS Highland or one of its Committees by an employee is also regarded as a breach of confidence and may lead to disciplinary action.</p>
ASYLUM AND IMMIGRATION ACT 1996	Under the Asylum and Immigration Act 1996, NHS Highland is required to carry out checks to ensure that all prospective employees are entitled to live and work in the United Kingdom. You will therefore be asked to provide appropriate documentation prior to any appointment being made.

<p>REHABILITATION OF OFFENDERS ACT 1974</p>	<p>The Rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as “spent” after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are “spent” under the provision of the act in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by NHS Highland.</p> <p>Any information given will be completely confidential.</p>
<p>DISCLOSURE SCOTLAND</p>	<p>Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post may be considered to require registration with the Protecting Vulnerable Groups (PVG) Scheme if it involves substantial access to children and vulnerable adults or a Standard Disclosure depending on the type of post. A PVG Scheme Record or Standard Disclosure will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included in the Scheme Record. It may also contain non conviction information held locally by the police, where this is considered relevant to the post.</p> <p>Following the selection interview only the "successful" candidate will be subject to a check by Disclosure Scotland to verify details previously supplied by him/her. Offers of appointment will be made subject to satisfactory Disclosure Scotland screening, medical fitness and two references, all of which must be satisfactory in relation to the requirements of the post.</p>
<p>APPLICANTS WITH DISABILITIES</p>	<p>A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential.</p> <p>NHS Highland guarantees to interview all applicants with disabilities who meet the minimum criteria for the post.</p> <p>You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview.</p>
<p>KNOWLEDGE AND SKILLS FRAMEWORK (KSF)</p>	<p>To support personal development and career progression, there is an NHS Knowledge and Skills Framework which supports the process of annual development review and agreeing personal development plans.</p> <p>The NHS Knowledge and Skills Framework helps staff develop their skills to the full in a particular NHS post. It helps ensure better links between education, development and career and pay progression for all NHS Staff.</p> <p>The first gateway in each pay band will be after one year in post.</p> <p>The position of the second gateway will vary between pay bands but will fall between the top three points of the pay band.</p>
<p>SCOTTISH WORKFORCE</p>	<p>Data Statement</p>

<p>INFORMATION STANDARD SYSTEM (SWISS)</p>	<p>The information that staff provide will be used for employment purposes and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to employment. Any requests for information outwith the above will only be processed with individual consent (e.g. building society mortgage applications etc.)</p> <p>Staff information will be held securely in a national database, which will be accessed at a local, regional and national level to meet the requirements outlined above. Managers may also hold information within your department. There will be no unauthorised access.</p>
<p>CAR FOR BUSINESS USE</p>	<p><i>If you are required to use your own car to carry out the duties of the post you must hold a full current driving licence and comprehensive car insurance which includes business use.</i></p>
<p>CHILDCARE VOUCHERS</p>	<p>For information relating to Childcare Vouchers please visit https://www.gov.uk</p>
<p>THE HIGHLAND CLINICAL RESEARCH FACILITY</p>	<p>The UHI Millennium Institute's (UHI) Clinical Research Facility, is housed on the ground floor within the Highland Diabetes Institute; phase III of the new Centre for Health Science building adjacent to the Raigmore Hospital site, it opened in January 2009.</p> <p>The Clinical Research Facility is a joint NHS/UHI initiative aiming to provide a high quality clinical environment in which participants can take part in research programmes safely according to ethically approved study protocols. It comprises a bedded clinical research unit in which patient monitoring may be conducted on a day case or 24 hour basis. The facility has the capacity to be used by departments or specialties within NHS Highland, UHI or other research institutions for clinical research.</p> <p>The facility is supported by the CRF Advisory Group and approved studies are reviewed by the CRF User's Group, It is staffed by a small team comprising a dedicated manager, research nurses, research pharmacist, part time pharmacy technician and administrative support under the leadership of a part time CRF Director, Prof Sandra MacRury.</p>
<p>HEALTHY WORKING LIVES</p>	<p>Healthy Working Lives (formerly SHAW, Scotland's Health at Work) is the national award programme designed to encourage and reward employers in their efforts to improve the health and well-being of their staff. Healthy Working Lives involves having policies and practices in place which help employees be better informed to make healthy choices. It also involves recognising that organisations themselves can have a direct impact on the health and well-being of the individual members of staff.</p> <p>Over the last few years, NHS Highland has placed the wellbeing of staff high on our list of priorities and is committed and signed up to achieving the Healthy Working Lives Award.</p> <p>Healthy Working Lives needs the support and involvement of staff. To find out where your nearest contact for Healthy Working Lives is, contact Susan Birse on susanbirse@nhs.net</p>
<p>EQUAL OPPORTUNITIES</p>	<p>The postholder will undertake his/her duties in strict accordance with NHS Highland's Equal Opportunities Policy.</p>
	<p>For further information on NHS Highland, please visit our website on www.nhshighland.scot.nhs.uk</p>

FURTHER INFORMATION	
APPLICATIONS	Completed applications should be returned, AS SOON AS POSSIBLE , to the Human Resources Department, NHS Highland, Argyll & Bute, Aros, Lochgilphead, Argyll PA31 8LB. (E-mail address: recruitment.ab@nhs.net).
CLOSING DATE	AS PER ADVERT

All completed applications are held in the Recruitment Team until the closing date. Thereafter the recruitment process takes approximately four weeks. If you have not heard from us within four weeks of the closing date for the vacant post, I am afraid that your application has not been successful and you will receive no further correspondence from the Recruitment Team.