

Job Description and Profile for

CONSULTANT IN PUBLIC HEALTH



Scott's View, Scottish Borders



Grade	Medical Consultant / Band 8D AfC
Location	Department of Public Health, NHS Borders, Borders General Hospital, MELROSE TD6 9BS
Hours / PAs	For medical applicants - full time – basic 6 PAs per week (Part-time/job share may be considered) For non-medical applicants – pro-rata full time 37.00 hours per week .Hours will reduce as per national agreement to 36 hrs within agreed timescales
Salary Scale	Consultant scale £111,430 - £148,064. The regional health protection service is anticipated to provide out of hours cover, but if not operational, due payment will be made as per national agreements. Training will be provided, if needed. AfC Band 8d - £103,764-£108,206 on-call allowance in accordance with PCS(AFC)2012/4 - Arrangements for Agenda for Change staff who undertake on-call duties (scot.nhs.uk) This post will adopt hybrid working
Start Date and Duration	Start date is negotiable with successful candidate; appointment is available immediately, and could also suit a senior trainee “acting up” as a Consultant.
Closing Date	

Contact Details	Telephone	01896 826167	
	Email	Medical.staffing@borders.scot.nhs.uk	
Visits and Enquiries	Informal visits can be arranged and informal enquiries regarding this post will be welcomed by:-		
	Dr Sohail Bhatti	Director of Public Health	sohail.bhatti@borders.scot.nhs.uk
NHS Borders Website	For further information regarding NHS Borders, please visit our website:- www.nhsborders.org.uk		
NHS Borders	Why work for us? Our Values are at the heart of all that we do: <ul style="list-style-type: none"> Care and Compassion 		



- Quality and Teamwork
- Dignity and Respect
- Openness, honesty and responsibility

NHS Borders serves the Scottish Borders (1,827 square miles) which is a rural and sparsely-populated region of Scotland with 30% of the population living in settlements of fewer than 500 people. Our workforce comprises (including doctors in training): 3,600 (2,675 wte); 600 bank staff

The Scottish Borders has a population of around 116,020 (NRS, 2022). This is an aging and elderly population (popn. 65+ years: 24.1% in compared to 18.7% in Scotland). The population has grown slowly over the past 10 years although this is at a slower rate than many other areas of Scotland.

In the Scottish Borders both men and women have a higher life expectancy at birth compared to Scotland. The Scottish Borders has a population with a higher than average rate of economic activity / lower unemployment rate, although the average income is below the Scottish average. However, we have pockets of deprivation (Burnfoot, Langlee) which are often not visible on the Scottish Index of Multiple Deprivation (SIMD) due to the large geographical distribution of populations. We estimate that $\frac{2}{3}$ of our deprived populations live outside the known areas of deprivation within SIMD. Around $\frac{1}{4}$ of our children live in poverty, when housing & heating costs are taken into consideration. This means many of our poorest suffer from the double jeopardy of being seen to live in an affluent area, but not having appropriate support services in those areas. We have a new health inequalities strategy (THIS Borders) which attempts to tackle these issues, in partnership with the local CPP (Theme 3), and one of its priorities is better enumeration strategies.

The Board provides and commissions a full range of Primary Care & Community based services GP, Dental, Optometry and Pharmacy services operating out of a range of Health Centres and community facilities. It also has a full range of Integrated Mental Health & Learning Disability services in conjunction with Scottish Borders Council.

The Borders General Hospital (BGH) in Melrose is NHS Borders' largest hospital, with 270 Acute beds. The hospital provides acute services, and inpatient, day-case and outpatient facilities for most specialities, as well as diagnostic services. The hospital works alongside 4 Community hospitals adding a further 96 beds to the overall bed complement. BGH is a training location for the medical rotation for south east Scotland.



	<p>The Board also commissions specialist and tertiary services from a range of other providers including NHS Lothian.</p> <p>The NHS Borders Board covers an area co-terminous with the local authority, Scottish Borders Council, the Integrated Joint Board (IJB), HSCP and the CPP. This means that partnership working is less complex with many of the same people involved in moving forward integration of health and social care.</p> <p>We think the professional challenge will be appealing for Public Health Consultants especially those wanting to have a broad experience of public health across all three domains and make a mark or establish their future career interests e.g.</p> <ul style="list-style-type: none"> • The human scale of change, where you can see interventions from conception through to delivery, with a close steering hand by yourself as the Consultant clearly able to demonstrate change – in more complex systems or organisations there is less job satisfaction as changes are incremental and impact is often difficult to ascribe; • Our geography of settlements separated by valleys with similar populations means that it is feasible to have population-level variable interventions in different towns; these population “case-controls” offer a unique opportunity to evaluate public health measures rarely available elsewhere; • We have an experienced Director of Public Health appointed in late 2022, a new Chief Executive appointed in September 2024, and also a new Chief Executive of Scottish Borders Council, both keen to have public health central to all policies; • The new Chief Executive is keen to move resources away from treatment to more upstream interventions such as prevention. The primary activity to drive this is the development of a Clinical Strategy where public health is facilitating discussions with clinicians using the life stage framework. • There is a desire to develop an active dialogue with the local population with the aim of creating a social movement for well-being as well as develop primary/secondary prevention supporting demand management initiatives; • A supportive Health Board keen to address health inequalities but facing challenges found in rural populations (where SIMD is difficult to use due to small populations); • The Public Health Department consists of around 60 people and is accountable to and directly managed by the DPH and his senior management team, unlike in larger areas where health improvement is
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	<p>sited in IJBs; there are two other Consultants within the team amounting to 1.5 wte</p> <ul style="list-style-type: none"> • Communicable disease control duties are being transferred to a regional partnership - the new East of Scotland Health Protection Service which went “live” in 2024, will take over out of hours services around October 2025 followed by a host Board arrangement where the role of the Board will be to provide surge capacity if needed • Our Screening team have successfully bid for funding by Cancer Research UK looking at uptake of colon cancer screening. This entails a partnership with the University of Oxford • Your role will have all three elements of practice: health protection, health improvement and healthcare public health as these posts will suit candidates who wish to have a broad generic experience of public health practice; • We have a new health improvement head of service appointed at the end of an extensive service review, and therefore the Senior Leadership Team is very much keen to push forward to take advantage of the prevention agenda as described in The Population Health Framework and the Health and Social Care Renewal Framework <p>The new Chief Executive began in September 2024 and therefore we are in a process of change, looking at a service strategy which will drive our departmental plans. In addition, as one of the remote and rural Boards, we have additional financial challenges. The post holder will therefore be joining at a time of considerable change, and will therefore be able to benefit from the learning that arises from such challenges which is useful in their future practice</p>
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Policy Context

This is an exciting time for public health. In the context of the Scottish Borders, the Board Chief Executive has clearly enunciated the importance of prevention and public health within the new clinical strategy that will shape the future priorities of NHS Borders. The Scottish government has also released a number of plans and strategies ([Creating a healthier Scotland - gov.scot](#)) which reposition health and social care in Scotland toward prevention and take a population health approach to a range of problems eg housing, education, violent crime, drugs and alcohol. The small population size in the Board is a huge advantage in that co-terminosity with the Council, the IJB, the HSCB and the NHS makes partnership working more straightforward than in a complex large, urban area. It is gratifying to see the impact of work done, and also to leave a measurable legacy within the community and the system – something that is rarely possible in



modern public health systems

POST INFORMATION

The Post

This is a senior appointment in the Department of Public Health with delegated specialist interests and along with the Director of Public Health and the wider public health team you will share responsibility for the full range of Public Health services in the Scottish Borders area.

The post provides, with other colleagues, an emergency out of hours rota for communicable disease and environmental health hazards control. It is anticipated that the out of hours cover will be fully transferred to the regional service by the end of October 2025, so participation in the on-call rota may not be required at the time of appointment. The main responsibilities of the post are:

- Development of the Health Intelligence strategy and associated metrics, including links to national groups, and the mapping of our developing strategy.
- Contribute to the Department’s work with the Community Planning Partnership (which is themed to tackle 4 priorities of which one is health inequalities)
- Lead the work of the Department on the Equalities duties and oversee the budget for the interpreter service
- Lead the work of the Department on developing a social wellness service, building social prescribing into the fabric of the primary care system
- Be the lead for the Department on Children and Young People, as well as contribute to “health in all policies”
- Be the lead point for health protection within the Department. Health Protection services are being developed along a regional model with a hosted Board arrangement, which should mean that by autumn 2025, the role will be one of liaison with the regional service
- Provide Public Health professional support and leadership to the Alcohol and Drugs Partnership which is delivered by the Department and is chaired by the DPH. The national mission is coming to an end, but Scottish government is looking to reshape
- Line manage a small number of staff

The post is advertised as 0.6 wte and the pattern of work will be negotiated with the successful candidate. We are exploring the possibility of linking upto another 0.4 wte work from another agency, but this is not yet confirmed.



Reporting Arrangements	You will report to the Director of Public Health, who will agree your initial job plan and annual future job plan reviews.
Department of Public Health	<p>Public Health focuses on promoting the health and well-being of people living in the Scottish Borders and protecting people from becoming ill. The Public Health team is led by the Joint Director of Public Health for NHS Borders, After a service review, the Department is restructuring and refocussing itself as one team with an implementation date by September, 2025 and which provides the following:</p> <p>Health Improvement - leads and supports work across the Scottish Borders to improve health and reduce health inequalities. Aligning and developing health improvement services across NHS Borders and Scottish Borders Council is a continuing objective.</p> <p>Health Protection focuses on protecting the public from infectious diseases and environmental hazards. There are opportunities to consolidate existing joint working across Scottish Borders.</p> <p>Screening Services coordinate national screening programmes for breast, cervical, colon cancer; diabetes retinopathy; abdominal aneurysm; pregnancy and newborn.</p> <p>Alcohol and Drugs Partnership commissions drug and alcohol services and interventions to reduce the impact of problem drug and alcohol use in the area.</p> <p>Service Improvement/Health Intelligence assesses population needs and evidence to shape the design of local services. As part of the new structure, we are investing in new resources to support a public health intelligence function</p> <p>The main Public Health base is situated in the grounds of the Borders General Hospital. The health protection, screening and service improvement teams are located in this location. There is also a public health office at Scottish Borders Council Headquarters, Newton St Boswells. The Health Improvement and Alcohol and Drugs Partnership Support Teams are based there. The IJB is working to co-locate at the civic centre. In both locations there is flexible office spaces. In the light of the working patterns developed during the pandemic, most work is remote, with hybrid working accepted, on a pattern to be agreed with the appointed candidate</p>
Health and Safety	You are required to comply with NHS Borders Health and Safety Policies.



<p>Training Grade Staff</p>	<p>Public Health Specialty Registrars are allocated to the Department of Public Health for general “territorial” health board specialty training which lasts 5 years so you will share responsibility for the delivery of training and supervision of the Specialty Registrars. We currently have 3 registrars allocated to our department. You will be expected to ensure that Registrars have access to appropriate advice and counselling. Training for this role will be provided if required.</p>
<p>Academic Public Health</p>	<p>The DPH is keen to develop links with academic public health both in Scotland and England. He is keen to develop a learning culture and encourages the publication of findings in the academic press. There is therefore the possibility of developing this area of practice, and to drive the agenda if desired.</p>
<p>DUTIES AND RESPONSIBILITIES</p>	
<p>Main duties of the post</p>	<p>Your role will have all three elements of practice: health protection, health improvement and healthcare public health.</p> <p>Principle lead roles:</p> <ul style="list-style-type: none"> Vaccination oversight, when required Health in all Policies Public Health Intelligence Children’s Health Alcohol and Drugs Residual health protection functions (liaison/oversight) <p>Jointly with others in the department:</p> <ul style="list-style-type: none"> Mental Public Health Screening Community Development Anchors Performance Management Research, Audit and Publications Teaching & Training DPH Annual Report Women’s Health Deputy Caldicott Guardian Pharmaceutical Public Health Commercial Determinants of Health Healthcare Public Health <p>Supporting Professional Activities</p>



	<p>Undertake annual job planning, appraisal, continuing professional development and personal development planning, and periodic revalidation in line with professional registration requirements. Contribute to teaching and training, and undertake audit and research consistent with duties and department priorities.</p> <p>Other Involvement in 1 in 4 on-call rota for emergencies, communicable diseases and environmental health hazards. Training will be provided, if necessary. This is likely to be not necessary when the post-holder is appointed; the role reverts to a liaison and oversight function with the regional service. There is currently a Regional Health Protection Service for the East of Scotland that provides daytime cover. This service is developing plans to provide out of hours cover from October 2025 when all such responsibilities will stop for the local team. The department does not deliver vaccination services but there is a nurse-led service that regularly achieves uptake amongst the best in Scotland.</p> <p>Cover for other senior PH colleagues and other duties as appropriate and required by the Director of Public Health. The post holder will be part of the Senior Leadership Team for the Department</p> <p>Operation Koper and cooperation with the COVID Enquiry are taking up some time within the Department; the post-holder may be required to liaise with staff members who have left the department and collate their responses.</p>
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<p>Educational Facilities and Development</p> <p>On commencement you will have the opportunity to attend the corporate induction programme and the Department of Public Health will arrange a bespoke local induction.</p> <p>Corporate Training and O.D. Leads are available as a consultancy to advise on development activities tailored to particular service needs and for individual consultants. Bespoke programmes seek to provide you with support for the development of leadership and management skills, such as difficult conversations, modules on consultants as leaders, managing people and performance. Workshops provide a structured opportunity for facilitated discussion, learning through experience, reflective practice and networking with peer consultants. There are also opportunities for professional coaching and mentoring – an established BGH consultant will be identified as a “buddy” in your first few weeks.</p> <p>There is an excellent staffed library within the Borders General Hospital grounds with good Internet access. The library is staffed Monday – Friday and security swipe card access in out of hours period, 7 days per week. As well as a range of textbooks and journals, there is access</p>	
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the health e-library and to the online clinical enquiry and response service (CLEAR) from Healthcare Improvement Scotland and NHS Education for Scotland.

The Scottish Borders

The Scottish Borders has a population of around 116,020 (NRS, 2022). The area is geographically large (covering 1827 square miles) mostly rural with small burghs and very sparsely populated areas. Previous DPH Reports can be found at <http://www.nhsborders.scot.nhs.uk/staying-healthy/public-health-information/borders-reports-and-data/>

The Scottish Borders is a very special place to live, and with property much more affordable than in other parts of the country, you can achieve a high quality of life for you and your family - a bigger home in a desirable location and at the same time benefit from really good schools and healthcare. Those of us who are lucky enough to live here recognise the benefits of living in a rural area combined with the close proximity of three metropolitan cities with good rail and road links.

There is a place for everyone in the Scottish Borders, from bustling towns to picturesque villages. All are steeped in history and heritage retaining their character and charm whilst still offering modern facilities and amenities for locals. The history and heritage combined with a strong sense of community spirit results in a strong sense of local pride. Perhaps it's little wonder that the excellent quality of life in the Scottish Borders is the envy of many.

The Borders covers a large and scenically beautiful area of the Southern Uplands of Scotland. Predominately rural, it is historically a unique part of the country, the home of the Border Reivers, where annually each town in the Borders maintain its links with the past during the season of Common Ridings. Seven-a-side rugby originated in Melrose, and the Melrose event in particular draws large crowds each year. The Borders has tremendous facilities for sport and leisure. Glentress and Innerleithen mountain bike parks are world renowned for both cross country and down hill biking. The beautiful Berwickshire coast provides options for sea kayaking, surfing, diving and sea fishing. In addition there are facilities for fishing, golf, swimming, horse riding, cricket, football, hiking and many other activities. The Borders has excellent cultural opportunities in terms of music and art societies, drama, and small theatres in Melrose and Selkirk as well as amateur opera. There are excellent restaurants, cinemas and shops, with a new fitness centre in Galashiels. There is a purpose built nursery in the grounds of the hospital for employees' children.

The Scottish Borders offers all the benefits of rural life with very easy access to major cities such as Edinburgh (37 miles) Glasgow (75 miles) Newcastle (75 miles). Edinburgh is renowned for its cultural activities in music, including opera and ballet, theatre, cinemas (including a film theatre) and visual arts, and of course every year there is the world famous Edinburgh International

Festival and Fringe Festival. West Linton village is part of the commuter belt of Edinburgh. Local transport links have improved greatly in the last decade.

The Borders Railway has rain services to central Edinburgh running every thirty minutes (journey time 50 minutes approx). Tweedbank Station is a few minutes walk from the Department of Public Health office, Borders General Hospital. There are rail links to the rest of the country at Berwick Upon Tweed, and Carlisle and there is easy access to Edinburgh Airport (approximately 1 hour 15 minutes) and Newcastle Airport (approximately 1 hour 30 minutes).

As part of our policy there is assistance with temporary housing costs and relocation allowances if applicable up to Inland Revenue limits.

MELROSE has taken the title of the best place to live in Scotland in a national ranking - <https://www.sundaypost.com/fp/borders-town-of-melrose-named-best-place-to-live-in-scotland/>

An Estate agency (Rightmove) has named **GALASHIELS** as Scotland's happiest place to live. More than 22,000 people across the UK took part in the survey, [The happiest place to live in Scotland is Galashiels - Scottish Field](#)

Our Scottish Borders Your future



PERSON SPECIFICATION

Education/Qualifications	<i>Essential</i>	<i>Desirable</i>
Inclusion in the GMC Specialist Register/GDC Specialist List/UK Voluntary Register (UKPHR) for Public Health Specialists	X	
If included in the GMC Specialist Register/GDC Specialist List in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health medicine practice	X	
Public health specialist registrar and specialist trainee applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry at the date of interview.	X	
Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body	X	
MFPH by examination, by exemption or by assessment	X	
Personal qualities		
Strong commitment to public health principles	X	
Able to prioritise work, and work well against a background of change and uncertainty	X	
Adaptable to situations, can handle people of all capabilities and attitudes	X	
Commitment to team-working, and respect and consideration for the skills of others	X	
Self-motivated, pro-active, and innovative	X	
High standards of professional probity	X	
Experience		
Project management skills	X	
Staff management and training		X
Practical experience in facilitating change	X	
Training and mentoring skills		X
Scientific publications, presentation of papers at conferences, seminars etc		X
Skills		
Strategic thinker with proven leadership skills	X	
Excellent oral and written communication skills (including dealing with the media)	X	



Effective interpersonal, motivational and influencing skills	X	
Ability to respond appropriately in unplanned and unforeseen circumstances	X	
Good presentational skills (oral and written)	X	
Sensible negotiator with practical expectation of what can be achieved	X	
Substantially numerate, with highly developed analytical skills using qualitative and quantitative data	X	
Computer literate, including the use of MS Office applications	X	
Ability to design, develop, interpret and implement policies	X	
Ability to concentrate for long periods (e.g. analyses, media presentations)	X	
Resource management skills		X
Knowledge		
High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation.	X	
Understanding of NHS and NHS in Scotland		X
Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice	X	
Understanding of social and political environment		X
Understanding of local authorities and social services		X

Person Specification notes

The Faculty of Public Health advises that in order to be short listed for a consultant post applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UK Voluntary Register for Public Health Specialists (UKPHR) must provide verifiable signed documentary evidence that an application for inclusion on one of these specialist registers is in progress as follows:

1. *Applicants in training grades*

Public Health Specialist Registrars (SpR) and Specialist Trainees (StR) in a recognised UK public health training scheme must provide evidence to confirm that they are within **SIX** months of award of their certificate of completion of training (CCT) and inclusion in the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR at the date of interview (i.e. the expected date of award of their CCT must fall no more than six months after the date of interview). The documentary evidence should be:

Either the final Annual Review of Competence Progression (ARCP) *or* a letter from the postgraduate dean (or Faculty Adviser) specifying the expected date for completion of training (which must be not more than six months after the date of interview).

2. *Applicants in non-training grades*

Applicants from a background other than medicine

- Other than trainees (see 1 above), applicants from a background other than medicine would normally be expected to have gained full registration with the UKPHR. However, exceptionally, individuals who can demonstrate that they have submitted a portfolio application to the UKPHR may be considered for short listing. **Suitable evidence will be a letter from the UKPHR acknowledging receipt of the portfolio application.**
- Other than trainees (see 1 above), applicants from a background in public health dentistry must be included in the GDC Specialist List in dental public health. However, those who can demonstrate that they have submitted an application for inclusion on the GDC specialist list in public health dentistry may be considered for short listing. **Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GDC which is eligible for consideration at the time of application (for short listing).**



Employers are advised that individuals should not take up consultant in public health medicine or consultant in public health posts (including DPH posts) until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List in dental public health/UK Voluntary Register for Public Health Specialists. Although applicants will be able to provide documentary evidence that an application is in progress, no guarantee can be made as to the outcome of an application to the GMC/GDC/UKPHR specialist registers.

The above guidance applies to applications for both general and defined specialist registration with the UKPHR. Individuals with defined specialist registration are eligible for consideration for short listing for, and appointment to, consultant posts including those at DPH level. In all appointments, employers will wish to ensure that an applicant's areas of competence meet those required in the person specification.



TERMS & CONDITIONS OF SERVICE - FOR MEDICAL PRACTITIONERS

The Terms and Conditions of Service are from the Consultant Grade Terms and Conditions of Service (Scotland).

The appointment will be made by NHS Borders Board on the recommendation of an Advisory Appointments Committee, constituted in terms of the National Health Service (Appointment of Consultants) (Scotland) Regulations.

The full-time salary, exclusive of any distinction award/discretionary points, will be on the scale £91,474 - £121,548 with scale placing as appropriate according to previous experience, seniority placing and the agreed job plan. The appointment will be on a full-time or part-time basis. On call arrangements for public health are on a one in three basis with an 8% availability supplement to salary for this contribution.

The allocation of study leave is a maximum of 30 days within a period of three years for approved professional purposes within the United Kingdom.

Annual Leave and Public Holiday entitlement is combined 8 weeks + 1 day per annum inclusive of the 8 days public holiday as designated by NHS Borders each year (41 days in total for full time appointment).

The appointment will be superannuable and subject to the regulations of the National Health Service. Superannuation Scheme and the remuneration will be subject to deduction of contributions accordingly, unless the appointee chooses to opt out of the Scheme.

The Board is legally liable for the negligent acts or omissions of the 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 NHS indemnity.

If a medical practitioner, the person appointed will be required to be fully registered with the General Medical Council and on the Specialist Register at time of taking up appointment.

All entrants to NHS Borders must be certified as fit for the appointment is conditional on such certification. Arrangements for medical screening (normally by questionnaire) are the responsibility of the Occupational Health Service

Termination of the appointment is subject to three month's notice on either side.

Assistance with relocation expenses will be provided for the successful candidate in accordance with NHS Borders Policy and Inland Revenue limits.



NHS Borders operates a No Smoking Policy. It is a condition of your employment that you must not smoke whilst you are on duty. Failure to observe this rule could result in disciplinary action. When selecting new staff, NHS Borders does not discriminate against applicants who smoke but applicants who accept an offer of employment will, in doing so, agree to observe the Board's policy on smoking.

NHS Borders Equal Opportunities Policy affirms that all employees should be offered equal opportunities in employment, irrespective of their age, gender, marital status, race, religion, creed, sexual orientation, colour or disability.



TERMS & CONDITIONS OF SERVICE - FOR APPLICANTS AGENDA FOR CHANGE

The Terms and Conditions of Service are from the Agenda for Change Terms and Conditions of Service. AfC Band 8D scale - £99,534 - £103,795 on-call allowance in accordance with [PCS\(AFC\)2012/4 - Arrangements for Agenda for Change staff who undertake on-call duties \(scot.nhs.uk\)](https://www.scot.nhs.uk/PCS(AFC)2012/4)

The appointment will be made by NHS Borders Board on the recommendation of an Advisory Appointments Committee, constituted in terms of the National Health Service (Appointment of Consultants) (Scotland) Regulations.

Annual Leave ranges between 25 days – 33 days with entitlement depending on length of NHS service with a further 8 days public holidays as designated by NHS Borders each year.

The appointment will be superannuable and subject to the regulations of the National Health Service. Superannuation Scheme and the remuneration will be subject to deduction of contributions accordingly, unless the appointee chooses to opt out of the Scheme.

The Board is legally liable for the negligent acts or omissions of the employees in the course of their NHS employment, this applies where the health care professional was working under a contract of employment (as opposed to a contract for services) and the negligence occurred in the course of that employment.

Applicants from a background other than medicine would normally be expected to have gained full registration with the UKPHR.

All entrants to NHS Borders must be certified as fit for the appointment is conditional on such certification. Arrangements for medical screening (normally by questionnaire) are the responsibility of the Occupational Health Service

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