Recruitment Person Specification

Clinical Perfusionist- August 2021

	Essential	**Desirable**
Qualifications/Training	MSc Clinical Perfusion Science or equivalent Accreditation with Society Of Clinical Perfusion Scientists UK & Ireland Full registration with College Of Clinical Perfusion Scientist of Great Britain & Ireland Completion of adult and/or paediatric ECMO course, exam and on-going revalidation Short-term VAD course, completion of competency and on-going revalidation.	Mentoring qualification Advanced Accreditation Certificate. Fellowship registration status
Experience	Extensive experience within clinical perfusion specialties, acting as a consultant clinical perfusionist.	
Skills/Knowledge	Highly specialist theoretical and practical clinical perfusion knowledge in a number of advanced therapies such as adult/paediatric perfusion, adult/paediatric ECMO, complex adult congenital surgery, short term/long term ventricular assist devices and transplantation.	Published papers within clinical perfusion/cardiac surgery/Mechanical circulatory medicine journals.

	Independent clinical practice. Highly developed negotiating, influencing, networking and communication skills. Proven track record of clinical decision making whist under pressure. Ability to organise the appropriate deployment of resources and equipment as required by case complexity and as required across multiple sites, new techniques and circuits to allow them to be undertaken.	
Additional job requirements Eg. unsocial hours	Autonomous on call working. Capable of working irregular work patterns.	
Any other additional information	Able to engage fully at MDT/Clinical audit meetings.	

GOLDEN JUBILEE NATIONAL HOSPITAL

JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title: Clinical Perfusion Scientist

Department(s): West of Scotland Heart Lung Service

Job Holder Reference:

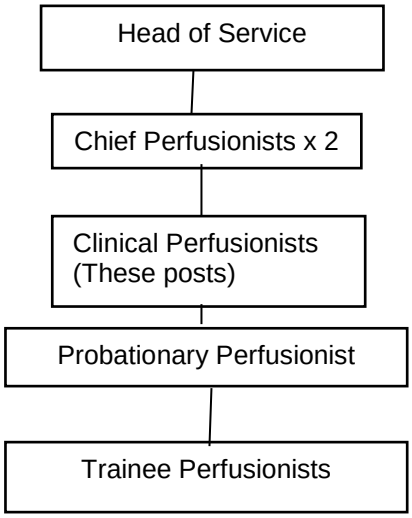
No of Job Holders:

2. JOB PURPOSE

As a highly specialised autonomous practitioner the post holder clinically manages the temporary replacement of a patient's cardiopulmonary function to enable cardiac surgery to take place. This service is provided for both adult and paediatric cardiopulmonary bypass (CPB) and extends to specialist services such as Extracorporeal Membrane Oxygenation (ECMO) and Ventricular assist devices (VAD's).

These services are provided in both elective and emergency settings on a 24/7 basis to the West of Scotland. The service covers both the Golden Jubilee National Hospital and Greater Glasgow & Clyde (GG&C) Health Boards.

3. ORGANISATIONAL POSITION



4. SCOPE AND RANGE

To provide a comprehensive and professional perfusion service across 2 health boards for both adult and paediatric specialities.

The GJNH is the West of Scotland Regional Heart & Lung Centre, providing in excess of 1400 cardiac surgical procedures per year and also provides national adult cardiac services including Scottish National Heart Failure Adult services (SNAHFS) and Scottish Adult Congenital Cardiac Services (SACCS).

The services provided by GJNH include:

- routine and emergency cardiac surgery procedures
- adult congenital surgery procedures
- cardiac transplantation
- Short-term Ventricular assist devices (VADs)
- Long Term Ventricular assist devices (VAD)
- Extra Corporeal Membrane Oxygenation (ECMO)
- Intra Aortic Balloon Pump (IABP)
- Haemofiltration
- Intra-operative cell salvage.

Within GG&C the Scottish National Paediatric Cardiothoracic Surgical Unit performs around 250 open heart procedures and 50 ECMO's per year.
The services provided to GG&C include:

- Routine and emergency cardiac surgery procedures
- Extra Corporeal Membrane Oxygenation (ECMO)
- Short-term Ventricular assist devices (VADs)
- Haemofiltration
- Intra-operative cell salvage
- In addition, the provision of ECMO/ VADs & cell salvage services to other specialty areas such the paediatric & neonatal intensive care units, cath lab and non cardiac theatres.

The highly specialist role requires the individual to participate in 24hr 365 days per year on-call service, acting as lead specialist to the West of Scotland Regional Heart and Lung Centre and to GG&C for all services provided including Extra Corporeal Membrane Oxygenation (ECMO), short and long-term mechanical circulatory support (short and long-tem VADs), Intra Aortic Balloon Pumps (IABP) and cell salvage.

5. MAIN DUTIES/RESPONSIBILITIES

Work as an independent expert practitioner, taking responsibility for organising a number of techniques during a single procedure, for example, cardiopulmonary bypass, autologous cell salvage, modified ultrafiltration (MUF), haemofiltration, intra-aortic counterpulsation (IABP), VAD's and ECMO.

Manage highly complex cases independently as a highly experienced autonomous practitioner.

Assess the patient for relevant medical history, pathology and diagnosis and make appropriate clinical decisions and advise medical staff concerning the conduct of the procedure.

Effectively plans and prepares the equipment to be used on an individual patient according to patient body surface area, clinical condition and the planned operation/procedure. i.e. Size of cannula, calculation of size and type of disposable equipment (ranging from neonates to adults), type and calculation of drugs and priming solutions.

Sets up, primes and clinically manages heart lung machine and the ECMO/VAD equipment for cardiac surgery procedures, according to the perfusion procedures and protocols and to play a full role in the cardiac surgery programme.

Makes careful manipulation of specialised equipment to optimise the best care management regime for each individual patient. E.g. VAD/ECMO or CPB blood flows.

Act as a perfusion consultant in multi-disciplinary team meetings (MDT's) to advice clinicians on all aspects of advanced mechanical circulatory support therapies.

Performs and advises MDT on all perfusion related activities, adult & paediatric CPB, ECMO, VAD, IABP, autologous cell salvage, on bypass haemofiltration, blood gas management, activated clotting time and thromboelastograph analysis/interpretation.

Leads in the development of protocols for specialist areas such as ECMO/Long-term VAD's/mechanical circulatory support (MCS) that impacts on nursing/medical staff hospital wide. Continually reviews clinical policy and procedures which impact on multiple health boards and services e.g. When a patient on MCS is discharged back to the community setting.

Manages all the patient ECMO/VAD lines and specialised equipment when the patient is transferred to other areas for specialised investigations. Clinical Perfusion Scientist escorts patient and remains with the patient during the necessary investigation procedure.

Act as a mentor, on a daily basis, to trainee clinical perfusion scientists, producing reports to their training log and identifying development needs through the use of feedback and discussion via the service tutor/trainer.

Take responsibility for mentoring newly qualified clinical perfusion staff on a one to one basis; identify training and development needs through the use of feedback and discussion, creating an environment of support and growth through appraisal.

Organises and delivers core and specialist training for multiple staff groups on the full range of perfusion sub-specialities.

Organise and provide highly complex training to newly qualified perfusionists, nursing and medical staff on specialisation of ECMO/VAD across two health boards. Set time frame for updates in training and re-validation.

Provide training to other health boards and professions nationally when long-term VAD patients are discharged home. For example: alert and train local ambulance staff about patients being discharged to their area.

Provide training to patients and their carers/ relatives on the operation and maintenance of the long-term VAD devices which have been implanted. This training ensures that once the patient is discharged home they have the knowledge and skills to address both routine and emergency care of their devices for example electively changing system batteries or the controller in an emergency situation where the controller fails – failure to do this correctly and in a very timely manner will result in the patient's death. Until the patient/ carer/ relatives can demonstrate to the post holders that they are fully competent with the devices they will be required to remain as an inpatient.

Provide technical and educational support to patients/care givers on long-term VAD's and provide advice and clinical management strategies to consultants in other health boards across Scotland.

Leads in developing strategies for the management and delivery of high quality care, monitoring and benchmarking against other comparable units.

Use specialist knowledge and experience to make pro-active decisions when reviewing/developing service policies where appropriate and beneficial.

Take part in root cause analysis panels which directly influence policy change and improve patient care.

Fully contributes to evidence based clinical practice to maximise clinical effectiveness and provides evidence at monthly meetings as required.

Collates and provides clinical data for local/national audit and research purposes as required for perfusion or other disciplines.

Participate in clinical studies, departmental and individual research projects to facilitate better clinical knowledge and encourage research based clinical practice.

Monitor and maintain stock levels at all times including acquiring equipment and disposables often at extremely short notice.

Provide an out of hour's autonomous perfusion service.

6. SYSTEMS AND EQUIPMENT

Safe use of expensive and highly complex equipment. For example the heart lung machines are valued in excess of £100,000.

Regularly undertakes on-site product evaluation for perfusion and MCS related hardware and disposables for procurement and clinical purposes.

Support perfusion equipment profile, ensuring that all equipment is in safe working order and regularly maintained with adequate records of work undertaken. Appropriate action should be instigated where equipment is found to be faulty.

Ensure quality control and calibration of expensive and complex medical equipment to ensure accurate and safe use during clinical procedures.

1. Heart Lung Machines (£100K) - Routine daily maintenance, calibration, set up, operation and trouble shooting. (disposable circuit costs £400 per case).
2. ECMO systems (£42K) - routine daily maintenance, set up, operation and trouble-shooting. (disposable circuit cost £3300 per case).
3. Short term VAD systems (£25k) - used during complex clinical situations- set up, calibration, management and trouble shooting (disposable circuit costs of £3300-£6600 per case).
4. Long term VAD - £75-100K used during complex clinical situations- set up, calibration, management and trouble shooting
5. Blood Gas Machines- operation, interpretation and recording of results.
6. ACT Machines -Daily maintenance, QC, operation , interpretation and recording of results.
7. Intra Aortic Balloon Pump (£30K - daily maintenance, set up and operation, trouble shooting.
8. Thrombelastograph-Regular operation and interpretation of results. (disposable costs of £500 per patient).
9. CDI inline monitors- daily maintenance, calibration, set up, operate, interpretation and recording of results.
10. Cell saver units- set up, calibration and operation as required.
11. Microsoft Excel- Used daily for Perfusion Records and departmental stats, Timesheets and research databases.
12. Microsoft Word- Used daily for company, departmental, institutional and other correspondence.
13. Microsoft Power-point- Used regularly for presentation of research, stats and teaching.
14. Email Systems- Used daily for internal and external communications
15. Sorin connect Database- Tailor made software program for recording and handling all perfusion related data.
16. DATIX- adverse incident reporting system. Highlighting incident to minimise future potential risk
17. Heartsuite- Paediatric and adult cardiac congenital patient clinical audit system
18. CATHI - GJNH clinical audit system.

7. DECISIONS AND JUDGEMENTS

Supports and delivers a work programme for all clinical areas across both sites. May have to allocate staff in the absence of the Chief Perfusionist/head clinical perfusionist.

Manage and prioritise own caseload/ workload independently.

In the event of emergency out of hours work, will adjust theatre allocations for the next working day and leave notification for the Chief Perfusionist/ head clinical perfusionist and theatre coordinator/theatre manager. Adjustment of plans based on evaluation of clinical need, priority, staffing, skill mix and availability. This may impact on next working day.

During out of hours working the post holder has sole responsibility for the appropriate deployment of resources and equipment across multiple sites. Responds and co-ordinates timing and equipment required, acquiring equipment and disposables often at extremely short notice. This includes discussions with MDT regarding the safe levels of backup hardware available for MCS support.

Plan and arrange training for multiple areas/departments on specialist therapies (ECMO, VAD's) within clinical perfusion science. Set timetable for revalidation and schedule repeat training for continuous development and skill update.

Cardiopulmonary bypass frequently requires prolonged periods of concentration. During every procedure the post holder monitors and acts upon a wealth of complex, multi-stranded clinical information on a continual basis; constantly monitoring and analysing various screens displaying both patient and pump date. Patient information includes pressures, oxygen saturations, temperatures and ECG, whilst pump controls and data monitoring are displayed on several screens, incorporating pump flows, pressures, temperatures and timers. This information is presented whilst the post holder is concurrently monitoring circuit status and interacting with other associated equipment. Using this information, exercise sound and informed decision making to take appropriate and autonomous action. Optimal gas exchange and haemostasis are achieved by constant manipulation of these parameters.

Makes on the spot clinical decisions based on interpretation of results of various complex tests and patient observations and alters management of patient treatment during CPB, ECMO & VAD procedures to optimise outcome and reduce patient risks.

Discuss and evaluate options for optimising individual case management with medical colleagues; pre-operatively it is important to discuss suitability of equipment and devices for a specific, often highly complex procedure. Use of experience and judgement to advise on the best course of action when resistance to particular techniques is encountered due to differences in opinion, often where inexperienced surgeons/anaesthetists are involved.

Calculate dosage and administer drugs, as necessitated by the clinical situation i.e. priming solutions, anticoagulants, vasoconstrictors, inhalation anaesthetic agents, potassium, bicarbonate, aprotinin and cardioplegic solutions. Demonstrate an advanced knowledge of how specific perfusion techniques can alter the effect and concentration of a range of drugs.

Diagnoses and solves problems during heart surgery, ECMO/ VAD runs by utilisation of highly specialised equipment skills and experience.

Use specialist knowledge to make pro-active decisions when a patient's VAD/ ECMO circuit needs to be changed out.

Evaluates patients to the suitability for candidacy for long term mechanical circulatory support therapies and advises the MDT as to the outcome/ their conclusion.

Responsible for planning and organising the safe discharge of long term VAD patients back in to their respective communities. This involves the assessment of competency of both patient and caregiver. Evaluation of the discharge setting encompassing, local A&E services, GP and cardiac rehab. Provision of emergency care plans for local ambulance/transport services and electrical power providers and the patient. Ensuring every component of the discharge bundle is complete.

Provide out of hospital advice for long-term VAD patients and consultants Scotland wide and make decisions regarding patient re-admission.

Anticipate potential communication breakdown and conflict, and when it occurs generate and suggest actions and solutions. Demonstrate excellent negotiation skills in the management of conflict across a range of solutions e.g. having the confidence/skills to know when to interrupt the surgeon whilst operating to give him/her information that is necessary but often unwelcome.

Interprets broad occupational policies and guidelines to provide best patient care on, an individual basis, within a highly specialised clinical perfusion science technical service.

8. COMMUNICATIONS AND RELATIONSHIPS

Communicate highly complex condition related information to members of the multi-disciplinary team/ other professions. This information is presented as multi-stranded, highly variable and often conflicting, requiring the use of tactful, clear and concise explanations where resistance is encountered due to differences of opinion or where views may be challenged.

Routinely advise other colleagues on a range of clinical therapy issues which facilitates/ aids their own problem solving skills.

Employ excellent communication and interpersonal skills in highly emotive, highly stressful and potentially antagonistic or hostile situations. This is especially important in highly stressful, urgent and emergency procedures and cases with unusual pathologies, where split second judgement is required.

Recommends appropriate courses of action in the application and troubleshooting of advanced therapies. This may be in an elective or emergency setting and in the absence of a full clinical picture. They advise the multidisciplinary team with regards to specialist treatments such as ECMO/ VAD's. Provides specific clinical and technical communication to the full spectrum of health care professionals involved in the care of such patients.

Ability to maintain effective communication with the multi-disciplinary team during complex procedures such as cardiac transplantation. Such procedures typically happen through the night with long operating hours. A common complication of cardiac transplantation is Primary Graft Failure (PGF), which typically requires some form of post-op mechanical support to overcome. Such situations can be highly emotive and occur when team fatigue may be a factor; there may be barriers to accepting the advice and guidance provided by the clinical perfusionist.

Leads and co-ordinates the MDT identifying key individuals and describing their involvement. The post holder guides the team with the sequence of events and the duties of those involved to ensure the process is carried out in a safe and timely manner.

Recommends appropriate courses of action in the application and troubleshooting of advanced therapies. This may be in an elective or emergency setting and in the absence of a full clinical picture. They advise the multidisciplinary team with regards to specialist treatments such as ECMO/VAD's. Provides specific clinical and technical communication to the full spectrum of health care professionals involved in the care of such patients.

Evaluates patients as to the suitability for candidacy for long term mechanical circulatory support therapies and advises the MDT as to the outcome/ their conclusion. Within the MDT the post holder may propose alternative therapies/ strategies for support.

Required to communicate highly complex care requirements to critically ill patients, their family members and caregivers. This complex information requires to be delivered in a manner that ensures appropriate informed consent and that they are fully prepared and understand the long-term support therapies being offered prior to implant. It is also important to provide motivational support for these patients whilst reassuring them in their ultimate decision. Immediately post implant the post holder delivers technical training to patients, care givers and relatives advising on associated risks, best practice, lifestyle choices, safety, emergency scenarios and trouble shooting of the implanted device. Furthermore the post holder provides communication links to local services dependant on where the implanted patient resides. This is a national service with links throughout the UK. Co-ordination with central emergency services, local A&E departments, GP services and cardiac rehab is imperative when ensuring the safe discharge of this complex patient cohort.

Provides out of hospital diagnostic and troubleshooting expertise, often based on complex and often limited information. The post holder is required to make on the spot clinical decisions, providing advice to consultants nationally when triaging and managing long term VAD patients. This may include decisions regarding re-admission and/ or the administration of drugs. Such actions have to be immediately and appropriately communicated to the wider MDT.

Demonstrate excellent negotiation skills in the management of conflict across a range of situations e.g. having the confidence/skill to know when to interrupt the surgeon whilst operating to give him/her information that is necessary but often unwelcome.

Develop and maintain relationships and effective and proactive communication mechanisms with other staff, so that the service is able to secure participation in and favourable reactions to its aims and objectives.

Utilise a variety of strategies to communicate highly complex, sensitive information about the service area to other staff, Line Manager, Service Manager, other organisations and the general public.
Work closely with consultant colleagues and others in the multidisciplinary team agreeing decision making relevant to patient management.

Liaise and communicate with external suppliers and other Institutions to discuss equipment requirements and supplies, trials of equipment, and sharing of experience and knowledge.

Employ excellent presentation skills to multidisciplinary and inter-departmental education to a range of audiences (e.g. Formal teaching of complex perfusion related topics to groups of 20 clinical professionals and informal clinical based teaching to smaller groups during CPB procedures).

Be a motivated member of the team and to engage in all departmental activities.

9. PHYSICAL DEMANDS OF THE JOB

CPB frequently requires prolonged periods of intense concentration.

The post holder must possess highly developed auditory, visual and perceptive skills in dealing with a mass of information on a second to second basis in the delivery of routine and highly specialist perfusion techniques. Continuously monitor patient haemodynamics, pump parameters and blood gases on multiple display screens for the duration of the case.

Must possess excellent hand eye co-ordination and manual dexterity for perform tasks safely, efficiently and accurately to deliver a high standard of perfusion e.g. Termination of CPB is a highly skilled procedure, requiring ambidextrous use of limbs, line clamps and pump controls to finely balance blood flow and gas rates with filling the heart to achieve haemodynamic stability.

Must be able to act quickly, accurately and think clearly, often under acute time pressure, in order to resolve emergency situations such as equipment malfunction. The extracorporeal circuit is the sole method of life support to the patient and any delay in response/action could result in adverse patient outcome or death i.e. failure of any component of the CPB circuit must be rectified quickly. The post holder must diagnose the fault and aseptically repair the circuit, using sterile clamps, scalpel blades and tubing cutters. This requires a high degree of physical co-ordination, precise knowledge of the circuit and flow dynamics within to cut blood filled tubing with extreme accuracy.

Provide highly specialist clinical and technical skilled in the delivery of routine and highly complex perfusion services. Each CPB procedure requires sitting at the heart lung console in a restricted position for periods ranging from 2-8 hours or greater whilst concentrating on multi-stranded, highly variable parameters for which the post holder is responsible. During the working day, relief is normally available however this is dictated by clinical demands and staffing levels. During out of hours, as the sole perfusionist, unable to have breaks e.g. comfort breaks, meal breaks, during procedures as no member of the cardiac surgical team is capable of managing the heart lung machine and the patient's artificial support.

Circuit adaptations and design require high degree of precision and accuracy. Circuits are constructed from separate sterile components using sterile surgical clamps, scalpel blades and tubing cutters.

Setting up quickly and accurately under emergency conditions. This requires moving of heavy equipment into optimal positions within the clinical environment, then performing set-up and priming tasks rapidly whilst maintaining sterility to deliver a high standard of perfusion.

Move cumbersome equipment (250kg) at speed from a standing start in cases of trauma and pre/peri/postoperative complications when CPB is required immediately to support the patient. This may involve pushing the whole CPB machine to other areas such as cath lab or the Cardiac ITU.

Responsible for the movement of ECMO consoles weighing in excess of 100kg, with patients attached to or on between theatre, ITU, Cath Lab, CT scanner; which involves manoeuvring through doors, sterile operating fields and restricted spaces in the operating theatre/ ITU cubicles, preparation areas and hospital elevators.

Travelling between sites safely and when responding to call outs, driving in a safe manner.

Routinely works with exposure to high volumes of patient body fluids (circuit blood volumes range from 2 to 5 litres of blood) with inherent risks of infection e.g. in cases of HIV, CJD, Hepatitis A, B and C and MRSA

Daily duties include:

a) Disassemble and remove contaminated clinical waste from theatre areas safely and ensure all equipment is disinfected.
b) Work on a daily basis exposed to patient body fluids and infectious material whilst managing the single most invasive device used in routine surgery.
c) Daily exposure to volatile anaesthetic gases and the responsibility for the scavenging of these whilst on CPB.

Even adhering to local Health and Safety policies and exercising utmost care and attention, spills are often unavoidable due to the surgical techniques or the technical limitations of some equipment employed e.g. splashes from used cannulae as they are handed from the table.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

The management of CPB holds with it a great responsibility and is recognised as a highly stressful undertaking that is emotionally extremely demanding by its very nature. The majority of patients arrive for theatre in a relatively stable clinical condition, though frequently patients are in heart failure or have chronic kidney disease and the decisions made by the post-holder have the potential to cause further injury and/ or death to an already sick patient during CPB i.e. any microscopic air left in the circuit by the post-holder may lead to neurological deficits, ranging from confusion to stroke with any gross air proving fatal to the patient.

Emergency cases are highly complex and may be undertaken at any hour, most often in the early hours of the morning following a full day of duties, whilst being the sole Clinical Perfusion Scientist on duty. This provides a very high stress situation with increased physical and mental demands on the Clinical Perfusion Scientist who despite this is required to maintain intense concentration, be fully alert and possess sound analytical and judgemental skills to manage the patient.

In the operative period immediately after termination of CPB, patients can become unstable very quickly, occasionally requiring re-commencement of CPB to support the patient while major complications are investigated. This can be very stressful as the focus is on achieving effective circulatory support quickly, whilst ensuring that safety protocols are adhered to.

Due to the very nature of this role, if a patient does not come through the surgery/ECMO/VAD successfully, the post holder is the person who effectively switches off the life support system to the patient, which can be highly emotionally distressing. This is frequently done in the presence of the patient's family/ carers at the patient's bedside.

In the event of equipment failure, must be able to resolve problems quickly and efficiently with the prime objective of preserving the patient's circulation and limiting patient injury or death. This may require lateral thinking and utilisation of unusual resources or may demand tremendous physical effort depending on the particular failure or dysfunction i.e. hand cranking the arterial pump when it fails requires 100 revolutions/ minute to achieve an adequate flow an average sized adult. This results in the post-holder experiencing great stress and guilt, even when this has been speedily rectified and is not the direct fault of the post holder.

Provide support to other members of the team after extremely stressful, highly emotional or traumatic events.

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

The education requirements are now MSc level with significant experience and knowledge in a wide range of specialist perfusion techniques.

MSc in Clinical Perfusion Science or equivalent qualification.

Must possess highly specialist theoretical and practical clinical perfusion knowledge in a number of advanced therapies such as adult/ paediatric perfusion, adult/ paediatric ECMO, complex adult congenital surgery, short/ long term ventricular assist devices and transplantation.

Must possess significant experience to act as a consultant in clinical perfusion science.

Completion of adult and/or paediatric ECMO course, exam and on-going revalidation

Short-term VAD course, completion of competency and on-going revalidation.

These courses provide the individual with the required advanced knowledge to facilitate in-house training for colleagues and other staff which leads to better patient management strategies improving patient outcomes.

Extensive experience necessary for the post can only be acquired with an in-depth knowledge gained over several years post accreditation. This comes from regular collaboration with other perfusion and medical colleagues, medical representatives and their product specialists. As new procedures are developed, the post holder is central in developing new techniques and circuits to allow them to be undertaken.

Must possess highly developed negotiating, influencing, networking and communication skills.

Provide an out of hour's autonomous perfusion service.

Must be able to demonstrate a track record of clinical decision making whilst under pressure.

Be able to demonstrate excellent presentation skills for multi-disciplinary and inter-departmental education to a range of audiences.

Be able to demonstrate ability to organise the appropriate deployment of resources and equipment as required by case complexity and as required across multiple sites new techniques and circuits to allow them to be undertaken.

12. JOB DESCRIPTION AGREEMENT A separate job description will need to be signed off by each jobholder to whom the job description applies. **Job Holder's Signature:**	**Date:**
Head of Department Signature:	**Date:**

Delivering care through collaboration

NHS Golden Jubilee
Beardmore Street, Clydebank G81 4HX
Telephone: 0141 951 5000
www.nhsgoldenjubilee.co.uk

Chair: Susan Douglas-Scott CBE
Chief Executive: Jann Gardner

Recruitment line: 0800 0283 666

Dear Candidate

POST:	**Clinical Perfusionist**
JOB REFERENCE:	**066258**
HOURS:	**37.5 per week**
CLOSING DATE:	**7 September 2021**

NHS Golden Jubilee welcomes your enquiry in connection with the above post. Please find enclosed an information pack.

Should you wish to submit an application for the above post, please ensure you do so in advance of the closing date. Late applications will not be forwarded for short listing.

When providing referees on the application form, please be aware that we require a minimum of two references to cover at least **two years** of previous employment/training history. If there is insufficient space on the application form to list all of your referees, please provide on an additional page. Where possible, please provide us with e-mail addresses for contact. Additionally, you should note that as part of the pre-employment checks a PVG or Disclosure Scotland check will be completed. **It is an offence for barred individuals to apply for regulated work.**

Should you contact the recruitment team to discuss any queries regarding your application it is advisable that you retain the job reference number as you will be asked to quote this when you call.

In the meantime, I wish you success with your application and should you require any further information please do not hesitate to contact the recruitment team on the contact telephone number shown above.

Yours sincerely
Recruitment Assistant

NHS Golden Jubilee

General Information for Candidates

- This information package has been compiled to provide prospective candidates with details of the post and background information about NHS Golden Jubilee (NHSGJ).

- The contents of this package are as follows:-
    - Job Description/person specification
    - Terms and Conditions of Service
    - Application Form
    - Equal Opportunities Monitoring Form
    - Information on Agenda for Change

- The Equal Opportunities Monitoring form is required for monitoring purposes only and will not be made available to the interview panel during any part of the recruitment process.

- Please note, to ensure that we adhere to our current policy on Equal Opportunities; CV's received with Application Forms will be destroyed prior to Application forms being passed for Short listing.

- NHSGJ operates a No Smoking Policy on all Premises and Grounds and in shared vehicles.

- All offers of employment will be subject to the receipt of two year's satisfactory References, Occupational Health screening and Disclosure Scotland clearance. Please note that it is an offence under the act for barred individuals to apply for regulated work.

- Please submit your completed application through the Jobtrain Recruitment System

- The short listing process will take place shortly after the closing date.

- As a Disability Confident Leader we recognise the contribution that all individuals can make to the organisation regardless of their abilities. As part of our ongoing commitment to extending employment opportunities all applicants who are disabled and who meet the minimum criteria expressed in the person specification will be guaranteed an interview.

- The organisation has introduced a set of shared values. These values will be measured during our Values Based Competency Interview. Our values are:

    - Valuing dignity and respect
    - A "can do" attitude
    - Leading commitment to quality
    - Understanding our responsibilities
    - Effectively working together

NHS Golden Jubilee

Terms and Conditions of Service

The terms and conditions applicable to this post are those of all NHS Scotland Employees.

1. Superannuation

You have the option to join the NHS Superannuation Scheme, to participate in the State Earnings Related Pension Scheme or to take out a Personal Pension.

Employees contributions to the NHS Scheme range from to 5.2% to 14.7% of salary (depending on rate of Pensionable Pay) and the employers' contribution equates to 13.5% of salary. Employees in the NHS Scheme are "Contracted-out" of the State Earnings Related Pension Scheme and pay a lower rate of National Insurance contributions. Employees who choose to participate in the State Earnings Related Pension Scheme pay the higher rate of National Insurance contribution. A Stakeholder Pension is also available.

2. Salary

£50,470 to £54,482 per annum

3. Grade

This post is offered at Band 8a

4. 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 where applicable)

5. Hours of Duty

37.5 hours per week

6. Tenure of Employment

This post is offered on a permanent basis

7. Asylum and Immigration Act 1996

Under the Asylum and Immigration Act 1996, we are 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.

NHS Golden Jubilee

Benefits

NHS Superannuation scheme:

New entrants to NHS Golden Jubilee who are aged sixteen but under seventy-five will be enrolled automatically into membership of the NHS Pension Scheme. Employee contributions vary from 5.2% to 14.7% depending on annual pensionable pay. Benefits include a lump sum and pension when you retire, life assurance of 2 years' pay - while you are working, pension and allowances for your spouse and children in the event of your death, and benefits for ill-health retirement.

Our pension scheme is provided by Scottish Public Pensions Agency. This scheme is a qualifying pension scheme, which means it meets or exceeds the government's new standards. All benefits including life insurance and family benefits are explained on the SPPA website http://www.sppa.gov.uk/

Annual leave entitlement (including public holidays):

35 days' annual leave on appointment
37 days' annual leave after 5 years
41 days' annual leave after 10 years

Free car parking

Continuing professional development opportunities

Discounts at the Golden Jubilee Conference Hotel

Leisure Club membership – Get fit and healthy at the Centre for Health and Wellbeing with a discounted membership rate of £30 per month.

Discounted Room Rates - Rooms rates discounted subject to specific conditions.

Discounted Dining - 20% off food and beverage when dining in the hotel.

Golden Bistro (Hospital Restaurant) - Discounted food in our award winning hospital restaurant.

NHS Staff Benefits

As a staff member in NHS Golden Jubilee, you will have access to a wide variety of offers and discounts from local and national businesses using your NHS ID badge. For more information and to view these discounts, visit www.nhsstaffbenefits.co.uk - new offers are added on a weekly basis.